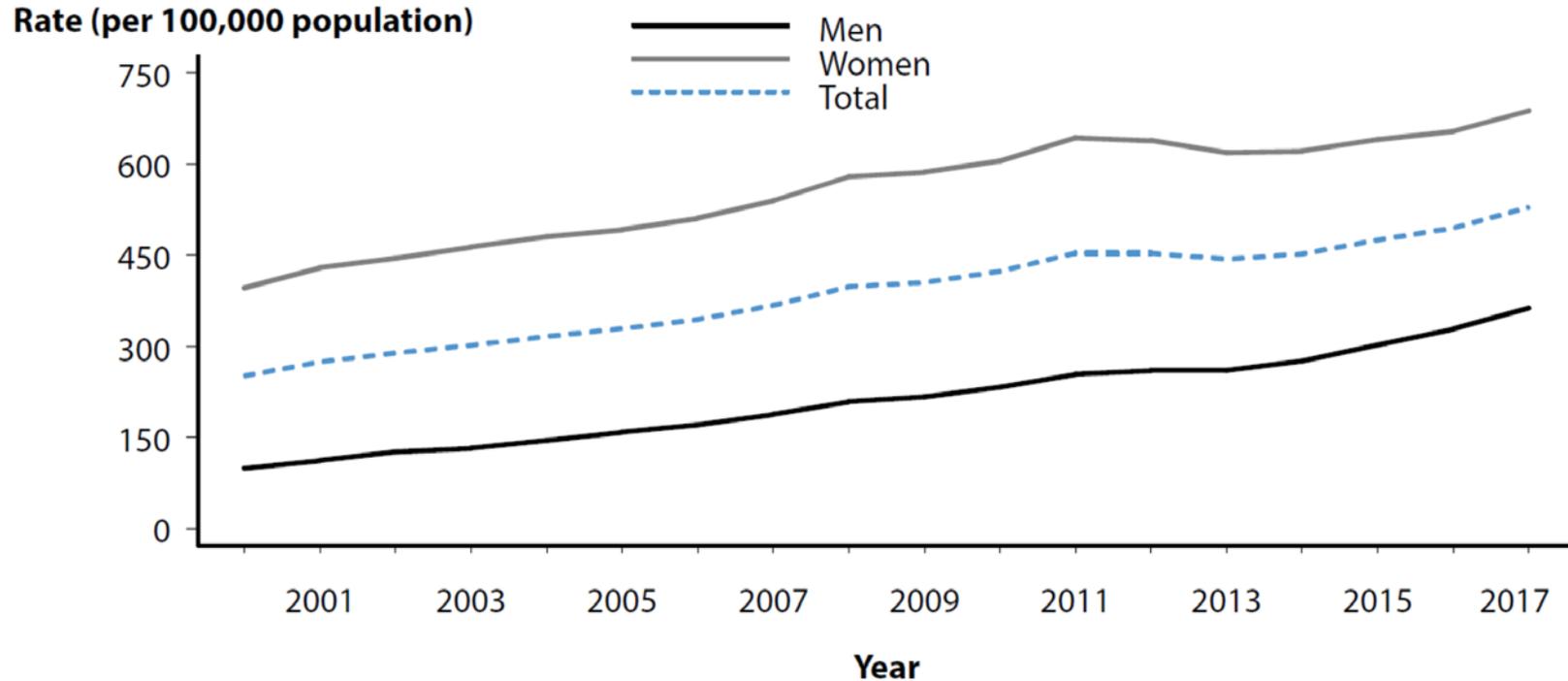




Sexually Transmitted Disease Surveillance 2017

Chlamydia

Chlamydia — Rates of Reported Cases by Sex, United States, 2000–2017

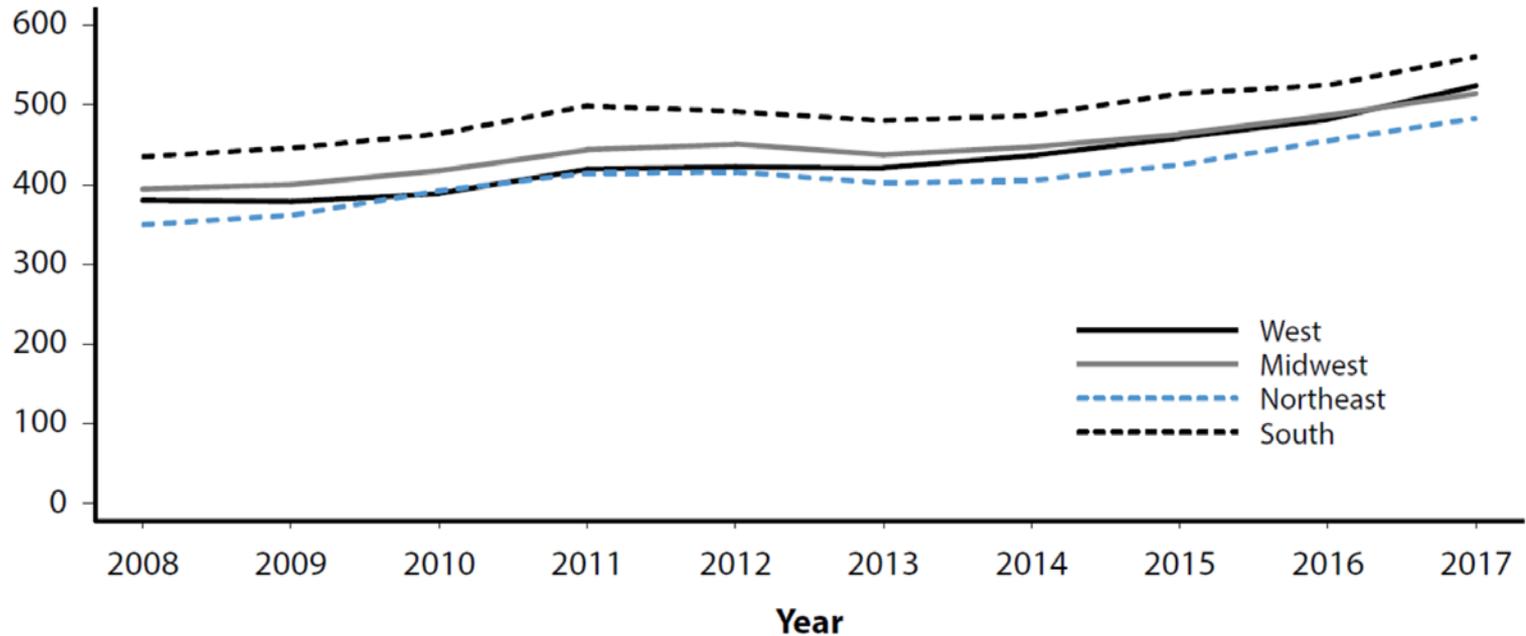


NOTE: Data collection for chlamydia began in 1984 and chlamydia was made nationally notifiable in 1995; however, chlamydia was not reportable in all 50 states and the District of Columbia until 2000. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: <https://www.cdc.gov/nndss/conditions/chlamydia-trachomatis-infection/>.

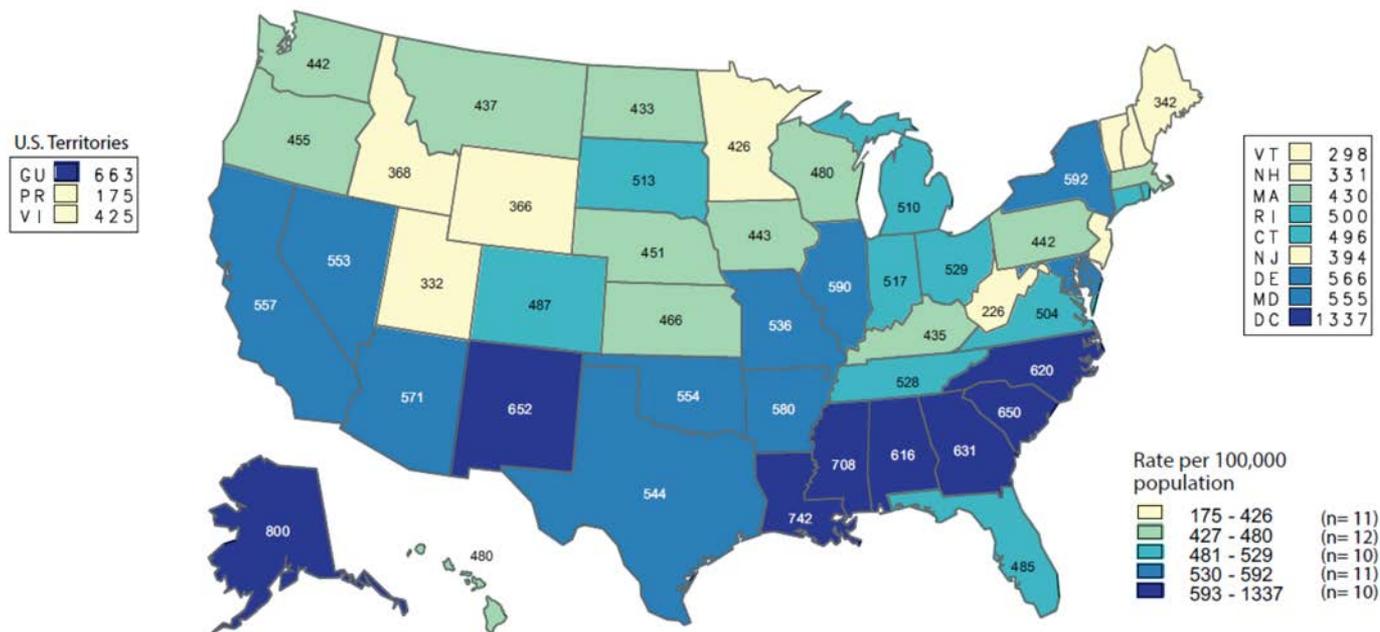


Chlamydia — Rates of Reported Cases by Region, United States, 2008–2017

Rate (per 100,000 population)



Chlamydia — Rates of Reported Cases by State, United States and Outlying Areas, 2017

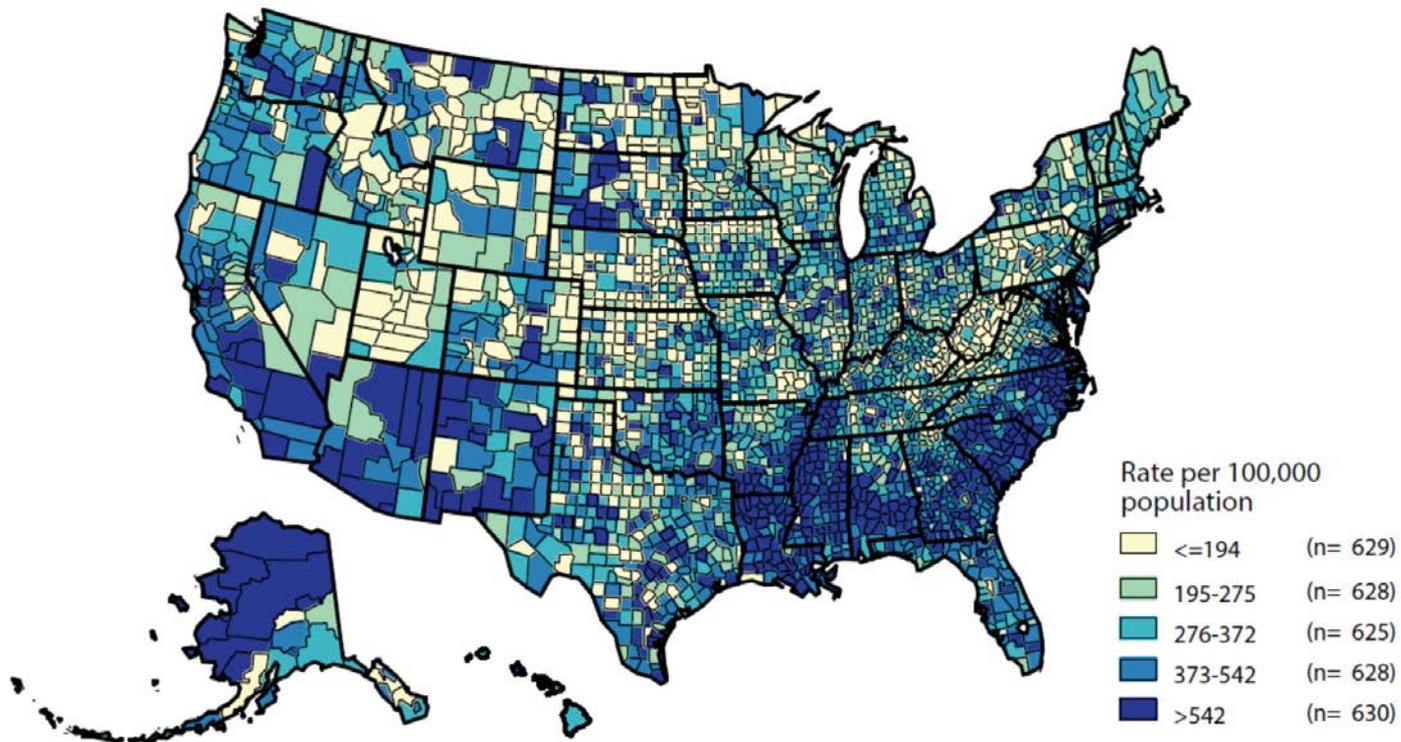


NOTE: The total rate of reported cases of chlamydia for the United States and outlying areas (including Guam, Puerto Rico, and the Virgin Islands) was 525.1 per 100,000 population. See Section A1.11 in the Appendix for more information on interpreting reported rates in the outlying areas.

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.

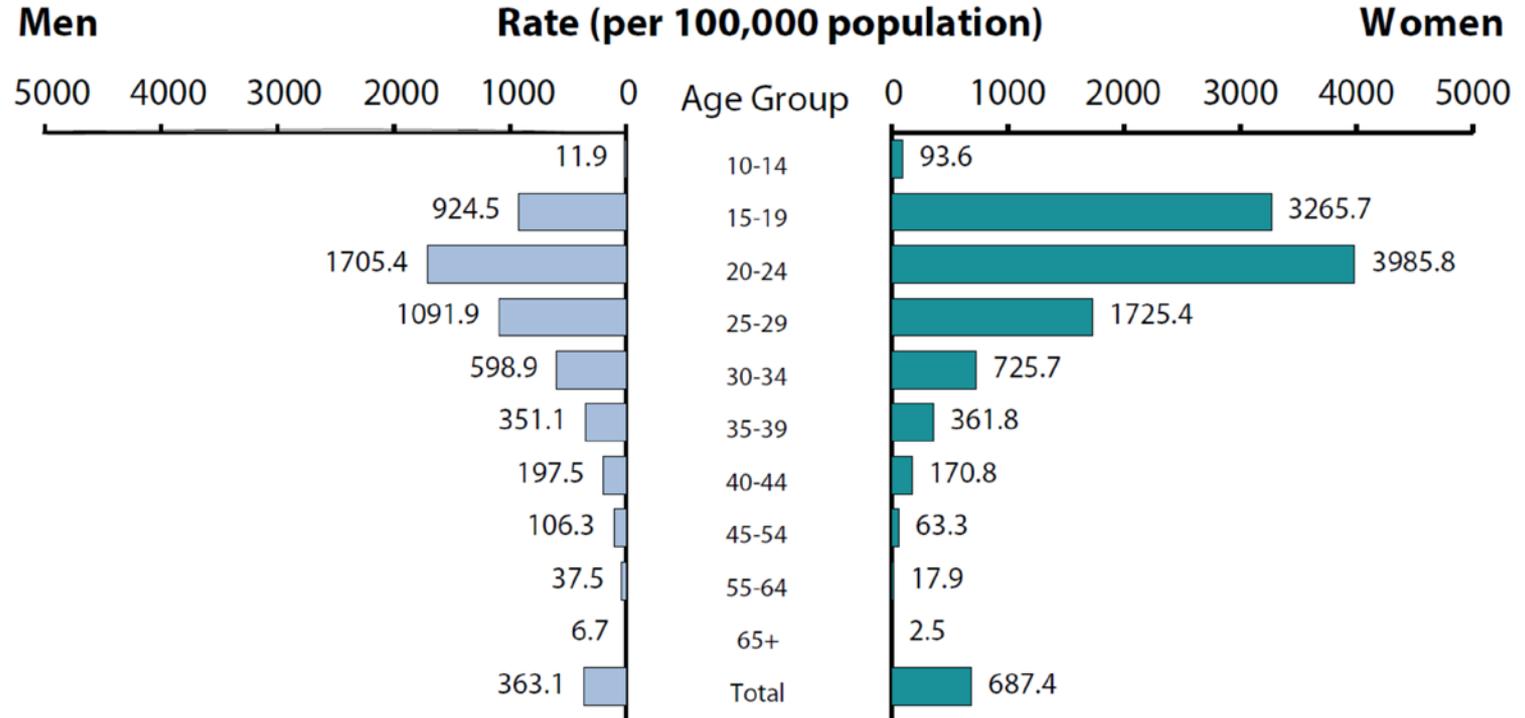


Chlamydia — Rates of Reported Cases by County, United States, 2017

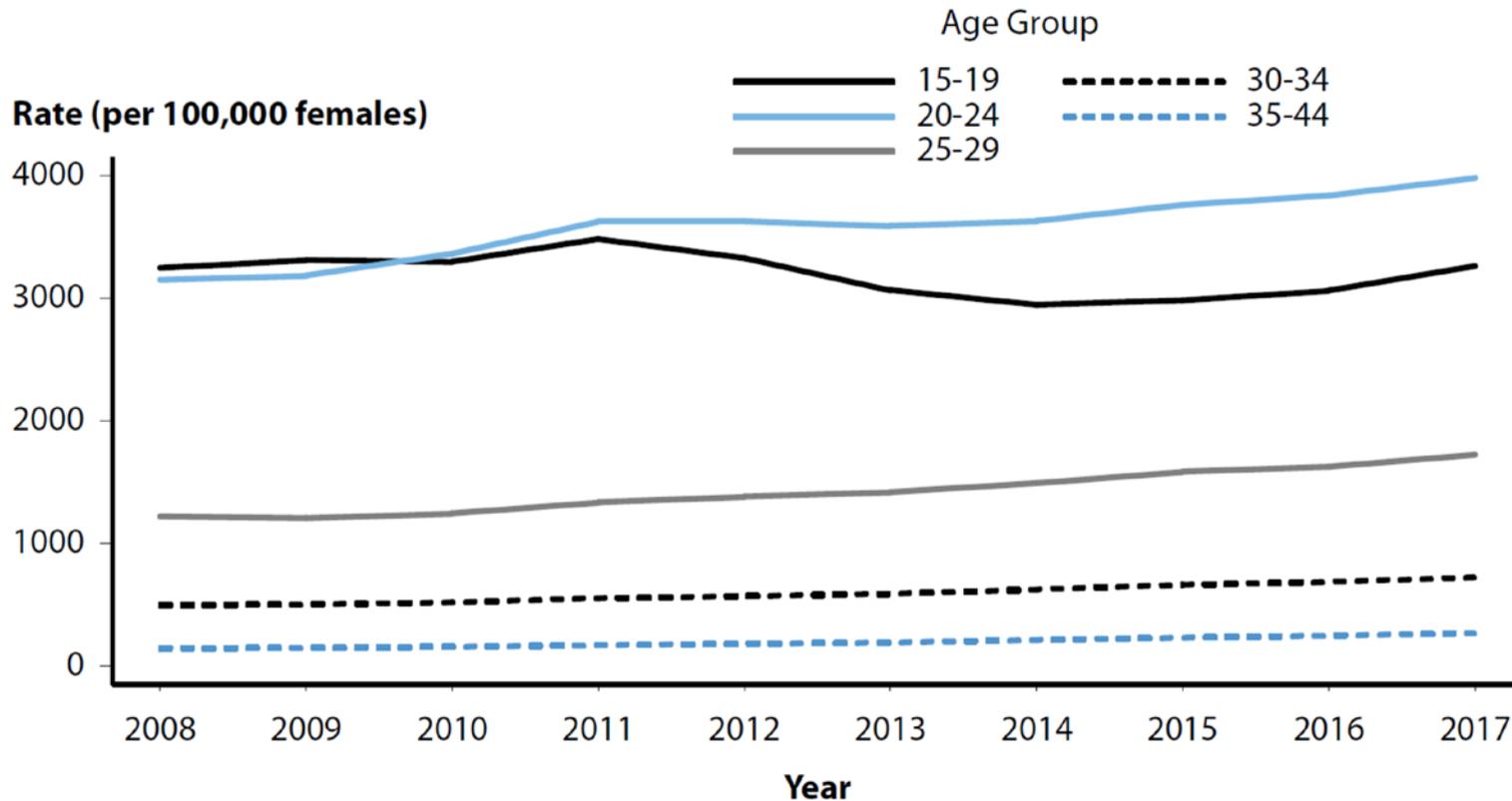


NOTE: Refer to the NCHHSTP AtlasPlus for further county-level rate information: <https://www.cdc.gov/nchhstp/atlas>.

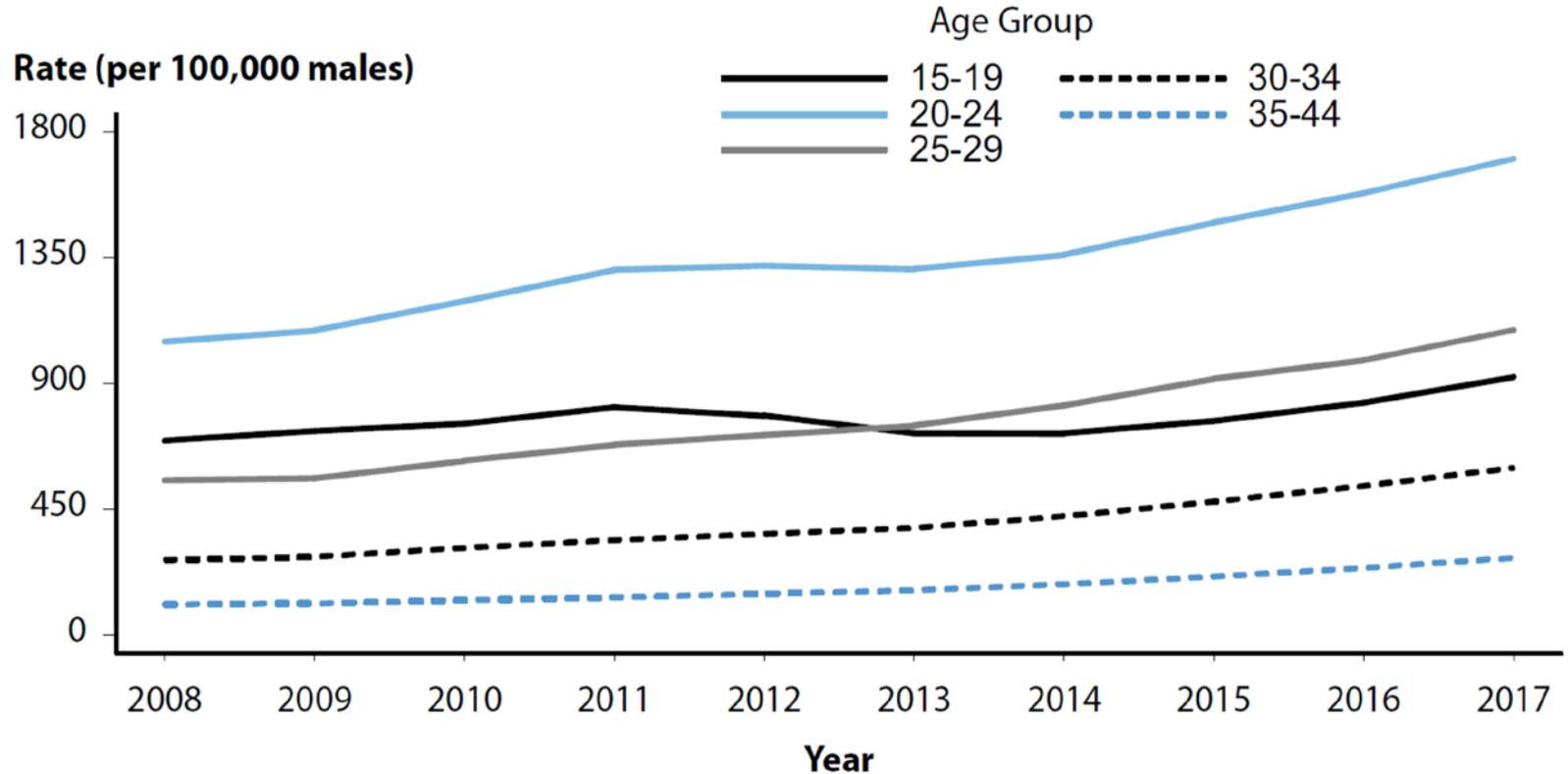
Chlamydia — Rates of Reported Cases by Age Group and Sex, United States, 2017



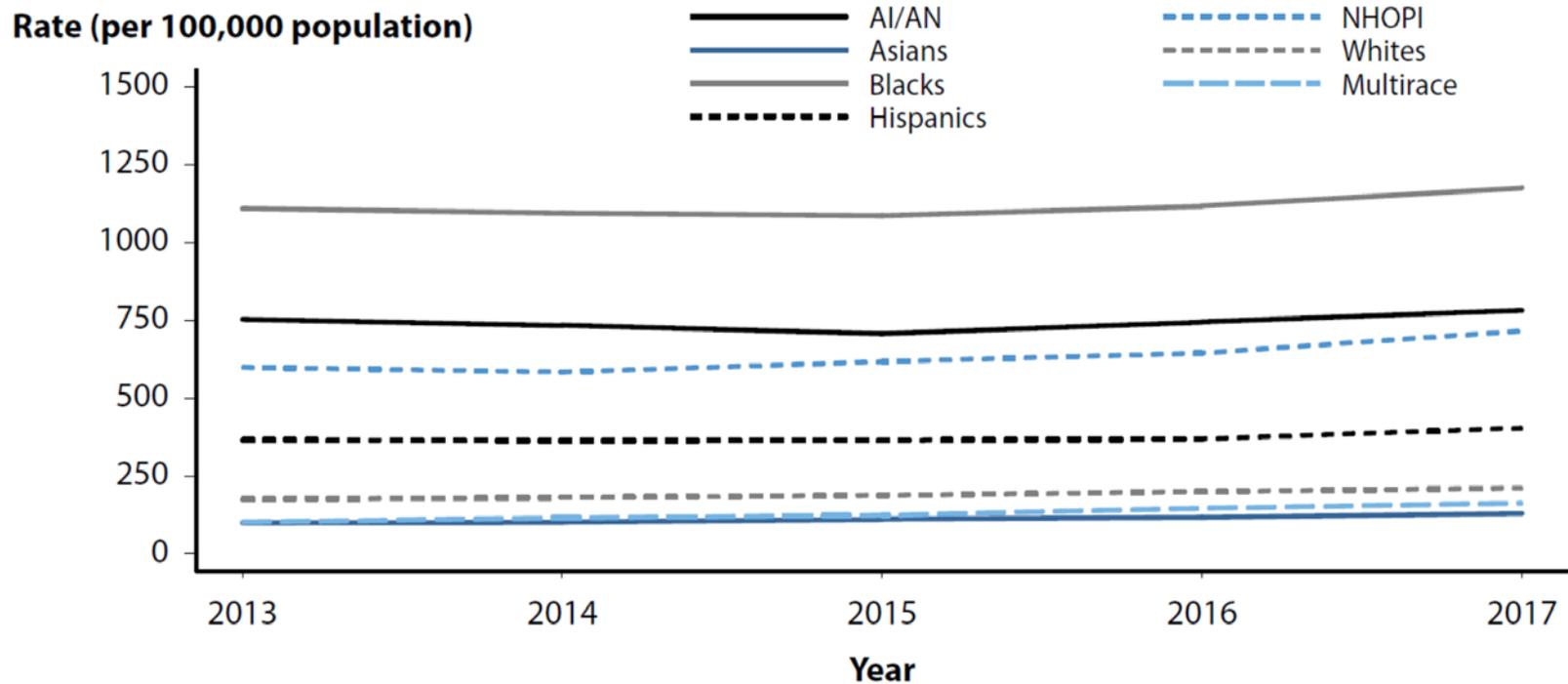
Chlamydia — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group, United States, 2008–2017



Chlamydia — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group, United States, 2008–2017



Chlamydia — Rates of Reported Cases by Race and Hispanic Ethnicity, United States, 2013–2017



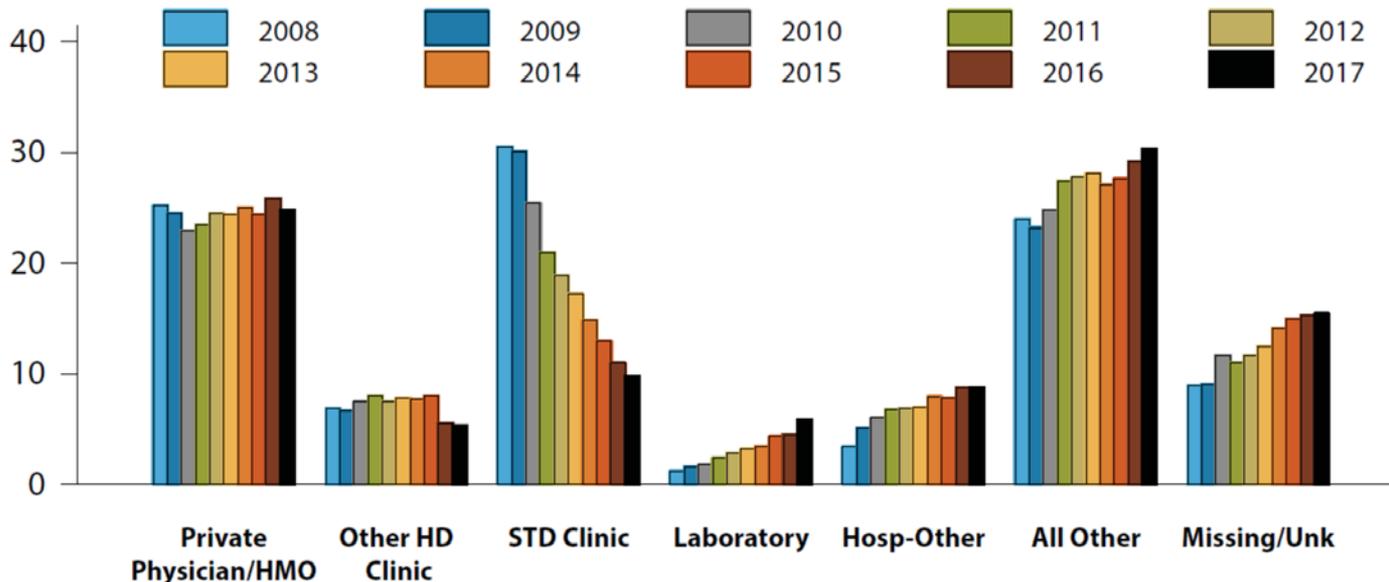
NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Chlamydia — Percentage of Reported Cases Among Men by Reporting Source*, United States, 2008–2017

Percentage



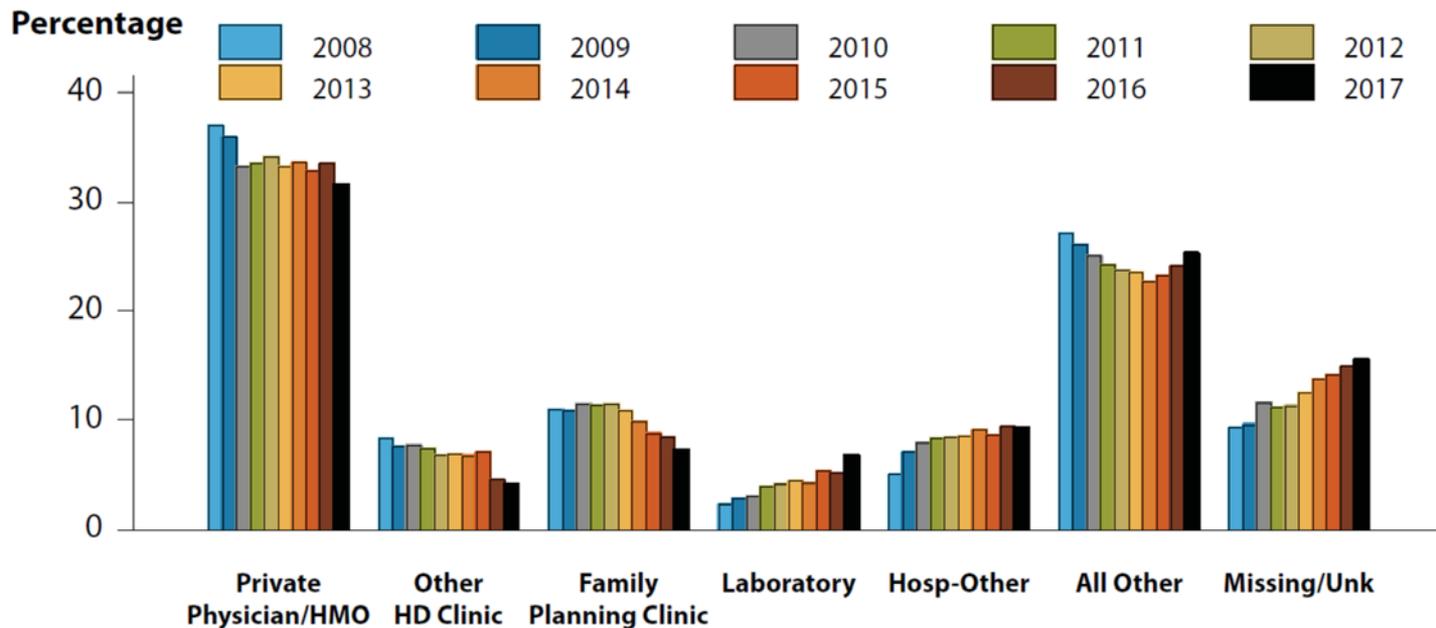
* Includes the top five reporting sources for chlamydia cases reported among men, plus those with reporting sources categorized as “All Other” and “Missing/Unknown”.

NOTE: All Other includes: Family Planning, Drug Treatment, Tuberculosis Clinic, Correctional Facility, Blood Bank, Labor and Delivery, Prenatal Care, National Job Training Program, School-based Clinic, Mental Health Provider, Indian Health Service, Military, Emergency Room, HIV Counseling and Testing Site, and Other.

ACRONYMS: HMO = health maintenance organization; HD = health department.



Chlamydia — Percentage of Reported Cases Among Women by Reporting Source*, United States, 2008–2017



* Includes the top five reporting sources for chlamydia cases reported among women, plus those with reporting sources categorized as “All Other” and “Missing/Unknown”.

