

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

JENNIFER KLEIN
6-2599

To: Karen

Date: 2/22/95

Remarks: FYI . For

your files.



February 13, 1995

*American
Social
Health
Association*

Ms. Jennifer Klein
Senior Policy Analyst
Domestic Policy Council
Second Floor, West Wing
The White House
Washington, DC 20500

Dear Ms. Klein:

Thank you for taking the time to meet with members of the STD Coalition on February 1st. We all found the meeting to be very productive.

Enclosed please find some information prepared by the Washington office of the American Social Health Association, relating to potential cost-savings from STD prevention and research programs. Other members of the STD Coalition will also be sending you information.

As per our conversation, here are the phone numbers of some people at the CDC who are knowledgeable about the STD program:

Dr. Judith Wasserheit
Director, Division of STD/HIV Prevention
(404) 639-8260

Mr. Jack Spencer
Assistant director for Management and Operations
Division of STD/HIV Prevention
(404) 639-8264

In addition, please feel free to call Lynn Morrison in our Washington office (202) 543-9129, with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Peggy Clarke". The signature is written in a cursive, flowing style.

Peggy Clarke
President

311 Massachusetts Avenue, NE
Washington, DC 20002
(202) 543-9129
Fax (202) 543-5327

STDs AS A RISK FACTOR FOR HIV/AIDS

A large body of research provides compelling evidence that pre-existing sexually transmitted diseases (STDs) increase susceptibility to HIV. However, policy makers and the general public remain dangerously unaware of this risk factor. In the absence of an AIDS vaccine or cure, STD prevention is one of our best strategies for AIDS prevention.

- ◆ Studies have shown that HIV infection is significantly related to:
 - Syphilis (6 fold increased risk of HIV transmission in men, 4 fold in women)
 - Genital Herpes (4.4 fold increased risk)
 - Chlamydia (4.5 fold increased risk)
 - Gonorrhea (nearly 9 fold increased risk of HIV transmission in women)
- ◆ The United States has the highest incidence of the above mentioned STDs of any industrialized nation. The Center for Disease Control and Prevention estimates that **12 million** Americans acquire a STD each year.
- ◆ By allowing preventable, treatable STDs to spread, we are substantially increasing the risk of HIV transmission.

WHAT CAUSES THE INCREASED RISK?

The following are cited by researchers as possible explanations for the interrelationship between HIV infection and other STDs:

- ◆ STDs cause reproductive tract inflammations that attract cells targeted by HIV for replication.
- ◆ STDs compromise the reproductive tract's natural defenses and leave the body vulnerable to infection.

WHAT SHOULD BE DONE?

As is the case with many other risk factors for AIDS, STDs can be significantly reduced through adequate prevention and treatment. The STD programs of the Centers for Disease Control and Prevention and the National Institute of Allergy and Infectious Diseases have shown that investments in prevention, education, and research are largely successful. Full funding of these programs would have a marked impact on the epidemic. By concentrating greater efforts on STDs, reduced incidence of both STDs and HIV can be accomplished.

MEDICAL RESEARCH PROVIDES NEW TOOLS TO COMBAT AMERICA'S MOST COMMON STD

Recent breakthroughs in medical research have produced two new cost-effective ways to combat chlamydia, America's most common sexually transmitted disease (STD). Four million American citizens are infected with chlamydia each year. Conservative estimates place health care expenditures on the consequences of the disease at \$2.1 billion annually.

❖ Medical Research Leads to Improved Diagnosis and New Strategies

Because chlamydia is normally asymptomatic, the most effective means of controlling the disease is routine screening of all sexually active men and women. Until recently, this approach was impossible. Traditional tests were uncomfortable, unreliable, expensive and results required a wait of three to seven days.

Current research has produced a new reliable, inexpensive, non-intrusive urine test for men, and an improved test for women. The *Amplicor Chlamydia Trachomatis Test* is the first application of advances in biotechnology that make it possible to quickly copy the genetic material of chlamydia. Results are now available in only four hours, and are 95% accurate in men, and 94% accurate for women.

The Amplicor test provides the much needed tool that makes routine chlamydia testing possible. The Centers for Disease Control and Prevention has embarked on a screening and treatment program that has shown the efficacy of including this test as a component of family planning services. In 1993 alone, routine testing and treatment services in four states prevented 76,000 cases.

❖ Chlamydia is Too Expensive to Ignore

As demonstrated in this graph, a small amount of spending on chlamydia prevention produces large dividends. The Centers for Disease Control and Prevention estimate that every dollar spent on chlamydia saves 12 dollars in future health care expenditures. Currently, Americans spend \$2.1 billion per year treating the effects of chlamydia (ectopic pregnancy, pelvic inflammatory disease, infertility, etc.). Estimates place the cost of a nationwide system of screening and treatment at a relatively small \$90 million. However, in fiscal year 1995, only \$11.1 million has been appropriated to control chlamydia.

What is Chlamydia?

