

STD Trends in the United States: 2010 National Data for Gonorrhea, Chlamydia, and Syphilis

This document summarizes 2010 national data on gonorrhea, chlamydia, and syphilis that are published in CDC's report, Sexually Transmitted Disease Surveillance, 2010 (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 physician offices and health maintenance organizations.

19 million

STDs are one of the most critical health challenges facing the nation today. CDC estimates that there are 19 million new infections every year in the United States.

\$17 billion

STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences.

CDC's surveillance report includes data on the three STDs that physicians are required to report to local or state public health authorities—gonorrhea, chlamydia, and syphilis—which represent only a fraction of the true burden of STDs. Some common STDs, like human papillomavirus (HPV) and genital herpes, are not required to be reported.

The latest CDC data show troubling trends in three treatable STDs:

- **Gonorrhea:** While reported rates are at historically low levels, cases increased slightly from last year and more than 300,000 cases were reported in 2010. There are also signs from other CDC surveillance systems that the disease may become resistant to the only available treatment option.
- **Chlamydia:** Case reports have been increasing steadily over the past 20 years, and in 2010, 1.3 million chlamydia cases were reported. While the increase is due to expanded screening efforts, and not to an actual increase in the number of people with chlamydia, a majority of infections still go undiagnosed. Less than half of sexually active young women are screened annually as recommended by CDC.
- **Syphilis:** The overall syphilis rate decreased for the first time in a decade, and is down 1.6 percent since 2009. However, the rate among young black men has increased dramatically over the past five years (134 percent). Other CDC data also show a significant increase in syphilis among young black men who have sex with men (MSM), suggesting that new infections among MSM are driving the increase in young black men. The finding is particularly concerning as there has also been a sharp increase in HIV infections among this population.

For more detailed data on each disease, see pages 3 and 4 of this document.

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.

STDs in the United States: A Look Beyond the Data

STDs primarily affect young people, but the health consequences can last a lifetime

Young people represent 25 percent of the sexually experienced population in the United States, but account for nearly half of new STDs. The long-lasting health effects are particularly serious for young people:

- Untreated gonorrhea and chlamydia can silently steal a young woman's chance to have her own children later in life. Each year, untreated 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. Given the increase in both syphilis and HIV among young black gay and bisexual men, it is particularly urgent to diagnose and treat both diseases.