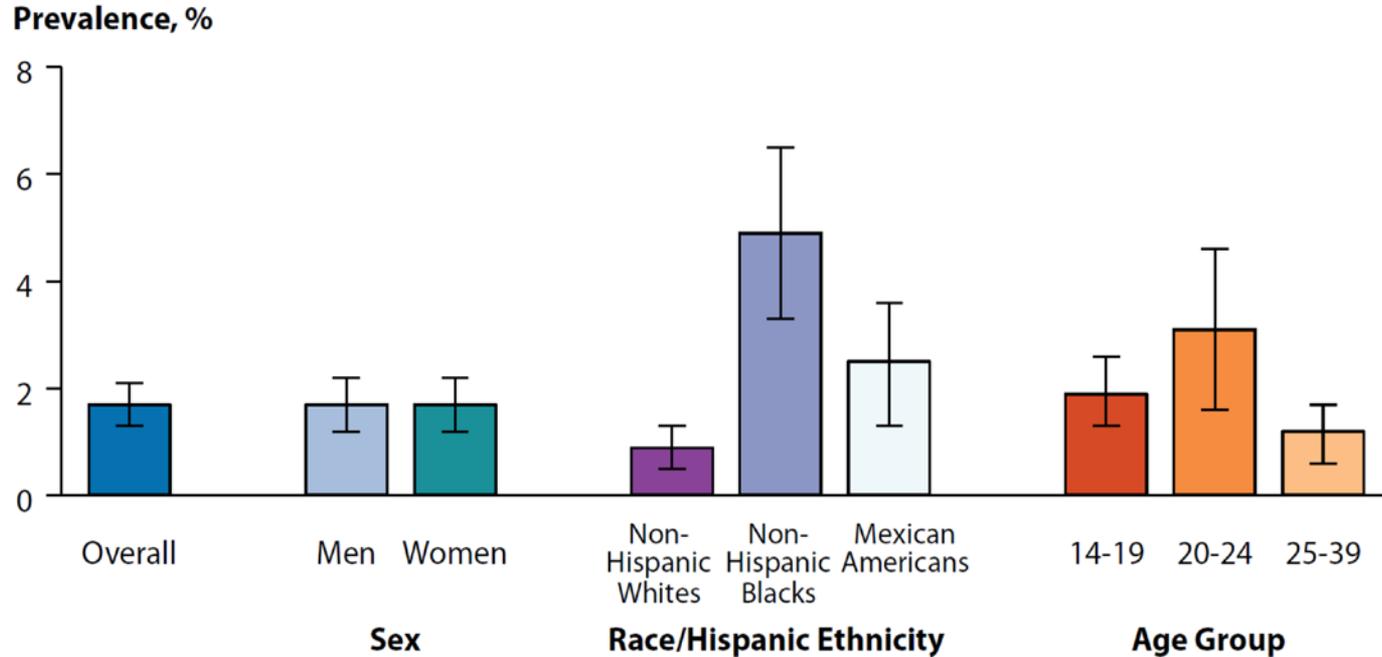
NOTE: All Other includes: Drug Treatment, Tuberculosis Clinic, Correctional Facility, Blood Bank, Labor and Delivery, Prenatal Care, National Job Training Program, School-based Clinic, Mental Health Provider, Indian Health Service, Military, Emergency Room, STD Clinic, HIV Counseling and Testing Site, and Other.

ACRONYMS: HMO = health maintenance organization; HD = health department.





Chlamydia — National Estimates of Prevalence Among Persons Aged 14–39 Years by Sex, Race, Hispanic Ethnicity, or Age Group, National Health and Nutrition Examination Survey (NHANES), 2013–2016



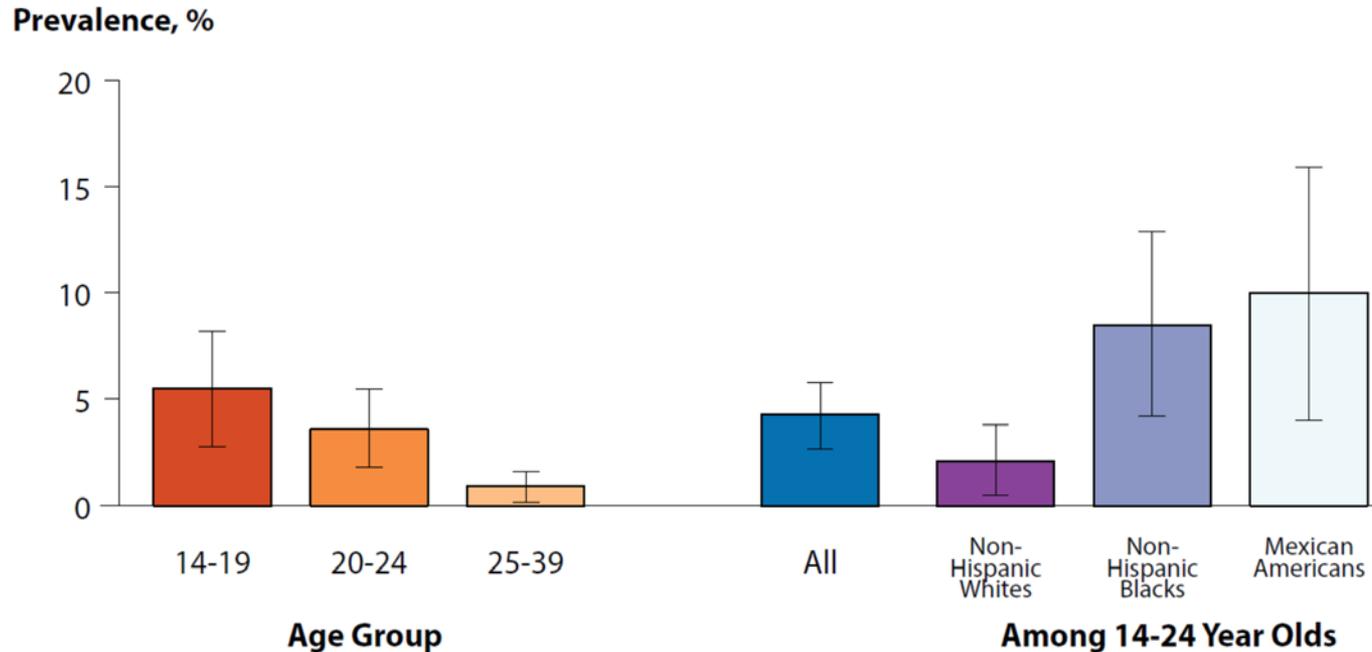
NOTE: Error bars indicate 95% confidence intervals. Overall prevalence estimates include all race and Hispanic ethnicity groups, including those not shown separately.

ADAPTED FROM: Torrone E, Papp J, Weinstock H. Prevalence of *Chlamydia trachomatis* genital infection among persons aged 14–39 years — United States, 2007–2012. *MMWR Morb Mortal Wkly Rep* 2014; 63(38):834–838.





Chlamydia — National Estimates of Prevalence Among Sexually-Active Women Aged 14–39 Years by Race, Hispanic Ethnicity, and Age Group, National Health and Nutrition Examination Survey (NHANES), 2013–2016



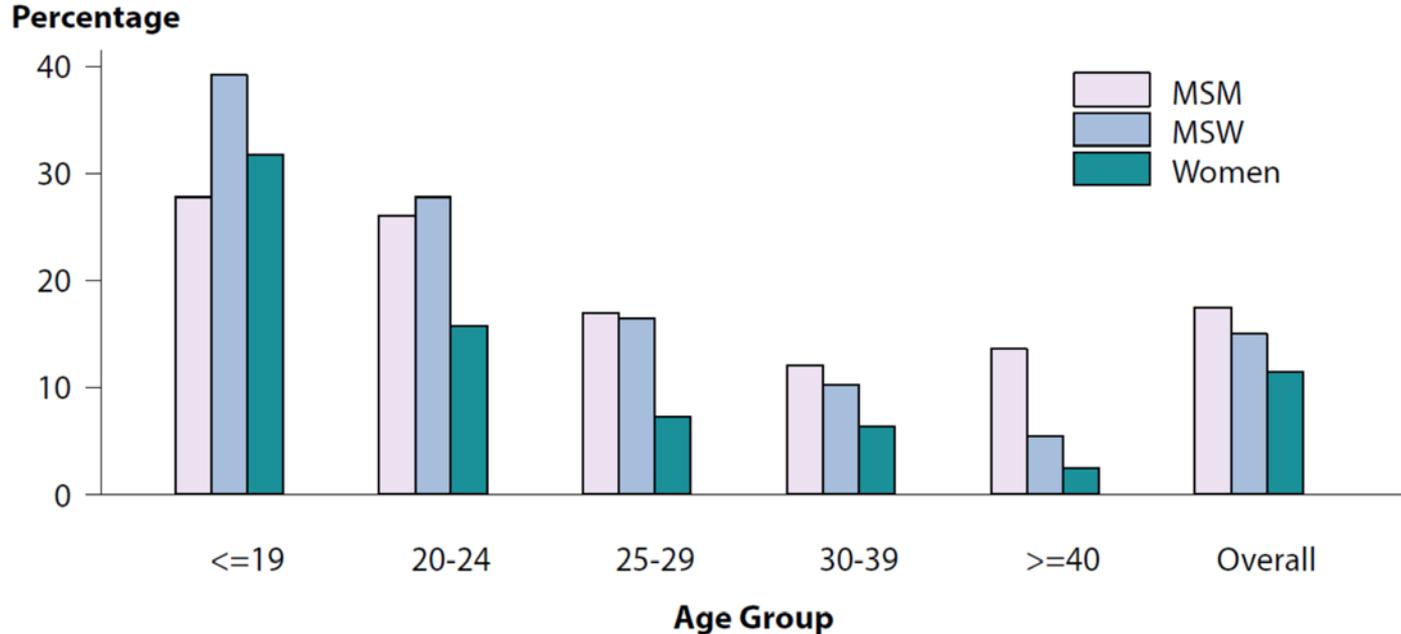
NOTE: Error bars indicate 95% confidence intervals. Overall prevalence estimates include all race and Hispanic ethnicity groups, including those not shown separately.

ADAPTED FROM: Torrone E, Papp J, Weinstock H. Prevalence of *Chlamydia trachomatis* genital infection among persons aged 14–39 years — United States, 2007–2012. MMWR Morb Mortal Wkly Rep 2014; 63(38):834–838.





Chlamydia — Proportion* of STD Clinic Patients Testing Positive† by Age Group, Sex, and Sexual Behavior, STD Surveillance Network (SSuN), 2017



* Proportions represent the overall average of the mean value by jurisdiction.

† Results are based on unique patients with known sexual behavior (n=95,167) attending SSuN STD clinics who were tested ≥ 1 times for chlamydia in 2017.

NOTE: See Section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



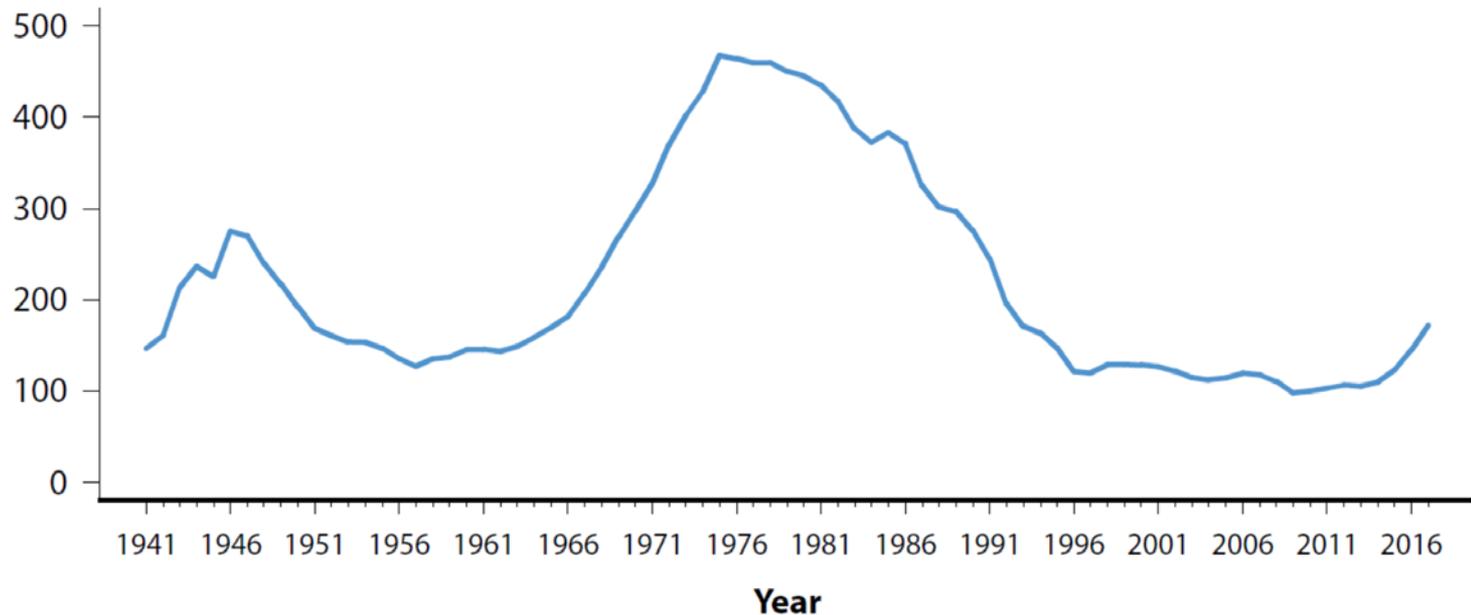


Sexually Transmitted Disease Surveillance 2017

Gonorrhea

Gonorrhea — Rates of Reported Cases by Year, United States, 1941–2017

Rate (per 100,000 population)

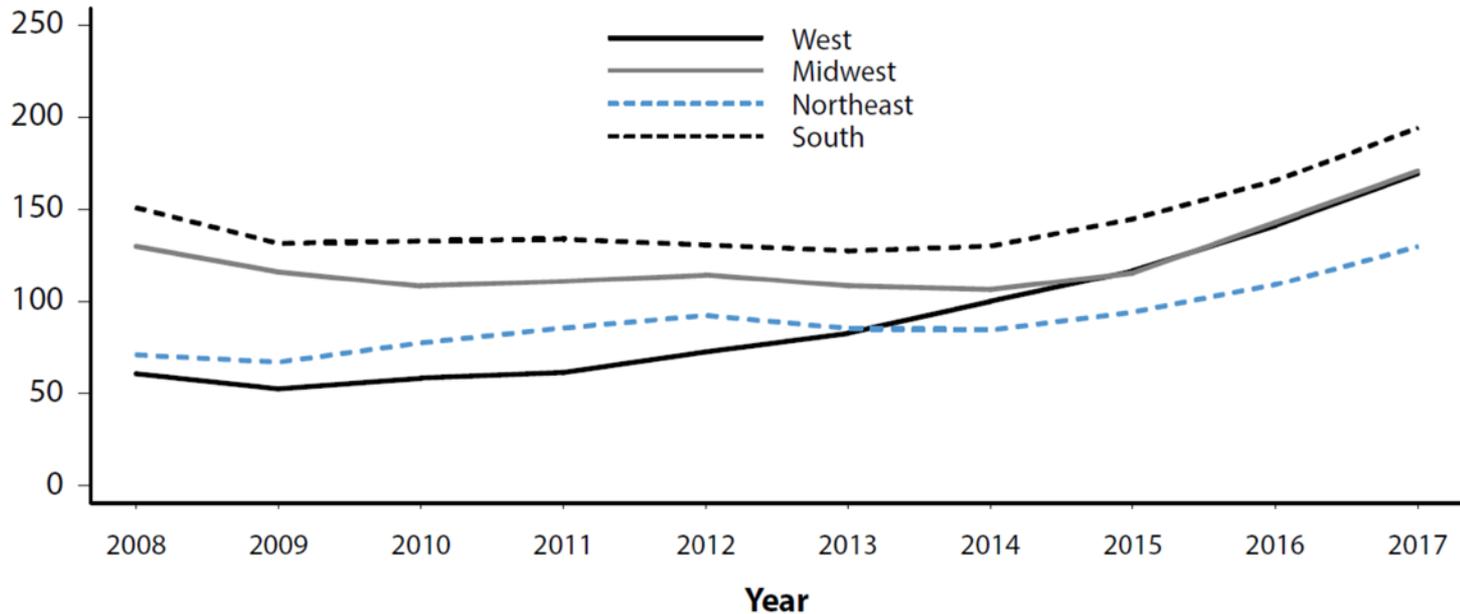


NOTE: Data collection for gonorrhea began in 1941; however, gonorrhea became nationally notifiable in 1944. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: <https://www.cdc.gov/nndss/conditions/gonorrhea/>

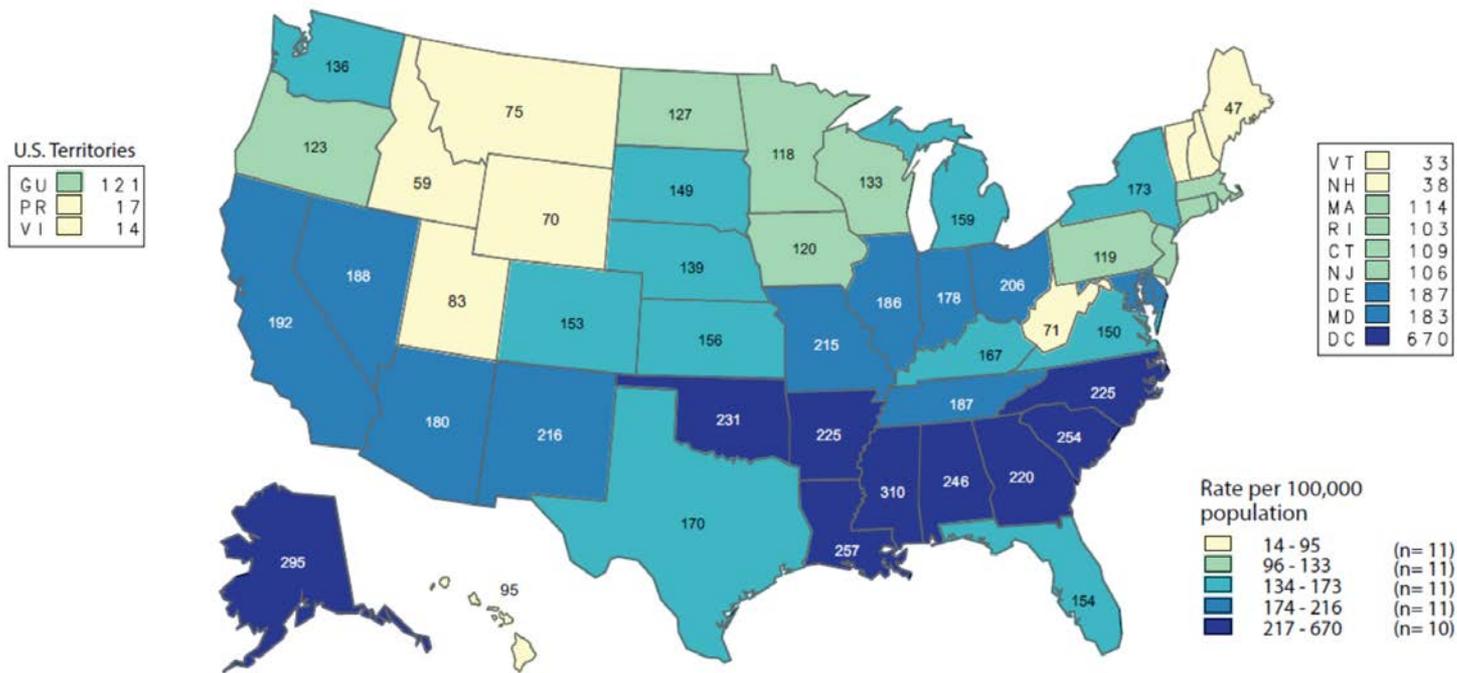


Gonorrhea — Rates of Reported Cases by Region, United States, 2008–2017

Rate (per 100,000 population)



Gonorrhea — Rates of Reported Cases by State, United States and Outlying Areas, 2017

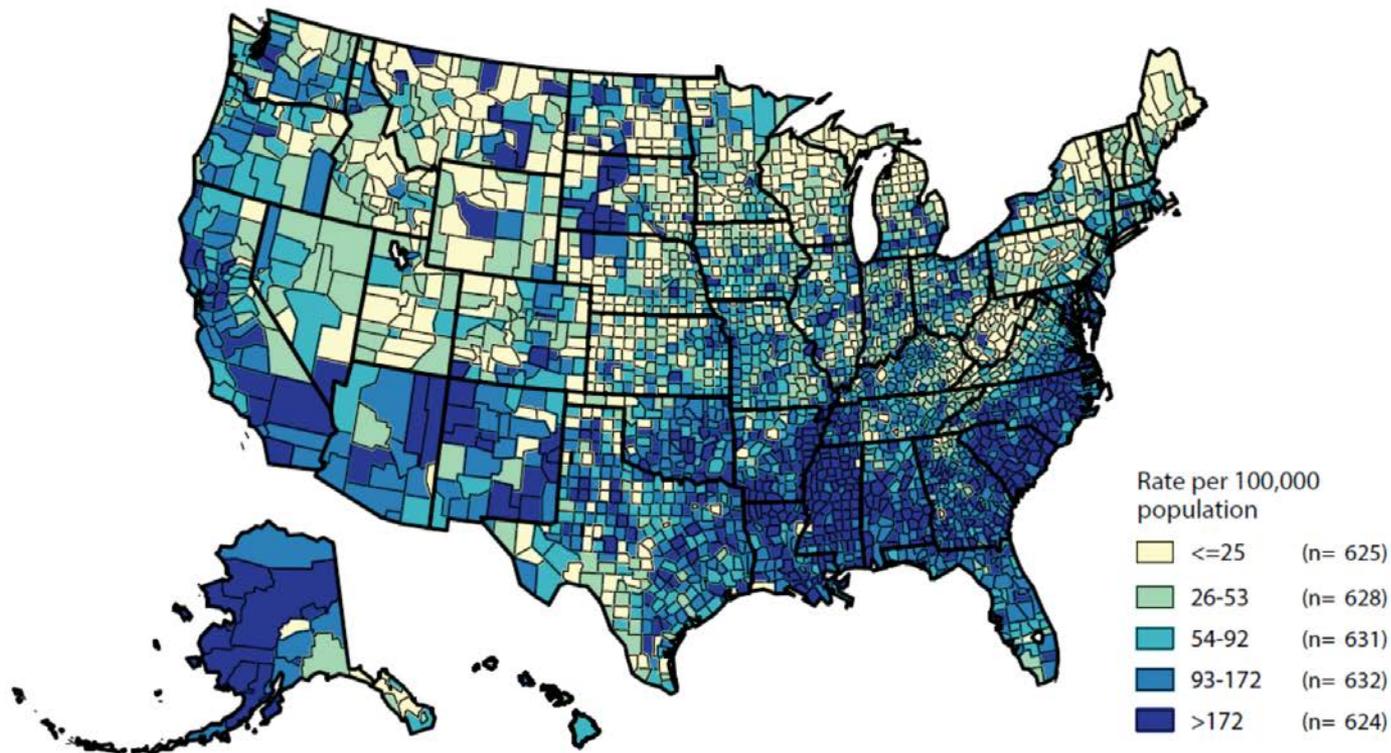


NOTE: The total rate of reported cases of gonorrhea for the United States and outlying areas (including Guam, Puerto Rico, and the Virgin Islands) was 170.3 per 100,000 population. See Section A1.11 in the Appendix for more information on interpreting reported rates in the outlying areas.

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



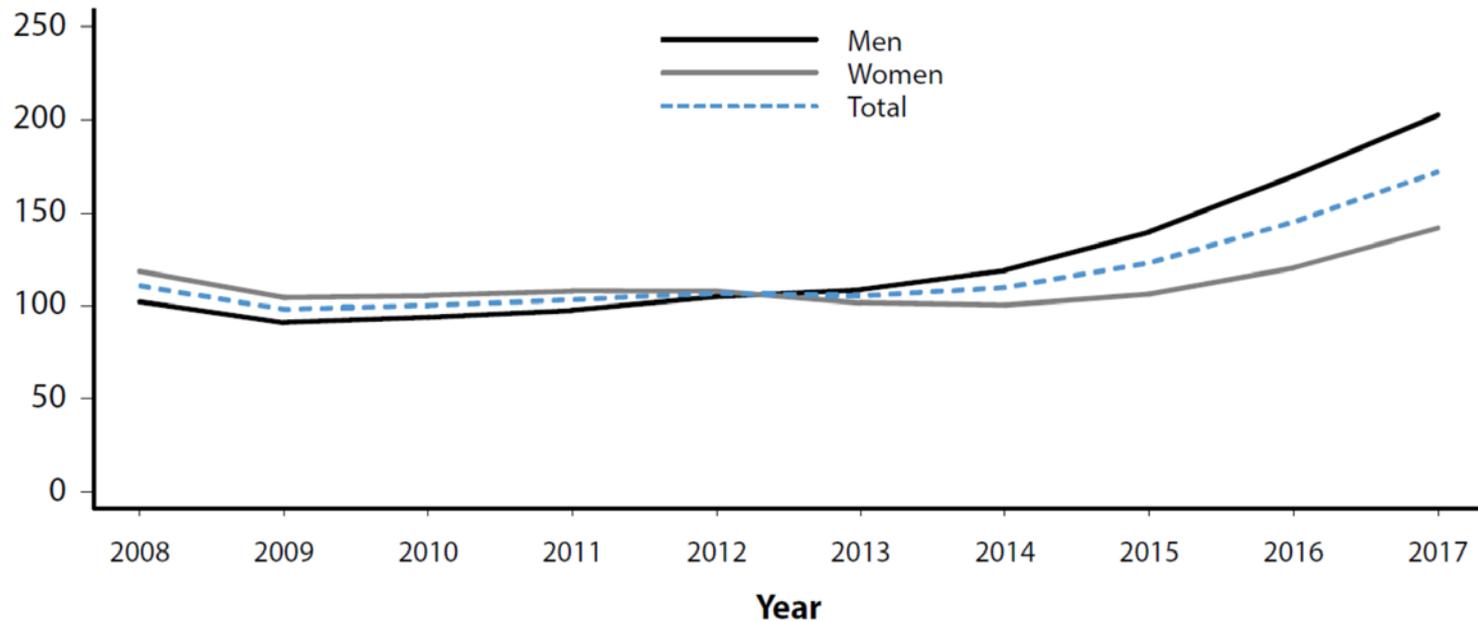
Gonorrhea — Rates of Reported Cases by County, United States, 2017



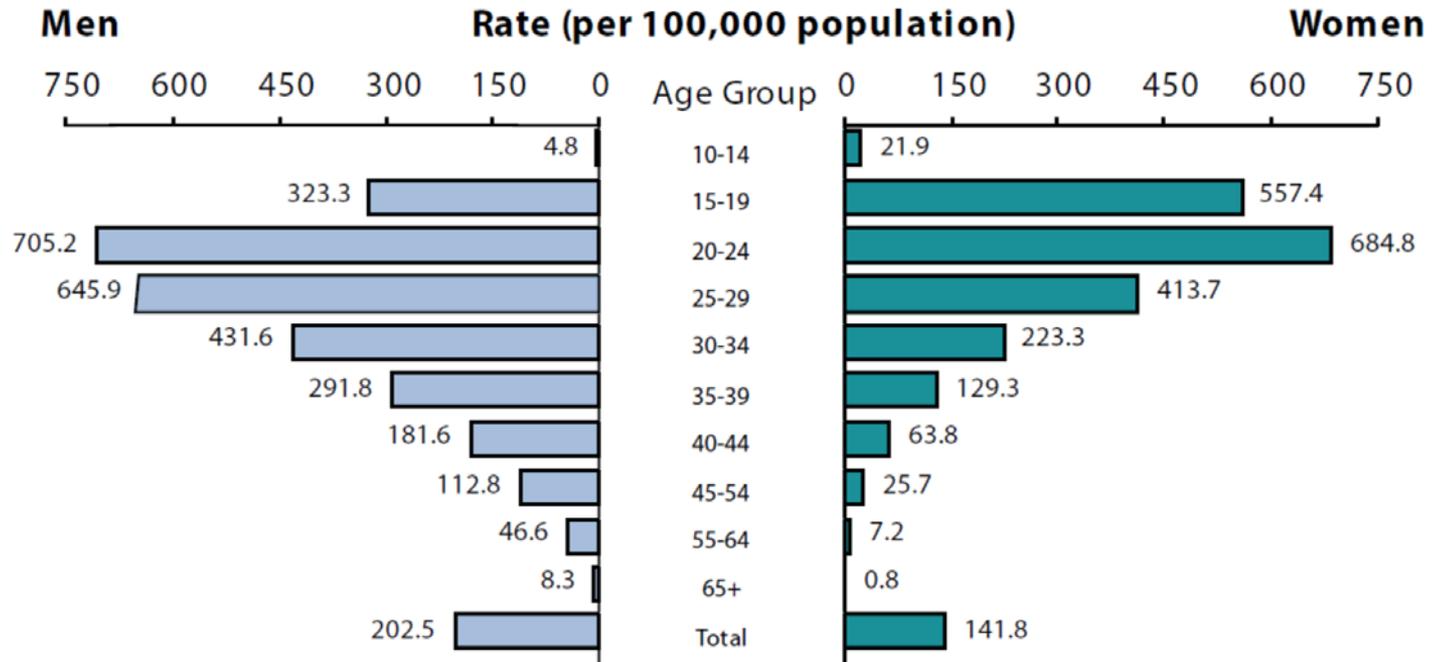
NOTE: Refer to the NCHHSTP AtlasPlus for further county-level rate information: <https://www.cdc.gov/nchhstp/atlas/>.

Gonorrhea — Rates of Reported Cases by Sex, United States, 2008–2017

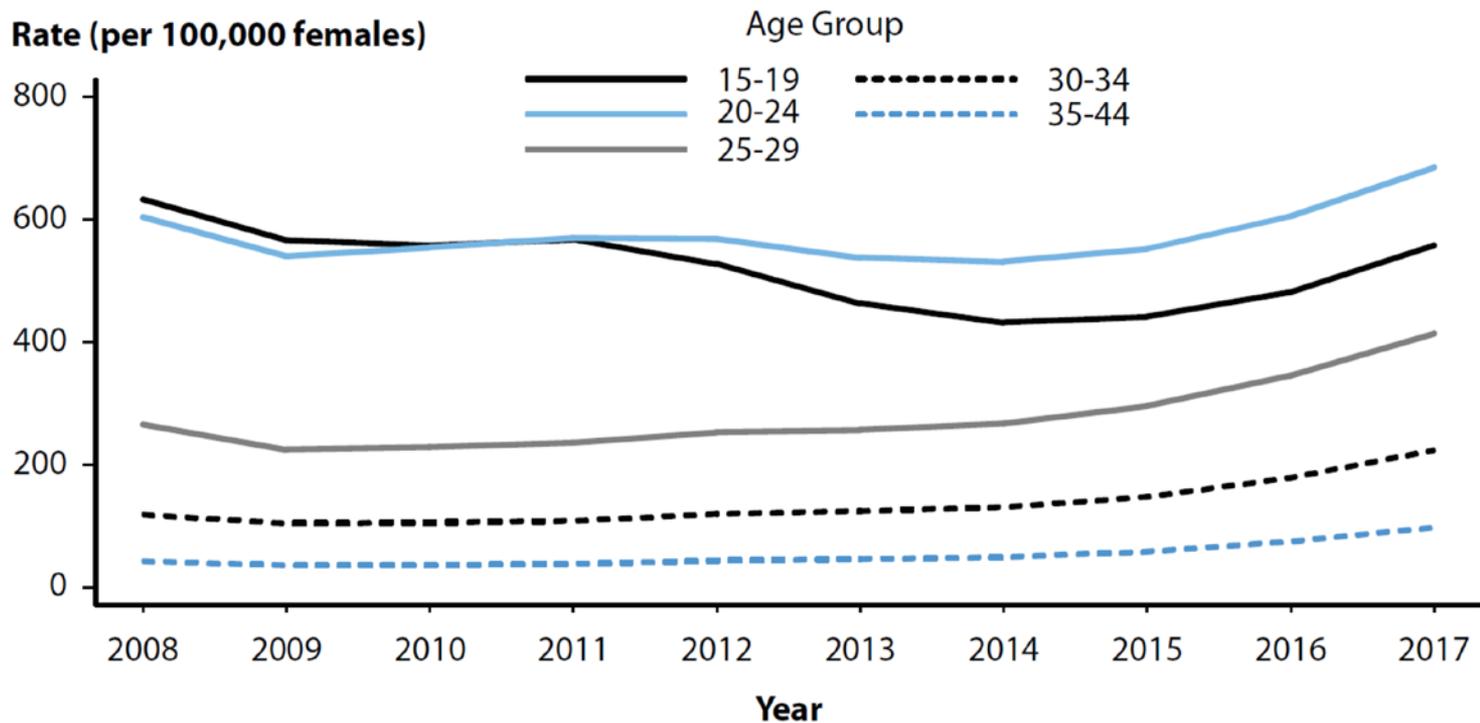
Rate (per 100,000 population)



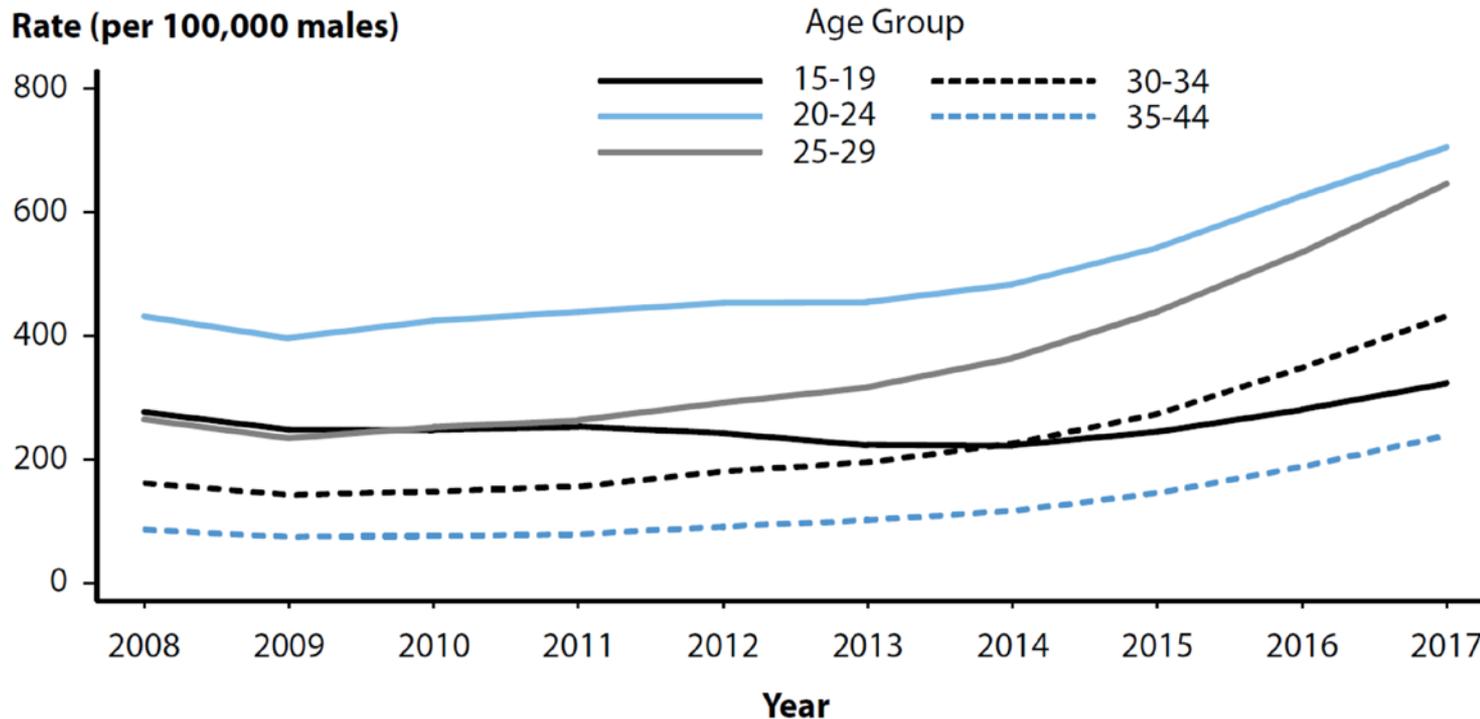
Gonorrhea — Rates of Reported Cases by Age Group and Sex, United States, 2017



Gonorrhea — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group, United States, 2008–2017

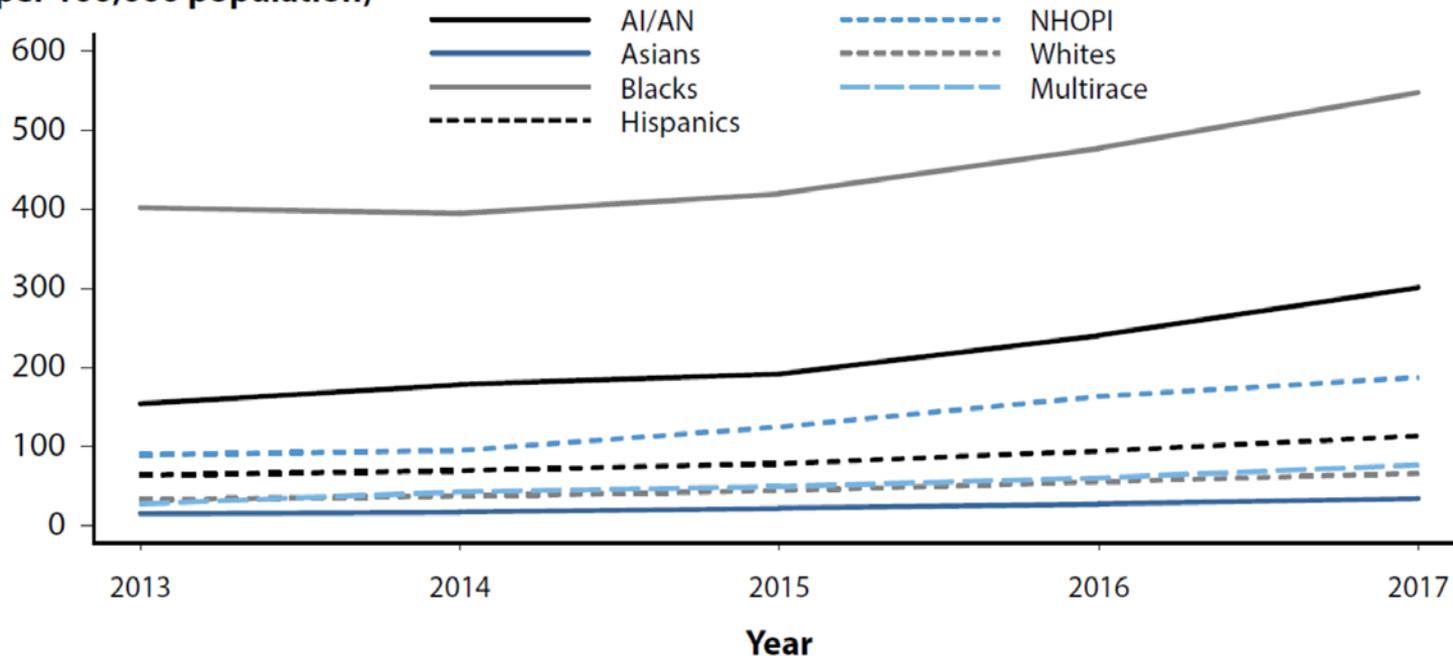


Gonorrhea — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group, United States, 2008–2016



Gonorrhea — Rates of Reported Cases by Race and Hispanic Ethnicity, United States, 2013–2017

Rate (per 100,000 population)



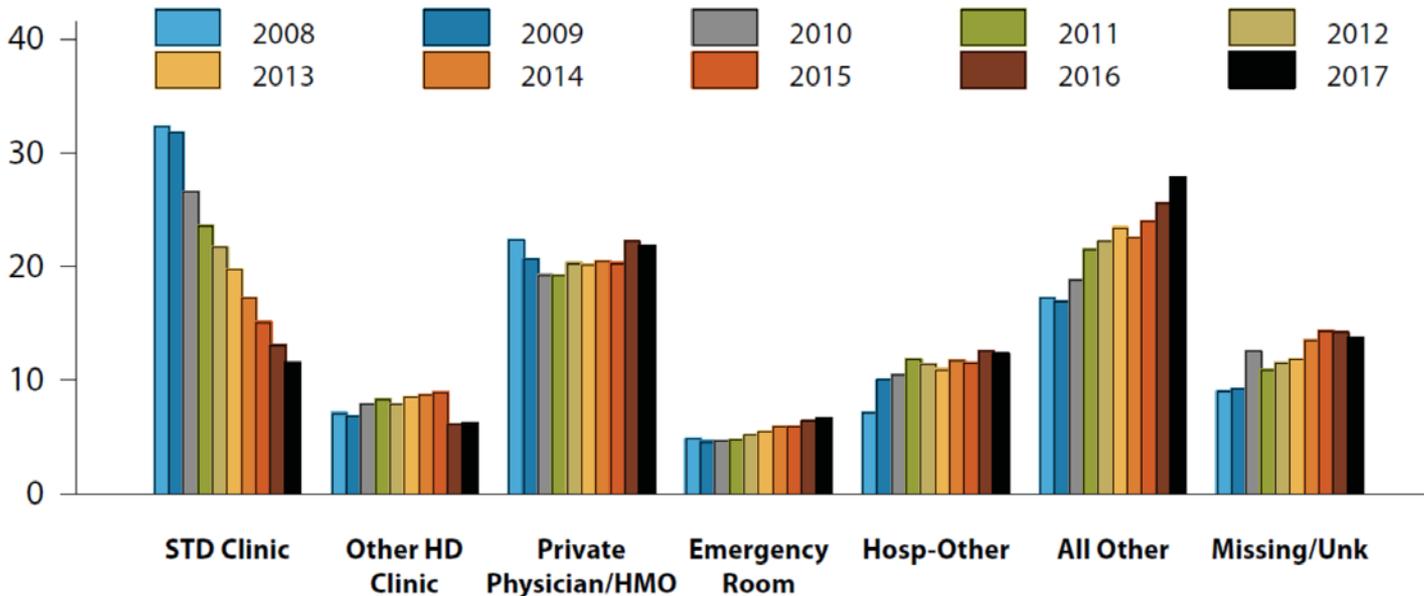
NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Gonorrhea — Percentage of Reported Cases Among Men by Reporting Source*, United States, 2008–2017

Percentage



* Includes the top five reporting sources for gonorrhea cases reported among men, plus those with reporting sources categorized as “All Other” and “Missing/Unknown”.

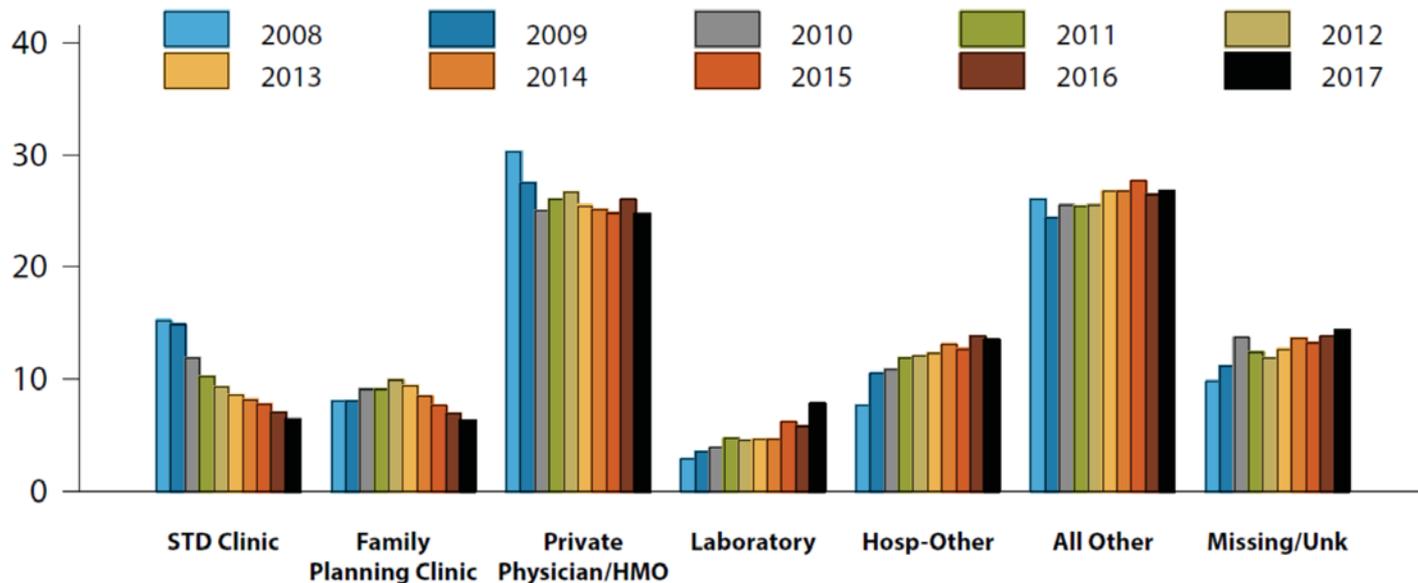
NOTE: All Other includes: Drug Treatment, Tuberculosis Clinic, Correctional Facility, Laboratory, Blood Bank, Labor and Delivery, Prenatal Care, National Job Training Program, School-based Clinic, Mental Health Provider, Indian Health Service, Military, Family Planning, HIV Counseling and Testing Site, and Other.

ACRONYMS: HMO = health maintenance organization; HD = health department.



Gonorrhea — Percentage of Reported Cases Among Women by Reporting Source*, United States, 2008–2017

Percentage



* Includes the top five reporting sources for gonorrhea cases reported among women, plus those with reporting sources categorized as “All Other” and “Missing/Unknown”.

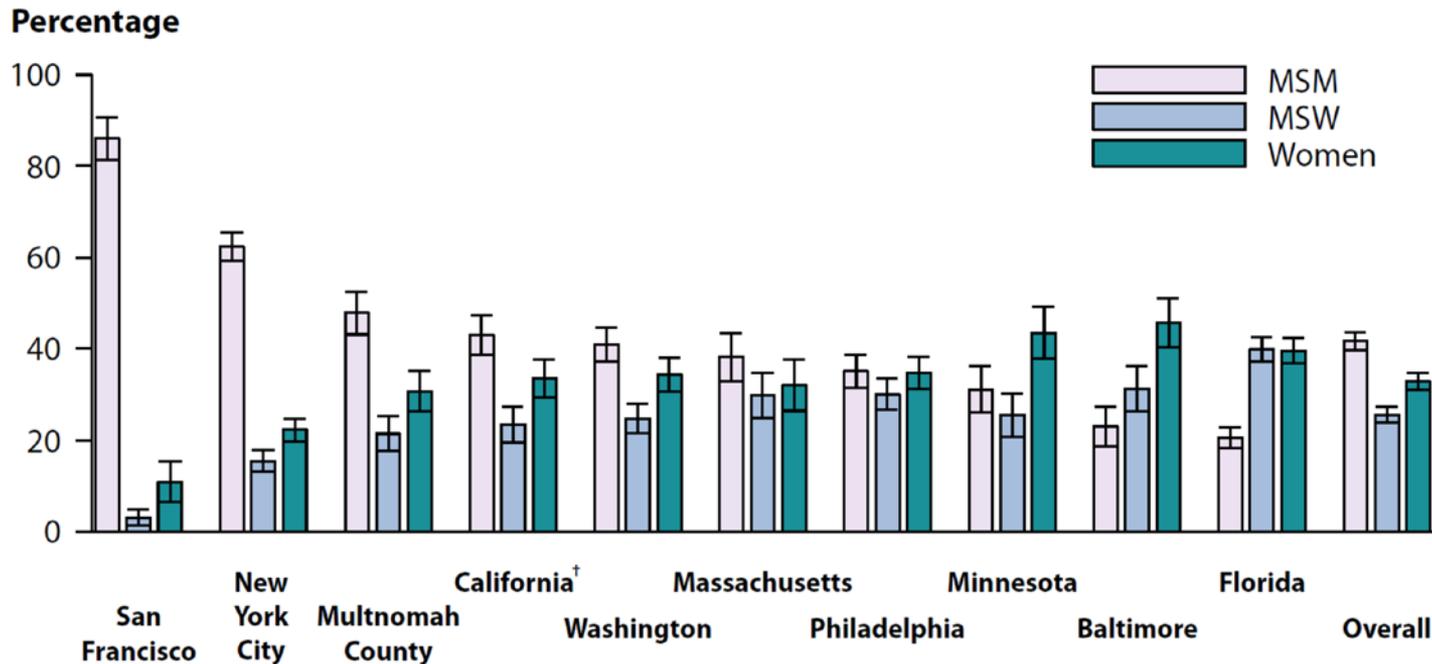
NOTE: All Other includes: Drug Treatment, Tuberculosis Clinic, Correctional Facility, Blood Bank, Labor and Delivery, Prenatal Care, National Job Training Program, School-based Clinic, Mental Health Provider, Indian Health Service, Military, Emergency Room, Other Health Department Clinic, HIV Counseling and Testing Site, and Other.

ACRONYMS: HMO = health maintenance organization.





Estimated Proportion* of MSM, MSW, and Women Among Gonorrhea Cases by Jurisdiction, STD Surveillance Network (SSuN), 2017



* Estimate based on weighted analysis of data obtained from interviews (n=6,409) conducted among a random sample of reported gonorrhea cases during January to December 2017.

† California data exclude San Francisco (shown separately).

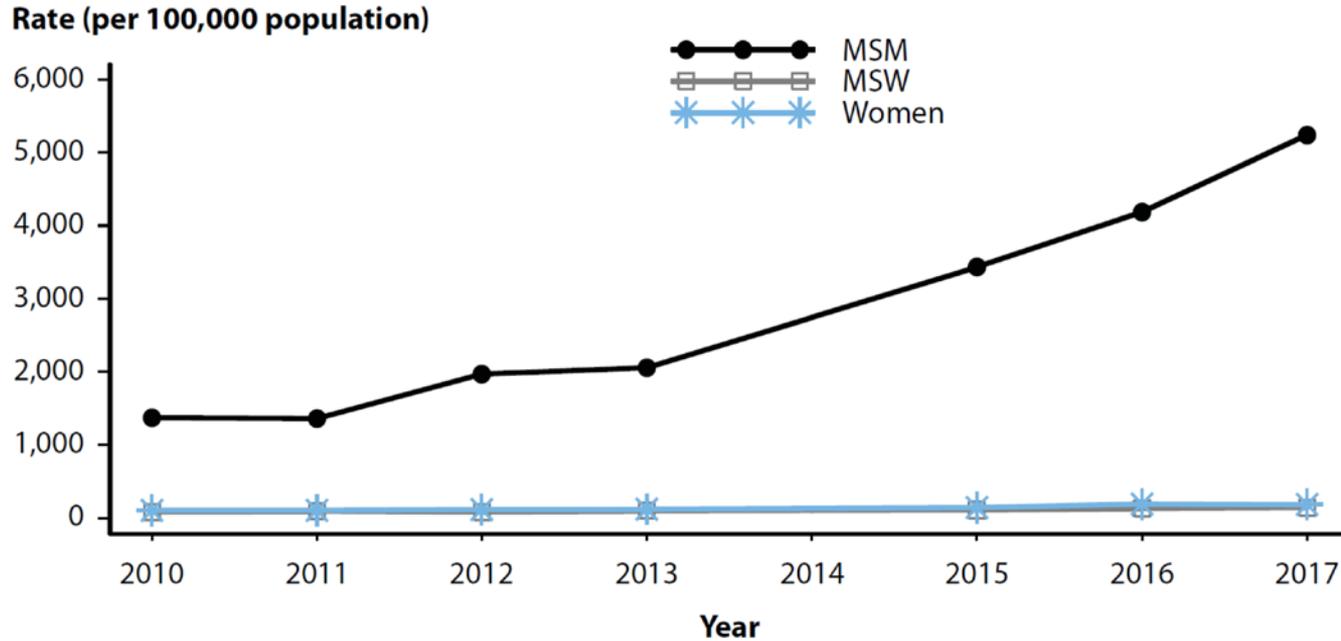
NOTE: See section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.





Gonorrhea — Estimated* Rates of Reported Gonorrhea Cases by MSM, MSW, and Women, STD Surveillance Network (SSuN)[†], 2010–2017



* Estimates based on interviews among a random sample of reported cases of gonorrhea (N=17,765); cases weighted for analysis.

[†] Sites include Baltimore, Philadelphia, New York City, Washington State, San Francisco, and California (excluding San Francisco).

NOTE: Data not available for 2014; 2013–2015 trend interpolated; trends lines overlap for MSW and women in this figure. See section A2.2 in the Appendix for SSuN methods.

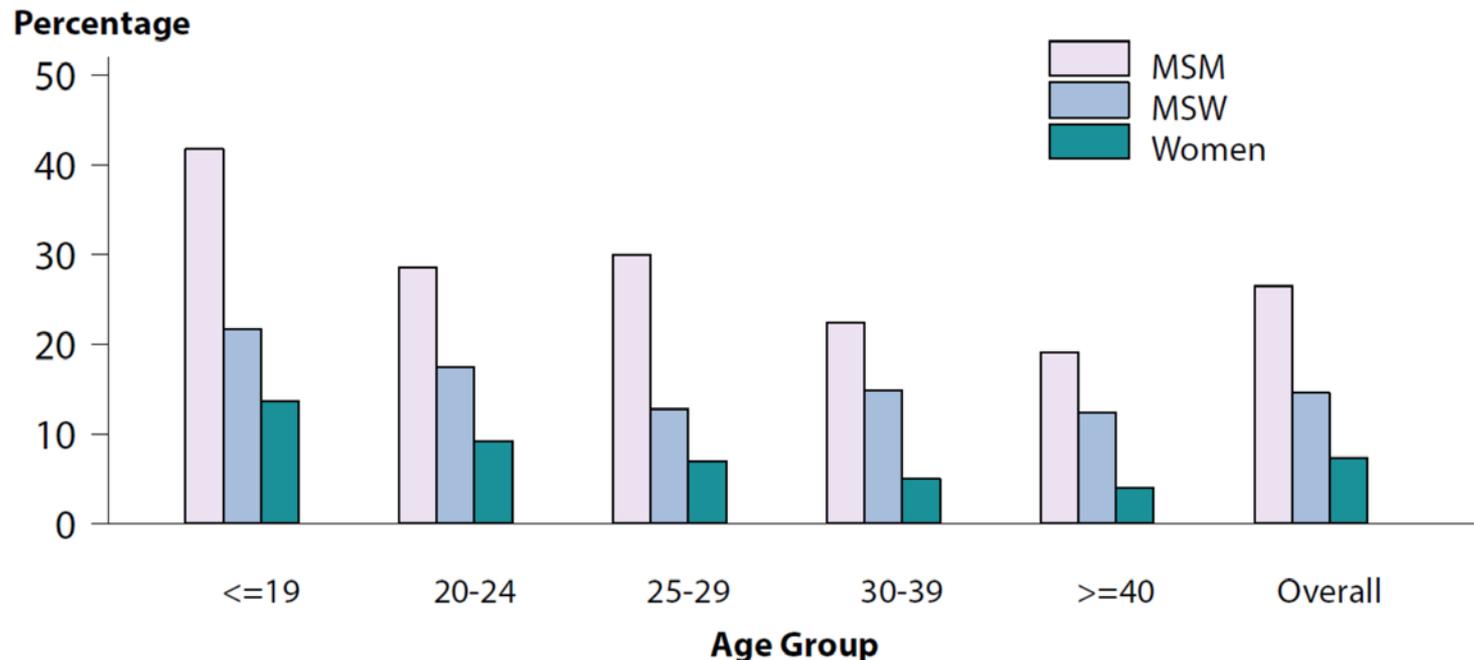
ADAPTED FROM: Stenger M, Pathela P, Anschuetz G, et al. Increases in the rate of *Neisseria gonorrhoeae* among gay, bisexual and other men who have sex with men (MSM) — findings from the STD Surveillance Network 2010–2015. *Sex Transm Dis* 2017; 44(7): 393–397.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.





Gonorrhea — Proportion* of STD Clinic Patients Testing Positive[†] by Age Group, Sex, and Sexual Behavior, STD Surveillance Network (SSuN), 2017



* Proportions represent the overall average of the mean value by jurisdiction.

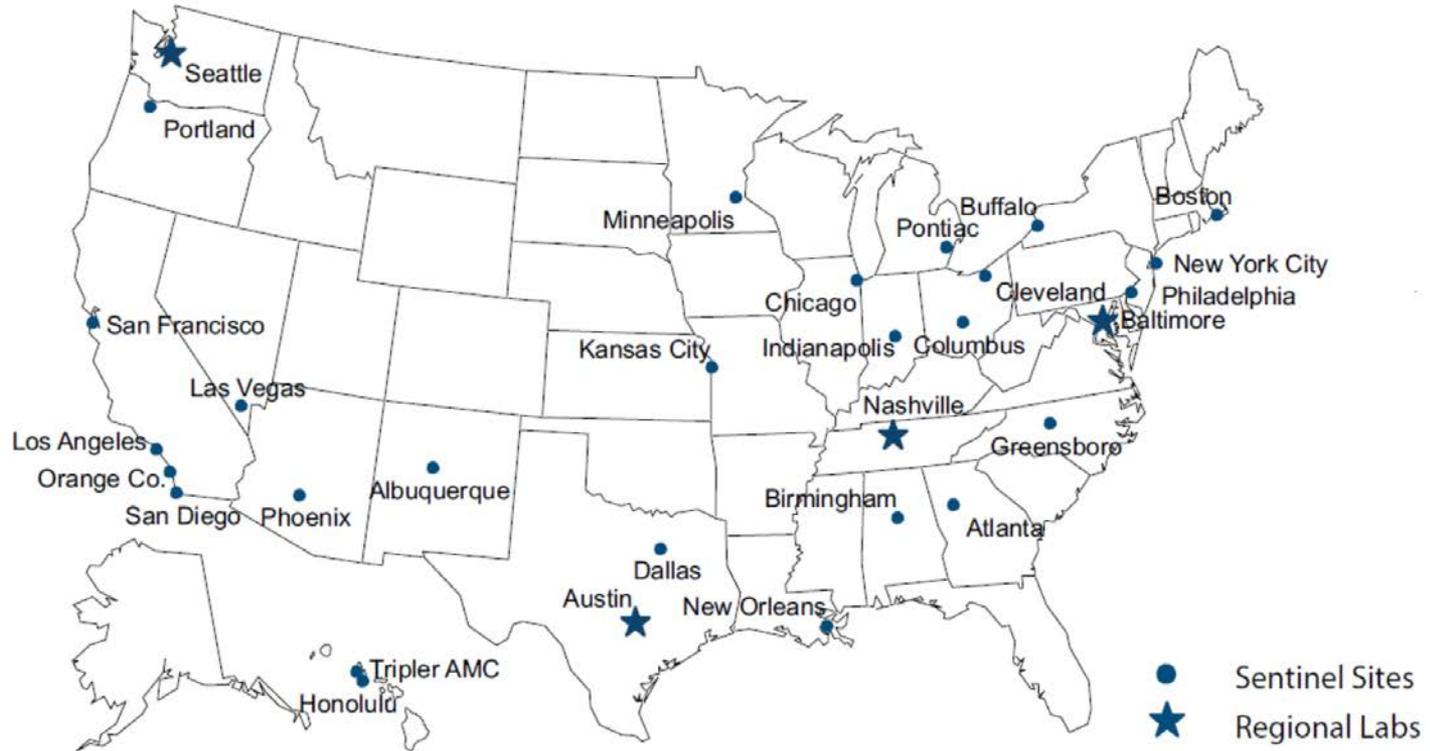
[†] Results are based on data obtained from unique patients with known sexual behavior (n=94,893) attending SSuN STD clinics who were tested ≥ 1 times for gonorrhea in 2017.

NOTE: See section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.



Location of Participating Sentinel Sites and Regional Laboratories, Gonococcal Isolate Surveillance Project (GISP), United States, 2017



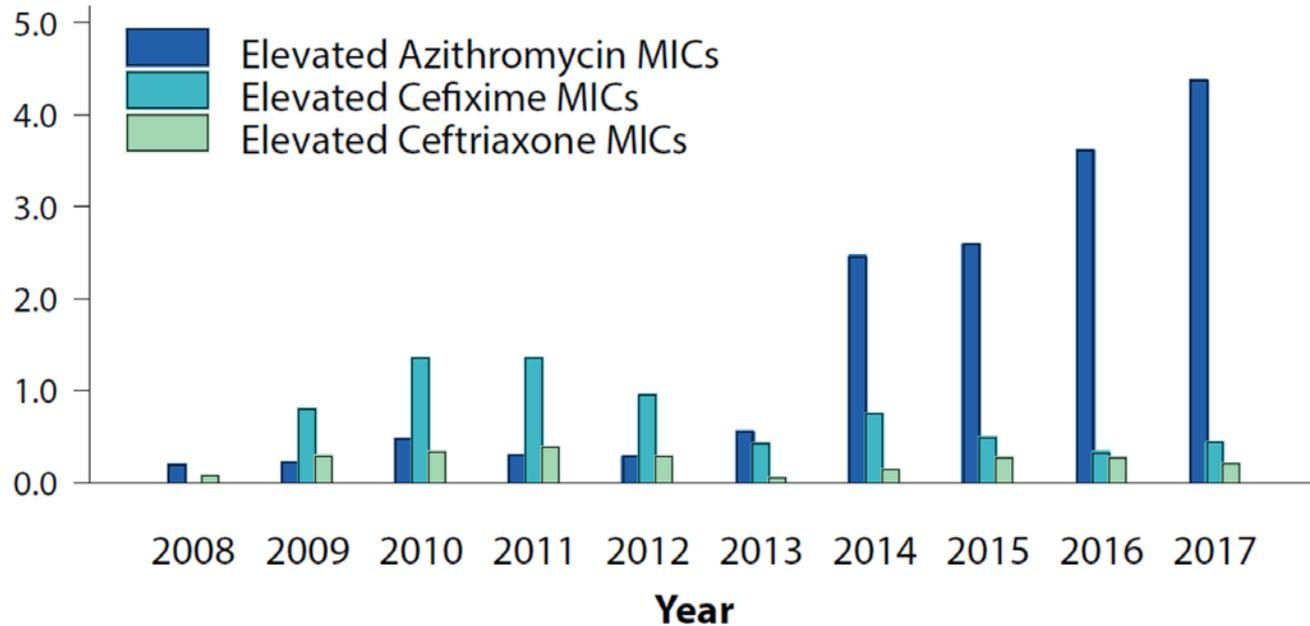
NOTE: Seattle is both a sentinel site and a regional laboratory.





Neisseria gonorrhoeae — Percentage of Isolates with Elevated Azithromycin Minimum Inhibitory Concentrations (MICs) ($\geq 2.0 \mu\text{g/ml}$), Elevated Ceftriaxone MICs ($\geq 0.125 \mu\text{g/ml}$), and Elevated Cefixime MICs ($\geq 0.25 \mu\text{g/ml}$), Gonococcal Isolate Surveillance Project (GISP), 2008–2017

Percentage

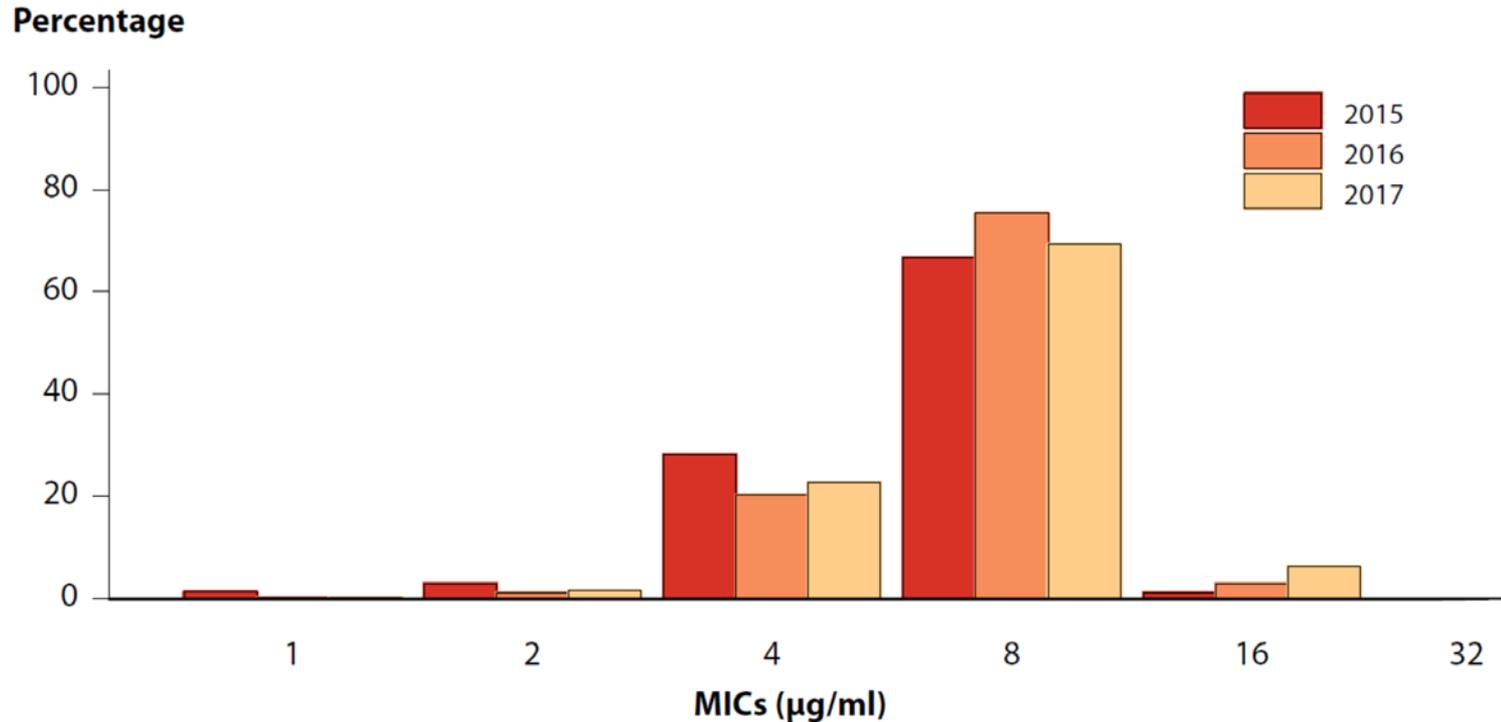


NOTE: Isolates not tested for cefixime susceptibility in 2008.



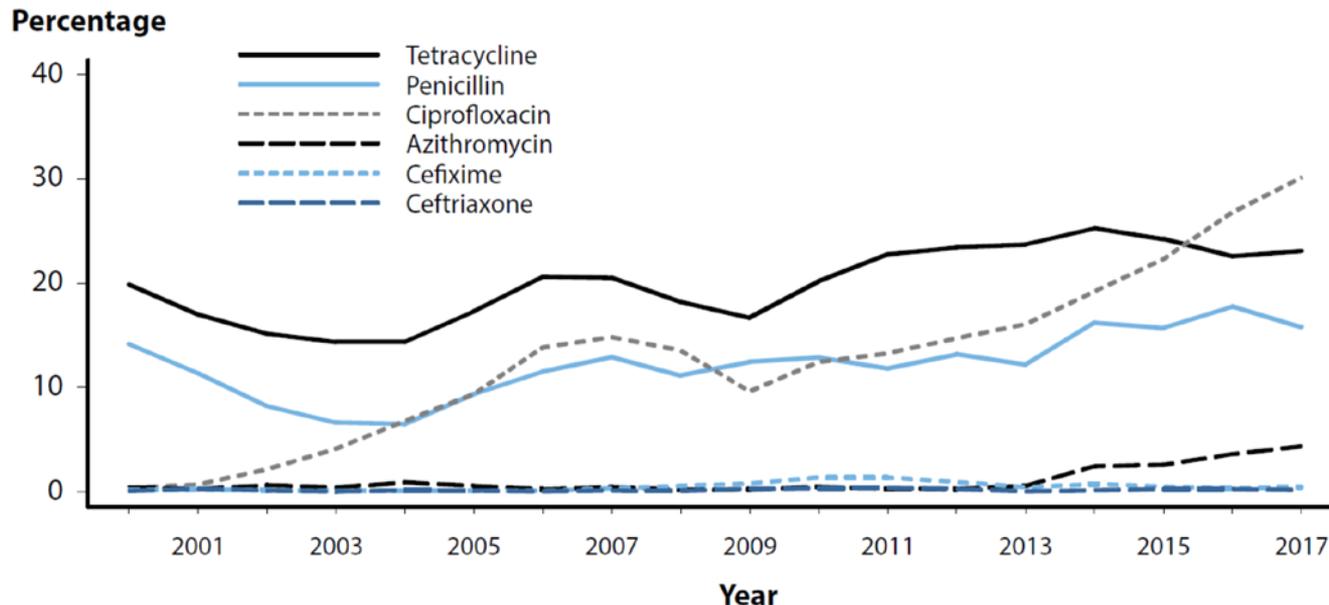


Neisseria gonorrhoeae — Distribution of Gentamicin Minimum Inhibitory Concentrations (MICs) by Year, Gonococcal Isolate Surveillance Project (GISP), 2015–2017





Neisseria gonorrhoeae — Prevalence of Tetracycline, Penicillin, or Fluoroquinolone Resistance* or Elevated Cefixime, Ceftriaxone, or Azithromycin Minimum Inhibitory Concentrations (MICs)[†], by Year — Gonococcal Isolate Surveillance Project (GISP), 2000–2017



* Resistance: Fluoroquinolone (ciprofloxacin) = MIC \geq 1.0 μ g/mL; Penicillin = MIC \geq 2.0 μ g/mL or B-lactamase positive; Tetracycline = MIC \geq 2.0 μ g/mL.

