The Centers for Disease Control and Prevention (CDC) released their annual *Sexually Transmitted Disease Surveillance Report* which reflects record highs in the three most commonly reported conditions in the United States in 2015 (in the following order of descending rate of increase in cases): primary and secondary syphilis, gonorrhea and chlamydia.

It is estimated there are 20 million new STDs in the U.S. every year with 50% representing those 15-24 years of age (chlamydia and gonorrhea tend to be highest in this population). Because not all cases are properly diagnosed or reported—in conjunction with other STDs like herpes and human papillomavirus, for example, it is assumed this is an underestimation of the actual burden. There were previous declines, but 2015 was the second consecutive year all three infections continued to climb.

Despite young people and women often being most adversely affected, increases in men led to the overall escalation. Undiagnosed STDs in women cause infertility in about 20,000 women each year. Though young people and gay and bisexual men are at greatest risk of contracting an STD, anyone can get one. Practicing safe sex is universally recommended.

In a rallying cry, Dr. Jonathan Mermin, the director of the CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention warned, “We have reached a decisive moment for the nation. STD rates are rising, and many of the country’s systems for preventing STDs have eroded. We must mobilize, rebuild and expand services—or the human and economic burden will continue to grow.” The claim goes on to direct blame on budget cuts and clinic closures insisting that disappearance of these departments undermines access to testing and treatment for those in need.

These are very treatable and curable infections with antibiotics. The critical issue is diagnosing and medicating early to reduce future risk of irreversible health consequences and to limit spread.
and contagiousness. When the stated diseases are allowed to flourish, chronic pain, infertility, pelvic inflammatory disease, ectopic pregnancy, increased risk of HIV by facilitating transmission, social stigma, ocular and neurosyphilis, neonatal herpes and congenital transmission (among other issues) can abound. For the fetus in these situations, the result can be catastrophic.

As per Dr. Gail Bolan, Director of CDC’s Division of STD Prevention, “The health outcomes of syphilis — miscarriage, stillbirth and blindness or stroke— can be devastating. The resurgence of congenital syphilis and the increasing impact of syphilis in gay and bisexual men makes it clear that many Americans are not getting the preventive services they need. Every pregnant woman should be tested for syphilis, and sexually active gay and bisexual men should be tested for syphilis at least once a year.”

Syphilis is screened at birth, for instance. If there is poor prenatal care, then a window for diagnosis and treatment can be missed. This infection in the mother can trigger congenital syphilis in the baby. The result may include facial deformity, loss of hearing or vision, stillbirth and a constellation of disabling symptoms. The timing of the infection in pregnancy or delivery along with treatment determines impact on overall outlook.

The data show alarming increases in syphilis rates of 19% in 2015. Though it impacts men and women, of all the primary and secondary syphilis cases over 90% occurred in men. Men who have sex with men accounted for 82% of cases. The effects of syphilis as it progresses can be debilitating. STDs tend to travel together so having syphilis increases your risk of acquiring and transmitting HIV as well.

The challenges to impeding spread of gonorrhea, chlamydia and syphilis are maintaining adequate services that promote sexual, reproductive, maternal, fetal, adolescent, and adult health. The CDC champions the modernization of surveillance beyond those who have access to care along with the development of innovative strategies to improve how information is collected so prevention targeting can be more effective.

The economic burden of STDs on our health system is estimated to be nearly $16 billion annually. Hence, why the call to action is focused on restoring public health infrastructures along with eliminating barriers to care. They attribute health inequity to be a significant factor. Apparently, roughly 21 local health department STD clinics closed in 2012 while 52% of state and local STD programs experienced budget cuts.

These conditions often are initially asymptomatic, thus why they readily spread. Testing and counseling during routine care is especially important. The CDC urges addressing concerns and engaging in general discussion about these topics with your health care provider, in particular, if you are sexually active.

NOTE:

It is advisable to review this report for specific recommendations:
