



Promoting Sexual Health  
Through STD Prevention

**NCSDDC.ORG**

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**RE: Meeting of the Advisory Committee on Minority Health; Public Comments: *Strategies to address HIV-related health disparities among racial and ethnic minority populations to inform efforts to the related federal Ending the HIV Epidemic Initiative.***

Dear Advisory Committee on Minority Health Members --

My name is Taryn Couture. I am the Associate Director of Government Relations at the National Coalition of STD Directors (NCSDDC), located in Washington, DC.

NCSDDC is a national public health membership organization representing health department STD programs, and community-based partners across 50 states, seven large cities, and eight US territories, with a mission to advance effective sexually transmitted disease prevention programs and services in every community across the United States.

On behalf of NCSDDC, I want to thank the Advisory Committee for convening this meeting and providing time for us to submit comments.

NCSDDC is thrilled to see the Minority Health Advisory Committee discuss infectious disease disparities among racial and ethnic minority populations but are concerned with the fact that you have failed to adequately discuss STDs, particularly given that we are at crisis levels.

### **Overview: STDs and Minority Populations:**

Our nation is facing a rising STD epidemic, with STDs at the highest levels ever, and Black, LatinX and Native American people are bearing the overwhelming burden.

The three federally notifiable STDs – chlamydia, gonorrhea and syphilis – all impact racial and ethnic minorities at a higher rate than White people:

- Chlamydia is the most commonly reported STD, with about 1.7 million cases reported in 2017. Data shows that the rate of reported chlamydia among Black people, Native Americans, and LatinX people is 8.9, 3.7, and 1.9 times the rate of White people, respectively.
- Gonorrhea, of which there is only one antibiotic treatment left, also disproportionately affects racial and ethnic minorities. The rate of reported gonorrhea cases among Black people, Native



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Americans and LatinX people in the US was 8.3, 4.5, and 1.7 times the rate among White people, respectively.

- Syphilis, which has increased 327 percent since 2003, and leads to congenital syphilis (mother to child transmission of syphilis) is at a higher rate among Native Americans, Black people, and LatinX people than White people at 2.1, 4.5, and 2.2, respectively.

The social determinants of health including high poverty rates, unequal access to healthcare, stigma and racism continue to impede the ability for people of color to be able to access important services such as STD screening and treatment. Even when health care is readily available to racial and ethnic minorities there continues to be a fear and distrust of STD services due to a torrid history, particularly after the Tuskegee Syphilis Study which withheld treatment to Black men for 40 years and impacted the Tuskegee Black community as a whole. Overall, inequities in access to healthcare can be observed in the clear disparities in the incidence of STDs among racial and ethnic minorities.

Additionally, missing or inadequate surveillance data on the number of STD cases among racial and ethnic minorities continues to be a challenge to fully understanding the disparities among rates of STD infections. About 20 percent of chlamydia and gonorrhea case reports from 2017 are missing race or ethnicity data. Ensuring that we get complete and accurate information is necessary, even if we must invest in time and resources for collecting data broken down by race and ethnicity.

### **STDs and HIV:**

The connection between STDs and HIV, such as the fact that STDs are known to increase the risk of HIV transmission, makes the STD field essential to ending the HIV epidemic in the United States. A recent modelling study published by the Journal of Sexually Transmitted Diseases reported that “one-in ten new HIV cases in gay and bisexual men are the result of gonorrhea and/or chlamydia infections.” There is also an “estimated 2-to 5-fold increased risk of acquiring HIV when syphilis is present and for individuals living with HIV this can increase their viral load.” By preventing new cases of STDs, we are ensuring the decrease for new cases of HIV.

With such disparities in STD cases, and the link between STD transmission and HIV transmission, if we do not work to limit the gap in STDs cases among ethnic and minority population then we can only expect to see similar disparities among HIV cases.

### **Future Engagement in STDs:**

As you can see, addressing the racial and ethnic disparities in the rising rates of STDs is crucial to understanding how we can get a handle on this public health crisis and to ending the HIV epidemic. I was disappointed to see that STDs were not included prominently in today’s meeting and urge you to consider making STDs a part of your future convenings and discussions, as well as strategies for improving disparities in infectious disease.



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Sincerely,

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