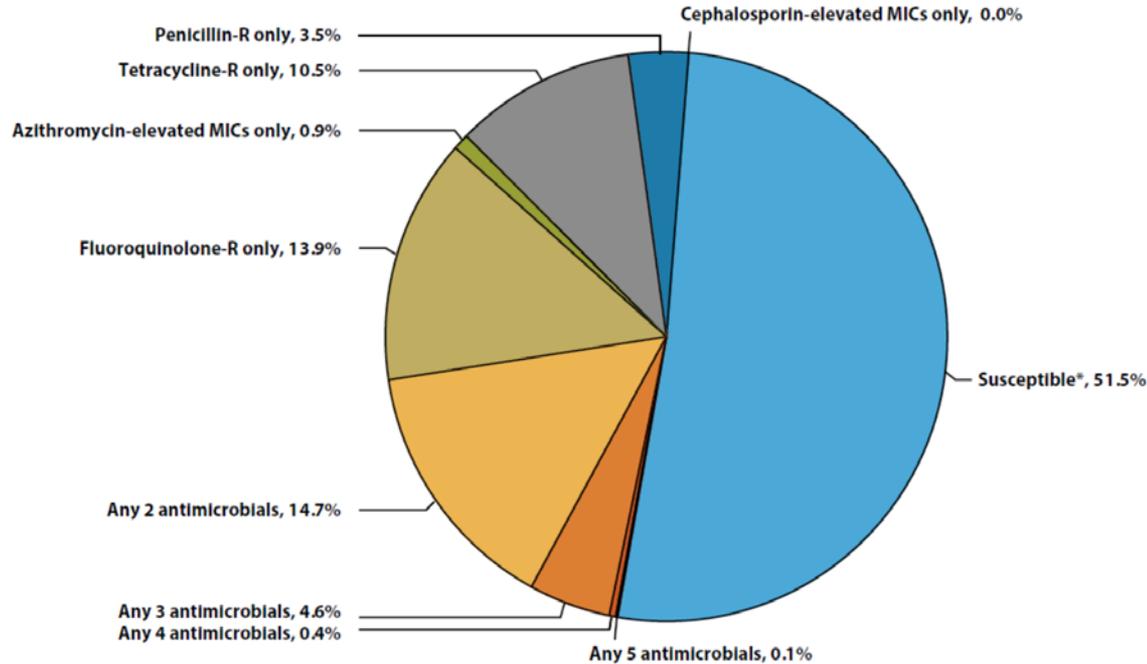
[†] Elevated MICs: Azithromycin = MIC \geq 1.0 μ g/mL (2000–2004); \geq 2.0 μ g/mL (2005–2017); Ceftriaxone = MIC \geq 0.125 μ g/mL; Cefixime = MIC \geq 0.25 μ g/mL.

NOTE: Cefixime susceptibility was not tested in 2007 and 2008.

ADAPTED FROM: Kirkcaldy RD, Harvey A, Papp JR, et al. *Neisseria gonorrhoeae* antimicrobial susceptibility surveillance — The Gonococcal Isolate Surveillance Project, 27 Sites, United States, 2014. MMWR Surveill Summ 2016; 65(7):1–24.



Susceptibility Patterns of *Neisseria gonorrhoeae* Isolates to Antimicrobials, Gonococcal Isolate Surveillance Project (GISP), 2017



* Susceptible category only includes isolates with penicillin, tetracycline, and fluoroquinolone MIC values that are considered susceptible and isolates with ceftriaxone, cefixime, and azithromycin MIC values that are not considered elevated.

NOTE: Elevated MIC = Ceftriaxone: ≥ 0.125 $\mu\text{g/ml}$; Cefixime: ≥ 0.25 $\mu\text{g/ml}$; Azithromycin: ≥ 2.0 $\mu\text{g/ml}$.

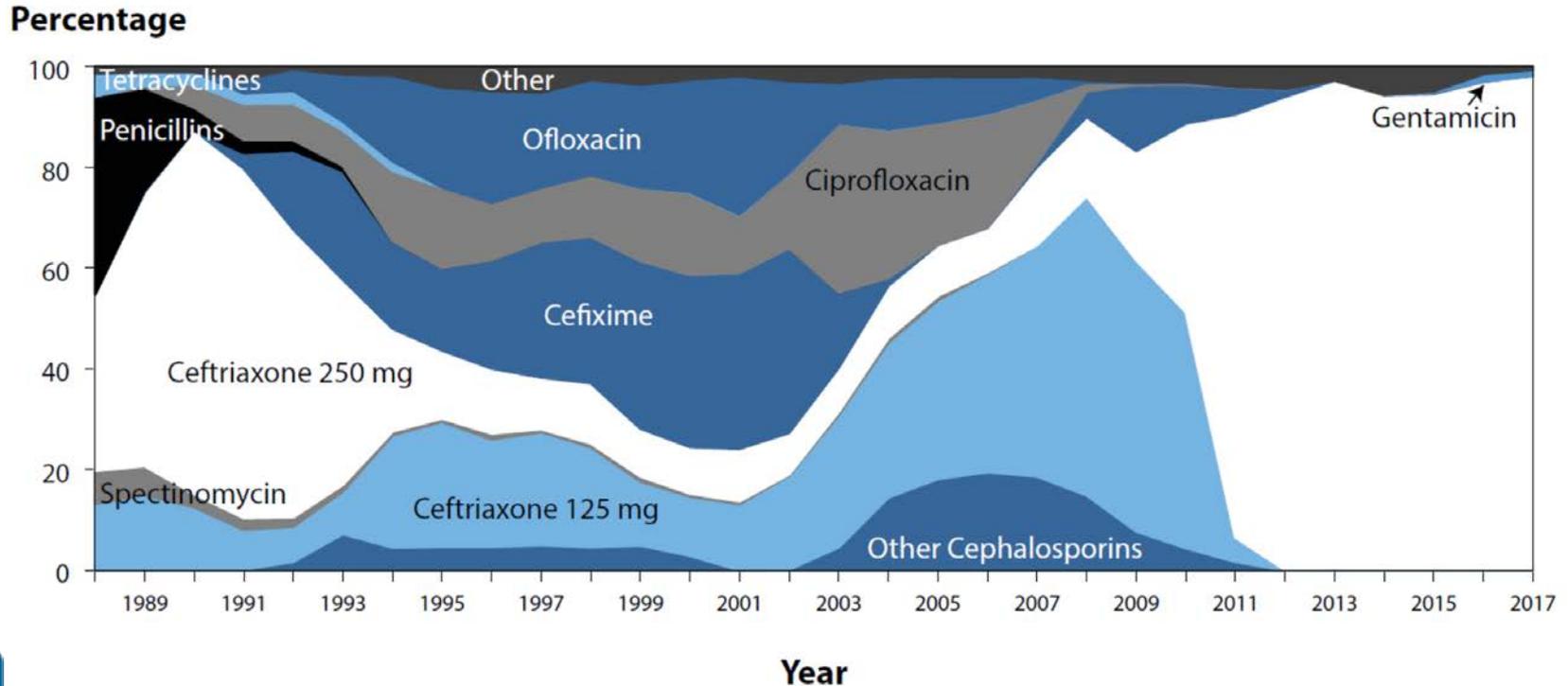
Resistant (R) MIC = Tetracycline: ≥ 2.0 $\mu\text{g/ml}$; Fluoroquinolone: ≥ 1.0 $\mu\text{g/ml}$; Penicillin: ≥ 2.0 $\mu\text{g/ml}$ or PPNG.

ACRONYMS: R = Resistant; PPNG = Penicillinase-producing *Neisseria gonorrhoeae* and chromosomally-mediated penicillin-resistant *N. gonorrhoeae*; MIC = Minimum Inhibitory Concentration.



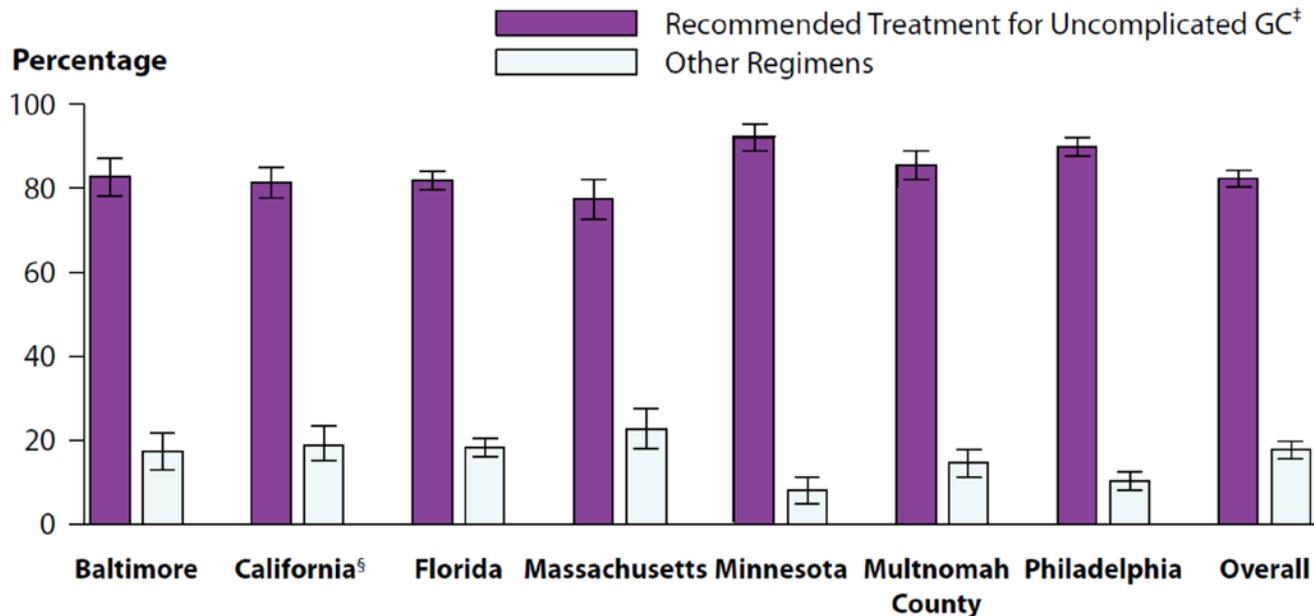


Distribution of Primary Antimicrobial Drugs Used to Treat Gonorrhea Among Participants, Gonococcal Isolate Surveillance Project (GISP), 1988–2017



NOTE: For 2017, “Other” includes azithromycin 2g (0.3%), no therapy (0.3%), and other less frequently used drugs (0.1%).

Gonorrhea – Estimated Proportion* of Cases by Treatment Regimen Received and Jurisdiction†, STD Surveillance Network (SSuN), 2017



* Percentage and 95% CI reflect weighted estimates for all reported gonorrhea cases; minor variances cause category estimates to total to slightly more or less than overall case estimate.

† Includes SSuN jurisdictions with documented treatment information (antimicrobials and dosages) for $\geq 90\%$ of cases with complete investigations.

‡ The recommended treatment for uncomplicated gonorrhea is dual treatment with 250 mg dose of Ceftriaxone [IM] plus 1 g dose of Azithromycin [PO].

§ California data exclude San Francisco.

ADAPTED FROM: Weston EJ, Workowski K, Torrone E, et al. Adherence to CDC recommendations for the treatment of uncomplicated gonorrhea – STD Surveillance Network (SSuN), United States, 2016. *MMWR Morb Mort Wkly Rep.* 2018; 67:473–76.

ACRONYMS: CI = Confidence interval; GC = Gonorrhea; IM = Intramuscular injection; PO = By mouth.



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



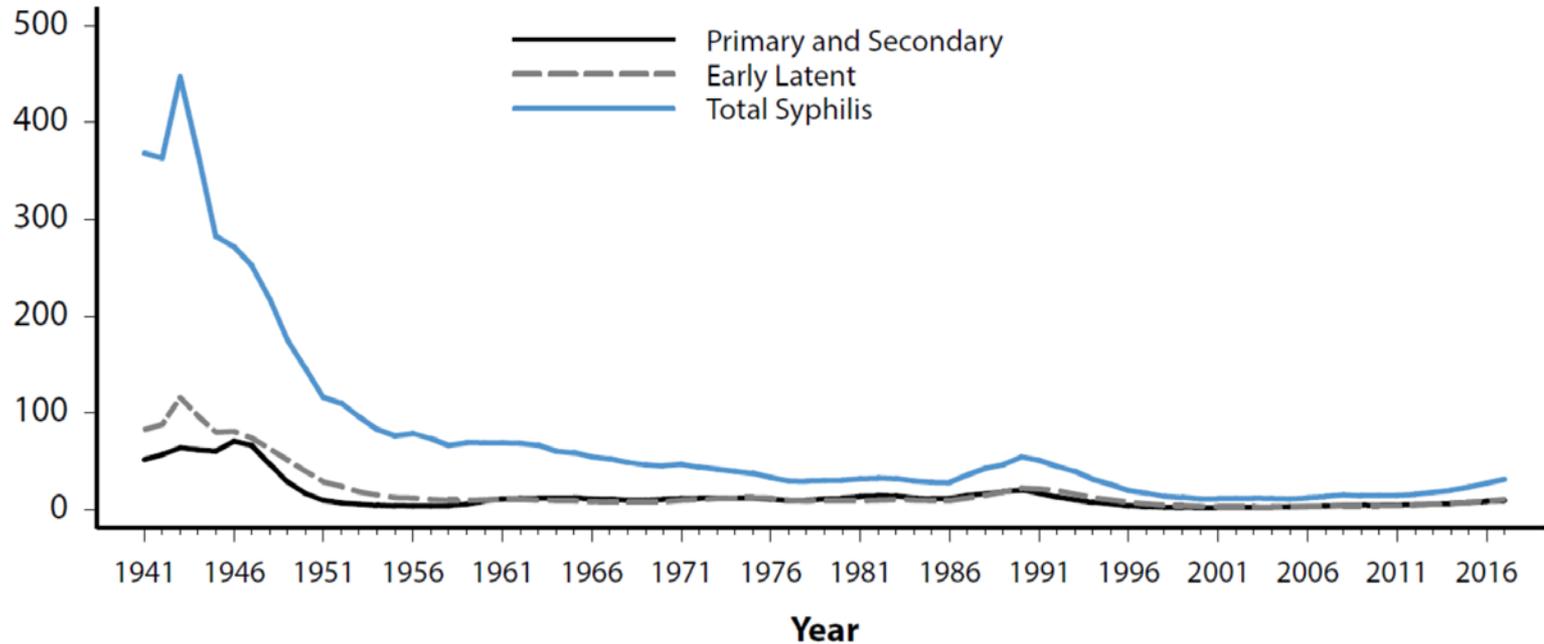


Sexually Transmitted Disease Surveillance 2017

SYPHILIS

Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2017

Rate (per 100,000 population)

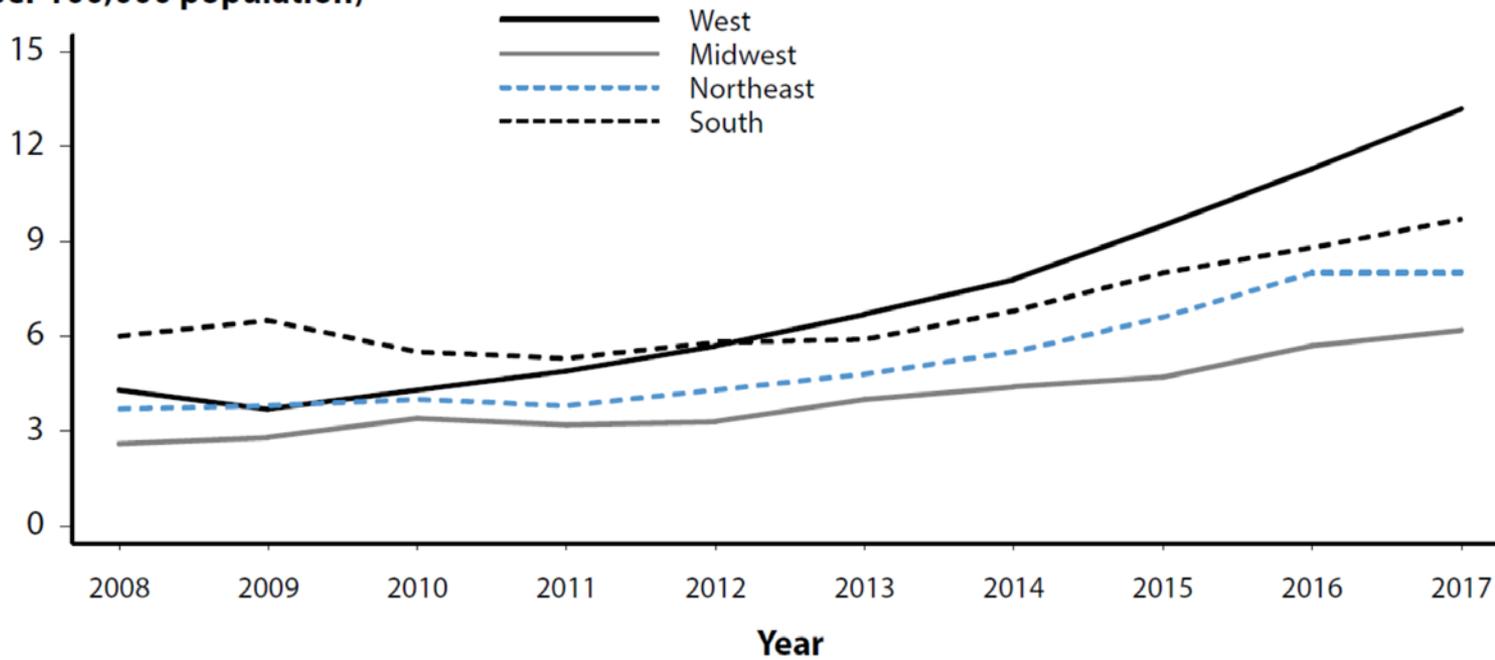


NOTE: Data collection for syphilis began in 1941; however, syphilis became nationally notifiable in 1944. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: <https://wwwn.cdc.gov/nndss/conditions/syphilis/>.

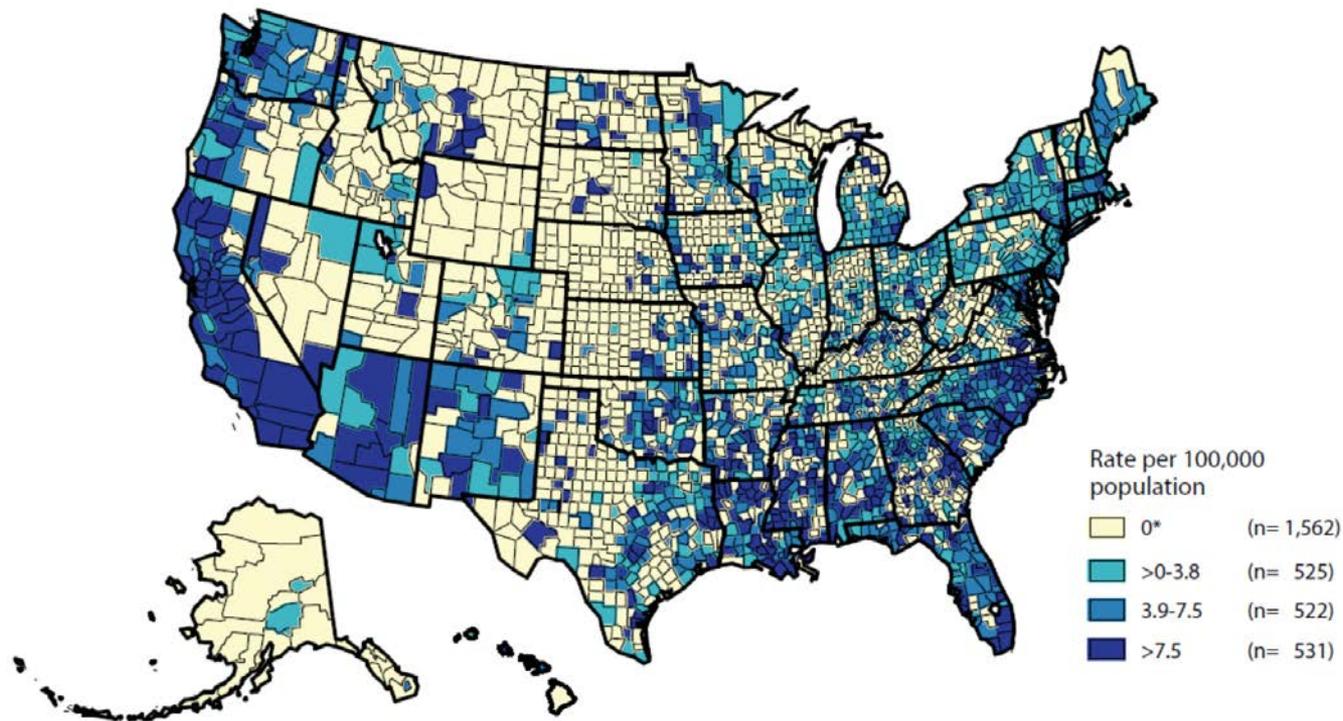


Primary and Secondary Syphilis — Rates of Reported Cases by Region, United States, 2008–2017

Rate (per 100,000 population)

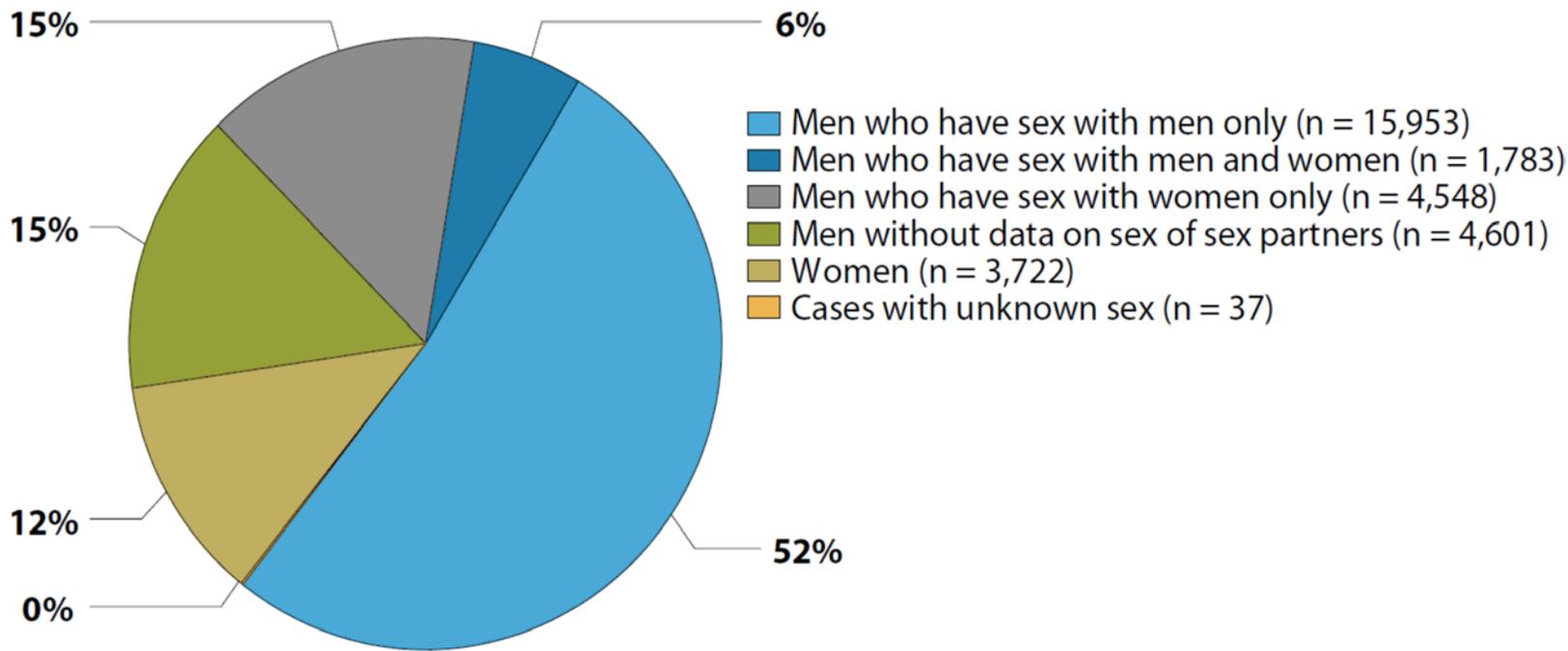


Primary and Secondary Syphilis — Rates of Reported Cases by County, United States, 2017

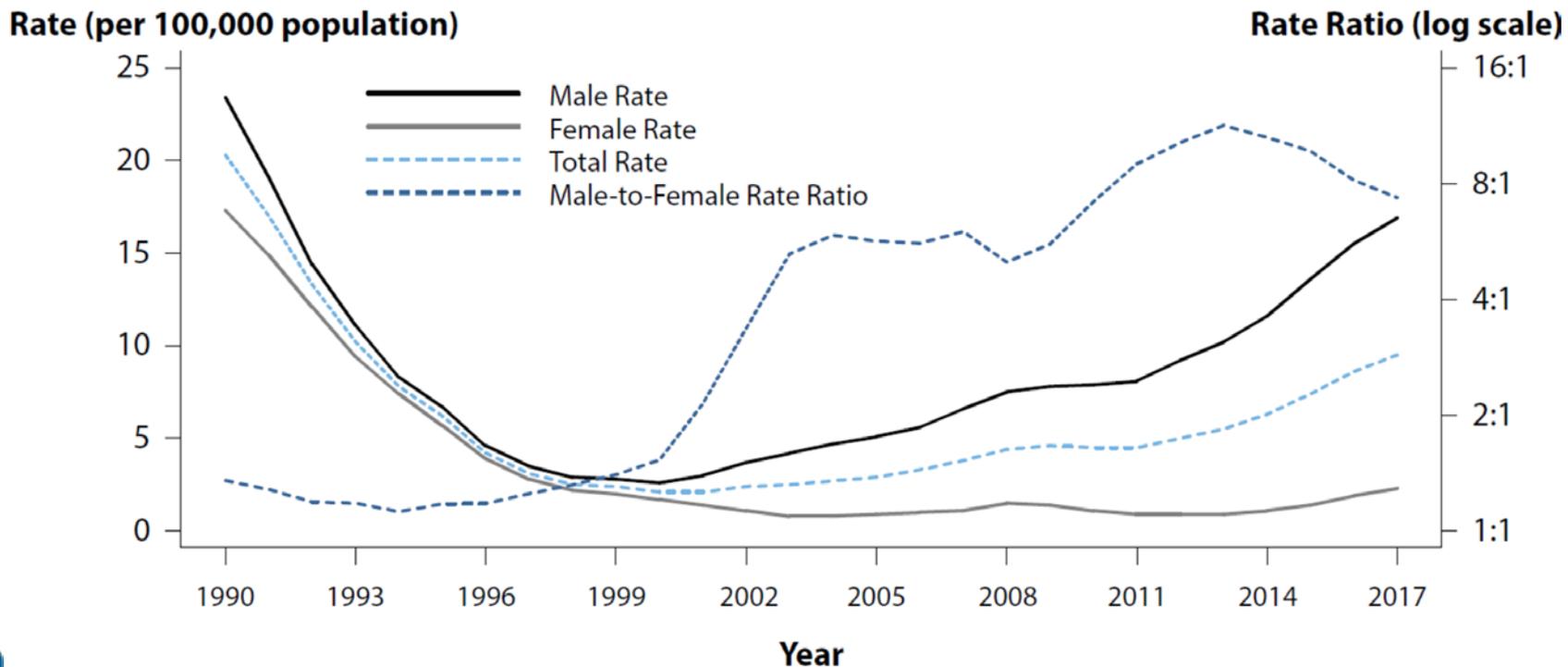


* In 2017, 1,562 (49.7%) of 3,140 counties in the United States reported no cases of primary and secondary syphilis. Refer to the NCHHSTP AtlasPlus for further county-level rate information: <https://www.cdc.gov/nchhstp/atlas/>

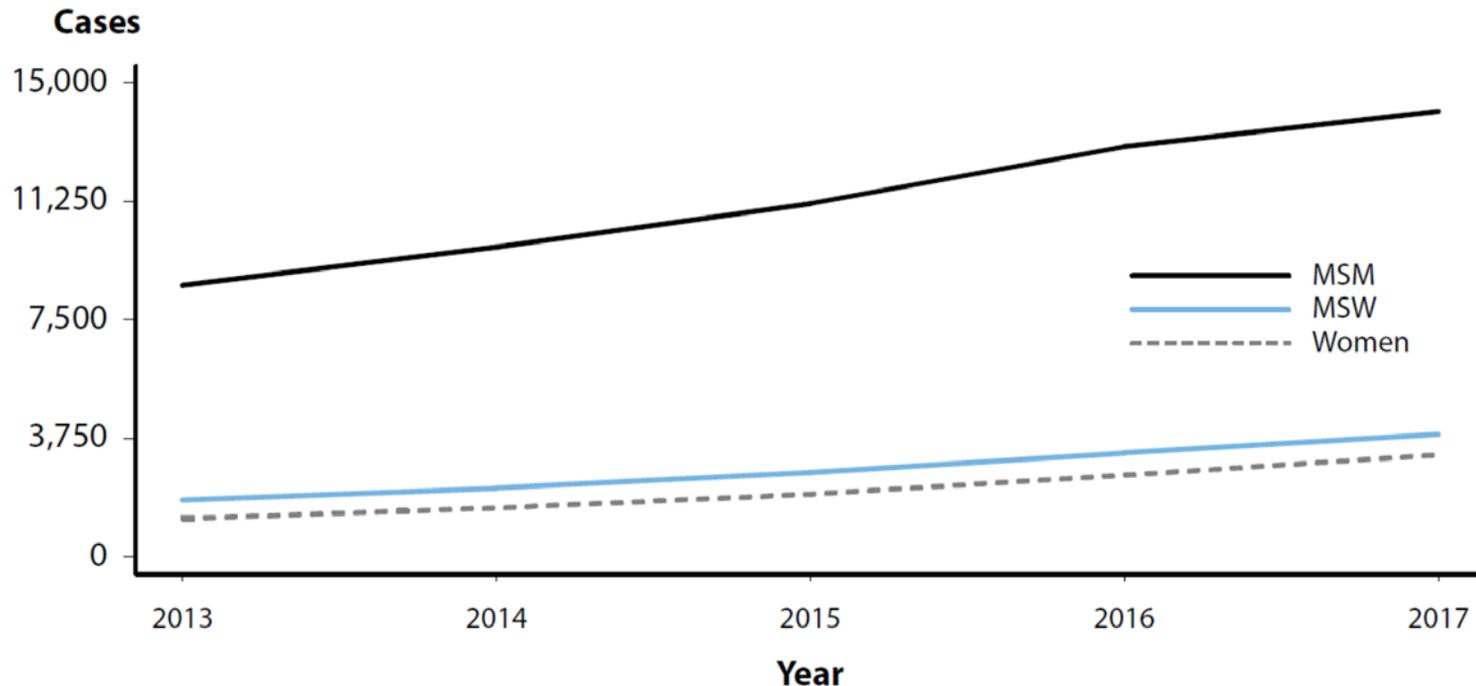
Primary and Secondary Syphilis — Distribution of Cases by Sex and Sexual Behavior, United States, 2017



Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, United States, 1990–2017



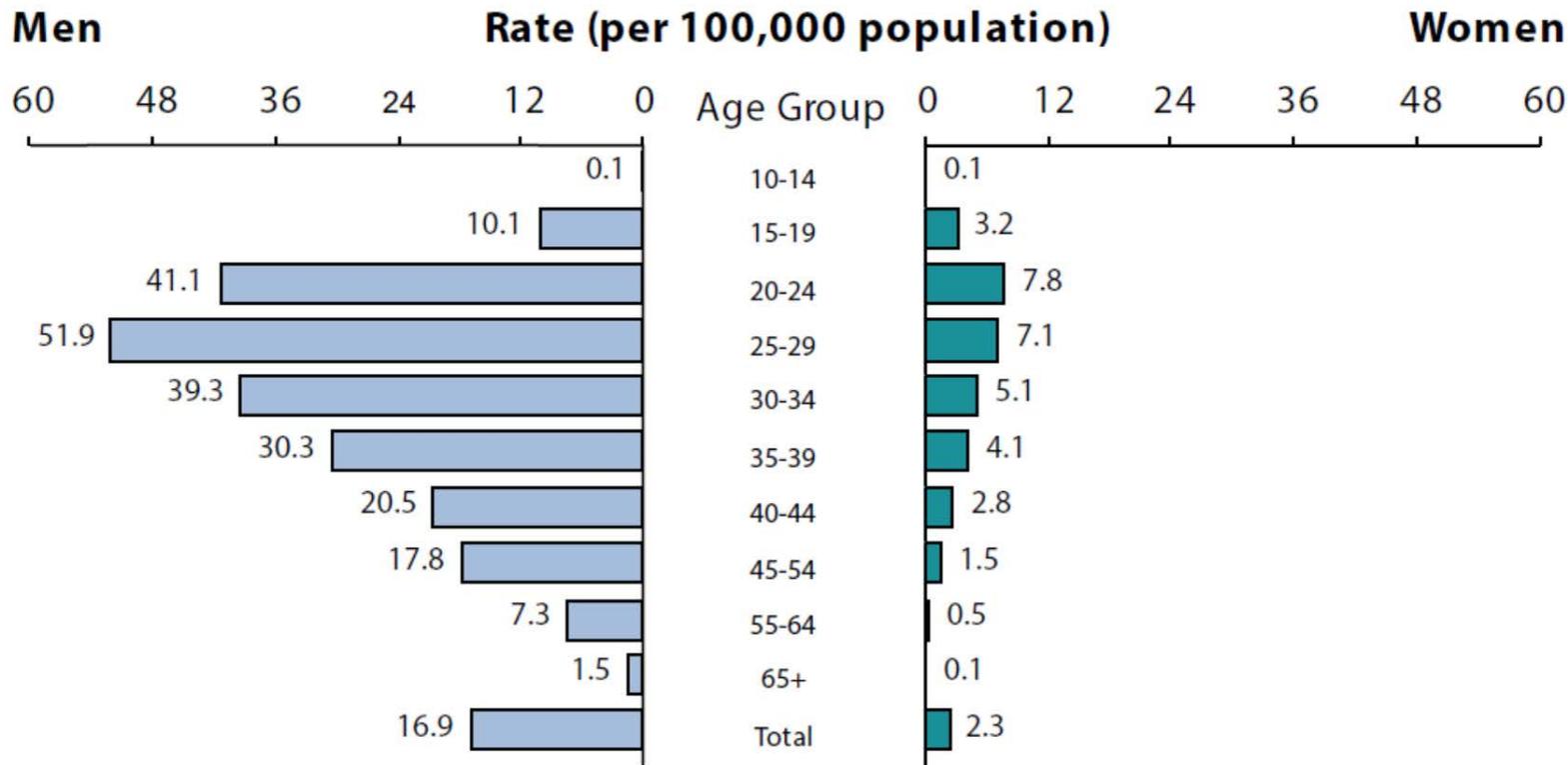
Primary and Secondary Syphilis — Reported Cases by Sex and Sexual Behavior, 37 States*, 2013–2017



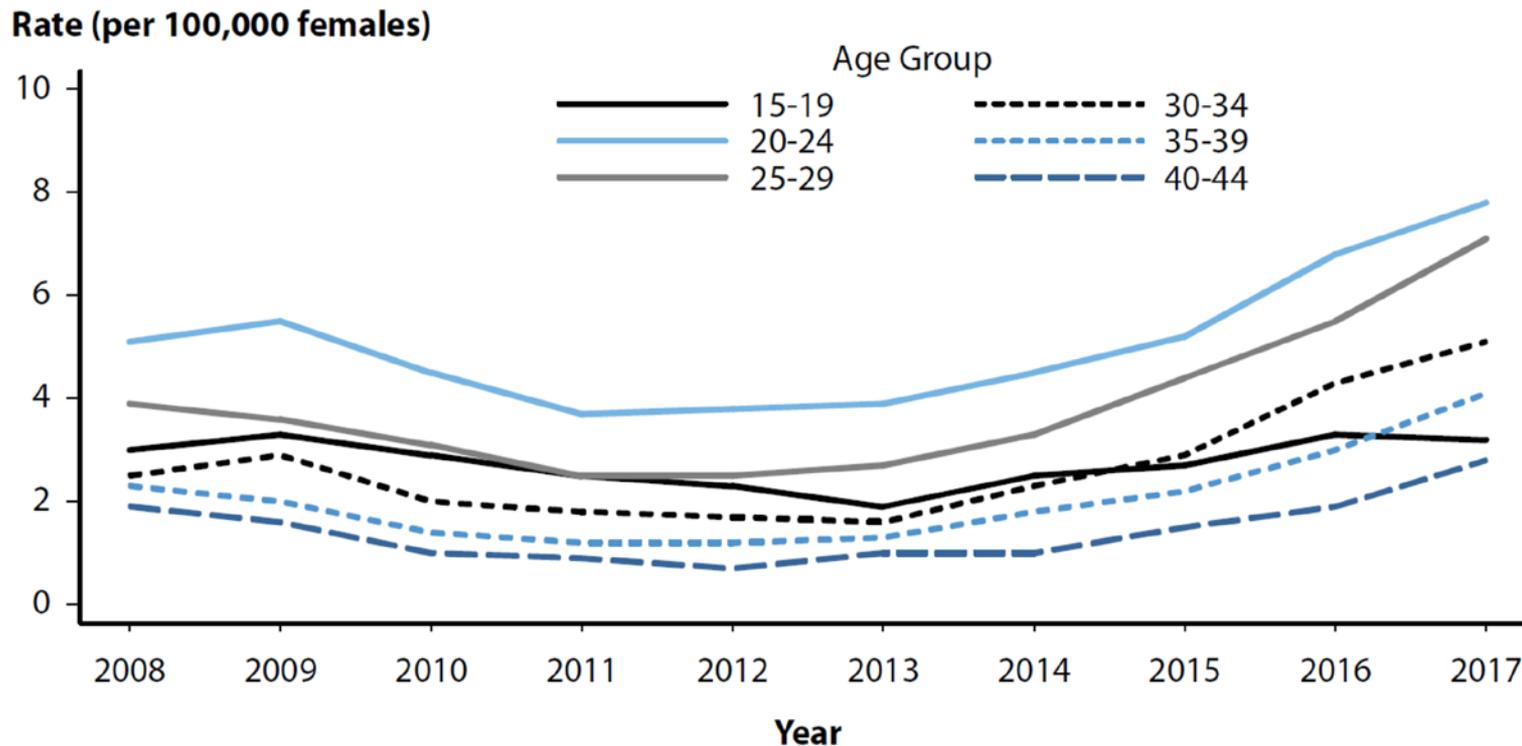
* 37 states were able to classify $\geq 70\%$ of reported cases of primary and secondary syphilis as either MSM, MSW, or women for each year during 2013–2017.
ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.



