Centers for Disease Control and Prevention
Julie Louise Gerberding, M.D., M.P.H.
Director

Coordinating Center for Infectious Diseases
Mitchell L. Cohen, M.D.
Director

National Center for HIV, STD, and TB Prevention
Kevin Fenton, M.D., Ph.D.
Director

Division of STD Prevention
John M. Douglas, Jr., M.D.
Director

Epidemiology and Surveillance Branch
Stuart M. Berman, M.D., Sc.M.
Chief

Surveillance and Special Studies Team
Hillard S. Weinstock, M.D., M.P.H.
Lead

Statistics and Data Management Branch
Samuel L. Groseclose, D.V.M., M.P.H.
Chief

Melinda L. Flock, M.S.P.H.
Deputy Chief

Rose Horsley
Team Lead
Copyright Information

All material contained in this report is in the public domain and may be used and reprinted without special permission; citation to source, however, is appreciated.

Suggested Citation


Copies can be obtained from the National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop E–07, Atlanta, Georgia 30333. Printed copies and the on-line version of this report can be obtained at the following web site: http://www.cdc.gov/std/

Selected STD Surveillance and Prevention References and Websites

Supplemental STD Surveillance Reports – 2005


STD Surveillance Reports 1993 – 2005

• http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm

STD Data on Wonder

• http://wonder.cdc.gov/sexu00.html

STD Fact Sheets

• http://www.cdc.gov/std/healthcomm/fact_sheets.htm

STD Treatment Guidelines

• http://www.cdc.gov/STD/treatment/

STD Program Operation Guidelines

• http://www.cdc.gov/std/program/default.htm

Recommendations for Public Health Surveillance of Syphilis in the United States

• http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a7.htm

Behavioral Surveillance

• Youth Risk Behavior Surveillance System: http://www.cdc.gov/HealthyYouth/yrbs/index.htm
“STDs are hidden epidemics of enormous health and economic consequence in the United States. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biologic and social characteristics of these diseases. All Americans have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. STDs are public health problems that lack easy solutions because they are rooted in human behavior and fundamental societal problems. Indeed, there are many obstacles to effective prevention efforts. The first hurdle will be to confront the reluctance of American society to openly confront issues surrounding sexuality and STDs. Despite the barriers, there are existing individual- and community-based interventions that are effective and can be implemented immediately. That is why a multifaceted approach is necessary to both the individual and community levels.

To successfully prevent STDs, many stakeholders need to redefine their mission, refocus their efforts, modify how they deliver services, and accept new responsibilities. In this process, strong leadership, innovative thinking, partnerships, and adequate resources will be required. The additional investment required to effectively prevent STDs may be considerable, but it is negligible when compared with the likely return on the investment. The process of preventing STDs must be a collaborative one. No one agency, organization, or sector can effectively do it alone; all members of the community must do their part. A successful national initiative to confront and prevent STDs requires widespread public awareness and participation and bold national leadership from the highest levels.”

Sexually Transmitted Disease Surveillance, 2005 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2005. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. The figures and tables in this edition supersede those in earlier publications of these data.

The surveillance information in this report is based on the following sources of data: (1) case reports from state and local STD programs; (2) the Regional Infertility Prevention Projects, the National Job Training Program (formerly the Job Corps), the Corrections STD Prevalence Monitoring Project, and the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project; (3) the Gonococcal Isolate Surveillance Project (GISP); and (4) national surveys implemented by federal and private organizations.

The STD surveillance systems operated by state and local STD control programs, which provide the case report data for chlamydia, gonorrhea, syphilis, and chancroid are the data sources of many of the figures and most of the statistical tables in this publication. These systems are an integral part of program management at all levels of STD prevention and control in the United States. Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC is less than the actual number of cases occurring in the United States population. Case report data for other STDs are not available because they are not nationally notifiable diseases.