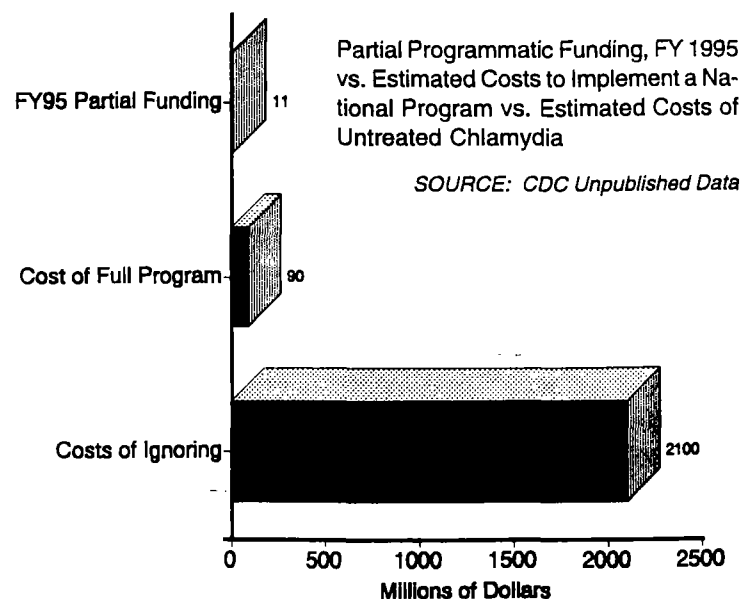
Chlamydia is a curable STD which is asymptomatic in the vast majority of men and women. The absence of symptoms often leads infected individuals to ignore the disease until irreparable damage has occurred. Women are normally not diagnosed with chlamydia until the disease has progressed to life-threatening ectopic pregnancy, pelvic inflammatory disease, or infertility. Untreated infections in men can lead to urethritis and sterility. Infants can contract chlamydia from infected mothers, causing pneumonia and damage to the eyes. In addition, men and women with chlamydia experience a 4.5 fold increased risk of HIV transmission.

❖ Research Leads to New Cure

Until recently, a major obstacle to controlling the chlamydia epidemic was the difficulty health professionals faced in convincing asymptomatic patients to complete a twice-daily, week-long course of treatment. Medical researchers have now developed a single-dose antibiotic cure for chlamydia that has great potential for containing the disease and reducing costs associated with sequelae.

Azithromycin, a single-dose treatment, ensures a 100% compliance and a greatly improved cure rate. When patients are cured quickly, transmission is reduced, risk of HIV infection is diminished, and expensive health consequences are avoided.

Numerous studies have shown that use of the single-dose treatment, particularly when combined with new diagnostic testing, can produce significant savings in health care expenditures.



AMERICAN SOCIAL HEALTH ASSOCIATION

**PHOTOCOPY
PRESERVATION**

DATE: 2/13

FAX TRANSMISSION TO: Dr. Judy Wasseheit

FAX NUMBER: _____

FROM: Lynn Morrison

PAGES (including cover sheet): 2

If there is a problem with the transmission please call 202/543-7460.

Thank you for taking the time to
speak to the STD Coalition today.
Your remarks certainly helped all
get a better grasp on the issues
and priorities of the CDC, and - better
yet - provided good information
for meetings on the Hill

As per our conversation, revised
FY 96 funding recommendations follow.
Please contact me with any comments
& concerns.

Thank you!

Draft STD Coalition FY 1996 Funding Recommendations

Innovative CDC STD Grant Programs - Activities	Recommended Increase
Syphilis Prevention Expansion of existing and development of new interdisciplinary community level syphilis prevention strategies, particularly in Southern states where incidence is disproportionately high.	\$2 million
STD Community Planning Implementation and evaluation of community planning efforts in a limited number of sites to compliment HIV community-planning efforts and encourage local input into the design, delivery and support of STD services.	\$1 million
On-Going CDC Programs	
Accelerated Prevention Campaigns - APC Expansion of innovative projects to develop community-based approaches to STD prevention; efforts to meet the needs of adolescents; expanded access through integration with other programs; and the development of links between health departments and universities to promote program-relevant research.	\$2 million
Infertility Prevention Program Expansion of program focussed on screening and treatment for STDs that cause infertility (chlamydia and gonorrhea) in family planning clinics. Increased funding would allow the program to support limited service delivery and follow-up in all 10 public health regions. Estimated cost of national implementation: \$90 million	\$5 million
Direct Operations	
Funds are needed to restore eroded salary and programmatic support for the CDC's operations (nearly 100 full time employees were lost from STD prevention in 1994 alone), to meet the increase costs incurred from CDC reorganization, and to continue services for surviving family members of the Tuskegee syphilis study participants.	\$3 million
Totals	
Recommended Increase FY 1995 Budget	\$13 million \$105.4 million
Total FY 1996 Recommendation % Increase Over Previous Year	\$118.4 million 12.3%