Primary and Secondary Syphilis — Rates of Reported Cases by Age Group and Sex, United States, 2017



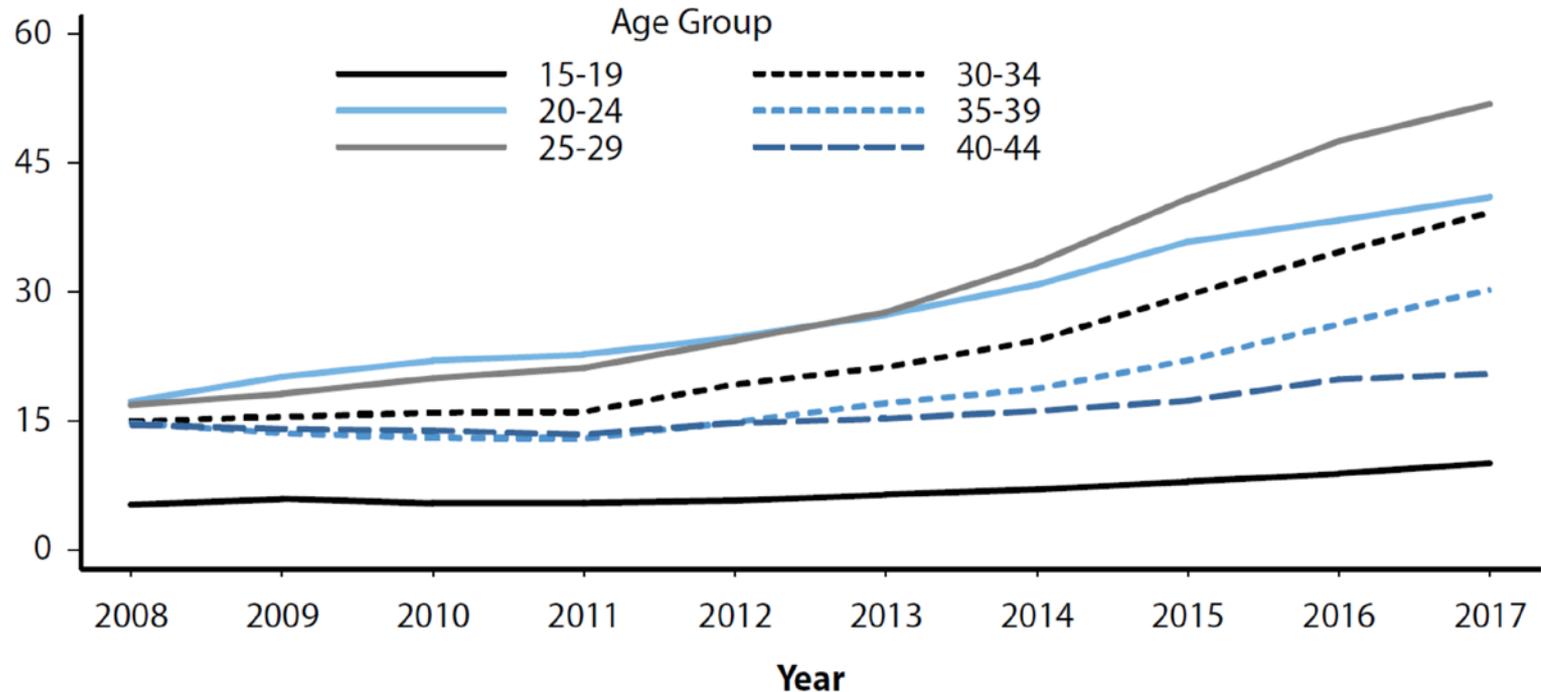
Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group, United States, 2008–2017



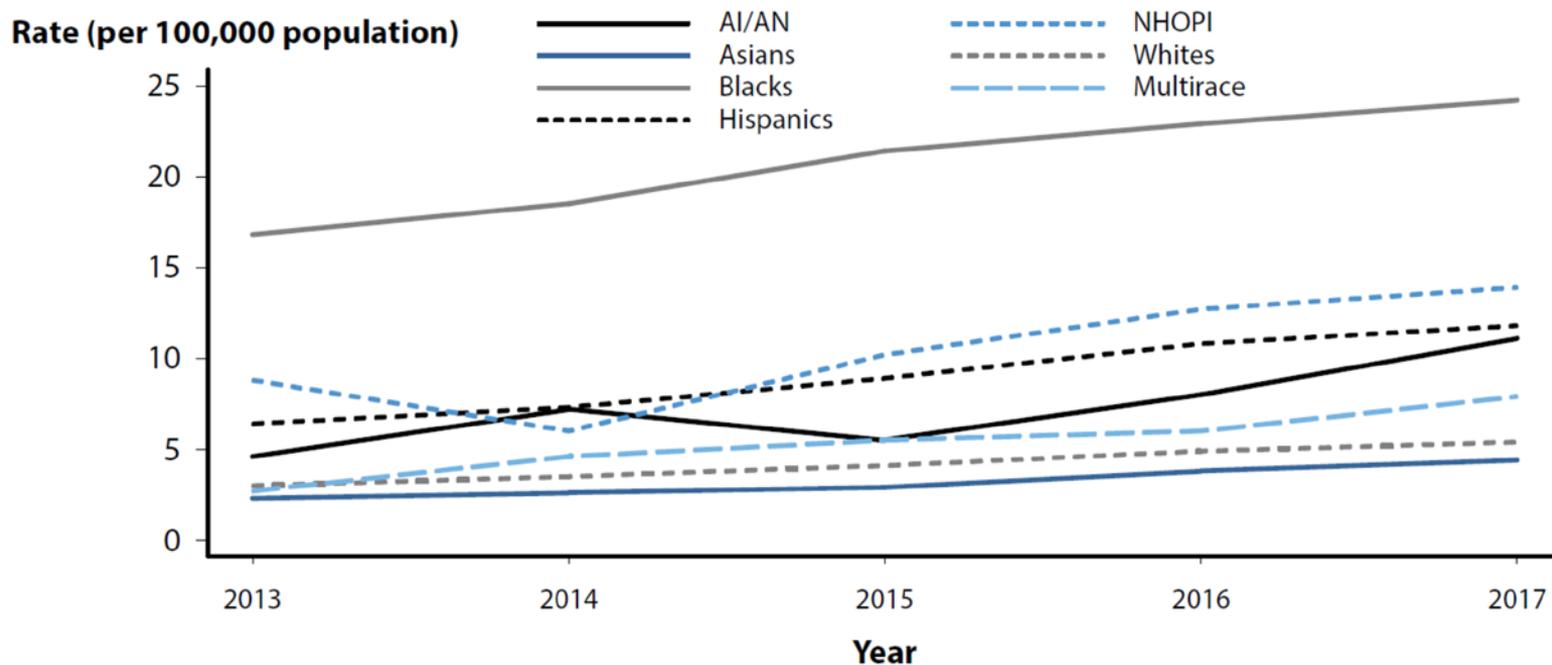


Primary and Secondary Syphilis — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group, United States, 2008–2017

Rate (per 100,000 males)



Primary and Secondary Syphilis — Rates of Reported Cases by Race and Hispanic Ethnicity, United States, 2013–2017



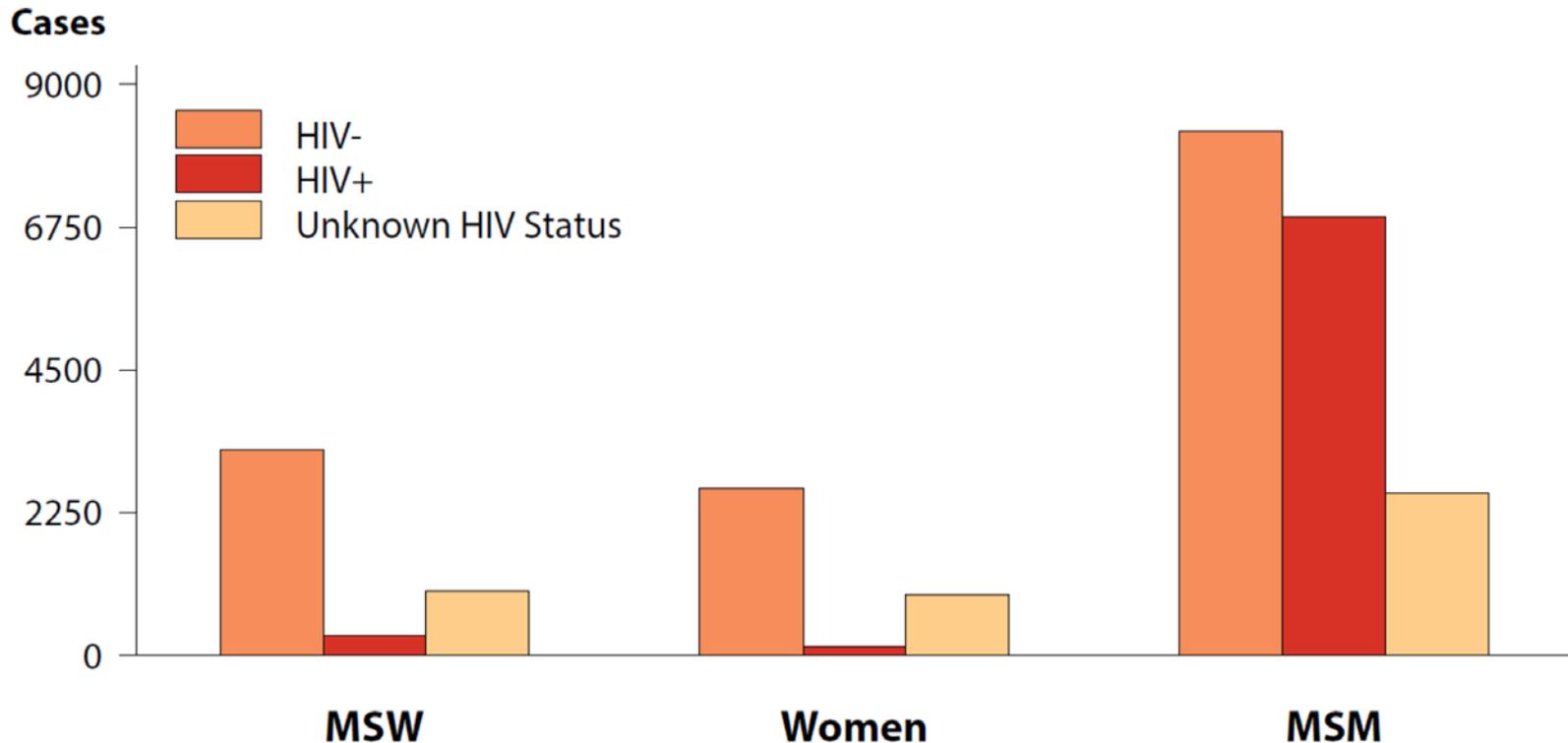
NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.





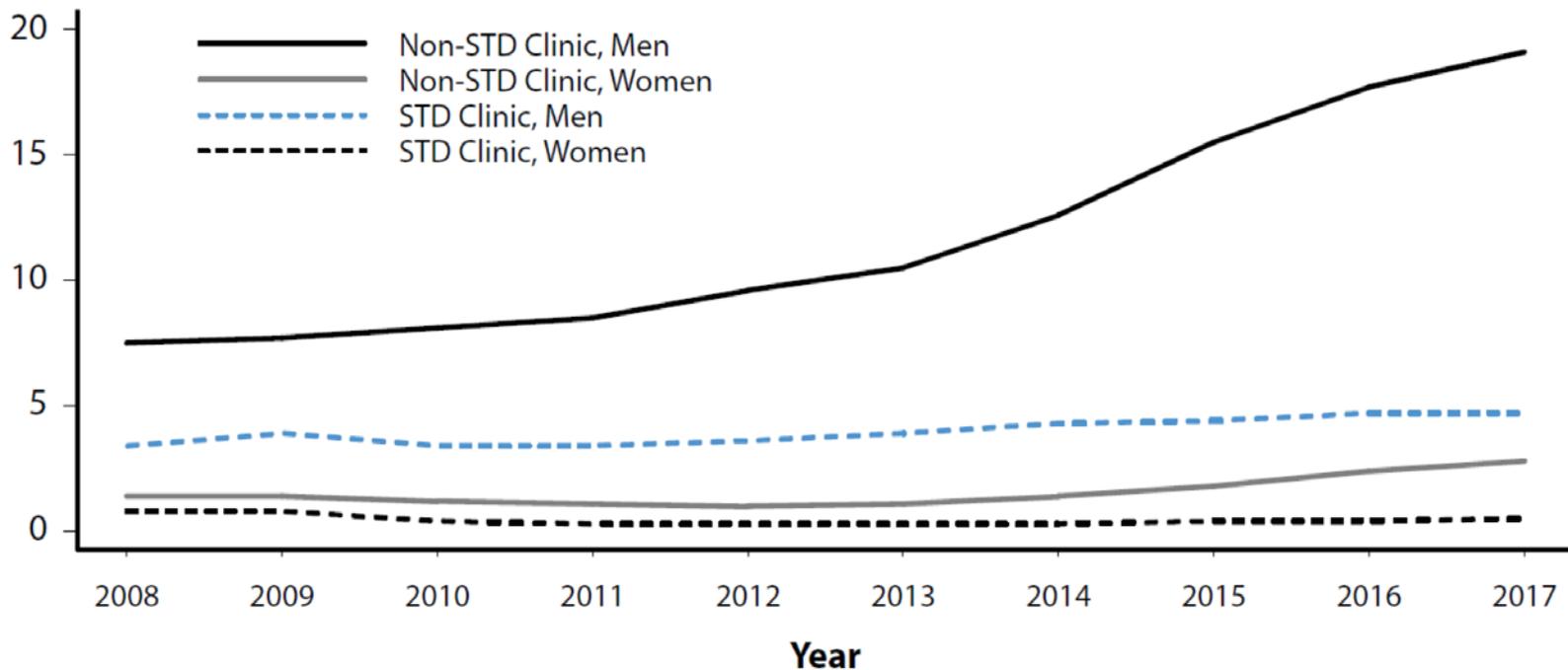
Primary and Secondary Syphilis — Reported Cases by Sex, Sexual Behavior, and HIV Status, United States, 2017



ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.

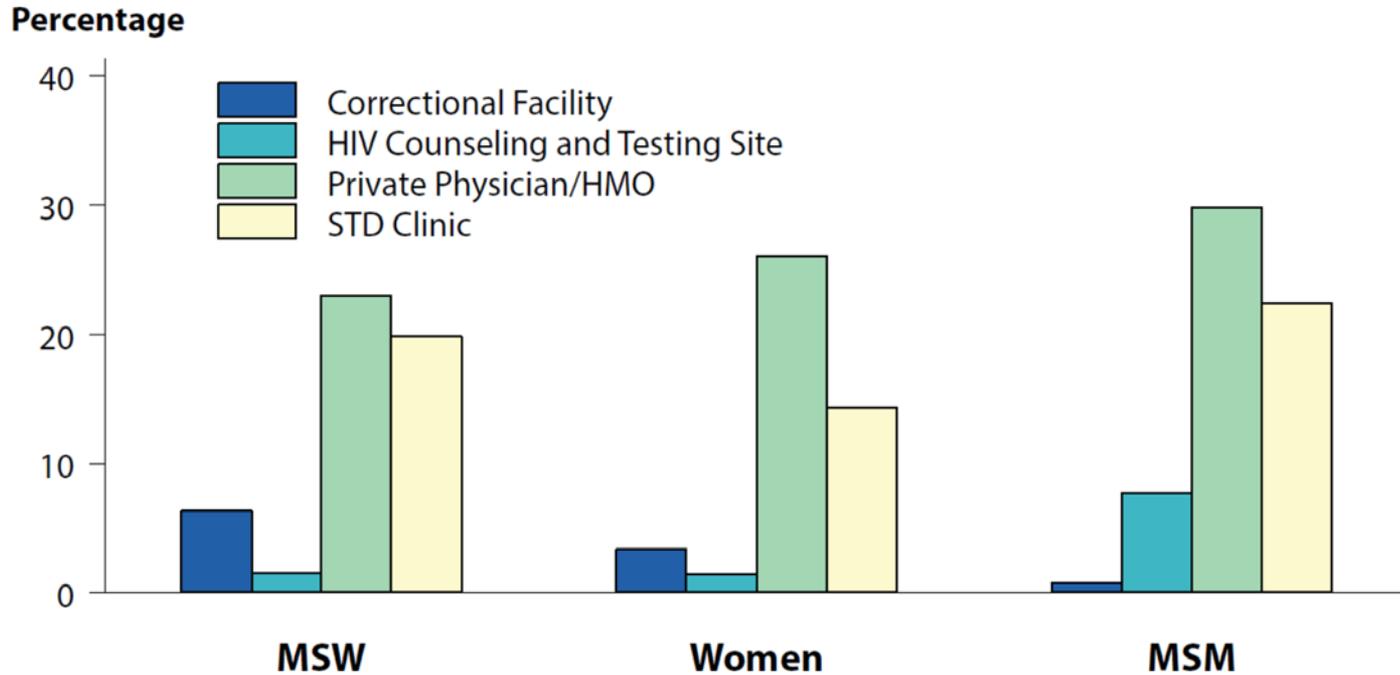
Primary and Secondary Syphilis — Reported Cases by Reporting Source and Sex, United States, 2008–2017

Cases (in thousands)





Primary and Secondary Syphilis — Percentage of Reported Cases* by Sex, Sexual Behavior, and Selected Reporting Sources, United States, 2017



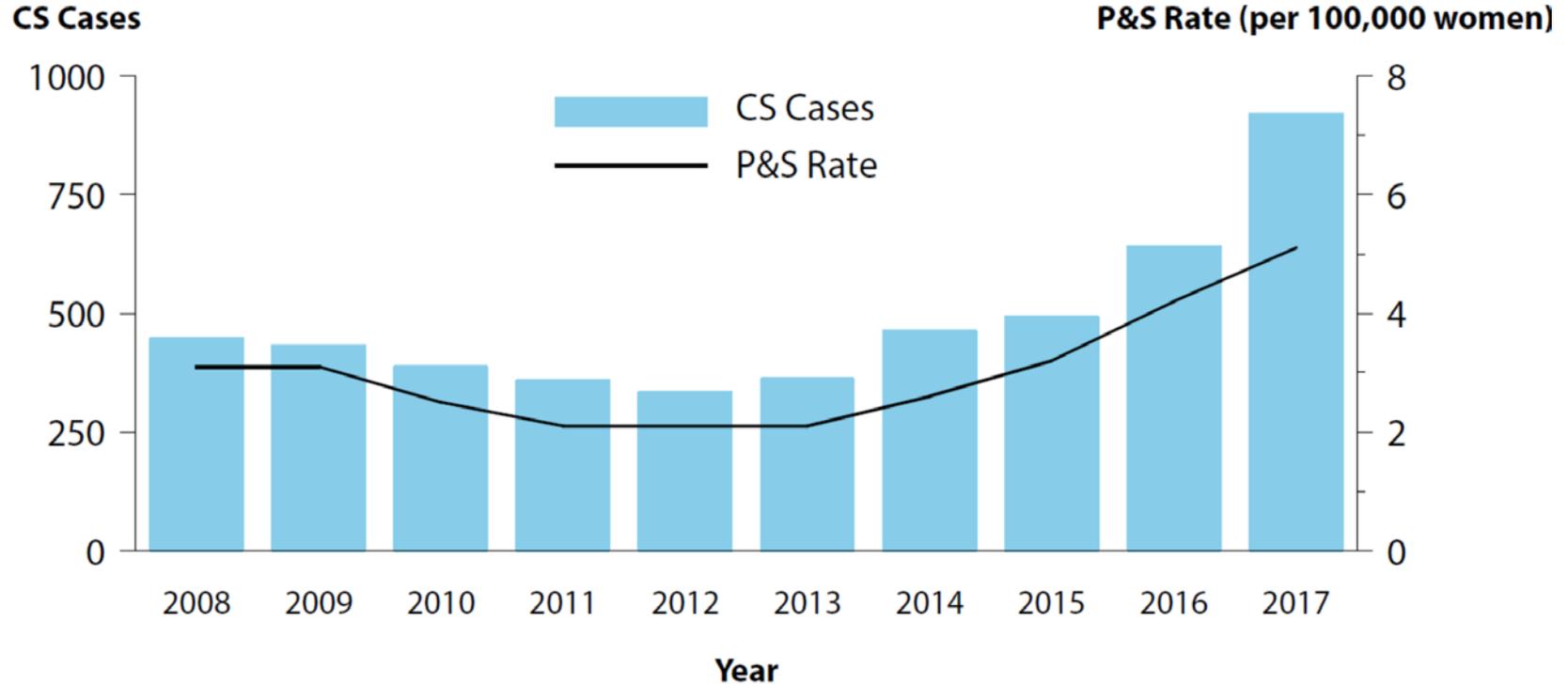
* Of all primary and secondary cases, 11.4% had a missing or unknown reporting source. Among all cases with a known reporting source, the reporting source categories presented represent 56.4% of cases; 43.6% were reported from sources other than those shown.

ACRONYMS: HMO = health maintenance organization; MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.





Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2008–2017



ACRONYMS: CS = Congenital syphilis; P&S = Primary and secondary syphilis.

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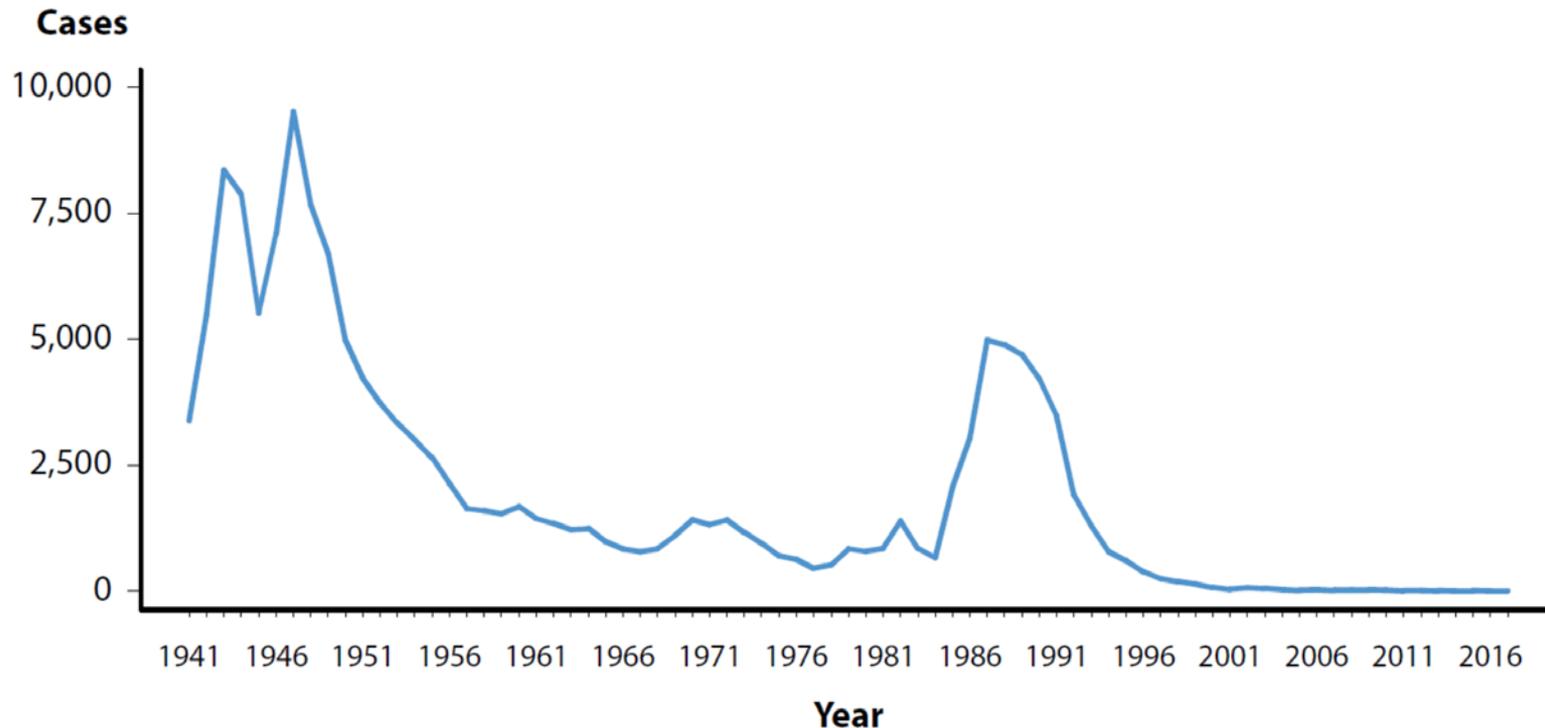




Sexually Transmitted Disease Surveillance 2017

Other Sexually Transmitted Diseases

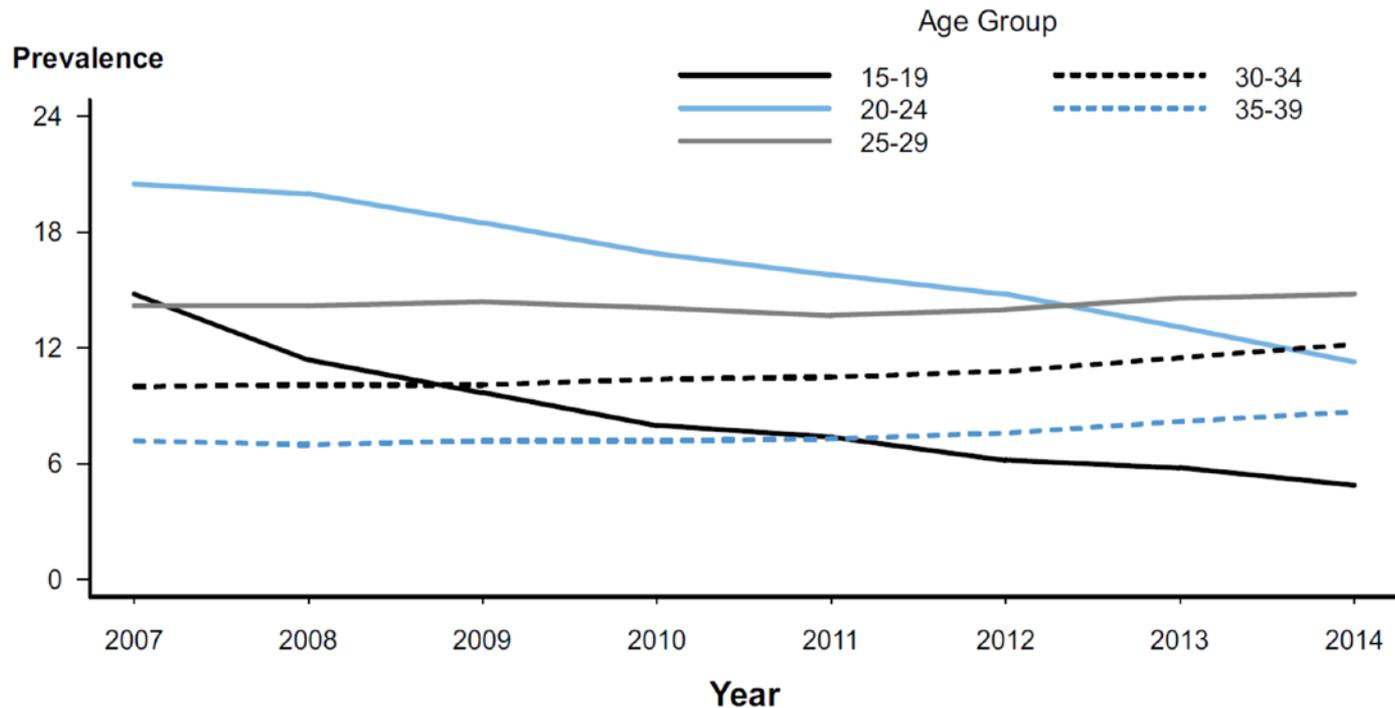
Chancroid — Reported Cases by Year, United States, 1941–2017



NOTE: Data collection for chancroid began in 1941; however, chancroid became nationally notifiable in 1944. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: <https://wwwn.cdc.gov/nndss/conditions/chancroid/>



Cervical Intraepithelial Neoplasia Grades 2 and 3 — Prevalence per 1000 Person-Years Among Female Enrollees in Private Health Plans Aged 15–39 Years, by Age Group and Year, 2007–2014

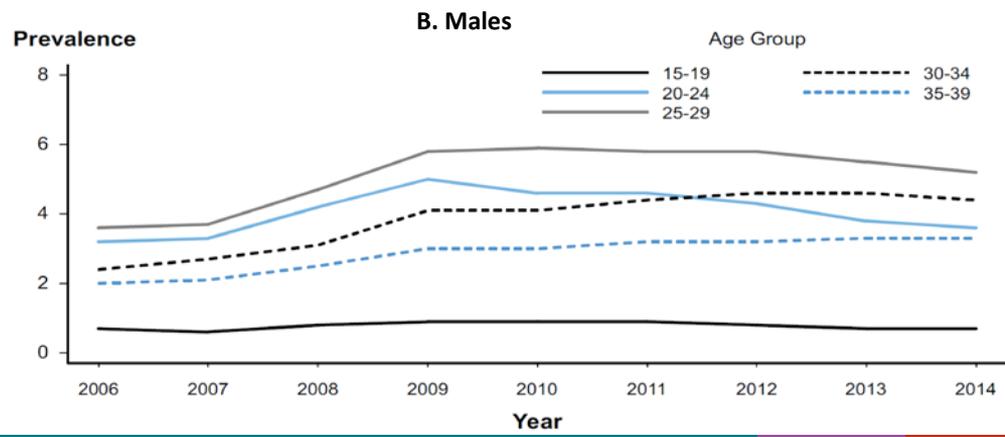
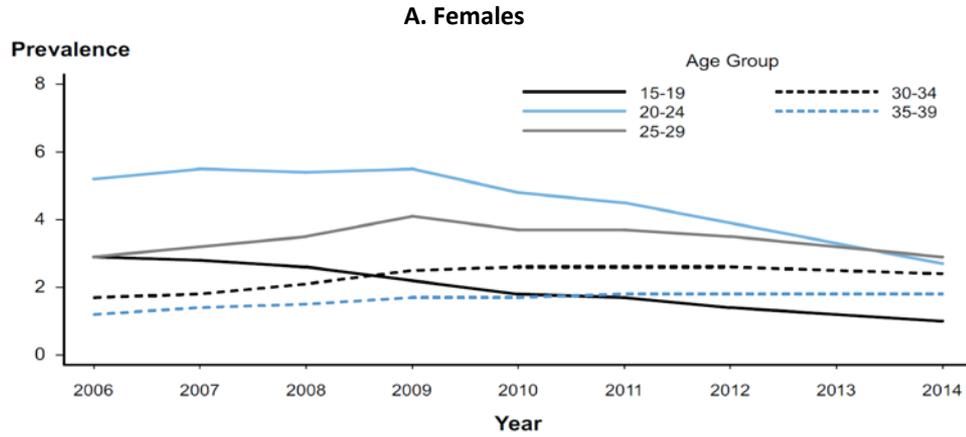


SOURCE: Flagg EW, Torrone EA, Weinstock H. Ecological association of human papillomavirus vaccination with cervical dysplasia prevalence in the United States, 2007–2014. *Am J Public Health* 2016; 106(12):2211–2218.





