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THE HENRY J. KAISER FAMILY FOUNDATION

December 8, 1998

Enclosed are materials produced for our most recent briefing in the Emerging Issues in Reproductive Health series: *The Tip of the Iceberg: How Big Is the STD Epidemic in the U.S.?* held on December 2, 1998 in New York City.

This program is part of an ongoing series for journalists on reproductive health issues, co-sponsored by the Kaiser Family Foundation, The Alan Guttmacher Institute, and the National Press Foundation. If you have any questions about the information presented at this or past programs, please call Tina Hoff at the Kaiser Family Foundation, 650.854.9400 ext.210.

We hope you find these materials of interest and useful in your work.

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New Estimate of Annual Cases of Sexually Transmitted Diseases in US:

STD EPIDEMIC BIGGER THAN PREVIOUSLY THOUGHT, BUT EXPERTS SAY THERE IS "GOOD NEWS" THAT HIGHER ESTIMATE RESULT OF IMPROVED DETECTION

Two STDs -- HPV and Trichomoniasis -- Account for Two Thirds of New Cases; Cost to Treat Current Infections in U.S. Estimated at $8.4 Billion Per Year

NEW YORK, NY – A panel of some of the nation's leading health experts convened by the American Social Health Association (ASHA) for the Kaiser Family Foundation estimates that 15.3 million new cases of sexually transmitted diseases (STDs) occurred in the U.S. in 1996. This new estimate exceeds by three million new infections per year the previously most often cited figure from a decade earlier. However, in their report the panel concludes that the higher number is "mainly because of improved detection techniques [that] have made it possible to identify asymptomatic ("silent") infections that were undercounted in the past," and that the new estimate most likely reflects a *slight decrease* overall in the actual number of STDs when previous under-estimation is taken into account.

In the mid-1980s, the Centers for Disease Control and Prevention (CDC) placed the number of new STD cases at approximately 12 million per year. This update is the first to apply a rigorous methodology to calculate the annual STD incidence overall since that estimate.

More than two thirds of the 15.3 million STDs that occurred in 1996 were attributable to sharp increases in the estimates of two infections -- human papillomavirus (HPV) and trichomoniasis -- which according to the panel went up as a result of new detection and better estimation methods. The incidences of the three STDs that have formal national surveillances -- chlamydia, gonorrhea, and syphilis -- were found to have fallen, due in large part to national control programs. The panel also examined trends with known sexual transmissions of herpes, hepatitis B virus, and HIV/AIDS, which were generally found to be holding steady over the last decade.

The panel acknowledged that a variety of factors including the asymptomatic nature of many of the diseases, social stigma, inconsistent reporting, and lack of public awareness make determination of the incidence and prevalence of STDs in the U.S. very difficult. However, this new estimate reflects the best information based on available data.

"Better detection offers a greater opportunity to treat and ultimately stem the spread of STDs, but it has also shown that the epidemic is bigger than previously thought" said Ward Cates, M.D., M.P.H., President, Family Health International and chair of the study's expert panel.

(more)

The health consequences of a particular STD may vary depending on a number of factors, including how early it is detected and treated, but can include an increased risk of certain cancers and HIV, and for women problems with future pregnancies and infertility. There are two general types of STDs: those that are bacterial or *curable* (chlamydia, trichomoniasis, gonorrhea, and syphilis), and those that are viral or *incurable* (HPV, genital herpes, hepatitis B virus, and HIV). Antibiotics can cure bacterial infections and treatments are available that can help reduce the frequency of outbreaks of some viral STDs. Direct medical costs for treatment of *all* estimated cases is determined by the panel to be $8.4 billion per year in the U.S.

The panel estimated cumulative totals for the four viral STDs, which once infected a person has for life: as a result of known sexual transmission in 1996, there were estimated to be 45 million Americans with herpes, 20 million with HPV, 750,000 with hepatitis B, and 560,000 with HIV.

"Silent infections, along with shame and national shyness have made the STD epidemic a dangerous secret. Men and women who are unaware of their infections needlessly risk their own health and the health of their partners," said Felicia H. Stewart, MD, Director of Reproductive Health Programs, Kaiser Family Foundation.

A Silent Epidemic: On December 1st, World AIDS Day focused worldwide attention on the deadliest of sexually transmitted diseases. Yet, many Americans remain unaware, or misinformed, about *other* STDs, including their personal risk and the link to HIV. According to a recent national survey by the Kaiser Family Foundation and *Glamour* magazine, lack of awareness about STDs presents a significant public health threat. Most men and women of "reproductive age" (18-44 years old) seriously underestimate how common non-HIV STDs are, and many are not even aware of some of the *most* common ones. As a result, very few believe they are at risk: only 14 percent of men, and even fewer of women (8%), who were surveyed consider themselves at risk of getting an STD.

