Other Sexually Transmitted Diseases

Since 1987, reported cases of chancroid have declined steadily (Table 1, Figure 35). In 1999, a total of 143 cases of chancroid were reported from the United States. Only sixteen states and one outlying area reported one or more cases of chancroid in 1999 and three of these states (New York, South Carolina and Texas) accounted for nearly 72% of the 143 reported cases. Although the decline in reported chancroid cases most likely reflects a decline in the incidence of this disease, these data should be interpreted in view of the fact that *Haemophilus ducreyi*, the causative organism of chancroid, is difficult to culture and, as a result, this condition may be substantially underdiagnosed.[1,2]

Comprehensive surveillance data for genital herpes simplex virus (HSV), human papillomavirus, non-gonococcal urethritis, and trichomoniasis are not available. Ongoing trend data are limited to estimates of trends in physicians' office practices provided by the National Disease and Therapeutic Index (Figures 36 and 38-40).

Serious consequences of genital herpes simplex virus infection include painful recurrent episodes of genital lesions, increased likelihood of HIV transmission and acquisition, and, for women who acquire genital herpes in pregnancy, potentially fatal neonatal infection.[3] Data on genital herpes simplex virus type 2 (HSV-2) seroprevalence among the non-institutionalized U.S. population are available from the National Health and Nutrition Examination Survey (NHANES). In NHANES III (1988-1994), HSV-2 seroprevalence among persons at least 12 years of age was 21.9%. The HSV-2 seroprevalence in NHANES III was 30% higher than the age-adjusted HSV-2 seroprevalence from NHANES II (1976-1980). Increases in HSV-2 seroprevalence between NHANES II and NHANES III were concentrated in the younger age groups. There were statistically significant increases overall in the three youngest age groups, including persons aged 12 to 39 years (Figure 37).[4]

For data on PID, see the **Special Focus Profile** on Women and Infants.

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[1]Schulte JM, Martich FA, Schmid GP. Chancroid in the United States, 1981-1990: Evidence for underreporting of cases. *MMWR* 1992;41(no. SS-3):57-61.

[2]Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 US cities. *Infect Dis* 1998;178:1795-8.

[3]Handsfield JJ, Stone KM, Wasserheit JN. Prevention agenda for genital herpes. *Sex Transm Dis* 1999; 26:228-231.

[4]Fleming DT, McQuillan GM, Johnson RE, et al. Herpes simplex virus type 2 in the United States, 1976 to 1994. *N Engl J Med* 1997;337:1105-11.

