

09-10

STATEMENT OF POLICY

Prevention and Control of Sexually Transmitted Infections

Policy

The National Association of County and City Health Officials (NACCHO) encourages the following:

- Federal and state governments should recognize and invest in the important contribution of local health departments (LHDs) in the prevention and control of sexually transmitted infections (STIs), including HIV.¹
- Federal, state, and local governments should recognize that efforts resulting in universal health coverage or increased health insurance coverage for uninsured or underinsured persons do not reduce the need for public STI prevention and control programs provided through LHDs.
- The Centers for Disease Control and Prevention (CDC) and state health departments should increase funding to LHDs for STI prevention and be flexible in the use of funds available to improve LHDs' ability to provide directly or assure locally-relevant and appropriate STI prevention and control activities and to integrate programs and services as needed to meet the needs of the communities and clients they serve.
- The CDC should increase support for STI prevention, control, and funding to improve workforce development to ensure that the expertise to prevent and control STIs at the local level is maintained and enhanced through the provision of scholarships and/or fellowships for study and training of STI prevention and control, tailored continuing education trainings, and ongoing technical assistance to LHDs and their partners.

Justification

The United States has an enormous burden of sexually transmitted infections. Over 1.1 million cases of Chlamydia infection were reported to the Centers for Disease Control and Prevention (CDC) in 2007, which is the largest number of cases ever reported to CDC for any condition. In the same year, nearly 356,000 cases of gonorrhea² were reported and 56,300 new cases of HIV infection³ were estimated in the U.S.

The public has an important stake in the prevention and control of STIs given their long-term complications and costs, which include infertility, chronic pain, ectopic pregnancy, and death. STIs may also increase the likelihood of HIV transmission. STI costs for society are significant. In 2007, STIs were estimated to cost the U.S. population as much as \$15.3 billion in 2007 dollars.⁴ These factors demonstrate the need for prevention and early intervention.

LHDs have traditionally played a critical role in STI prevention and control, often as part of governmental charters addressing communicable disease prevention. While there are a number of non-governmental organizations that conduct STI prevention and control activities in communities, 64 percent of the nation's



LHDs provide screenings for STIs other than HIV either directly, by contract, or through a combination of direct and contract services, while 61 percent report that they provide screenings for HIV/AIDS via these methods.⁵ LHDs not only operate publicly-funded clinics for diagnosis and treatment of STIs and linkage to care for HIV but also conduct identification, evaluation, and treatment of sexual partners of persons diagnosed with an STI as a primary means to break the chain of transmission in addition to monitoring and tracking STIs in the community to prioritize prevention and control efforts.

Higher health insurance coverage rates and subsequent improved access to health care do not fully address the STI prevention and control needs of communities because many barriers to appropriate care still exist. These include the reluctance of patients to discuss sexual matters with their primary care providers, especially if they involve infidelity; coverage of STI tests in health care plans; and limited provider expertise with treatment guidelines and the management of rare or complicated STIs (e.g., syphilis). In countries where universal health access has been established (e.g., western Europe), publicly funded STI clinics are still the cornerstone of STI prevention policy.⁶

Many STIs are asymptomatic and STI clinics only serve a small portion of those infected,⁷ illustrating the need for innovative strategies to ensure effective population-based STI control.⁸ Advances in testing for the most common curable STIs and rapid, point-of-care testing for HIV have increasingly enabled LHDs to provide prevention and screening services among high-risk populations in non-traditional settings, including schools, correctional facilities, gay bathhouses and other community settings. However, the fiscal basis for the operation of LHDs to do this work and carry out their standard activities is dwindling. In 2008, nearly 30 percent of LHDs reported working under a budget less than the previous year⁹ and 45 percent documented the same budget restrictions in the first half of 2009.¹⁰ In 2008, LHDs in large jurisdictions (population served of 500,000+) were particularly affected with an average budget reduction of \$2.6 million in one year.⁹ When looking at all LHDs in 2008, the average total budget cuts were approximately \$300 million.⁹ In the first half of 2009, 55 percent of LHDs had made cuts to important public health programs¹⁰ that often resulted in not only a reduction but often the elimination of LHD programs and services.

Record of Action

*Approved by NACCHO Board of Directors
November 2009*

References

¹ Sexually transmitted infections refer to any infection that is transmitted primarily through person-to-person sexual contact including, but not limited to HIV, syphilis, gonorrhea, chlamydia, trichomoniasis, genital herpes, genital human papillomavirus, hepatitis B, and more. There are more than 30 different sexually transmissible bacteria, viruses and parasites.

² Centers for Disease Control and Prevention. (2008). *Sexually Transmitted Disease Surveillance, 2007*. Atlanta, GA: U.S. Department of Health and Human Services.

³ Centers for Disease Control and Prevention. (2008). *Estimates of New HIV Infection in the United States*. Atlanta, GA: U.S. Department of Health and Human Services.

⁴ Centers for Disease Control and Prevention. (2009). *Trends in Reportable Sexually Transmitted Diseases in the United States, 2007*. Atlanta, GA: U.S. Department of Health and Human Services.

⁵ National Association of County and City Health Officials (2008). *2008 National Profile of Local Health Departments*. Washington, D.C.

⁶ Hamers, F. and A. Downs. (2004). The changing face of the HIV epidemic in Western Europe: What are the implications for public health policies? *The Lancet*, 364(9428), 83-94.

⁷ Farley, T., Cohen, D., & Elkins, W. (2003). Asymptomatic sexually transmitted diseases: the case for screening. *Preventive Medicine*. 36(4): 502-509.

⁸ Low, N. [Broutet](#), N., [Adu-Sarkodie](#), Y. [Barton](#), P., [Hossain](#), M., & [Hawkes](#), S. (2006). Global control of sexually transmitted infections. *The Lancet*, 368(9568), 2001-2016.

⁹ National Association of County and City Health Officials (2008). *NACCHO Survey of Local Health Departments' Budget Cuts and Workforce Reductions*. Washington, D.C.

¹⁰ National Association of County and City Health Officials (2009). *Survey of Local Health Department Job Losses and Program Cuts*. Washington, D.C.