

Trends in Sexually Transmitted Diseases in the United States: 2009 National Data for Gonorrhea, Chlamydia and Syphilis

This fact sheet summarizes 2009 national data on gonorrhea, chlamydia and syphilis that are published in CDC's report, Sexually Transmitted Disease Surveillance, 2009 (available at www.cdc.gov/std/stats). The data are based on state and local STD case reports from a variety of private and public sources, the majority of which come from non-STD clinic settings, such as private physicians and health maintenance organizations.

Sexually transmitted diseases (STDs) remain a major public health challenge in the U.S. CDC's surveillance report includes data on the three STDs that physicians are required to report to the agency – chlamydia, gonorrhea and syphilis – which represent only a fraction of the true burden of STDs. Some common STDs, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC. In total, CDC estimates that there are approximately 19 million new STD infections each year, which cost the U.S. healthcare system \$16.4 billion annually and cost individuals even more in terms of acute and long-term health consequences.

Despite the continued high burden of STDs, the latest CDC data show some signs of progress:

- **Gonorrhea:** The national gonorrhea rate is at the lowest level ever recorded.
- **Chlamydia:** Continuing increases in chlamydia diagnoses likely reflect expanded screening efforts, and not necessarily a true increase in disease burden; this means that more people are protecting their health by getting tested and being linked to treatment. This is critical, since chlamydia is one of the most widespread STDs in the United States.
- **Syphilis:** For the first time in five years, reported syphilis cases did not increase among women overall. Likewise, cases of congenital syphilis (transmitted from mother to infant) did not increase for the first time in four years.

Yet, there are large disparities by race and age. CDC surveillance data show much higher rates of reported STDs among some racial or ethnic minority groups than among whites. This is consistent with other data sources showing marked STD disparities in some minority populations. A range of factors contributes to these disparities, including poverty, lack of access to health care and an already high prevalence of STDs in communities of color that increases a person's risk of infection with each sexual encounter. And regardless of race or gender, data show that sexually active adolescents and young adults are at increased risk for STDs when compared to older adults. Acknowledging disparities in STD rates is one of the first steps in empowering affected communities to focus on the problem and helping the public health community direct prevention and treatment resources appropriately.

Less than half of people who should be screened receive recommended STD screening services. Undetected and untreated STDs can increase a person's risk for HIV and cause other serious health consequences, such as infertility. STD screening can help detect disease early and, when combined with treatment, is one of the most effective tools available to protect one's health and prevent the spread of STDs to others.