Sexually Transmitted Disease Surveillance, 2005 consists of four parts. The National Profile contains figures that provide an overview of STD morbidity in the United States. The accompanying text identifies major findings and trends for selected STDs. The Special Focus Profiles contain figures and text describing STDs in selected subgroups and populations that are a focus of national and state prevention efforts. The Detailed Tables provide statistical information about STDs at the county, metropolitan statistical area (MSA), regional, state, and national levels. The Appendix includes information on interpreting the STD surveillance data used to produce this report, Healthy People 2010 STD objectives, Government Performance and Results Act (GPRA) goals, and STD surveillance case definitions.

Selected figures and tables in this document identify goals that reflect progress towards some of the Healthy People 2010 (HP2010) national health status objectives for STDs. Appendix Table A3 displays progress made towards the HP2010 targets for STDs. These targets are used as reference points throughout this edition of Sexually Transmitted Disease Surveillance 2005.
Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to Director, Division of STD Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop E-02, Atlanta, Georgia, 30333.

Acknowledgments

Publication of this report would not have been possible without the contributions of the State and Territorial Health Departments and the Sexually Transmitted Disease Control Programs and the Regional Infertility Prevention Projects, which provided surveillance data to the Centers for Disease Control and Prevention.

This report was prepared by the following staff and contractors of the Division of STD Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention:

Office of the Director
   John Douglas
   Amy Pulver

Epidemiology and Surveillance Branch
   John Beltrami
   Stuart Berman
   Deblina Datta
   Donna Helms
   Riduan Joesoef
   Katrina Kramer
   Lori Newman
   Catherine Lindsey Satterwhite
   Cristen Suhr
   Hillard Weinstock
   Eileen Yee

Statistics and Data Management Branch
   Susan Bradley
   Jim Braxton
   Sharon Clanton
   Darlene Davis
   Melinda Flock
   LaZetta Grier
   Samuel Groseclose
   Alesia Harvey
   Rose Horsley
   Kathleen Hutchins
   Rob Nelson
   Maya Sternberg
   Akbar Zaidi
Contents

Foreword ........................................... v
Preface ........................................... vi
Acknowledgments .................................. viii
Figures in the National Profile ....................... x
Figures in the Special Focus Profiles ............... xi
Tables in the National Profile ....................... xiv
Geographic Divisions of the United States .......... xvii
National Overview of Sexually Transmitted Diseases, 2005 1

National Profile

Introduction ........................................ 5
Chlamydia .......................................... 7
Gonorrhea .......................................... 15
Syphilis ........................................... 29
Other Sexually Transmitted Diseases ............... 41

Special Focus Profiles

Introduction ........................................ 45
STDs in Women and Infants ........................ 47
STDs in Adolescents and Young Adults .......... 57
STDs in Racial and Ethnic Minorities ............. 63
STDs in Men Who Have Sex with Men ............. 71
STDs in Persons Entering Corrections Facilities .... 79

Tables

National Summary ................................ 89
Chlamydia ........................................ 91
Gonorrhea ....................................... 102
Syphilis ......................................... 114
Chancroid ....................................... 136
Selected STDs .................................... 137

Appendix

Interpreting STD Surveillance Data ................ 139
Table A1. Selected STDs — Percentage of unknown, missing, or invalid values for selected demographic variables by state, 2005 .......... 147
Table A2. Reported cases of sexually transmitted disease by sex and reporting source: United States, 2005 .................. 148
Table A3. Healthy People 2010 Sexually Transmitted Diseases Objective Status .......... 149
Table A4. Government Performance Results Act (GPRA) Sexually Transmitted Diseases Goals and Measures .................. 149
STD Surveillance Case Definitions ................. 150
Contributors ..................................... 160
Figures in the National Profile