Methodology

The American Social Health Association (ASHA) convened for the Kaiser Family Foundation a panel of 11 of the nation's leading experts, including representatives from the Centers for Disease Control and Prevention, state and local public health agencies, prominent public health researchers and academicians, and practicing clinicians, to update the estimates of the annual incidence, prevalence, and cost of sexually transmitted diseases in the U.S. The panel examined all available published literature, developed a methodology for assessing the strength of various data, and came to consensus through a deliberative process on the new national estimates.

The Kaiser Family Foundation, based in Menlo Park, California, is an independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

Founded in 1914, the American Social Health Association is a national non-profit organization dedicated to stopping sexually transmitted diseases and their harmful consequences to individuals, families, and communities.

* * *

Sexually Transmitted Diseases in America: How Many Cases and at What Cost?, a report prepared for the Kaiser Family Foundation by the American Social Health Association (ASHA), will be presented at the upcoming National STD Prevention Conference sponsored by the Centers for Disease Control and Prevention and ASHA in Dallas (December 6-9). It is being released today at a briefing in New York to take a more in-depth look at the state of the STD epidemic in the U.S., and what is happening and why with specific diseases. This briefing is part of an ongoing series, *Emerging Issues in Reproductive Health*, sponsored by the Kaiser Family Foundation, The Alan Guttmacher Institute, and National Press Foundation.

A summary report on the findings is available by calling the Kaiser Family Foundation's publication request line at 1-800-656-4533 (Ask for #1445). Findings from recent Foundation surveys on public awareness, knowledge and experience with STDs is also available (#1423). The report, as well as additional information, are also available on the Foundation's web site www.kff.org.

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A Fact Sheet on Sexually Transmitted Diseases

STD	Curable (bacterial) STDs				Incurable (viral) STDs		
	Chlamydia	**Gonorrhea**	**Syphilis**	**Trichomoniasis or "Trich"**	**Genital Herpes (HSV)**	**Genital Warts or Human Papilloma Virus (HPV)**	**Hepatitis B (HBV)**
What is it	A bacterial infection of the genital area.	A bacterial infection of the genital area.	An infection caused by small organisms, which can spread throughout the body.	A parasitic infection of the genital area	A viral infection of the genital area (and sometimes around the mouth).	A viral infection with 60 different types, primarily affecting the genital area, both the outer and inner surfaces.	A viral infection primarily affecting the liver.
How many get it	About 3 million Americans each year; the highest rates are among women aged 15 to 19 — in fact, in some communities studies have found that up to 30 percent of sexually active teenage women and 10 percent of sexually active teenage men are infected.	Approximately 650,000 Americans a year; the highest rates are among women aged 15 to 19.	About 70,000 Americans a year.	As many as 5 million Americans each year.	Between 1 million Americans each year; an estimated 45 million Americans already have genital herpes.	An estimated 5.5 million Americans per year; about 20 million people already have it.	About 77,000 Americans a year; more than 750,000 in the U.S. now have HBV.
Signs	There are no symptoms in most women and many men who have it. Others may experience abnormal vaginal bleeding (not your period), unusual discharge or pain within one to three weeks of having sex with an infected partner.	Most women and many men who get it have no symptoms. For those who do get symptoms, it can cause a burning sensation while urinating, green or yellowish vaginal or penile discharge, and for women, abnormal vaginal bleeding, pelvic pain, and/or fever within 10 days of getting infected. It takes 1 to 14 days for symptoms -- such as discharge or pain -- to appear.	In the first phase, sores may appear on the genitals or mouth about three weeks to three months after exposure, lasting for three to six weeks. Often, however, there are no noticeable symptoms. In the second stage, about three to six weeks after sores appear, a variety of symptoms can appear, including a rash (often on the palms of the hands and soles of the feet).	Often there are no symptoms, especially in men. Some women note a frothy, smelly, yellowish-green vaginal discharge, and/or genital area discomfort, usually within 3 to 28 days after exposure to the parasite.	There are two kinds of herpes. Herpes 1 causes cold sores and fever blisters on the mouth but can be spread to the genitals; Herpes 2 is usually on the genitals. Nearly two-thirds of people who are infected with herpes don't even realize it. An outbreak can cause red bumps that turn into painful blisters or sores on the vagina, penis, buttocks, thighs, or elsewhere. During the first attack, it can also lead to fever, headaches, and a burning sensation when you urinate. Symptoms usually appear within 2 to 20 days of infection but can take longer in some cases. The first outbreak is usually more severe than later recurrences.	Soft, itchy warts in and around the vagina, penis, and anus, may appear two weeks to three months after exposure. Many people, however, have no symptoms but may still be contagious.	Many people don't have any symptoms. Others may experience severe fatigue, achiness, nausea and vomiting, loss of appetite, darkening of urine, or abdominal tenderness, usually within one to two months of exposure. Yellowing of the skin and whites of the eyes (called jaundice), and darkening of the urine can occur later.