Health Consequences of Untreated STDs

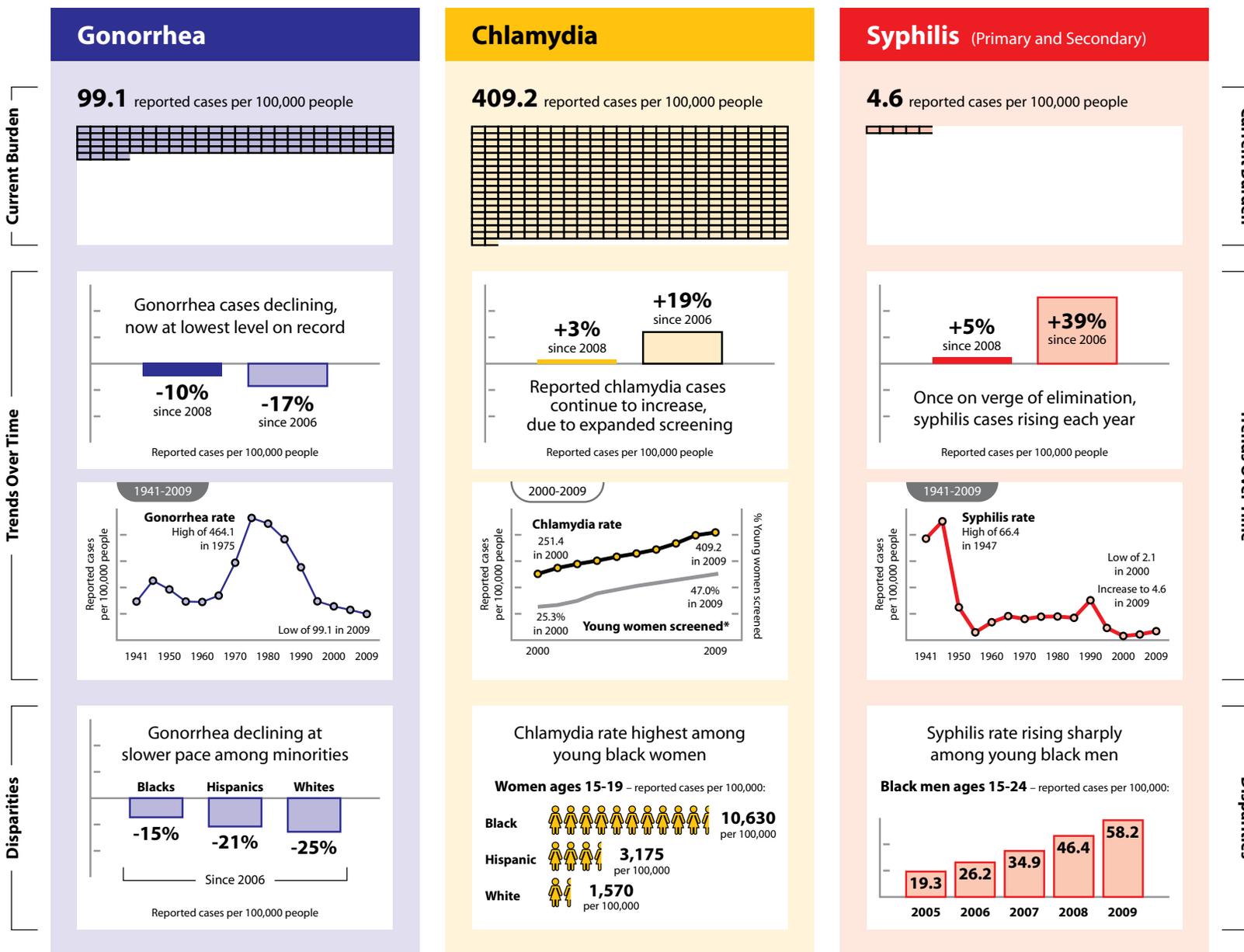
Untreated gonorrhea and chlamydia can result in pelvic inflammatory disease in women, a condition that can cause infertility. Each year, STDs cause at least 24,000 women in the U.S. to become infertile.

Untreated syphilis can lead to serious long-term complications, including brain, cardiovascular and organ damage. Syphilis in pregnant women can also result in congenital syphilis (syphilis among infants), which can cause stillbirth, death soon after birth, and physical deformity and neurological complications in children who survive. Untreated syphilis in pregnant women results in infant death in up to 40 percent of cases.

Studies suggest that people with gonorrhea, chlamydia or syphilis are at increased risk for HIV. This is especially concerning for young black men, among whom the rate of syphilis is increasing.

