



Promoting Sexual Health
Through STD Prevention

NCSDDC.ORG

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October 28, 2019

Honorable Scott Lipps
Chair, Health Committee
Ohio House of Representatives
77 South High Street
Columbus, OH 43215

Dear Chairman Lipps and Members of the Health Committee:

Thank you, Mr. Chairman and Members of the Health Committee, for the opportunity to deliver written testimony regarding the practice of third trimester testing for syphilis and gonorrhea. I write to you on behalf of the National Coalition of STD Directors (NCSDDC), a national public health membership organization representing health department STD directors, their support staff, and community-based partners across 50 states, seven large cities and counties, and eight United States' territories.

We unequivocally support the practice of third trimester testing. Many sexually transmitted diseases (STDs) do not show symptoms – making screening and testing of pregnant women imperative to prevention of serious health complications and transmission of life-threatening health conditions to newborns. Scientific studies show that the earlier treatment is received, the lower the risk is for long-term health problems.¹ However, testing for STDs, such as syphilis and gonorrhea, for pregnant women should be done at a woman's first prenatal visit and repeat testing should occur during the third trimester (preferably 28-32 weeks), as recommended by the Centers for Disease Control and Prevention (CDC)².

In the US, we have reached an all-time high for STDs, but the most alarming threat is newborn deaths from syphilis.³ Congenital syphilis occurs when syphilis is passed from a mother to her baby during pregnancy and can lead to infant deaths and long-term developmental problems. On October 8, 2019 the CDC released their *2018 STD Surveillance Report*. The report shows a dramatic increase of 185 percent in cases of congenital syphilis since 2014.⁴ In Ohio, from 2017

¹ National Coalition of STD Directors. "Third Trimester Pregnancy Screening for Syphilis and HIV." January, 2017. 1-2.

² Centers for Disease Control and Prevention. "Sexually Transmitted Diseases Treatment Guidelines, 2015." *MMWR Recomm Rep* 2015; 64 (No. 3): 9-11.

³ Bolan, Gail. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "Congenital Syphilis." Letter to Partners in Prevention. October 8, 2019

⁴ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Atlanta: U.S. Department of Health and Human Services; 2019. DOI 10.15620/cdc.79370.



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to 2018, there was an 11 percent increase in cases of congenital syphilis. If caught early, congenital syphilis is completely preventable. Therefore, it is critical that pregnant women are re-tested in their third trimester.

Similarly, Ohio is currently ranked thirteenth, out of all 50 states, for gonorrhea cases in 2018.⁵ Gonorrhea, if left untreated during pregnancy, is linked to miscarriages, premature birth, and eye infections. A newborn can also be infected during delivery through the birth canal. The significance of third trimester testing is the difference between life-long health problems or a healthy beginning.

STDs such as gonorrhea and syphilis can be treated and cured with antibiotics that are safe to take during pregnancy. We have the ability to provide proper prenatal care including third trimester testing to prevent and treat these STDs, therefore any newborn deaths as a result of an STD are a failure of the health care system. Enacting policies such as this one can help to ensure healthy newborns. So I ask you, Mr. Chairman and Members of the Health Committee, to wholeheartedly support healthy newborns through mandating third trimester testing for syphilis and gonorrhea.

Thank you for your consideration of these comments. If you would like any additional information on the subject of third trimester testing, please contact Kyra Miller at kmiller@ncsddc.org.

Sincerely,

David C. Harvey
Executive Director

⁵ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Atlanta: U.S. Department of Health and Human Services; 2019. DOI 10.15620/cdc.79370.