Chlamydia

Figure 1. Chlamydia — Rates: Total and by sex: United States, 1986–2005............. 10
Figure 2. Chlamydia — Rates by region: United States, 1996–2005.................. 10
Figure 3. Chlamydia — Rates by state: United States and outlying areas, 2005...... 11
Figure 4. Chlamydia — Rates by county: United States, 2005......................... 11
Figure 5. Chlamydia — Cases by reporting source and sex: United States, 1996–2005............................ 12
Figure 6. Chlamydia — Rates by race/ethnicity: United States, 1996–2005........... 12
Figure 7. Chlamydia — Age- and sex-specific rates: United States, 2005........... 13
Figure 8. Chlamydia — Median state-specific positivity among 15- to 24-year-old women tested in family planning clinics: United States, 1997–2005............. 13
Figure 9. Chlamydia — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2005........... 14
Figure 10. Chlamydia — Trends in positivity among 15- to 24-year-old women tested in family planning clinics by HHS region, 2001–2005................. 14

Gonorrhea

Figure 11. Gonorrhea — Rates: United States, 1941–2005 and the Healthy People 2010 target................................. 21
Figure 12. Gonorrhea — Rates: Total and by sex: United States, 1986–2005 and the Healthy People 2010 target.................. 21
Figure 13. Gonorrhea — Rates by region: United States 1996–2005 and the Healthy People 2010 target................... 22
Figure 14. Gonorrhea — Rates by state: United States and outlying areas, 2005...... 22
Figure 15. Gonorrhea — Rates by county: United States, 2005......................... 23
Figure 16. Gonorrhea — Cases by reporting source and sex: United States, 1996–2005............................... 23
Figure 17. Gonorrhea — Rates by race/ethnicity: United States, 1996–2005........... 24
Figure 18. Gonorrhea — Age- and sex-specific rates: United States, 2005........... 24
Figure 19. Gonorrhea — Age-specific rates among women 15 to 44 years of age: United States, 1996–2005................. 25
Figure 20. Gonorrhea — Age-specific rates among men 15 to 44 years of age: United States, 1996–2005........................................... 25
Figure 21. Gonorrhea — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2005.................................. 26
Figure 22. Gonococcal Isolate Surveillance Project (GISP) — Location of participating clinics and regional laboratories: United States, 2005.............................. 26
Figure 23. Gonococcal Isolate Surveillance Project (GISP) — Penicillin and tetracycline resistance among GISP isolates, 2005................................. 27
Figure 24. Gonococcal Isolate Surveillance Project (GISP) — Percent of Neisseria gonorrhoeae isolates with resistance or intermediate resistance to ciprofloxacin, 1990–2005............................ 27
Figure 25. Gonococcal Isolate Surveillance Project (GISP) — Percent of Neisseria gonorrhoeae isolates with resistance to ciprofloxacin by sexual behavior, 2001–2005............................ 28
# Figures

## Syphilis

- **Figure 26.** Syphilis — Reported cases by stage of infection: United States, 1941–2005
- **Figure 27.** Primary and secondary syphilis — Rates: Total and by sex: United States, 1986–2005 and the Healthy People 2010 target
- **Figure 28.** Primary and secondary syphilis — Rates by region: United States, 1996–2005 and the Healthy People 2010 target
- **Figure 29.** Primary and secondary syphilis — Rates by state: United States and outlying areas, 2005
- **Figure 30.** Primary and secondary syphilis — Rates by county: United States, 2005
- **Figure 31.** Primary and secondary syphilis — Cases by reporting source and sex: United States, 1996–2005
- **Figure 32.** Primary and secondary syphilis — Rates by race/ethnicity: United States, 1996–2005
- **Figure 33.** Primary and secondary syphilis — Male-to-female rate ratios: United States, 1996–2005
- **Figure 34.** Primary and secondary syphilis — Age- and sex-specific rates: United States, 2005
- **Figure 35.** Primary and secondary syphilis — Age-specific rates among women 15 to 44 years of age: United States, 1996–2005
- **Figure 36.** Primary and secondary syphilis — Age-specific rates among men 15 to 44 years of age: United States, 1996–2005
- **Figure 37.** Congenital syphilis (CS) — Reported cases for infants < 1 year of age and rates of primary and secondary syphilis among women: United States, 1996–2005
- **Figure 38.** Congenital syphilis — Rates for infants < 1 year of age: United States, 1996–2005 and the Healthy People 2010 target

