The Impact of Loss of Funding for the UAB Sexually Transmitted Infection Impact Research Consortium

In 2022, US Centers for Disease Control & Prevention (CDC) released a request for proposals soliciting applications to engage in research related to the impact of improved sexually transmitted infection (STI) control strategies in order to stem the growing prevalence of these preventable and treatable diseases with a focus on vulnerable populations. The University of Alabama at Birmingham (UAB) Heersink School of Medicine responded to this request with a proposal titled the UAB Sexually Transmitted Infection Impact Research (UAB STIR) Consortium with colleagues from nine academic organizations and four community-engaged not-for-profit organizations. This unique collaboration allowed the team to be nimbly responsive to any request for task order proposals (RFTOPs) that might be issued under the base contract. Following the award of the base contract in 2022, the CDC issued three RFTOPs and the UAB STIR Consortium was indeed well poised to respond to each of these and was awarded contracts to complete impact assessments in the three topic areas of interest. Attached are letters specific to each of the projects about populations being served by those projects and describing the impact of the loss of funding. Clearly the impact is, and will continue to be, felt by the people in the communities that we work with. This is not about the potential downside to the funded organizations, but rather, about the population level health of clearly underserved communities.

STI, while not a popular topic of conversation around most dinner tables, are among the most common bacterial and viral infections globally, barring pandemics such as the SARS-CoV2 outbreak. But while these infections are detectable, and often treatable, they are so stigmatized that many people do not realize their impact. The World Health Organization estimates that over 1 million infections occur each day on a global basis and the CDC estimates that 1 in 5 Americans has an STI at any given point in time.

Since the 1920's, syphilis outbreaks have been largely considered to be a reflection of a breakdown in public health infrastructure. Rather than improving the situation over time, syphilis rates have increased 80% in the US since 2012 and congenital syphilis, completely preventable by testing and treating pregnant women, has increased 1000% in that same period.

The projects funded through the STIR program were intended to apply the improved tools that we have today, including biomedical prevention strategies and strategies to reach out to our most vulnerable populations to test and treat women of reproductive age in an effort to prevent congenital syphilis. These programs were intended to utilize the advances identified in

academic settings over the last decade and measure the impact of implementation in settings with the highest need. These projects were intentionally designed to be conducted at federally qualified health centers (FQHC) which typically provide care to people with the fewest resources, in Native American communities, in harm reduction centers, in shelters for unhoused women and in detention centers. Work was ongoing in eleven states to ensure that our reach was broad. As a result, people in each of these jurisdictions have lost the opportunity to receive improved healthcare services designed to be sustainable and impactful. Thus, while the loss of funding to our academic partners in this endeavor is difficult to deal with, the loss of expanded services to the people who would benefit the most is devastating. How many still births and babies born with congenital syphilis have we lost the opportunity to prevent? How many instances of syphilis and HIV infection could we have prevented in men? Sadly, we'll never be able to answer this question of impact.

University of Pittsburgh Physicians *Part of UPMC Health System*
Department of Obstetrics, Gynecology and Womens Health

May 8, 2025

Dr. Barbara Van Der Pol
Professor of Medicine & Public Health President
University of Alabama at Birmingham
703 19th St S, ZRB 238 Birmingham, AL 35294

RE: Loss of Funding for The Circle Project: Promoting the Health of Women Through Syphilis and HIV Point-of Care Testing

Dear Dr. Van Der Pol,

As an obstetrician gynecologist practicing in Western Pennsylvania, I have seen first-hand the devastating effects of syphilis in my community. At my hospital, nearly every day we look after women in labor who had not received any prenatal care and as a result these mothers and their babies are faced with devastating consequences to their health. Across the United States, birthing hospitals have closed, particularly in areas most affected by syphilis and HIV, restricting access to quality healthcare through a woman's pregnancy. Syphilis and HIV infections in newborns are serious life-long illnesses that can result from barriers to prenatal care, yet these infections are completely preventable if pregnant women can be tested and treated before birth to their children.