	Curable (bacterial) STDs				Incurable (viral) STDs		
STD	**Chlamydia**	**Gonorrhea**	**Syphilis**	**Trichomoniasis or "Trich"**	**Genital Herpes (HSV)**	**Genital Warts or Human Papilloma Virus (HPV)**	**Hepatitis B (HBV)**
How it's spread	Through vaginal or anal intercourse.	Through vaginal, oral, or anal intercourse.	Through vaginal, oral, or anal sex — and through kissing.	Through vaginal intercourse.	By touching an infected area or having vaginal, oral, or anal intercourse. Warning: some people may be contagious even when they don't have symptoms.	Through vaginal or anal intercourse, or by touching or rubbing an infected area.	Through vaginal, oral, and anal sex — and through kissing. Also by sharing contaminated needles.
Treatment	Oral antibiotics cure the infection; both partners must be treated at the same time to prevent passing the infection back and forth — and need to abstain from intercourse until the infection is gone.	Oral antibiotics. Both partners need to be treated at the same time to prevent passing the infection back and forth -- and need to abstain from intercourse until the infection is gone.	Antibiotic treatment can cure the disease if it's caught early, but medication can't undo damage the disease has already done. Both partners must be treated at the same time.	Antibiotics can cure the infection. Both partners need to be treated at the same time to prevent passing the infection back and forth — and need to abstain from intercourse until the infection is gone.	There is no cure. An antiviral drug can help the pain and itching and also reduce the frequency of recurrent outbreaks.	There is no cure. Warts can be removed through medication or surgery. Even with such treatments, the virus stays in the body and can cause future outbreaks.	Most cases clear up within one to two months without treatment, during which complete abstinence from alcohol is recommended until liver function returns to normal. Some people are contagious for the rest of their lives. A vaccine is now available to prevent this STD.
Possible Consequences	Pelvic inflammatory disease (PID) in women, tubal (ectopic) pregnancy, infertility, and increased risk of HIV infection.	PID, tubal (ectopic) pregnancy, sterility, increased risk of HIV infection. The infection can spread into the uterus and fallopian tubes. It can also cause complications during pregnancy (including stillbirth) or infant blindness or meningitis (from an infected mom during delivery)	Increased risk of HIV infection. If syphilis is untreated, about a third of people who reach the disease's late phase may experience brain damage, heart disease, nerve damage, and other incapacitating health problems. If untreated, it can seriously harm or even kill a developing fetus during pregnancy.	Increased risk of HIV infection; can cause complications during pregnancy. Also, it's common for this infection to happen again and again.	Recurrent sores (the virus lives in the nerve roots and keeps coming back), as well as increased risk of HIV infection. May cause complications during pregnancy, possibly causing severe illness, disabilities, or (in rare cases) death for an infant if there is active infection during childbirth. (A cesarean section delivery can reduce this risk.)	Increased risk of genital cancer for men and women. Some virus types cause the most common form of cervical cancer in women.	Chronic, persistent inflammation of the liver and later cirrhosis or cancer of the liver; plus, 90 percent of babies born to women with HBV will carry the virus unless they are vaccinated within an hour of birth.

Additional Resource: For *It's Your (Sex) Life,* a free guide on safer sex, call 1-888-BE SAFE1

Prepared by the Kaiser Family Foundation, December 1998.

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DECEMBER 1998

Sexually Transmitted Diseases in America:

How Many Cases and at What Cost?

Prepared for the Kaiser Family Foundation by

American Social Health Association

Emerging Issues in Reproductive Health
A Briefing Series for Journalists

FACT SHEET

Sexually Transmitted Diseases in the U.S.

KEY FACTS

- There were 15.3 million new cases of sexually transmitted diseases (STDs) in the U.S. in 1996—3 million higher than the mid-1980s calculation by the Centers for Disease Control and Prevention, which placed the number of annual new cases at 12 million.[1]
- The new estimate is higher primarily because improved detection techniques have identified asymptomatic (or "silent") infections that were undercounted in the past. When previous underestimation is taken into account, the new estimate most likely reflects a slight overall *decrease* in the actual number of new STD cases.[1]
- About two-thirds of the 15.3 million new cases in 1996 are attributable to two infections—trichomoniasis and human papilloma virus (HPV). Trichomoniasis can increase risk for preterm labor, and HPV causes genital warts and is associated with cervical and other genital cancers.[1]
- By age 24, at least one in three sexually active people are estimated to have contracted an STD.[1]

ESTIMATED INCIDENCE AND PREVALENCE OF STDs IN THE U.S., 1996[1]

STD	Incidence	Prevalence
Chlamydia	3 million	2 million
Gonorrhea	650,000	--
Syphilis	70,000	--
Herpes	1 million	45 million
Human papilloma virus	5.5 million	20 million
Hepatitis B	77,000	750,000
Trichomoniasis	5 million	--
Bacterial vaginosis	No estimates	--
HIV	20,000	560,000
Total	**15.3 million**	--

Note: Incidence is the number of new cases in a given time period; prevalence is the total number of cases in the population.