## Other Sexually Transmitted Diseases

- **Figure 39.** Chancroid — Reported cases: United States, 1981–2005
- **Figure 40.** Genital herpes — Initial visits to physicians’ offices: United States, 1966–2005
- **Figure 41.** Genital warts — Initial visits to physicians’ offices: United States, 1966–2005
- **Figure 42.** Trichomoniasis and other vaginal infections in women — Initial visits to physicians’ offices: United States, 1966–2005

## Figures in the Special Focus Profiles

### STDs in Women and Infants

- **Figure A.** Chlamydia — Rates among women by state: United States and outlying areas, 2005
- **Figure B.** Gonorrhea — Rates among women by state: United States and outlying areas, 2005
- **Figure C.** Primary and secondary syphilis — Rates among women by state: United States and outlying areas, 2005
Figure D. Congenital syphilis — Rates for infants < 1 year of age by state: United States and outlying areas, 2005 ...................................................... 52
Figure E. Chlamydia — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2005 .................. 53
Figure F. Gonorrhea — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2005 .................. 53
Figure G. Ectopic pregnancy — Hospitalizations of women 15 to 44 years of age: United States, 1996–2004 .......................................................... 54
Figure H. Pelvic inflammatory disease — Hospitalizations of women 15 to 44 years of age: United States, 1996–2004 .......................................................... 54
Figure I. Pelvic inflammatory disease — Initial visits to physicians’ offices by women 15 to 44 years of age: United States, 1996–2005 ............................... 55

STDs in Adolescents and Young Adults

Figure J. Chlamydia — Trends in positivity among 15- to 19-year-old women tested in family planning clinics by HHS region, 2001–2005 ............... 60
Figure K. Chlamydia — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005 .................................................. 60
Figure L. Chlamydia — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005 .................................................. 61
Figure M. Gonorrhea — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005 .................................................. 61
Figure N. Gonorrhea — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005 .................................................. 62

STDs in Racial and Ethnic Minorities

Figure O. Chlamydia — Rates by race/ethnicity and sex: United States, 2005 .......... 66
Figure P. Gonorrhea — Rates by race/ethnicity and sex: United States, 2005 .......... 66
Figure Q. Gonorrhea — Rates among 15- to 19-year-old females by race/ethnicity: United States, 1996–2005 ...................................................... 67
Figure R. Gonorrhea — Rates among 15- to 19-year-old males by race/ethnicity: United States, 1996–2005 ...................................................... 67
Figure S. Primary and secondary syphilis — Rates by race/ethnicity and sex: United States, 2005 ................................................................. 68
Figure T. Primary and secondary syphilis — Rates among 15- to 19-year-old females by race/ethnicity: United States, 1996–2005 ....................... 68
Figure U. Primary and secondary syphilis — Rates among 15- to 19-year-old males by race/ethnicity: United States, 1996–2005 ....................... 69
Figure V. Congenital syphilis — Rates among infants < 1 year of age by mother’s race/ethnicity: United States, 1996–2005 ................................. 69

STDs in Men Who Have Sex with Men

Figure W. MSM Prevalence Monitoring Project — Number of gonorrhea tests and number of positive tests in men who have sex with men, STD clinics, 1999–2005 ................................................................. 75
Figure X. MSM Prevalence Monitoring Project — Syphilis serologic reactivity among men who have sex with men, STD clinics, 1999–2005

Figure Y. MSM Prevalence Monitoring Project — Test positivity for gonorrhea, chlamydia, and HIV and seroreactivity to syphilis among men who have sex with men, by race/ethnicity, STD clinics, 2005

Figure Z. MSM Prevalence Monitoring Project — Test positivity for gonorrhea and chlamydia and syphilis seroreactivity among men who have sex with men, by HIV status, STD clinics, 2005