FY 1992 Budget: \$89 million

FY 1993 Budget: \$90 million

FY 1994 Budget: \$99.3 million

Estimated Prevalence & Costs of Chlamydia - U.S, 1994

State	Number Of Women 15-34 Years Old	Estimated Number of Chlamydia- Infected Women	Estimated Costs to Your State if Detection and Treatment Do Not Occur	Estimated Costs to Detect And Treat At-Risk Women with Single Dose Therapy
Alabama	644,903	40,169	\$34,674,010	\$2,852,048
Alaska	90,456	5,397	\$4,658,431	\$397,186
Arizona	575,325	35,134	\$30,327,280	\$2,535,922
Arkansas	352,884	22,023	\$19,010,469	\$1,561,128
California	4,894,032	294,076	\$253,846,662	\$21,514,483
Colorado	531,165	32,035	\$27,653,000	\$2,336,457
Connecticut	521,252	31,272	\$26,993,602	\$2,290,860
Delaware	111,002	6,722	\$5,802,517	\$488,598
DC	116,343	6,908	\$5,962,856	\$510,455
Florida	1,877,374	113,418	\$97,902,547	\$8,260,367
Georgia	1,098,017	67,066	\$57,891,242	\$4,840,003
Hawaii	172,023	10,335	\$8,920,956	\$756,202
Idaho	147,744	9,371	\$8,089,392	\$655,416
Illinois	1,822,430	110,953	\$95,774,198	\$8,028,860
Indiana	882,642	54,659	\$47,181,778	\$3,899,619
Iowa	411,240	25,490	\$22,003,141	\$1,817,189
Kansas	376,126	23,013	\$19,865,210	\$1,658,424
Kentucky	587,407	36,283	\$31,319,831	\$2,594,122
Louisiana	690,677	42,797	\$36,942,716	\$3,051,807
Maine	190,096	11,665	\$10,068,926	\$838,579
Maryland	796,933	47,496	\$40,998,375	\$3,498,678
Massachusetts	1,019,940	61,334	\$52,943,638	\$4,484,289
Michigan	1,501,485	92,286	\$79,661,103	\$6,625,387
Minnesota	695,567	42,133	\$36,369,378	\$3,061,807
Mississippi	417,792	26,389	\$22,779,330	\$1,852,058
Missouri	791,689	48,521	\$41,883,327	\$3,491,709
Montana	113,717	7,060	\$6,093,976	\$502,627
Nebraska	238,056	14,681	\$12,672,639	\$1,051,028
Nevada	185,542	11,094	\$9,576,082	\$814,991
New Hampshire	183,032	11,057	\$9,544,273	\$805,325
New Jersey	1,215,545	73,198	\$63,184,773	\$5,345,507
New Mexico	237,869	14,687	\$12,677,818	\$1,050,413
New York	2,910,349	176,017	\$151,937,659	\$12,807,734
North Carolina	1,083,108	66,367	\$57,287,649	\$4,776,821

Estimated Prevalence & Costs of Chlamydia - U.S, 1994

North Dakota	96,404	5,941	\$5,128,573	\$425,581
Ohio	1,708,726	105,033	\$90,664,313	\$7,539,962
Oklahoma	477,404	29,548	\$25,505,445	\$2,109,030
Oregon	412,179	25,260	\$21,804,777	\$1,817,883
Pennsylvania	1,806,895	110,619	\$95,486,062	\$7,967,764
Rhode Island	164,904	10,027	\$8,655,306	\$726,346
South Carolina	574,558	35,544	\$30,681,149	\$2,538,023
South Dakota	102,510	6,377	\$5,504,411	\$453,245
Tennessee	779,280	47,906	\$41,352,546	\$3,438,727
Texas	2,828,021	173,455	\$149,726,270	\$12,474,436
Utah	282,496	17,950	\$15,494,397	\$1,253,572
Vermont	90,550	5,559	\$4,798,745	\$399,482
Virginia	1,034,285	62,450	\$53,906,840	\$4,550,397
Washington	752,829	45,543	\$39,312,933	\$3,313,166
West Virginia	265,751	16,756	\$14,463,736	\$1,177,706
Wisconsin	765,747	46,843	\$40,434,619	\$3,376,233
Wyoming	67,913	4,233	\$3,654,185	\$300,380
TOTALS	39,694,214	2,420,150	\$2,089,073,092	\$174,918,031

(All costs are estimated in 1994 dollars)

Unpublished data, Centers for Disease Control and Prevention, National Center
for Prevention Services, Division of STD/HIV Prevention

REGION X CHLAMYDIA PROJECT A COST EFFECTIVE SCREENING PROGRAM FOR WOMEN

The Region X Chlamydia Project has served as a national model for widespread screening and treatment of women for Chlamydia. Since 1988, over 100,000 tests per year have been done at 150 family planning clinics in the Northwest (Washington, Oregon, Idaho, and Alaska). The project has demonstrated that regional coordination of screening and treatment is feasible and cost effective. The pooling of Family Planning and Sexually Transmitted Disease resources provides for a comprehensive public health perspective unavailable to either discipline individually.

■ REGIONAL CHLAMYDIA POSITIVITY RATE DECREASED BY 51%

Between 1988 and mid-year 1991 the Chlamydia rate decreased among family planning clients in Region X by 51%--from 10.9% to 5.3%.