INCIDENCE AND PREVALENCE OF CURABLE STDs

- The number of new chlamydia cases reported has risen in recent years, but the increase is due mainly to better screening rather than more infections. Overall, as more infections have been detected and cured, the "true" number of new cases has fallen, from an estimated 4 million in the mid-1980s to an estimated 3 million in 1996.[1]
- Trichomoniasis or "trich" is among the most common curable STDs among young, sexually active women in the U.S., with about 5 million new cases annually.[1]
- Between 3% and 48% of sexually active young women requesting routine care at prenatal, family planning, or college health clinics are diagnosed with trichomoniasis.[2]
- Bacterial vaginosis (BV), a sexually associated infection, is the most frequent cause of vaginitis in sexually active women of reproductive age. Depending on the population studied, 17% of women in family planning settings to 37% among selected groups of pregnant women have BV.[3]
- Because there is no established surveillance system for BV, there are no national estimates for its incidence or prevalence.[1]
- New gonorrhea cases have declined over the last two decades, from 1 million in 1977 to 650,000 in 1996. However, rates remain disproportionately high among teens and minorities.[1]
- After rising steadily during the late 1980s, syphilis rates are now at their lowest levels in two decades, at 70,000 new cases annually, leading public health authorities to consider efforts toward complete syphilis elimination.[1]

INCIDENCE AND PREVALENCE OF INCURABLE STDs

- One million people become infected with HSV-2 each year. Most herpes infections do not cause noticeable symptoms but still can be contagious. A significant number of people also get genital herpes from HSV-1, the virus the causes oral herpes, so the total prevalence for herpes is even higher.[1]
- The number of people infected with genital herpes (HSV-2 virus), has increased 30% in the last two decades, to at least 45 million people. Genital herpes now affects more than 1 in 5 Americans over the age of 12.[1]
- There are 5.5 million people infected each year by HPV. At least 20 million people are thought to have contagious HPV.[1]
- About two-thirds of the total current hepatitis B (HBV) cases are spread sexually; 77,000 new sexually transmitted HBV cases

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occur each year.[4] There are approximately 750,000 currently infectious people with sexually acquired HBV in the U.S.[1]
- The annual number of new HIV cases in the U.S. has been stable for several years, with about half of new cases—20,000 infections per year—acquired through sexual transmission. About 560,000 Americans have been infected with HIV as a result of sexual transmission.[1]

IMPACT OF STDs ON WOMEN

- All groups of people are potentially at risk for STDs, but women, teens, and minorities have been disproportionately affected by them.[1]
- Complications of STDs are more severe and more frequent among women than men. Once infected, for example, women are more susceptible to reproductive cancers and infertility.[5]
- STDs are less likely to produce symptoms in women, and therefore are less likely to be diagnosed until serious problems develop. Up to 85% of chlamydial infections in women are asymptomatic compared to 40% in men.[5]
- Women are biologically more susceptible than men to becoming infected if exposed to an STD. For example, a woman's risk of contracting gonorrhea from one act of unprotected intercourse may be as high as 90%, while the risk to a man is about 20-30%.[5]
- The risk of contracting HIV from one act of intercourse has been estimated to be eight times higher from man to woman as it is from woman to man.[6]
- Only one out of ten women (12%) between the ages of 18-44 reported that a health provider had raised the subject of STDs other than HIV/AIDS at their first visit as part of their routine reproductive health care.[7]

IMPACT ON TEENS AND YOUNG ADULTS

- About a quarter of all new STD cases occur in teens 15-19 years old, and two-thirds of cases occur in people ages 15-24.[8]
- Teenagers are at high risk for acquiring an STD because they are more likely to have multiple partners, they may be more likely to have unprotected intercourse, and because there is a higher prevalence of STDs among teens than among adults.[5]
- Compared to older adult women, female teenagers are also more susceptible to cervical infections, such as gonorrhea and chlamydia, due to their immature cervix.[8]
- Chlamydia is more common among teenagers than among adult men and women; in some studies, up to 30-40% of sexually active teenage women were infected with chlamydia.[5]

CONSEQUENCES OF STDs

- Although many STDs are curable, many are not, and all can lead to serious and enduring health consequences.[5]
- People with an active syphilis, genital herpes, or chancroid infection, or who have chlamydia, gonorrhea, or trichomoniasis are 3 to 5 times more likely to contract HIV if exposed than other people.[8]
- Millions of women, men and children are affected by long-term complications of STDs, including a variety of cancers, infertility, ectopic pregnancy and miscarriage, and other chronic diseases.[5]
- At least 15% of all infertile American women are infertile because of tubal damage caused by pelvic inflammatory disease (PID), resulting from an untreated STD.[5]

DIRECT MEDICAL COSTS OF STDs

- The public and private costs of STDs are tremendous—a conservative estimate of the direct medical costs of STD treatment for all estimated cases in the United States per year is at least $8.4 billion.[1]
- The $8.4 billion estimate does not include nonmedical indirect costs, such as lost wages and productivity (due to illness), out-of-pocket costs, or costs related to transmission to infants.[1]
- HIV incurs half of all direct medical costs related to STDs, at $4.5 billion annually.[1]
- HPV incurs the highest direct medical costs of all STDs other than HIV, at $1.6 billion annually.[1]
- Curable STDs incur nearly $2 billion a year in direct costs, primarily due to PID ($1.1 billion), followed by trichomoniasis ($375 million) and chlamydia ($375 million).[1]

