

- The Senate LHHS bill drastically slashes the STD prevention and control line at CDC by \$32 million, a 20% reduction in funding.
- CDC is the only federal government agency that directly supports STD prevention by state and local health departments -- 70% of CDC's STD prevention budget goes to 50 states and 9 cities/territories to support STD prevention programs.
- One of the leading complications to untreated STDs is infertility. A cut like this will impact the ability of health departments to reach young women and men at greatest risk of future infertility, adding untold costs to the health care system and hinder the ability of these women and men to have families.
- While we are very concerned about the rise of antibiotic resistant gonorrhea, there is no overlap between what is currently funded by CDC for STD prevention and control and the Combating Antibiotic Resistant Bacteria (CARB) initiative.
  - CDC STD prevention supports surveillance and boots on the ground for STD prevention and control. Less than 1% of the DSTDP budget funds *any* STD research, let alone on at this research on just one issue of antibiotic resistance.
  - No CARB funding will be going to disease monitoring, prevention and control, which is funded by CDC STD.
  - CARB will fund research into new antibiotics, focus on creating a faster identification system, and support activities to develop stewardship programs.
- This funding cut will severely reduce the number of contact tracing staff trained to find and counsel exposed partners for testing and treatment.
- This 20% funding cut will also have a grave impact on our domestic HIV epidemic.
  - Chlamydia, gonorrhea, and syphilis infections increase susceptibility to HIV infection.
  - One study suggests that in 2011 there were approximately 4,500 STD-attributable HIV cases in the U.S., at a cost of \$1.37 billion.
- This cut makes no sense in a time when STD rates are rising.
  - Syphilis is increasing in all populations, leading to additional complications like ocular syphilis and congenital syphilis.
  - Rates for primary and secondary syphilis, which is the most infectious stages of syphilis, increased by an alarming 10 percent in 2013, on top of an 11 percent increase in 2012.
  - The congenital syphilis increase last year was the largest in 3 decades – without contact tracing staff, this number will continue to grow, leading to an increase in stillbirths and infants with disfiguring and life threatening health ailments.

- After five years, a cut of this magnitude will mean an increase of over \$156 million to the health care system as a result of rising STD rates and the resulting complications.
- Far from a cut, NCSD's analysis was we needed additional resources for STD programs to prepare for the emerging threat of drug-resistant gonorrhea, respond to the rising rates of syphilis, and other outbreaks. Our continued failure to fully fund STD prevention and control efforts is only leading to increased infections.
- CDC's STD program is cost effective and should be supported:
  - A total of \$3.7 billion was saved due to 32 million prevented cases of gonorrhea alone, by federally funded STD prevention over a 33-year period; and
  - An analysis of state-level syphilis rates and federal funding over an 8 year period indicated that each dime of syphilis funding per capita in given year was associated with 30% subsequent reductions in early syphilis.