■ INFECTION RATES DECREASED IN ALL RACIAL/ETHNIC GROUPS

Based on yearly summary results, the reduction among White women was 44% (9.9% to 5.6%). For Black, Native American and Alaskan Native clients chlamydial infections fell 33% in each group; disease among Hispanics declined 43% from 9.1% to 5.2%. For Asian clients, positivity in 1988 was 8.8% and dropped 38% to 5.5% during the first half of 1991.

■ DISEASE REDUCTION OCCURRED AMONG ALL CLIENT AGE CATEGORIES

Among adolescent women age 19 and younger, infection rates fell 33% from 1988 through mid-year 1991 (12.2% to 8.2%).

Disease rates dropped even more among older clients. Patients age 20 to 24 saw a reduction of 39% (8.5% to 5.2%); Chlamydia among 25 - 29 year olds fell 48% (5.4% to 2.8%). For women age 30 or older the chlamydial infection rate dropped 44% from 2.7% in 1988 to 1.5% in 1991.

■ TWO-THIRDS OF WOMEN INFECTED WITH CHLAMYDIA HAVE NO SYMPTOMS

Disease detection and treatment occurred as a result of project screening when a client presented for routine health care. Without a screening program, the majority of women with Chlamydia would not receive treatment.

Screening reduces PID and subsequent unintended infertility through early identification and treatment of the disease.

■ INFECTION RATES DO NOT DIFFER BY URBAN-RURAL STATUS OR POPULATION DENSITY

KEY FEATURES OF THE REGION X CHLAMYDIA PROJECT

■ CENTRALIZED PROJECT MANAGEMENT

Consortium of Family Planning and STD leaders comprise a regional advisory committee to oversee project activities.

An independent agency manages day-to-day program activities and coordinates all aspects of local, state and federal participation.

■ COST EFFECTIVENESS

The same Chlamydia test is used at all clinics region-wide. Purchase of 105,000 tests/year and use of centralized laboratories have reduced the cost by \$4/test--a \$420,000 savings per year.

Bulk purchasing of medications results in a cost of \$2 per treatment--a savings of 60%-80% over single treatment purchases.

■ UNIFORM SCREENING AND TREATMENT PROTOCOLS

Two-thirds of all clients with chlamydia presented with no symptoms. Disease detection and treatment occurred as a result of project screening when a client presented for routine health care.

Almost half the women with symptoms had Chlamydia but they account for only a third of the women screened.

■ STANDARDIZED DATA COLLECTION AND REPORTING

Individual client data base maintains over 350,000 cases--including data on patient demographics, behavioral risk indicators, and clinical signs/symptoms. Timely reports generated for local and state agencies, and funding sources.

FUTURE PROJECT GOALS

■ CONFIRMATORY TESTS AVAILABLE IN LOW/MODERATE PREVALENCE AREAS

■ PROJECT EXPANSION TO ALL STD CLINICS IN REGION X

■ DEVELOPMENT OF A COMMUNITY-WIDE CHLAMYDIA CONTROL PROGRAM

Community and Migrant Health Centers, Prenatal Programs, Adolescent Health Clinics, juvenile detention facilities, and private providers.

■ EVALUATING METHODS TO IMPROVE PARTNER REFERRAL AND TREATMENT

■ FIELD EVALUATION OF CHLAMYDIA TESTS

STD-Related Infertility:

Causes

Complications

Costs

Control

Causes of STD-Related Infertility

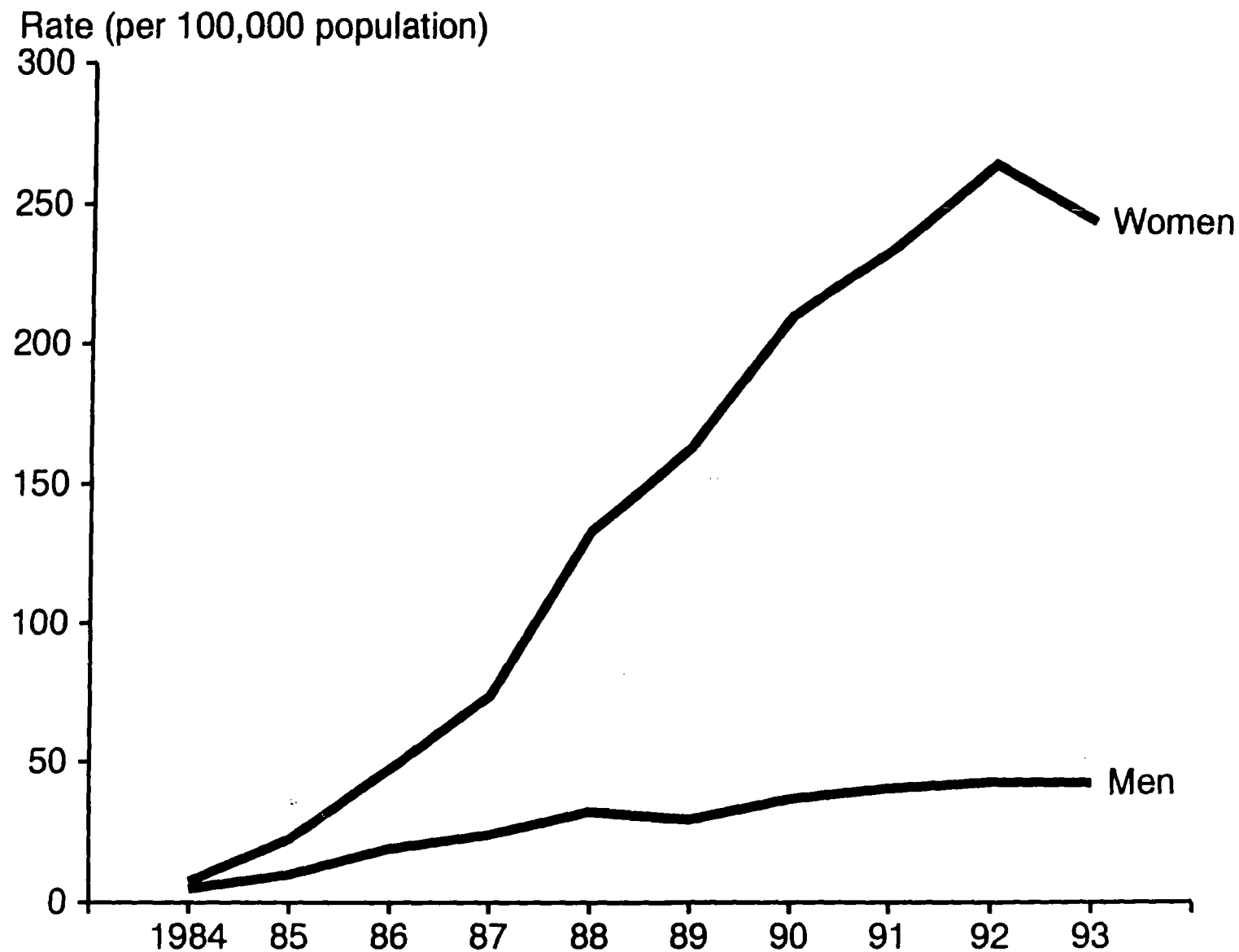
- ▶ **Chlamydia** **4 million cases/year**
- ▶ **Gonorrhea** **1 million cases/year**

Populations affected

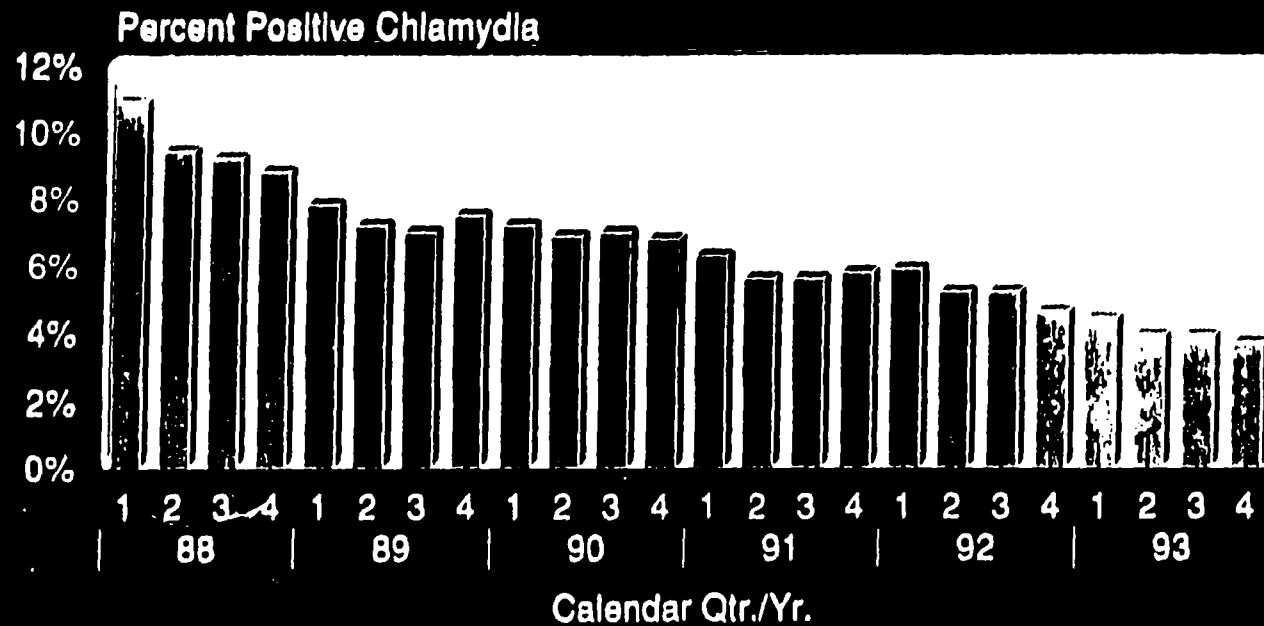
- ▶ **Chlamydia**
 - **10% of 15-19 year old females**
 - **5% of 20-24 year old females**