PUBLIC KNOWLEDGE AND PERSONAL CONCERN ABOUT STDs

- When asked to name STDs they have heard of, very few Americans can name the two most common STDs: HPV (8% men, 13% women) or trichomoniasis (2% men, 3% women).[9]
- Only a third of women (34%) and a quarter of men (22%) name chlamydia—the most common bacterial STD in women and the leading preventable cause of infertility in the U.S.[9]
- A third of Americans (36%) are not aware that having an STD increases a person's risk of becoming infected with HIV.[9]
- Few men (24%) and women (33%) know that a *woman* is more likely to get an STD from an infected man than vice versa.[9]
- While at least one in three Americans will get an STD in their lifetime, the majority of men (74%) and women (69%) think the rate is one in ten Americans or fewer.[9]
- Perhaps because they dramatically underestimate the size of the STD epidemic, only a handful of men (14%) and women (8%) believe they are *personally* at risk of getting an STD.[9]
- Sixty-one percent of men and 48% of women have never been tested for an STD other than HIV/AIDS.[9]
- Only about a third of adults who say they have had an STD say they revealed that fact to their current or most recent partner *before* they had sexual intercourse (28% men, 34% women) .[9]

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Emerging Issues in Reproductive Health

A Briefing Series for Journalists

Q & A

THE TIP OF THE ICEBERG: How Big Is The STD Epidemic In The U.S.?

December 2, 1998

WHAT ARE SEXUALLY TRANSMITTED DISEASES (STDs)?

Sexually transmitted diseases or STDs represent a group of at least 25 infectious organisms that are transmitted through sexual contact. The eight most common include four *curable* STDs—chlamydia, trichomoniasis, gonorrhea, and syphilis—and four viral, *incurable* STDs—herpes simplex virus (HSV-2) or genital herpes, human papillomavirus (HPV), hepatitis B, and human immunodeficiency virus (HIV). There are also a number of syndromes caused by STDs, notably pelvic inflammatory disease (PID), which when left untreated is a leading cause of infertility among women.

Since 1980, eight new sexually transmitted pathogens have been recognized in the United States alone, in part because technological advances have enabled scientists to detect and identify new infectious organisms and their associated syndromes. ***All STDs are preventable.***

HOW COMMON ARE STDs IN THE UNITED STATES? ARE STDs MORE PREVALENT NOW COMPARED TO THE MID-1980s?

Sexually transmitted diseases are at epidemic proportions—half of the ten most frequently *reported* infections to the Centers for Disease Control and Prevention (CDC) are STDs, including the most common, chlamydia. However, the scope of the epidemic and its impact is often underestimated by the public and unacknowledged by many health care professionals.

According to a panel of some of the nation's leading health experts convened by the American Social Health Association (ASHA) for the Kaiser Family Foundation in their report, *STDs in America: How Many Cases and At What Cost?*, 15.3 million new cases of STDs occurred in the United States in 1996—3 million higher than the 12 million figure calculated by the CDC in the mid-1980s. The panel concludes that the higher estimate is "mainly because of improved detection techniques [that] have made it possible to identify asymptomatic ("silent") infections that were undercounted in the past." Furthermore, the panel notes that new estimate most likely reflects a slight overall *decrease* in the actual number of STDs when previous underestimation is taken into account. They note that the true number of new infections could be as low as 10 million or as high as 20 million. Nonetheless, STDs are widespread throughout society and represent a growing threat to the nation's health and well-being.

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WHY IS IT SO HARD TO PIN DOWN THE NUMBER OF STD INFECTIONS THAT OCCUR EACH YEAR IN THIS COUNTRY?

Most STDs go undiagnosed because they do not cause noticeable symptoms. These "silent" infections are only detected when individuals are tested for STDs; however, screening programs are not widespread. Furthermore, not all people with STDs obtain medical care and many of the services provided by private physicians for STD diagnosis and treatment go unreported.

Current surveillance systems do not give accurate estimates of the incidence and prevalence of all STDs in this country. Only three STDs—gonorrhea, syphilis and chlamydia—are reported to state health departments and the CDC. There is no national reporting for the other five major STDs—genital herpes, HPV, hepatitis B, HIV and trichomoniasis. (Some states have an HIV surveillance program.) Consequently, the incidence and prevalence of most STDs must be estimated, and it is therefore difficult to assess trends. As awareness grows and more people seek STD care, and health professionals recognize the importance of reporting, better reporting occurs.

WHAT IS KNOWN ABOUT TRENDS IN STDs?

