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# United States Senate

COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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<http://help.senate.gov>

October 10, 2018

The Honorable Jerome M. Adams, M.D., M.P.H.  
Surgeon General of the United States  
Office of the Surgeon General  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Humphrey Building, Suite 701H  
Washington, DC 20201

Dear Dr. Adams,

Last month, the Centers for Disease Control and Prevention (CDC) released new data demonstrating that rates of sexually transmitted diseases (STDs) continue to rise across the country. This follows recent reports from the Washington State Department of Health showing that rates of STDs like chlamydia, syphilis, and gonorrhea are up across the state.<sup>1</sup> According to the CDC's newly released annual *STD Surveillance* report there were almost 2.3 million confirmed cases of chlamydia, gonorrhea, and syphilis reported across the U.S. in 2017,<sup>2</sup> an increase of more than 9 percent since 2016.<sup>3</sup> The continued rise in STD rates is in sharp contrast with declining rates observed just a few years ago and demonstrates a clear need for federal, state, and local public health agencies, providers, and policy officials to act immediately. Although the CDC works closely with state and local health departments to prevent the spread of STDs by providing funding, resources, training, and technical assistance,<sup>4</sup> these latest reports point to the need for bolstered public health education and interventions, strong and sustained support for CDC and other public health agencies, and critical engagement by health care providers and sexual health educators to deal with the scope, impact, and consequences of STDs. The Surgeon General can and should play a role in addressing increasing rates of STDs. I write to ask that you take immediate action to raise public awareness of the problem and engage all relevant federal agencies in taking evidence-based steps to address the problem, with particular focus on prevention amongst populations most at risk of contracting STDs.

<sup>1</sup> Q13 News. *STD rates up across Washington, state health department says*. May 15, 2018. Accessed at <http://q13fox.com/2018/05/15/std-rates-up-across-washington-state-health-department-says/>, on May 17, 2018.

<sup>2</sup> Centers for Disease Control and Prevention, Division of STD Prevention (September 2018). *Sexually Transmitted Disease Surveillance 2017*. [https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report\\_CDC-clearance-9.10.18.pdf](https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf).

<sup>3</sup> Centers for Disease Control and Prevention, Division of STD Prevention (September 2017). *Sexually Transmitted Disease Surveillance 2016*. [https://www.cdc.gov/std/stats16/CDC\\_2016\\_STDS\\_Report-for508WebSep21\\_2017\\_1644.pdf](https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf).

<sup>4</sup> Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of STD Prevention. *SPOTLIGHT ON STD Prevention and Control Programs*. <https://www.cdc.gov/std/products/success/Spotlight-on-STD-Programs-508c.pdf>.

Sexually transmitted diseases can lead to serious consequences including ectopic pregnancies, chronic pelvic pain, and infertility; some STDs come with life-long health consequences. STDs also increase the risk of HIV transmission, and affected individuals are often impacted by stigma.<sup>5</sup> Aside from the individual health impacts, STDs also strain the U.S health care system, costing about \$16 billion annually.<sup>6</sup>

The CDC's 2017 report summarizes national surveillance data for the year, focusing on the three diseases that are federally notifiable: chlamydia,<sup>7</sup> gonorrhea,<sup>8</sup> and syphilis.<sup>9</sup> The increase in gonorrhea rates is especially worrisome, as antimicrobial resistance remains a growing issue for the latest recommended gonorrhea treatment.<sup>10</sup> The report's findings illustrate alarming evidence that barriers to accessing quality health care persist and further increase racial and gender-based health disparities. Black and American Indian/Alaska Native individuals consistently have significantly higher rates of infection than those who are White.<sup>11</sup> These populations are also disproportionately uninsured and living in poverty. Rates of syphilis and antimicrobial-resistant gonorrhea were higher among gay, bisexual, and other men who have sex with men than they were in men who have sex with women only. Though the CDC report fails to report specifically on rates among individuals who are transgender, studies of sexual health in such individuals report disproportionately high rates of HIV and other STDs in transwomen, indicating a need for targeted prevention efforts.<sup>12</sup> Additionally, half of all STDs occur among young people ages 15–24, who experienced the largest increase of STDs in 2017.<sup>13</sup>

