Division of STD Prevention

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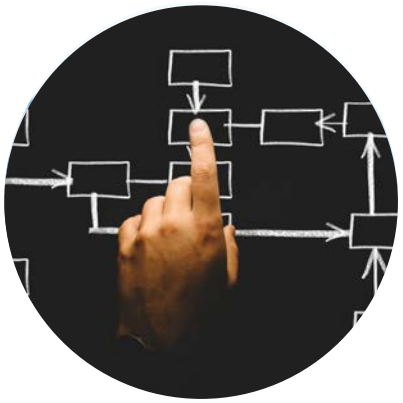
Centers for Disease Control and Prevention

NASEM Committee Meeting
August 26, 2019

STD Overview

STD Landscape

Reports
& Plans



Future of STD
Prevention &
Control

Statement of Task

The CDC requests that the National Academies of Sciences, Engineering, and Medicine convene an ad hoc committee to examine:

1. The ***epidemiological dimensions*** of STDs and ***factors*** that contribute to the epidemic and transmission dynamics;
2. To the extent possible, the ***economic burden*** associated with STDs;
3. ***Public health strategies and programs*** to prevent and control STDs (STD diagnostics, STD vaccines, STD monitoring and surveillance, treatment);
4. ***Barriers in the healthcare system and insurance coverage*** associated with the prevention and treatment of STDs;

The committee will provide direction for future public health programs, policy, and research in STD prevention and control and make recommendations as appropriate.

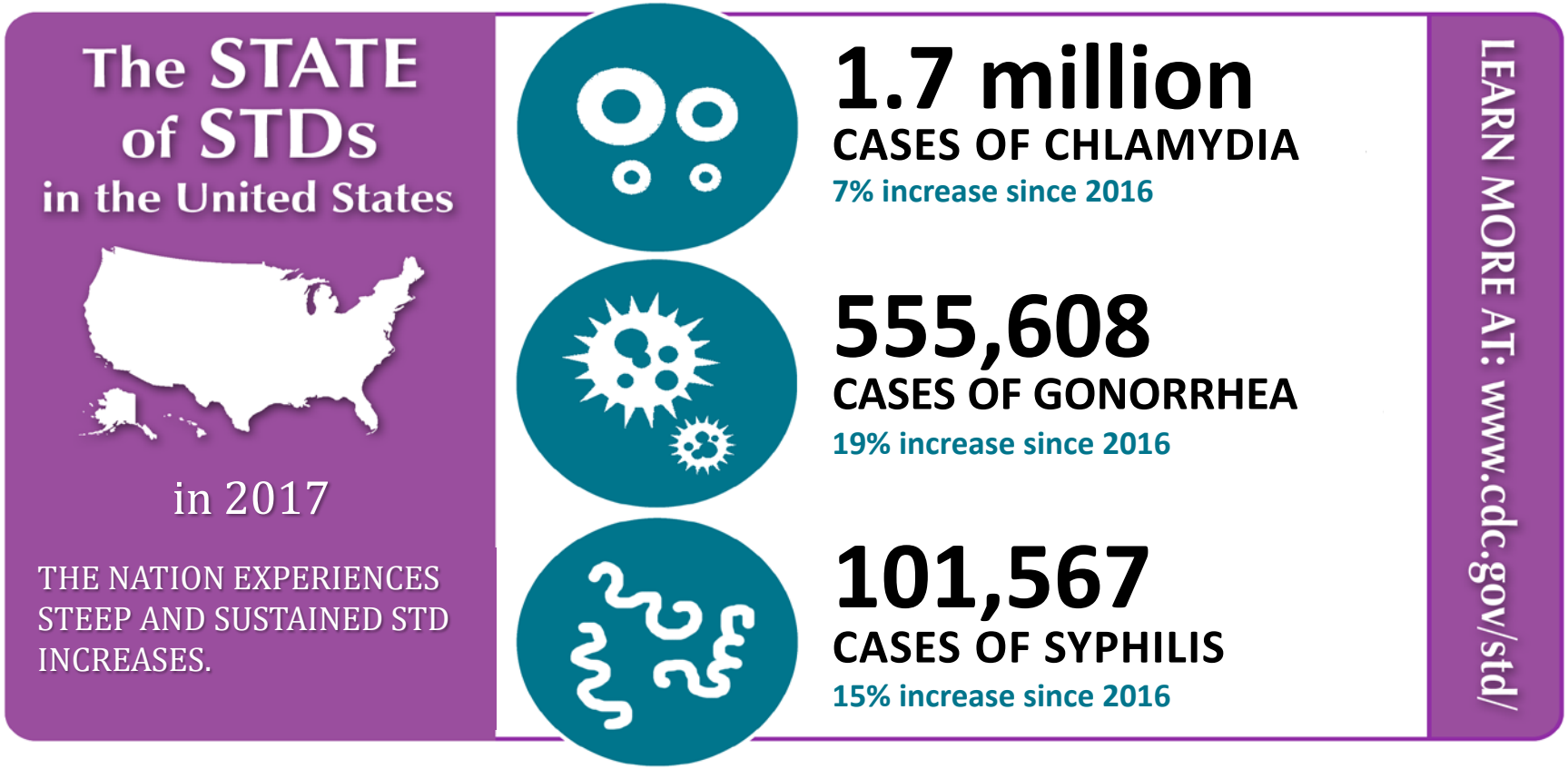
Questions to Be Answered

In 1997, the IOM published the ***Hidden Epidemic*** which was intended to educate health professionals, policy makers, and the public about the truth and consequences of the hidden epidemic of STDs.

1. Why hasn't the rising tide of STDs been controlled?
2. What do we as a nation need to do differently to confront this public health problem?

