



July 13, 2021

Dear Colleagues,

This week, CDC provided more than \$7 million to help state and local health departments fight two urgent STI priorities: **drug-resistant gonorrhea** and **congenital syphilis**.

Three-quarters of the resource is supported by [CDC's AR Solutions Initiative](#), which helps the nation monitor drug-resistant gonorrhea: the Gonococcal Isolate Surveillance Project (GISP) and Strengthening the United States Response to Resistant Gonorrhea (SURRG). GISP tracks U.S. trends in drug-resistant gonorrhea, while SURRG builds local capacity to rapidly detect and respond to concerning cases. CDC is also now partnering with jurisdictions to evaluate and implement molecular assays targeting concerning drug resistance markers directly in clinical specimens. Eight jurisdictions are funded for SURRG and 20 jurisdictions are funded for GISP.\*

As we are all too aware in our field, drug-resistant gonorrhea remains an urgent public health threat. In fact, it is because of GISP, that [we know](#) that half of all gonococcal infections are resistant to at least one antibiotic. While CDC is not seeing treatment failures to the recommended treatment in the U.S., continuing to monitor and prepare for resistance is paramount, and this investment is key to maintaining effective surveillance.

An additional \$1.5 million will fund four jurisdictions – Colorado, California, Florida, and Arizona – to develop, implement, and evaluate interventions to reduce congenital syphilis locally. With the funding, recipients will work to influence one or more of the critical opportunities for congenital syphilis prevention during pregnancy, such as increasing use of prenatal care, more timely and targeted syphilis testing, and/or appropriate syphilis treatment upon syphilis diagnosis. Although designed to address the local epidemiology at each site, a key outcome will be the documentation of program successes and procedures in hopes of building the portfolio of interventions designed to combat congenital syphilis and better equip the field at-large.

[National surveillance data](#) published earlier this year show that congenital syphilis has increased a staggering 279 percent since 2015, and that too many [critical prevention opportunities](#) are missed during pregnancy.

We are particularly pleased to announce these investments to public health programs through [CDC's Epidemiology and Laboratory Capacity \(ELC\) for Infectious Diseases Cooperative Agreement](#) in the wake of [our nation's unprecedented investment](#) in the disease intervention specialist (DIS) workforce. Although we are facing equally unprecedented STD rates in the U.S., we are hopeful that, combined, these investments will move us toward renewed progress.

Thank you for your continued commitment to the STD field and, indeed, the health of all Americans.

Best regards,  
/Raul Romaguera/

Raul Romaguera, DMD, MPH  
Acting Director, Division of STD Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
US Centers for Disease Control and Prevention

\*Funded SURRG jurisdictions: California (San Francisco County), Colorado (Denver County), Indiana (Marion County/Indianapolis), New York City (NYC), North Carolina (Guilford County/Greensboro), Pennsylvania (Allegheny County/Pittsburg), Washington (King County/Seattle), and Wisconsin (Milwaukee County).

Funded GISP jurisdictions: Alabama, Alaska, Arizona, California, Chicago, District of Columbia, Hawaii, Los Angeles County, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nevada, New Mexico, New York State, Ohio, Oregon, Philadelphia, & Texas.