Figure 35. Chancroid — Reported cases: United States, 1981–1999

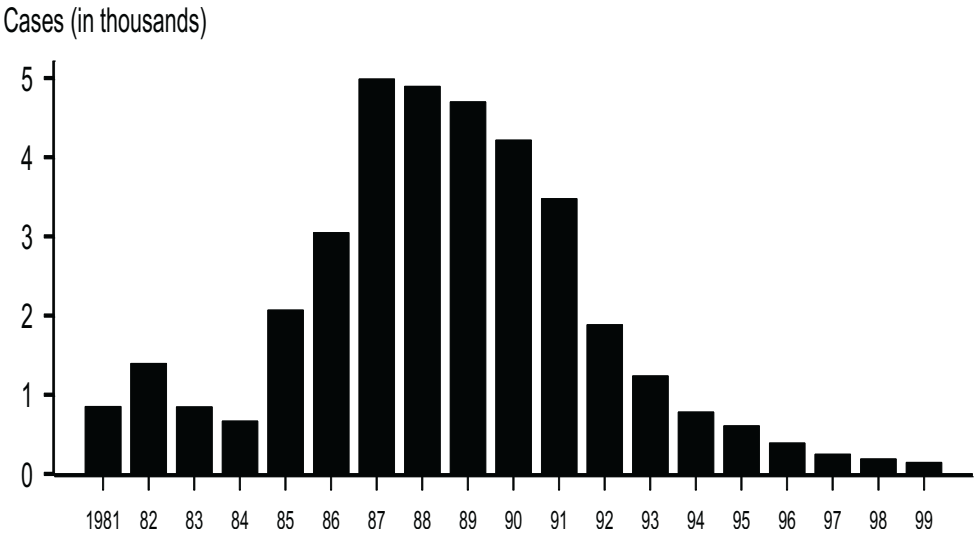
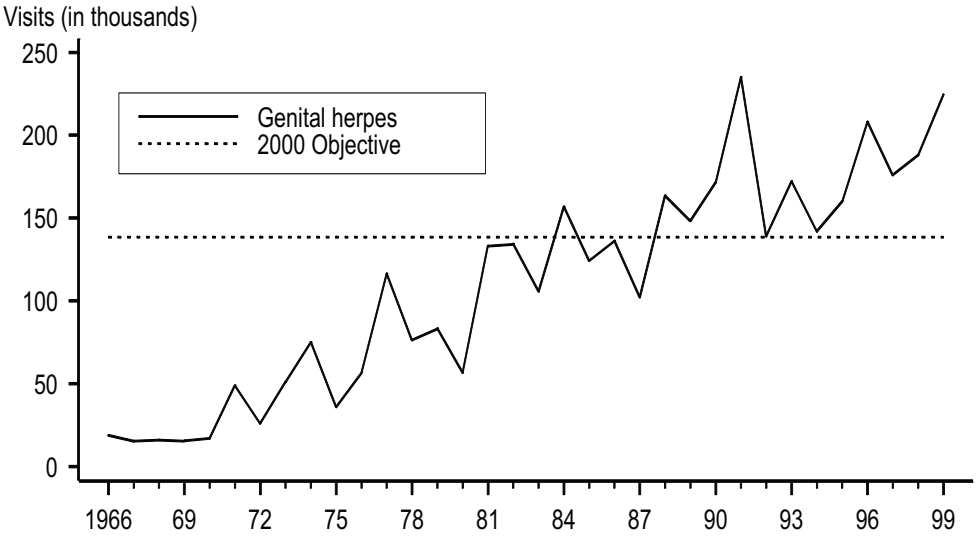


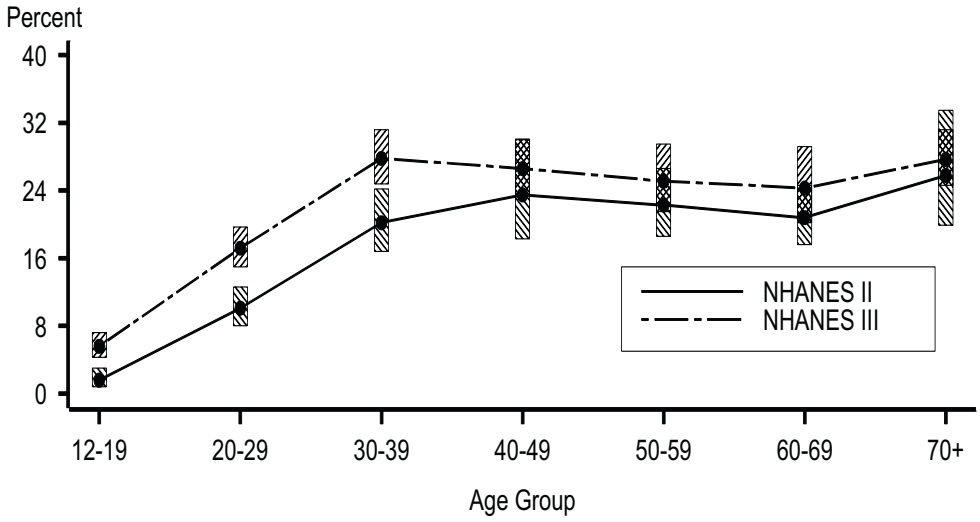
Figure 36. Genital herpes simplex virus infections — Initial visits to physicians' offices: United States, 1966–1999 and the Healthy People year 2000 objective



Note: See Appendix.