The recent decision to withdraw funding for the Circle Project effectively eliminates a tool that could effectively reverse the epidemic of congenital syphilis. The United States is currently witnessing a congenital syphilis epidemic – over the past decade the number of cases of babies infected with syphilis has risen by 740%, a rate far eclipsing the rate of most other diseases in our nation. Syphilis in pregnant women and in babies has dramatically risen in nearly every state, affecting those of every race and background.

Congenital syphilis occurs when syphilis is passed from mother to baby during pregnancy. Babies exposed to syphilis during pregnancy can be stillborn, and those who survive often face serious consequences from the infection, including birth defects, intellectual disability, hearing and vision loss and other serious life-long illnesses. Babies born to women with HIV are at-risk for HIV, yet transmission of HIV from women to their babies can nearly always be prevented through early detection and treatment during pregnancy. Sadly, babies continue to be born infected with syphilis and HIV because their mothers could not be tested during pregnancy.

The Circle Project provides syphilis and HIV testing to vulnerable women across the United States. Women struggling to receive prenatal care would have access to inexpensive testing and treatment for syphilis and HIV. This project was designed to provide early access to testing and treatment, preventing babies from being infected with these devastating infections. The Circle Project has great potential to reverse the epidemic in congenital syphilis and perinatal HIV infections in the United States. I fear that without the point-of-care strategies that are part of the Circle Project, health care professionals will not have the tools to reverse the tragic epidemics of congenital syphilis and perinatal HIV infections. I urge funders and agencies to reinstate funding for the Circle Project so that we can make great strides to protect women and children across the United States.

Sincerely,

Harold C. Wiesenfeld, MD, CM
Professor and Vice Chair of Gynecology

300 Halket Street, Pittsburgh, Pennsylvania 15213
412-641-1511 (Office), 412-641-1133 (Fax)

JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE
Center for Child and Community Health Research (CCHR)
Johns Hopkins Bayview Medical Center
Mason F. Lord Bldg., Center Tower Suite 4200
Baltimore MD 21224

From: Jacky M Jennings, PhD, MPH
Professor, Departments of Pediatrics & Epidemiology
Co-Investigator, DoxyPEP (Task Order 03) study, UAB-JHU-UPitt Consortium
Principal Investigator, MATRIX (Task Order 02) study, UAB-JHU-UPitt Consortium
Co-Principal Investigator, Clinical Trials Unit (CTU), Johns Hopkins Project (JHP), Blantyre, Malawi
Director, Center for Child and Community Health Research (CCHR)
Director, Biostatistics, Epidemiology And Data management (BEAD) Core
Johns Hopkins School of Medicine & Bloomberg School of Public Health

To: Dr. Barbara Van Der Pol
Professor of Medicine & Public Health President
International Society for STD Research Director
STD Diagnostics Lab Director
UAB STD Clinical Research Organization
University of Alabama at Birmingham
703 19th St S, ZRB 238 Birmingham, AL 35294 +1.205.975.4268

14 May 2025

Re: Impact Statement – Loss of funding for the *CDC doxycycline post-exposure prophylaxis (DoxyPEP) Implementation Study*

Dear Dr. Barbara Van Der Pol:

My team and I are deeply distressed regarding the loss of funding for the CDC funded project to evaluate the impact of primary provider education regarding doxycycline post-exposure prophylaxis, (DoxyPEP) and the use of vaccines that can protect against sexually transmitted infections (STIs)**. The discontinuation of the program represents a critical setback in efforts to curb rising rates of syphilis, gonorrhea, and chlamydia among key populations in the U.S., which is an urgent and growing public health crisis**.