Figure AA. Gonococcal Isolate Surveillance Project (GISP) — Percent of urethral Neisseria gonorrhoeae isolates obtained from men who have sex with men attending STD clinics, 1988–2005

Figure BB. Gonococcal Isolate Surveillance Project (GISP) — Percent of Neisseria gonorrhoeae isolates obtained from men who have sex with men attending STD clinics, 2002–2005

STDs in Persons Entering Corrections Facilities

Figure CC. Chlamydia — Positivity by age, juvenile corrections facilities, 2005

Figure DD. Chlamydia — Positivity by age, adult corrections facilities, 2005

Figure EE. Gonorrhea — Positivity by age, juvenile corrections facilities, 2005

Figure FF. Gonorrhea — Positivity by age, adult corrections facilities, 2005

Table AA. Chlamydia — Positivity among men and women in juvenile corrections facilities, 2005

Table BB. Chlamydia — Positivity among men and women in adult corrections facilities, 2005

Table CC. Gonorrhea — Positivity among men and women in juvenile corrections facilities, 2005

Table DD. Gonorrhea — Positivity among men and women in adult corrections facilities, 2005

Table EE. Syphilis— Positivity among men and women in juvenile corrections facilities, 2005

Table FF. Syphilis— Positivity among men and women in adult corrections facilities, 2005
Tables in the National Profile

National Summary

Table 1. Cases of sexually transmitted diseases reported by state health departments and rates per 100,000 population: United States, 1941–2005 ................. 89

Chlamydia

Table 2. Chlamydia — Reported cases and rates by state, ranked by rates: United States, 2005 .................................................. 91
Table 3. Chlamydia — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ............ 92
Table 4. Chlamydia — Women – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ........................................ 93
Table 5. Chlamydia — Men – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ...... 94
Table 6. Chlamydia — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 .......... 95
Table 7. Chlamydia — Women – Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 ........................................ 96
Table 8. Chlamydia — Men – Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 .......... 97
Table 9. Chlamydia — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005 ........................................ 98
Table 10A. Chlamydia — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005 ........................................ 100
Table 10B. Chlamydia — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005 ........................................ 101

Gonorrhea

Table 11. Gonorrhea — Reported cases and rates by state/area, ranked by rates: United States, 2005 .................................................. 102
Table 12. Gonorrhea — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ....... 103
Table 13. Gonorrhea — Women – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ........................................ 104
Table 14. Gonorrhea — Men – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ........................................ 105
Table 15. Gonorrhea — Counties and independent cities ranked by number of reported cases: United States, 2005 ........................................ 106
Table 16. Gonorrhea — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 ....... 107
Table 17. Gonorrhea — Women – Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 ........................................ 108
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Gonorrhea — Men — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>109</td>
</tr>
<tr>
<td>19</td>
<td>Gonorrhea — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005</td>
<td>110</td>
</tr>
<tr>
<td>20A</td>
<td>Gonorrhea — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005</td>
<td>112</td>
</tr>
<tr>
<td>20B</td>
<td>Gonorrhea — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005</td>
<td>113</td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>All stages of syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005</td>
<td>114</td>
</tr>
<tr>
<td>22</td>
<td>All stages of syphilis — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>115</td>
</tr>
<tr>
<td>23</td>
<td>Primary and secondary syphilis — Reported cases and rates by state/area, ranked by rates: United States, 2005</td>
<td>116</td>
</tr>
<tr>
<td>24</td>
<td>Primary and secondary syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005</td>
<td>117</td>
</tr>
<tr>
<td>25</td>
<td>Primary and secondary syphilis — Women — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005</td>
<td>118</td>
</tr>
<tr>
<td>26</td>
<td>Primary and secondary syphilis — Men — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005</td>
<td>119</td>
</tr>
<tr>
<td>27</td>
<td>Primary and secondary syphilis — Counties and independent cities ranked by number of reported cases: United States, 2005</td>
<td>120</td>
</tr>
<tr>
<td>28</td>
<td>Primary and secondary syphilis — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>121</td>
</tr>
<tr>
<td>29</td>
<td>Primary and secondary syphilis — Women — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>122</td>
</tr>
<tr>
<td>30</td>
<td>Primary and secondary syphilis — Men — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>123</td>
</tr>
<tr>
<td>31</td>
<td>Primary and secondary syphilis — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005</td>
<td>124</td>
</tr>
<tr>
<td>32A</td>
<td>Primary and secondary syphilis — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005</td>
<td>126</td>
</tr>
<tr>
<td>32B</td>
<td>Primary and secondary syphilis — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005</td>
<td>127</td>
</tr>
<tr>
<td>33</td>
<td>Early latent syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005</td>
<td>128</td>
</tr>
<tr>
<td>34</td>
<td>Early latent syphilis — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005</td>
<td>129</td>
</tr>
</tbody>
</table>
Table 35. Late and late latent syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ................................................................. 130

