This fact sheet summarizes 2013 data on chlamydia, gonorrhea, and syphilis published in CDC’s annual report, *Sexually Transmitted Disease Surveillance, 2013* (available at [www.cdc.gov/std/stats](http://www.cdc.gov/std/stats)). The data are based on state and local STD case reports from a variety of private and public sources. They 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, distribution, and trends in STD diagnoses in the country.

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, accounting for almost $16 billion in health care costs. 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 acquiring and transmitting HIV infection, STDs can lead to severe reproductive health complications, such as infertility and ectopic pregnancy.

### Snapshot: STDs in the United States, 2013

<table>
<thead>
<tr>
<th><strong>Chlamydia</strong></th>
<th><strong>Syphilis (primary and secondary)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases reported in 2013: 1,401,906</td>
<td>Cases reported in 2013: 17,375</td>
</tr>
<tr>
<td>Rate per 100,000 people: 446.6; decrease of 1.5% since 2012</td>
<td>Rate per 100,000 people: 5.5; 10.0% increase since 2012</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong></td>
<td><strong>Syphilis (congenital)</strong></td>
</tr>
<tr>
<td>Cases reported in 2013: 333,004</td>
<td>Cases reported in 2013: 348</td>
</tr>
<tr>
<td>Rate per 100,000 people: 106.1; overall stable (0.6% decrease) since 2012</td>
<td>Rate per 100,000 live births: 8.7; 4% increase since 2012</td>
</tr>
</tbody>
</table>

This national rate increase was only among men, particularly gay and bisexual men.
Some Groups Bear a Disproportionate Burden of STDs

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

Gonorrhea and chlamydia primarily affect young people

While surveillance data show signs of potential progress in reducing chlamydia and gonorrhea among young people aged 15–24, both the numbers and rates of reported cases of these two diseases continue to be highest in this group compared to other age groups.

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.

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases Reported</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>333,004</td>
<td>22% 34% 19% 16% 9%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1,401,906</td>
<td>28% 39% 17% 11% 4%</td>
</tr>
</tbody>
</table>

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

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 long-term infection which can cause visual impairment and stroke. Syphilis infection can also place a person at increased risk for acquiring or transmitting HIV infection. Available surveillance data indicate that an average of half of MSM with syphilis are also infected with HIV.

Disparities result from a range of factors

A number of individual risk behaviors (such as higher numbers of lifetime sex partners), as well as environmental, social and cultural factors (such as higher prevalence of STDs or difficulty accessing health care) contribute to disparities in the sexual health of MSM. For example, MSM with lower economic status may have trouble accessing and affording quality healthcare, making it difficult to receive STD testing and other prevention services. Additionally, complex issues like homophobia and stigma can also make it difficult for gay and bisexual men to find culturally-sensitive and appropriate care and treatment.

* 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.
STD Screening is Critical:

If you are sexually active, be sure to talk to your healthcare provider about STD testing and which tests may be right for you.

Women:
- If you are a sexually active woman younger than 25, or have risk factors such as new or multiple sex partners, you should request annual chlamydia and gonorrhea tests.
- If you are a pregnant woman, you should request syphilis, HIV, chlamydia, and hepatitis B tests early in your pregnancy. If you have new or multiple sex partners, you should also request gonorrhea testing early in pregnancy.

Gay, bisexual, or other men who have sex with men:
- If you are a sexually active man who is gay, bisexual, or has sex with men, you should request tests for syphilis, chlamydia, gonorrhea, and HIV at least once a year. More frequent STD testing is recommended for men at high risk.

Sources:
1. CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59(No. RR-12)
2. USPSTF Screening Recommendations