Significance of the public health crisis: In the U.S. in 2022, there were more than 1.6 million cases of chlamydia, almost 650,000 cases of gonorrhea, and 207,000 cases of syphilis, including 375,055 cases of congenital syphilis (CS) among newborns. Specifically, the number of CS cases in the U.S. has risen rapidly in the past several years, with a tenfold increase from 2012 to 2022 and 6% of cases in 2022 resulting in stillbirth. In addition to stillbirth, CS can lead to severe comorbidities, including infant blindness, deafness, skeletal abnormalities, and developmental delays, as well as miscarriage or infant death. Concomitantly, primary and secondary (PS) syphilis cases among women of reproductive age, defined as 15-44 years of age, have risen exponentially. Rates of PS syphilis among women have risen 676% from 2012 to 20221. However, syphilis (like chlamydia and gonorrhea) is treatable and with early screening and treatment for syphilis in pregnant people, congenital syphilis can be prevented. **The persistence of these treatable STIs represent a failure of public health in the U.S., given that they are all readily diagnosable and treatable with common antibiotics.**

The overall goal of the DoxyPEP Implementation Project is to reduce treatable STIs through advancing clinical care among community providers. The objective is to evaluate the impact of training providers in the delivery of high-quality STI care at community health centers within five U.S. jurisdictions including Ohio, Texas, Mississippi, Louisiana, as well as the District of Columbia. The primary outcomes for the project were (1) greater provision of high-quality STI HIV prevention services, (2) increased use of DoxyPEP in key populations, increased overall doxyPEP provision in priority areas, (3) reduced STIs (in absolute numbers) in key populations, and (4) evaluation of the cost effectiveness for the implementation strategies. The study harnesses the strengths the Fenway Health educational center which has focused on training primary care providers in sexual health for more than a decade. The intervention was designed as a stepped wedge clinical trial and offered a distance learning educational intervention for primary care providers at 50 community health centers in the identified jurisdictions.

The academic team for this project represents a consortium of excellence in translational and implementation research and clinical care, including community-based researchers affiliated with Fenway Health Institute, the University of Chicago, as well as Johns Hopkins University, under the leadership of the University of Alabama. In addition, the project involved elicitation of insights from a series of key informant interviews, including leaders in community health and state public health programs in each of the jurisdictions, as well as community voices.

This termination curtails efforts to develop sustainable and scalable educational materials that could be widely disseminated and help address the increasing rates of STIs across the U.S. The cost-effectiveness aim allows for documentation of the cost of providing the training and the increased savings by preventing increased numbers of new bacterial and viral STIs. At a time when rates of gonorrhea, chlamydia and syphilis are increasing, the timing of the loss of this funding is deeply distressing. **The communities we serve deserve continued investment in solutions that are innovative and designed to meet people where they are**. **We urge stakeholders and funders to reconsider their support.**

Sincerely,

Jacky M Jennings, PhD, MPH
Johns Hopkins School of Medicine & Bloomberg School of Public Health

From: Bri Seoane
President/CEO
Cardea Services
bseoane@cardeaservices.org
May 2, 2025

To: Dr. Barbara Van Der Pol
Professor of Medicine & Public Health
President, International Society for STD Research
Director, STD Diagnostics Lab
Director, UAB STD Clinical Research Organization
University of Alabama at Birmingham
703 19th St S, ZRB 238
Birmingham, AL 35294
+1.205.975.4268

RE: Impact Statement – Loss of Funding for *The Circle Project: Promoting the Health of Women Through Syphilis and HIV Point-of-Care Testing*

Dr. Barbara Van Der Pol,

I am writing to express deep concern regarding the loss of funding for *The Circle Project: Promoting the Health of Women Through Syphilis and HIV Point-of-Care Testing*. **The discontinuation of this program presents a critical setback in efforts to curb rising rates of syphilis among pregnant women and to prevent congenital syphilis in babies—an urgent and growing public health crisis across the United States.**

The Circle Project aimed to **strengthen local capacity and trust by engaging organizations in their communities to deliver syphilis and HIV point-of-care testing (POCT) in innovative, community-based settings across Oklahoma, Alabama, Ohio, Pennsylvania, Arizona, and New Mexico.** Point-of-care testing (POCT) is a tool with the potential to reshape the healthcare landscape by delivering immediate diagnosis through a simple and rapid finger-prick test, enabling same-day treatment and linkage to care within a single encounter. As part of this project, sites included mobile clinics, jails, substance use treatment centers (including opioid treatment), and outreach programs serving pregnant women and women of childbearing age.