Improved detection and reporting of asymptomatic infections that were undercounted in the past has driven up the most current estimated incidence of some infections, notably human papillomavirus, trichomoniasis, and herpes. At the same time, better detection has enabled faster treatment and prevented the further spread of some bacterial STDs, the result of which is a drop in their incidence. For example, the number of reported chlamydial cases increased steadily in recent years, primarily due to better screening rather than more infections. Overall, as more chlamydial infections have been detected and treated, the number of new cases has fallen, from an estimated 4 million new cases to about 3 million annually.

Other trends:

- Genital herpes has grown by 30% in the last two decades; more than one in five people over the age of 12—45 million Americans—are now infected with this incurable viral STD.
- The diagnosis of symptomatic genital warts has risen dramatically during the last two decades and its asymptomatic counterparts, HPV infections of the cervix and vagina, have emerged as the most common STD among young, sexually active people. While some 5.5 million new HPV infections occur each year, it is estimated that at least 20 million people have been infected with HPV.
- An estimated 5 million new cases of trichomoniasis occur each year. Trends in the incidence and prevalence of the vaginal infections trichomoniasis and bacterial vaginosis, however, are generally unavailable due to limited surveillance.
- New cases of gonorrhea have declined over the late two decades by about one-third—from 1 million to 650,000; however, rates remain disproportionately high among teenagers and minorities.
- Rates of syphilis in the U.S. are at the lowest levels in 20 years, at 70,000 cases annually, putting the elimination of this STD in striking distance.
- Despite the availability of a vaccine, 77,000 new sexually transmitted cases of hepatitis B (HBV) occur annually; 750,000 people are now infected with sexually transmitted HBV.
- The annual number of new HIV cases in the United States has been stable for several years, with about half of new cases—20,000 infections per year—acquired through sexual transmission, and the

majority of new cases occurring among minorities. About 560,000 people are now infected with HIV as a result of sexually transmission.

WHO IS AFFECTED MOST BY STDs?

STDs affect people of all racial, ethnic, cultural, social, economic, religious and age groups. People in all states and communities and social strata are at risk for acquiring an STD. However, women, teenagers and the disadvantaged are disproportionately affected by STDs. Some infections, such as herpes and HPV, are so highly prevalent that it is estimated that nearly everyone is at risk or already infected by these diseases.

Women are biologically more susceptible than men to becoming infected if exposed to an STD, and STDs are more likely to remain undetected in women, resulting in delayed diagnosis and treatment. As a result, women are also more likely to develop serious sequelae; complications for women include infertility, tubal pregnancy and cervical cancer. During one act of intercourse, a woman's risk of contracting gonorrhea may be as high as 90%, while the risk to a man is about 30%; and, the risk of contracting HIV has been estimated to be at least twice as high from man to woman as it is from woman to man.

Teenagers and young adults are hit hardest by STDs. They are at high risk for acquiring an STD because they are more likely to have unprotected sex with multiple partners. About one-quarter of new cases of STDs each year occur among teenagers; two-thirds of new cases occur among 15-24-year-olds. By age 24, at least one in three sexually active people are estimated to have had an STD. Teenage girls are especially vulnerable to contracting gonorrhea and chlamydia, which can more easily infect the immature cervix.

WHAT ARE THE HEALTH AND ECONOMIC CONSEQUENCES OF STDs?

STDs place an enormous health burden on Americans. The health consequences of STDs affecting million of women, infants and men range from mild illnesses to serious long-term consequences including: various cancers, reproductive health problems such as infertility, ectopic pregnancy and miscarriage, other chronic illnesses, and even death. Incurable viral STDs, such as HPV and herpes, result in lifelong infection and complications. Furthermore, ***STD infections increase susceptibility to HIV***—people with an active syphilis or genital herpes infection, or who have chlamydia, gonorrhea or trichomoniasis are three to five times more likely to contract HIV than other people.

The direct and indirect public and private costs of STDs are substantial, as well. A 1996 Institute of Medicine report conservatively estimated that the total 1994 costs associated with major STDs and their related syndromes—chlamydia, gonorrhea, PID, syphilis, chancroid, herpes, HPV, hepatitis B and cervical cancer—was about $10 billion, and $17 billion when sexually transmitted HIV/AIDS infections are included.

ASHA's new report, *STDs in America: How Many Cases and At What Cost?*, conservatively estimates the direct medical costs—what it would cost to treat all estimated STDs in the United States—to be $8.4 billion alone. This estimates does not include the wide-ranging indirect costs of STDs, such as lost

wages and productivity due to an STD-related illness, out-of-pocket costs, or costs related to transmission to infants.

HIV accounts for half of all direct medical costs of STDs, at $4.5 billion annually. HPV incurs the highest direct medical costs of all STDs other than HIV, at $1.6 billion annually. Curable STDs incur nearly $2 billion in direct costs annually, primarily due to pelvic inflammatory disease (a complication of untreated gonorrhea and chlamydia that can lead to ectopic pregnancy, infertility and chronic pain), followed by trichomoniasis ($375 million) and chlamydia ($375 million).