STD Landscape

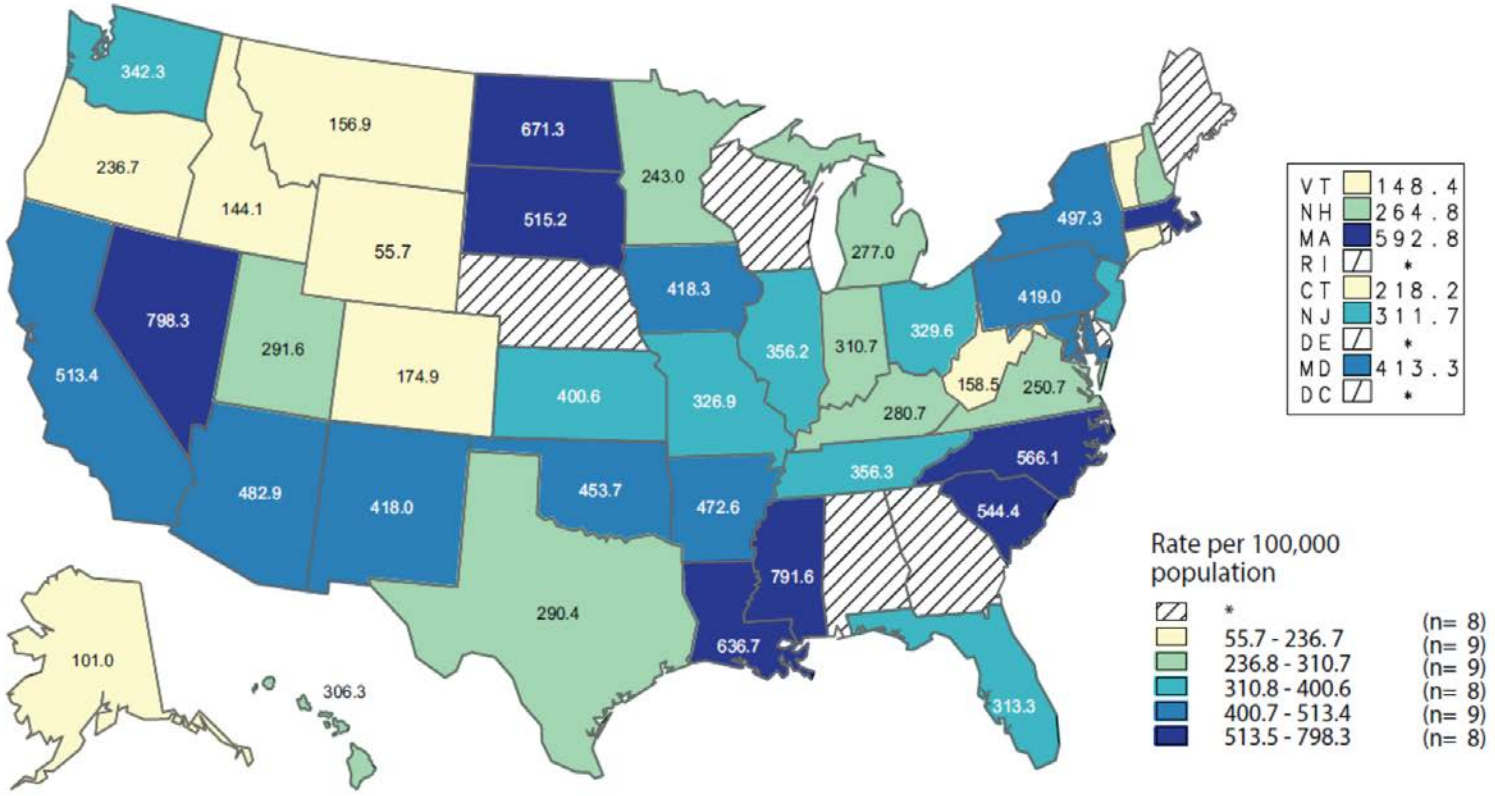
STDs are on the Rise in the United States



918 Congenital Syphilis Cases in 2017 **44% ↑**

Primary and Secondary Syphilis — Estimated Rates of Reported Cases Among MSM by State, United States, 2017