The Circle Project's goal was to develop sustainable, scalable models to address rising syphilis rates—an urgent public health issue that threatens the health and lives of women and infants, can cause infertility, and places a heavy financial strain on the healthcare system. **For example, untreated syphilis during pregnancy can lead to miscarriage, stillbirth, premature birth, or infant death—tragic outcomes that are entirely preventable with treatment during pregnancy costing as little as $26.** The cost of caring for a baby born with syphilis is at least three times higher than for one without. In the case of HIV, the average lifetime medical cost is over $420,000, and delayed diagnosis can push that figure to more than $1 million.

The sudden loss of funding has immediate and far-reaching implications. Without support, we risk:

- **Allowing congenital syphilis to persist and rise unchecked**, endangering the health of infants through preventable outcomes like stillbirth, premature birth, and irreversible complications.
- **Delaying or preventing the implementation of a vital early detection mechanism** for syphilis and HIV.
- **Failing to understand the cost-effectiveness** and feasibility of syphilis and HIV point-of-care testing in various settings.
- **Undermining months of trust-building and stakeholder engagement**, which are difficult to rebuild once disrupted.

As a key partner in this initiative, Cardea was prepared to provide critical research and technical assistance across all participating organization sites. This included evaluating the feasibility and acceptability of POCT services, leading data collection and analysis, and guiding sites through logistical and clinical challenges with continuous and collaborative quality improvement and technical assistance efforts. **The populations served through this project include women who face numerous barriers to medical care** - including women and infants who live in rural and/or Tribal communities and women who use substance or are involved in the criminal legal system.

The abrupt withdrawal of funding interrupts the implementation of essential services for pregnant women and babies – services that are often accessible only through targeted, community-based approaches. This funding loss also brings Cardea's efforts to a halt in tracking and evaluating the feasibility and acceptability of point-of-care testing services. These data-driven insights are critical not only for improving local outcomes, but also for informing broader strategies to enhance the health of mothers and babies across communities nationwide.

At a time when syphilis is resurging—and congenital syphilis is reaching historic highs—the timing of this loss of funding is alarming. The communities we serve deserve continued investment in solutions that are innovative and designed to meet people where they are.

We urge stakeholders and funders to reconsider their support.

Sincerely,

Bri Seoane
President/CEO
Cardea Services
bseoane@cardeaservices.org

From: Dr. Kenneth Mayer
Director of Medical Research, Co-Chair of The Fenway Institute
Professor of Medicine at Harvard Medical School
Professor Department of Global Health and Population at Harvard School of Public Health
Director of HIV Prevention Research and Attending Physician at Beth Israel Lahey Health
kmayer@fenwayhealth.org
May 7th, 2025

To: Dr. Barbara Van Der Pol
Professor of Medicine & Public Health President
International Society for STD Research Director
STD Diagnostics Lab Director
UAB STD Clinical Research Organization
University of Alabama at Birmingham
703 19th St S, ZRB 238 Birmingham, AL 35294 +1.205.975.4268

Re: Impact Statement—Loss of funding for the *CDC doxycycline post-exposure prophylaxis (DoxyPEP) Implementation Study*

Dear Dr. Barbara Van Der Pol,

I am writing today to express deep concern regarding the loss of funding for the CDC funded project to evaluate the impact of primary provider education regarding doxycycline post-exposure prophylaxis, (DoxyPEP) and the use of vaccines that can protect against sexually transmitted infections**. The discontinuation of this program represents a critical setback in efforts to curb rising rates of syphilis, gonorrhea, and chlamydia among key populations in the United States-an urgent and growing public health crisis, and to limit the spread of viral hepatitis, HPV, meningococcus and Mpox with safe and effective vaccines**.

