This fact sheet summarizes 2012 data on chlamydia, gonorrhea, and syphilis published in CDC’s annual report, *Sexually Transmitted Disease Surveillance, 2012* (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 which indicate that the majority of cases are reported in non-STD clinic settings, such as private physician offices and health maintenance organizations.

Many cases of chlamydia, gonorrhea, and syphilis continue to go undiagnosed and unreported, and data on several additional STDs — such as human papillomavirus, herpes simplex virus, and trichomoniasis — are not routinely reported to CDC. As a result, the annual surveillance report captures only a fraction of the true burden of STDs in America. However, it provides important insights into the scope and trends in STD diagnoses in the country.

**STDs Inflict Significant Human and Economic Costs**

STDs are a significant health challenge facing the United States. CDC estimates that nearly 20 million new sexually transmitted infections occur every year in this country, half among young people ages 15–24. Each of these infections is a potential threat to an individual’s immediate and long-term health and well-being. In addition to increasing a person’s risk for HIV infection, STDs can lead to severe reproductive health complications, such as infertility and ectopic pregnancy.

STDs are also a serious drain on the U.S. health care system, costing the nation almost $16 billion in health care costs every year.

### Snapshot: STDs in the United States, 2012

**Chlamydia**
- Cases reported in 2012: 1,422,976
- Rate per 100,000 people: 456.7; overall stable (increase of 0.7%) since 2011

**Gonorrhea**
- Cases reported in 2012: 334,826
- Rate per 100,000 people: 107.5; 4.1% increase since 2011

**Syphilis (primary and secondary)**
- Cases reported in 2012: 15,667
- Rate per 100,000 people: 5.0; 11.1% increase since 2011
  - The rate increase was solely among men, particularly gay and bisexual men

**Syphilis (congenital)**
- Cases reported in 2012: 322
- Rate per 100,000 live births: 7.8; 10% decrease since 2011
Some Groups Bear a Disproportionate Burden of STDs

While anyone can become infected with an STD, certain groups, including gay and bisexual men and young people, are at greatest risk.

Troubling rise in syphilis infections among gay, bisexual, and other men who have sex with men (MSM)

Trend data show that men who have sex with men (MSM)* account for three quarters (75 percent) of all primary and secondary syphilis cases. Primary and secondary syphilis are the most infectious stages of the disease, and if not adequately treated, can lead to visual impairment and stroke. Syphilis infection can also place a person at increased risk for acquiring or transmitting HIV infection. Surveillance data from several major cities throughout the country indicate that an average of four in 10 MSM with syphilis are also infected with HIV.

Range of factors leads to disparities

Although a number of individual risk behaviors (such as higher numbers of lifetime sex partners or unprotected sex) contribute to disparities in the sexual health of MSM, other social and cultural factors may also play a role. For example, MSM with lower economic status may have limited access to health care and therefore may be particularly vulnerable to poorer health outcomes compared to other men. Complex issues like homophobia and stigma can also make it difficult for gay and bisexual men to seek appropriate care and treatment.

Gonorrhea and chlamydia primarily affect young people

Surveillance data continues to show that numbers and rates of reported chlamydia and gonorrhea cases are highest in Americans between the ages of 15 and 24.

Most Reported Chlamydia and Gonorrhea Infections Occur among 15-24-Year-Olds

Both young men and young women are heavily affected by STDs — but young women face the most serious long-term health consequences. It is estimated that undiagnosed STDs cause 24,000 women to become infertile each year.

* The term men who have sex with men is used in CDC surveillance systems because it indicates the behaviors that transmit infection, rather than how individuals self-identify in terms of their sexuality.

Percentages may not add to 100 because ages were unknown for a small number of cases.
CDC Screening Recommendations

- Annual chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.
- 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).
- Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, to protect the health of mothers and their infants.
- Screening at least once a year for syphilis, chlamydia, gonorrhea, and HIV for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

Source: CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59(No. RR-12).

If you are a member of the news media, please visit www.cdc.gov/nchhstp/Newsroom or contact the News Media Line at CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 404-639-8895 or NCHHSTPMediaTeam@cdc.gov.

Other information requests may be directed to the Division of STD Prevention (www.cdc.gov/std) or the CDC-INFO Contact Center: 1-800-CDC-INFO (1-800-232-4636).