Anogenital Warts — Prevalence per 1000 Person-Years Among Enrollees in Private Health Plans Aged 15–39 Years by Sex, Age Group, and Year, 2006–2014

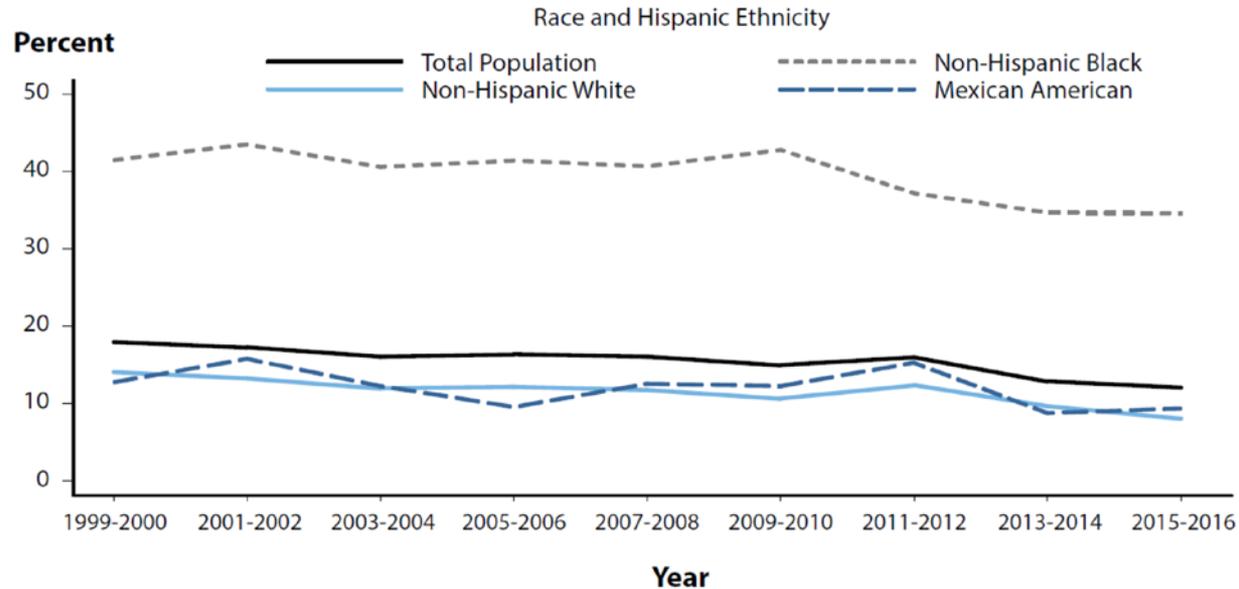


SOURCE: Flagg EW, Torrone EA. Declines in anogenital warts among age groups most likely to be impacted by human papillomavirus vaccination, United States, 2006–2014. *Am J Public Health* 2018; 108(1):112–119.





Herpes Simplex Virus Type 2 — National Estimates of Trends in Age-Adjusted Seroprevalence Among Persons Aged 14–49 Years by Race and Hispanic Ethnicity, National Health and Nutrition Examination Survey (NHANES), 1999–2000 through 2015–2016



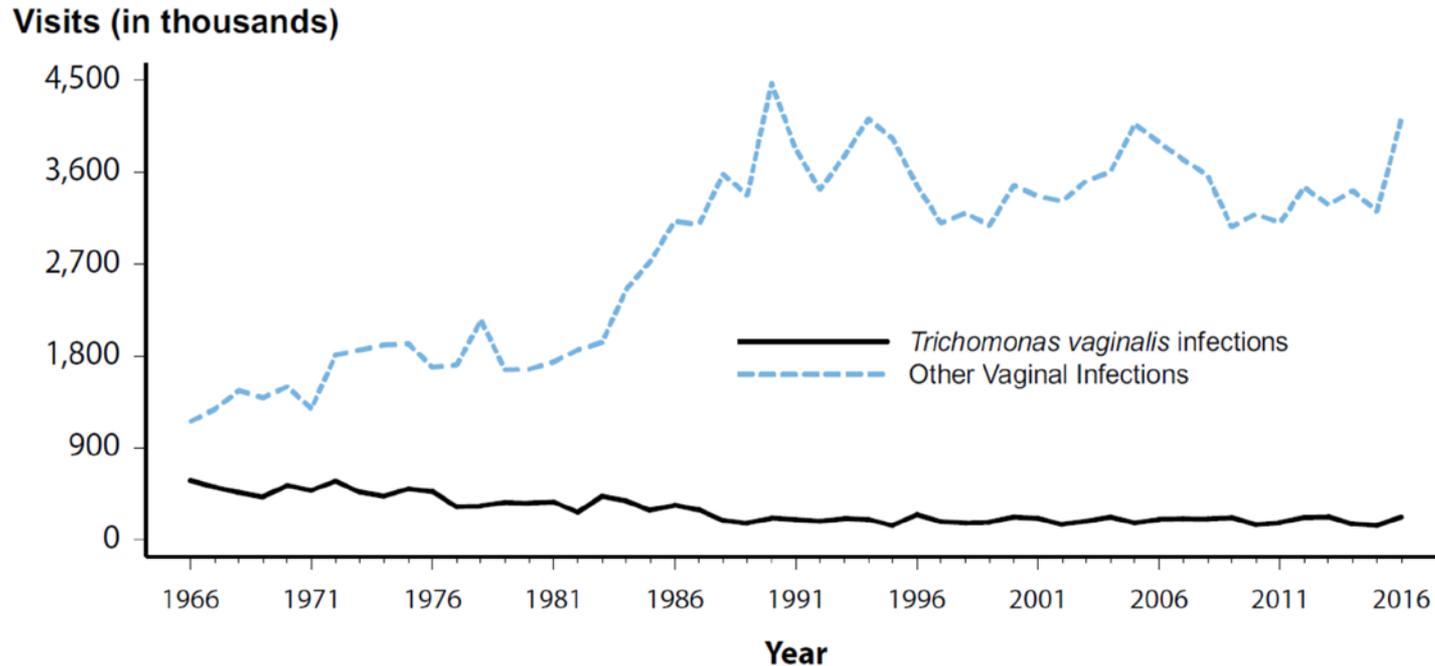
NOTE: Age-adjusted by the direct method to the 2000 US Census population, using age groups 14–19, 20–29, 30–39, and 40–49 years. Total population includes all race and Hispanic ethnicity groups, including those not shown separately.

SOURCE: McQuillan G, Kruszon-Moran D, Flagg EW, et al. Prevalence of herpes simplex virus type 1 and type 2 in persons aged 14–49: United States, 2015–2016. NCHS Data Brief, No 304. Hyattsville, MD: National Center for Health Statistics. 2018.





Trichomonas vaginalis and Other Vaginal Infections Among Females — Initial Visits to Physicians' Offices, United States, 1966–2016



NOTE: The relative standard errors for *Trichomonas vaginalis* infection estimates range from 23% to 17% and for other vaginal infection estimates range from 13% to 8%. See Section A2.5 in the Appendix and Table 44.

SOURCE: National Disease and Therapeutic Index, IMS Health, Integrated Promotional Services™, IMS Health Report, 1966–2016. The 2017 data were not obtained in time to include them in this report.



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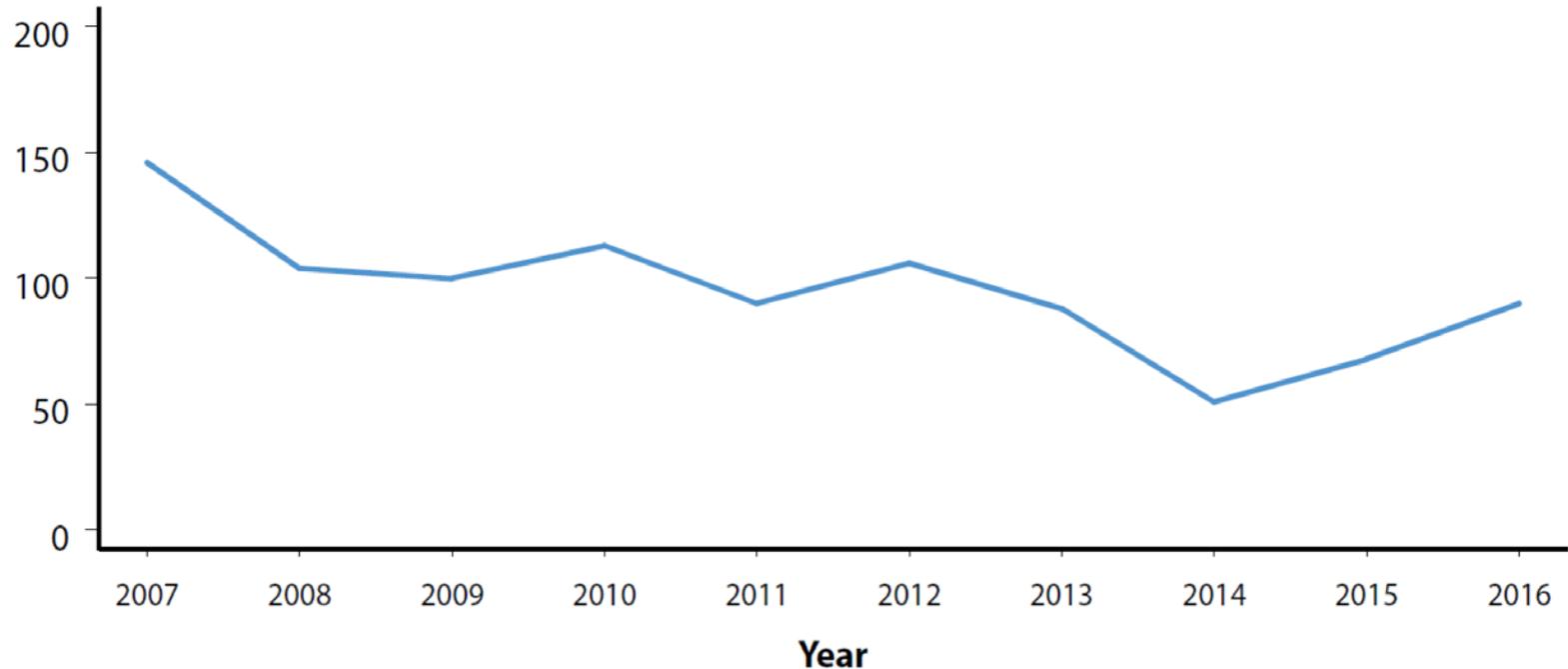
Sexually Transmitted Disease Surveillance 2017

STDs in Women and Infants



Pelvic Inflammatory Disease — Initial Visits to Physicians' Offices Among Women Aged 15–44 Years, United States, 2007–2016

Visits (in thousands)

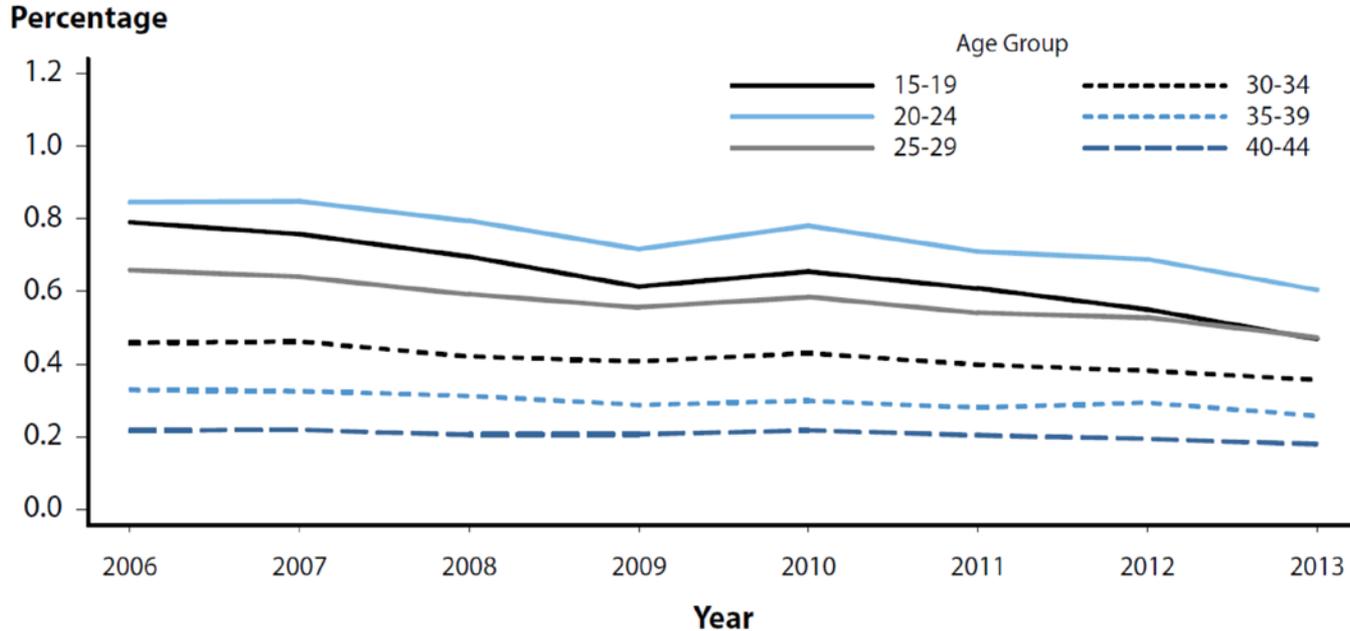


NOTE: The relative standard errors for these estimates are 23%–16%. See section A2.5 in the Appendix and Table 44.

SOURCE: National Disease and Therapeutic Index, IMS Health, Integrated Promotional Services™, IMS Health Report, 1966–2016. The 2017 data were not obtained in time to include them in this report.



Trends in the Percentage of Acute Pelvic Inflammatory Disease (PID) Emergency Department (ED) Visits Among Women Aged 15–44 Years by Age Group, United States, 2006–2013



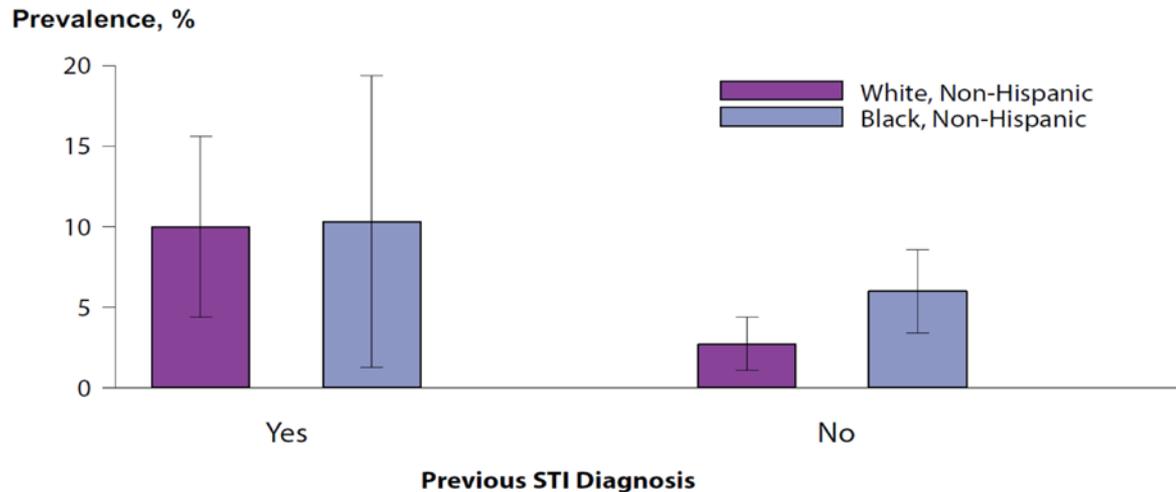
NOTE: Estimates were weighted using discharge weights representative of the reported total of emergency department visits in the US. Percent is calculated as the percent of visits where any PID was diagnosed where PID was the first diagnosis listed for the patient's ED visit.

SOURCE: Kreisel K, Flagg EW, Torrone E. Trends in pelvic inflammatory disease emergency department visits, United States, 2006–2013. *Am J Obstet Gynecol* 2018; 218(1): 117.e1–117.e10.





Pelvic Inflammatory Disease — National Estimates of Lifetime Prevalence* Among Sexually Experienced Women† Aged 18–44 Years by Race, Hispanic Ethnicity, and Previous STI‡ Diagnosis, National Health and Nutrition Examination Survey (NHANES), 2013–2014



* Prevalence estimates based on response to the question, "Have you ever been treated for an infection in your fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?". Estimates were weighted to be nationally representative of the US population, accounting for unequal probabilities of selection and nonresponse.

† Based on a response of "Yes" to the question, "Have you ever had vaginal, anal, or oral sex?".

‡ STI = sexually transmitted infection. Participants who have been told by a doctor or other healthcare professional in the last 12 months that they had chlamydia or gonorrhea or have ever been told they have herpes, human papillomavirus, or genital warts.

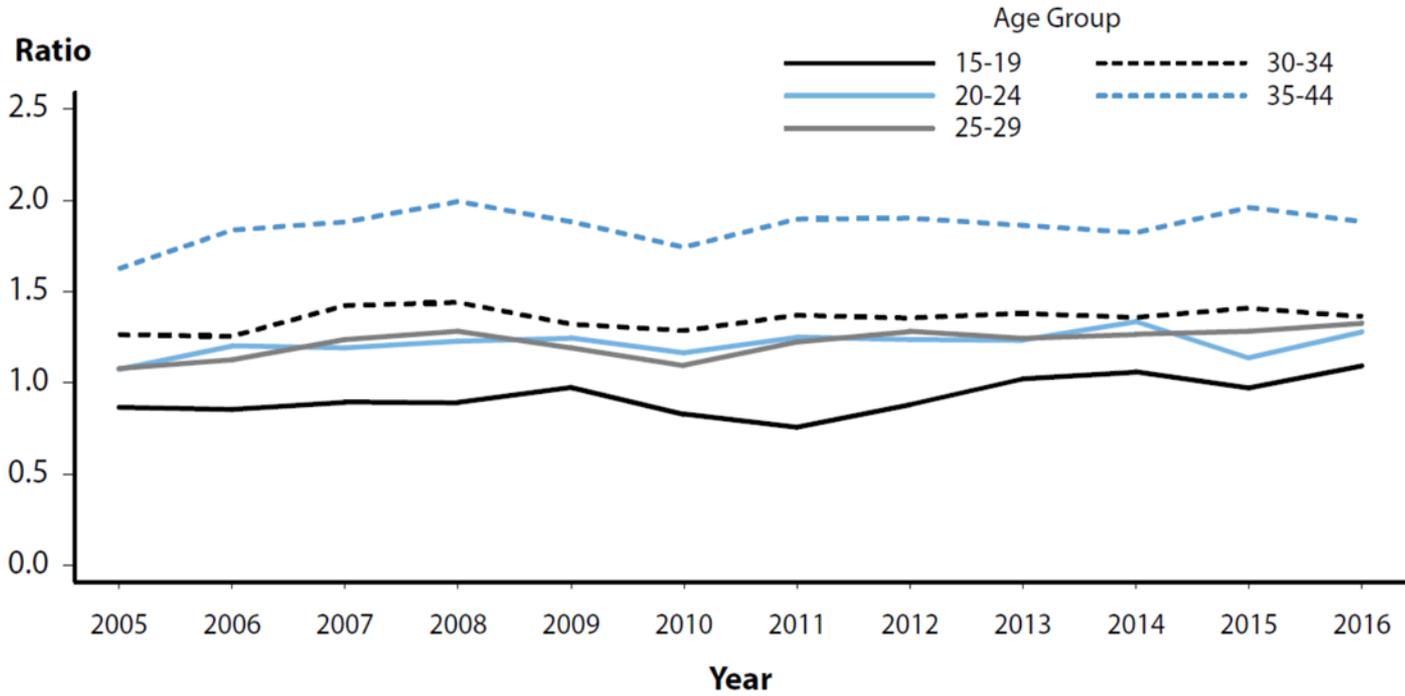
NOTE: Error bars indicate 95% confidence intervals. Prevalence estimates among non-Hispanic Black women with a previous STI diagnosis have a relative standard error >40% but <50%.

SOURCE: Kreisel K, Torrone E, Bernstein K, et al. Prevalence of pelvic inflammatory disease in sexually experienced women of reproductive age — United States, 2013–2014. *MMWR Morb Mortal Wkly Rep* 2017; 66(3):80–83.





Ectopic Pregnancy — Ratio* Among Commercially Insured Women with Live Births Aged 15–44 Years by Age Group, 2005–2016

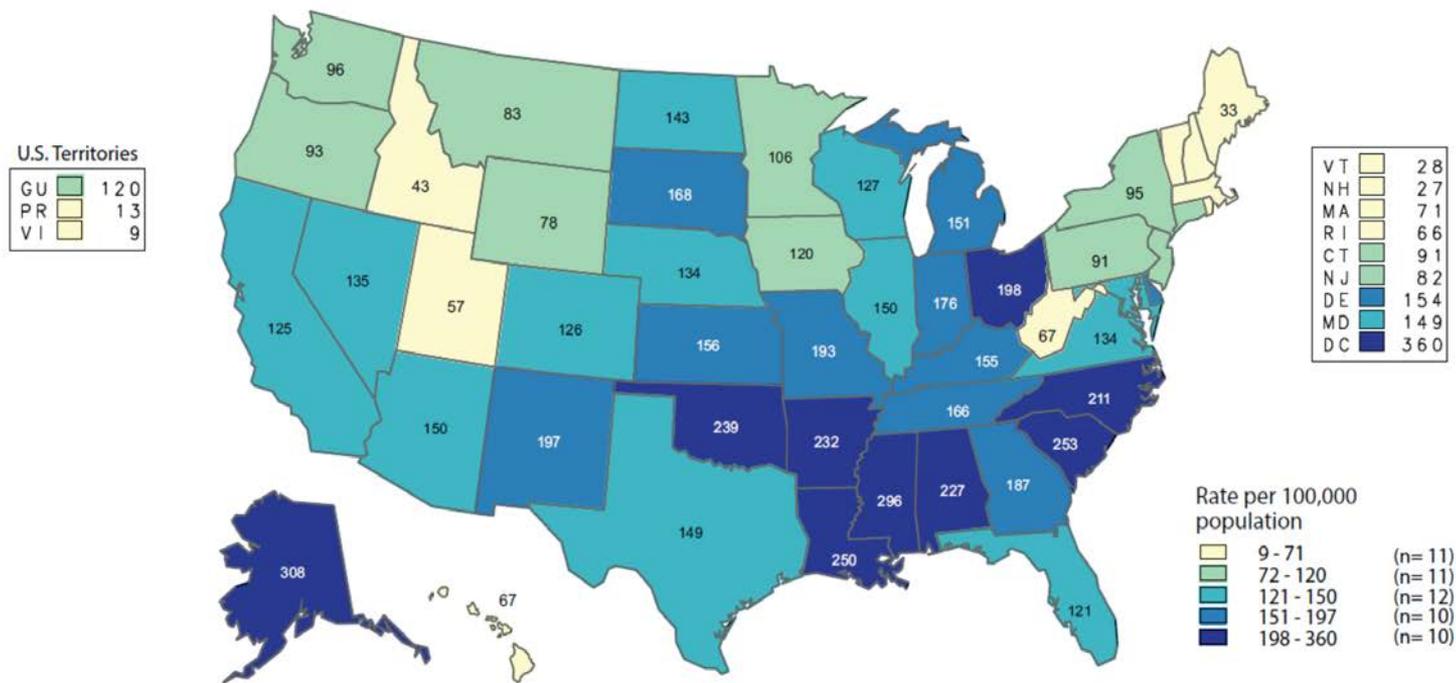


* Ratios represent the number of ectopic pregnancy diagnoses per 100,000 live births.

SOURCE: MarketScan Commercial Claims and Encounters Database, Truven Health Analytics, Ann Arbor, MI, 2005–2016.



Gonorrhea — Rates of Reported Cases Among Women by State, United States and Outlying Areas, 2017



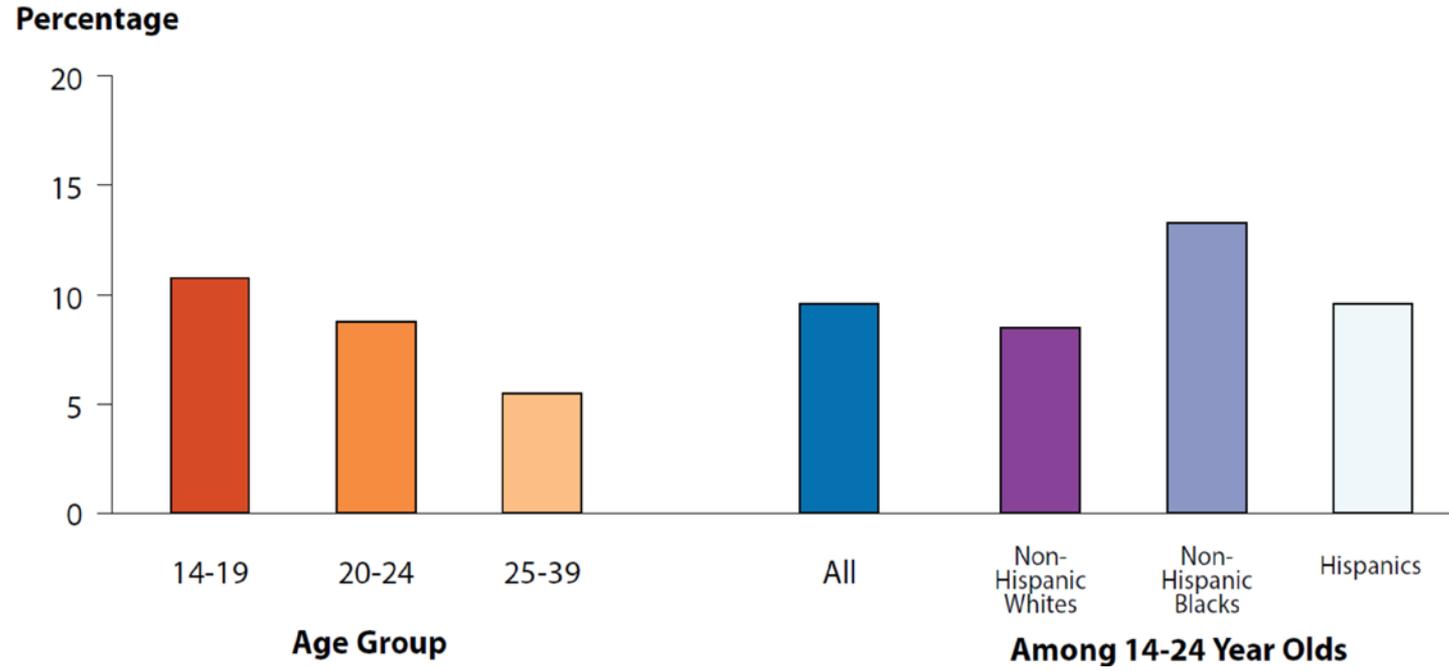
NOTE: The total rate of reported cases of gonorrhea among women in the United States and outlying areas (including Guam, Puerto Rico, and the Virgin Islands) was 140.3 per 100,000 females. See Section A1.2 in the Appendix for more information on estimating rates for outlying areas.

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.





Chlamydia — Positivity* Among Women Aged 14–39 Years by Race, Hispanic Ethnicity, and Age Group in Clinics† Providing Family Planning and Reproductive Health Services, STD Surveillance Network (SSuN), 2017



* Positivity represents the overall average of the mean value by jurisdiction.

† Includes clinics (n = 34) that tested >100 women for chlamydia in 2017 and testing coverage was >60%.

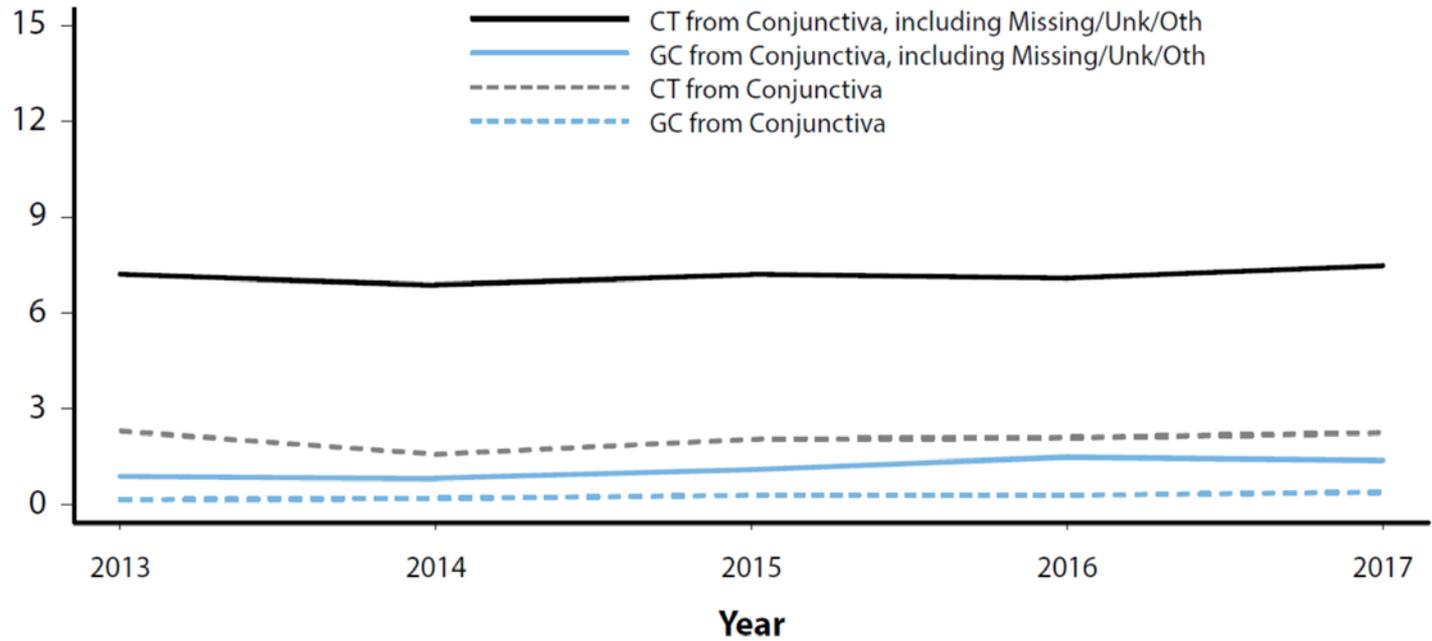
NOTE: See section A2.2 in the Appendix for SSuN methods.





Chlamydia and Gonorrhea — Rates of Reported Cases Among Infants <1 Year of Age by Year and Specimen Source, United States, 2013–2017

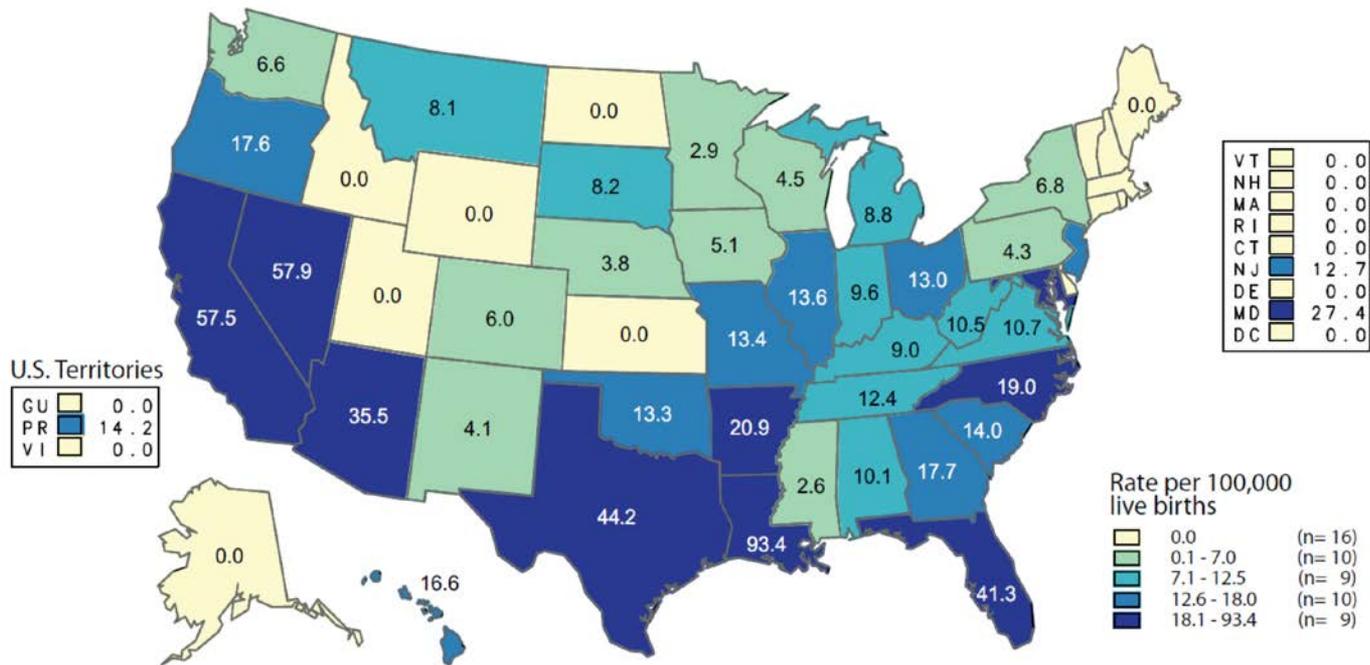
Rate (per 100,000 live births)



ADAPTED FROM: Kreisel K, Weston E, Braxton J, et al. Keeping an eye on chlamydia and gonorrhea conjunctivitis in infants in the United States, 2010–2015. *Sex Transm Dis* 2017; 44(6): 356–358.