The DoxyPEP Implantation Project, was aimed to evaluate the impact of training providers at community health centers in five jurisdictions across the United States in providing better sexually transmitted infection care. The jurisdictions of interest included the states of Ohio, Texas, Mississippi, Louisiana, as well as the District of Columbia. The problem being addressed by this intervention is extremely important given that in the United States in 2022, there were more than 1.6 million cases of chlamydia, almost 650,000 cases of gonorrhea, and 207,000 cases of syphilis, including 375,055 cases of congenital syphilis among newborns. The persistence of these treatable sexually transmitted diseases represent a failure of public health in the United States, given that they are all readily diagnosable and treatable with common antibiotics. Viral hepatitis, HPV and Mpox are preventable with safe and effective vaccines that are underutilized.

The study was extremely innovative since it was prepared to use Fenway Health's educational center that has focused on training primary care providers around sexual health for more than a decade. The intervention would have been a stepped wedge designed clinical trial that would offer a distance learning educational intervention for primary care providers at 50 community health centers in the relevant jurisdictions.

The academic team for this project has been stellar, including community-based researchers affiliated with Harvard University, the University of Chicago, as well as Johns Hopkins University, under the leadership of the University of Alabama. In addition, the project involved elicitation of insights from a series of key informant interviews, including leaders in community health and state public health programs in each of the jurisdictions, as well as community voices. The study aims were to evaluate the impact of the educational intervention on the uptake of DoxyPEP for key populations, as well as to assess for eligibility to provide, as indicated, vaccination against sexual transmitters infections, particularly using vaccines for Hepatitis A and B, Human Papillomavirus (HPV), meningococcus, and Mpox. The primary outcomes for the project were greater provision of high-quality STI HIV prevention services, increased use of DoxyPEP in key populations, increased overall doxyPEP provision in priority areas, reduced sexually transmit infections (in absolute numbers, and decreased incidence) in priority populations, and evaluation of the cost effectiveness for the implementation strategies.

We feel that this termination was most unfortunate given that the project's ultimate aims would be the development of sustainable and scalable educational materials that could be widely disseminated and could help address the increasing rates of sexually transmitted infections across the United States. Because we had a cost-effectiveness aim in this project, we would be able to document the cost of providing the training and the increased savings by preventing increased numbers of new bacterial and viral sexually transmitted infections.

As a key partner in this initiative, Fenway Health was prepared to provide critical research and technical assistance across all the participating organizational sites. This included the convening of the investigator team, the conduct of the interviews with all the key informants, identification of the performance sites, coordination of data collection analysis, and working with all the local jurisdictions to develop and implement the educational interventional strategy. The populations served through this project include a wide array of individuals at increased risk for bacterial and viral sexually transmitted infections who are a priority population if the US epidemic of STI is to be controlled. The abrupt withdrawal of funding interrupts the implementation of key education for frontline providers who care for high-risk and vulnerable populations. The loss of this funding will impede the ability of the Centers for Disease Control and Prevention to improve provider education and to ensure that evidence-based scalable interventions to address the rising rate of sexually transmitted infections are available.

At a time where rates of gonorrhea syphilis and chlamydia are increasing and where there are increasing numbers of vaccines that can prevent other sexually transmitted infections, the timing of the loss of this funding is concerning. The communities we serve deserve continued investment in solutions that are innovative and designed to meet people where they are, period. We urge stakeholders and funders to reconsider their support.