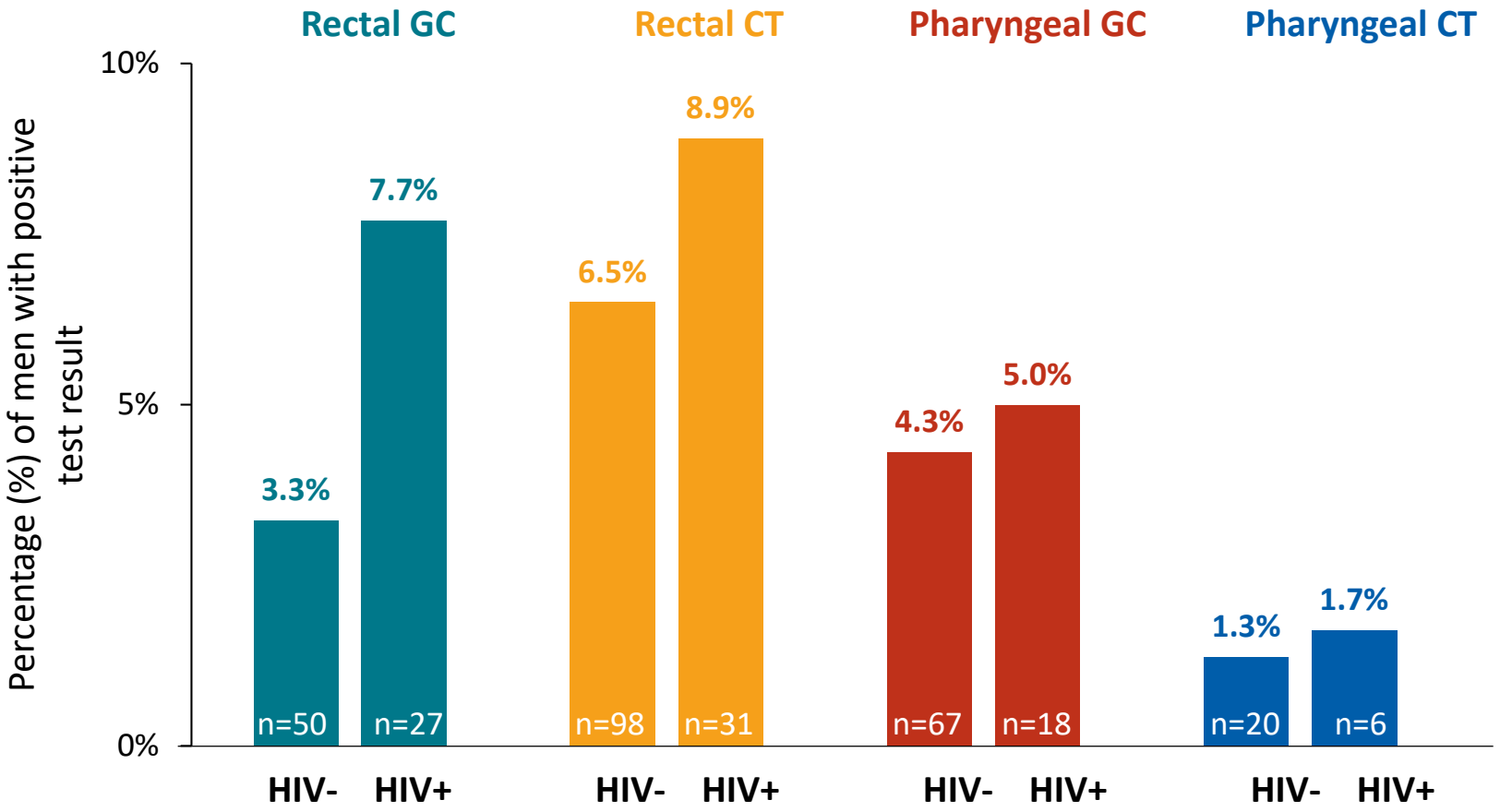
1,182 of 3,142 counties (38%) reported at least 1 MSM P&S case in 2017



State rate ratio of MSM/non-MSM males (aged 18+)
Range: 64.9 – 416.4; Median: 125.5

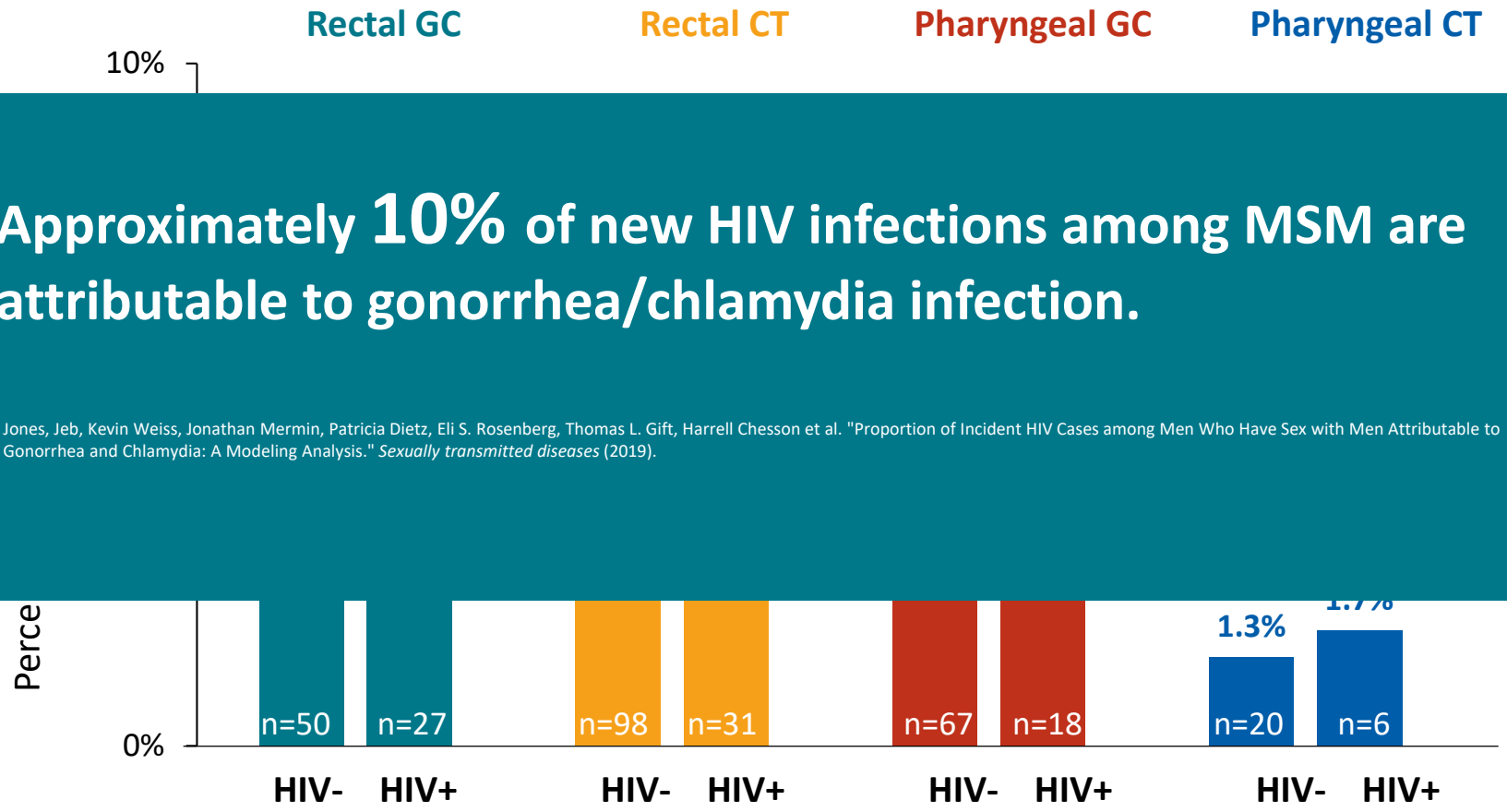
* States reporting less than 70% of cases identified as MSM, MSW, or women in 2017 are suppressed.
NOTE: Estimates based on reported P&S syphilis cases among MSM in 2017 (numerator) and a published method of estimating the population size of MSM (denominator) by state. See Section A1.2 in the Appendix for information on estimating MSM population sizes for rate denominators.
ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only; P&S = Primary and secondary.