- ▶ **Gonorrhea**
 - **5% of 15-24 year old African American females and males reported as infected in 24 states in 1992**

Chlamydia - Rates by gender: United States, 1984-1993 and the year 2000 objective

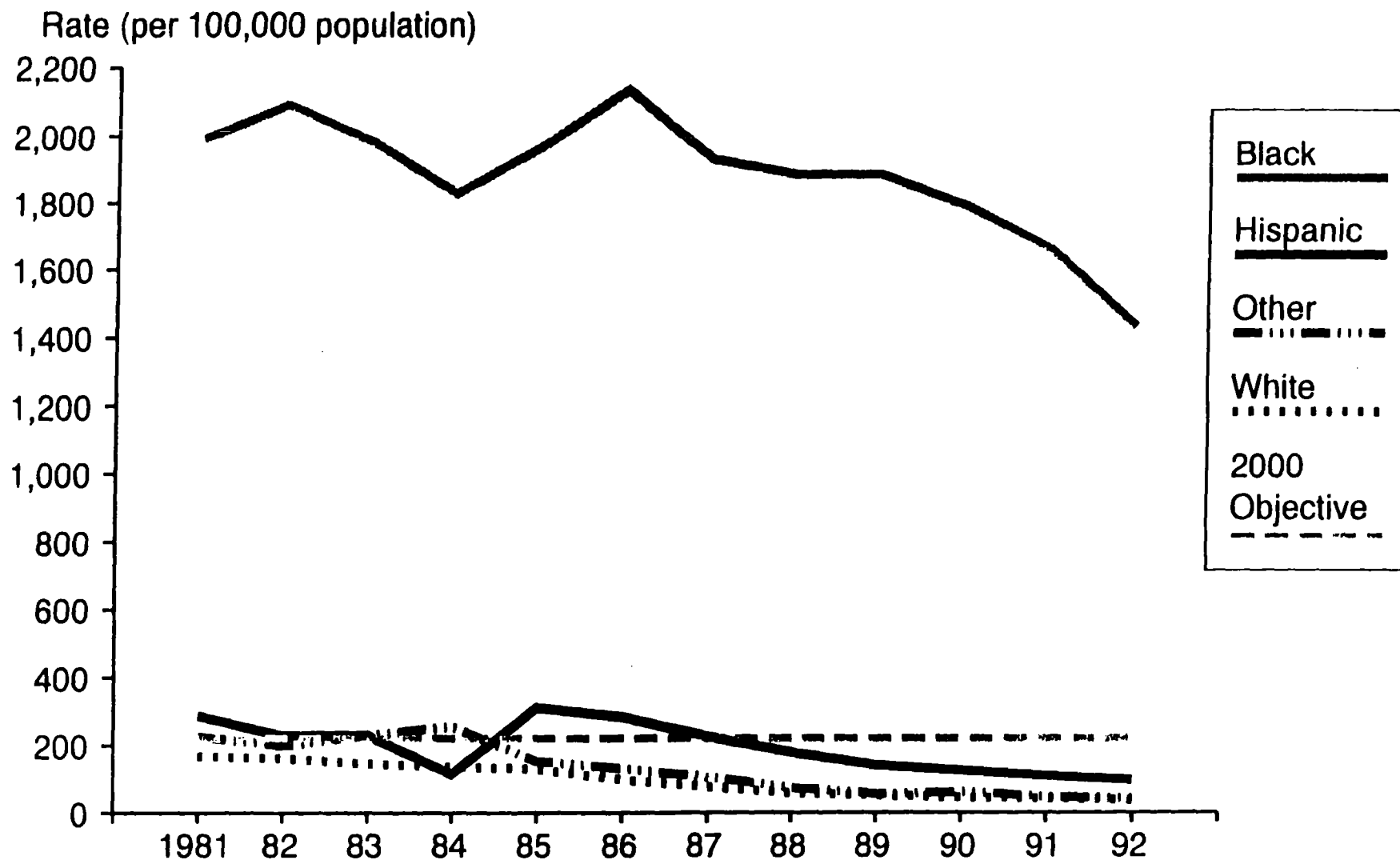


Region X Chlamydia Project Chlamydia Positivity 1988-1993 Family Planning Clinics