Sincerely,

Dr. Kenneth Mayer

AT THE FOREFRONT
UChicago Medicine

DEPARTMENT OF MEDICINE
Section of Infectious Diseases and Global Health

Aniruddha (Anu) Hazra, MD
Associate Professor of Medicine

5841 South Maryland Avenue, MC 5065, Chicago, Illinois 60637
Phone 773-795-2016 • Fax 773-753-1095
Email ahazra2@medicine.bsd.uchicago.edu

May 14, 2025

To: Dr. Barbara Van Der Pol
Professor of Medicine & Public Health President
International Society for STD Research Director
STD Diagnostics Lab Director
UAB STD Clinical Research Organization
University of Alabama at Birmingham
703 19th St S, ZRB 238 Birmingham, AL 35294 +1.205.975.4268

Impact Statement: Loss of CDC STIIRC Funding Threatens Critical HIV/STI Research and Community Trust

Dear Dr. Barbara Van Der Pol,

The Chicago Center for HIV Elimination (CCHE) at the University of Chicago expresses grave concern and disappointment over the loss of federal funding for the CDC's Sexually Transmitted Infections Impact Research Consortium (STIIRC). The termination of this initiative has resulted in the cancellation of two major research studies housed at our Center: the *Egocentric Sexual Network Study to Inform HIV, Mpox & Other STI Syndemics (MATRIX)* and the *Doxycycline Post-Exposure Prophylaxis (DoxyPEP) Implementation Study*. This setback reverberates far beyond academia—it strikes at the heart of efforts to eliminate health disparities, dismantles years of trust built with marginalized communities, and risks widening existing data and service gaps in sexual health.

CCHE's mission is to eliminate new HIV transmission events by 2041 through the use of network science, prevention innovation, and structural and community-centered interventions. Our work is rooted in the South Side of Chicago and is specifically designed to address the needs of Black sexual and gender minority individuals and other structurally excluded populations. Through programs such as targeted network-based testing, linkage to care in emergency departments, PrEP navigation and retention, mobile outreach, housing support, and mental health services, CCHE is not only advancing public health science—it is creating real, sustainable pathways to health equity.

The MATRIX and DoxyPEP studies were national, innovative, and equity-driven. MATRIX was one of the only studies capturing real-time sexual network data to better understand how HIV, Mpox, and other STIs co-occur and spread across communities. This syndemic approach is critical to designing more effective, efficient interventions for those most affected. The DoxyPEP Implementation Study aimed to bridge the gap between biomedical innovation and real-world application by training frontline providers to offer STI prophylaxis to patients often overlooked in traditional healthcare settings.

These are not abstract losses. These projects were focused on people—especially LGBTQ+ individuals, people of color, and those living in under-resourced areas—who are too often excluded from biomedical research and whose health outcomes are shaped by stigma, racism, and underinvestment. The sudden defunding of these initiatives halts the momentum we've built in engaging communities, educating providers, and translating science into action.

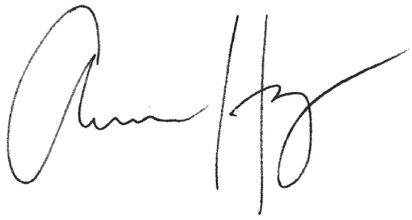
The decision to cut STIIRC funding is a dangerous retreat from public health at a moment when we can least afford it. Without robust, community-anchored research and implementation efforts, we will see continued—and accelerating—rises in syphilis, gonorrhea, chlamydia, HIV, and other emerging diseases. Congenital syphilis will claim more newborn lives. STI outbreaks will go undetected and uncontained.

The disparities that disproportionately impact Black, Latinx, and LGBTQ+ populations will deepen, and the structural mistrust we have worked for decades to heal will only grow.

The erosion of investment in STI research is not just bad for science—it's a public health backslide that will cost lives, strain healthcare systems, and widen the chasm of inequity. Americans deserve better. Our communities deserve evidence-based, inclusive, and forward-looking solutions. We urge the CDC, federal partners, philanthropic organizations, and elected leaders to reinstate and expand support for this critical work before the consequences become irreversible.

