

CENTERS FOR DISEASE CONTROL AND PREVENTION
DIVISION OF STD PREVENTION
2018 STD SURVEILLANCE REPORT

The contents of this document are embargoed until the planned release on Tuesday, October 8 at Noon ET. Please do not share this information or post the contents to message boards, newsletters, Listservs, social media channels, etc.

This advance information is developed to assist with your outreach efforts and to help you prepare for requests from constituents, media, or members of the public.

This document includes:

- [Main messages based on the 2018 STD Surveillance Report](#)
- [A brief summary for use in your outreach materials \(e.g., newsletters\)](#)
- [Examples of potential questions & answers \(Q&A\)](#)
- [Sample social media and ready-made graphics](#)

Click on the above hyperlinks to navigate to these sections within the document.

MAIN MESSAGES *CDC'S DIVISION OF STD PREVENTION WILL FOCUS COMMUNICATION OUTREACH EFFORTS ON THE FOLLOWING MAIN MESSAGES, OR THEMES (IN BOLD). WE INVITE YOU TO USE THESE MESSAGES OR REPURPOSE FOR YOUR LOCAL NEEDS.*

Message 1:

CDC's "State of the Union" on STDs stresses that we must stop syphilis – too many babies are needlessly dying - *Every case is one too many when we have the tools to prevent it*

- CDC's 2018 STD Surveillance Report – an annual snapshot of key STD trends – highlights the most concerning threat:
 - Continued increase in the number of newborns with syphilis (i.e., congenital syphilis) – 40% increase in just one year (from 918 in 2017 to 1306 in 2018), 185% increase since 2014; most cases since 1995
 - Parallels similar increases in primary and secondary (P&S) syphilis among women of reproductive age (increased 36% in just one year)
 - Congenital syphilis can result in miscarriage, newborn death, and severe lifelong physical and neurological problems
 - Congenital syphilis-related deaths increased 22% in just one year (from 77 to 94 deaths)
- While 41 states and Washington D.C. had at least one case of congenital syphilis, some parts of the country are disproportionately burdened (a majority, 70%, of all cases were concentrated in just five states)

Message 2:**Addressing the rising rates of female syphilis is critical to preventing congenital syphilis**

- Everyone should know syphilis isn't a disease of the past – it is still here, it is thriving
 - Many women may not know they have syphilis; screening is an important first step
 - With increasing prevalence, even women with few risk behaviors can be exposed to syphilis
- Women can protect themselves:
 - See a doctor if you notice a sore or rash, or if you think you've been exposed
 - Consider strategies that would work for you, including using condoms the right way from start to finish every time you have sex, limiting partners, and talking to your healthcare provider about testing
 - If treated for syphilis, ask your partner to get tested and treated
- Drug use is of particular concern; data show methamphetamines, heroin, and injection drug use have continued to increase among heterosexuals with syphilis
 - Merging epidemics of heterosexual syphilis and drug use only make syphilis and congenital syphilis harder to prevent and control

Message 3**Protect Moms = Protect Babies** - *To prevent congenital syphilis, it is critical to increase prenatal testing and treatment*

- To avoid harsh outcomes of congenital syphilis, CDC recommends healthcare providers test ALL pregnant women for syphilis ASAP; test some women again
 - Test all women at their 1st prenatal visit
 - Test women vulnerable to acquiring syphilis:
 - In 3rd trimester (28 weeks), so they can receive adequate treatment and prevent congenital syphilis
 - Again at delivery, so women can be treated and baby's health can be managed per CDC guidelines
- Treat women with diagnosed or suspected syphilis immediately; test and treat her sex partner(s) as well to help decrease the risk of reinfection
- Barriers like poverty, substance use, unstable housing and lack of insurance or a medical home, can:
 - Keep women from getting timely and quality prenatal care;
 - Make women more likely to fall through the cracks of the healthcare system at pivotal points
- Specific steps women can take to safeguard themselves and their baby:
 - *Talk:* Have an open, honest conversation with your healthcare provider about risk
 - *Test:* Ask about testing
 - *Treat:* If diagnosed, discuss treatment options with your provider RIGHT AWAY; ask your partner to get tested and treated, too