Gonorrhea	Chlamydia	Syphilis (Primary and Secondary)
<p>Current Burden</p> <ul style="list-style-type: none"> Cases reported in 2009: 301,174 Rate per 100,000 people: 99.1 	<ul style="list-style-type: none"> Cases reported in 2009: 1,244,180 Rate per 100,000 people: 409.2 	<p>Primary and secondary (P&S) syphilis, the most infectious stages of the disease:</p> <ul style="list-style-type: none"> Cases reported in 2009: 13,997 Rate per 100,000 people: 4.6
<p>Trends Over Time</p> <ul style="list-style-type: none"> Reported gonorrhea cases have declined steadily in recent years – 10% over the past year and 17% since 2006 – and are now at the lowest level since CDC began tracking the disease in 1941. While gonorrhea is declining for all races and ethnicities, since 2006 the drop has been smaller for blacks (15%) than for Hispanics (21%) or whites (25%). 	<ul style="list-style-type: none"> Chlamydia diagnoses increased 3% over the past year and are up 19% from 2006. This is actually good news: The increase is likely due to expanded screening and not an increase in disease. From 2000 to 2009, the chlamydia screening rate among young women nearly doubled (from 25% to 47%). However, data suggest that most young women are still not getting screened. CDC estimates that there are 2.8 million chlamydia cases annually – more than twice the number actually reported. 	<ul style="list-style-type: none"> Reported syphilis cases overall continue to rise – 5% over the previous year and 39% since 2006. However, for the first time in five years, syphilis did not increase among women – there was a 7% decline among women overall over the past year. This follows an 88% increase in syphilis among women from 2004 to 2008. In addition, for the first time in four years, cases of congenital syphilis did not increase in 2009 (427 total cases). Since 1991, when there were 4,424 cases, rates have dramatically declined.
<p>Disparities</p> <p>A range of factors contribute to STD disparities by race/ethnicity, including: a greater prevalence of STDs in minority communities, which places individuals living in those communities at increased risk of infection with each sexual act, compared to other populations; poverty; lack of access to quality healthcare; and stigma and homophobia, which can prevent individuals in need from seeking STD prevention, screening and treatment services.</p>		
<ul style="list-style-type: none"> Blacks accounted for 71% of all gonorrhea cases in 2009, though they represent only 14% of the U.S. population. The gonorrhea rate among blacks is 20 times higher than whites and almost 10 times higher than Hispanics (556.4 per 100,000 for blacks v. 27.2 for whites and 58.6 for Hispanics). Young black women bear the heaviest gonorrhea burden (rate among those aged 15-19: 2,613.8 per 100,000; rate among those aged 20-24: 2,548.7 per 100,000). Young Hispanic women and men aged 20-24 have the highest gonorrhea rates among Hispanics, which are twice as high as those among whites in the same age group (In the 20-24 age group: 274.9 per 100,000 for Hispanic women v. 186.4 for white women; 215.7 per 100,000 for Hispanic men v. 80.8 for white men). 	<ul style="list-style-type: none"> Blacks represented almost half of all reported chlamydia cases (48%) in 2009. Based on case reports, the chlamydia rate among blacks is eight times higher than whites and three times higher than Hispanics (1,559.1 per 100,000 for blacks v. 178.8 for whites and 504.2 for Hispanics). Young black women aged 15-24 are most affected. In 2009, there was one chlamydia case reported for every 10 black women in that age group (10,629.7 per 100,000). Young Hispanic women and men aged 20-24 have the highest chlamydia rates among Hispanics, which are twice as high as those among whites in the same age group (In the 20-24 age group: 3,679.7 per 100,000 Hispanic women v. 1,727.8 for white women; 1,077.8 per 100,000 Hispanic men v. 491.9 for white men). 	<ul style="list-style-type: none"> Since 2000, the largest increase in syphilis cases has been among men who have sex with men (MSM). In 2009, MSM accounted for nearly two-thirds of syphilis cases (62%), up from just 4% in 2000. Blacks accounted for half of all P&S syphilis cases (52%) in 2009. The rate of P&S syphilis among blacks is nine times higher than whites and four times higher than Hispanics (19.2 per 100,000 for blacks v. 2.1 for whites and 4.5 for Hispanics). P&S syphilis cases among young black men aged 15-24 continue to increase significantly – indicating a concerning new trend. Between 2005 and 2009, the P&S syphilis rate among young black men aged 15-24 tripled (from 19.3 per 100,000 in 2005 to 58.2 in 2009). This trend may also be contributing to disproportionately high rates of HIV among young black men.
<p>CDC Recommendations</p> <p>CDC supports the recommendations of the U.S. Preventive Services Task Force to screen high-risk sexually active women for gonorrhea.</p>	<p>CDC recommends annual chlamydia screening for young women under age 26.</p>	<p>CDC recommends that sexually active men who have sex with men be tested at least annually for syphilis (as well as gonorrhea, chlamydia and HIV).</p>
<p>CDC & Partner Activities</p> <p>CDC assists health departments in expanding local gonorrhea prevention efforts. CDC recently conducted a series of regional gonorrhea control meetings throughout the nation to help identify new prevention strategies and develop local action plans to reduce disparities.</p>	<p>CDC, together with the Partnership for Prevention and a small group of other national organizations, established the National Chlamydia Coalition in 2008 to increase chlamydia screening among sexually active adolescents and young adults. The Coalition has expanded rapidly and today includes more than 40 organizations as members.</p>	<p>CDC and public health partners are working to implement CDC's Syphilis Elimination Plan, including using local data to create targeted action plans to reach those at greatest risk, particularly young black men and MSM.</p>
<p>CDC closely tracks STDs to guide prevention programs and clinical recommendations for STD services. CDC also funds state and local health departments and community-based organizations to implement and support local prevention efforts to reduce risk behavior and increase STD and HIV testing among populations at greatest risk. Through the Get Yourself Tested campaign, CDC, MTV and the Kaiser Family Foundation are raising STD awareness among young people.</p>		

Snapshot: Sexually Transmitted Diseases in the United States, 2009



Source: CDC, *Sexually Transmitted Disease Surveillance, 2009*. Available at www.cdc.gov/std/stats.

*Screening data are from the Healthcare Effectiveness Data and Information Set (HEDIS), which assesses the proportion of sexually active females between the ages of 15 and 25 screened for chlamydia. Available at www.ncqa.org