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

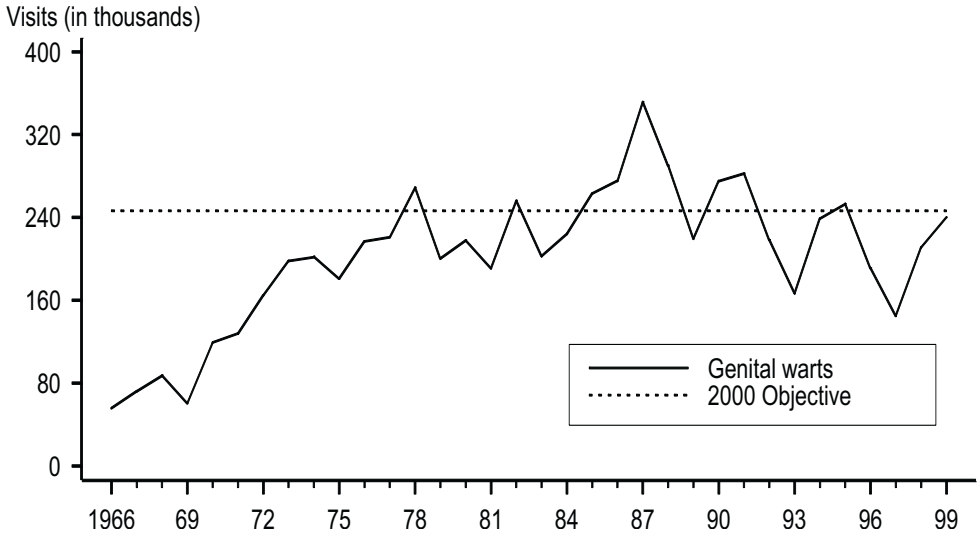
Figure 37. Genital herpes simplex virus type 2 — Percent seroprevalence according to age in NHANES* II (1976–1980) and NHANES III (1988–1994)



Note: Bars indicate 95% confidence intervals.

*National Health and Nutrition Examination Survey

Figure 38. Human papillomavirus (genital warts) — Initial visits to physicians' offices: United States, 1966–1999 and the Healthy People year 2000 objective



Note: See Appendix.

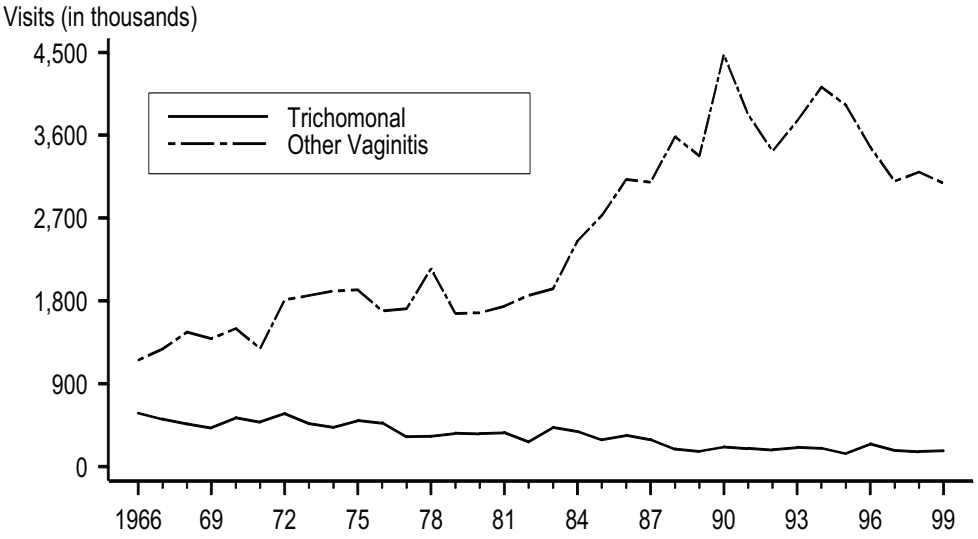
SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

Figure 39. Nonspecific urethritis — Initial visits to physicians' offices by men: United States, 1966–1999

Note: See Appendix.

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

Figure 40. Trichomonal and other vaginal infections — Initial visits to physicians' offices: United States, 1966–1999



Note: See Appendix.

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)