Table 36. Late and late latent syphilis — Reported cases and rates in selected metropolitan statistical areas (MSAs) listed in alphabetical order: United States, 2001–2005 ................................................................. 131

Table 37. Congenital syphilis — Reported cases and rates in infants < 1 year of age: United States (excluding outlying areas), 1963–2005 .................. 132

Table 38. Congenital syphilis — Reported cases and rates in infants < 1 year of age by state, ranked by rates: United States, 2005 .................. 133

Table 39. Congenital syphilis — Reported cases and rates in infants < 1 year of age by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005 ................................................................. 134

Table 40. Congenital syphilis — Reported cases and rates in infants < 1 year of age by race/ethnicity of mother: United States, 2001–2005 ................................................................. 135

Chancroid

Table 41. Chancroid — Reported cases and rates by state/area listed in alphabetical order: United States and outlying areas, 2001–2005 .............. 136

Selected STDs

Table 42. Selected STDs and complications — Initial visits to physicians’ offices: United States, 1966–2005 ................................................................. 137

Interpreting STD Surveillance Data

Table A1. Selected STDs — Percentage of unknown, missing, or invalid values for selected demographic variables by state and by nationally notifiable STD, 2005 ................................................................. 147

Table A2. Reported cases of sexually transmitted disease reporting source and by sex: United States, 2005 ................................................................. 148

Table A3. Healthy People 2010 Sexually Transmitted Diseases Objective Status ................................................................. 149

Table A4. Government Performance Results Act (GPRA) Sexually Transmitted Diseases Goals and Measures ................................................................. 150
Geographic Divisions of the United States

West
Alaska  Arizona  California  Colorado  Hawaii  Idaho  Montana  Nevada  New Mexico  Oregon  Utah  Washington  Wyoming

Midwest
Illinois  Indiana  Iowa  Kansas  Michigan  Minnesota  Missouri  Nebraska  North Dakota  Ohio  South Dakota  Wisconsin

South
Alabama  Arkansas  Delaware  District of Columbia  Florida  Georgia  Kentucky  Louisiana  Maryland  Mississippi  North Carolina  Oklahoma  South Carolina  Tennessee  Texas  Virginia  West Virginia

Northeast
Connecticut  Maine  Massachusetts  New Hampshire  New Jersey  New York  Pennsylvania  Rhode Island  Vermont
The logo on the cover of Sexually Transmitted Disease Surveillance, 2005 is a reminder of the multifaceted, national dimensions of the morbidity, mortality, and costs that result from sexually transmitted diseases (STDs) in the United States. It highlights the central role of STD prevention in improving health among women and infants and in promoting HIV prevention. Organized collaboration among interested, committed public and private organizations is the key to reducing STDs and their related health burdens. As noted in the report of the Institute of Medicine, The Hidden Epidemic: Confronting Sexually Transmitted Diseases, surveillance is a key component of our efforts to prevent and control these diseases.