STDs are largely preventable; quality sex education, safe sex practices, vaccines, and frequent STD testing have all been shown to contribute to STD prevention. Additionally, most STDs can be treated or cured with pharmacological interventions such as antibiotics and anti-retroviral therapies. Congenital syphilis, for example, is almost entirely preventable through routine screening and timely treatment, yet there was a 43.8 percent increase in cases in 2017. The increase in STDs, especially the rise of syphilis and congenital syphilis is representative of an over-taxed public health system, and a lack of access to health care for many. Populations that are unable to access preventive services and routine screenings are most vulnerable.

In light of the alarming increase in STDs across the country, policy makers, health care professionals, and public health officials must do more to prioritize prevention, respond to the increase, and modify

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<sup>5</sup> Centers for Disease Control and Prevention (September 2017). *STDs and HIV- CDC Fact Sheet*. <https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>

<sup>6</sup> Centers for Disease Control and Prevention, Division of STD Prevention (September 2017). *Sexually Transmitted Disease Surveillance 2016*. [https://www.cdc.gov/std/stats16/CDC\\_2016\\_STDS\\_Report-for508WebSep21\\_2017\\_1644.pdf](https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf).

<sup>7</sup> Chlamydia, *Chlamydia trachomatis*: 1,708,569 cases in 2017, a 6.9% increase from 2016

<sup>8</sup> Gonorrhea, *Neisseria gonorrhoeae*: 555,608 cases in 2017, an 18.6% increase from 2016

<sup>9</sup> Syphilis, *Treponema pallidum*: 30,664 cases in 2017, a 10.5% increase from 2016

<sup>10</sup> Centers for Disease Control and Prevention (June 2015). *2015 Sexually Transmitted Disease Treatment Guidelines- Gonococcal Infections*. <https://www.cdc.gov/std/tg2015/gonorrhea.htm>.

<sup>11</sup> Blacks: Chlamydia- 1,175.8 cases per 100,000 people; Primary and Secondary Syphilis- 24.2 cases per 100,000 people; Congenital Syphilis- 58.9 infected babies per 100,000 live births; Gonorrhea- 548.1 cases per 100,000 people; American Indians/Alaskan Natives: Chlamydia- 781.2 cases per 100,000 people; Primary and Secondary Syphilis- 11.1 cases per 100,000 people; Congenital syphilis- 33.5 infected babies per 100,000 live births; Gonorrhea- 301.9 cases per 100,000 people; Whites: Chlamydia- 211.3 cases per 100,000 people; Primary and Secondary Syphilis- 5.4 cases per 100,000 people; Congenital Syphilis- 9.7 infected babies per 100,000 live births; Gonorrhea- 66.4 cases per 100,000 people *Sexually Transmitted Disease Surveillance 2016*.

<sup>12</sup> Uhrig JD, Stryker JE, Bredee S, et al. *HIV information needs to transgender people and their healthcare providers*. *AIDS Care*: July 2018. doi: 10.1080/09540121.2018.1499862.

<sup>13</sup> Centers for Disease Control and Prevention, Division of STD Prevention (September 2018). *Sexually Transmitted Disease Surveillance 2017*. [https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report\\_CDC-clearance-9.10.18.pdf](https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf).

current practices, as necessary, to better address this challenge and to ensure that everyone has an equal chance to live a healthy and fulfilled life. Please provide a briefing to my staff on steps you are taking to address these issues by November 15, 2018.

Thank you for your attention to this matter. Should you have any questions with this request, please contact Laurel Sakai and Andi Fristedt with my HELP Committee Staff at (202) 224-7675.

Sincerely,

A handwritten signature in blue ink that reads "Patty Murray". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Patty Murray  
Ranking Member  
United States Senate Committee on Health, Education,  
Labor, and Pensions