Prevalence of extragenital gonorrhea (GC) and chlamydia (CT) among venue-attending MSM by HIV status, NHBS, 2017



n=positives

Prevalence of extragenital gonorrhea (GC) and chlamydia (CT) among venue-attending MSM by HIV status, NHBS, 2017

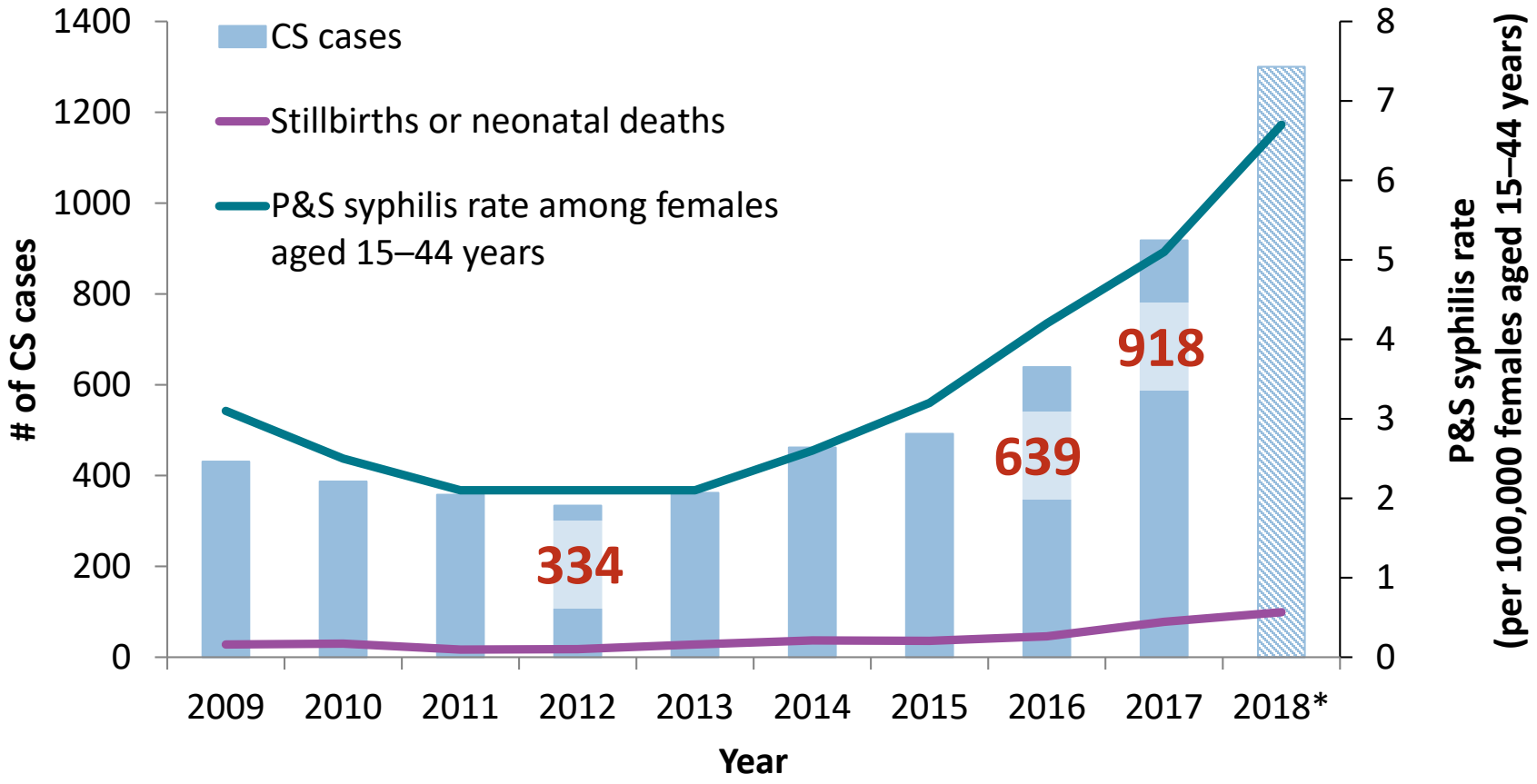


Approximately 10% of new HIV infections among MSM are attributable to gonorrhea/chlamydia infection.

