

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. RES. 509

Designating April 2010 as “National STD Awareness Month”.

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IN THE SENATE OF THE UNITED STATES

APRIL 29, 2010

Mr. BURRIS submitted the following resolution; which was referred to the  
Committee on the Judiciary

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## RESOLUTION

Designating April 2010 as “National STD Awareness  
Month”.

Whereas sexually transmitted infections (referred to in this preamble as “STIs”) (also commonly known as sexually transmitted diseases, or “STDs”) are a major public health challenge for the United States in economic and human terms;

Whereas the United States has the highest rate of people with STIs in the industrialized world, with an estimated 19,000,000 new cases occurring each year;

Whereas each year, approximately ½ of the new cases of STIs occur in young people between the ages of 15 to 24;

Whereas all people of the United States have an interest in STIs because every community is impacted and everyone

pays for the cost of the infections, either directly or indirectly;

Whereas according to the Centers for Disease Control and Prevention (referred to in this preamble as “CDC”), STIs impose a tremendous economic burden on the United States, with direct medical costs for treating STIs as high as \$15,900,000 per year;

Whereas in 2008, the CDC estimated that 1 in 4 young women between the ages of 14 and 19 in the United States, or 3,200,000 teenage girls, and nearly 1 in 2 African-American young women are infected with 1 or more of the most common sexually transmitted infections, including the human papillomavirus (referred to in this preamble as “HPV”), chlamydia, herpes simplex virus, and trichomoniasis;

Whereas in 2010, CDC data indicated that 1 in 6 Americans between the ages of 14 and 49 years old are infected with type 2 of the herpes simplex virus, a lifelong and incurable infection, and that of the group of infected Americans, African-American women were the most affected group, with a prevalence rate of 48 percent;

Whereas poverty and lack of access to quality health care exacerbate the rate of infection with the human immunodeficiency virus (referred to in this preamble as “HIV”) and other STIs;

Whereas men who have sex with men continue to be disproportionately impacted by STIs, accounting for 63 percent of all syphilis cases in 2008 as compared to only 4 percent of STIs in 2000;

Whereas racial disparities in rates of STIs are among the worst health disparities in the United States for any health condition;

Whereas most STIs have been associated with increased risk of HIV transmission and are likely contributing to the ongoing HIV epidemic in the United States;

Whereas the CDC reports that the 2 most common STIs among young women are HPV, with 18 percent infected, and chlamydia, with 4 percent infected;

Whereas the long-term health effects of HPV and chlamydia are especially severe for women and include infertility and cervical cancer;

Whereas vaccination, screening, and early treatment can prevent some of the most devastating effects of STIs;

Whereas high STI infection rates in the United States demonstrate the need for better ways to reach the individuals most at risk for infection;

Whereas the CDC recommends—

(1) annual chlamydia screenings for sexually active women 25 years of age and younger;

(2) HPV vaccination for girls and women between the ages of 11 and 26 who have not been vaccinated, or who have not completed the full series of shots; and

(3) screening for HIV, syphilis, chlamydia, and gonorrhea at least once a year for men who have sex with men and who are not in a long-term, mutually monogamous relationship;

Whereas chlamydia can lead to pelvic inflammatory disease, chronic pelvic pain, infertility, and tubular pregnancies, which can affect the health and well-being of a woman throughout her lifetime;

Whereas STIs can be transmitted from infected mothers to infants during childbirth and can cause severe health consequences in the infants;

Whereas STIs often cause social stigma and may have a serious psychological impact among the individuals who are infected;

Whereas people protect themselves against STIs through participation in programs that provide comprehensive and medically accurate health information and screening and treatment services, including title X of the Public Health Service Act (42 U.S.C. 300 et seq.) and the STI prevention program of the CDC;

Whereas school-based STI screening programs have been highly successful in cases in which the programs are implemented and are effective at preventing the spread of STIs among adolescents;

Whereas the sexual and reproductive health needs of men must be more thoroughly recognized and better addressed by the public health and medical provider community in order to more effectively combat the spread of STIs;

Whereas STI programs in State and local health departments that are funded through the Division of STD Prevention of the CDC are the frontline of the defense of the United States against the spread of STIs;

Whereas STI screening, vaccination, and other prevention strategies for sexually active women should be among the highest public health priorities; and

Whereas the CDC observes April as “National STD Awareness Month”: Now, therefore, be it

1        *Resolved*, That the Senate—

1           (1) designates April 2010 as “National STD  
2           Awareness Month”;

3           (2) encourages the Federal Government, States,  
4           localities, and nonprofit organizations to observe the  
5           month with appropriate programs and activities,  
6           with the goal of increasing public knowledge of the  
7           risks of sexually transmitted infections (referred to  
8           in this resolution as “STIs”) and protecting people  
9           of all ages;

10          (3) recognizes the human toll of STIs and the  
11          importance of making the prevention, diagnosis, and  
12          treatment of STIs an urgent public health priority;

13          (4) calls on all people of the United States to  
14          learn about STIs and the prevention approaches rec-  
15          ommended for STIs; and

16          (5) encourages all sexually active individuals to  
17          get tested for STIs and to seek appropriate care if  
18          infected.

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