

What's New in STDs

Division of STD Prevention | CDC

JUST RELEASED: CDC Estimates 1 in 5 People Have a Sexually Transmitted Infection

Dear colleagues,

Today, CDC's Division of STD Prevention released [updated STI prevalence, incidence, and cost estimates](#) as part of a special issue in the journal [Sexually Transmitted Diseases](#). The new estimates provide the clearest picture to date of how common and costly STIs are in the United States. They also serve as a reminder that **proven STI prevention – at all levels – is a cornerstone of protecting America's health, economic security, and wellness.**

CDC estimates 1 in 5 people in the U.S. have an STI

The new data indicate that on any given day in 2018, one in five people had an STI – totaling nearly **68 million infections**. Of the **26 million new infections** in that same year, almost *half* were among youth aged 15-24. While many STIs are asymptomatic, if left untreated, some infections can increase the risk of HIV, cause chronic pelvic pain, pelvic inflammatory disease, infertility, and/or severe pregnancy and newborn complications. Given these serious health consequences, and that many infections go undetected and unreported to CDC, these estimates are critical to better understanding the vast scope of the STI epidemic and who is most affected.

STIs cost the U.S. healthcare system billions each year

STIs also come with a hefty price tag. In 2018, new infections totaled **nearly \$16 billion** in direct lifetime medical costs. Women and young people accounted for about half of these costs. By infection, sexually acquired HIV and HPV were the costliest due to lifetime treatment for HIV and treatment for HPV-related cancers (\$13.7 billion and \$755 million respectively). In addition:

- Chlamydia, gonorrhea and syphilis combined accounted for more than \$1 billion of the total cost. About 60% of these costs were among youth aged 15-24.
- Nearly 75 percent of the \$2.2 billion in non-HIV-related STI medical costs were among women.

The total cost of STIs far exceeds the medical cost burden estimated in this study, which did not include costs associated with lost productivity, other non-medical costs, and STI prevention.

More data, better data still needed

CDC continues to update and improve these estimates to provide the most accurate count to date. While the new data are based on modeling approaches that are more rigorous, robust, and comprehensive than ever before, the findings also highlight gaps in the scientific literature and reflect an ongoing need for more data. It was necessary for study authors to make many assumptions due to no, missing, or limited data on crucial measures (e.g., natural

clearance rates, percentage of asymptomatic infections). Population-based STI screening estimates are also greatly needed.

It's simple: better data means more precise burden and cost estimates, which in turn would strengthen prevention and allocation efforts.

Prevention must focus on hard-hit populations

The most important task continues—and addressing the social, cultural, and economic conditions that make it more difficult for sexually active people to stay healthy is key. These studies underscore that young people and women face some of the biggest impacts and most significant consequences of STIs. Other data has shown the heavy toll of STIs among racial/ethnic minority groups and people who are LGBTQ. As a result, focusing our prevention efforts on hard-hit populations is crucial.

Everyone has a role to play, from CDC, other government agencies, and health departments to community leaders, healthcare providers, and individuals. Changing the trajectory of the epidemic will mean strengthening and enhancing what we already know works and embracing new, innovative ways of reaching people with STI prevention. Thank you for your unwavering commitment to this field and public health.

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