DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

June 21, 2007

Dear Colleague,

This letter is to inform you of changes in Syphilis Elimination (SE) funding for 2008 and to provide you with some background information to help you understand the rationale for the changes. As you know, beginning with the 2006 funding cycle, to be more responsive to the evolving syphilis epidemic and wide variation in project area funding, the Division of STD Prevention (DSTDP) began to make adjustments to SE funding. We indicated at that time to our High Morbidity Areas (HMA) partners that further adjustments would need to be made in subsequent years. In 2007 we have again received level funding to support the syphilis elimination effort, although the number of HMAs has increased, so we are compelled to make further adjustments to ensure that resources are distributed accordingly.

Despite a number of important successes in many project areas, primary and secondary (P&S) syphilis cases reported to CDC have increased to 8,724 in 2005 from 7,980 in 2004, an increase of 9.3%. The 2005 P&S case rate of 3.0 per 100,000 population is 11.1% higher than the 2004 P&S case rate of 2.7 per 100,000. Cases among men continue to account for most of this increase. In 2005, P&S cases for men increased by 8.5% from 4.7 cases per 100,000 population in 2004 to 5.1 cases per 100,000 in 2005. For women the rate of P&S syphilis has declined by almost 55% since 1999, but between 2004 and 2005 we have seen a slight increase among women of 0.1%. The male-to-female rate ratio in 2005 was 5.7. Congenital syphilis cases declined by approximately 44% between 1999 and 2005, from 14.6 cases per 100,000 live births in 1999 to 8.2 cases per 100,000 live births in 2005. The Black: White racial disparity, a focus of syphilis elimination, has also been reduced, falling from 28.6:1 in 1999 to 5.4:1 in 2005. CDC's updated national syphilis elimination plan, *Together We Can: The National Plan to Eliminate Syphilis from the United States* is guided by three goals: 1) investment in and enhancement of public health services, 2) prioritization and targeting of interventions to populations at greatest risk, and 3) improving accountability of prevention efforts. While recognizing the need to maintain adequate funding levels to sustain successful local SE activities, it is also necessary to ensure that the limited SE funds are allocated according to the current burden of disease.

Because the realities driving this change (e.g., level funding and an evolving epidemic) are likely to be issues for the foreseeable future, we thought it was important to develop a new SE funding formula that was simple in concept and flexible enough to be useful over a period of years. Program input was critical to the development of the new formula, and to provide an opportunity for such discussion, in February 2007, DSTDP convened a conference call with state and local partners to solicit your thoughts and ideas. All HMA project areas were invited and were also encouraged to share additional input via e-mail shortly thereafter. Notes from the conference call and additional e-mail comments were compiled and are available. This process was followed by extensive deliberation with DSTDP and NCHHSTP leadership staff, resulting in a new formula that we hope will be a clear and fair way of distributing program funding toward our shared goal of Syphilis Elimination. Two key components of the funding formula came directly from the consultation with state and local health department partners: 1) using the average of two years of

the most recent available data; and 2) including a base funding component in addition to a proportional allocation of funding in the formula.

For fiscal year 2008 (FY 2008) approximately $19 million is available to support SE activities in 32 HMAs and nine post-High Morbidity Areas (p-HMAs – defined below) and will be allocated as follows:

High Morbidity Areas

- A project area is designated an HMA if it has reported in a calendar year (CY) either greater than 100 P&S syphilis cases or a P&S case rate greater than or equal to 2.2/100,000 population (i.e., HMA status for FY 2008 funding is based on provisional CY 2006 P&S cases).
- Beginning in FY 2008, SE funding will be based on the combined total reported P&S syphilis cases for the previous two years (i.e., 2008 funding is based on the total of P&S syphilis cases reported in 2005 and provisional data from 2006 – provisional CY 2006 P&S cases reported as of April 20, 2007).
- All HMA project areas will receive a base of $150,000; and
- A proportion of the remaining available funds based on the percent of reported P & S cases for all HMAs for the two prior years for which data are available (i.e., if a project area's P&S cases are 10% of the total P&S cases among HMAs, that project would receive 10% of the SE funds not used in the base).

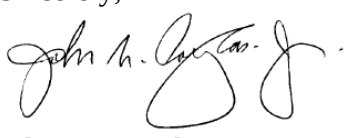
Post-High Morbidity Areas

- Project areas that no longer meet the criteria for HMA status will receive base funding for an additional two years during the "post-HMA" transition period.
- For FY 2008, the first year of the new formula, project areas that have not met the HMA criteria for more than two years will be given one year of transitional funding, consisting of either 50% of their FY 2007 funding or $150,000, whichever is higher.
- In future years, FY 2009 and beyond, p-HMAs will receive a total of $150,000 transitional funding per year for the two years after they no longer meet the HMA definition.

We realize there were many possible ways to revise the funding formula, and we considered several other approaches including a weighting for trajectory of the epidemic in a project area and the burden of congenital syphilis. However, none seemed to provide greater year-to-year parity in funding allocation, and all were substantially less simple, making them more difficult to understand and implement.

CDC remains fully committed to the goal of eliminating syphilis from the United States. As we move forward in implementing our national plan, we will continue to work with you to maximize the efficient and effective use of these limited funds to achieve this important goal.

Sincerely,



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