



Support FY2008 CDC STD Prevention Funding

FY 2008 Recommendation:	\$267,300,000
FY 2008 President's Budget:	\$157,200,000
FY 2007 Appropriation:	\$157,200,000

Support A Cost-effective Investment

The United States has the highest rates of sexually transmitted diseases (STD) in the industrialized world. CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24. Persons with a pre-existing STD have a three to five fold increased risk of acquiring HIV/AIDS. In one year, our nation spends over \$14 billion to treat the symptoms and consequences of STDs. Untreated STDs contribute to infant mortality, infertility, and cervical cancer.

STD prevention programs at CDC have been flat-funded since FY2003. CDC's Division of STD Prevention has prioritized four disease prevention goals - Prevention of STD-related infertility, STD-related adverse pregnancy outcomes, STD-related cancers and STD-related HIV transmission. NASTAD and NCSD support a \$110 million increase for STD prevention through the cooperative agreements with state and local health departments. Funds are needed to improve services in the following areas:

1.) Core STD Services - (+\$13 million) Preventing STDs depends in large part upon state and local public health infrastructures. Adequate funding for core services including surveillance, treatment, partner referral, health education and disease intervention is critical to preventing and controlling sexually transmitted diseases. At the very least Congress should restore core financial support to the mid-1990's level.

2.) Infertility Prevention - (+\$46 million) The Infertility Prevention Program (IPP) is a major CDC program authorized by Congress that has been successful in reducing rates of chlamydia, the chief cause of infertility in the U.S. Funds are needed to expand chlamydia screening to at-risk women in each of the 65 state and local health departments funded by CDC. These funds would also enhance gonorrhea screening and surveillance activities.

3.) Syphilis Elimination - (+\$17 million) The rates of primary and secondary syphilis, the most infectious stages of the disease, decreased throughout the 1990s, and in 2000 reached an all-time low. However, over the past five years as STD funding has declined the syphilis rate in the U.S. has been increasing. Additional funding is needed to support CDC's National Syphilis Elimination Plan to prevent the resurgence of epidemic syphilis and with it, the creation of new waves of HIV transmission.

4.) Integrate STD Screening and Treatment to Enhance HIV and Hepatitis Prevention - (+\$12 million) A person with a pre-existing STD has a three to five fold greater risk of acquiring HIV/AIDS. Funding for STD screening and treatment to enhance HIV prevention will provide on-site STD screening, treatment, and related services in settings serving HIV infected and at-risk individuals, particularly in areas in which STD increases are occurring among men who have sex with men (MSM). Funds are also needed to provide hepatitis A and B vaccine and screening for hepatitis C for high risk adults in STD clinics.

5.) Build a Response to Viral STDs (Herpes, HPV, Hepatitis B) - (+\$10 million) Over 45 million Americans, almost 26 percent of the U.S. population, are infected with herpes simplex virus (HSV), a treatable but incurable viral STD. Improved treatment of HSV is fundamental to reducing the rates of transmission. An estimated 20 million Americans are infected with human papillomavirus (HPV), the cause of about 90 percent of all cervical cancer cases. The most common source of hepatitis B virus (HBV) infection among adults in the U.S. is sexual contact. Funding is needed to expand prevention efforts on HPV and HBV and deliver education on the availability of preventive vaccines.

6.) Prevention Among Adolescents - (+\$8 million) Approximately one-quarter of all new cases of STDs occur in adolescents. By age 24, at least one in three sexually active people will have contracted an STD. Additional funding will enable STD screening of adolescents, strengthen surveillance activities, augment STD components of school health education and expand testing for other STDs in school-based clinics.

7.) Partner Services - (+\$5 million) Partner services are an important public health strategy to control and prevent the spread of STD and HIV. Partner services are offered to individuals infected with STDs, to their partners, and to other persons who are at increased risk for infection in an effort to prevent transmission of these diseases and to reduce complications resulting from an untreated STD. These services require appropriately trained staff and funding to support these critical services. Additional funding would allow for expansion of expedited partner therapy in states where the legal obstacles have been overcome.

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