CDC | Spotlight on Sexually Transmitted Infections & Prevention

District of Columbia

Rates of HIV, sexually transmitted infections (STIs), viral hepatitis, and substance use are rising across the US.

STIs like chlamydia, gonorrhea, and syphilis can increase the risk of HIV infections – 6% of sexually-acquired HIV infections are attributed to other STIs. Opioid and injection drug use can increase the risk of contracting and transmitting HIV and other infectious diseases. These **co-occurring epidemics** must be considered when treating patients at STI clinics and sites offering STI services.

STI clinics play a key role in early HIV prevention

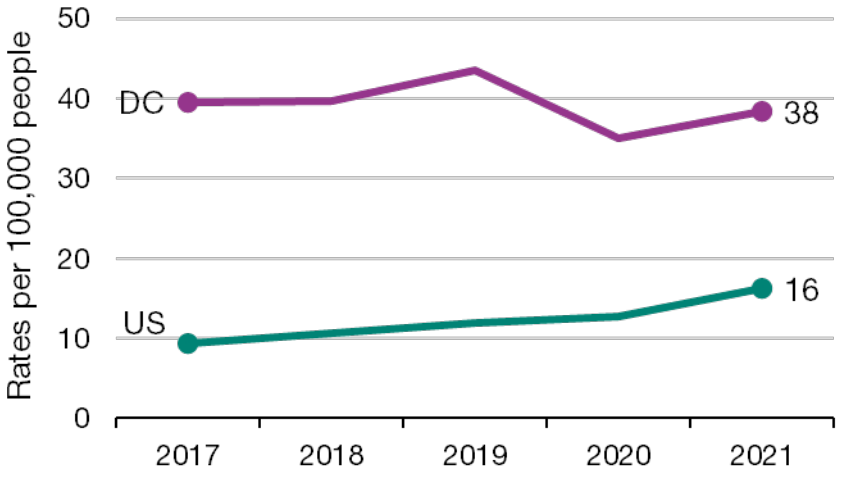
HIV testing in STI clinics links patients to high-impact HIV prevention services, including pre-exposure prophylaxis **(PrEP)** and HIV medical care. PrEP is medicine taken to prevent getting HIV and is highly effective when taken as prescribed. **Ending the HIV Epidemic in the US (EHE)** funding increases HIV testing and access to PrEP in participating STI clinics. **EHE funding supports one STI clinic in D.C.**

25 EHE-funded STI clinics nationwide reported that from July-December 2022:

- **62,903** patients were tested for HIV
- **491** patients were newly diagnosed with HIV
- **5,099** existing patients were already receiving PrEP
- **2,586** patients received an initial PrEP prescription

Diagnosing & treating STIs early can curb rising STI rates

Primary and secondary (P&S) syphilis are the most infectious stages of syphilis and represent new infections. P&S syphilis diagnoses are strongly and consistently associated with a higher risk for HIV acquisition. From 2017 to 2021, P&S syphilis rates per 100,000 people **rose 72% in the US** and **fell 3% in D.C.**



Chlamydia and **gonorrhea** are the most common bacterial STIs and can lead to infertility and increased HIV risk. In 2021, D.C. reported:

- **6,952** new cases of chlamydia
- **4,322** new cases of gonorrhea

CDC supports states' STI prevention & treatment efforts by:

- Providing on-the-ground support
- Promoting treatment best practices
- Monitoring STI trends
- Turning data into action

CDC provided $2,611,859 to D.C. to prevent & control STIs in 2022

$806,370	Strengthening STD Prevention and Control for Health Departments (STD-PCHD) provides all states and 9 cities and territories with 5-year funding to prevent and control STIs. In 2022, total STD-PCHD funding was $95.5 million.[1]
$1,000,000	The Disease Intervention Specialist (DIS) Workforce Development Funding was a $200 million per year investment to support 21st century outbreak response via the American Rescue Plan Act of 2021.
$800,000	The Ending the HIV Epidemic in the US (EHE) Initiative provided $13,882,054 in 2022 to eligible jurisdictions to prevent new HIV infections and scale up HIV prevention services in STD clinics.[2]
$5,489	The Gonococcal Isolate Surveillance Project (GISP) monitors U.S. antibiotic resistance trends in gonorrhea. In 2022, CDC provided $577,000 nationally for this effort.[3]

Experienced CDC field staff are an asset to programs they are directly embedded in, often filling leadership roles and providing expertise that may be challenging to sustain at the state and local level. **Two of 76 CDC STI prevention field staff positioned throughout the US are stationed in D.C. health departments.**

Prevention-focused policies can help reduce STI rates

Prenatal Syphilis Screening is legally required during the first prenatal visit and the third trimester in D.C. CDC recommends all pregnant women should be screened for syphilis at the first prenatal visit, and at 28 weeks and delivery if the mother lives in a community with high syphilis rates or is at risk for syphilis.

Expedited Partner Therapy (EPT) provides patients' sex partners with STI treatment without a physical exam. EPT **is authorized for** treating chlamydia and gonorrhea in D.C.

For more information, visit: www.cdc.gov/std

[1] CDC STI funding with $8,000,000 from CDC HIV funding.[2] CDC EHE funding. [3] CDC CARB funding.

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