HOW KNOWLEDGEABLE ARE PEOPLE ABOUT STDS ?

A 1998 Kaiser Family Foundation/*Glamour* magazine survey found that most men and women of reproductive age (18-44) seriously underestimate how common STDs are and most also do not know about some of the most common, and potentially damaging, STDs. Furthermore, very few believe themselves to be at personal risk of contracting an STD.

While at least one in three Americans will contract an STD in their lifetime, the majority of men (74%) and women (69%) think that the rate is one in ten Americans or fewer. And, only a small proportion of men (14%) and women (8%) believe that they are personally at risk of contracting an STD. A third of Americans (36%) are not aware that having an STD increases a person's risk of becoming infected with HIV.

When asked to name STDs they have heard of, very few men and women can name the two most common STDs—HPV and trichomoniasis. Only 8% of men and 13% of women name HPV and just 2% of men and 3% of women name trichomoniasis. Only 34% of women and 22% of men name chlamydia—the most common bacterial STD in women and the leading preventable cause of infertility in this country.

A forthcoming study by The Alan Guttmacher Institute of a group of sexually active adult women to determine their interest in a vaginal microbicide for STD prevention found that three in ten women were currently worried about getting HIV or another STD.

HOW MUCH OF A THREAT IS THE HUMAN PAPILLOMAVIRUS TO WOMEN'S HEALTH?

More than 5 million new cases of HPV occur each year in this country. While there are more than 70 types of human papillomavirus, *only some* of these strains are strongly associated with cervical and other genital cancers. Two strains of HPV, type 16 and type 18, are believed to be responsible for 90% of all cervical cancer cases, leading to nearly 5,000 deaths per year in the United States.

Cervical HPV is the most common STD among young women however, most cases do not cause noticeable symptoms. A recently published study in *The New England Journal of Medicine* found that over a period of three years, four in 10 of 608 sexually active, young college women had contracted cases of HPV. The effect of this STD on individual and public health is significant considering the recognized relationship between certain strains of the genital HPV infection and cervical dysplasia and

cervical cancer. Although there are numerous small studies of its prevalence in certain groups, little is known about the probability of acquiring the infections and associated risk factors.

ARE TRICHOMONIASIS AND BACTERIAL VAGINOSIS NEW STDs?

Vaginal infections caused by *Trichomonas vaginalis* are among the most common found in women seeking reproductive healthcare. An estimated five million new cases of trichomoniasis or "trich" occur each year. While symptoms of this curable sexually associated condition in women vary, the majority of infected men have no symptoms.

Bacterial vaginosis or BV, another long-standing sexually associated condition, is the most frequent cause of vaginitis in sexually active women of reproductive age. Some cases of BV are not sexually contracted. BV is often known as gardnerella because of the bacteria, *Gardnerella vaginalis,* often associated with the infection. While also common and curable, there are no current estimates of BV.

WHO SHOULD BE SCREENED FOR CHLAMYDIA AND HOW OFTEN?

Chlamydia, the common name for the STD caused by *Chlamydia trachomatis,* is now the most prevalent *reported* disease in this country. Trichomoniasis and HPV are more common STDs but are not "notifiable" diseases. Chlamydia is asymptomatic in as many as nine out of 10 infected women. Asymptomatic infections often result in a delay in treatment, leading to a greater probability of the transmission to sexual partners and the development of an upper genital tract infection. Genital chlamydial infection is the leading cause of preventable infertility and ectopic pregnancy.

The reported number of new chlamydia cases has risen in recent years, mainly because of more screening rather than more infections. Overall, as more infections have been diagnosed and treated, however, the incidence of this STD has fallen from an estimated 4 million to about 3 million each year.

Decision-making regarding who and when to screen for chlamydia infection has commanded a fair amount of attention in clinical circles in recent years. While universal screening of sexually active women has merit, given the devastating effects of this often-asymptomatic, untreated disease, universal screening is expensive. Selective screening approaches are therefore more often employed. However, the criteria by which such selective screening guidelines are determined varies.

The 1998 revised guidelines issued by the CDC recommend screening for chlamydial infection for all sexually active teens and young adults up to age 24, especially if they have had a new sex partner or more than one partner or if they are using barrier contraceptive inconsistently.

Two studies published in the July/August 1997 issue of *Family Planning Perspectives* on selective screening criteria found that testing young women for chlamydia solely on age detects a high proportion of infections. One compared the detection of infection in women based on the CDC guidelines with detection using young age or behavioral risk as criteria. The authors concluded that age is the single most important screening criterion but testing should also consider risk profile and prevalence of the infection in specific communities. The second study evaluated the reliability of eight self-reported risk factors as a means to identify women with chlamydia. This study found that

screening based only on reported risk factors does not detect a sufficiently high proportion of infections, and again, that age is the most important predictor.