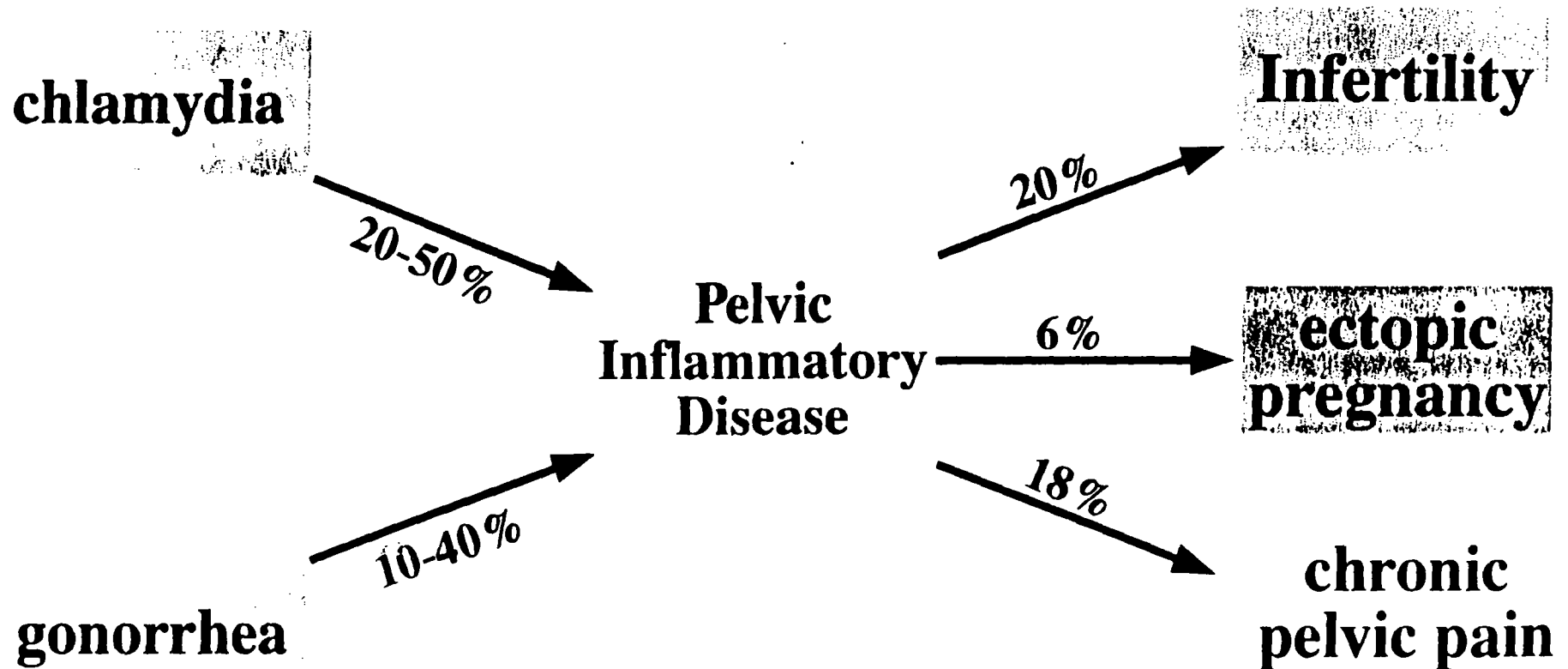


Valid tests meeting selection criteria N=448,769

Gonorrhea - Rates by race and ethnicity: United States, 1981-1992 and 2000 objective



Complications: Fertility-Associated



Chlamydial Complications: Pregnancy Related

Pregnancy related

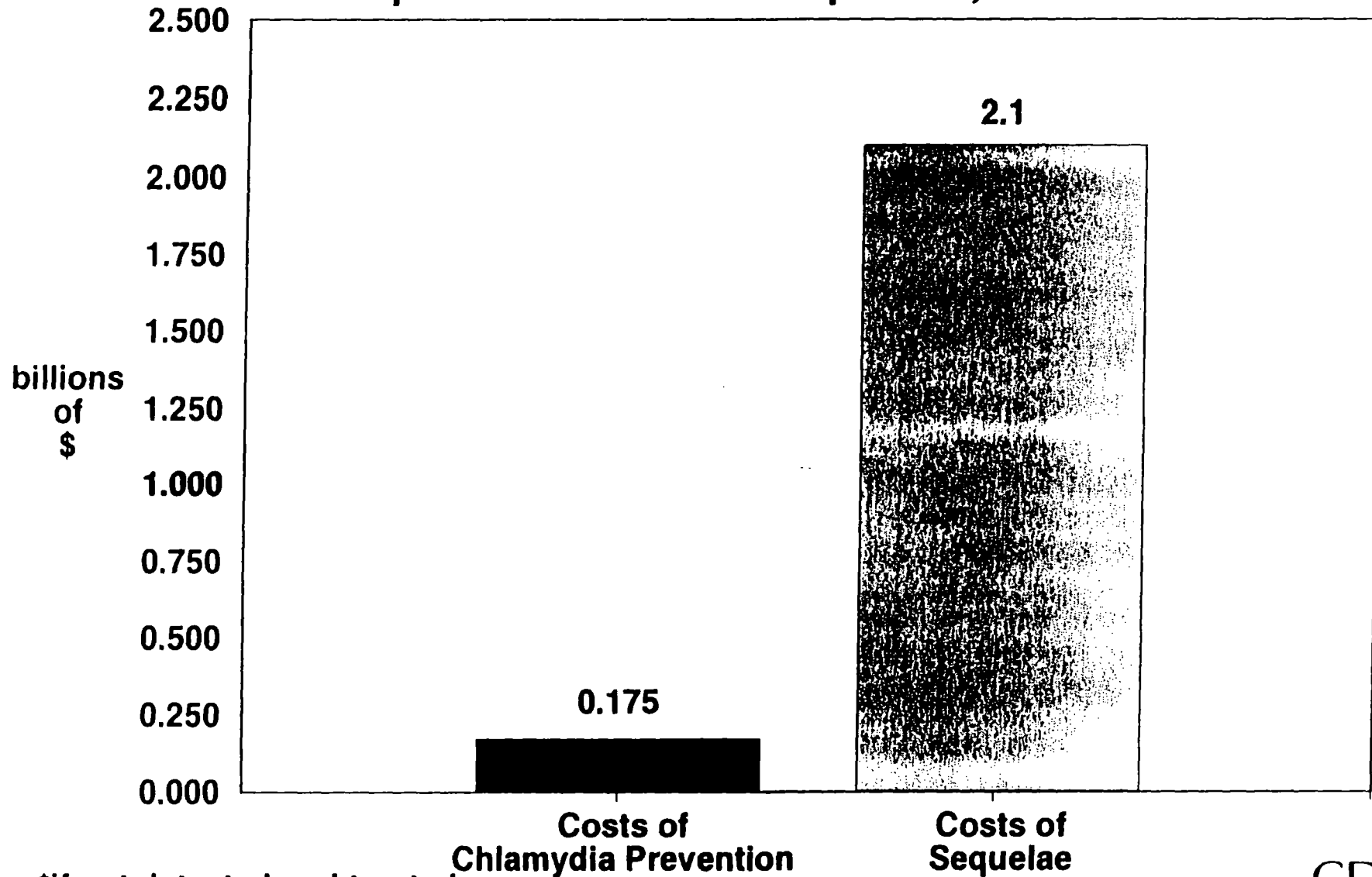
- **Women: 25-60 % postpartum endometritis**
- **Infants born to infected mothers:**
 - **25-50 % develop conjunctivitis**
 - **10-20 % develop pneumonia**