A range of factors place some populations at greater risk for STDs

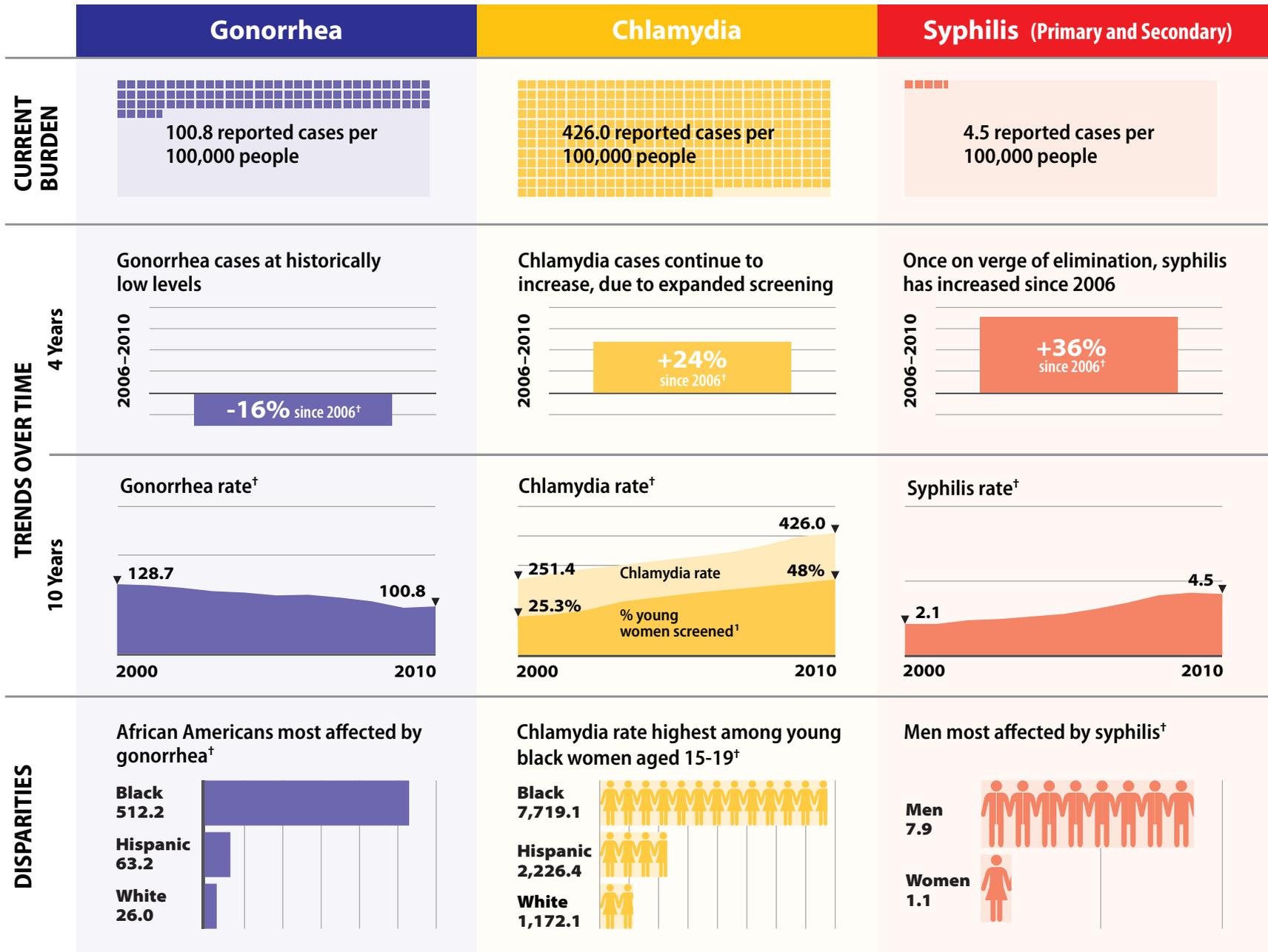
STDs affect people of all races, ages, and sexual orientations, though some individuals experience greater challenges in protecting their health. When individual risk behaviors are combined with barriers to quality health information and STD prevention services, the risk of infection increases. While everyone should have the opportunity to make choices that allow them to live healthy lives regardless of their income, education, or racial/ethnic background, the reality is that if an individual lacks resources or has difficult living conditions, the journey to health and wellness can be harder. Even with similar levels of individual risk, African Americans and Latinos sometimes face barriers that contribute to increased rates of STDs and are more affected by these diseases than whites.

CDC and Partners Working to Expand STD Prevention Efforts

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 multimedia campaign, CDC, MTV, and the Kaiser Family Foundation are raising STD awareness among young people.

- CDC assists health departments in local gonorrhea prevention efforts to best reach at-risk persons in areas where disease burden is greatest. CDC recently conducted a series of regional gonorrhea control discussions with STD program directors to help identify the most at-risk populations and develop action plans to reduce disparities.
- CDC supports the Infertility Prevention Project, which promotes chlamydia screening and treatment for low-income, sexually active women in family planning and STD clinics.
- 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.

Snapshot: Sexually Transmitted Diseases in the United States, 2010



[†]All rates are for reported cases per 100,000 people

Source: CDC, *Sexually Transmitted Disease Surveillance, 2010*. Available at www.cdc.gov/std/stats.