This overview summarizes national surveillance data on the three diseases for which there are federally-funded control programs: chlamydia, gonorrhea, and syphilis. Several observations for 2005 are worthy of note.

Chlamydia

In 2005, 976,445 cases of genital Chlamydia trachomatis infection were reported to CDC (Table 1). This case count corresponds to a rate of 332.5 cases per 100,000 population, an increase of 5.1% compared with the rate in 2004. Rates of reported chlamydia infections among women have been increasing annually since the late 1980s when public programs for screening and treatment of women were first established to avert pelvic inflammatory disease and related complications. The continued increase in chlamydia case reports in 2005 most likely represents a continued increase in screening for this infection, but it may also reflect a true increase in morbidity.

In 2005, the overall rate of chlamydia infection in the United States among women (496.5 cases per 100,000 females) was over three times the rate among men (161.1 cases per 100,000 males), reflecting the large number of women screened for this disease (Tables 4 and 5). However, with the increased availability of urine testing, men are increasingly being tested for chlamydia infection. From 2001 through 2005, the chlamydia rate in men increased by 43.5% (compared with a 15.6% increase in women over this period).

Data from multiple sources on prevalence of chlamydia infection in defined populations have been useful in monitoring disease burden and guiding chlamydia screening programs.

In 2005, the median state-specific chlamydia test positivity among women 15 to 24 years old who were screened at selected family planning clinics in all states, the District of Columbia, Puerto Rico, and the Virgin Islands was 6.3% (range 3.0% to 20.3%) (Figure 8).

At selected prenatal clinics in 25 states, Puerto Rico, and the Virgin Islands the median state-specific chlamydia prevalence was 8.0% (range 2.8% to 16.9%) (Figure E).

The prevalence of infection is greater among economically-disadvantaged
women 16 to 24 years of age who entered the National Job Training Program in 2005 from 39 states, the District of Columbia, and Puerto Rico. The median state-specific prevalence was 9.2% (range 3.1% to 14.5%) (Figure K). Among men entering the program in 2005 from 48 states, the District of Columbia, and Puerto Rico the median state-specific chlamydia prevalence was 8.1% (range 0.0% to 14.8%) (Figure L).

The prevalence is even greater among adolescent women entering 57 juvenile detention centers; the median chlamydia positivity by facility was 14.2% (range 3.7% to 33.7%) (Table AA).

Among adolescent men entering 87 juvenile detention centers, the median chlamydia positivity was 6.0% by facility (range 0.0% to 44.8%) (Table AA).

Although these data on prevalence are not entirely comparable because of differences in the populations screened, in the performance characteristics of the screening tests, and variations in screening criteria, they provide important information on the continuing high burden of disease in the United States.

Gonorrhea

Following a 74% decline in the rate of reported gonorrhea from 1975 to 1997, overall gonorrhea rates appeared to plateau. In 2005, 339,593 cases of gonorrhea were reported in the United States, corresponding to a rate of 115.6 per 100,000 population, a slight increase from 2004 (Figure 11 and Table 1). This rate considerably exceeds the Healthy People 2010 (HP2010) target of 19 cases per 100,000 population.

As in previous years, in 2005 the South had the highest gonorrhea rate among the four regions of the country (Table 12). However, the rate in the South has declined by 17.6% since 2001, and declines have also been observed in the Northeast. Minimal change has been seen in the Midwest. In contrast, the rate in the West has increased by 35.4% from 60.2 cases per 100,000 population in 2001 to 81.5 cases in 2005.

For the fourth straight year, the gonorrhea rate in women in 2005 was slightly higher (119.1 per 100,000 population) than the rate among men (111.5 per 100,000 population) (Figure 12). As with chlamydia, rates of gonorrhea in women are particularly high in 15- to 19-year-olds, and in men, are highest in 20- to 24-year-olds (Figure 18). Although the gonorrhea rate among 15- to 19-year-olds has decreased in recent years, from 2004 to 2005 this rate increased 3.9% (Table 19). Similar to previous years, in 2005, African-American 15- to 19-year-old females had the highest gonorrhea rate of any age and race/ethnic group (2,814.0 cases per 100,000 population) (Table 20B). However, gonorrhea rates among both African-American men and women decreased from 2001 through 2005 (19.4% and 16.1%, respectively). In contrast, gonorrhea rates among both white men and women have increased between 2001 and 2005 (18.9% and 20.4%, respectively).