A recently published three-year study of Baltimore teenagers (who were primarily African American and from low-income families) by Johns Hopkins University researchers found that roughly one-third of a group of 3,200 sexually active teenagers were infected with chlamydia. As a result of their findings, they recommend the screening of all sexually active teenagers for chlamydia infection every six months, rather than the recommended routine annual screening of sexual active young women under age 24 by the CDC.

ARE THERE ANY NEW TREATMENTS FOR HERPES?

This incurable viral infection has grown by 30% in the last two decades in this country. Genital herpes now affects at least 45 million Americans—more than one in five Americans over the age of 12. One million new cases of herpes occur each year. Most herpes infections do not cause noticeable symptoms but can still be contagious. In fact, less than a quarter of infected Americans perceive themselves ever to have had genital herpes.

Recent studies underscore that just because a person with herpes does not have any noticeable symptoms does not mean he or she is not contagious. Herpes is most easily spread when people have sex during an outbreak (when sores or other symptoms are present) or during prodrome (the period just before an outbreak, often identified by genital itching or tingling). However, a recent study found that when couples with one herpes-infected partner used condoms or abstained during symptomatic periods, but had unprotected intercourse during aymptomatic periods, 17% of women and 4% of men became infected over the course of a year. The study revealed that those *most* likely to become infected:

- Are women, primarily because anatomical differences make women more susceptible to infection;
- Have a partner who became infected with herpes just within the past year;
- Have a partner who has frequent outbreaks, which increases his or her asymptomatic—but contagious—viral "shedding" between outbreaks; and
- Have never been infected with oral HSV-1, the virus that causes cold sores.

Some of the latest developments in herpes testing and treatment include: A study found that a three-day regimen (Valtrex) works as well as the FDA-approved five-day regimen for treating genital herpes outbreaks—and costs 40% less with no difference in outcome. Another study found that taking an antiviral drug (Famvir) daily reduce asymptomatic "shedding" among women from 3% of days to 0.4-0.5% of days, which is thought to help prevent transmission to their sexual partners. A new herpes blood test, called POCkit by Diagnology Ltd., is in clinical trials. It requires only a finger prick of blood and can produce tests results for HSV-2 in six minutes, without any lab work. The test has been on the market in Europe since late last year. Finally, several pharmaceutical companies are working on a vaccine for HSV-2.

ARE THERE ANY NEW ADVANCES IN THE TREATMENT AND PREVENTION OF STDs?

There are a number of new developments in the area of diagnosis, treatment and prevention of STDs in the United States. Several new strategies have proven effective at lowering rates of available STDs in this country. Federal, state, and local disease control programs have appeared to be successful in dramatically reducing STDs. Education and counseling programs are linked with behavioral changes in some communities. And, there are new diagnostic techniques aiding health care providers in detecting and treating many asymptomatic infections and new curative treatments, such as single-dose medications that cure bacterial infections.

Last month, the American Medical Women's Association and Digene Corporation announced their plans to launch an educational campaign in 1999 to promote awareness of cervical cancer and its primary cause, HPV. They noted that cervical cancer is the second most common malignancy found in women, after breast cancer.

Scientists are developing substances that can kill or block some of the organisms that cause STDs. These microbicidal substances presented in a cream, jelly, suppository or sponge, could potentially replace or augment the use of condoms, which currently offer the best protection against STDs, and spermicides, which offer some limited protection.

Scientists at St. Louis University School of Medicine began clinical trials in October 1998 for a vaccine developed by Merck Research Laboratories against one of the types of HPV believed to responsible for a high proportion of all cervical cancer cases.

In March 1997, 3M Pharmaceuticals announced that they received FDA approval to market the prescription cream, Aldara, for the treatment of external genital and perianal warts caused by HPV.

HOW CAN THE UNITED STATES BETTER FIGHT THE STD EPIDEMIC?

Despite advances in diagnosis, treatment and prevention of STDs in this country, we continue to have one of the highest STDs rates in the industrialized world. An Institute of Medicine's 15-member expert Committee on Prevention and Control of Sexually Transmitted Diseases provided recommendations for public health program planning, policymaking and research addressing STD prevention and control in their 1996 report, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases.* The Committee concluded that an effective national system for STD protection and control does not currently exist in this country. Their overarching recommendation was for the nation to develop "an effective system of services and information that supports individuals, families, and communities, in preventing STDs including HIV, and ensures comprehensive, high-quality STD-related health services for all persons." The committee set forth a number of strategic goals:

- Develop strong leadership, strengthen investment, and improve information systems for STD prevention and control;
- Overcome barriers to adoption of healthy sexual behaviors by promoting knowledge and awareness, minimizing conflicting mass media messages, improving professionals' skills in sexual health issues, and supporting health behavior research;

- Design and implement essential STD-related services in innovative ways for adolescents and underserved populations by focusing on prevention, focusing on adolescents and establishing new venues for interventions; and,
- Ensure access to essential clinical services for STDs, by ensuring access to services in the community, improving the quality of dedicated public STD clinics, involving health plans and purchasers of health care, improving training and education of health care professionals, and improving clinical management of STDs.

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