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New CDC Report Shows Syphilis, Gonorrhea, and Chlamydia Rates Increasing Again in 2017

—Newborn syphilis cases more than double in four years, reaching twenty-year high—

Washington, DC, September 25, 2018 — Today, the Centers for Disease Control and Prevention (CDC) released the Sexually Transmitted Disease (STD) Surveillance Report, 2017. For the fourth year in a row, rates of chlamydia, gonorrhea, and syphilis are increasing, with gonorrhea and syphilis rates being the highest since the early 1990s. Of special concern, there were 918 cases of congenital syphilis (occurs when a mother with untreated syphilis passes the infection to the fetus), which is double the number of cases in 2013, with 64 reported stillbirths.

Reversing these trends will require health departments, healthcare providers, and other stakeholders to work together to more effectively implement proven prevention strategies and develop new tools and approaches to address what isn't working. For local health departments, this means educating both providers and the public about the increasing risk of syphilis, including congenital syphilis, and the need for early prenatal care, including syphilis testing, to properly treat babies being born with congenital syphilis.

The National Association of County and City Health Officials (NACCHO), representing the nation's nearly 3,000 local governmental health departments, has worked closely with the CDC to provide its members with the support they need to tackle rising STD rates. Syphilis is a sexually transmitted disease (STD) that can have serious consequences for adults and babies if left untreated, but is simple to cure, including in utero, with the right treatment. This is a widespread problem, as thirty-seven states reported at least one case of congenital syphilis in 2017.

"We simply cannot ignore the barriers to women seeking healthcare, including critical prenatal care, such as poverty, stigma, and lack of health insurance. These barriers also increase the mother's risk for syphilis," says NACCHO CEO, Lori Tremmel Freeman. "Prenatal care is crucial for every pregnancy, and getting tested for syphilis just once during pregnancy is unlikely to be sufficient to avoid the consequences of congenital syphilis."

Syphilis during pregnancy is easily cured with the right antibiotics, but without early and regular prenatal care, cases of syphilis in pregnant women cannot be detected. All pregnant women should be tested for syphilis at their first prenatal visit, but for many, this will be insufficient and a syphilis test at the beginning of the third trimester, approximately 28 weeks' gestation, and potentially again at delivery, is also needed.

"We must expand our efforts to ensure providers and the public know that syphilis is a real concern during pregnancy and accessing prenatal care including syphilis testing is necessary," continued Freeman. "Additionally, when any patient receives a syphilis test, we should take advantage of that interaction to discuss the patient and their partner's pregnancy intentions."

Local health departments across the country are actively expanding evidence-based strategies to increase identification of STDs; assuring appropriate clinical services for STD clients and their sexual partners; conducting health education and promotion; using surveillance data to inform programmatic efforts and focus on populations disproportionately impacted by STDs; and educating the public, providers, and key

stakeholders on effective policy approaches. At this time of increasing STD rates and congenital syphilis cases, it is critical that funding for STD prevention be increased to allow this work to expand.

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About NACCHO

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit www.naccho.org.