Jones, Jeb, Kevin Weiss, Jonathan Mermin, Patricia Dietz, Eli S. Rosenberg, Thomas L. Gift, Harrell Chesson et al. "Proportion of Incident HIV Cases among Men Who Have Sex with Men Attributable to Gonorrhea and Chlamydia: A Modeling Analysis." *Sexually transmitted diseases* (2019).

n=positives

Congenital Syphilis Cases Have Increased 270% since 2012

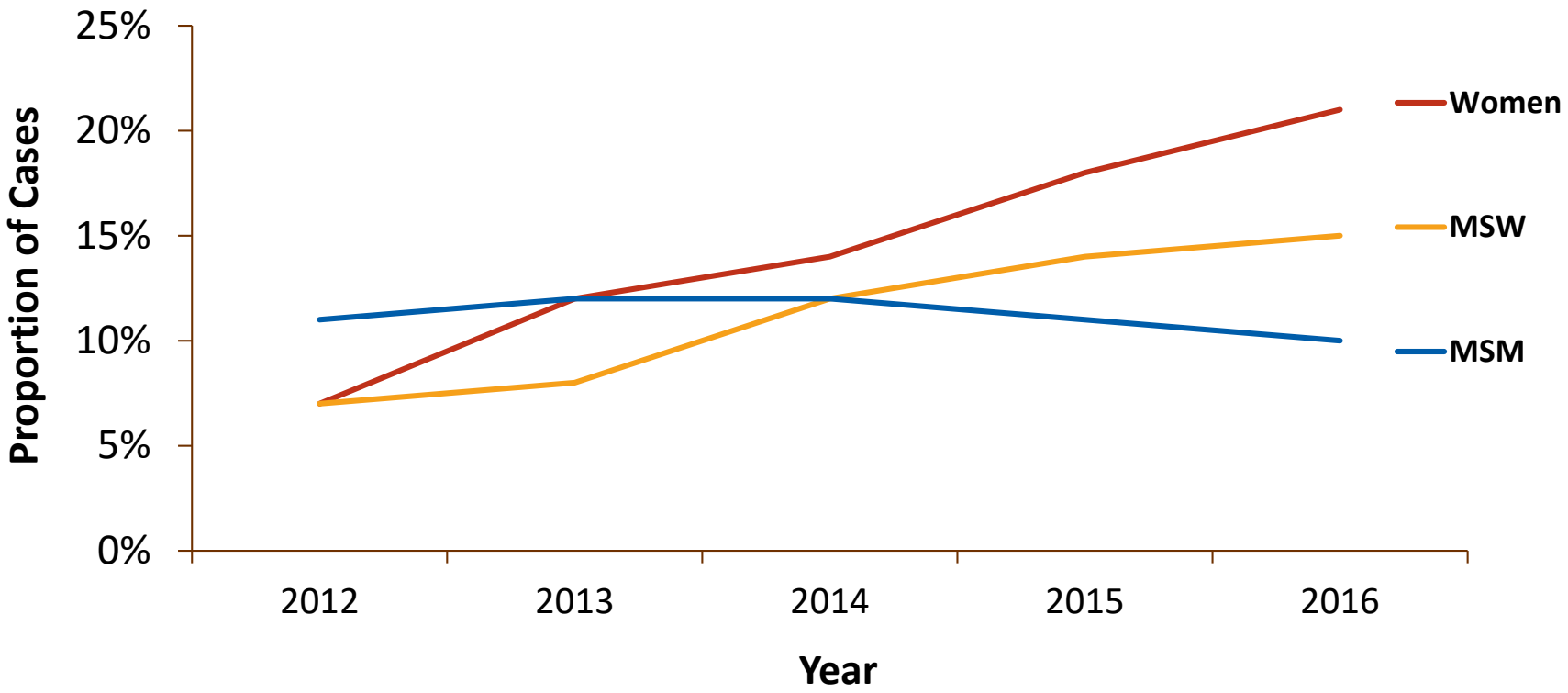


Congenital Syphilis (CS) Cases and Rate of Primary and Secondary (P&S) Syphilis Among Females of Reproductive Age, U.S., 2009–2018*

*2018 data are projected estimates based on CS cases reported as of 1/2/19; female syphilis data are projections based on cases reported as of 1/31/19

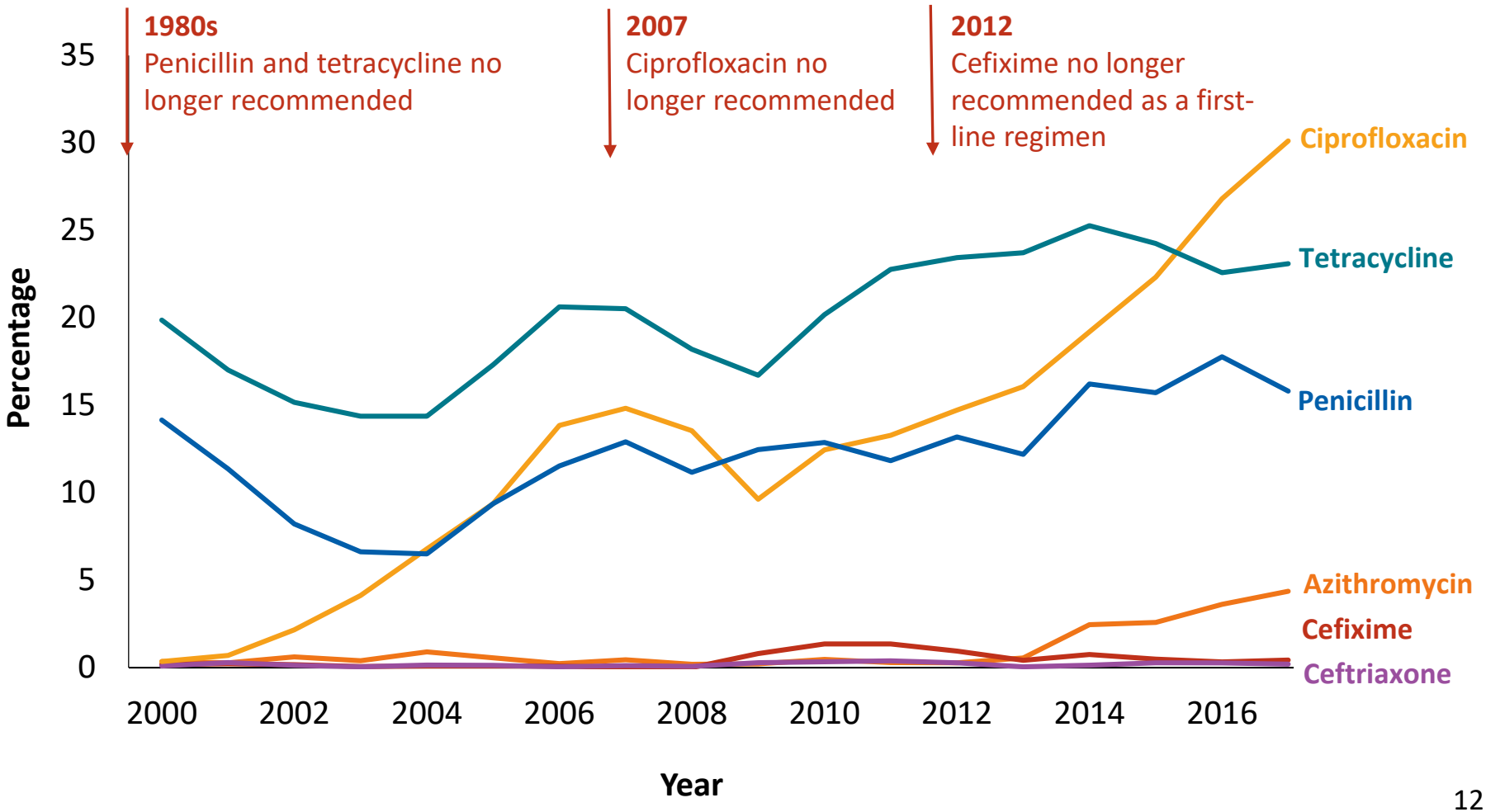
Proportion of Primary and Secondary Syphilis Cases that Reported Meth or Heroin Use, or Sex with a PWID, 2012–2016

