

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 preexposure prophylaxis (PrEP) and HIV medical care. PrEP is medicine taken to prevent getting HIV and is highly effective when taken as prescribed. <u>Ending the HIV Epidemic in the US</u> (EHE) funding increases HIV testing and access to PrEP in participating STI clinics. <u>EHE funding</u> supports one STI clinic in Indiana (IN).

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

62,903 patients were tested for HIV

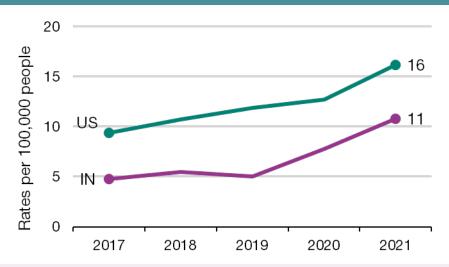
5,099 existing patients were already receiving PrEP

491 patients were newly diagnosed with HIV

2,586 patients received an initial PrEP prescription

Diagnosing & treating STIs early can curb rising STI rates

Primary secondary and (P&S) syphilis are the most infectious stages of syphilis and represent new infections. P&S syphilis diagnoses strongly and consistently are 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 rose 125% in Indiana.

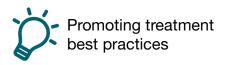


Chlamydia and **gonorrhea** are the most common bacterial STIs and can lead to infertility and increased HIV risk. In 2021, Indiana reported:

34,755 new cases of chlamydia **14,483** new cases of gonorrhea

CDC supports states' STI prevention & treatment efforts by:











CDC provided \$6,471,130 to Indiana to prevent & control STIs in 2022

\$1,728,377	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
\$3,353,254	The <u>Disease Intervention Specialist (DIS) Workforce Development</u> <u>Funding</u> 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
\$329,499	Strengthening the U.S. Response to Resistant Gonorrhea (SURGG) addresses antibiotic-resistant gonorrhea. Antimicrobial Resistance Initiative Funding provided \$5,374,514 for SURRG nationally in 2022.
\$260,000	The <u>STD Surveillance Network</u> (SSuN) aims to improve the capacity of national, state, and local STD programs to detect, monitor, and respond to trends in STDs. SSuN provided \$3.2 million nationally in 2022. 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 Indiana health departments.

Prevention-focused policies can help reduce STI rates



<u>Prenatal Syphilis Screening</u> is legally required during the first visit only in Indiana. 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 Indiana.

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

 1 CDC STI funding and \$8,000,000 from CDC HIV funding. 2 CDC EHE funding. 3 72% CDC STI funding, 13% CDC HIV funding, and 16% CDC CARB funding.

This project was developed by the Research & Evaluation Group at Public Health Management Corporation in September 2023 and is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award (CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health) totaling \$300,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