In 2005, data on gonorrhea prevalence in defined populations were available from several sources. These data showed a continuing high burden of disease in adolescents and young adults in some parts of the United States.

For 16- to 24-year-old women entering the National Job Training Program in 32 states and the District of Columbia in 2005, the median state-specific gonorrhea prevalence was 2.4% (range 0.0% to 6.6%).

Among men entering the program from 14 states, the median state-specific gonorrhea prevalence was 2.2% (range 0.0% to 6.1%).

Among women entering juvenile corrections facilities the median gonorrhea positivity was 4.7% (range 0.9% to 14.2%); the median gonorrhea positivity for men...
entering juvenile corrections facilities was 1.0% (range 0.0% to 19.0%).

Among women entering adult corrections facilities, the median gonorrhea positivity was 2.8% (range 0.0% to 13.8%). In men, the median gonorrhea positivity was 2.3% (range 0.0 to 11.8%) in adult corrections facilities.

Among men who have sex with men attending eight STD clinics, the median clinic urethral positivity was 11% (range 8% to 14%).

There remains considerable geographic variation in the prevalence of fluoroquinolone-resistance within the United States, at least for heterosexuals, with rates highest in the Western part of the country. In the Gonococcal Isolate Surveillance Project (GISP), a sentinel surveillance project located in 27 STD clinics throughout the United States, the proportion of isolates among men who have sex with men (MSM) that were resistant to ciprofloxacin increased again in 2005 to 29%. The overall proportion of resistant isolates among heterosexuals was 3.8% in 2005, up from 2.9% in 2004. Fluoroquinolone-resistant isolates were identified in 25 of the 27 GISP clinics but prevalence was highest in Western sites.

Syphilis

The rate of primary and secondary (P&S) syphilis reported in the United States decreased during the 1990s and in 2000 was the lowest since reporting began in 1941. The low rate of syphilis and the concentration of the majority of syphilis cases in a small number of geographic areas led to the development of the National Plan to Eliminate Syphilis from the United States, which was announced by the Surgeon General in 1999 and revised in 2006. The rate of P&S syphilis in the United States declined by 89.7% from 1990 through 2000. However, the rate of P&S syphilis has increased each year since 2001, mostly among men, but also in women for the past year. In 2005, P&S syphilis cases reported to CDC increased to 8,724 from 7,980 in 2004, an increase of 9.3%. The rate in men increased 8.5% while that in women increased 12.5%. Cases of congenital syphilis continued to decline; 329 cases of congenital were reported in 2005, down from 371 in 2004.

Although wide disparities exist in the rates of STDs among racial and ethnic groups, there has been a reduction in these differences for syphilis over the past five years. The P&S syphilis rate for 2005 among African Americans was 5.4 times the rate among whites, reflecting a substantial decline from 1999, when the rate among African Americans was 29 times greater than that among whites (Table 32B). While this has reflected decreasing rates among African Americans, it also reflects significant increases among white men during the past five years. In 2005, increases were observed among both African-American men (15.7 cases per 100,000 population, up from 13.9 in 2004) and African-American women (4.4 cases per 100,000 population, up from 4.2 in 2004). An increase was also observed among white men (3.3 cases per 100,000 population), up from 3.1 in 2004, while the rate in white women remained the same (0.3 per 100,000 population).

While syphilis elimination efforts have successfully focused on heterosexual minority populations at risk for syphilis, recent increases in syphilis among MSM and smaller increases among women and African Americans highlight the importance of continually reassessing and refining surveillance, prevention, and control strategies.