Now is the time to act. Inaction will only guarantee a future of preventable infections and unnecessary human suffering.

Sincerely,



Aniruddha (Anu) Hazra, MD *(he/him)*
Associate Professor, Section of Infectious Diseases and Global Health
Director, Infectious Diseases Fellowship Program
Medical Director, DCAM Sexual Wellness Clinic
Director of STI Services, Chicago Center of HIV Elimination
Department of Medicine
University of Chicago

From: Dr. Hilary Reno
Professor of Medicine, Washington University in St. Louis School of Medicine
Dr. Donald Hong
Assistant Professor of Medicine, Washington University in St. Louis School of Medicine

To: Dr. Barbara Van Der Pol
Professor of Medicine & Public Health President
International Society for STD Research Director
STD Diagnostics Lab Director
UAB STD Clinical Research Organization
University of Alabama at Birmingham
703 19th St S, ZRB 238 Birmingham, AL 35294 +1.205.975.4268

Dear Dr. Barbara Van Der Pol,

We are writing to express our profound concern regarding the loss of funding for the Mapping Activity and Transmission Relationships in Sex (MATRIX) Survey. The discontinuation of this project is a significant setback in public health research and our ability to understand which subpopulations we are failing to reach with current public health initiatives.

We know that Mpox recently emerged as a public health emergency of international concern and that the United States reported more cases than any other country. It appeared to be spreading within sexual networks, leading to disproportionate effects on racial minorities and sexual gender minorities (gay, bisexual, men who have sex with men, and transgender/gender diverse individuals). With its sexual mode of transmission, there also appeared to be significant overlap with HIV and other sexually transmitted infections. In response, the United States was able to rapidly expand testing and vaccination programs for Mpox but again the availability of these interventions were limited by region and race/ethnicity. The MATRIX survey was a multiple site project that would allow teams to assess the intentions and acceptance around Mpox vaccination within their regions, evaluate for any associations between sexual behavior and activity level, and assess if partner preference was affected by vaccination status. Furthermore, the survey would allow for sites to assess the overall sexual behavior within networks around their region. The goal of the MATRIX survey was to offer understanding of how our efforts to promote testing, treatment, and vaccination of Mpox were received and adopted within communities and if there were any pockets or groups within our region where vaccination and other preventative efforts had below average uptake indicating poor delivery of our

public health interventions. The survey would also offer further understanding of the interconnectedness of sexual networks within the region and offer insight into how future public health emergencies with sexual mode of transmission might be propagated within regions and among racial and sexual gender minority groups. Without the information that would have been provided through this survey, we will continue to have limited knowledge of these areas of vulnerability that will lead to widen disparities within the areas of HIV and sexually transmitted infections.

The hope from this project was that the information provided would allow us to understand where gaps in our public health messaging and outreach exist, offering the ability to improve delivery of testing, treatment, and preventative messaging that could decrease the disparities we continue to see in HIV/STI testing, diagnosis, and treatment. Additionally, the project could improve our public health response to new or rising threats, particularly those with possible sexual modes of transmission, offering the ability to prevent future public health emergencies. This sudden loss of funding will have profound implications that may include:

- Continued propagation of the Mpox PHEIC due to continued gaps in knowledge of groups at continued risk of infection
- Worsening disparities within diagnosis, treatment, and prevention of HIV and STIs
- Inability to respond effectively to future public health emergencies hindering our ability to prevent future epidemics or pandemics
- Worsening mistrust of the medical community within vulnerable minority groups

At a time where rates of sexually transmitted infections continue to rise, with an inability of our prevention/public health efforts to respond effectively, this loss of funding could have devastating consequences and risks a rapid worsening of an already expanding public health issue.

Sincerely,
Drs. Hilary Reno and Donald Hong