The Proportion of Female Syphilis Cases that Report Meth or Heroin Use, or Sex with a PWID, Has Tripled Since 2012



Note: Data restricted to cases with complete data on meth use, heroin use, and sex with PWID
P&S = primary and secondary; PWID = person who injects drugs;
MSW = men who have sex with women only; MSM = gay, bisexual, and other men who have sex with men

Neisseria gonorrhoeae – Indications of Resistance and Emerging Resistance to Antibiotics,* Gonococcal Isolate Surveillance Project (GISP), 2000-2017



“STDs are hidden epidemics of tremendous health and economic consequence in the United States. They are hidden from public view because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social factors associated with these diseases. In addition, the scope, impact, and consequences of STDs are underrecognized by the public and health care professionals.”

- *The Hidden Epidemic, 1997*

“STDs are public health problems, rooted in “human behavior” and “fundamental societal problems”—the first that must be confronted is the “reluctance of American society to openly address issues surrounding sexuality and STDs.”

- The Impact of Sexually Transmitted Diseases on the United States, 2018

Reports & Plans

The Hidden Epidemic, 1997*

- STDs are complex with a variety of social issues and involve a wide spectrum of stakeholders
- An effective national system for STD prevention currently does not exist
- A multifaceted approach is needed for prevention at both the individual and community levels
  1. Overcome barriers to adoption of healthy sexual behaviors.
  2. Develop strong leadership, strengthen investment, and improve information systems for STD prevention
  3. Design and implement essential STD-related services in innovative ways for adolescents and underserved populations
  4. Ensure access to and quality of essential clinical services for STDs

* Institute of Medicine (IOM) report

The Impact of Sexually Transmitted Diseases on the United States: Still Hidden, Getting Worse, Can Be Controlled, 2018* | Phase I

- Stakeholders in the field understand the factors contributing to increasing STD rates
- What is needed are the resources and authority to address the factors
  1. Designate a national STD champion to coordinate federal, state, and local efforts and to lead the development and implementation of a national STD strategy.
  2. Change the STD narrative by breaking down the social stigma around STDs and sexual health
  3. Improve evaluation to learn about what works—and what does not work—and to foster implementation of best practices
  4. Increase public education and awareness
  5. Expand funding and resources, empowered by new innovations and technologies, to the scale of the STD epidemic

* National Academy of Public Administration (NAPA) report

The Impact of Sexually Transmitted Diseases on the United States: Still Hidden, Getting Worse, Can Be Controlled, 2018 | Phase II

Phase II of the study will:

- Assess the efforts of frontline STD prevention and control programs
- Ascertain the burden placed upon state, local, and territorial authorities as a consequence of the intensifying STD epidemic
- Identify state, local and territorial funding streams facilitating programs
- Identify and examine intergovernmental obstacles to programs
- Develop a set of actions for consideration

STI Federal Action Plan

- The STI Federal Action Plan is focused on four sexually transmitted diseases with the highest rates and impact on the health of the nation:
  - Chlamydia
  - Gonorrhea
  - Syphilis (including congenital syphilis)
  - Human Papillomavirus (HPV)

- The plan will develop actionable strategies by federal agencies essential to increasing access to STD-related health services and removing barriers to prevention, care and treatment for priority populations most affected by STDs/STIs.