¹Screening 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

Gonorrhea	Chlamydia	Syphilis (Primary and Secondary)
<p>Current Burden</p> <ul style="list-style-type: none"> • Cases reported in 2010: 309,341 • Rate per 100,000 people: 100.8 	<ul style="list-style-type: none"> • Cases reported in 2010: 1,307,893 • Rate per 100,000 people: 426.0 	<p>Primary and secondary (P&S) syphilis, the most infectious stages of the disease:</p> <ul style="list-style-type: none"> • Cases reported in 2010: 13,774 • Rate per 100,000 people: 4.5
<p>Trends Over Time</p> <ul style="list-style-type: none"> • Reported gonorrhea rates have hit historically low levels in recent years—down 16% from four years ago—though cases are still far too common in the United States. • In addition, concerning patterns are emerging that could foreshadow potential treatment failures to the only available gonorrhea treatment option. For this reason, it is critical to increase gonorrhea screening and carefully monitor treatment outcomes. 	<ul style="list-style-type: none"> • Chlamydia diagnoses increased 5% over the past year and are up 27% from four years ago. • From 2000 to 2010, the chlamydia screening rate among young women nearly doubled (from 25% to 48%). • 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"> • For the first time in a decade, the number of new syphilis cases in the United States decreased in 2010, though it is too soon to tell if this is the start of a new trend. • Syphilis decreased 21% among women, but increased slightly—by 1.3%—among men in 2010.
<p>Disparities</p> <p>Many of the same social and economic factors that place African Americans and Latinos at risk for other diseases also fuel the spread of STDs in these communities. For example, people who don't have the means to see a doctor may not get an STD test or treatment until it's too late—and nearly one in five African Americans and one in three Latinos are uninsured. Other factors, such as greater STD prevalence in communities of color, can increase an individual's risk of infection, even with similar levels of risk behavior. Distrust of the medical system may also cause some African Americans to access health services less, and language barriers may affect quality of and access to care for some Latinos. These factors provide an important reminder that while everyone has a personal responsibility to protect their own health, it is also critical to address the root causes of these disparities.</p>		
<p>Overall, African Americans are most affected by gonorrhea. Young black women bear the heaviest burden, and young Hispanic men and women are also affected.</p> <ul style="list-style-type: none"> • Blacks accounted for 69% of all gonorrhea cases in 2010. • The gonorrhea rate among young black women aged 15-19 was 2,032.4 per 100,000; the rate among those aged 20-24 was 1,997.6 per 100,000. • Among Hispanics, young women and men aged 20-24 have the highest gonorrhea rates, which are higher than those among whites in the same age group (237.2 per 100,000 for Hispanic women v. 156.7 for white women; 191.4 per 100,000 for Hispanic men v. 78.2 for white men). 	<p>Chlamydia disproportionately affects African Americans, and young black women are especially hard hit. Young Hispanic men and women are most affected among Hispanics.</p> <ul style="list-style-type: none"> • The infection rate among blacks was nine times higher than whites and three times higher than Hispanics (1,383.0 per 100,000 for blacks v. 156.1 for whites and 467.9 for Hispanics). • The chlamydia rate among young black women aged 15-19 was 7,719.1 per 100,000. • Among Hispanics, young women and men aged 20-24 have the highest chlamydia rates, which are twice as high as those among whites in the same age group (2,714.4 per 100,000 Hispanic women v. 1,357.9 for white women; 833.0 per 100,000 Hispanic men v. 415.4 for white men). 	<p>Men who have sex with men and African Americans are most affected by P&S syphilis.</p> <ul style="list-style-type: none"> • MSM accounted for two thirds (67%) of all P&S syphilis cases in 2010. • Blacks made up nearly half of all cases (48%) in 2010. • P&S syphilis cases among young black men aged 20-24 have increased significantly from four years ago. Other CDC data show syphilis increased dramatically among young black MSM during a similar time period, indicating that the increase among young black men is likely driven by MSM.
<p>CDC Recommendations</p> <p>CDC recommends yearly gonorrhea screening for at-risk sexually active women (e.g., those with new or multiple sex partners, and women who live in communities with a high burden of disease).</p>	<p>CDC recommends annual chlamydia screening for young women aged 25 and under, as well as older women with risk factors such as new or multiple sex partners.</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). MSM who have multiple or anonymous partners should be screened more frequently (i.e., at 3 to 6 month intervals).</p>