Message 4**STDs have surged for the fifth consecutive year, reaching an all-time high**

- Data show increases in all three STDs that are reported to CDC. From 2017-2018:
 - Primary and secondary syphilis: Increased 14%; most dramatic increases in newborns
 - Gonorrhea: Increased 5% overall, most cases reported in more than 20 years
 - Chlamydia: Increased 3%; highest case count ever recorded by CDC

2018 SURVEILLANCE REPORT SUMMARY *DROP THIS SUMMARY INTO OUTREACH MATERIALS, SUCH AS NEWSLETTERS, AS IS, OR TAILOR AS NEEDED.*

NOTE: Links within the summary to Surveillance Report materials will go live at the time of the release.

CDC's annual snapshot of key STD trends highlights the most concerning threat: newborn deaths from syphilis

CDC's recently-released [Sexually Transmitted Disease \(STD\) Surveillance Report, 2018](#) shows congenital syphilis-related deaths increased 22 percent in just one year – from 77 deaths in 2017 to 94 in 2018.

In 2018, there were a total of 1,306 congenital syphilis cases reported; the most since 1995. Increasing rates parallel increases in primary and secondary syphilis among women of reproductive age. Forty-one states had at least one case of congenital syphilis. However, some parts of the country are disproportionately burdened—with a majority of cases concentrated in five states.

Every case of this entirely preventable infection is one too many. The report highlights an urgent to-do list. Working together, we must:

- Find innovative strategies to prevent, find and treat female syphilis; and
- Reduce barriers to timely prenatal care and ensure appropriate syphilis testing and treatment among pregnant women.

The full report also finds that chlamydia, gonorrhea, and syphilis have surged for the fifth consecutive year, reaching an all-time high.

Together, **we *can* break the cycle of STD increases and prevent further adverse public health outcomes.**

Stay up-to-date about STD-related information and share important prevention messages and resources with your community:

- [An infographic you can adapt and use in your state](#)
- [Communication resources](#)
- [Learn how to add CDC pages to your website](#)
- [Downloadable fact sheets about STDs](#)
- [Free printed fact sheets](#)
- [CDC's STD website](#)

Please also consider posting messages on your social media profiles using #STDReport, by retweeting [@CDCSTD](#), and sharing posts from the [CDC STD Facebook](#) page.

POTENTIAL Q&A *BASED ON FEEDBACK FROM THE SEPTEMBER 16TH PARTNER BRIEFING, WE ARE INCLUDING ANSWERS THAT CDC USES TO SPEAK TO QUESTIONS ABOUT THE NATIONAL STD BURDEN. THESE ANSWERS CAN BE TAILORED TO YOUR JURISDICTION.*

What is causing STDs to increase U.S.?

While contributing factors vary by state and region, at a national level, we know that a range of factors can contribute to high levels of STDs, including:

- Factors related to a person's social, cultural and economic environment, like poverty, unstable housing, drug use, lack of medical insurance or a medical home, and/or a high burden of STIs in some communities;
- New and/or changing transmission patterns — For example, while increases in syphilis have been seen among men who have sex with men (MSM) for nearly 20 years, in recent years we've seen increases in women and heterosexuals. As STDs increase among and expand into other populations, additional outreach and education is required to increase screening, treatment, and prevention;
- Broader behavioral issues like decreases in condom use among high-risk groups, including young people and gay and bisexual men; and
- In recent years, more than half of local STD programs have experienced budget cuts, which has resulted in clinic closures, reduced screening and staff loss
 - Of particular concern is loss of disease intervention specialists, which means more patients lost to follow-up and fewer patients being linked to care and other services;
- Stigma and discrimination, generally speaking, may also play a role

Why are we seeing a resurgence of congenital syphilis?

