

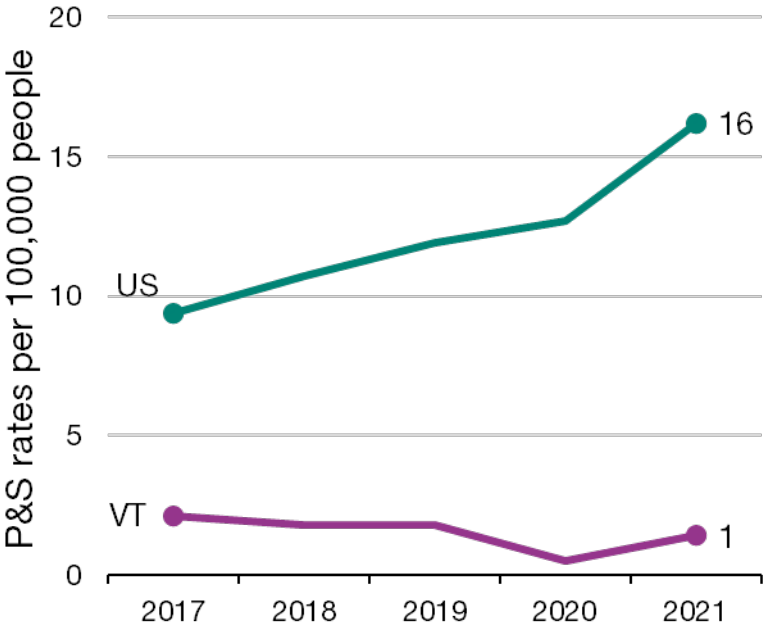


The most recent CDC data suggest that sexually transmitted infection rates have continued to rise.

In 2021, chlamydia, gonorrhea, and syphilis continued to increase in the United States (US) – reaching a total of more than 2.5 million reported cases – a 7% increase overall from 2017 to 2021. CDC continues to support US jurisdictions like Vermont (VT) as we work together to turn the tide on STIs.

Syphilis & congenital syphilis rates are rising in the US

Primary and secondary (P&S) syphilis are the most infectious stages of syphilis and represent new infections. From 2017 to 2021, P&S syphilis rates per 100,000 people **rose 72% in the US** and **fell 33% in Vermont.**



Congenital syphilis (CS) occurs when syphilis is passed to a baby during pregnancy. The growing rate of CS per 100,000 live births in the US mirrors the rising rates of P&S syphilis.

Chlamydia & gonorrhea are the most common bacterial STIs in Vermont

Chlamydia and **gonorrhea** are often asymptomatic. Preventing the spread of these STIs relies on screening to detect infections and starting treatment early.

| 2021 Cases in Vermont | |
|------------------------|------------------------|
| 910 | 136 |
| new cases of chlamydia | new cases of gonorrhea |

**CDC provided \$1,300,000 to Vermont to prevent and control STIs in 2022****\$300,000**

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.

CDC also supports states' STI prevention and treatment efforts by:

Providing on-the-ground support



Promoting treatment best practices



Monitoring STI trends



Turning data into action

Prevention-focused policies can help reduce STI rates

Prenatal Syphilis Screening is legally required during the first visit only in Vermont. 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 in Vermont.

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

¹ CDC STI funding and \$8,000,000 from CDC HIV funding.