ACRONYMS: CT = Chlamydia; GC = Gonorrhea.

Congenital Syphilis — Rates of Reported Cases Among Infants by Year of Birth and State, United States and Outlying Areas, 2017



NOTE: The total rate of reported cases of congenital syphilis for infants by year of birth for the United States and outlying areas (including Guam, Puerto Rico, and the Virgin Islands) was 23.2 per 100,000 live births. See Section A1.2 in the Appendix for more information on estimating rates for outlying areas.

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



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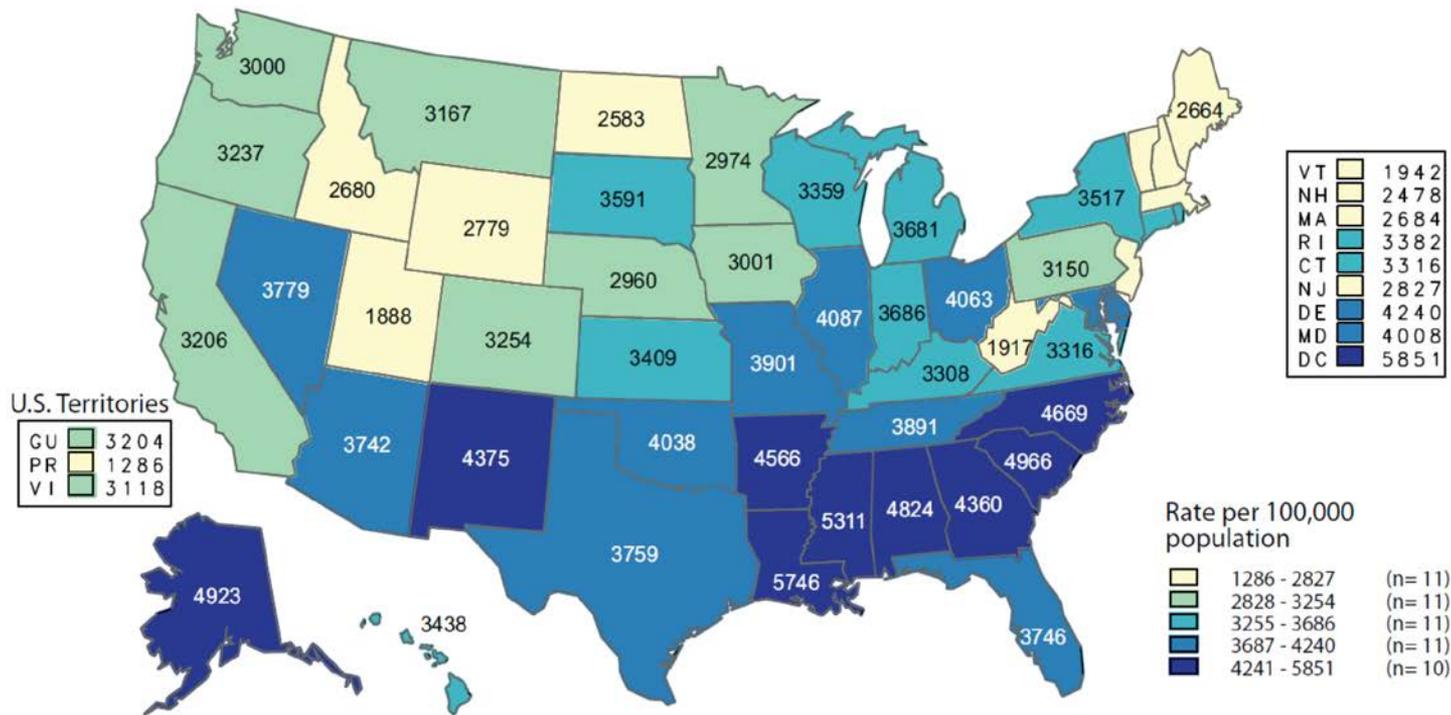




Sexually Transmitted Disease Surveillance 2017

STDs in Adolescents and Young Adults

Chlamydia — Rates of Reported Cases Among Women Aged 15–24 Years by State, United States and Outlying Areas, 2017

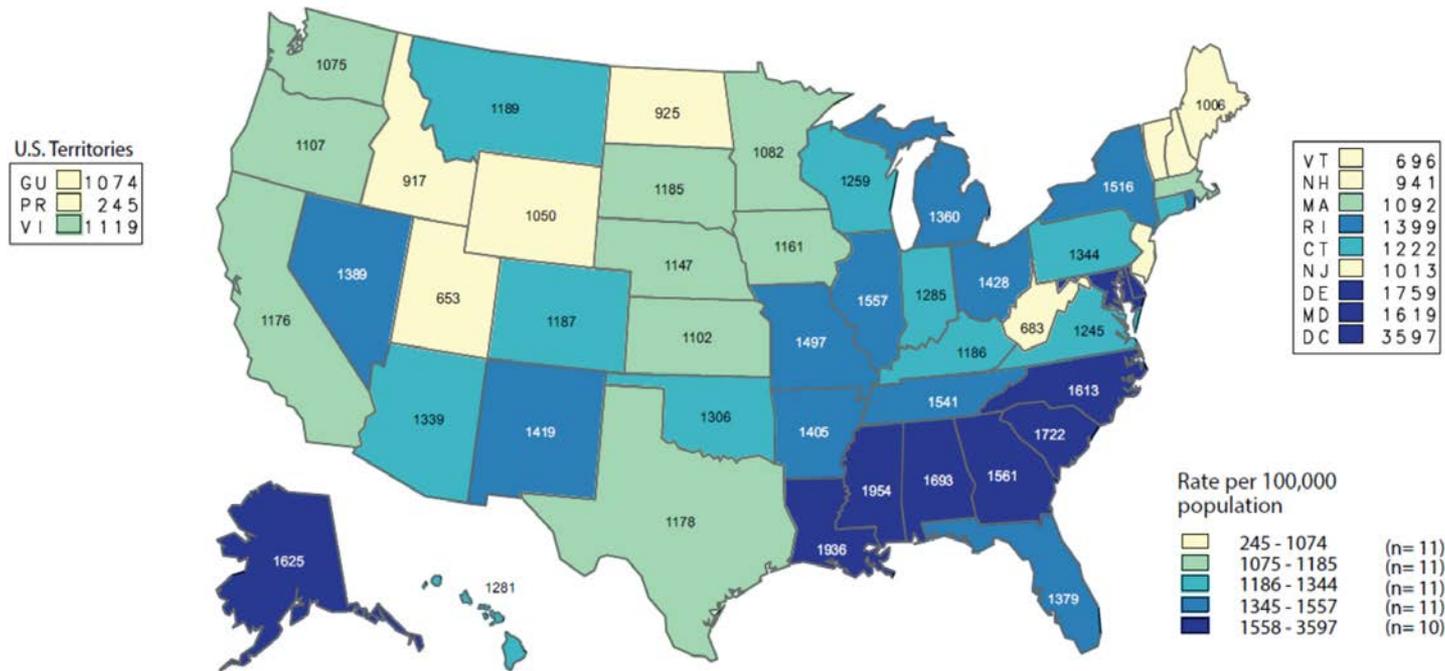


NOTE: Rates for Puerto Rico and the Virgin Islands were calculated by using the 2010 population estimates (see Section A1.2 in the Appendix).

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



Chlamydia — Rates of Reported Cases Among Men Aged 15–24 Years by State, United States and Outlying Areas, 2017

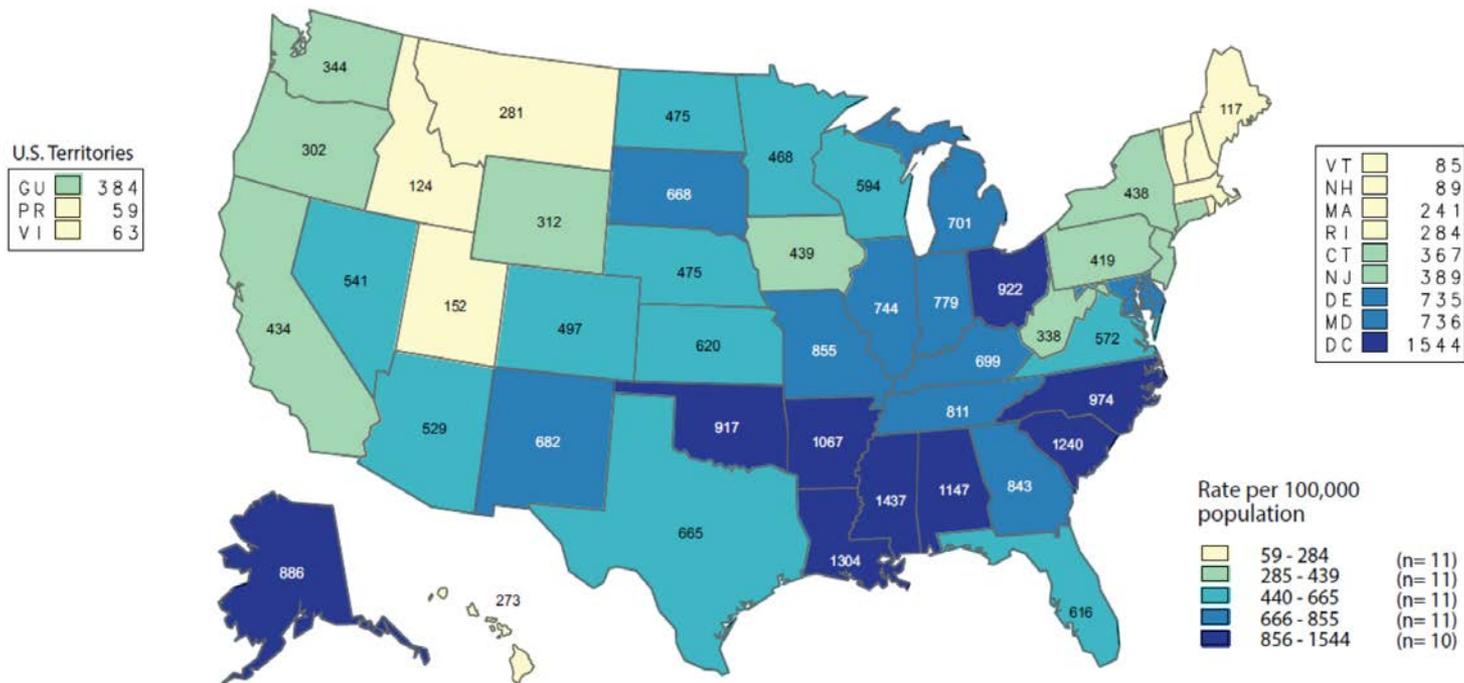


NOTE: Rates for Puerto Rico and the Virgin Islands were calculated by using the 2010 population estimates (see Section A1.2 in the Appendix).

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



Gonorrhea — Rates of Reported Cases Among Women Aged 15–24 Years by State, United States and Outlying Areas, 2017

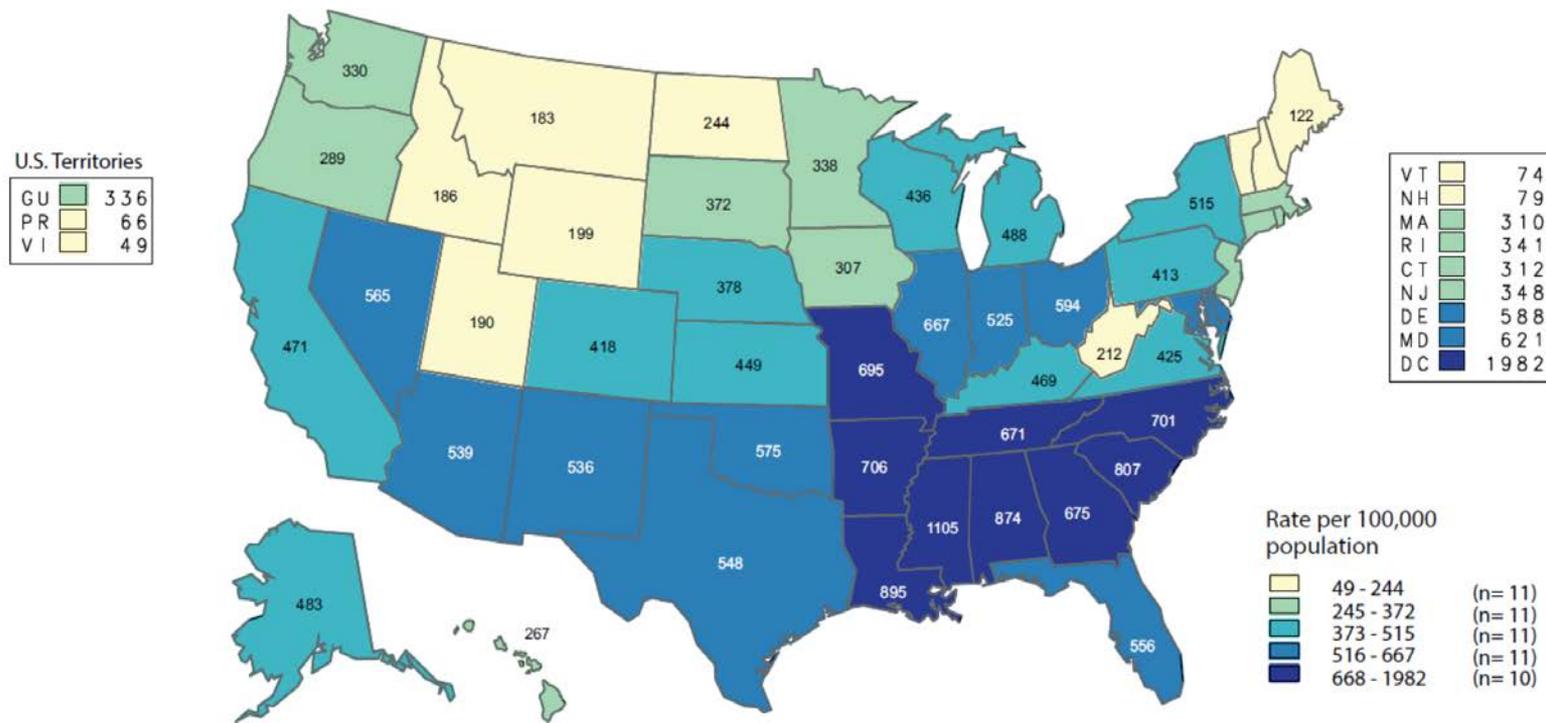


NOTE: Rates for Puerto Rico and the Virgin Islands were calculated by using the 2010 population estimates (see Section A1.2 in the Appendix).

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



Gonorrhea — Rates of Reported Cases Among Men Aged 15–24 Years by State, United States and Outlying Areas, 2017

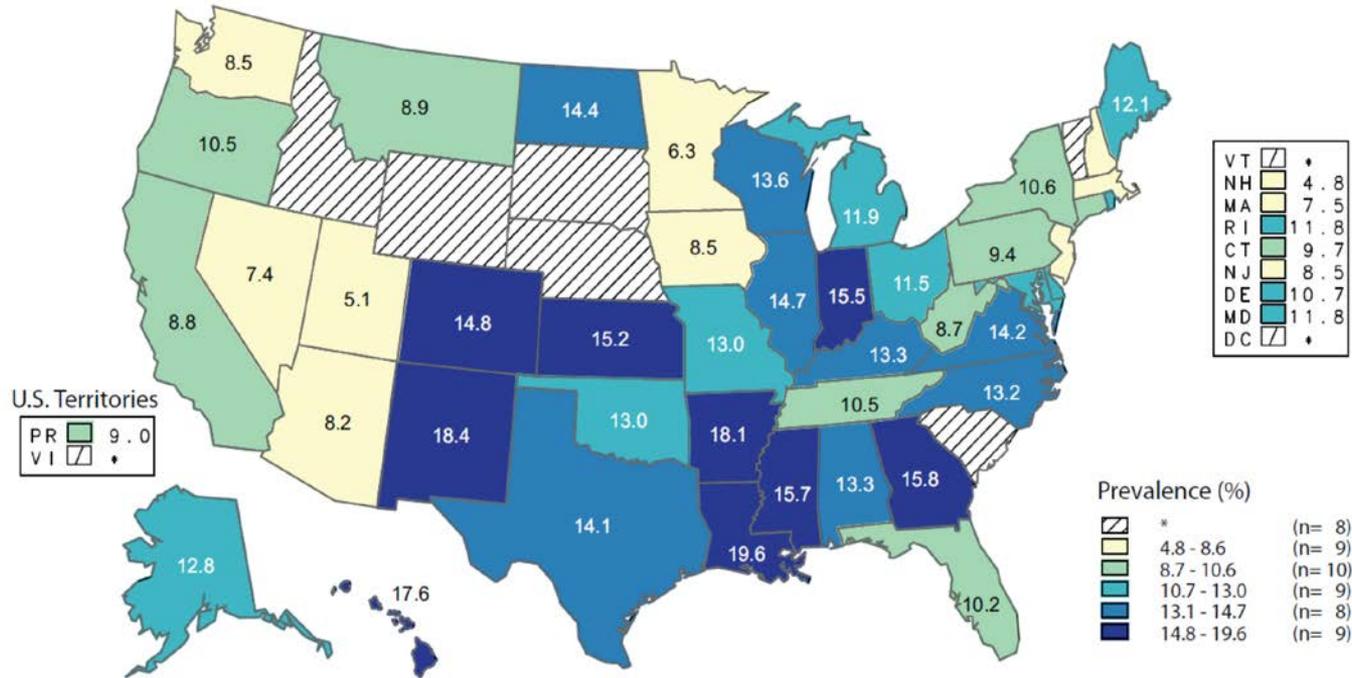


NOTE: Rates for Puerto Rico and the Virgin Islands were calculated by using the 2010 population estimates (see Section A1.2 in the Appendix).

ACRONYMS: GU = Guam; PR = Puerto Rico; VI = Virgin Islands.



Chlamydia — Prevalence Among Women Aged 16–24 Years Entering the National Job Training Program (NJTP) by State of Residence, United States and Outlying Areas, 2017



* Fewer than 100 women who resided in these states/areas and entered the NJTP were screened for chlamydia in 2017.

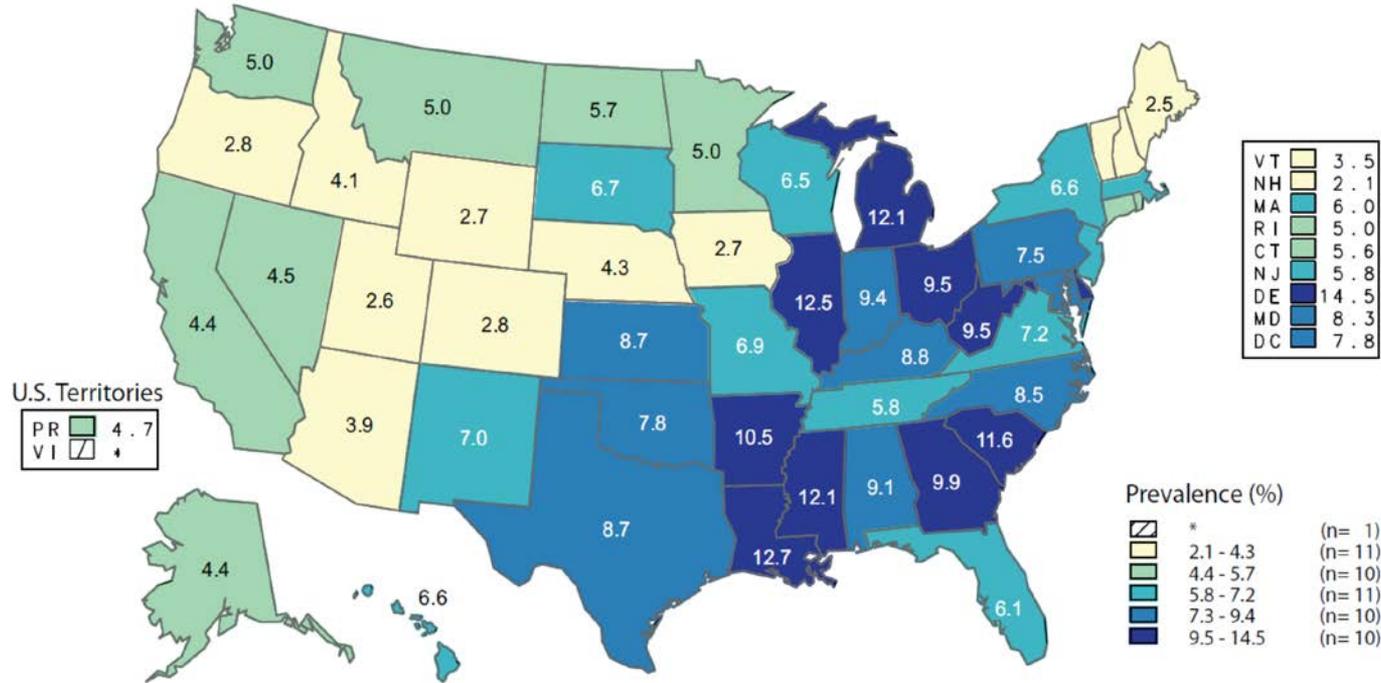
NOTE: See Section A2.1 in the Appendix for more information regarding NJTP methods.

ACRONYMS: PR = Puerto Rico; VI = Virgin Islands.





Chlamydia — Prevalence Among Men Aged 16–24 Years Entering the National Job Training Program (NJTP) by State of Residence, United States and Outlying Areas, 2017



* Fewer than 100 men who resided in these states/areas and entered the NJTP were screened for chlamydia in 2017.

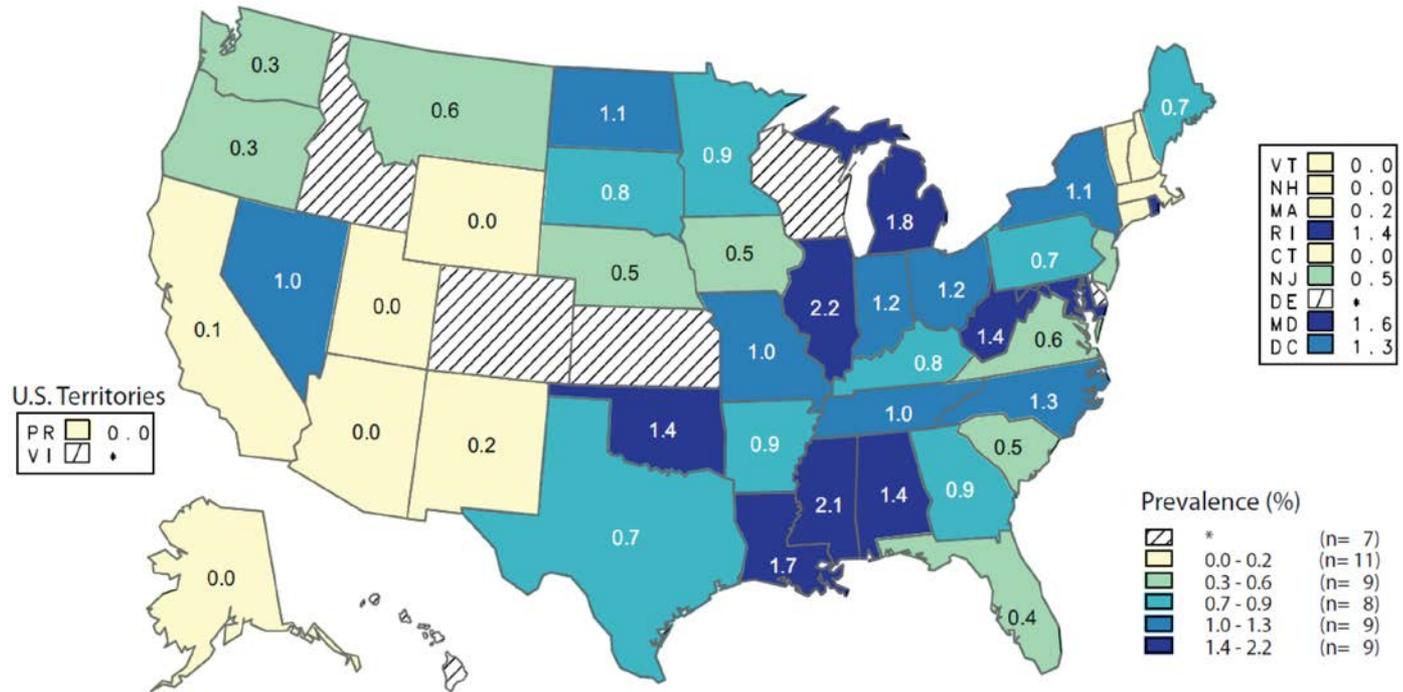
NOTE: See Section A2.1 in the Appendix for more information regarding NJTP methods.

ACRONYMS: PR = Puerto Rico; VI = Virgin Islands.





Gonorrhea — Prevalence Among Men Aged 16–24 Years Entering the National Job Training Program (NJTP) by State of Residence, United States and Outlying Areas, 2017



* Fewer than 100 men who resided in these states/areas and entered the NJTP were screened for gonorrhea in 2017.

NOTE: See Section A2.1 in the Appendix for more information regarding NJTP methods.

ACRONYMS: PR = Puerto Rico; VI = Virgin Islands.



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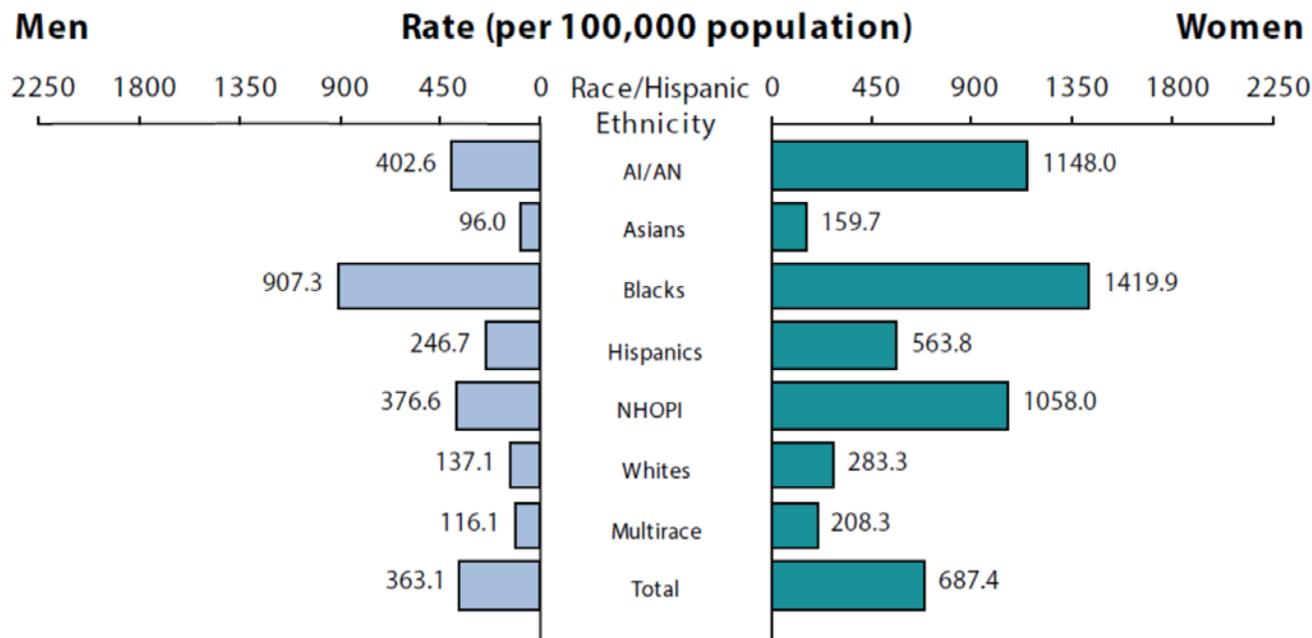




Sexually Transmitted Disease Surveillance 2017

STDs in Racial and Ethnic Minorities

Chlamydia — Rates of Reported Cases by Race, Hispanic Ethnicity, and Sex, United States, 2017

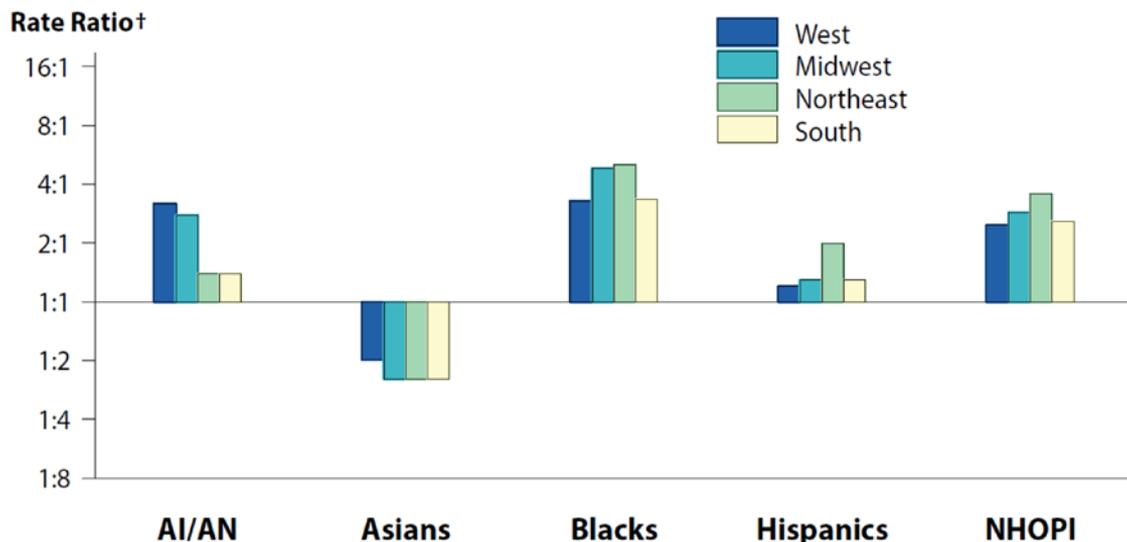


NOTE: Not all US jurisdictions reported cases in OMB-compliant race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on race and Hispanic ethnicity in STD case reporting.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Chlamydia — Rate Ratios* Among Women Aged 15–24 Years by Race, Hispanic Ethnicity, and Region, United States, 2017



* Rate ratios are calculated as the rate of reported chlamydia cases per 100,000 population for a given racial or ethnic minority population divided by the rate of reported chlamydia cases per 100,000 population for Whites. Any population with a lower rate of reported cases of chlamydia than the White population will have a rate ratio of less than 1:1.

† Y-axis is log scale.

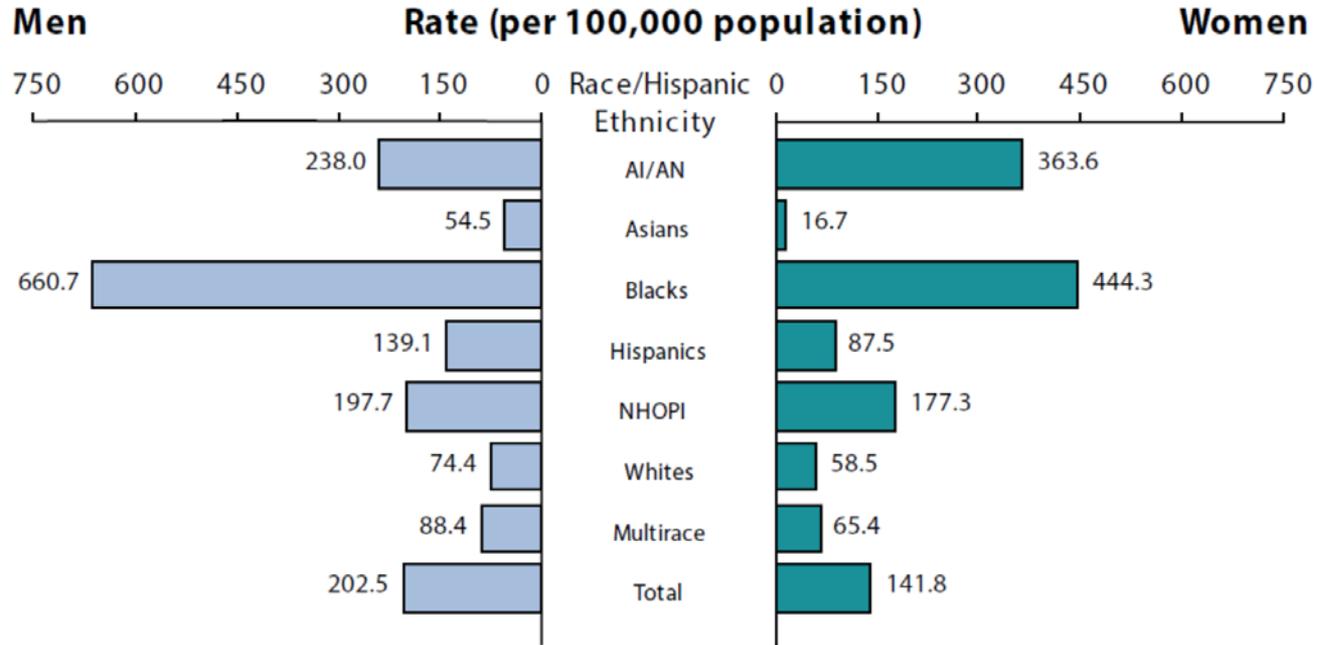
NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.