- The rise in congenital syphilis parallels an increase in primary and secondary syphilis among women overall, so the increase is largely due to the fact that more women of reproductive age are infected with the disease
- So, we have two issues: 1.) we need to address the rising rates of female syphilis – not only to protect the health of women, but also to prevent congenital syphilis if they become pregnant and 2.) the congenital syphilis increases *also* show we are missing opportunities to screen and treat pregnant women for STDs, especially syphilis
- It points towards many women not receiving timely prenatal care, which is vital for early detection and treatment to prevent infants from being born with congenital syphilis
- Despite our testing recommendations, we also know that there are barriers – such as poverty, substance use, unstable housing, lack of insurance or a medical home, and mistrust of the health care system – that can keep women from getting timely and quality prenatal care and make women more likely to fall through the cracks at pivotal points of care
- Nationally, to overcome these dangerous trends, we must:
 - Find innovative strategies to prevent, find, and treat female syphilis
 - And reduce barriers to timely prenatal care and ensure appropriate syphilis testing and treatment among pregnant women

SAMPLE SOCIAL MEDIA AND GRAPHICS *USE THE FOLLOWING MESSAGES OR TAILOR AS NEEDED; USE #STDREPORT*

NOTE: Links to the Surveillance Report will go live at the time of the release.

Twitter

JUST IN! Newborn #syphilis cases increased by 40% in just one year. Surge goes hand-in-hand with increase in female syphilis. Full #STDreport --> <https://go.usa.gov/xVywB>.

#Moms-to-be: DYK? You can have #syphilis and not know it. Get TESTED to protect yourself and your baby: <https://go.usa.gov/xVywN>. #STDreport

#Moms-to-be: Get treated right away if you test positive for #syphilis. Don't wait for your next visit! <https://go.usa.gov/xVywn> #STDreport

Clinicians: A steady rise in newborn #syphilis cases stresses the urgent need to increase prenatal testing and treatment for pregnant women. <https://go.usa.gov/xVywP> #STDreport

Clinicians: We can avoid the harsh outcomes of congenital #syphilis. TEST ALL pregnant women for syphilis during the 1st prenatal visit. Some women may need more than one test! CDC recommends: <https://go.usa.gov/xVywM>. #STDreport

#Syphilis passed to a baby during pregnancy can cause miscarriages, premature birth, stillbirth, or even death. More: <https://go.usa.gov/xVywy>. #STDreport

I've got #syphilis. Now what? 1) Work with your healthcare provider to take the right medicine immediately. 2) Ask your sex partner(s) to get tested & treated too! <https://go.usa.gov/xVywd> #STDreport

Facebook

NEWS! More and more babies are being born with syphilis (i.e., congenital syphilis): <https://go.usa.gov/xVywz>.

The number of babies born with syphilis in 2018 = 1306. That's the most cases seen 1995. We can change this trend: <https://go.usa.gov/xVywS>.

Healthcare providers: A steady rise in newborn syphilis cases stresses the urgent need to increase prenatal testing and treatment for pregnant women. <https://go.usa.gov/xVywh>

Clinicians: ALL pregnant women should be tested for syphilis at their 1st prenatal visit. Some women need to be tested again <https://go.usa.gov/xVyfr>.

Pregnant women: Get treated right away if you test positive for syphilis. Don't wait for your next visit! <https://go.usa.gov/xVyf2>