Chlamydial Complications: Infectious

Infectious

- **Women: 3-5 fold increased risk HIV**

Estimated Costs of Chlamydia Prevention in Women Compared to Costs of Sequelae*, United States



*if not detected and treated

Selective Screening Works: Reduces PID

- **Randomized intervention trial, Seattle HMO**
- **60 % reduction in risk of PID**
 - **among women selectively screened**
 - **during the following 12 months**

Prevention Opportunities Expanded by Scientific Advances

single dose therapy

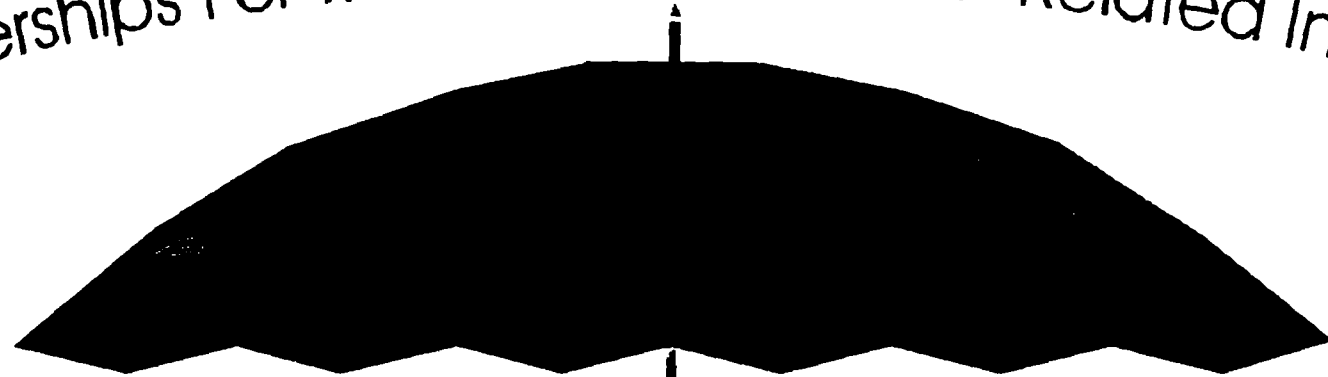
non-invasive urine tests

behavioral science experience from HIV

Chlamydia Screening is Often Left Undone; Practices of Private and Public Providers of Women's Health Services--San Diego County, May 1993

<u>Clinical service</u>	<u>Private provider</u> screening (%)	<u>Public provider</u> screening (%)
Family planning Initial visit	29	38
Prenatal initial visit	60	100
GYN annual visit	13	28
Adolescent Initial visit	26	56

Partnerships For The Prevention Of STD-Related Infertility



CDC OPA

**public/
private
clinics**

**community
organi-
zations**

**advocacy
groups**

laboratories

media



Summary:

Causes

chlamydia/gonorrhea

Complications

PID/infertility

Postpartum endometritis

**neonatal conjunctivitis
and pneumonia**

HIV

Summary:

Costs

\$12 saved/\$1 spent

Control

works/often left undone