Gonorrhea — Rates of Reported Cases by Race, Hispanic Ethnicity, and Sex, United States, 2017

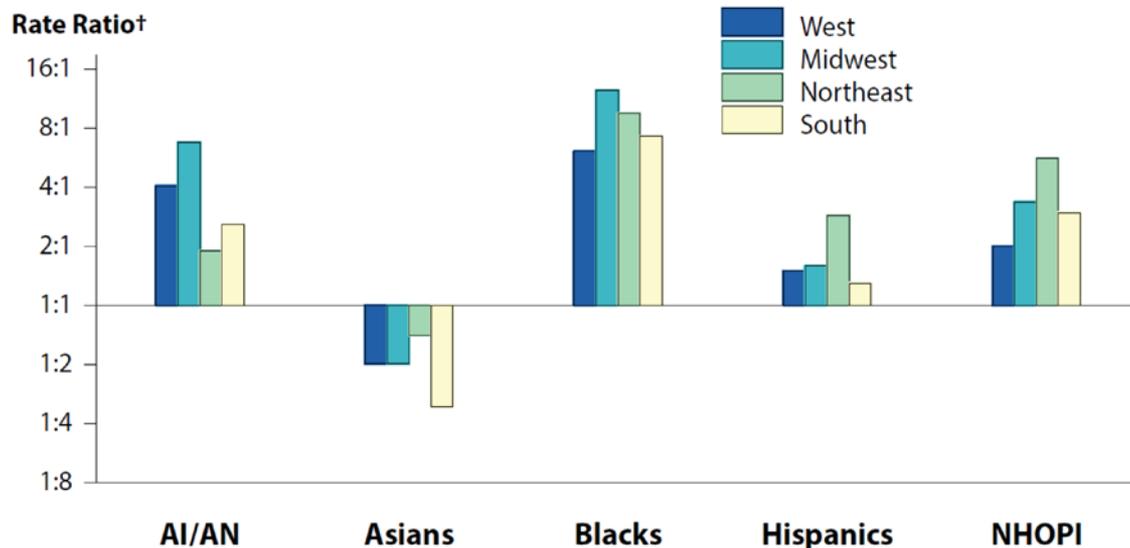


NOTE: Not all US jurisdictions reported cases in OMB-compliant race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on race and Hispanic ethnicity in STD case reporting.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Gonorrhea — Rate Ratios* by Race, Hispanic Ethnicity, and Region, United States, 2017



* Rate ratios are calculated as the rate of reported gonorrhea cases per 100,000 population for a given racial or ethnic minority population divided by the rate of reported gonorrhea cases per 100,000 population for Whites. Any population with a lower rate of reported cases of gonorrhea than the White population will have a rate ratio of less than 1:1.

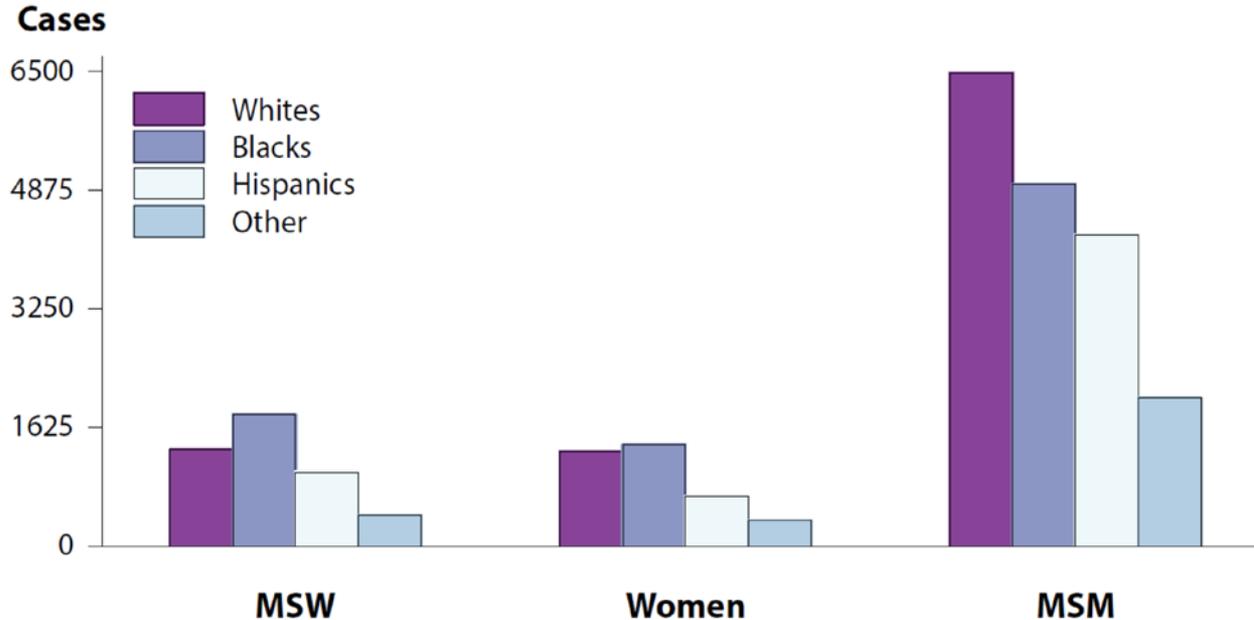
† Y-axis is log scale.

NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Primary and Secondary Syphilis — Reported Cases* by Sex, Sexual Behavior, Race, and Hispanic Ethnicity, United States, 2017



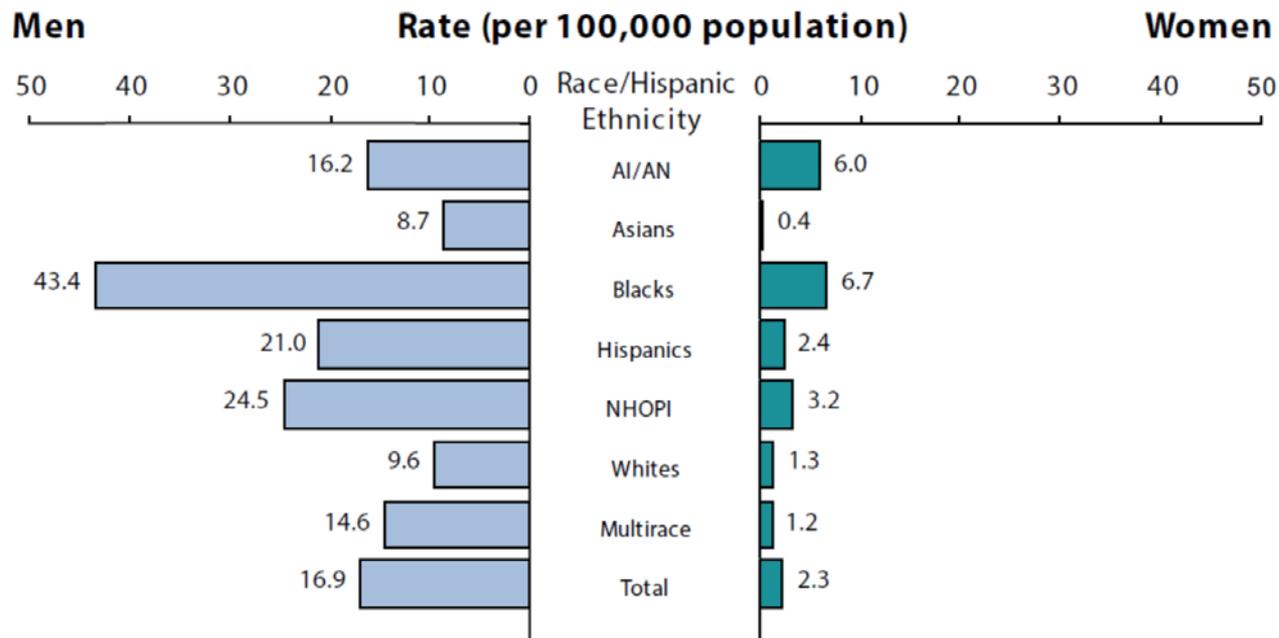
* Of all reported cases of primary and secondary syphilis, 15.0% were among men without data on sex of sex partners, and 0.1% were cases with unknown sex; 5.7% of all cases had missing or unknown race/Hispanic ethnicity. Cases with missing or unknown race/Hispanic ethnicity are included in the “Other” category.

NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPi, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPi = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Primary and Secondary Syphilis — Rates of Reported Cases by Race, Hispanic Ethnicity, and Sex, United States, 2017



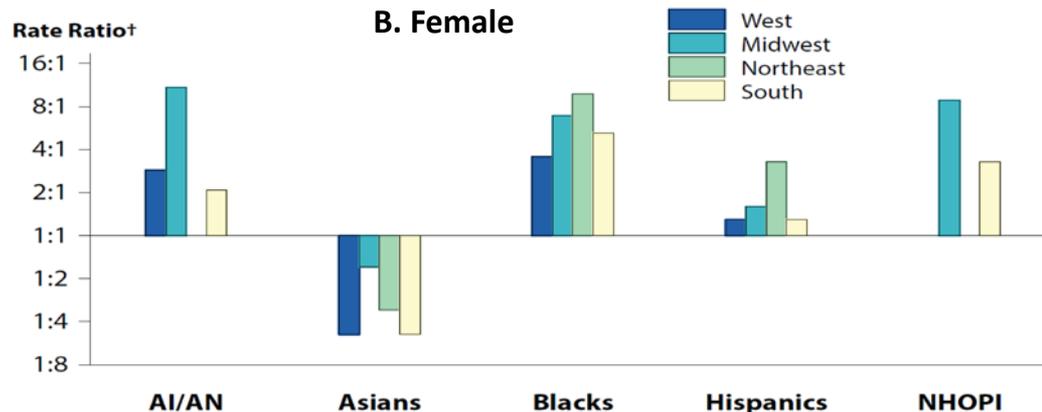
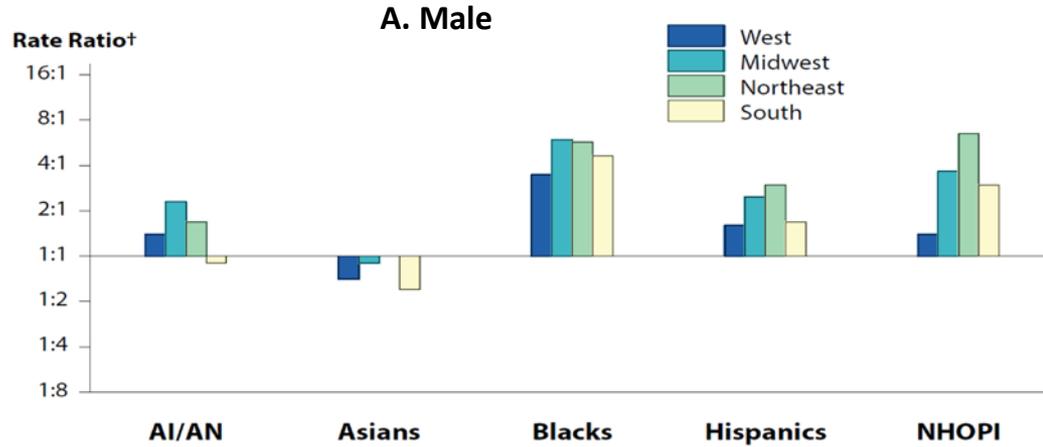
NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.





Primary and Secondary Syphilis — Rate Ratios* by Sex, Race, Hispanic Ethnicity, and Region, United States, 2017



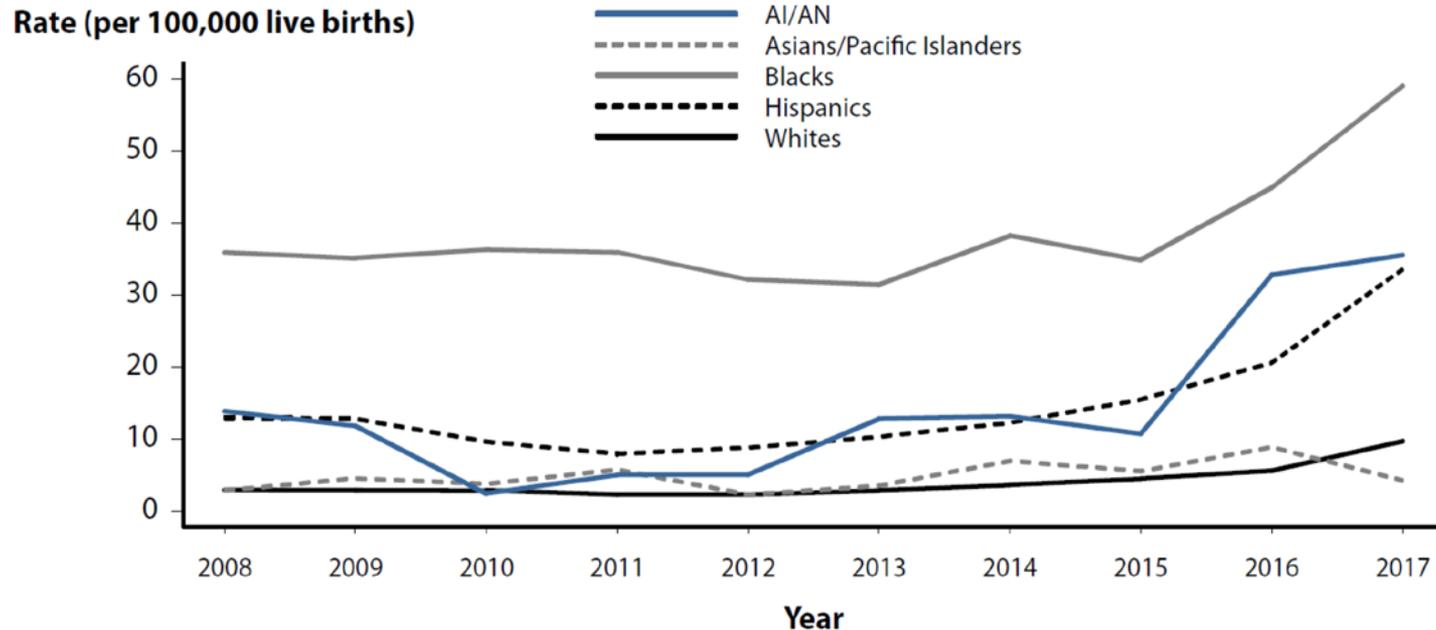
* Rate ratios are calculated as the rate of reported primary and secondary syphilis cases per 100,000 population for a given racial or ethnic minority population divided by the rate of reported primary and secondary syphilis cases per 100,000 population for Whites. Any population with a lower rate of reported cases of primary and secondary syphilis than the White population will have a rate ratio of less than 1:1. † Y-axis is log scale.

NOTE: Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders; OMB = Office of Management and Budget.



Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race, and Hispanic Ethnicity of Mother, United States, 2008–2017



NOTE: National Center for Health Statistics bridged race categories are presented to allow the display of data across several years. Not all US jurisdictions reported cases in OMB-compliant Race categories in 2017. This may minimally under- or overestimate rates for Asians, NHOPI, or Multirace individuals. For completeness, data in this figure include cases reported from all jurisdictions. See Section A1.5 in the Appendix for information on reporting STD case data for race and Hispanic ethnicity.

ACRONYMS: AI/AN = American Indians/Alaska Natives; OMB = Office of Management and Budget.



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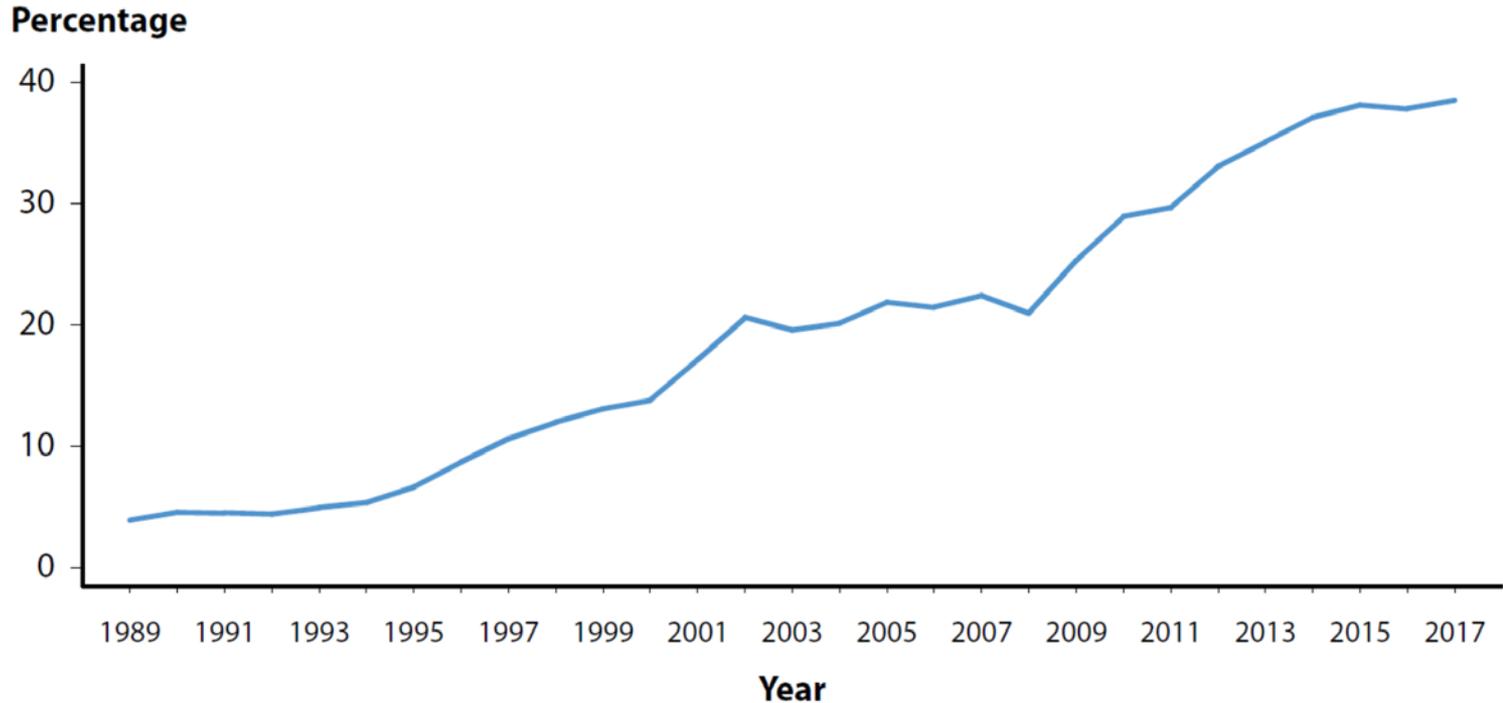


Sexually Transmitted Disease Surveillance 2017

STDs in Men Who Have Sex With Men



Neisseria gonorrhoeae — Percentage of Urethral Isolates Obtained from MSM Attending STD Clinics, Gonococcal Isolate Surveillance Project (GISP), 1989–2017

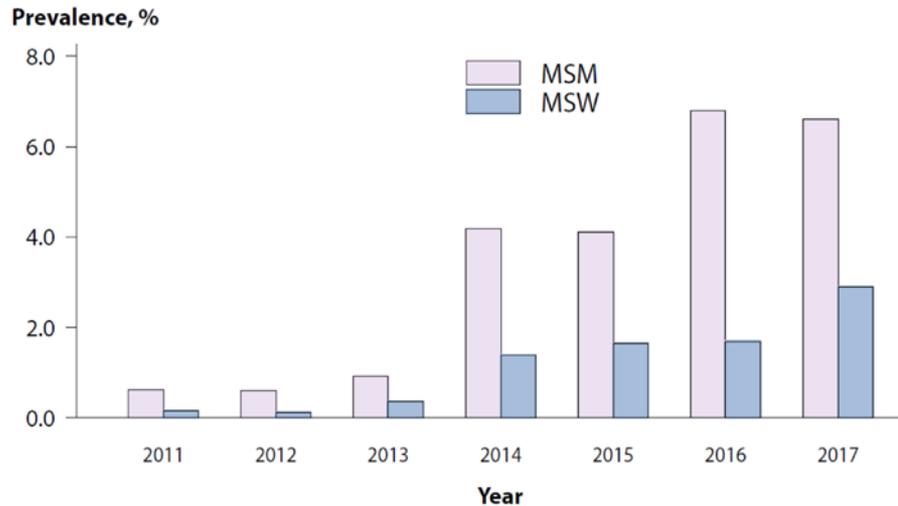


ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM).

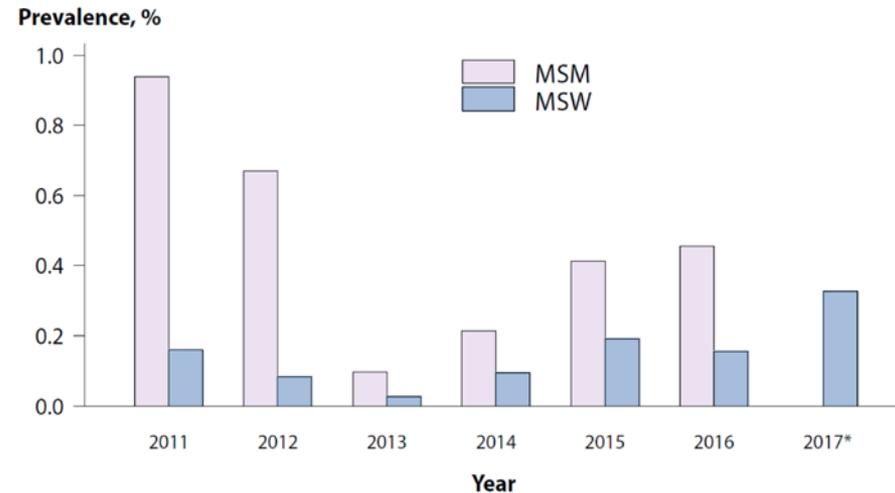


Neisseria gonorrhoeae — Percentage of Urethral Isolates with Elevated Azithromycin Minimum Inhibitory Concentrations (MICs) ($\geq 2.0 \mu\text{g/ml}$) and Elevated Ceftriaxone MICs ($\geq 0.125 \mu\text{g/ml}$) by Reported Sex of Sex Partners, Gonococcal Isolate Surveillance Project (GISP), 2011–2017

A. Azithromycin



B. Ceftriaxone



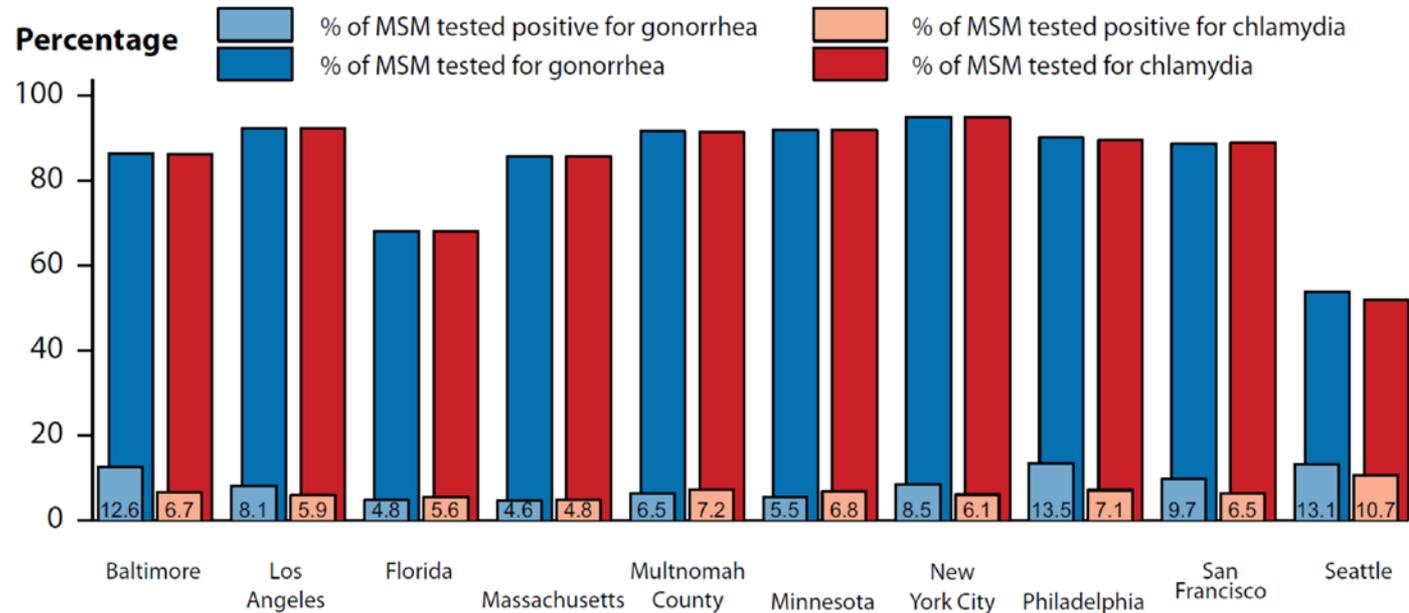
* No cases of elevated ceftriaxone MICs were reported among MSM in 2017.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.





Gonorrhea and Chlamydia — Proportion* of MSM Attending STD Clinics Testing Positive for Urogenital[†] Gonorrhea and Chlamydia by Jurisdiction, STD Surveillance Network (SSuN), 2017



* Results based on data obtained from unique patients with known sexual behavior tested for urogenital gonorrhea (n=27,407) and for urogenital chlamydia (n=27,337) ≥1 times in 2017.

[†] Includes results from both urethral and urine specimens.

NOTE: See section A2.2 in the Appendix for SSuN methods.

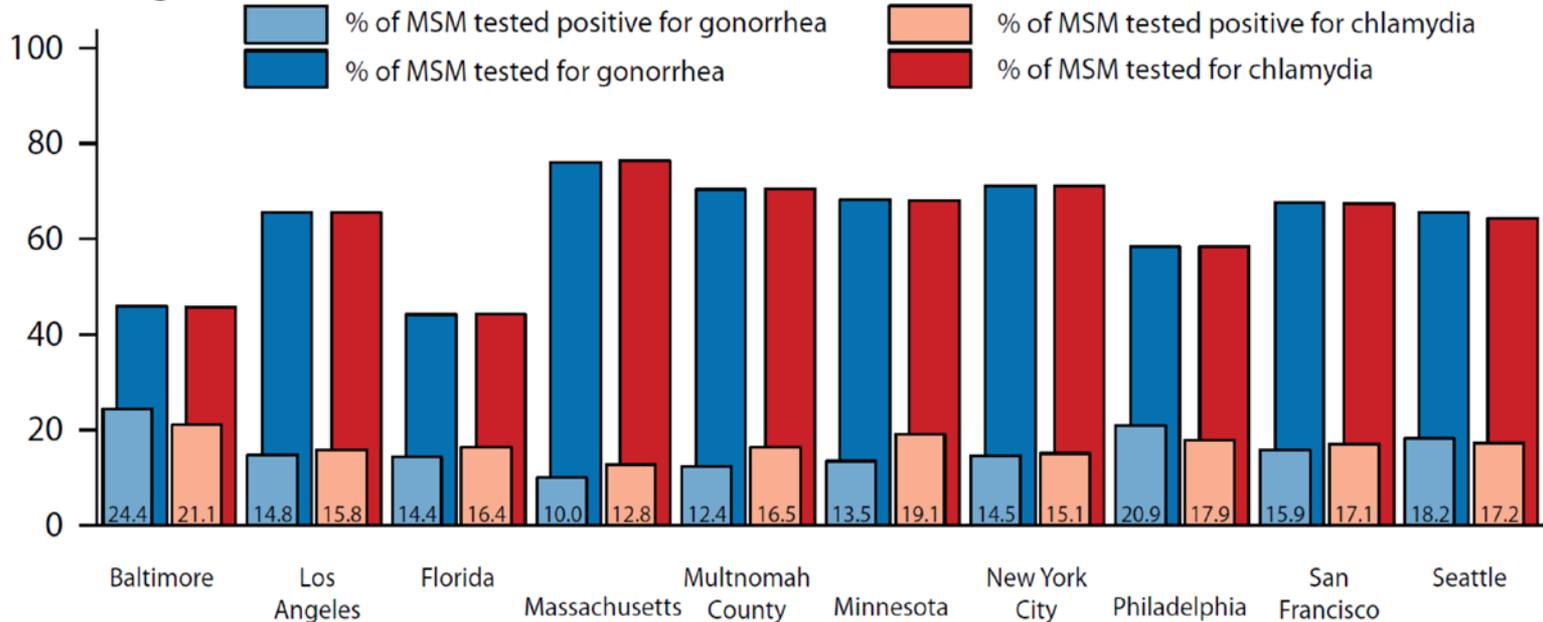
ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM).





Gonorrhea and Chlamydia — Proportion* of MSM Attending STD Clinics Testing Positive for Rectal Gonorrhea and Chlamydia by Jurisdiction, STD Surveillance Network (SSuN), 2017

Percentage



* Results based on data obtained from unique patients with known sexual behavior tested for rectal gonorrhea (n=20,861) and for rectal chlamydia (n=20,817) ≥1 times in 2017.

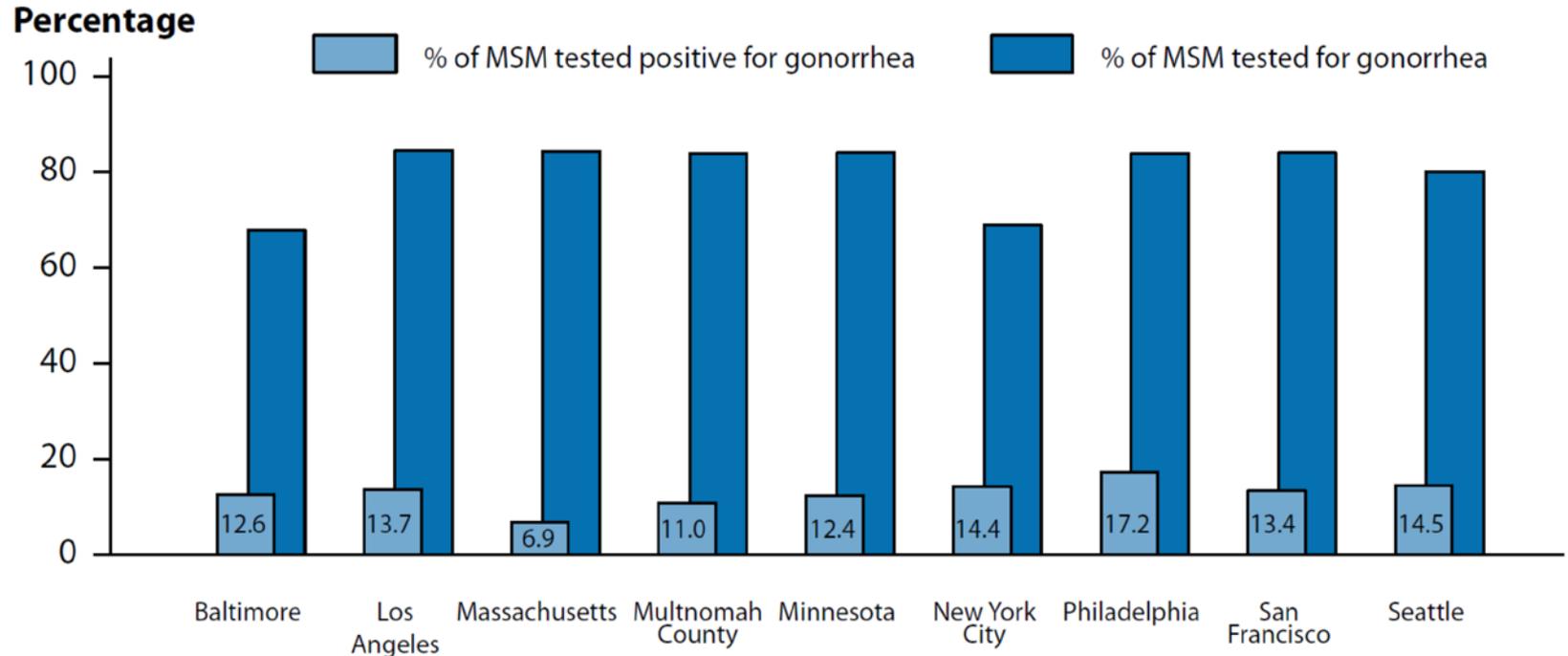
NOTE: See section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM).





Gonorrhea — Proportion* of MSM Attending STD Clinics Testing Positive for Oropharyngeal Gonorrhea by Jurisdiction, STD Surveillance Network (SSuN), 2017



* Results based on data obtained from unique patients with known sexual behavior tested for oropharyngeal gonorrhea (n=23,301) ≥ 1 times in 2017; data from Florida were not available.

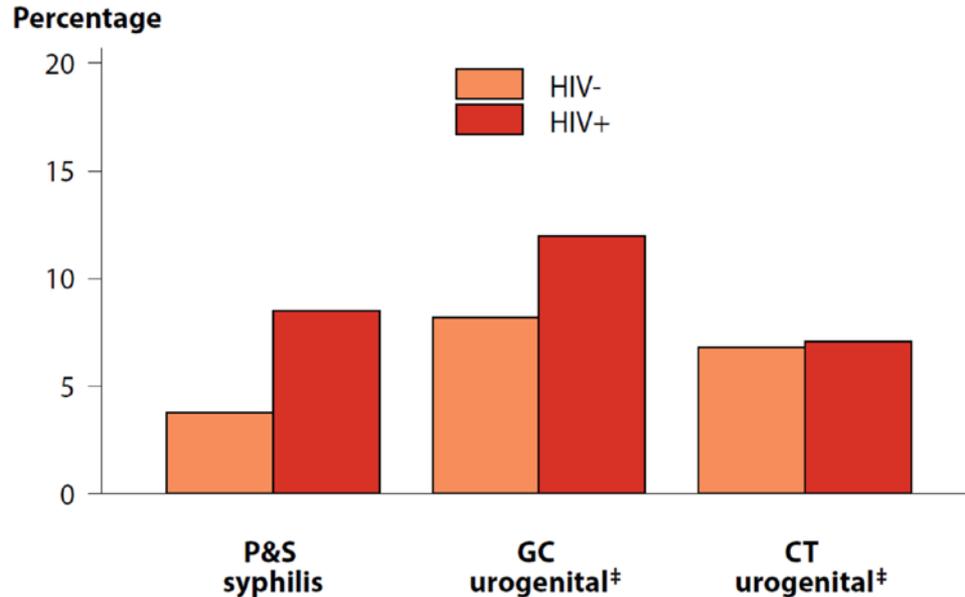
NOTE: See section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM).





Proportion* of MSM Attending STD Clinics with Primary and Secondary Syphilis[†], Urogenital[‡] Gonorrhea, or Urogenital[‡] Chlamydia by HIV Status[§], STD Surveillance Network (SSuN), 2017



* Proportions represent the overall average of the mean proportions by jurisdiction.

[†] Includes SSuN jurisdictions that reported data on at least 20 patients with a diagnosis of primary and secondary syphilis in 2017.

[‡] Includes results from both urethral and urine specimens.

[§] Excludes all persons for whom there was no laboratory documentation or self-report of HIV status.

NOTE: See section A2.2 in the Appendix for SSuN methods.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); P&S = Primary and secondary; GC = Gonorrhea; CT = Chlamydia.



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