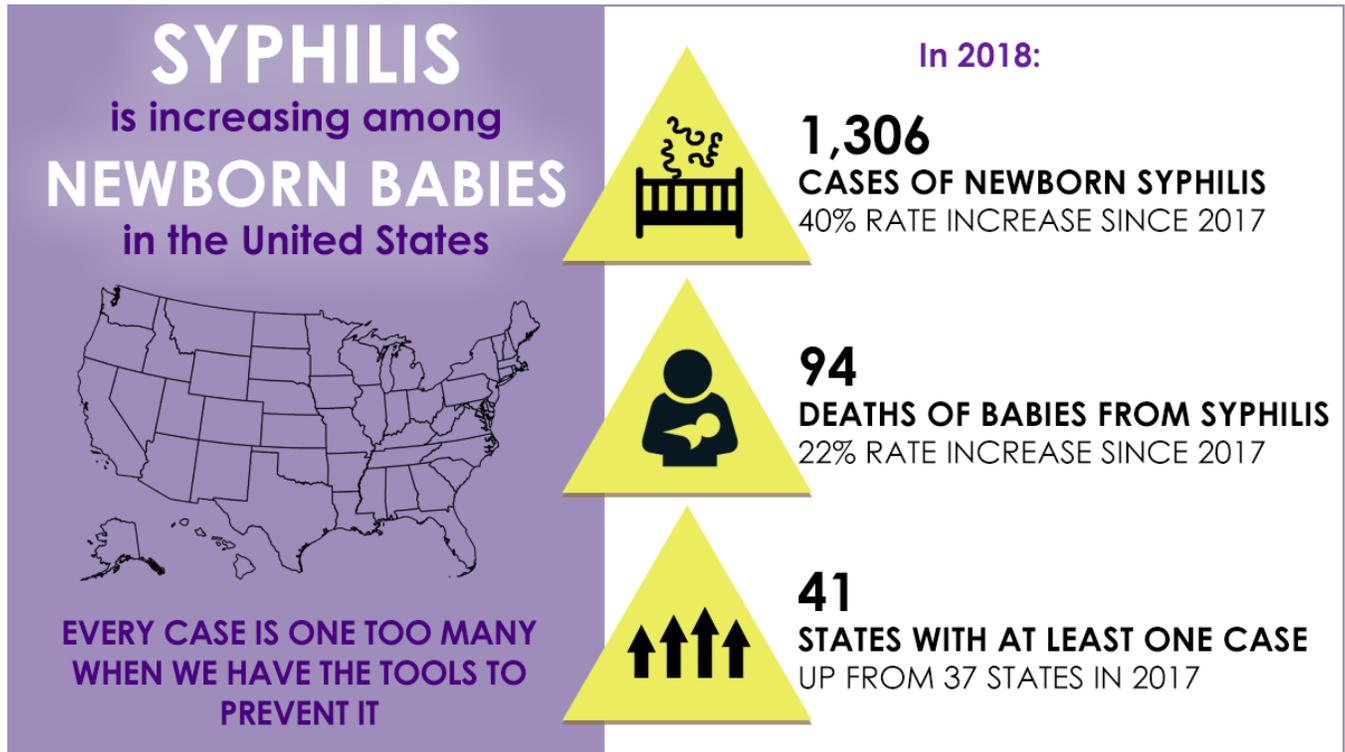
Is syphilis still a problem? Yes! And it's increasing among women and babies. Protecting moms = Protecting babies! What can you do? <https://go.usa.gov/xVyfD>

Clinicians: Treat patients with syphilis immediately, especially if they are pregnant. Avoid reinfection by testing and treating their partner(s), too! More here: <https://go.usa.gov/xVyfW>.

Is syphilis still a problem? Yes! And it's increasing among women. Protect yourself, protect your partner with this information: <https://go.usa.gov/xVyf9>.

Graphics

The following graphics are sized and ready for use on social media. Right click and save to your files.



NOTE: Keep scrolling; more graphics on the next pages



CONGENITAL SYPHILIS IS SURGING

Treat women with diagnosed or suspected syphilis right away

Test and treat sex partners to lower the risk of reinfection

<https://www.cdc.gov/std/tg2015>

CONGENITAL SYPHILIS IS SURGING



**Test all pregnant women for syphilis as soon as possible.
Some women need to be tested again.**



CLINICIAN CHECKLIST

PROTECT MOMS = PROTECT BABIES



Test pregnant women at first prenatal visit



Test at-risk pregnant women again at 28 weeks and at delivery



Treat women with diagnosed or suspected syphilis immediately; test and treat sex partners, too



Confirm syphilis testing at delivery



Report all syphilis & congenital syphilis cases to the health department immediately

PROTECT YOURSELF AND YOUR BABY FROM SYPHILIS

Syphilis is a sexually transmitted infection. It can be cured with medicine, but it can cause serious health problems for you and your baby if not treated.



TALK

Have an open and honest conversation with your doctor about risk



TEST

Ask your healthcare provider about getting tested



TREAT

Discuss treatment options with your healthcare provider



SYPHILIS
is increasing
among women
in the
United
States

And you
may not
know you
have it

But there are
actions you can
take to protect
yourself



See a healthcare provider if you notice a sore or rash, or if you think you've been exposed to someone with syphilis



Use condoms the right way from start to finish



Limit your number of sex partners



Talk to your provider about testing



If diagnosed, get treated right away – and ask your partner(s) to get tested and treated

###