STI Federal Action Plan
Committee Participants

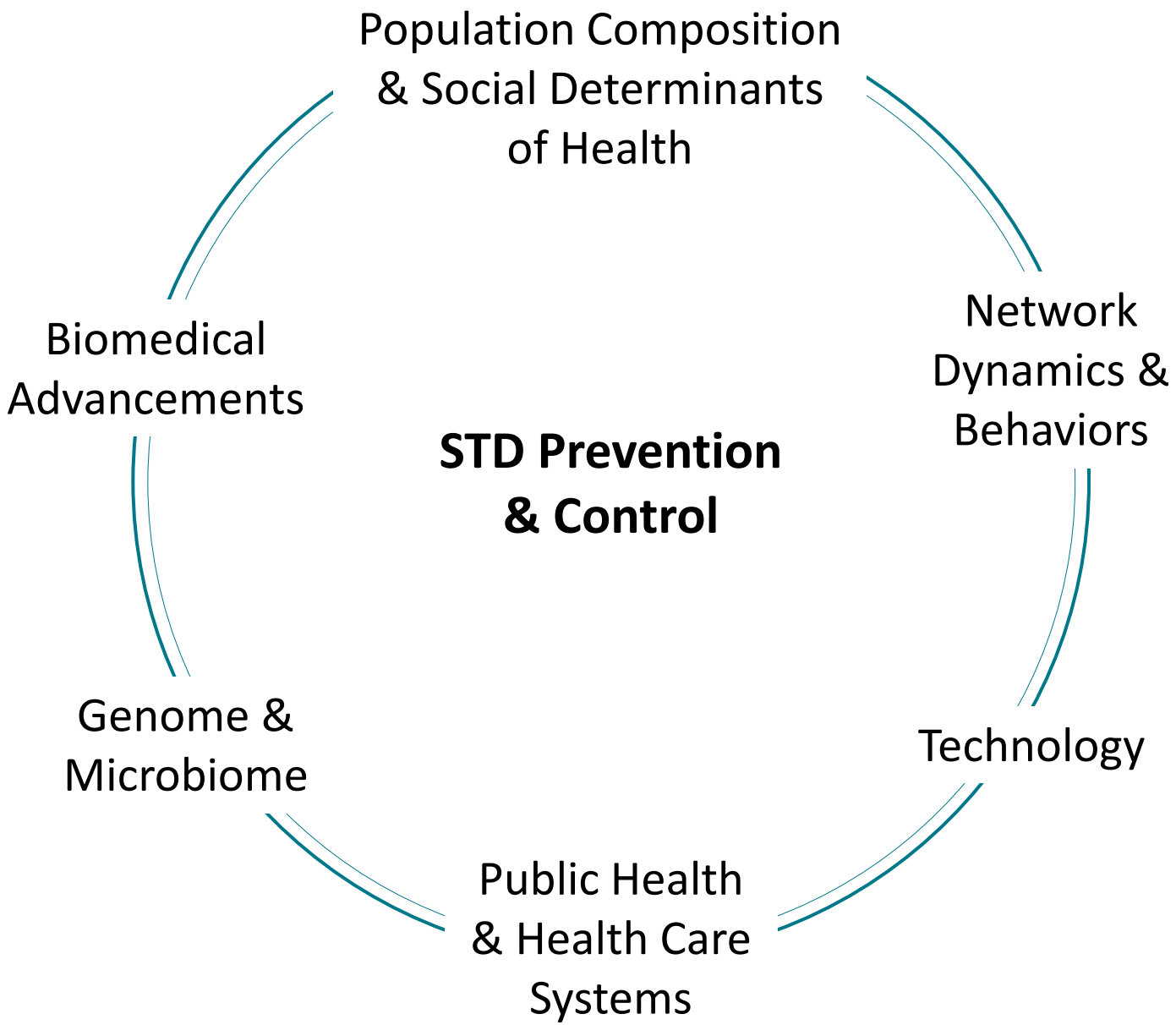
Federal Departments:

- Department of Defense
- Department of Education
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Veterans Affairs

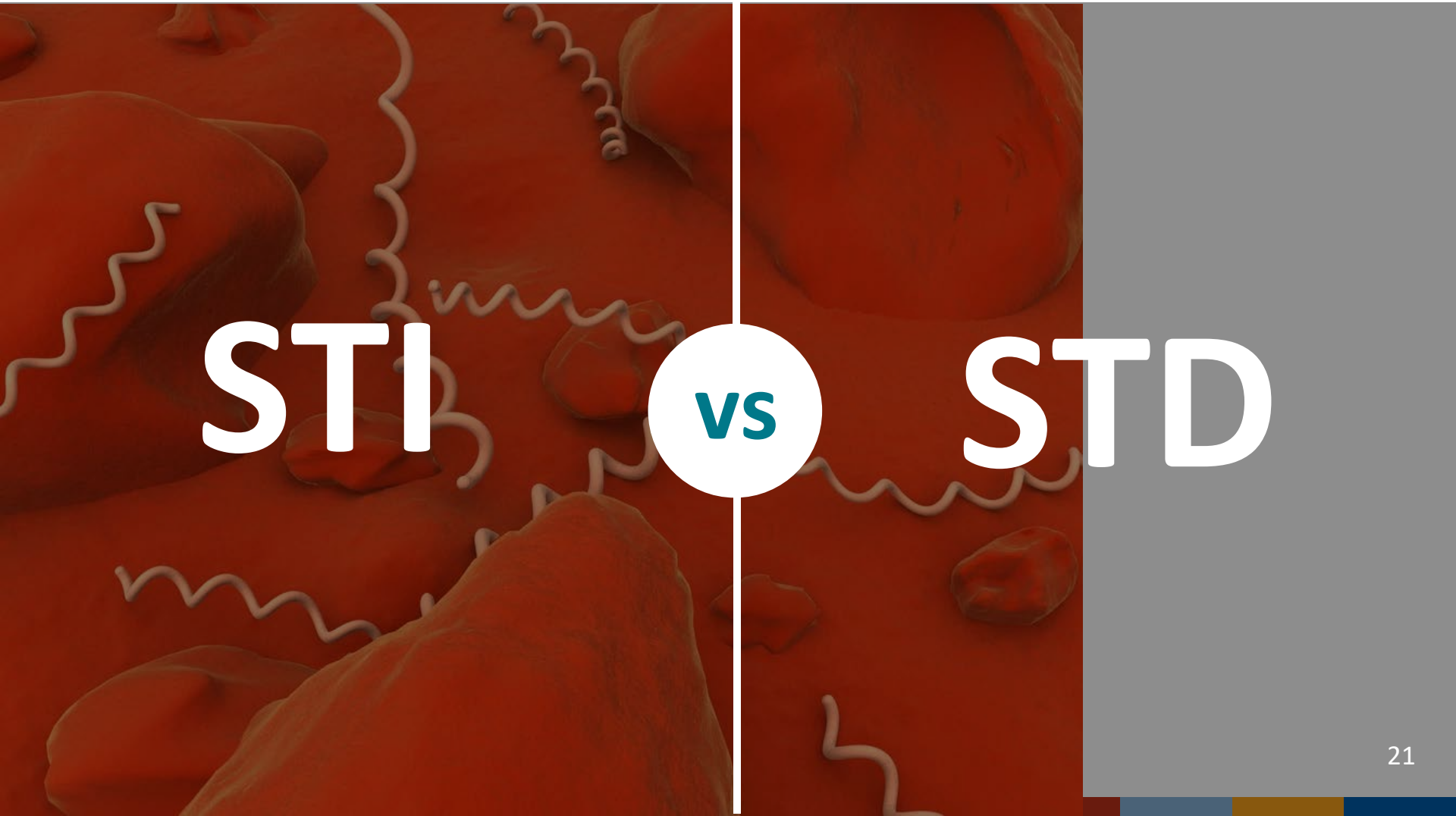
HHS Agencies/Offices:

- ACF
- ACL
- CDC
- CMS
- FDA
- HRSA
- IHS
- NIH-NIAID
- OHAIDP
- OAH
- OMH
- OPA
- OWH
- SAMHSA

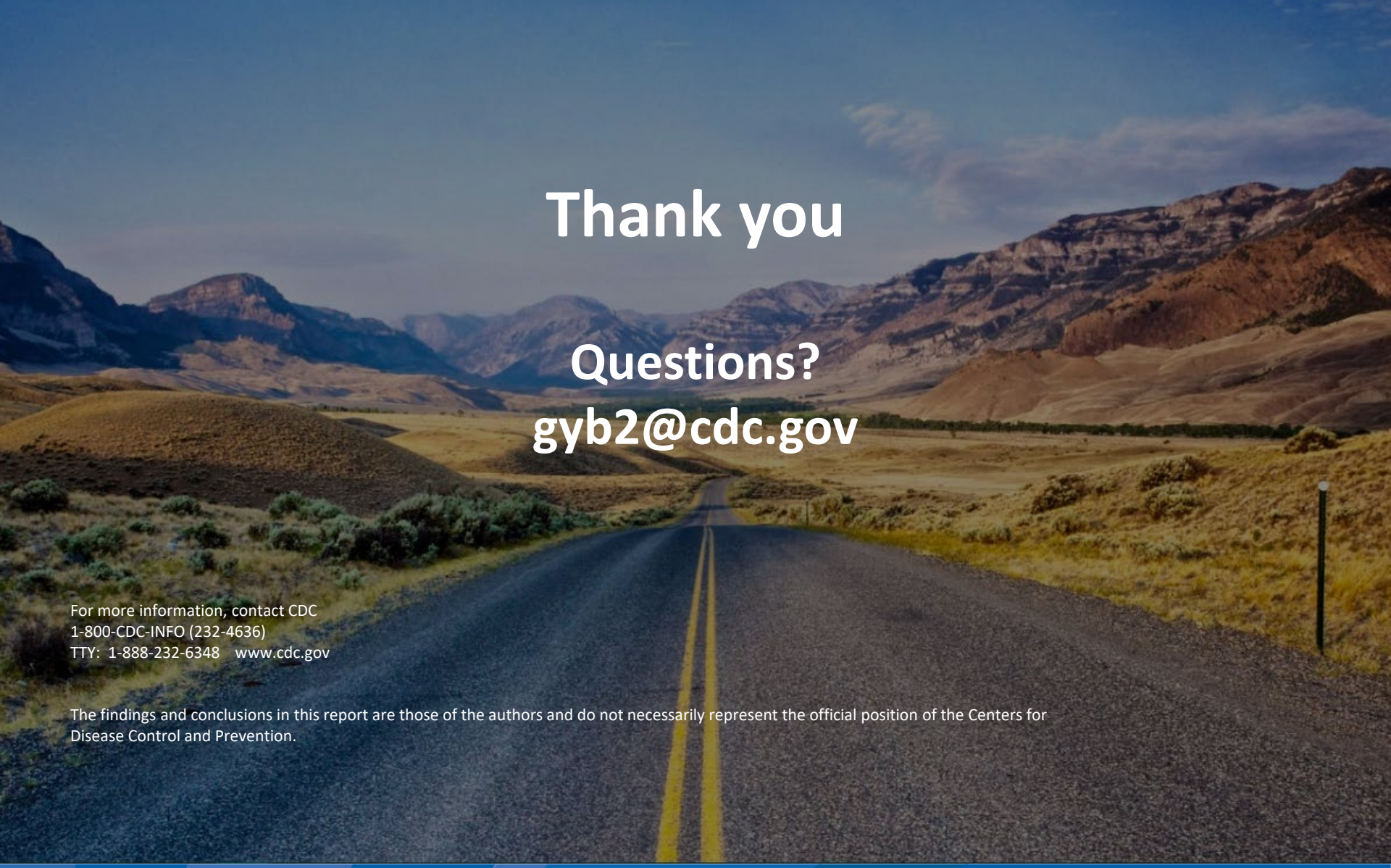
Changing Context of Prevention & Control


Population Composition & Social Determinants of Health
Network Dynamics & Behaviors
Technology
Public Health & Health Care Systems
Genome & Microbiome
Biomedical Advancements
STD Prevention & Control

What's in a Name?



Questions



Thank you

Questions?
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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov