

# Sexually Transmitted Infections Surveillance 2023

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# Announcing Sexually Transmitted Infections Surveillance, 2023

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## CDC Releases 2023 STI Surveillance Report

Dear Colleagues,

Today, CDC released [Sexually Transmitted Infections \(STI\) Surveillance, 2023](#). After several years of increases, the data suggest that the STI epidemic may be slowing. We still have much more work to do, but the 2023 data are promising in several aspects:

- Gonorrhea dropped for a second year—declining 7% from 2022 and falling below pre-COVID-19 pandemic levels.
- Overall, syphilis increased by only 1% after years of double-digit increases.
- Primary and secondary syphilis cases, the most infectious stages of syphilis, went down 10%—the first substantial decline in more than two decades. These cases also dropped 13% among gay, bisexual, and other men who have sex with men for the first time since CDC began reporting national trends among this group in the mid-2000s.
- Increases in congenital syphilis cases appear to be slowing in some areas—with a 3% increase over 2022 nationally, compared to 30% annual increases in prior years.

These signs of hope hint at what's possible when the nation prioritizes – and invests in – STI prevention. The data arrive on the heels of important innovations such as doxy PEP to prevent bacterial STIs and self-tests (or [at-home tests](#)); a nationally coordinated response to the U.S. syphilis epidemic spearheaded by the [National Syphilis and Congenital Syphilis Syndemic Task Force](#); and the unprecedented - but temporary - infusion of funding into health department disease intervention specialist programs.

Despite these glimpses of hope, we still have a long way to go. There were more than 2.4 million STIs reported across the country last year; that's a million more than 20 years ago. Congenital syphilis, including 279 stillbirths and infant deaths, remains unacceptably high. And while the STI epidemic is far-reaching, some groups and geographic areas continue to be more severely affected.

I count myself lucky to bear witness to the incredible dedication of the people in this field. Your boundless passion for people, for equity and inclusion, and good sexual health promotion for all is inspiring. I see the countless hours spent, the ups and downs, and the calls to do more with less. So, I don't say this lightly when I humbly ask each of you to help us keep the momentum and progress going. Now is the time to keep the pressure on – and thank you for the good work you do every day.

Thank you for your commitment to STI prevention.

/Bradley Stoner/

Bradley Stoner, MD, PhD

Director, Division of STD Prevention

National Center for HIV, Viral Hepatitis, STD, and TB Prevention

US Centers for Disease Control and Prevention

## National Overview

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*Sexually Transmitted Infections Surveillance, 2023* provides the latest data on trends for three nationally notifiable sexually transmitted infections (STIs): chlamydia, gonorrhea, and syphilis, including congenital syphilis. This overview summarizes the national STI surveillance data highlighting the substantial burden of STIs in the United States in 2023.

In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were diagnosed and reported. This includes over 209,000 cases of syphilis, over 600,000 cases of gonorrhea, and over 1.6 million cases of chlamydia. Importantly, the combined count includes 3,882 cases of congenital syphilis, including 279 congenital syphilis stillbirths and neonatal/infant deaths.

The number of STIs decreased 1.8% from 2022 to 2023, reflecting

- decreases in gonorrhea (7.2% decrease),
- stable trends in chlamydia (<1.0% change), and
- an increase in total syphilis (all stages and congenital syphilis combined) (1.0% increase).

## Disparities in STIs

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As in past years, there were significant disparities in reported STIs. In 2023, almost half (48.2%) of reported cases of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15–24 years. Additionally, gay, bisexual and other men who have sex with men (MSM) are disproportionately impacted by STIs, including gonorrhea and primary and secondary (P&S) syphilis, and co-infection with HIV is common; in 2023, 37.2% of MSM with P&S syphilis were men diagnosed with HIV. In 2023, 32.4% of all cases of chlamydia, gonorrhea, and P&S syphilis were among non-Hispanic Black or African American persons, even though they made up only 12.6% of the US population. Rates of both P&S syphilis and congenital syphilis were highest among American Indian or Alaska Native persons in 2023.

It is important to note that these disparities are unlikely to be fully explained by differences in sexual behavior and may reflect differential access to quality sexual health care, as well as differences in sexual network characteristics. For example, in communities with higher prevalence of STIs, with each sexual encounter, people face a greater chance of encountering an infected partner than those in lower prevalence settings do, regardless of similar sexual behavior patterns. Acknowledging inequities in STI rates as well as their root causes is a critical first step toward empowering affected groups and the public health community to collaborate in addressing systemic inequities in the burden of disease — with the goal of minimizing the health impact of STIs on individuals and populations.

## Syphilis

In 2023, 209,253 cases of syphilis (all stages including congenital syphilis) were reported which is the greatest number of cases reported since 1950 and an increase of 1.0% since 2022. There were:

- 53,007 cases of P&S syphilis (10.2% decrease compared to 2022),
- 53,573 cases of early non-primary non-secondary syphilis (5.9% decrease compared to 2022),
- 98,791 cases of unknown duration or late syphilis (12.8% increase compared to 2022), and
- 3,882 cases of congenital syphilis (3.0% increase compared to 2022).

Although the number of reported cases of syphilis (all stages) increased 1.0% when comparing 2023 to 2022, the rate of reported cases of syphilis per 100,000 persons was relatively stable (<1% change, 61.1 to 61.3 per 100,000); however, trends varied by stage of syphilis. From 2022 to 2023, the rate of P&S syphilis decreased 10.7%, which is the first substantial decrease in P&S syphilis since 2001. Rates of P&S syphilis decreased among men and women, most age groups, and all race/Hispanic ethnicities, and decreased in 41 states and the District of Columbia.

Concurrently, rates of unknown duration or late syphilis increased 12.2% (from 26.3 to 29.5 per 100,000). Cases of syphilis staged for surveillance as unknown duration or late syphilis reflect diagnoses that likely occurred after the infectious period (i.e., more than a year earlier) and are often identified through routine screening. Recent increases in cases staged as unknown duration or late syphilis may, in part, reflect delayed diagnosis of infections occurring during the COVID-19 pandemic when STI prevention and care services were disrupted.

In 2023, MSM accounted for one-third (32.7%) of all P&S syphilis cases, and 57.5% of P&S syphilis cases among men with known sex of sex partners. From 2022 to 2023, the number of P&S syphilis cases among MSM decreased 13.4%, representing the first substantial decrease in P&S syphilis among MSM in over 15 years. Decreases were observed among both HIV-negative MSM (8.5% decrease) and HIV- infected MSM (11.4% decrease).

## Congenital syphilis

In 2023, 3,882 cases of congenital syphilis were reported, including 279 congenital syphilis-related stillbirths and neonatal/infant deaths. This is the largest number of cases of congenital syphilis since 1992. The national congenital syphilis rate of 105.8 cases per 100,000 live births in 2023 represents a 3.0% increase relative to 2022. Although the majority of congenital syphilis cases were reported from a few states, in 2023, almost all jurisdictions (48 states and the District of Columbia) reported at least one case of congenital syphilis. From 2022 to 2023, rates of congenital syphilis increased in most race/Hispanic ethnicities and in 30 states.

Because perinatal transmission can occur during any stage of syphilis, increases in congenital syphilis often mirror increases in syphilis among reproductive aged women. From 2022 to 2023, the rate of syphilis (all stages) increased 6.8% among women aged 15–44 years, with increasing rates in 39 states and the District of Columbia.

## Gonorrhea

In 2023, a total of 601,319 cases of gonorrhea were reported, making it the second most common nationally notifiable STI in the United States for that year. After reaching a historic low in 2009, rates of reported gonorrhea increased through 2021; however, the overall rate of gonorrhea decreased 9.2% from 2021 to 2022 and then decreased 7.7% from 2022 to 2023. From 2022 to 2023, rates decreased among men and women, most age groups, and most race/Hispanic ethnicities, and decreases were

observed in 40 states. Decreases were most pronounced among women (14.1% decrease), reflecting substantial decreases among women aged 20 to 24 years (14.6% decrease) and aged 25 to 29 years (19.2% decrease), as well as among women diagnosed in non-sexually transmitted disease (STD) clinic settings (13.0% decrease). Because gonococcal infections can be asymptomatic, trends in case reports are influenced by both changes in incidence and screening coverage; recent declines in rates of reported gonorrhea may reflect declines in new infections, as well as reduced screening.

Since 2013, rates of reported gonorrhea have been higher among men compared to women, likely reflecting cases identified in both MSM and men who have sex with women only. Although there are limited data available on sex of sex partners for persons reported with gonorrhea at the national level, enhanced data from jurisdictions participating in a sentinel surveillance system, the STI Surveillance Network (SSuN), suggest that approximately half of gonorrhea cases occurred among MSM in 2023; however, this proportion varied across jurisdictions participating in SSuN.

## Chlamydia

In 2023, a total of 1,648,568 cases of *Chlamydia trachomatis* infection were reported, making it the most common nationally notifiable STI in the United States for that year. The rate of reported chlamydia in 2023 (492.2 per 100,000) was similar to the rate in 2022 (495.0 per 100,000). From 2022 to 2023, the rate of reported chlamydia increased among men (1.3%) and decreased among women (1.7%). Rates of reported chlamydia remain highest among adolescents and young adults and in 2023, 55.8% of all cases of chlamydia were reported among persons aged 15–24 years.

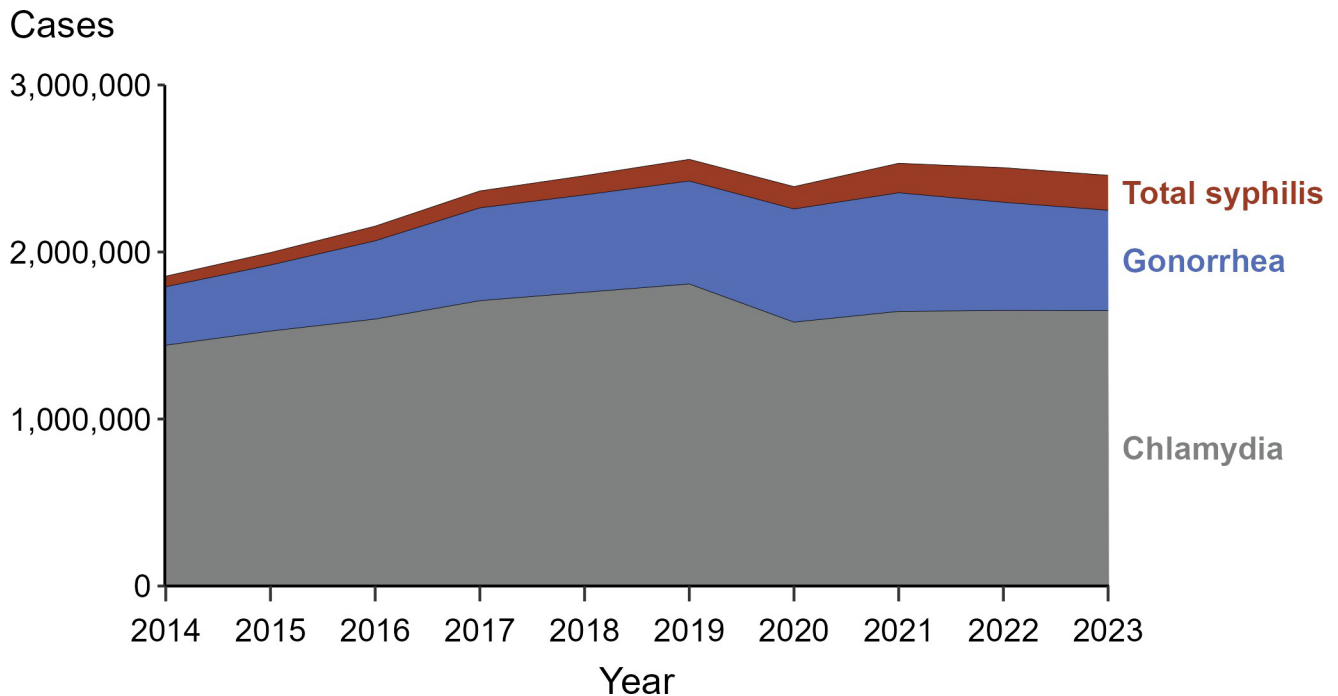
As chlamydial infections are usually asymptomatic, case rates are heavily influenced by screening coverage. During the COVID-19 pandemic, many health care clinics limited in-person visits to patients with symptoms or closed entirely, and preventive health care visits where STI screening usually happens, such as annual reproductive health visits for young women decreased. During 2020, the number of chlamydia cases decreased substantially, likely reflecting disruptions in STI-related care during the initial shelter in place orders. Although rates have increased since 2020, the national rate of reported chlamydia in 2023 is still lower than the rate in 2019, suggesting that reductions in chlamydia screening coverage may persist.

## Figures

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*Sexually Transmitted Infections Surveillance, 2023* provides the latest data on trends for three nationally notifiable sexually transmitted infections (STIs): chlamydia, gonorrhea, and syphilis, including congenital syphilis.

## Sexually Transmitted Infections (STIs) — Reported Cases by STI and Year, United States, 2014– 2023



**NOTE:** “Total syphilis” includes all stages of syphilis and congenital syphilis.

### Summary

In 2023, there were 2,459,140 cases of syphilis (including congenital syphilis), gonorrhea, and chlamydia reported in the United States. The over 2.4 million cases reflect a 1.8% decrease from 2022, a 3.7% decrease from 2019, and a 32.5% increase from 2014.

Case definitions are periodically revised using CSTE’s Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as “early non-primary non-secondary syphilis” were classified as “early latent syphilis.” Prior to 2018, cases in the “unknown duration or late syphilis” category included cases classified as “late latent syphilis,” “latent syphilis of unknown duration,” “late syphilis with clinical manifestations,” and “neurosyphilis.” Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical case definitions and for the case definitions in use for the current calendar year.

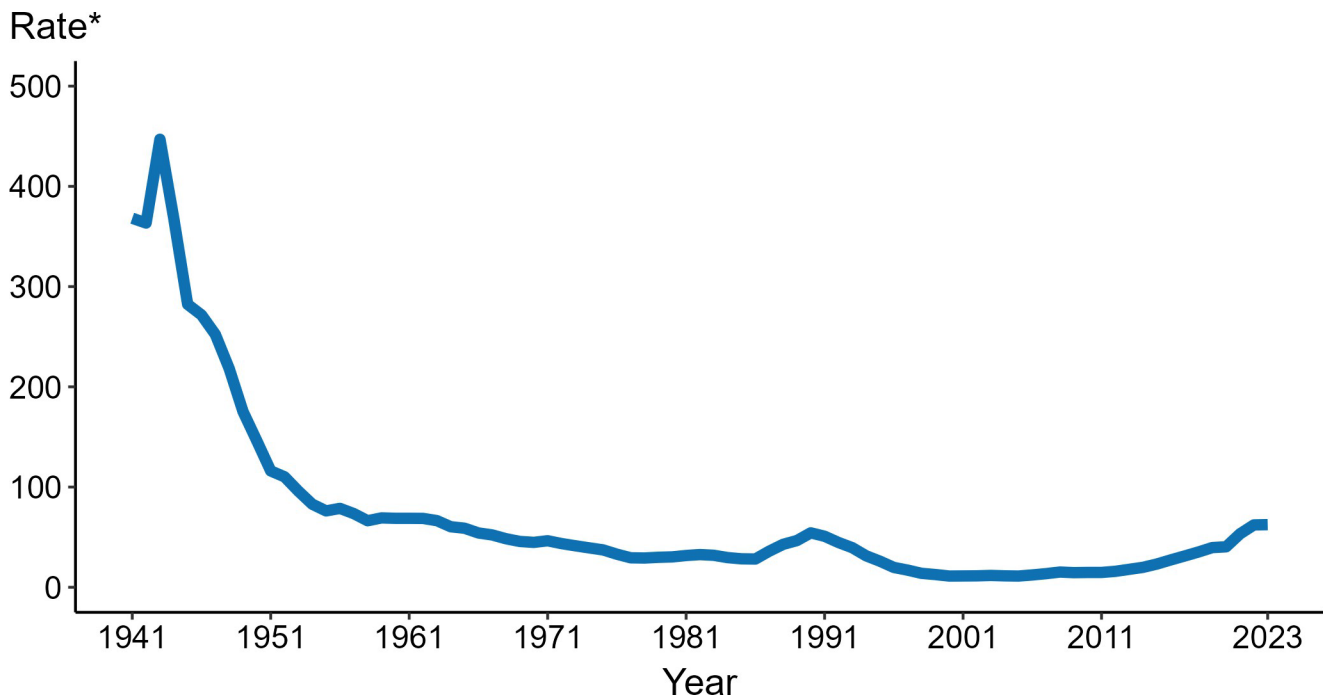
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A

(<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “STI - Cases by Year (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Rates of Reported Cases by Year, United States, 1941–2023



\* Per 100,000

**NOTE:** Includes all stages of syphilis and congenital syphilis.

### Summary

Data collection for syphilis began in 1941, and syphilis was made a nationally notifiable condition in 1944. Rates of total syphilis include syphilis of all stages and congenital syphilis. Steep declines in case rates in the 1940s and 1950s likely reflect expanded use of penicillin to treat infection.

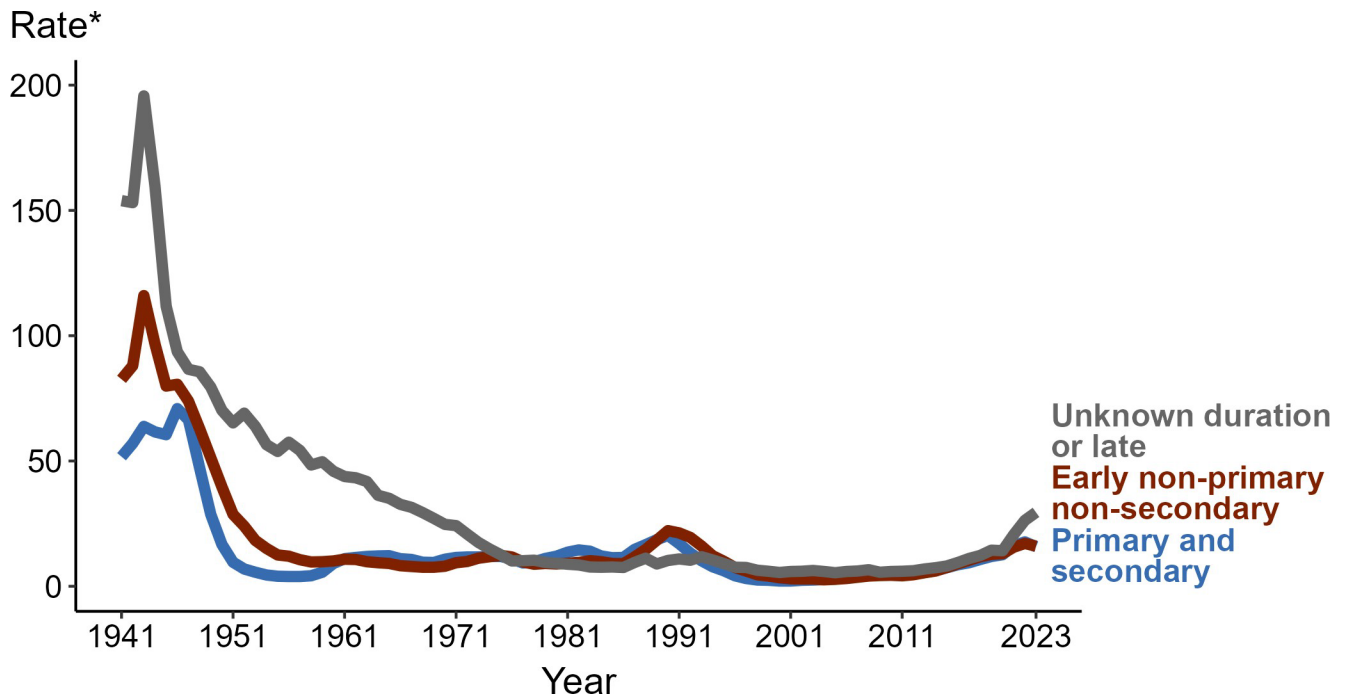
In 2023, a total of 209,253 cases of syphilis were reported in the United States. During 2022 to 2023, the rate of reported total syphilis did not change substantially (<1.0% change; from 62.2 to 62.5 per 100,000).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Syphilis - Rates by Year (US 1941-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Rates of Reported Cases by Stage of Infection and Year, United States, 1941–2023



\* Per 100,000

### Summary

Data collection for syphilis began in 1941, and syphilis was made a nationally notifiable condition in 1944. Steep declines in case rates in the 1940s and 1950s likely reflect expanded use of penicillin to treat infection.

In 2023, 53,007 cases of primary and secondary (P&S) syphilis, 53,573 cases of early non-primary non-secondary (ENPNS) syphilis, and 98,791 cases of unknown duration or late syphilis were reported in the United States. During 2022 to 2023, the rate of P&S syphilis decreased 10.7% (from 17.7 to 15.8 per 100,000), the rate of ENPNS syphilis decreased 6.4% (from 17.1 to 16.0 per 100,000), and the rate of unknown duration or late syphilis increased 12.2% (from 26.3 to 29.5 per 100,000).

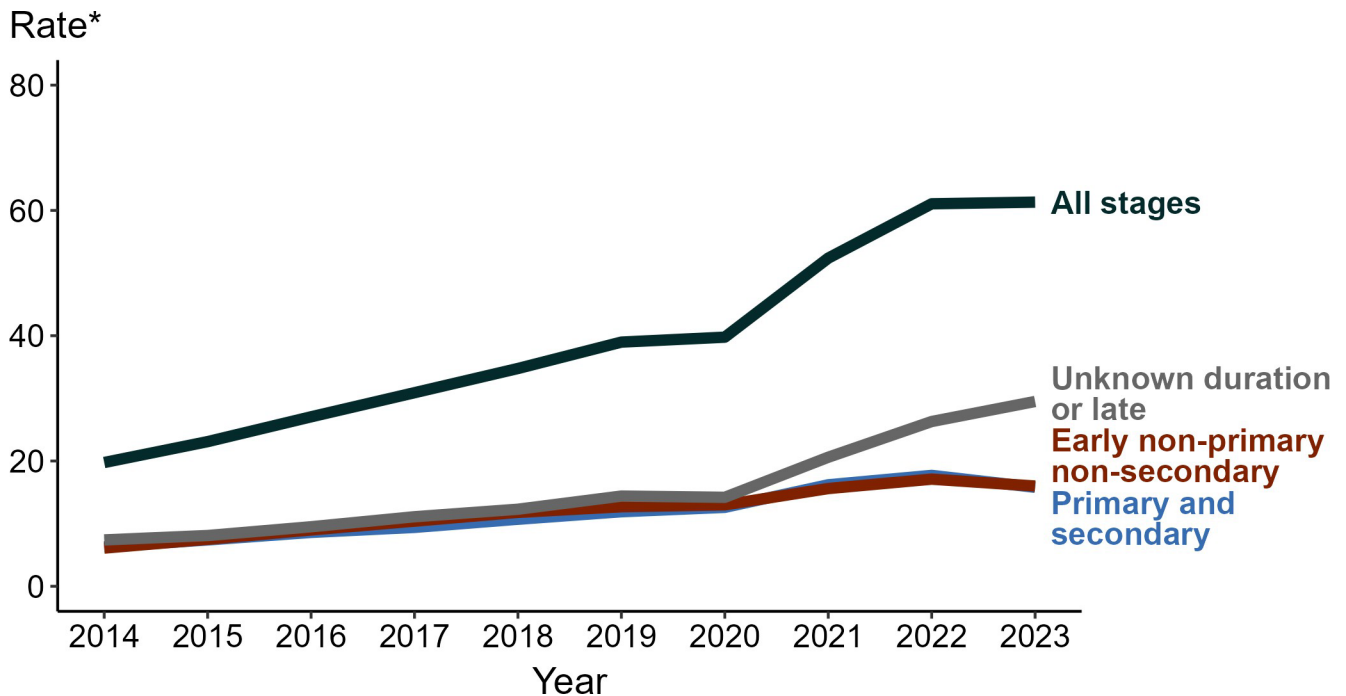
Case definitions are periodically revised using CSTE's Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as "early non-primary non-secondary syphilis" were classified as "early latent syphilis." Prior to 2018, cases in the "unknown duration or late syphilis" category included cases classified as "late latent syphilis," "latent syphilis of unknown duration," "late syphilis with clinical manifestations," and "neurosyphilis." Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical and current case definitions.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Syphilis - Rates by Stage of Infection (US 1941-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Rates of Reported Cases by Stage of Infection and Year, United States, 2014–2023



\* Per 100,000

**NOTE:** “All stages” includes cases of syphilis reported as primary, secondary, early non-primary non-secondary, or unknown duration or late.

### Summary

In 2023, 205,371 cases of syphilis (all stages) — 53,007 cases of primary and secondary (P&S) syphilis, 53,573 cases of early non-primary non-secondary (ENPNS) syphilis, and 98,791 cases of unknown duration or late syphilis — were reported in the United States.

During 2022 to 2023, the rate of syphilis (all stages) did not change substantially (<1.0% change; from 61.1 to 61.3 per 100,000). By stage, the rate of P&S syphilis decreased 10.7% (from 17.7 to 15.8 per 100,000), the rate of ENPNS syphilis decreased 6.4% (from 17.1 to 16.0 per 100,000), and the rate of unknown duration or late syphilis increased 12.2% (from 26.3 to 29.5 per 100,000).

During 2019 to 2023, the rate of syphilis (all stages) increased 57.2% (from 39.0 to 61.3 per 100,000). By stage, the rate of P&S syphilis increased 32.8% (from 11.9 to 15.8 per 100,000), the rate of ENPNS syphilis increased 26.0% (from 12.7 to 16.0 per 100,000), and the rate of unknown duration or late syphilis increased 104.9% (from 14.4 to 29.5 per 100,000).

Case definitions are periodically revised using CSTE’s Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as “early

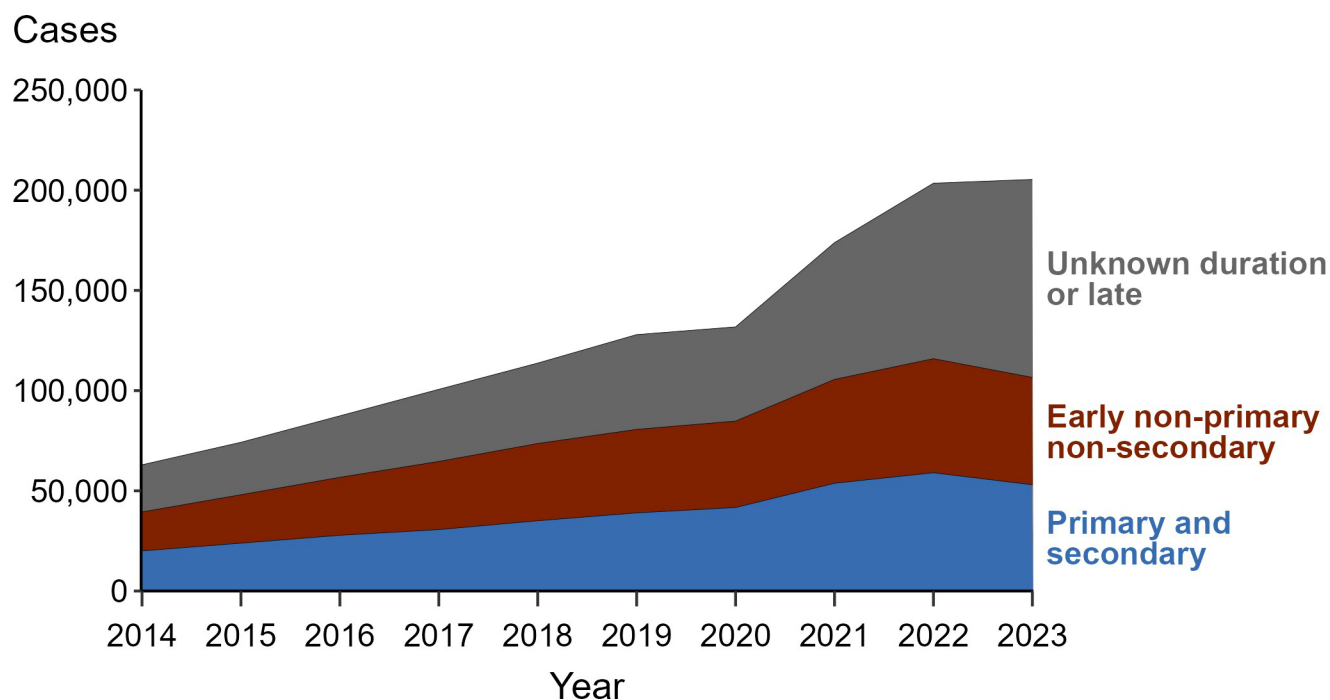
non-primary non-secondary syphilis” were classified as “early latent syphilis.” Prior to 2018, cases in the “unknown duration or late syphilis” category included cases classified as “late latent syphilis,” “latent syphilis of unknown duration,” “late syphilis with clinical manifestations,” and “neurosyphilis.” Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical and current case definitions.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Syphilis - Rates by Stage of Infection (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Reported Cases by Stage and Year, United States, 2014–2023



### Summary

In 2023, there were 205,371 cases of syphilis (all stages) reported in the United States, representing a <1.0% change from 2022. This overall change reflects a 10.2% decrease in the number of primary and secondary syphilis (P&S) cases (59,016 to 53,007), a 5.9% decrease in the number of early non-primary non-secondary (ENPNS) syphilis cases (56,913 to 53,573), and a 12.8% increase in the number of unknown duration or late syphilis cases (87,571 to 98,791).

In 2023, the largest percentage of syphilis cases were staged as unknown duration or late (48.1%), followed by ENPNS (26.1%), and P&S (25.8%).

Case definitions are periodically revised using CSTE's Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as "early non-primary non-secondary syphilis" were classified as "early latent syphilis." Prior to 2018, cases in the "unknown duration or late syphilis" category included cases classified as "late latent syphilis," "latent syphilis of unknown duration," "late syphilis with clinical manifestations," and "neurosyphilis." Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical and current case definitions.

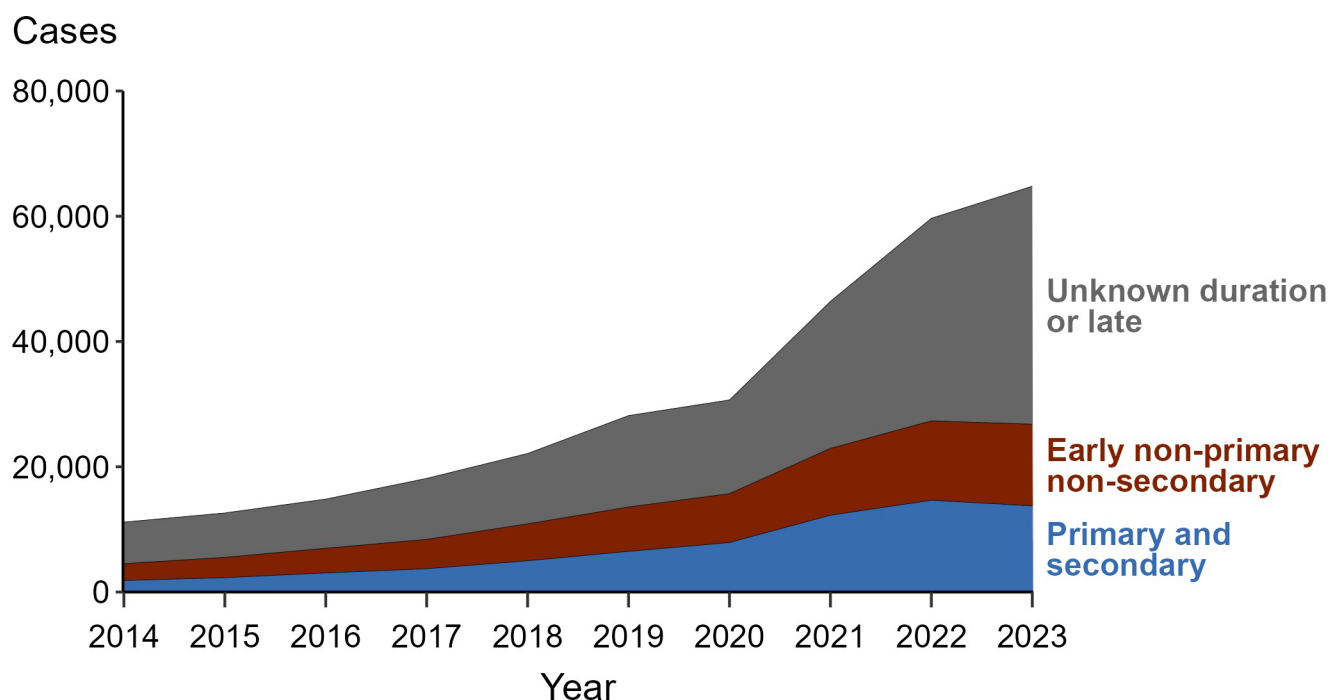
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Syphilis — Cases by Stage and Year (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Reported Cases Among Women by Stage and Year, United States, 2014–2023



### Summary

In 2023, there were 64,795 cases of syphilis (all stages) among women reported in the United States, representing an 8.6% increase from 2022. This overall increase among women reflects a 6.1% decrease in the number of primary and secondary syphilis (P&S) cases (14,652 to 13,763), a 2.9% increase in the number of early non-primary non-secondary (ENPNS) syphilis cases (12,674 to 13,036), and a 17.5% increase in the number of unknown duration or late syphilis cases (32,347 to 37,996).

In 2023, the majority of syphilis cases among women were staged as unknown duration or late (58.6%), followed by P&S (21.2%), and ENPNS (20.1%).

Case definitions are periodically revised using CSTE's Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as "early non-primary non-secondary syphilis" were classified as "early latent syphilis." Prior to 2018, cases in the "unknown duration or late syphilis" category included cases classified as "late latent syphilis," "latent syphilis of unknown duration," "late syphilis with clinical manifestations," and "neurosyphilis." Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical and current case definitions.

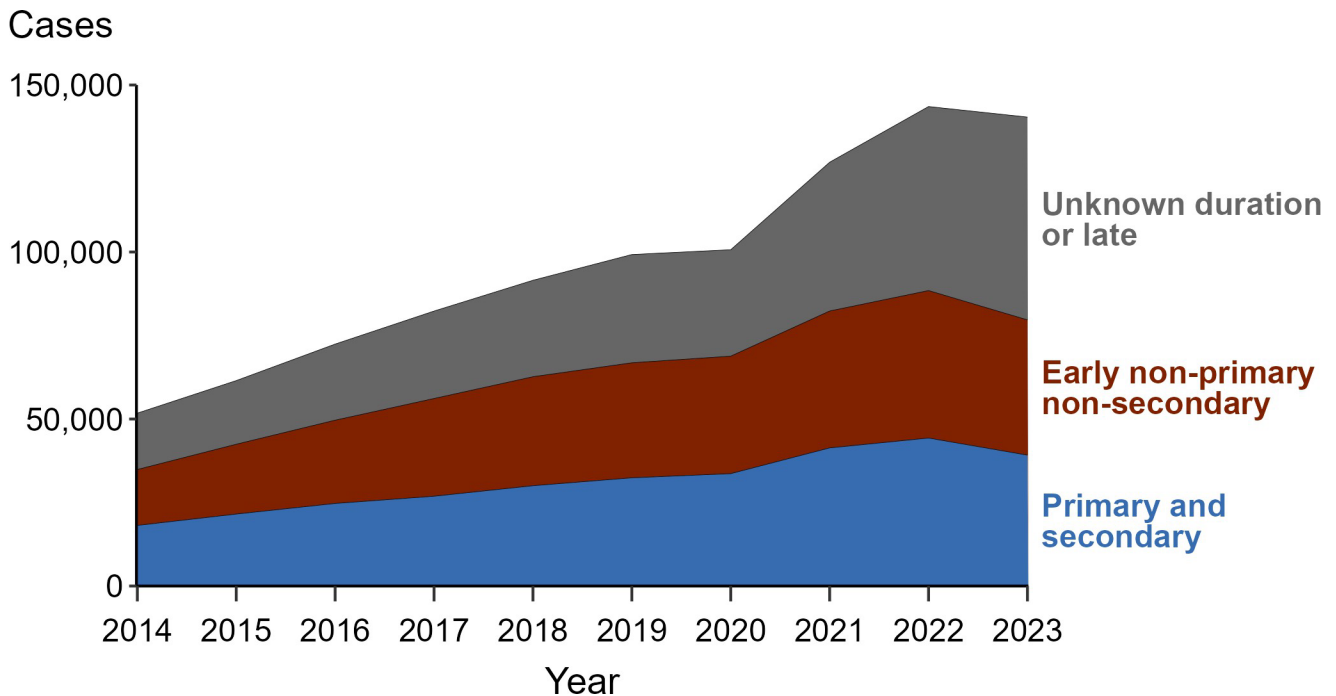
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Syphilis — Cases Women by Stage and Year (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis — Reported Cases Among Men by Stage and Year, United States, 2014–2023



### Summary

In 2023, there were 140,392 cases of syphilis (all stages) among men reported in the United States, representing a 2.2% decrease from 2022. This overall decrease among men reflects an 11.6% decrease in the number of primary and secondary syphilis (P&S) cases (44,309 to 39,188), an 8.3% decrease in the number of early non-primary non-secondary (ENPNS) syphilis cases (44,143 to 40,486), and a 10.2% increase in the number of unknown duration or late syphilis cases (55,094 to 60,718).

In 2023, the largest percentage of syphilis cases among men were staged as unknown duration or late (43.2%), followed by ENPNS (28.8%), and P&S (27.9%).

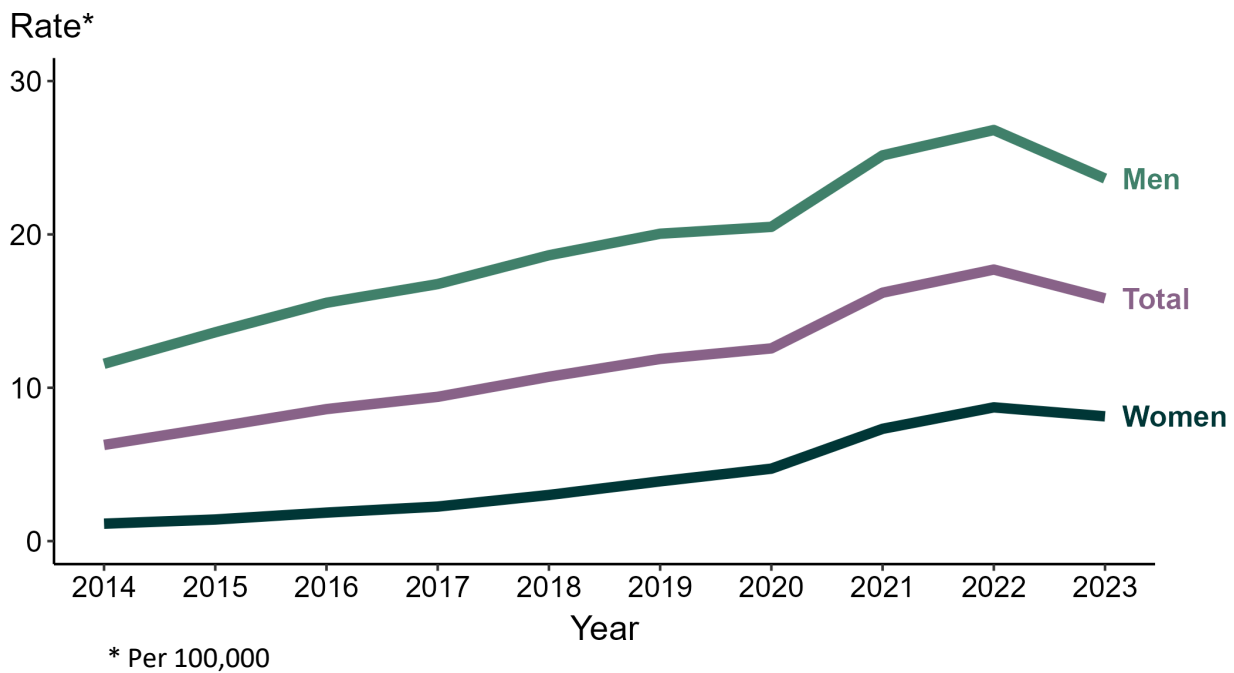
Case definitions are periodically revised using CSTE’s Position Statements and provide uniform criteria of nationally notifiable conditions for reporting purposes. Prior to 2018, syphilis cases identified as “early non-primary non-secondary syphilis” were classified as “early latent syphilis.” Prior to 2018, cases in the “unknown duration or late syphilis” category included cases classified as “late latent syphilis,” “latent syphilis of unknown duration,” “late syphilis with clinical manifestations,” and “neurosyphilis.” Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical and current case definitions.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data.

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## Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Year, United States, 2014– 2023



### Summary

During 2022 to 2023, the rate of reported primary and secondary (P&S) syphilis among women decreased 6.9% (from 8.7 to 8.1 per 100,000) and the rate among men decreased 11.9% (from 26.8 to 23.6 per 100,000).

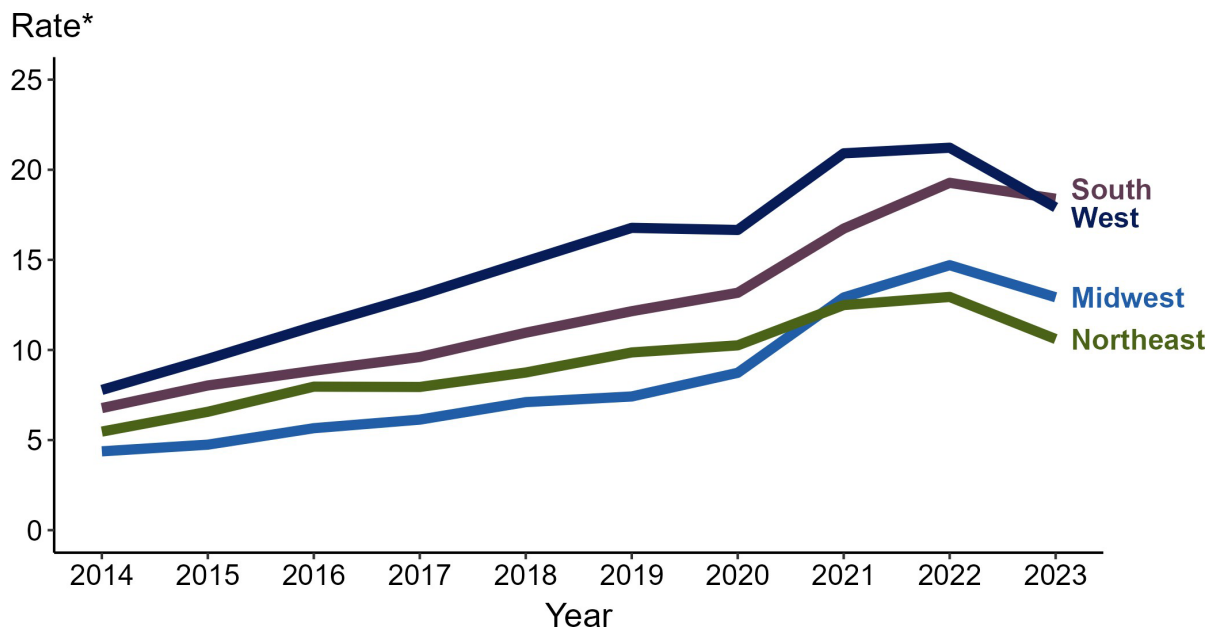
During 2019 to 2023, the rate of reported P&S syphilis among women increased 107.7% (from 3.9 to 8.1 per 100,000) and the rate among men increased 18.0% (from 20.0 to 23.6 per 100,000). During 2014 to 2023, the rate among women increased 636.4% (from 1.1 to 8.1 per 100,000) and the rate among men increased 103.4% (from 11.6 to 23.6 per 100,000).

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Rates by Sex (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by Region and Year, United States, 2014–2023



\* Per 100,000

### Summary

In 2023, the South had the highest rate of reported primary and secondary (P&S) syphilis (18.4 cases per 100,000; 4.7% decrease from 2022), followed by the West (17.9 cases per 100,000; 15.6% decrease from 2022), the Midwest (12.9 cases per 100,000; 12.2% decrease from 2022), and the Northeast (10.6 cases per 100,000; 17.8% decrease from 2022).

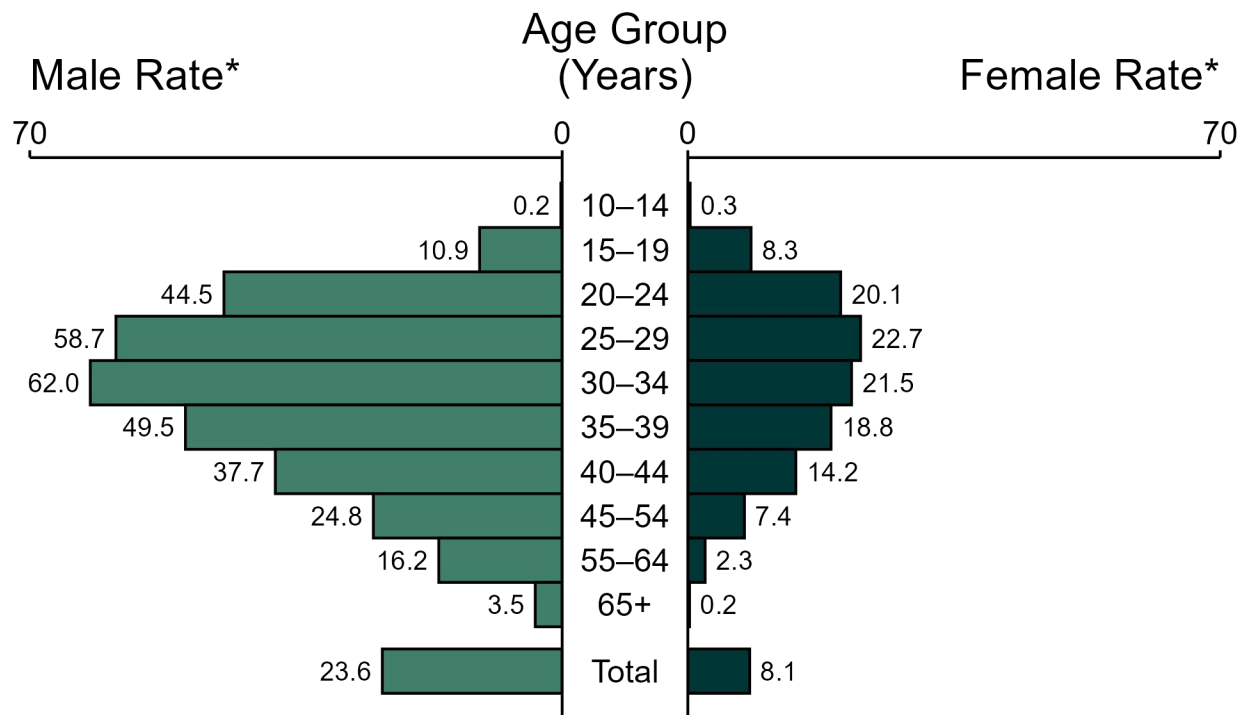
The Midwest had the greatest five-year increase in rates of reported cases of P&S syphilis (7.4 to 12.9 per 100,000; 74.3% increase from 2019). The Midwest also had the greatest 10-year increase in rates of reported cases of P&S syphilis (4.4 to 12.9 per 100,000; 193.2% increase from 2014).

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## Primary and Secondary Syphilis — Rates of Reported Cases by Age Group and Sex, United States, 2023



\* Per 100,000

**NOTE:** In 2023, five primary and secondary syphilis cases among men (<0.1%) and six cases among women (<0.1%) had missing or unknown age. These cases are included in the total rates.

### Summary

In 2023, the rate of reported primary and secondary (P&S) syphilis was higher among men (23.6 per 100,000) compared to women (8.1 per 100,000).

Among men, those aged 30 to 34 years had the highest rate of reported cases of P&S syphilis (62.0 per 100,000), followed by men aged 25 to 29 years (58.7 per 100,000) and men aged 35 to 39 years (49.5 per 100,000). Among women, those aged 25 to 29 years had the highest rate of reported cases of P&S syphilis (22.7 per 100,000), followed by women aged 30 to 34 years (21.5 per 100,000) and women aged 20 to 24 years (20.1 per 100,000).

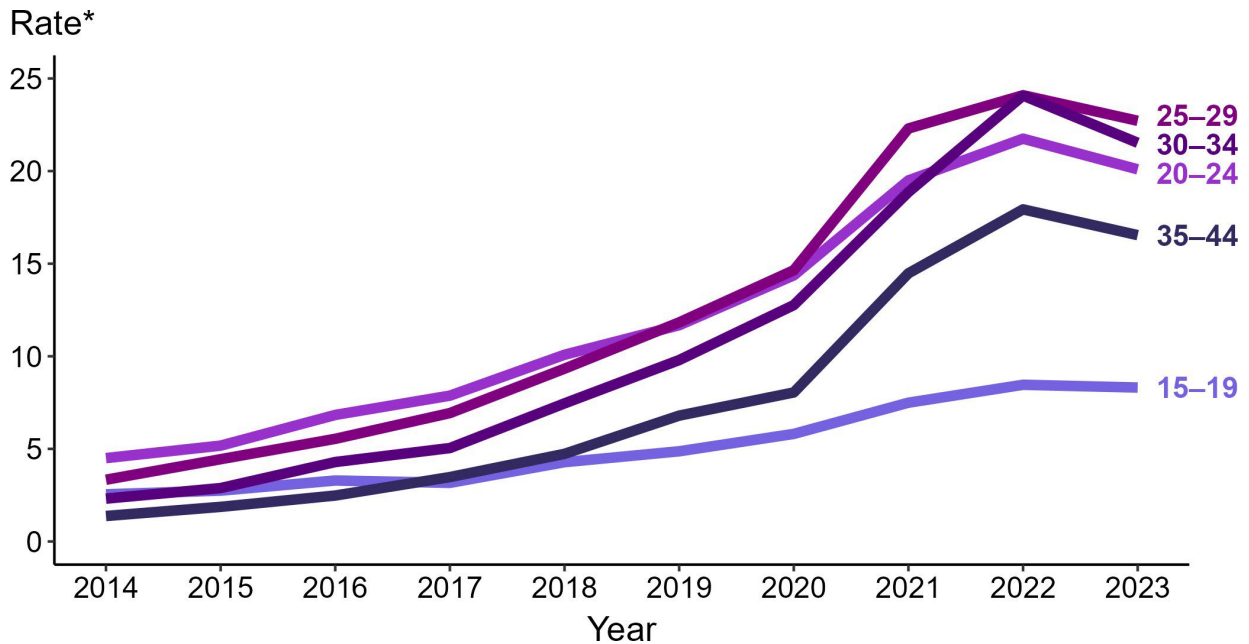
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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Rates by Age Group and Sex (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group and Year, United States, 2014–2023



\* Per 100,000

### Summary

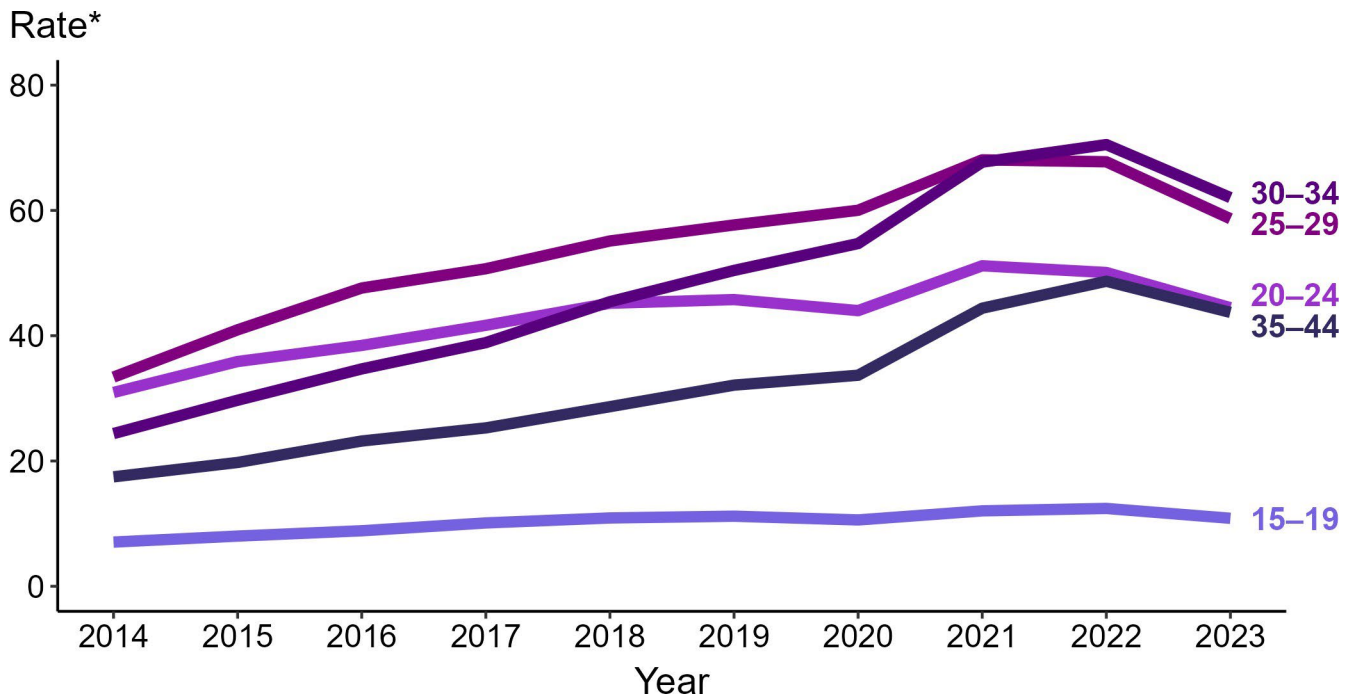
Among women aged 15 to 44 years in 2023, those aged 25 to 29 years had the highest rate of reported cases of primary and secondary syphilis (22.7 cases per 100,000; 5.8% decrease from 2022), followed by those aged 30 to 34 years (21.5 cases per 100,000; 10.8% decrease from 2022), those aged 20 to 24 years (20.1 cases per 100,000; 7.4% decrease from 2022), those aged 35 to 44 years (16.5 cases per 100,000; 7.8% decrease from 2022), and those aged 15 to 19 years (8.3 cases per 100,000; 2.4% decrease from 2022).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Rates Women 15-44 Years by Age Group (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group and Year, United States, 2014–2023



\* Per 100,000

### Summary

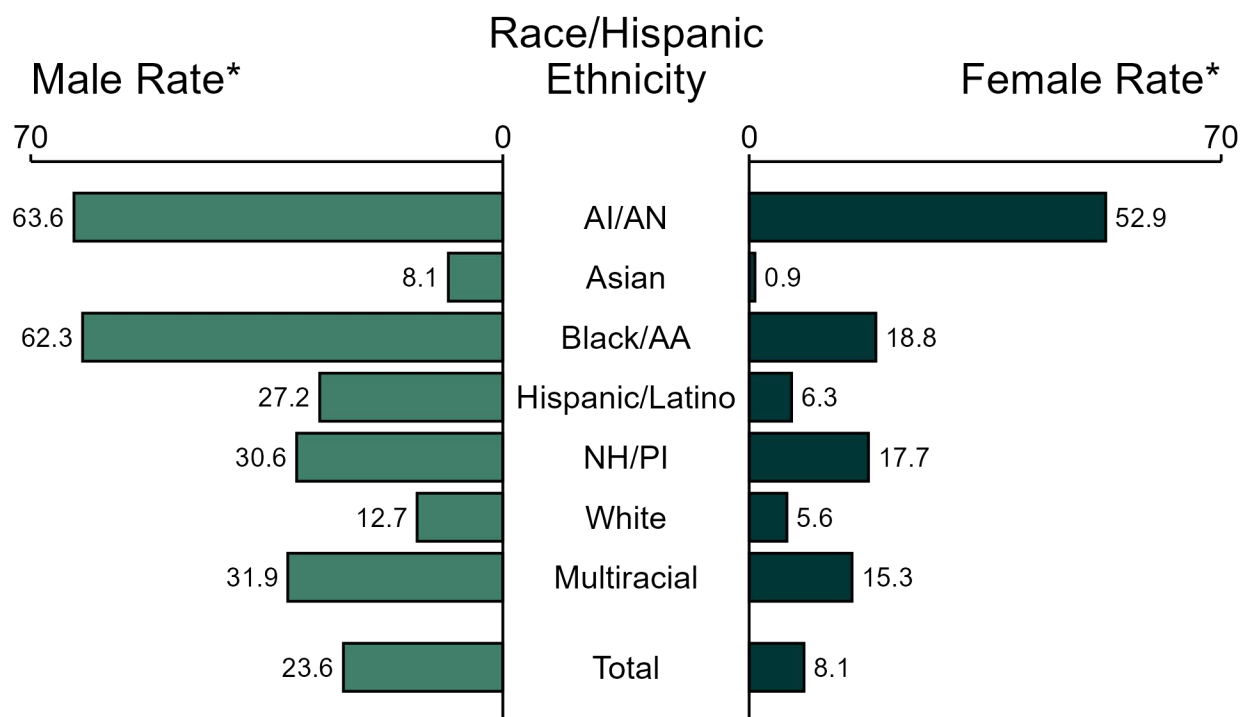
Among men aged 15 to 44 years in 2023, those aged 30 to 34 years had the highest rate of reported cases of primary and secondary syphilis (62.0 cases per 100,000; 12.1% decrease from 2022), followed by those aged 25 to 29 years (58.7 cases per 100,000; 13.4% decrease from 2022), those aged 20 to 24 years (44.5 cases per 100,000; 11.2% decrease from 2022), those aged 35 to 44 years (43.7 cases per 100,000; 10.3% decrease from 2022), and those aged 15 to 19 years (10.9 cases per 100,000; 12.1% decrease from 2022).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, 2,292 primary and secondary syphilis cases among men (5.8%) and 647 cases among women (4.7%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the total rates.

### Summary

In 2023, the rate of reported primary and secondary syphilis was higher among men (23.6 per 100,000) compared to women (8.1 per 100,000).

Among men, non-Hispanic American Indian or Alaska Native men had the highest rate of reported cases of primary and secondary syphilis (63.6 per 100,000), followed by non-Hispanic Black or African American men (62.3 per 100,000) and non-Hispanic men of multiple races (31.9 per 100,000). Among women, non-Hispanic American Indian or Alaska Native women also had the highest rate of reported cases of primary and secondary syphilis (52.9 per 100,000), followed by non-Hispanic Black or African American women (18.8 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander women (17.7 per 100,000).

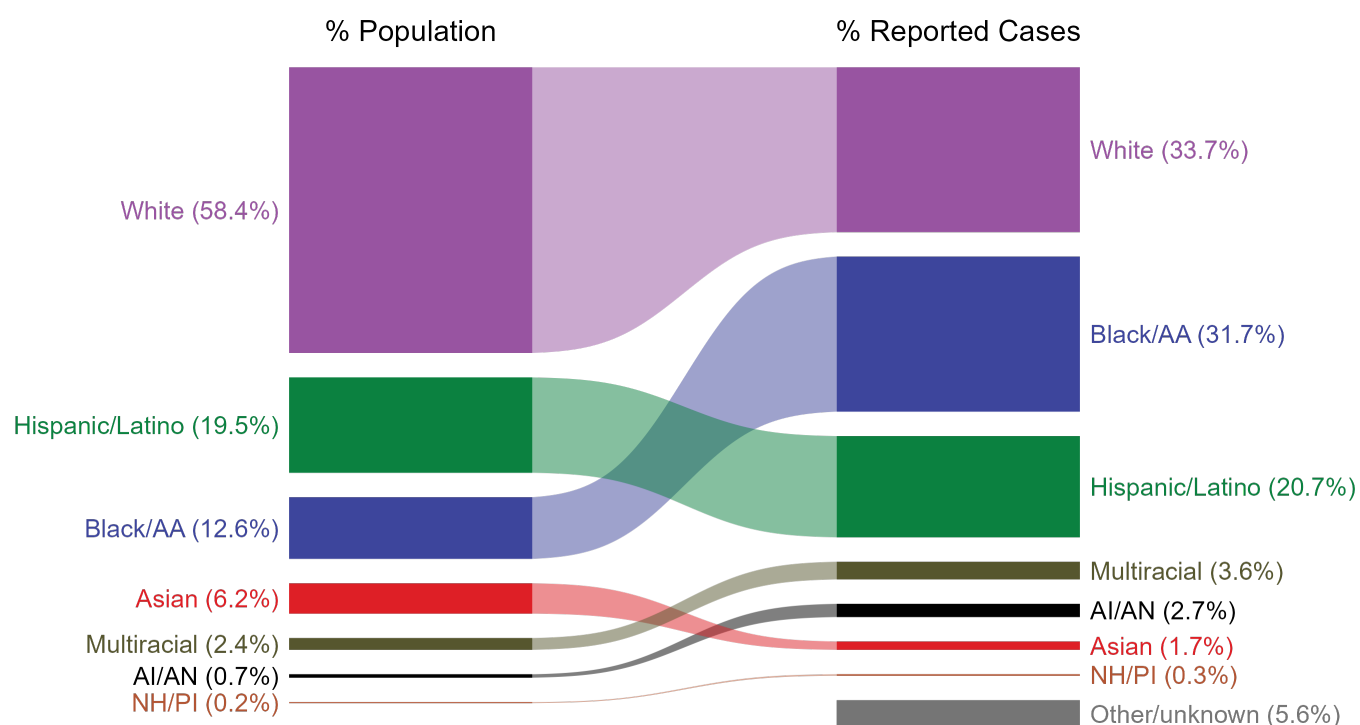
Using non-Hispanic White persons as the referent category, the greatest relative disparity in rates of reported primary and secondary syphilis by race and Hispanic ethnicity across both sexes was observed among non-Hispanic American Indian or Alaska Native women, with a rate ratio of 9.4 times that of non-Hispanic White women. Among men, the greatest relative disparity was observed among non-Hispanic American Indian or Alaska Native men as well, with a rate 5.0 times that of non-Hispanic White men.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Rates by Race Hispanic Ethnicity and Sex (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Total Population and Reported Cases by Race/Hispanic Ethnicity, United States, 2023



**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 2,947 primary and secondary (P&S) syphilis cases (5.6%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

### Summary

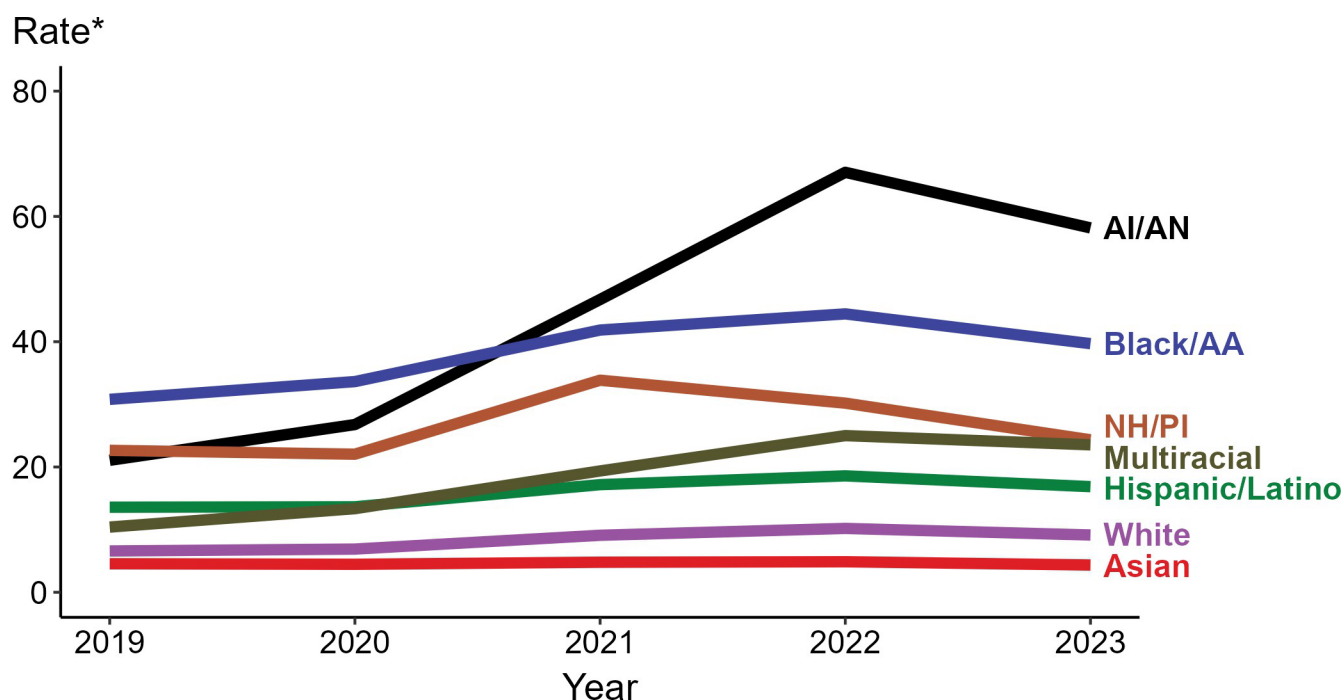
The percentages of primary and secondary (P&S) syphilis cases by race and Hispanic ethnicity were disproportionate to the percentages among the total population of the United States in 2023. The greatest absolute disparity was observed among non-Hispanic Black or African American persons, who represented 31.7% of reported P&S syphilis cases (n = 16,793; 33.5% of P&S syphilis cases with reported race or Hispanic ethnicity) despite being 12.6% of the US population, or 19.1% more cases than would be expected based on their proportion of the population. The greatest relative disparity was among non-Hispanic American Indian or Alaska Native persons, who represented 2.7% of reported P&S syphilis cases (n = 1,415; 2.8% of P&S syphilis cases with reported race or Hispanic ethnicity) despite being 0.7% of the US population, or a burden 3.9 times what would be expected based on their proportion of the population. Additionally, non-Hispanic Native Hawaiian or other Pacific Islander persons, non-Hispanic persons of multiple races, and Hispanic or Latino persons of any race(s) were also overrepresented among P&S syphilis cases relative to their proportion of the population.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Population and Cases by Race Hispanic Ethnicity (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Year, United States, 2019–2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all primary and secondary syphilis cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 6.5%, from a low of 5.6% (n = 2,947) in 2023 to a high of 7.2% (n = 2,822) in 2019. These cases are not shown in this figure.

### Summary

In 2023, the highest rate of reported primary and secondary (P&S) syphilis cases was among non-Hispanic American Indian or Alaska Native persons (58.2 per 100,000), followed by non-Hispanic Black or African American persons (39.7 per 100,000).

There were no increases in the rate of reported P&S syphilis cases among any race or Hispanic ethnicity group during 2022 to 2023. Non-Hispanic American Indian or Alaska Native persons had the greatest five-year increase in rate of reported P&S syphilis (21.1 to 58.2 per 100,000; 175.8% increase from 2019).

During 2022 to 2023, the greatest decrease in rate of reported P&S syphilis cases was among non-Hispanic Native Hawaiian or other Pacific Islander persons (30.2 to 24.3 per 100,000; 19.5% decrease).

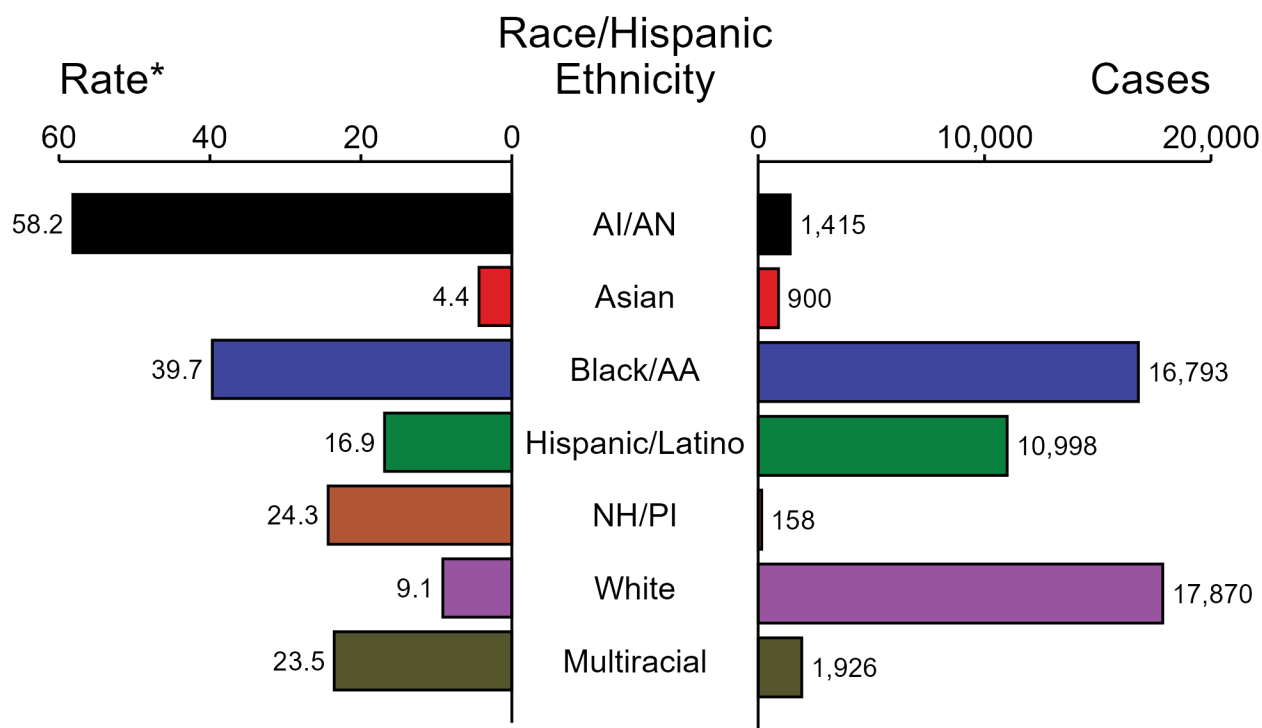
Non-Hispanic Asian persons had the only five-year decrease in rate of reported P&S syphilis (4.6 to 4.4 per 100,000; 4.3% decrease from 2019).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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## Primary and Secondary Syphilis — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 2,947 primary and secondary (P&S) syphilis cases (5.6%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are not shown in this figure. Including these cases, there were a total of 53,007 cases of P&S syphilis reported among states and the District of Columbia for a rate of 15.8 per 100,000 persons.

### Summary

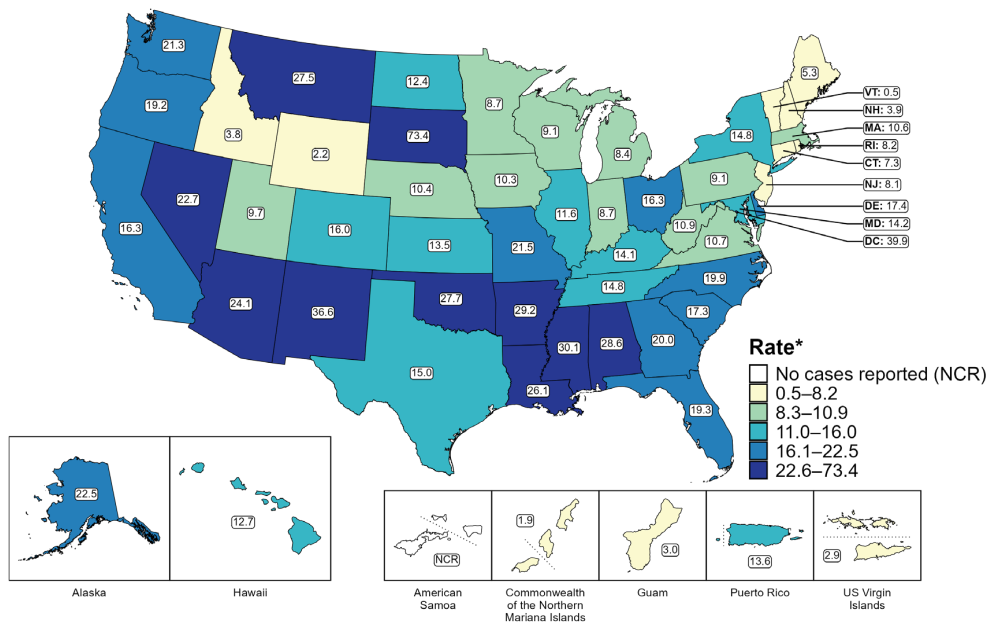
In 2023, rates of primary and secondary (P&S) syphilis were highest among non-Hispanic American Indian or Alaska Native persons (58.2 per 100,000), followed by non-Hispanic Black or African American persons (39.7 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander persons (24.3 per 100,000). The greatest number of reported P&S syphilis cases was among non-Hispanic White persons (17,870 cases), followed by non-Hispanic Black or African American persons (16,793 cases) and Hispanic or Latino persons of any race(s) (10,998 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Cases and Rates by Race Hispanic Ethnicity (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported primary and secondary (P&S) syphilis ranged by state from 0.5 cases per 100,000 persons in Vermont to 73.4 cases per 100,000 persons in South Dakota. The rate of reported P&S syphilis in the District of Columbia was 39.9 per 100,000 persons.

Among US territories reporting any cases, rates of reported P&S syphilis ranged from 1.9 cases per 100,000 persons in the Commonwealth of the Northern Mariana Islands to 13.6 cases per 100,000 persons in Puerto Rico. No cases of P&S syphilis were reported in American Samoa.

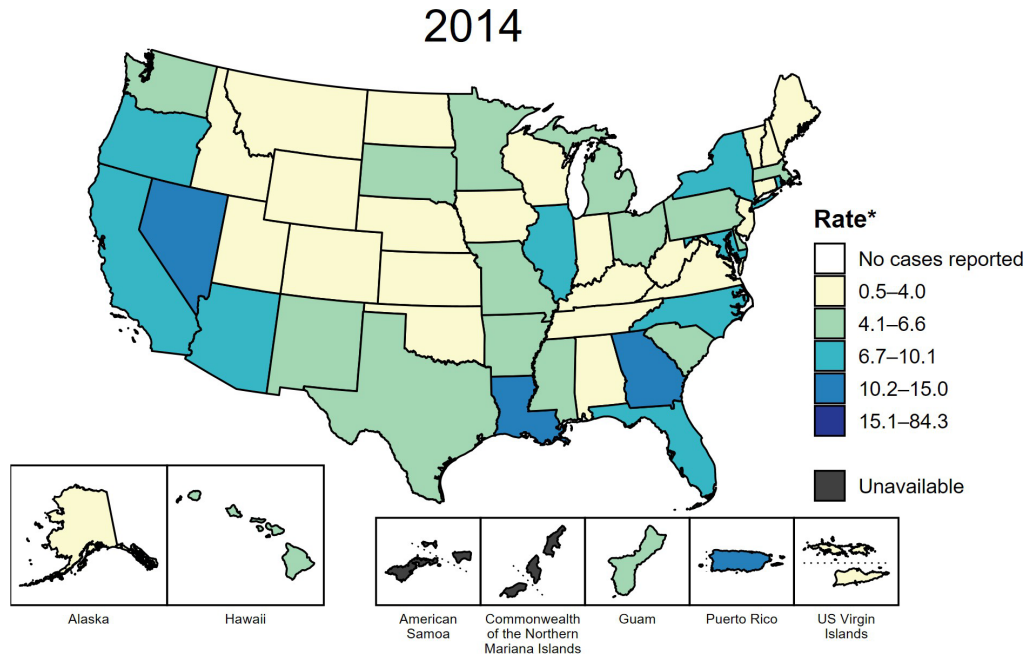
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A [provides information on unknown, missing, or invalid values of select variables.](https://www.cdc.gov/std/statistics/2023/tables/A.htm)

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Rates by Jurisdiction (US and Terr 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014–2023



### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2014, three states, the District of Columbia (DC), and one US territory (9.3% of areas with available data) had a rate of reported primary and secondary syphilis greater than or equal to 10.2 cases per 100,000 persons. This increased to 36 states, DC, and one US territory (67.9% of areas with available data) in 2023. During 2022 to 2023, rates of reported primary and secondary syphilis increased in nine states and three territories.

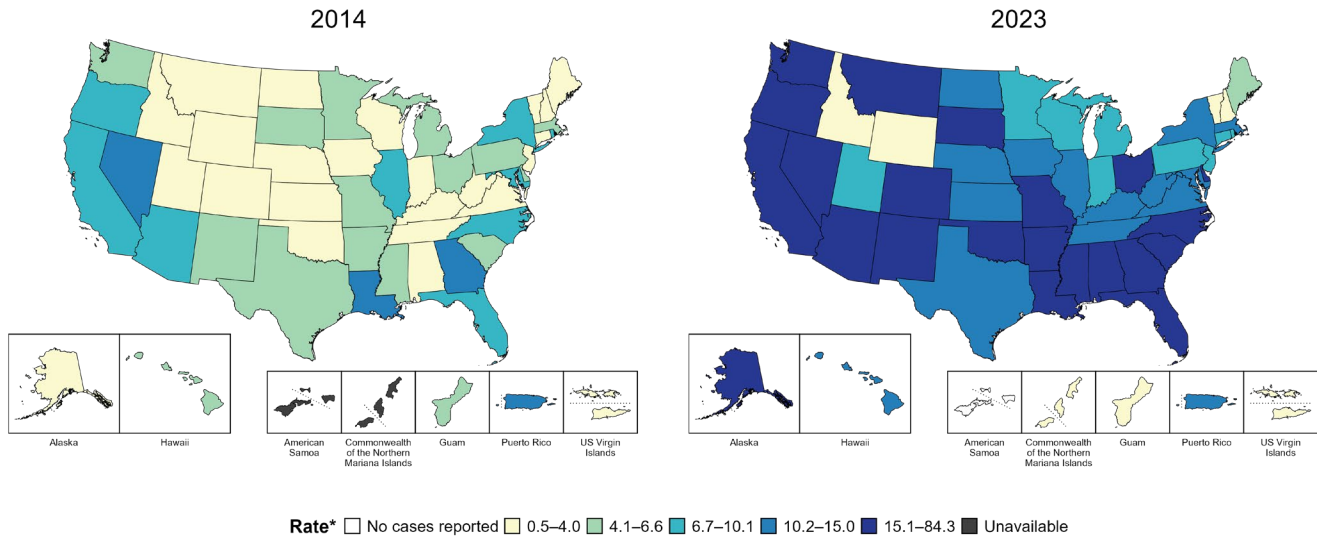
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on P&S syphilis cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported P&S syphilis cases in 2018 are not available for the US Virgin Islands. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Rates by Jurisdiction (US and Terr 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014 and 2023



\* Per 100,000

### Summary

In 2014, three states, the District of Columbia (DC), and one US territory (9.3% of areas with available data) had a rate of reported primary and secondary syphilis greater than or equal to 10.2 cases per 100,000 persons. This increased to 36 states, DC, and one US territory (67.9% of areas with available data) in 2023.

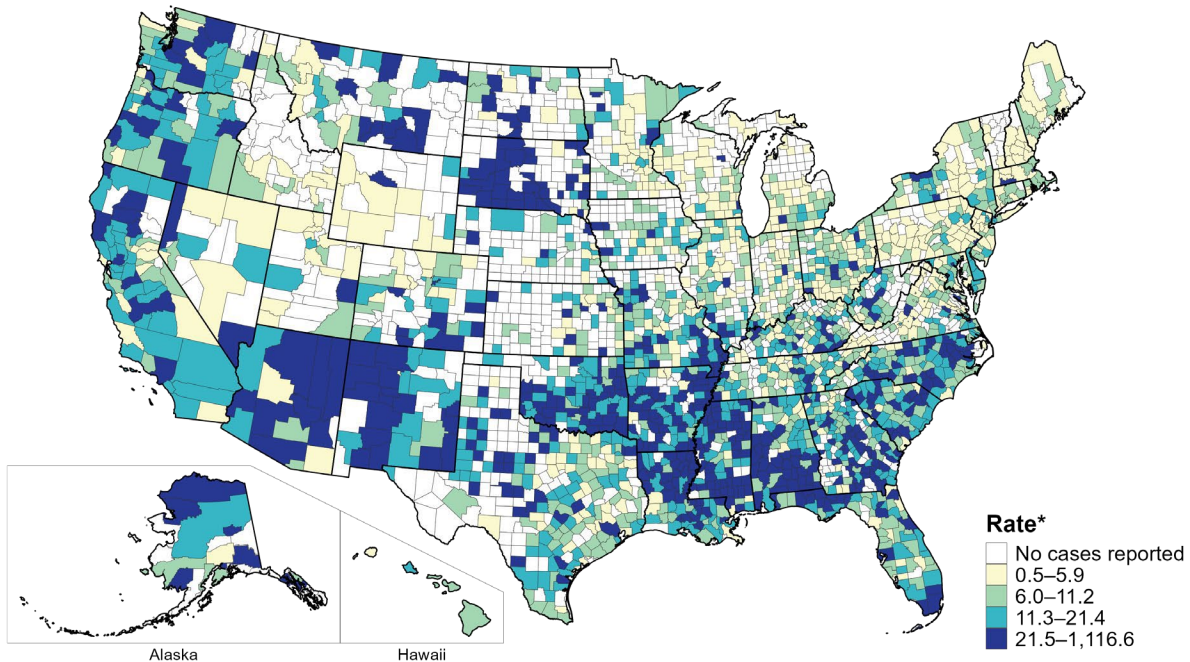
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on P&S syphilis cases to CDC in 2018; data are not available for those areas prior to that year. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Rates by Jurisdiction (US and Terr 2014 and 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Rates of Reported Cases by County, United States, 2023



\* Per 100,000

### Summary

In 2023, 69.9% of all counties and county equivalents in the United States reported at least one case of primary and secondary (P&S) syphilis. Out of 3,144 counties and county equivalents, 78 counties or county equivalents (2.5%) reported over half of all cases of P&S syphilis (26,530 of 52,986 total cases).

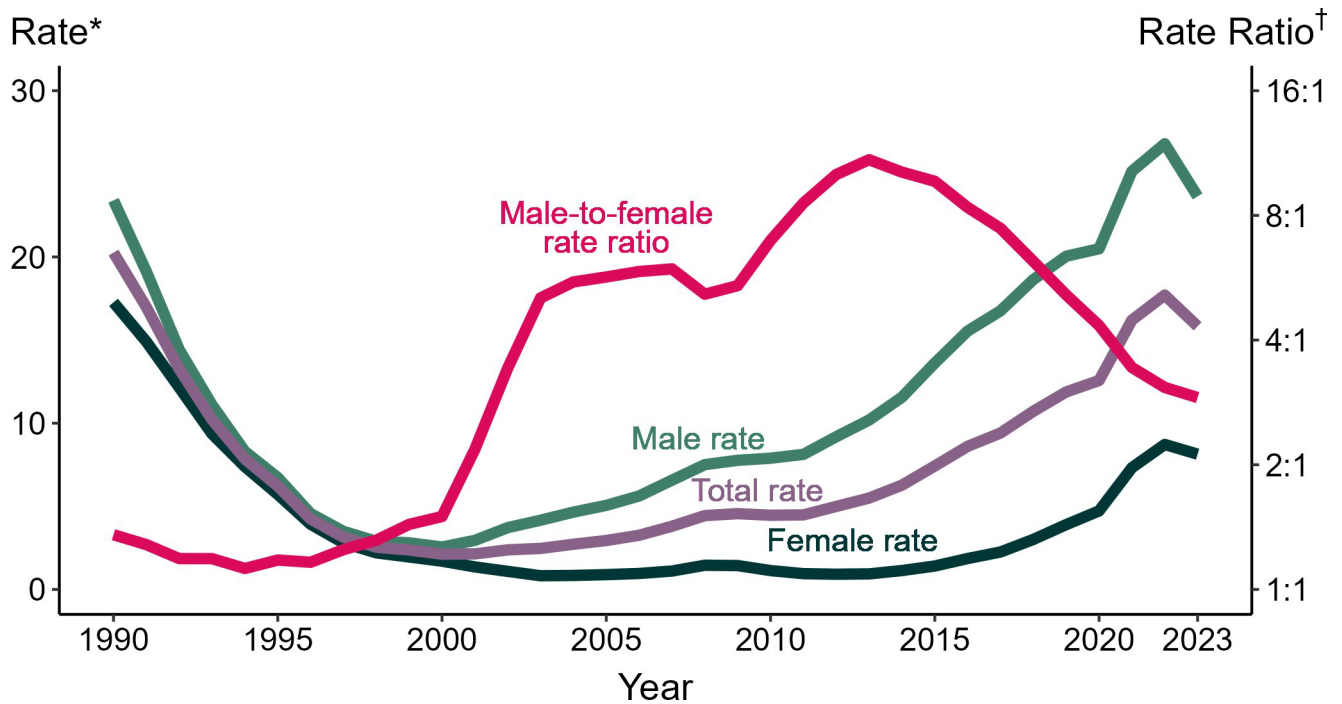
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, by Year, United States, 1990–2023



\* Per 100,000

† Log scale

### Summary

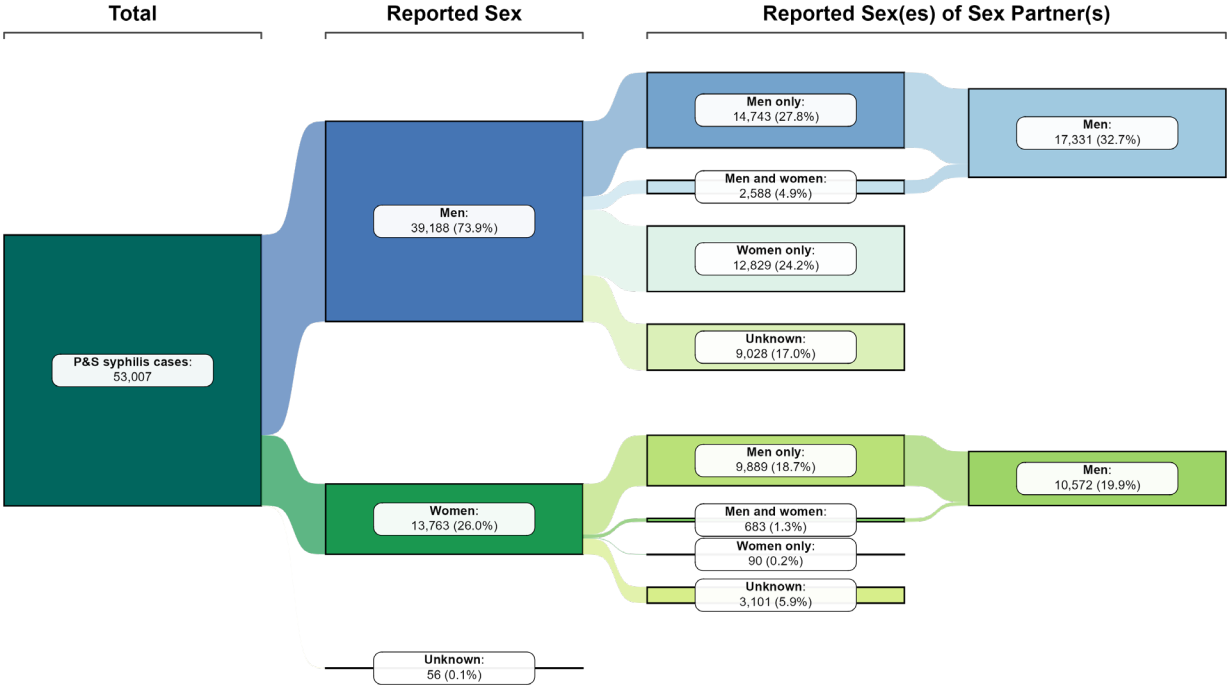
Although the male-to-female rate ratio for primary and secondary syphilis increased from 1990 to 2013, the rate ratio has declined in recent years due to the increasing rate of syphilis among women. During 2019 to 2023, the rate of primary and secondary syphilis among women more than doubled (3.9 to 8.1 per 100,000).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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# Primary and Secondary Syphilis — Distribution of Cases by Sex and Sex of Sex Partners, United States, 2023



**NOTE:** Percentages represent the number of primary and secondary (P&S) syphilis cases among the 53,007 total P&S syphilis cases reported in 2023.

## Summary

Of 53,007 reported primary and secondary syphilis cases in 2023, 73.9% were among men and 26.0% were among women.

By sex and sex(es) of sex partners, the largest percentage of cases (27.8%) were among men who have sex with men only.

Men who have sex with men — including men who have sex with men and women — represented 32.7% of cases overall and 44.2% of cases among men (57.5% of cases among men with known sex of sex partners).

Women who have sex with men — including women who have sex with women and men — represented 19.9% of cases overall and 76.8% of cases among women (99.2% of cases among women with known sex of sex partners).

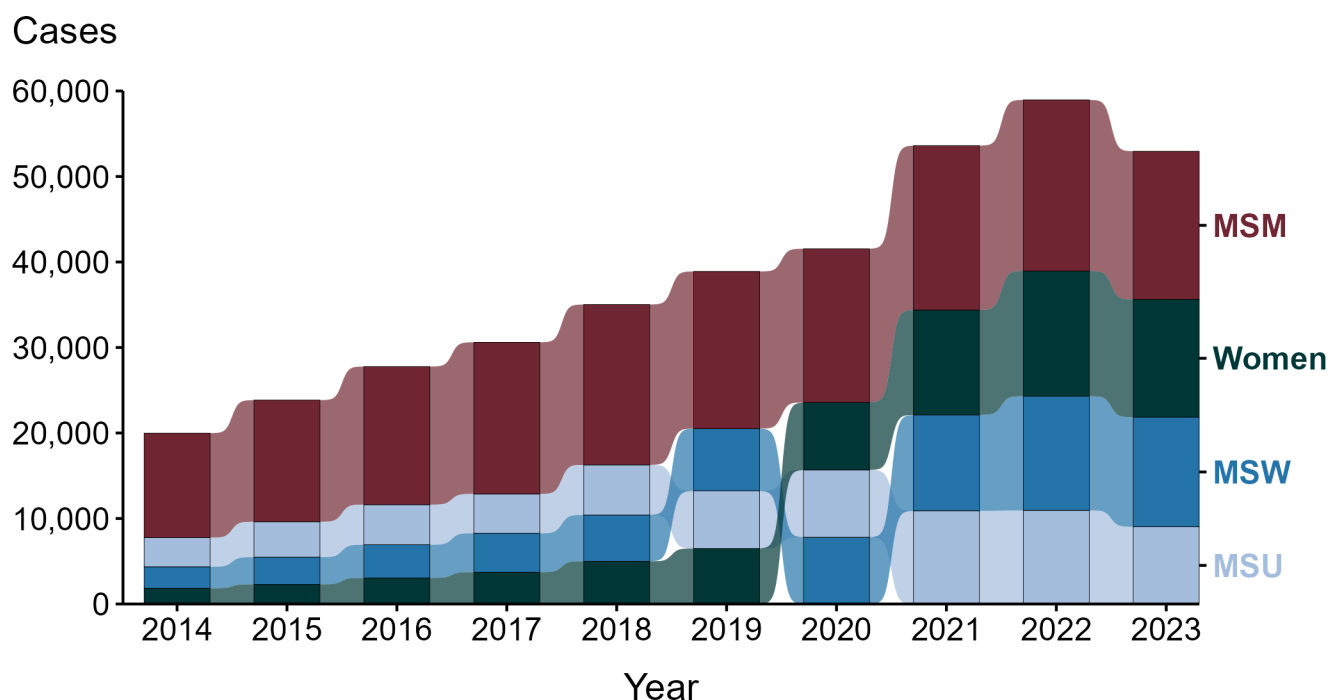
Note that percentages in figure and text may not sum as expected due to rounding.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners and Year, United States, 2014–2023



**ACRONYMS:** MSM = Men who have sex with men; MSU = Men with unknown sex of sex partners; MSW = Men who have sex with women only

### Summary

During the period from 2014 to 2023, the largest percentage (44.9%) of primary and secondary syphilis cases were among men who have sex with men (MSM; 172,019 cases).

During 2022 to 2023, the number of cases among MSM decreased 13.4% (20,004 to 17,331), while the number of cases decreased 4.0% among men who have sex with women only (MSW; 13,359 to 12,829), 6.1% among women (14,652 to 13,763), and 17.5% among men with unknown sex of sex partners (MSU; 10,946 to 9,028).

During the five-year period from 2019 to 2023, the number of cases among MSM decreased 5.7% (18,381 to 17,331), while the number of cases increased 76.0% among MSW (7,289 to 12,829), 112.0% among women (6,493 to 13,763), and 34.1% among MSU (6,732 to 9,028).

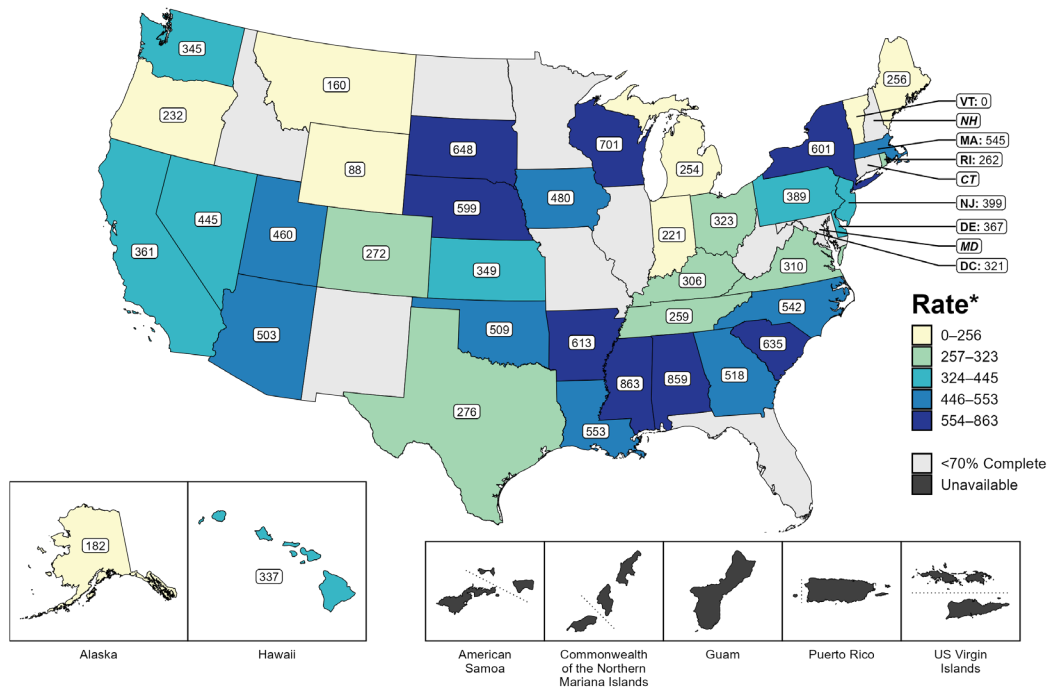
During the 10-year period from 2014 to 2023, the number of cases among MSM increased 41.8% (12,226 to 17,331), while the number of cases increased 410.5% among MSW (2,513 to 12,829), 648.0% among women (1,840 to 13,763), and 165.0% among MSU (3,407 to 9,028).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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# Primary and Secondary Syphilis — Estimated Rates of Reported Cases Among MSM by Jurisdiction, 39 States and the District of Columbia, 2023



\* Per 100,000

**ACRONYMS:** MSM = Men who have sex with men

**NOTE:** Figure displays rates for jurisdictions reporting  $\geq 70\%$  completeness of sex of sex partners data for male primary and secondary syphilis cases in 2023. Population estimates for MSM in US territories are unavailable.

## Summary

In 2023, 39 states and the District of Columbia (DC) provided data to classify at least 70% of male primary and secondary syphilis cases as men who have sex with men (MSM) or men who have sex with women only. Among the states, estimated rates of primary and secondary syphilis cases in MSM ranged from 0 per 100,000 in Vermont to 863 per 100,000 in Mississippi. The estimated rate in DC was 321 per 100,000.

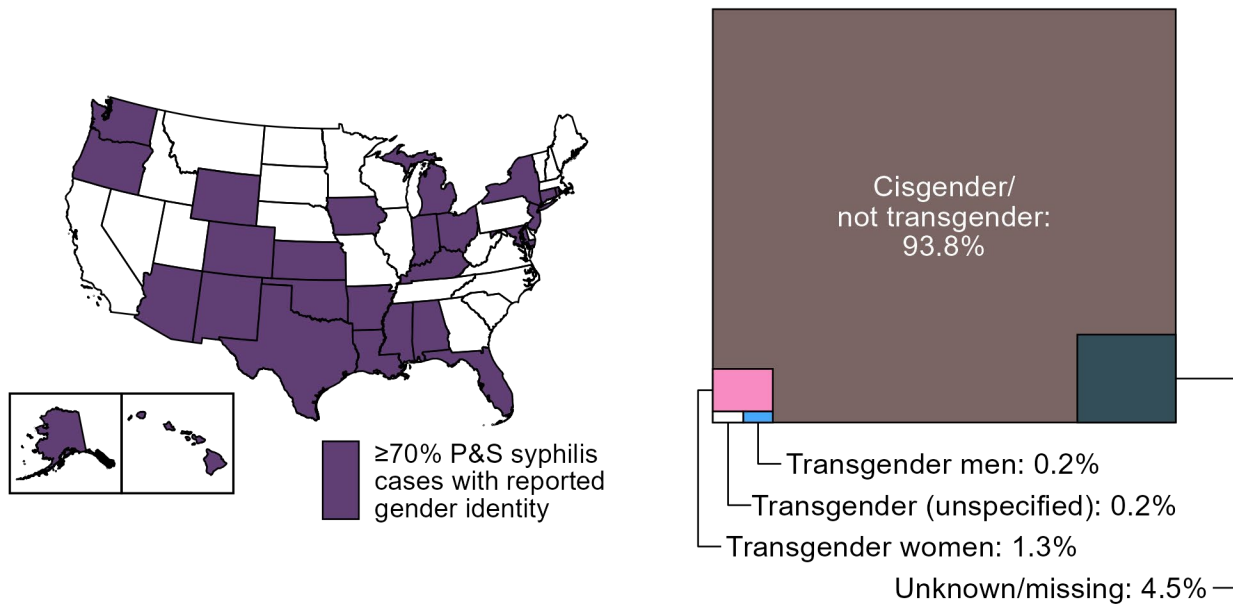
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Distribution of Cases by Gender Identity, 26 States\* and the District of Columbia, 2023



\* Jurisdictions reporting gender identity for ≥70% reported primary and secondary syphilis cases in 2023; in 2023, 35 states and the District of Columbia reported on gender identity for primary and secondary syphilis cases

**ACRONYMS:** P&S syphilis = Primary and secondary syphilis

### Summary

Starting in 2018, jurisdictions were able to provide gender identity for reported cases of primary and secondary syphilis; however, not all jurisdictions have been able to report complete data. To minimize bias due to missing data, this figure displays data from jurisdictions with ≥70% complete information on gender identity for primary and secondary syphilis cases. As reporting of gender identity improves, case counts and distribution of cases by gender identity will become more representative of the US.

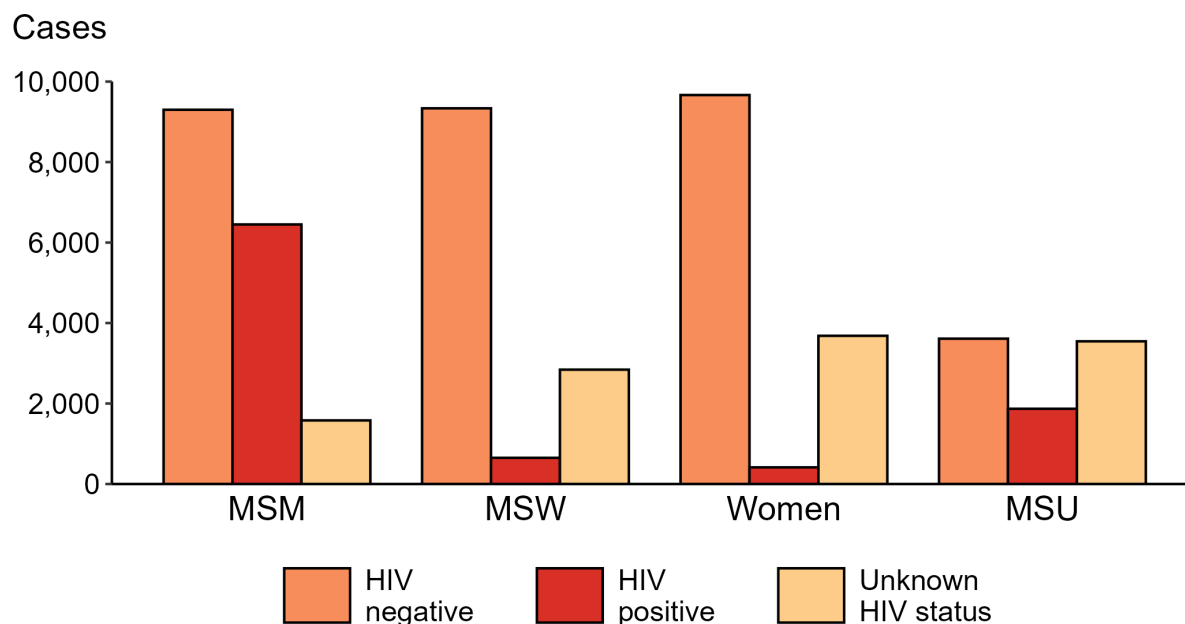
In 2023, 26 states and the District of Columbia reported gender identity for ≥70% of reported primary and secondary syphilis cases. In those areas, 30,704 total cases were reported, of which 93.8% were reported with cisgender (i.e., not transgender) identity, 4.5% were reported with missing or unknown gender identity, and 1.7% were reported with transgender identity, specifically as transgender women (1.3%), transgender men (0.2%), and unspecified transgender identity (0.2%).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs \(https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html\)](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Distribution by Gender Identity in Reporting Jurisdictions (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Reported Cases by Sex, Sex of Sex Partners, and HIV Status, United States, 2023



**ACRONYMS:** MSM = Men who have sex with men; MSW = Men who have sex with women only; MSU = Men with unknown sex of sex partners

### Summary

Among primary and secondary syphilis cases with reported HIV status, 41.0% of cases among men who have sex with men were HIV positive, compared with 34.1% of cases among men with unknown sex of sex partners, 6.5% of cases among men who have sex with women only, and 4.1% of cases among women.

For this figure, HIV status is categorized as reported by jurisdictions. Jurisdictions determine HIV status using multiple sources, including self-report, match with HIV registry, and available HIV test results.

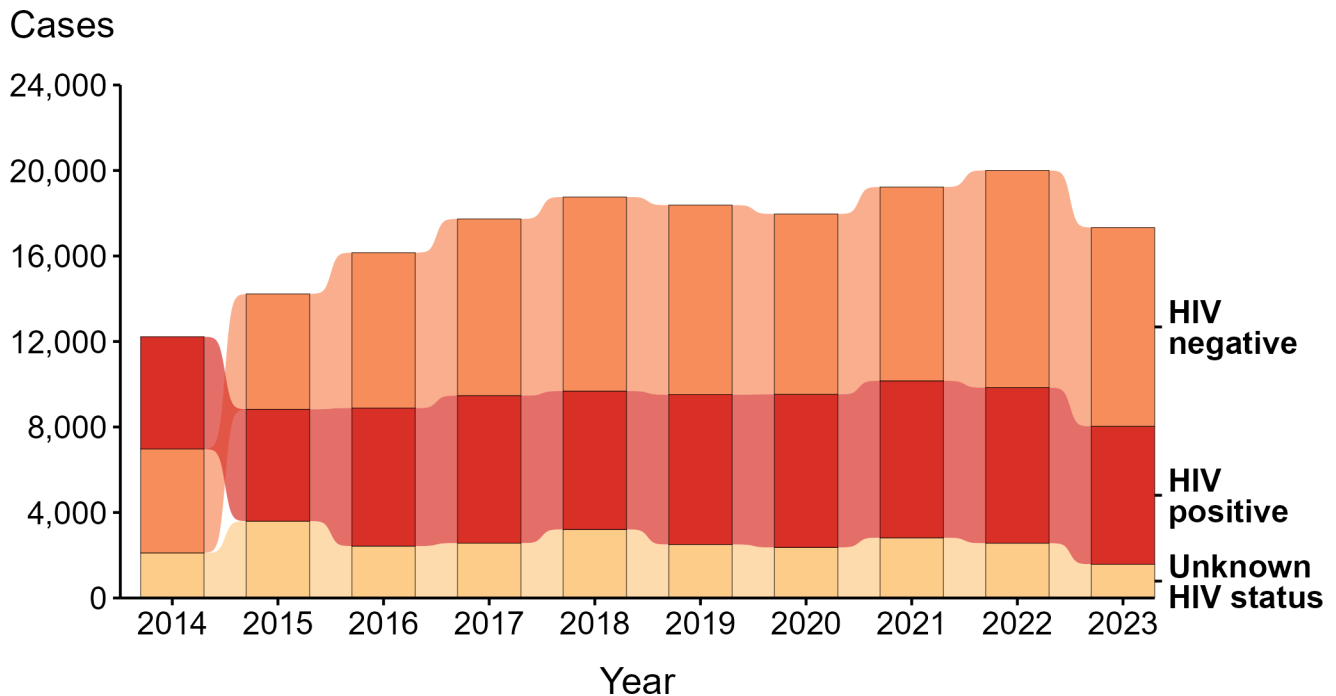
Cases reported with a missing or unknown status are categorized as having an unknown HIV status.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Cases by Sex Sex of Sex Partners and HIV Status (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Reported Cases Among Men Who Have Sex with Men by HIV Status and Year, United States, 2014–2023



### Summary

During 2014 to 2023, the largest percentage (46.9%) of primary and secondary (P&S) syphilis cases among men who have sex with men (MSM) were among persons reported as HIV negative. Among only those reported as either HIV negative or HIV positive (i.e., with a known status), 55.2% were among persons reported as HIV negative.

During 2022 to 2023, the number of P&S syphilis cases among MSM who were reported as HIV negative decreased 8.5% (from 10,161 to 9,300), the number who were reported as HIV positive decreased 11.4% (from 7,281 to 6,450), and the number who were reported with unknown HIV status decreased 38.3% (from 2,562 to 1,581).

During 2014 to 2023, the number of P&S syphilis cases among MSM who were reported as HIV negative increased 91.2% (from 4,863 to 9,300), the number who were reported as HIV positive increased 22.7% (from 5,257 to 6,450), and the number who were reported with unknown HIV status decreased 24.9% (from 2,106 to 1,581).

Since 2015, the number of primary and secondary syphilis cases among MSM who are HIV negative has surpassed the number of cases among those who are HIV positive.

For this figure, HIV status is categorized as reported by jurisdictions. Jurisdictions determine HIV status using multiple sources, including self-report, match with HIV registry, and available HIV test results.

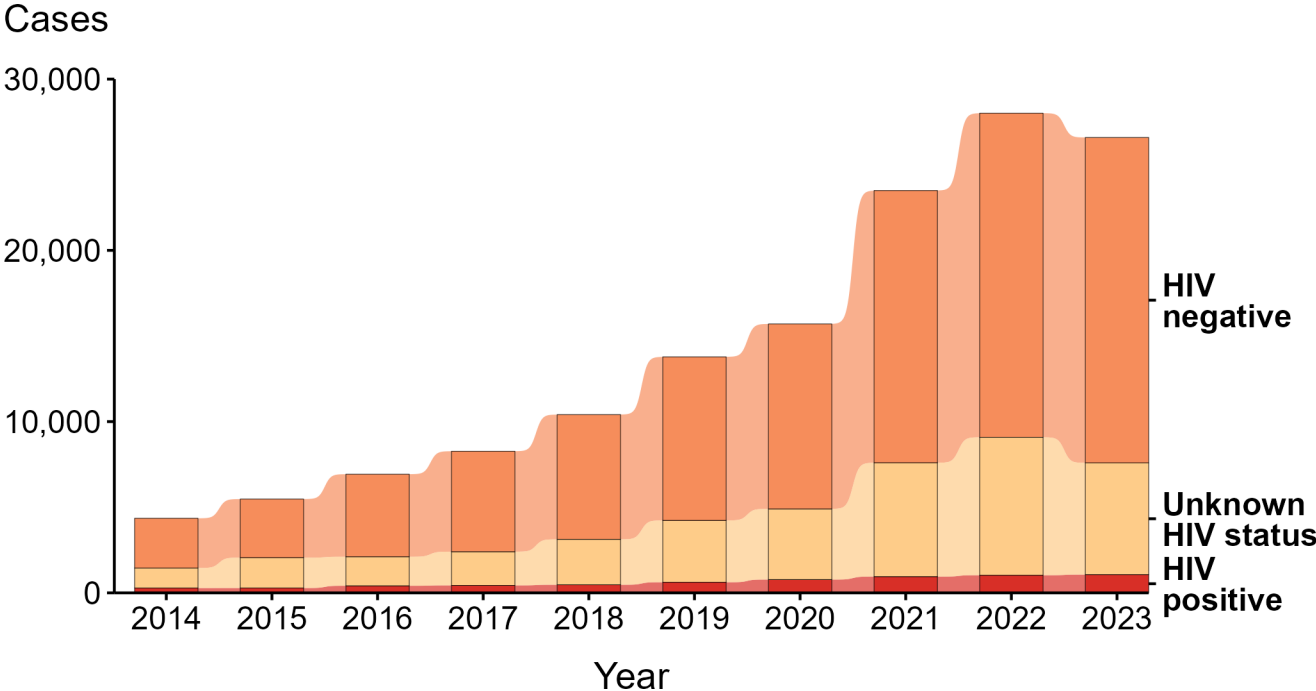
Cases reported with a missing or unknown status are categorized as having an unknown HIV status.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Cases MSM by HIV Status (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

# Primary and Secondary Syphilis — Reported Cases Among Women and Men Who Have Sex with Women Only by HIV Status and Year, United States, 2014–2023



## Summary

During 2014 to 2023, the majority (68.9%) of primary and secondary (P&S) syphilis cases among women and men who have sex with women only (MSW) were among persons reported as HIV negative. Among only those reported as either HIV negative or HIV positive (i.e., with a known status), 94.0% were among persons reported as HIV negative.

During 2022 to 2023, the number of P&S syphilis cases among women and MSW who were reported as HIV negative did not change substantially (<1.0% change; from 18,927 to 19,002), the number who were reported with unknown HIV status decreased 19.0% (from 8,055 to 6,525), and the number who were reported as HIV positive increased 3.5% (from 1,029 to 1,065).

During 2014 to 2023, the number of P&S syphilis cases among women and MSW who were reported as HIV negative increased 555.0% (from 2,901 to 19,002), the number who were reported with unknown HIV status increased 457.2% (from 1,171 to 6,525), and the number who were reported as HIV positive increased 279.0% (from 281 to 1,065).

For this figure, HIV status is categorized as reported by jurisdictions. Jurisdictions determine HIV status using multiple sources, including self-report, match with HIV registry, and available HIV test results.

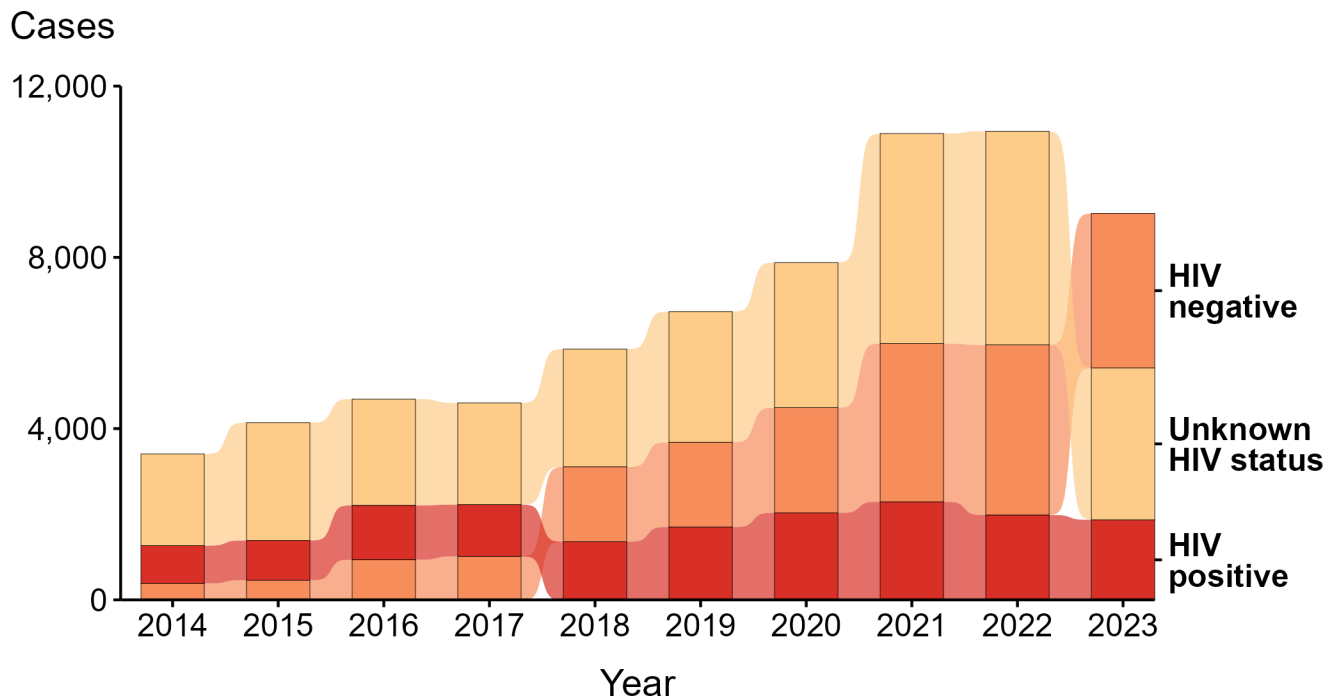
Cases reported with a missing or unknown status are categorized as having an unknown HIV status.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Reported Cases Among Men with Unknown Sex of Sex Partners by HIV Status and Year, United States, 2014–2023



### Summary

During 2014 to 2023, the largest percentage (47.5%) of primary and secondary (P&S) syphilis cases among men with unknown sex of sex partners (MSU) were among persons reported with unknown HIV status. Among only those reported as either HIV negative or HIV positive (i.e., with a known status), 56.6% were among persons reported as HIV negative.

During 2022 to 2023, the number of P&S syphilis cases among MSU who were reported with unknown HIV status decreased 28.9% (from 4,990 to 3,546), the number who were reported as HIV negative decreased 9.1% (from 3,975 to 3,612), and the number who were reported as HIV positive decreased 5.6% (from 1,981 to 1,870).

During 2014 to 2023, the number of P&S syphilis cases among MSU who were reported with unknown HIV status increased 65.7% (from 2,140 to 3,546), the number who were reported as HIV negative increased 838.2% (from 385 to 3,612), and the number who were reported as HIV positive increased 112.0% (from 882 to 1,870).

For this figure, HIV status is categorized as reported by jurisdictions. Jurisdictions determine HIV status using multiple sources, including self-report, match with HIV registry, and available HIV test results.

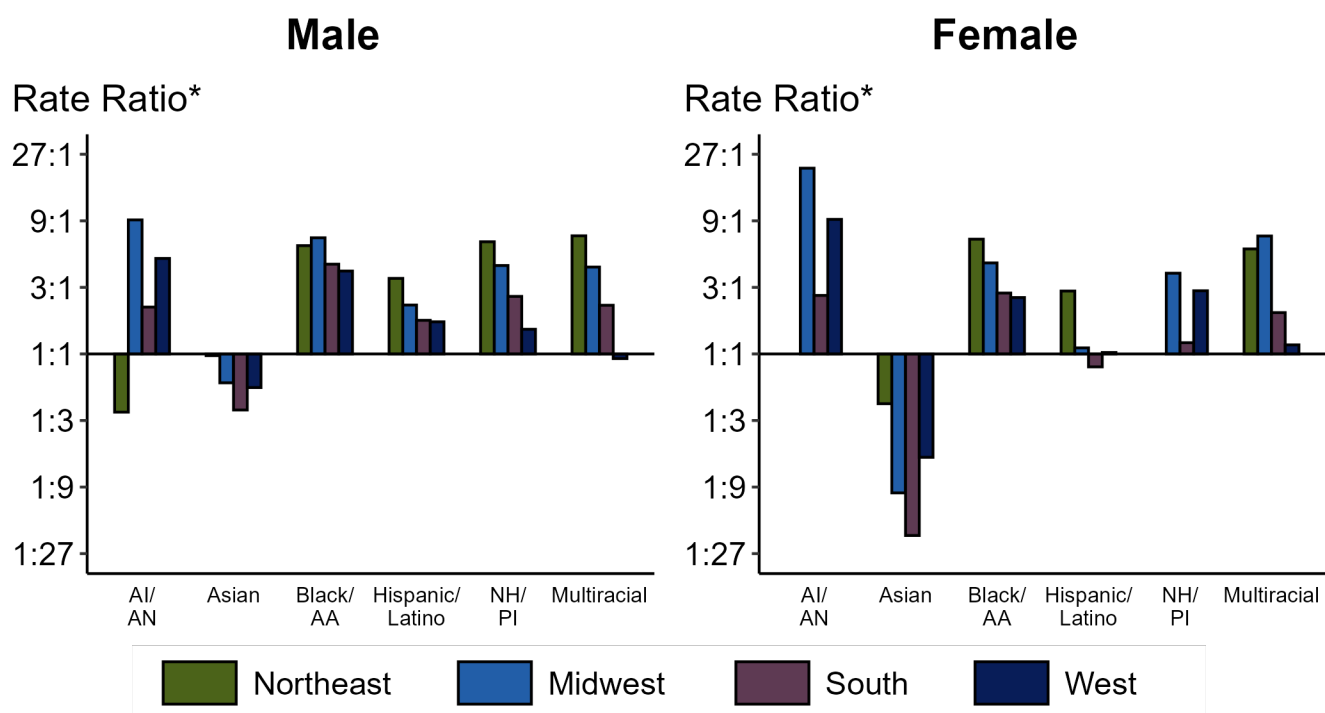
Cases reported with a missing or unknown status are categorized as having an unknown HIV status.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Ratios of Rates of Reported Cases by Sex, Race/Hispanic Ethnicity, and Region, United States, 2023



\*For the rate ratios, non-Hispanic White persons are the referent population. Y-axis is log scale.

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

### Summary

Among men and women, rate ratios of rates of reported primary and secondary (P&S) syphilis by race/Hispanic ethnicity (using non-Hispanic White persons as the referent population) varied by region in 2023. Among men, the greatest rate ratio was in the Midwest where the rate of reported P&S syphilis among non-Hispanic American Indian or Alaska Native men was 9.1 times the rate among non-Hispanic White men. Among women, the greatest rate ratio was in the Midwest where the rate of reported P&S syphilis among non-Hispanic American Indian or Alaska Native women was 21.5 times the rate among non-Hispanic White women.

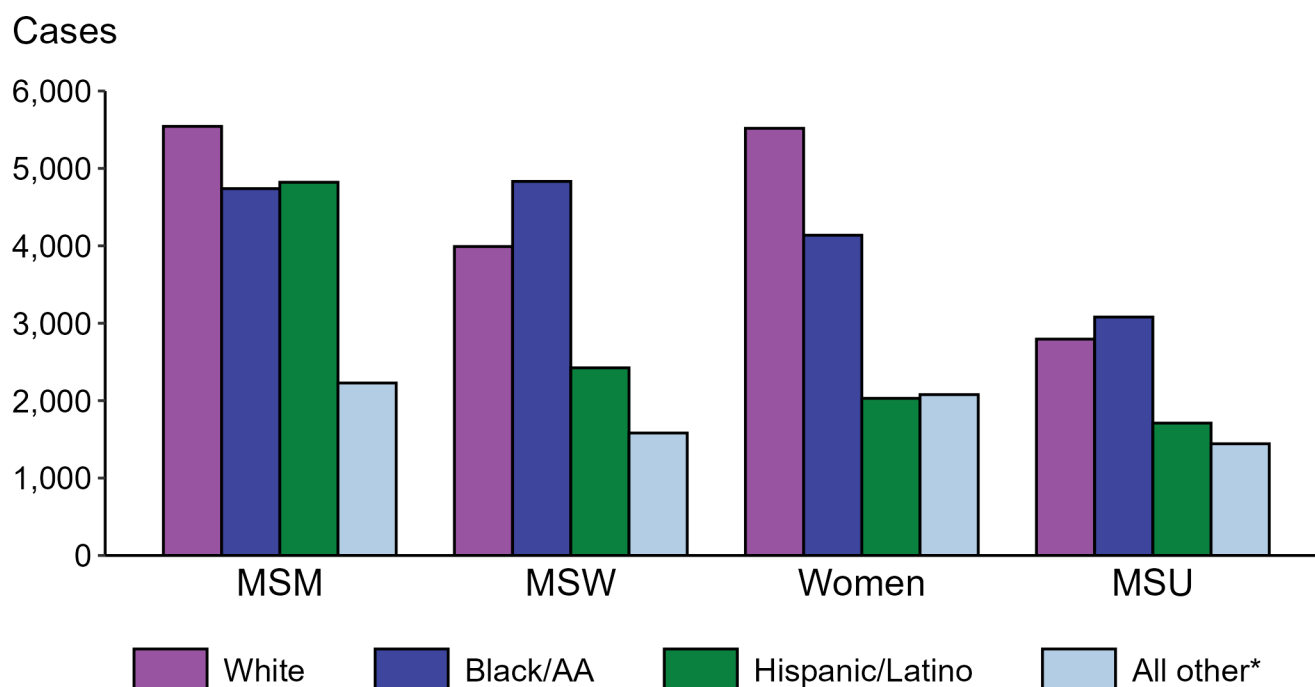
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on syphilis case reporting, race/Hispanic ethnicity categorization, and reporting of race/Hispanic ethnicity

for STI cases. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Ratios by Sex Race Hispanic Ethnicity and Region (US 2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Reported Cases by Sex, Sex of Sex Partners, and Race/Hispanic Ethnicity, United States, 2023



\*Includes persons with missing or unknown race who were not reported with Hispanic ethnicity.

**ACRONYMS:** MSM = Men who have sex with men; MSW = Men who have sex with women only; MSU = Men with unknown sex of sex partners

### Summary

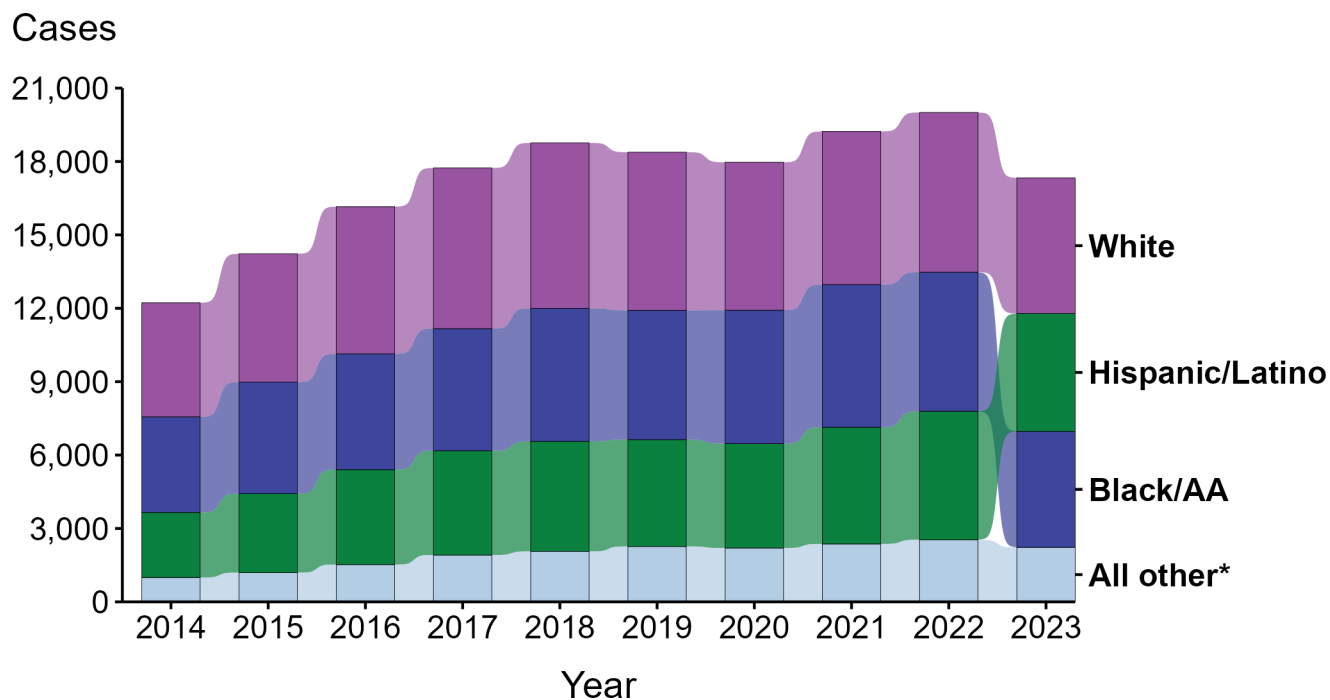
The largest percentage of all primary and secondary (P&S) syphilis cases were reported to be men who have sex with men (MSM; 32.7%). When looking within categories of sex and sex of sex partners, P&S syphilis cases reported as non-Hispanic White were the largest percentage among women (40.1%) and MSM (32.0%). P&S syphilis cases reported as non-Hispanic Black or African American were the largest percentage among men who have sex with women only (MSW; 37.7%) and men with unknown sex of sex partners (MSU; 34.1%).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Reported Cases Among Men Who Have Sex with Men by Race and Hispanic Ethnicity, United States, 2014–2023



\* Includes all cases not captured in the labeled race and Hispanic ethnicity categories, including those with unknown or missing race and Hispanic ethnicity. This category is intended to show the balance of primary and secondary (P&S) syphilis cases among men who have sex with men (MSM) and should not be interpreted independently.

### Summary

During 2014 to 2023, the largest percentage (34.9%) of primary and secondary (P&S) syphilis cases among men who have sex with men (MSM) were reported to be non-Hispanic White.

During 2022 to 2023, case counts decreased among non-Hispanic Black or African American MSM (16.7% decrease; 5,689 to 4,739 cases), non-Hispanic White MSM (15.1% decrease; 6,528 to 5,543 cases), and Hispanic or Latino MSM of any race(s) (8.2% decrease; 5,250 to 4,821 cases).

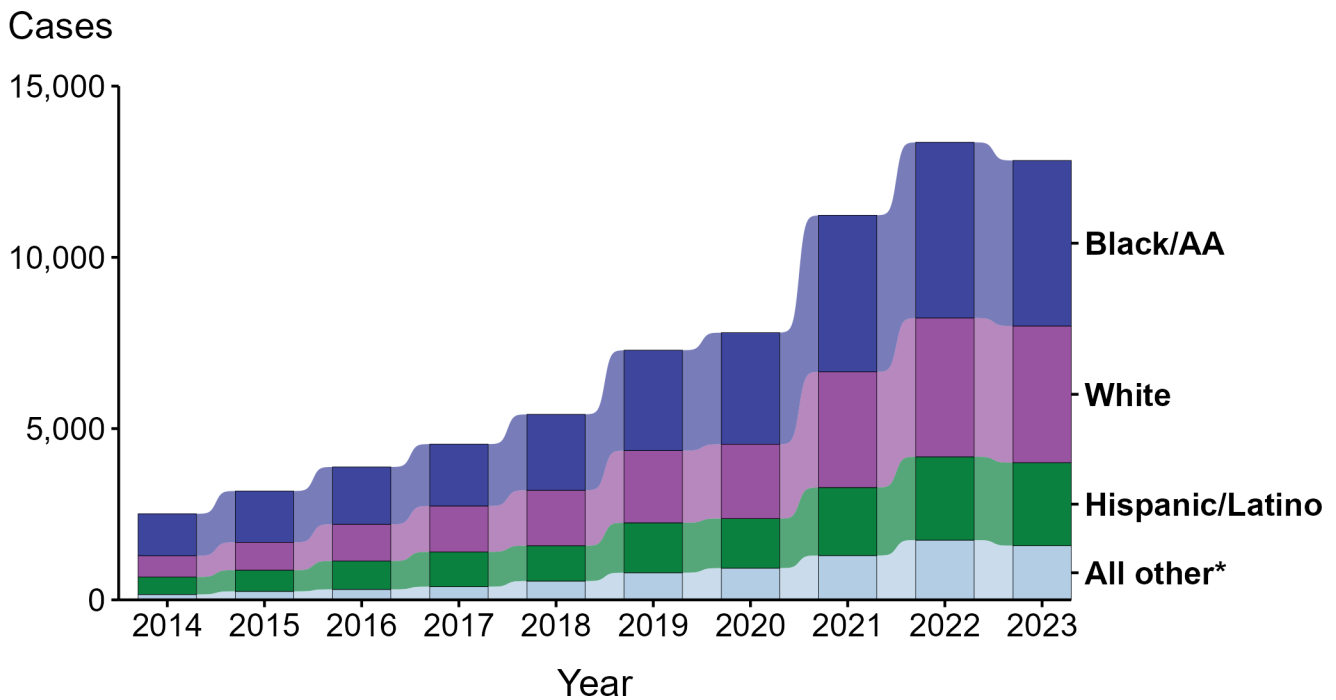
During 2014 to 2023, case counts increased among Hispanic or Latino MSM of any race(s) (81.2% increase; 2,660 to 4,821 cases), non-Hispanic Black or African American MSM (21.3% increase; 3,907 to 4,739 cases), and non-Hispanic White MSM (18.8% increase; 4,664 to 5,543 cases).

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “Cases MSM by Race and Hispanic Ethnicity (US 2014-2023).xlsx.xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Reported Cases Among Men Who Have Sex with Women Only by Race and Hispanic Ethnicity, United States, 2014–2023



\* Includes all cases not captured in the labeled race and Hispanic ethnicity categories, including those with unknown or missing race and Hispanic ethnicity. This category is intended to show the balance of primary and secondary (P&S) syphilis cases among men who have sex with women only (MSW) and should not be interpreted independently.

### Summary

During 2014 to 2023, the largest percentage (40.5%) of primary and secondary (P&S) syphilis cases among men who have sex with women only (MSW) were reported to be non-Hispanic Black or African American.

During 2022 to 2023, case counts decreased among non-Hispanic Black or African American MSW (5.8% decrease; 5,130 to 4,832 cases) and non-Hispanic White MSW (1.5% decrease; 4,052 to 3,991 cases). Case counts did not change substantially among Hispanic or Latino MSW of any race(s) (<1.0% change; 2,433 to 2,424 cases).

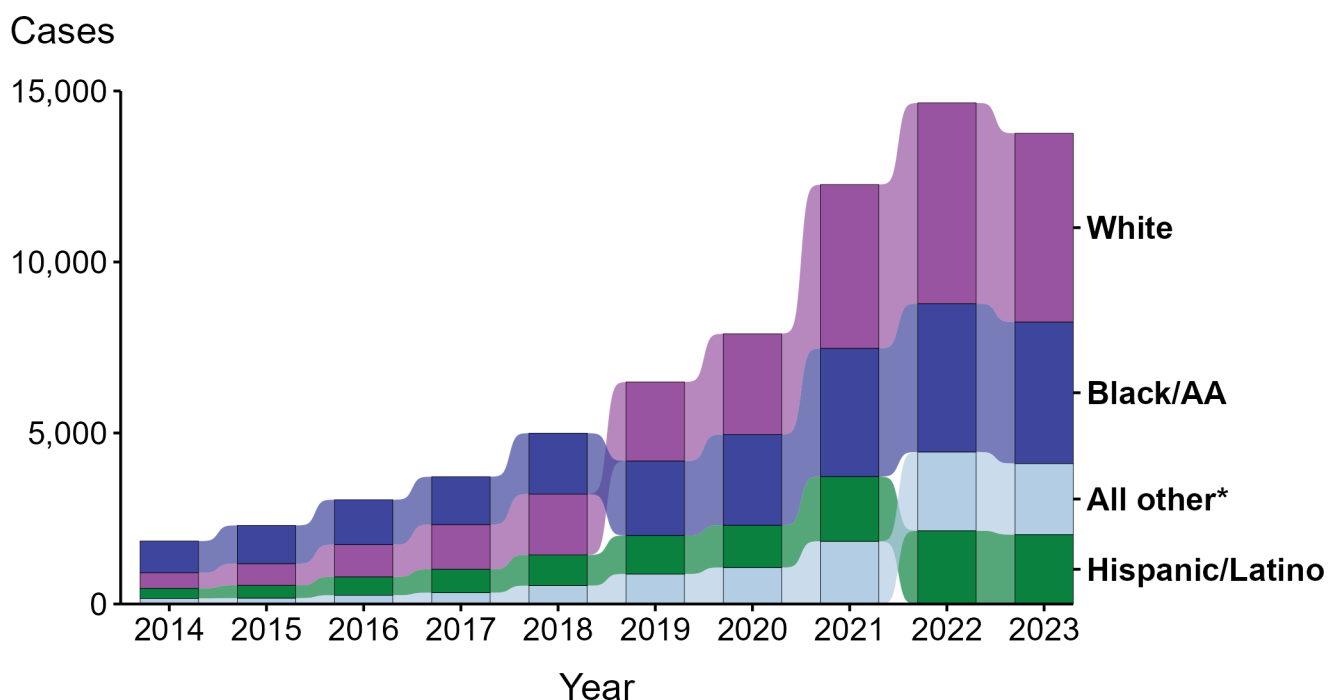
During 2014 to 2023, case counts increased among non-Hispanic White MSW (543.7% increase; 620 to 3,991 cases), Hispanic or Latino MSW of any race(s) (375.3% increase; 510 to 2,424 cases), and non-Hispanic Black or African American MSW (294.1% increase; 1,226 to 4,832 cases).

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## Primary and Secondary Syphilis — Reported Cases Among Women by Race and Hispanic Ethnicity, United States, 2014–2023



\* Includes all cases not captured in the labeled race and Hispanic ethnicity categories, including those with unknown or missing race and Hispanic ethnicity. This category is intended to show the balance of primary and secondary (P&S) syphilis cases among women and should not be interpreted independently.

### Summary

During 2014 to 2023, the largest percentage (37.4%) of primary and secondary (P&S) syphilis cases among women were reported to be non-Hispanic White.

During 2022 to 2023, case counts decreased among non-Hispanic White women (6.0% decrease; 5,869 to 5,518 cases), Hispanic or Latino women of any race(s) (5.2% decrease; 2,142 to 2,030 cases), and non-Hispanic Black or African American women (4.7% decrease; 4,339 to 4,137 cases).

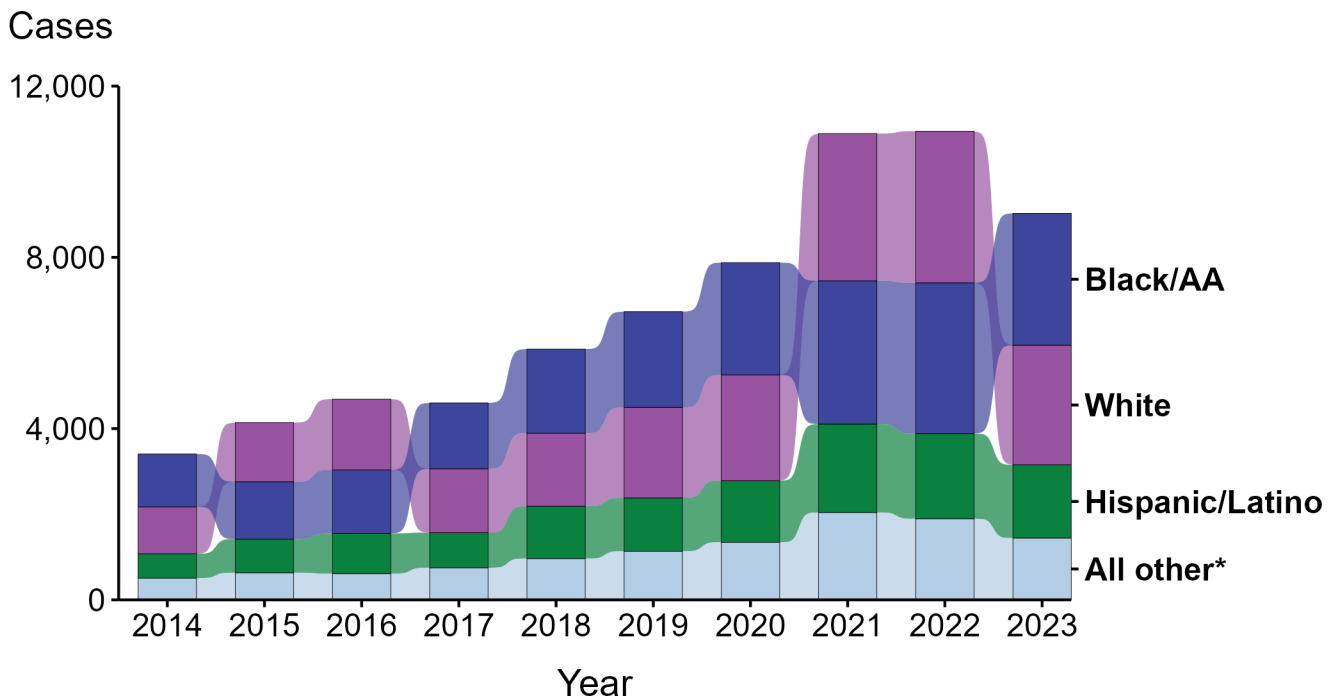
During 2014 to 2023, case counts increased among non-Hispanic White women (1,115.4% increase; 454 to 5,518 cases), Hispanic or Latino women of any race(s) (585.8% increase; 296 to 2,030 cases), and non-Hispanic Black or African American women (345.8% increase; 928 to 4,137 cases).

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## Primary and Secondary Syphilis — Reported Cases Among Men with Unknown Sex of Sex Partners by Race and Hispanic Ethnicity, United States, 2014–2023



\* Includes all cases not captured in the labeled race and Hispanic ethnicity categories, including those with unknown or missing race and Hispanic ethnicity. This category is intended to show the balance of primary and secondary (P&S) syphilis cases among men with unknown sex of sex partners (MSU) and should not be interpreted independently.

### Summary

During 2014 to 2023, the largest percentage (32.8%) of primary and secondary (P&S) syphilis cases among men with unknown sex of sex partners (MSU) were reported to be non-Hispanic Black or African American.

During 2022 to 2023, case counts decreased among non-Hispanic White MSU (21.1% decrease; 3,541 to 2,795 cases), Hispanic or Latino MSU of any race(s) (14.2% decrease; 1,993 to 1,710 cases), and non-Hispanic Black or African American MSU (12.5% decrease; 3,519 to 3,080 cases).

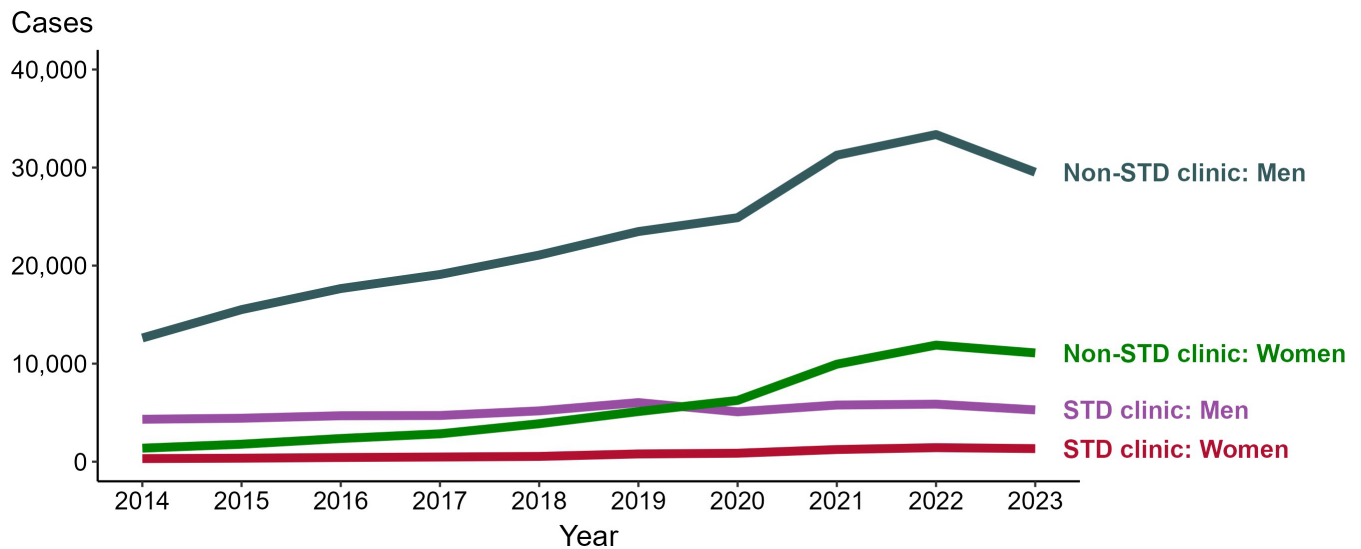
During 2014 to 2023, case counts increased among Hispanic or Latino MSU of any race(s) (201.1% increase; 568 to 1,710 cases), non-Hispanic White MSU (154.8% increase; 1,097 to 2,795 cases), and non-Hispanic Black or African American MSU (149.8% increase; 1,233 to 3,080 cases).

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## Primary and Secondary Syphilis — Reported Cases by Reporting Source and Sex and Year, United States, 2014–2023



**NOTE:** During 2014 to 2023, the percentage of all cases with unknown reporting source was 10.2%, from a low of 6.8% (n = 1,350) in 2014 to a high of 12.5% (n = 4,386) in 2018.

### Summary

During 2022 to 2023, the number of primary and secondary (P&S) syphilis cases reported from STD clinics decreased 10.0% among men (5,869 to 5,285 cases) and decreased 6.8% among women (1,432 to 1,335 cases), while the number of cases reported from non-STD clinics decreased 11.5% among men (33,365 to 29,526 cases) and decreased 6.7% among women (11,891 to 11,093 cases).

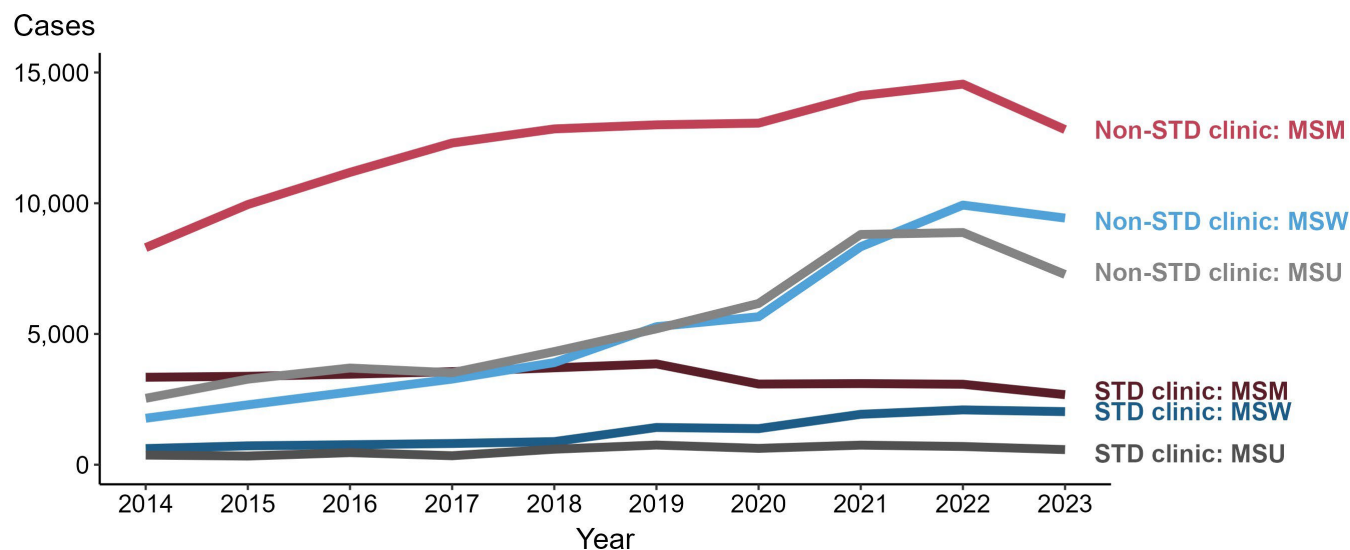
During 2014 to 2023, the number of P&S syphilis cases reported from STD clinics increased 22.1% among men (4,328 to 5,285 cases) and increased 319.8% among women (318 to 1,335 cases), while the number of cases reported from non-STD clinics increased 134.0% among men (12,617 to 29,526 cases) and increased 704.4% among women (1,379 to 11,093 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Reported Cases among Men by Reporting Source and Sex of Sex Partners and Year, United States, 2014–2023



**ACRONYMS:** MSM = Men who have sex with men; MSW = Men who have sex with women only; MSU = Men with unknown sex of sex partners

**NOTE:** During 2014 to 2023, the percentage of all male cases with unknown reporting source was 10.4%, from a low of 6.6% (n = 1,201) in 2014 to a high of 12.6% (n = 3,777) in 2018.

### Summary

During 2022 to 2023, the number of primary and secondary (P&S) syphilis cases reported from STD clinics decreased 13.0% among men who have sex with men (MSM; 3,077 to 2,678 cases), 3.1% among men who have sex with women only (MSW; 2,096 to 2,030 cases), and 17.1% among men with unknown sex of sex partners (MSU; 696 to 577 cases). Concurrently, the number of cases reported from non-STD clinics decreased 11.9% among MSM (14,555 to 12,817 cases), 5.0% among MSW (9,929 to 9,433 cases), and 18.1% among MSU (8,881 to 7,276 cases).

During 2014 to 2023, the number of P&S syphilis cases reported from STD clinics decreased 19.9% among MSM (3,344 to 2,678 cases), increased 229.0% among MSW (617 to 2,030 cases), and increased 57.2% among MSU (367 to 577 cases). Over the same period, the number of cases reported from non-STD clinics increased 54.4% among MSM (8,302 to 12,817 cases), 431.1% among MSW (1,776 to 9,433 cases), and 186.6% among MSU (2,539 to 7,276 cases).

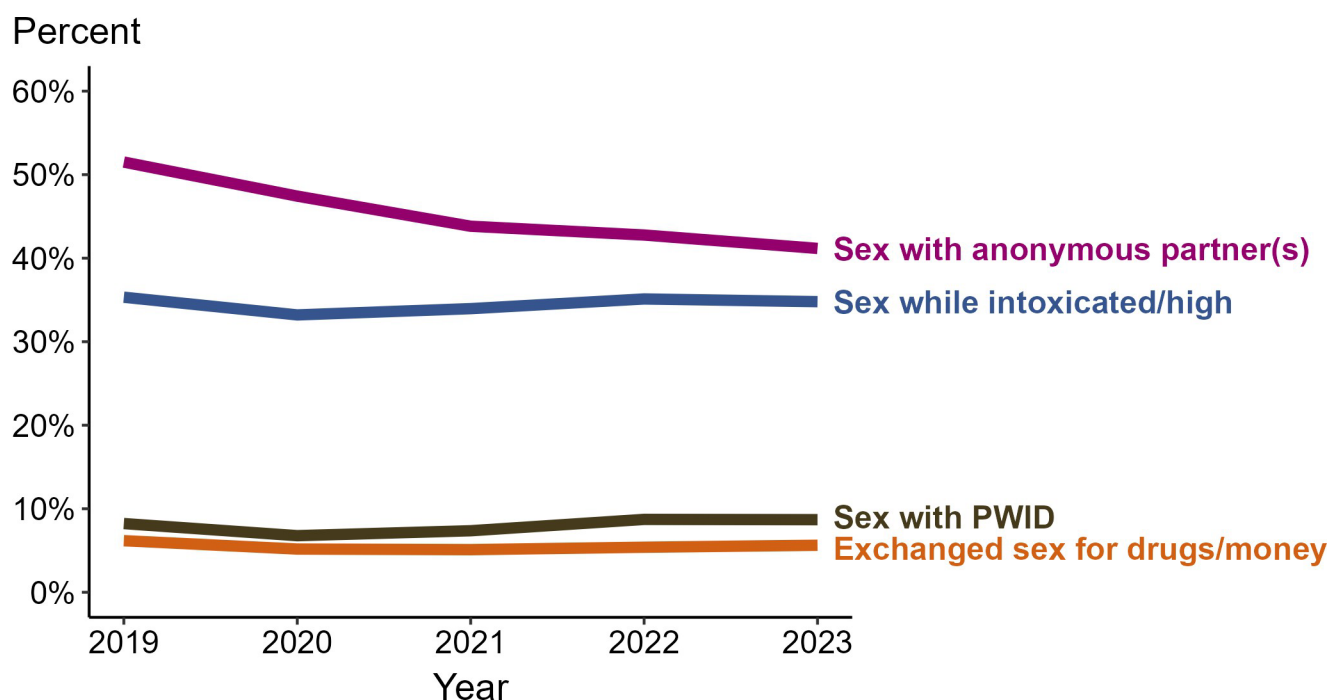
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(<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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## Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Sexual Behaviors\* by Year, United States, 2019–2023



\* Percentage reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator)

**ACRONYMS:** PWID = Person who injects drugs

### Summary

In 2023, 41.2% of primary and secondary (P&S) syphilis cases reported sex with an anonymous partner, 34.8% reported sex while intoxicated and/or high on drugs, 8.7% reported sex with a person who injects drugs, and 5.6% reported exchanging sex for drugs or money.

During 2019 to 2023, the proportion of P&S syphilis cases that reported sex with a person who injects drugs remained stable (8.2% to 8.7%), the proportion of P&S syphilis cases that reported sex while intoxicated and/or high on drugs remained stable (35.3% to 34.8%), the proportion of P&S syphilis cases that reported exchanging sex for drugs or money remained stable (6.2% to 5.6%), and the proportion of P&S syphilis cases that reported sex with an anonymous partner decreased (51.5% to 41.2%).

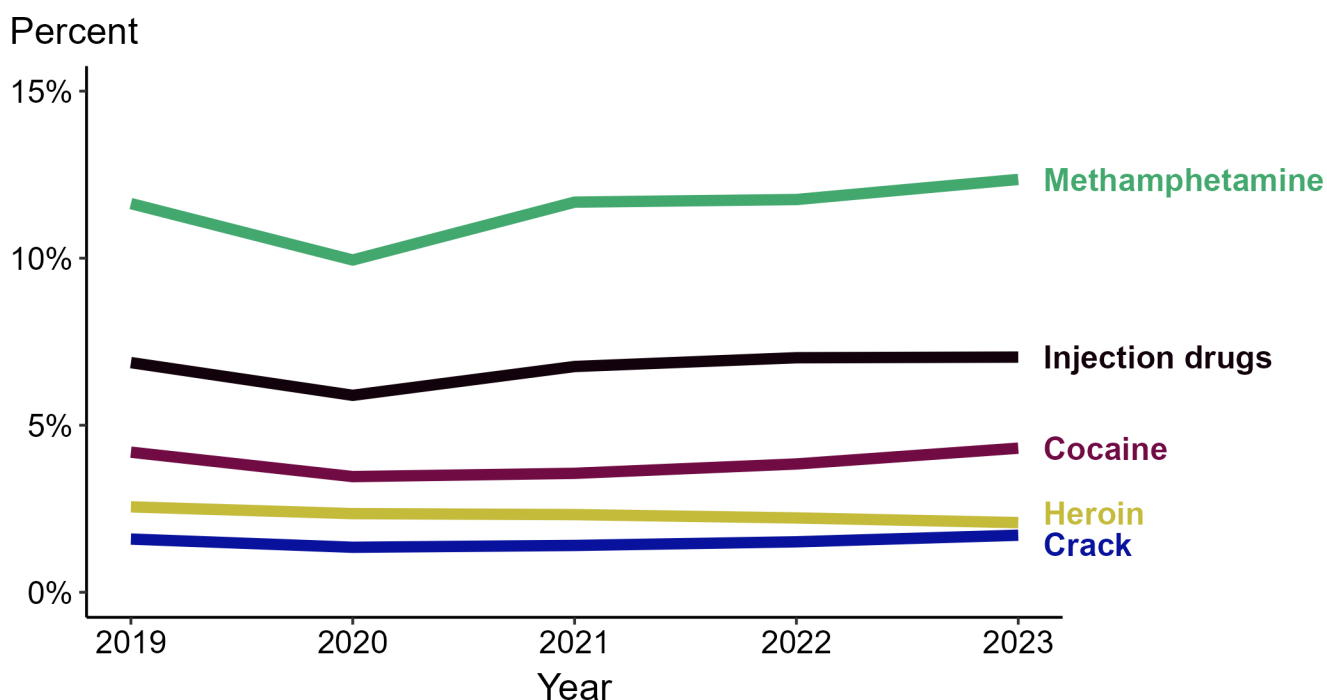
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

This figure presents trends in the proportion of cases reporting selected behavior or behaviors. Although rounded percentages are presented in the text for ease of interpretation, ranks are based on unrounded data points. See Syphilis Surveillance Supplemental Slides, 2018–2023 for more trends in surveillance data on selected behaviors reported among P&S syphilis cases in the US. Data points for all figures as well as the Syphilis Supplement Technical Notes about data sources, data collection and reporting practices, proportion with missing or unknown responses, and case definitions are available at [syphilis website].

Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis-Cases Reporting Selected Sex Behaviors (US 2019-2023).xlsx” contains the data for the figure presented on this slide.

## Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors\* by Year, United States, 2019–2023



\* Percentage reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator)

### Summary

In 2023, 12.4% of primary and secondary (P&S) syphilis cases reported methamphetamine use, 7.0% reported injection drug use, 4.3% reported cocaine use, 2.1% reported heroin use, and 1.7% reported crack use.

During 2019 to 2023, the proportion of P&S syphilis cases that reported crack use remained stable (1.6% to 1.7%), the proportion of P&S syphilis cases that reported methamphetamine use remained stable (11.6% to 12.4%), the proportion of P&S syphilis cases that reported cocaine use remained stable (4.2% to 4.3%), the proportion of P&S syphilis cases that reported injection drug use remained stable (6.9% to 7.0%), and the proportion of P&S syphilis cases that reported heroin use remained stable (2.6% to 2.1%).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

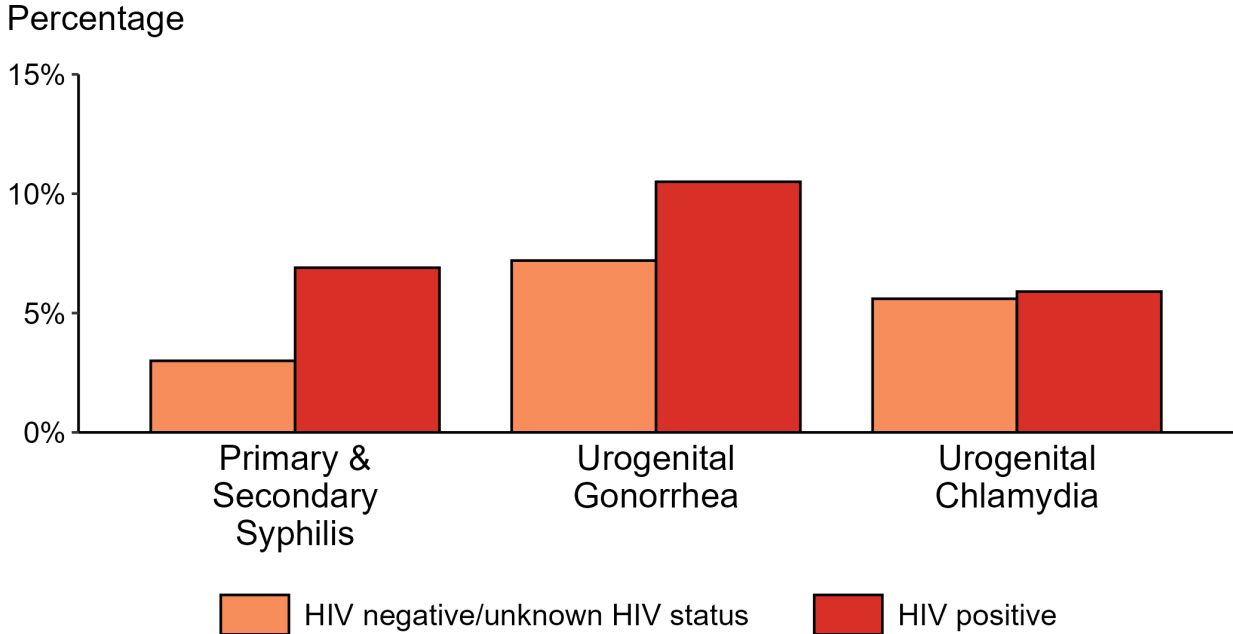
This figure presents trends in the proportion of cases reporting selected behavior or behaviors. See [Syphilis Surveillance Supplemental Slides, 2018–2023](#) for more trends in surveillance data on selected

behaviors reported among P&S syphilis cases in the US. Data points for all figures as well as the Syphilis Supplement Technical Notes about data sources, data collection and reporting practices, proportion with missing or unknown responses, and case definitions are available at [syphilis website].

Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “PS Syphilis - Cases Reporting Substance Use (US 2019-2023).xlsx” contains the data for the figure presented on this slide.

# Proportion of MSM with Primary and Secondary Syphilis, Urogenital Gonorrhea, or Urogenital Chlamydia by HIV Status, STI Surveillance Network (SSuN), 2023



**ACRONYMS:** MSM = Gay, bisexual, and other men who have sex with men

**NOTE:** Results are based on data obtained from patients attending a participating STI clinic in 11 jurisdictions.

## Summary

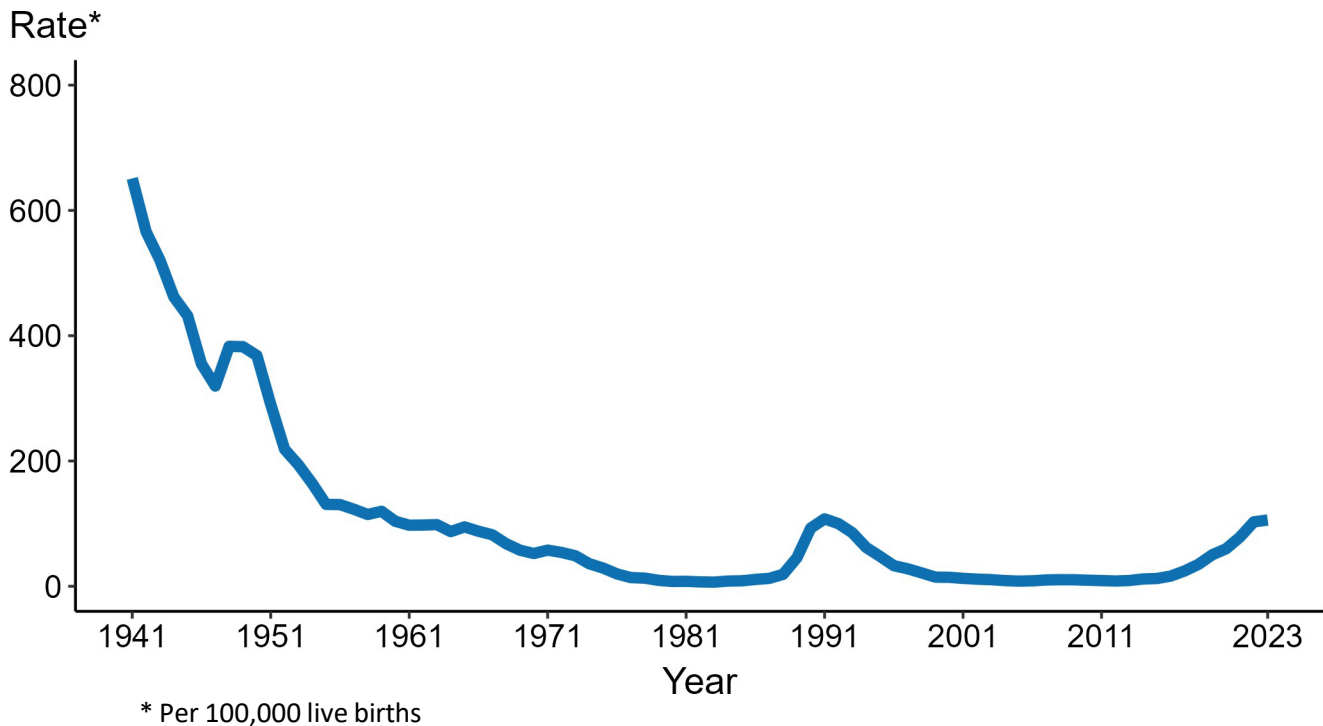
Among gay, bisexual, and other men who have sex with men (MSM) attending participating STI clinics in the STI Surveillance Network in 2023, the portion diagnosed with primary and secondary syphilis was higher for those that were HIV positive compared with those not known to be HIV positive (6.9% versus 3.0%). The pattern was similar for urogenital gonorrhea, with the proportion of testing positive higher among HIV-positive MSM compared with MSM not known to be HIV positive (10.5% versus 7.2%); however, the proportion testing positive for urogenital chlamydia was similar (5.9% among HIV-positive MSM and 5.6% among MSM not known to be HIV positive).

For this figure, information of HIV status was ascertained from patient self-report of most recent HIV test result or from documentation in the jurisdiction’s HIV surveillance registry.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on SSuN methodology. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

## Congenital Syphilis — Rates of Reported Cases by Year of Birth, United States, 1941–2023



### Summary

Data collection for congenital syphilis (CS) began in 1941, and CS was made a nationally notifiable condition in 1944. There was a significant change in the CS case definition in the 1990s and rates before versus after the case definition change should be interpreted with caution.

In 2023, there were a total of 3,882 cases of CS reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

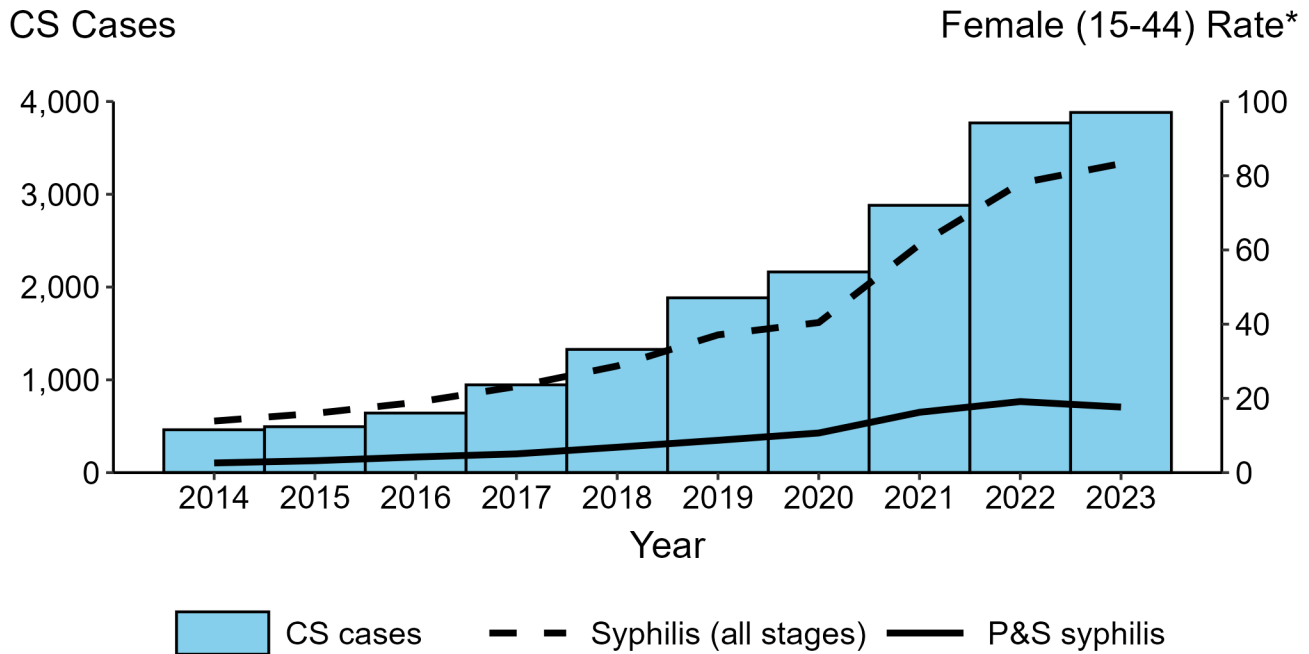
During 2022 to 2023, the rate of reported CS increased 2.9% (from 102.8 to 105.8 per 100,000 live births).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS - Rates by Year of Birth (US 1941-2023).xlsx” contains the data for the figure presented on this slide.

## Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis and Syphilis (All Stages) Among Women Aged 15–44 Years, United States, 2014–2023



\* Per 100,000

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

### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

During 2022 to 2023, the number of cases of CS increased 3.0% (3,769 to 3,882 cases), concurrent with a 6.8% increase (78.0 to 83.3 per 100,000) in the rate of syphilis (all stages) among women aged 15 to 44 years and a 7.3% decrease (19.1 to 17.7 per 100,000) in the rate of primary and secondary (P&S) syphilis among women aged 15 to 44 years.

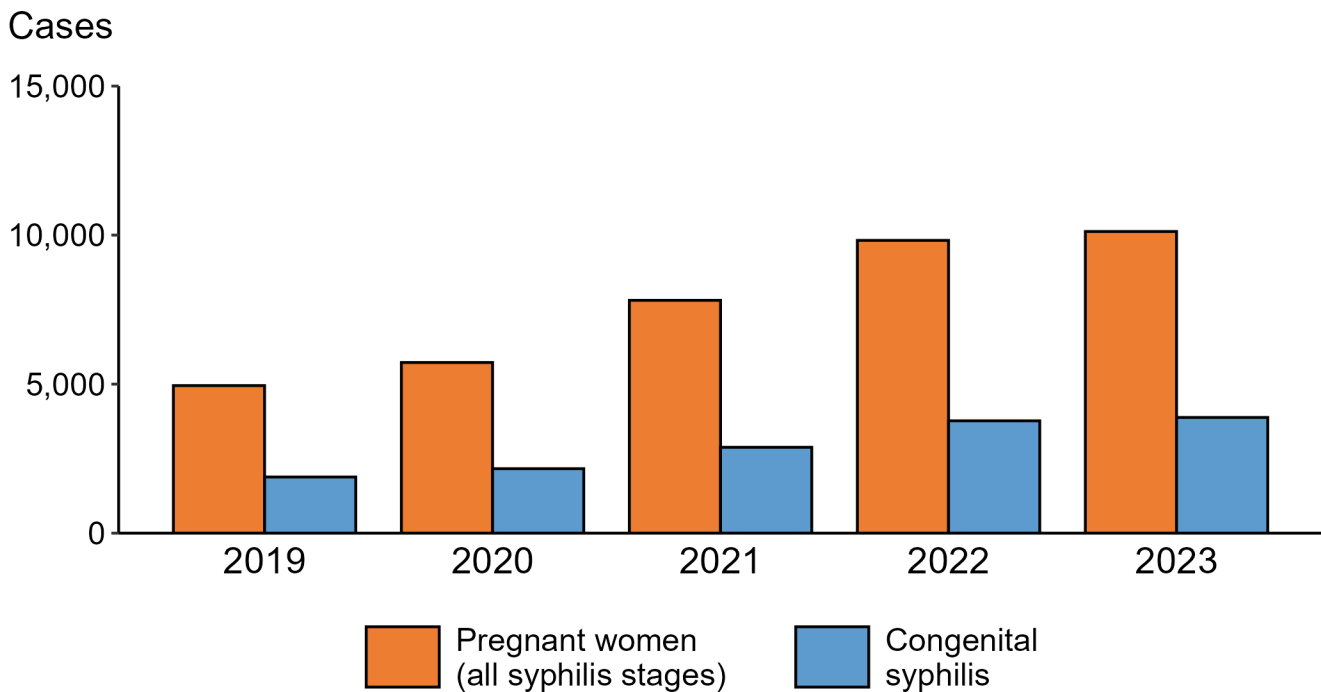
During 2014 to 2023, the number of cases of CS increased 740.3% (462 to 3,882 cases), concurrent with a 499.3% increase (13.9 to 83.3 per 100,000) in the rate of syphilis (all stages) among women aged 15 to 44 years and a 580.8% increase (2.6 to 17.7 per 100,000) in the rate of P&S syphilis among women aged 15 to 44 years.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs \(https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html\)](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS - Cases by Year of Birth and Syphilis Rates Women 15-44 (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Syphilis— Reported Cases of Syphilis (All Stages) among Pregnant Women and Reported Cases of Congenital Syphilis by Year of Birth, United States, 2019– 2023



### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

During 2022 to 2023, the number of women reported with syphilis (all stages) who were pregnant increased 3.0% (from 9,823 to 10,121). During the same time period, the number of reported cases of CS increased 3.0% (from 3,769 to 3,882).

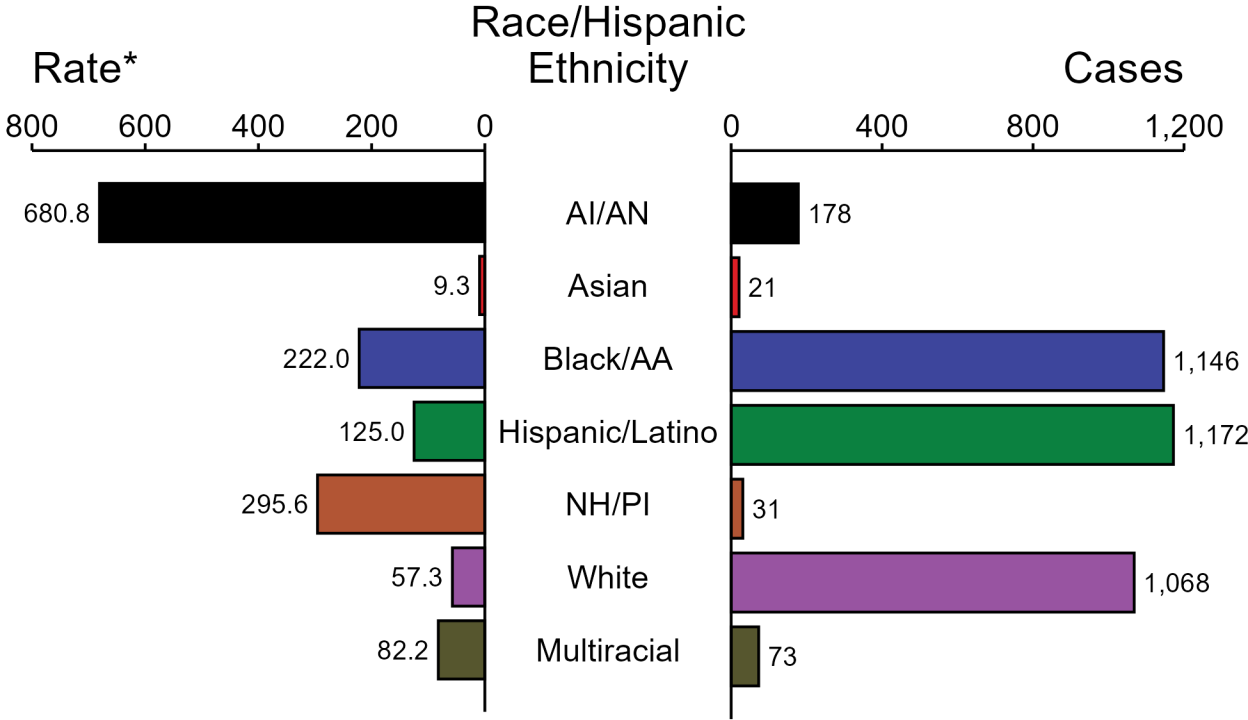
During 2019 to 2023, the number of women reported with syphilis (all stages) who were pregnant increased 104.4% (from 4,951 to 10,121). During the same time period, the number of reported cases of CS increased 106.1% (from 1,884 to 3,882).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS and Syphilis - Cases Pregnant Women and CS Cases by Year of Birth (US 2019-2023).xlsx” contains the data for the figure presented on this slide.

# Congenital Syphilis — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent, United States, 2023



\* Per 100,000 live births

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 193 congenital syphilis (CS) cases (5.0%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are not shown in this figure.

Including these cases, there were a total of 3,882 cases of CS reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

## Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

In 2023, rates of CS were highest among birth parents who were non-Hispanic American Indian or Alaska Native (680.8 per 100,000 live births), followed by birth parents who were non-Hispanic Native Hawaiian or other Pacific Islander (295.6 per 100,000 live births) and birth parents who were non-Hispanic Black or African American (222.0 per 100,000 live births). The greatest number of reported CS cases was among birth parents who were Hispanic or Latino and of any race(s) (1,172 cases), followed by birth

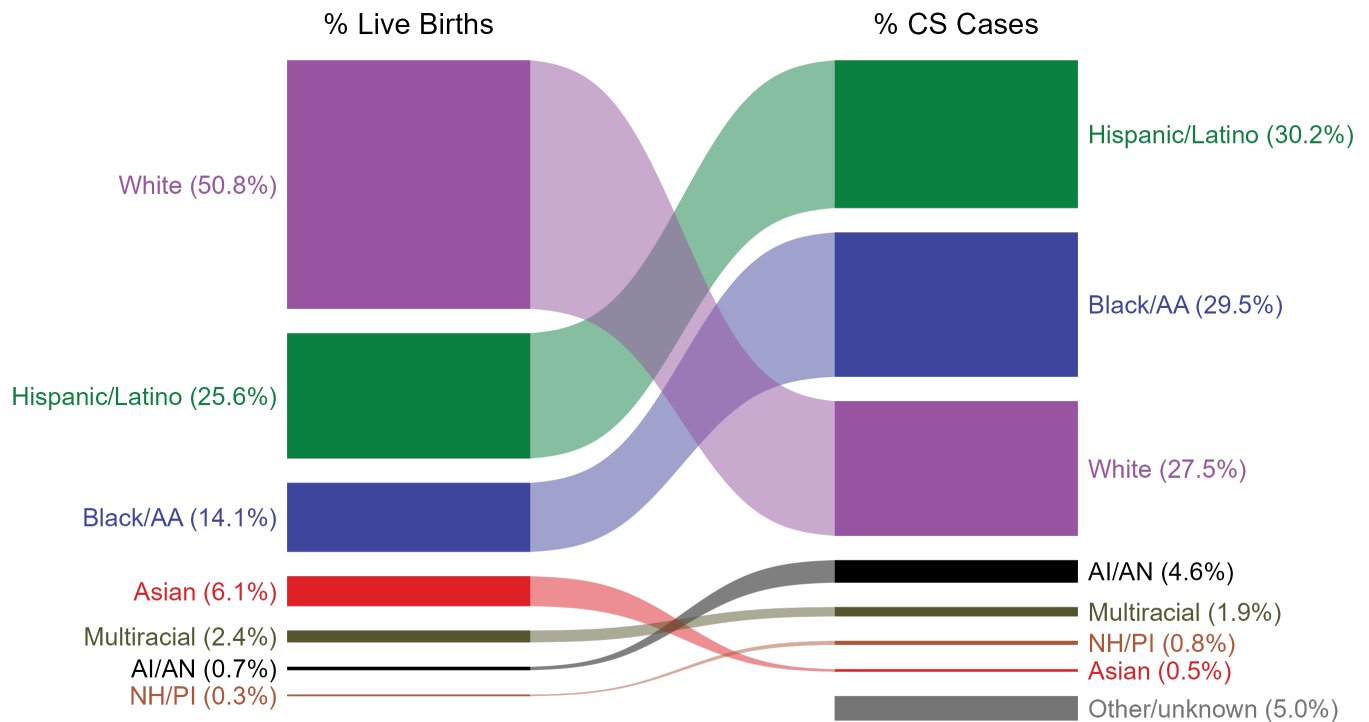
parents who were non-Hispanic Black or African American (1,146 cases) and birth parents who were non-Hispanic White (1,068 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS - Counts and Rates by Race Hispanic Ethnicity of Birth Parent (US 2023).xlsx” contains the data for the figure presented on this slide.

## Congenital Syphilis — Total Live Births and Reported Cases by Race/Hispanic Ethnicity of Birth Parent, United States, 2023



**NOTE:** In 2023, a total of 193 congenital syphilis cases (5.0%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

The percentages of CS cases by race/Hispanic ethnicity of birth parent were disproportionate to the percentages among live births in the United States in 2023. The greatest absolute disparity was observed among non-Hispanic Black or African American birth parents, who represented 29.5% of reported CS cases (n = 1,146; 29.5% of CS cases with reported race or Hispanic ethnicity of birth parent) despite being 14.1% of the live births, or 15.4% more cases than would be expected based on their proportion of live births. The greatest relative disparity was among non-Hispanic American Indian or Alaska Native birth parents, who represented 4.6% of reported CS cases (n = 178; 4.6% of CS cases with reported race or Hispanic ethnicity of birth parent) despite being 0.7% of live births, or a burden

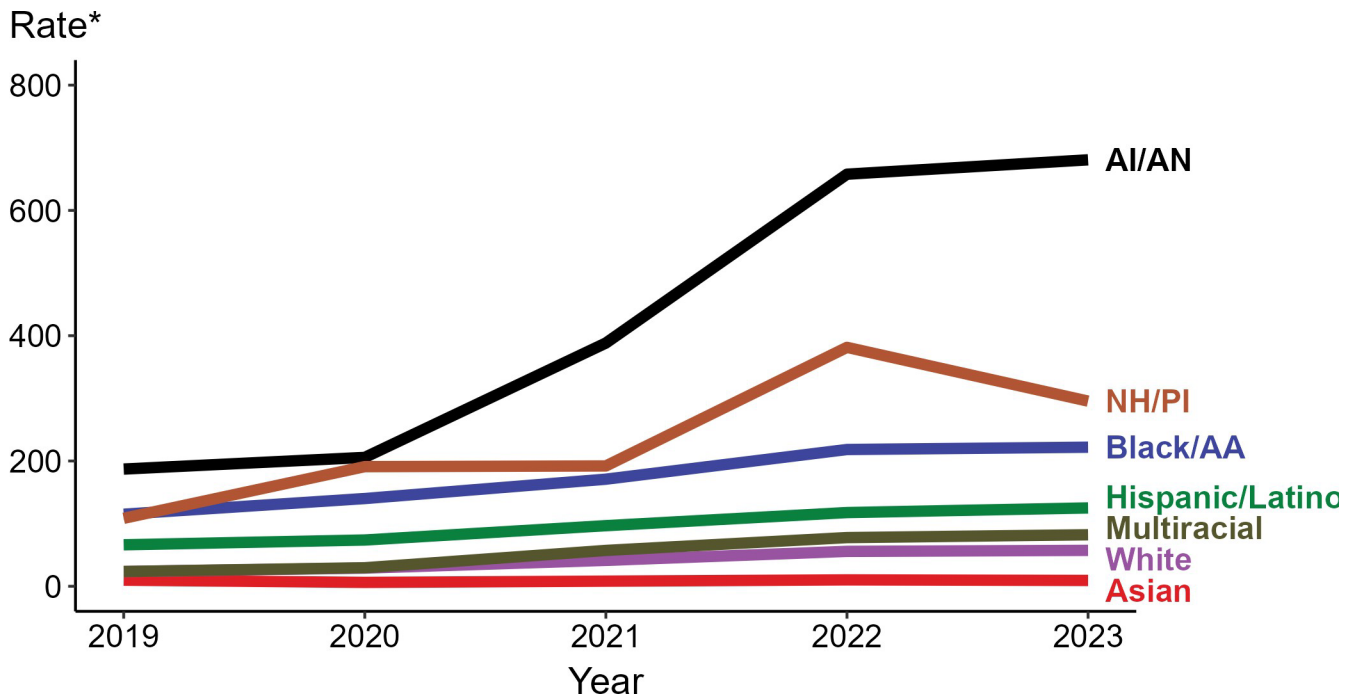
6.6 times what would be expected based on their proportion of live births. Additionally, Hispanic or Latino birth parents of any race(s) and non-Hispanic Native Hawaiian or other Pacific Islander birth parents were also overrepresented among CS cases relative to their proportion of live births.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS - Live Births and Cases by Race Hispanic Ethnicity of Birth Parent (US 2023).xlsx” contains the data for the figure presented on this slide.

## Congenital Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023



\* Per 100,000 live births

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all congenital syphilis cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 5.2%, from a low of 5.0% (n = 193) in 2023 and 2019 to a high of 5.5% (n = 119) in 2020. These cases are not shown in this figure.

### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

In 2023, the highest rate of reported cases of CS per 100,000 live births was among birth parents who were non-Hispanic American Indian or Alaska Native (680.8), followed by birth parents who were non-Hispanic Native Hawaiian or other Pacific Islander (295.6).

During 2022 to 2023, the greatest increase in rate of reported cases of CS per 100,000 live births was among birth parents who were Hispanic or Latino and of any race(s) (117.7 to 125.0; 6.2% increase). Birth parents who were non-Hispanic American Indian or Alaska Native had the greatest five-year increase in rate of CS (187.1 to 680.8; 263.9% increase from 2019).

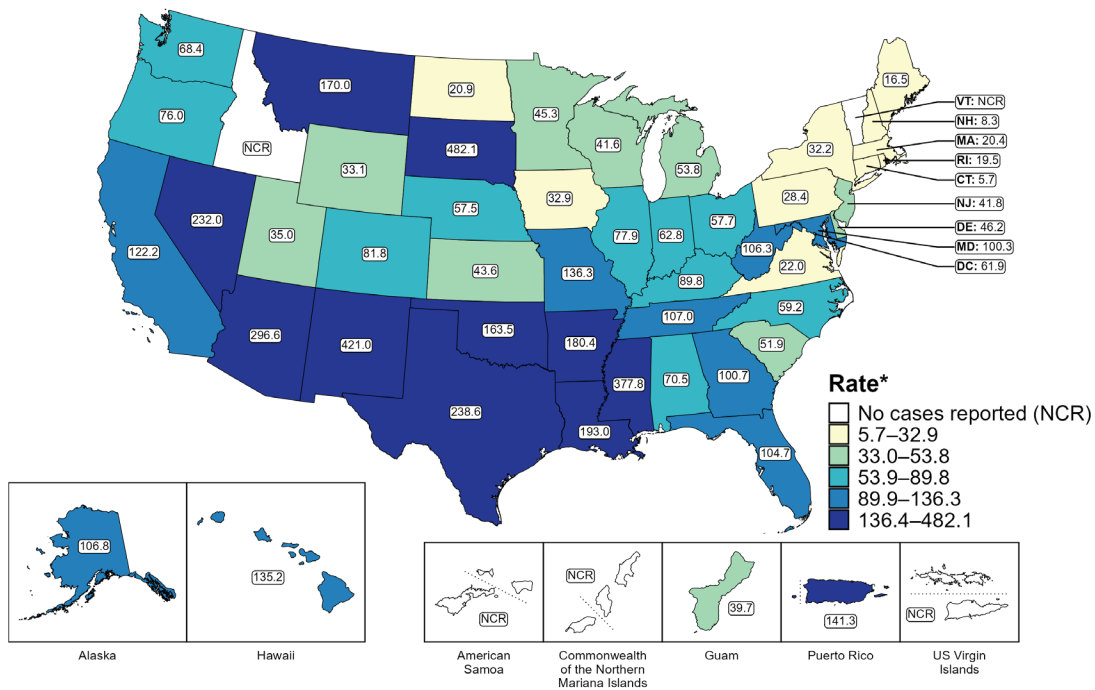
During 2022 to 2023, the greatest decrease in rate of reported cases of CS per 100,000 live births was among birth parents who were non-Hispanic Native Hawaiian or other Pacific Islander (381.4 to 295.6; 22.5% decrease). Birth parents who were non-Hispanic Asian had the only five-year decrease in rate of CS (9.8 to 9.3; 5.1% decrease from 2019).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CS - Rates by Race Hispanic Ethnicity of Birth Parent (US 2023).xlsx” contains the data for the figure presented on this slide.

# Congenital Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2023



\* Per 100,000 live births

## Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia (DC) for a rate of 105.8 per 100,000 live births. Rates of reported CS among states reporting any cases ranged from 5.7 cases per 100,000 live births in Connecticut to 482.1 cases per 100,000 live births in South Dakota. No cases of CS were reported in Idaho and Vermont. The rate of reported CS in DC was 61.9 per 100,000 live births.

Including data from US territories, there were a total of 3,910 cases of CS reported for a rate of 105.9 per 100,000 live births in 2023. Among US territories reporting any cases, rates of reported CS ranged from 39.7 cases per 100,000 live births in Guam to 141.3 cases per 100,000 live births in Puerto Rico. No cases of CS were reported in American Samoa, the Commonwealth of the Northern Mariana Islands, or the US Virgin Islands.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

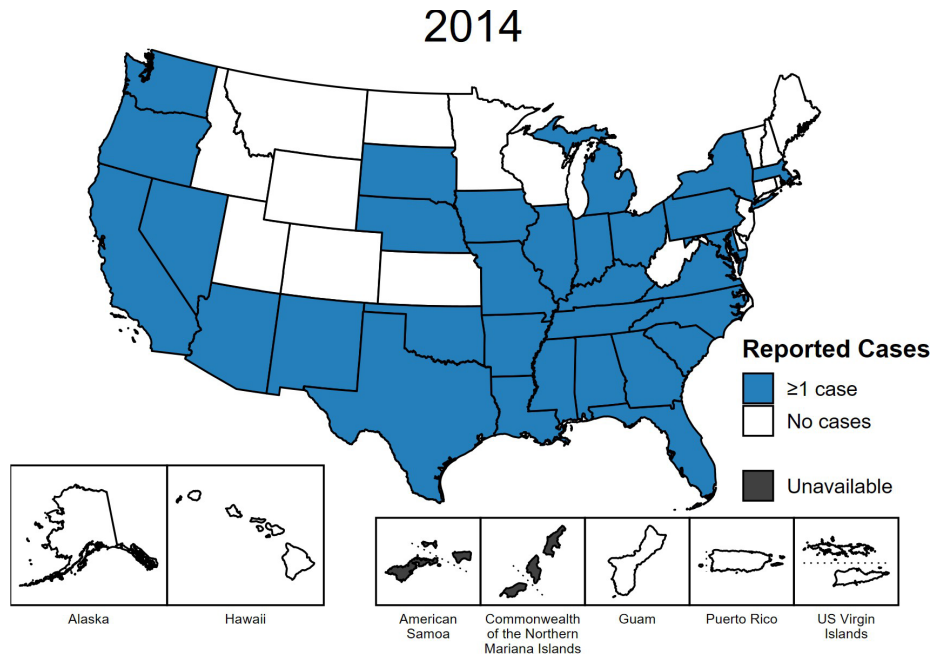
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on syphilis case reporting and on interpreting reported rates in US territories. Table A

(<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file "CS - Rates by Jurisdiction (US and Terr 2023).xlsx" contains the data for the figure presented on this slide.

## Congenital Syphilis — Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2014–2023



### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia (DC) for a rate of 105.8 per 100,000 live births. Including data from US territories, there were a total of 3,910 cases of CS reported for a rate of 105.9 per 100,000 live births.

In 2014, 31 states and no US territories (57.4% of areas with available data) reported one or more cases of CS. This increased to 48 states, DC, and two US territories (91.1% of areas with available data) in 2023.

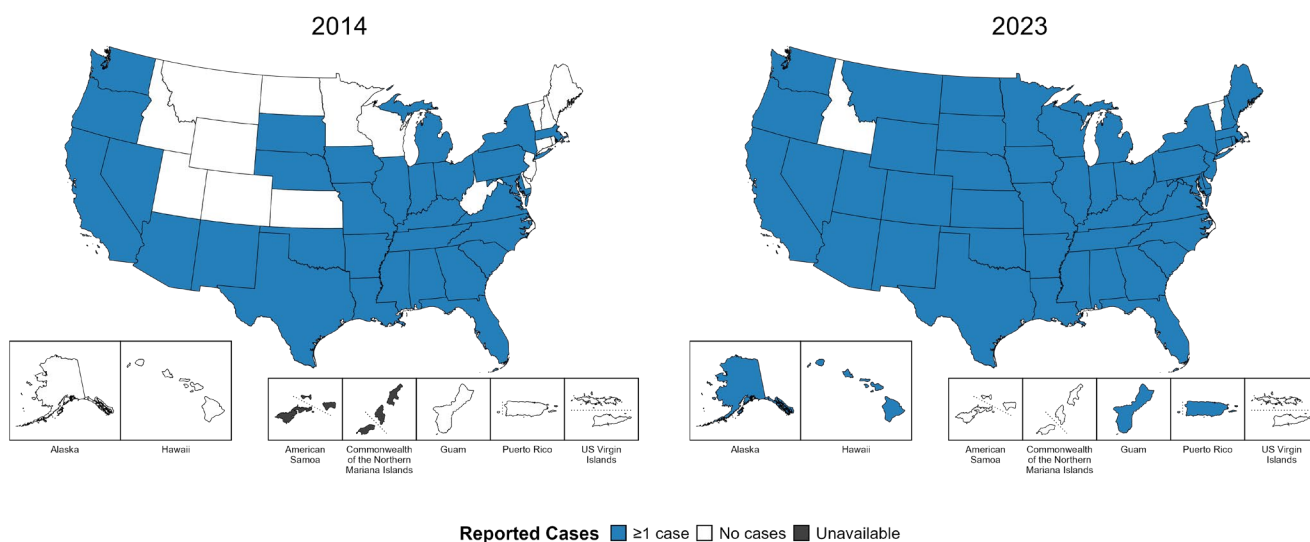
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on CS cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported CS cases in 2018 are not available for the US Virgin Islands. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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## Congenital Syphilis — Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2014 and 2023



### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia (DC) for a rate of 105.8 per 100,000 live births. Including data from US territories, there were a total of 3,910 cases of CS reported for a rate of 105.9 per 100,000 live births.

In 2014, 31 states and no US territories (57.4% of areas with available data) reported one or more cases of CS. This increased to 48 states, DC, and two US territories (91.1% of areas with available data) in 2023.

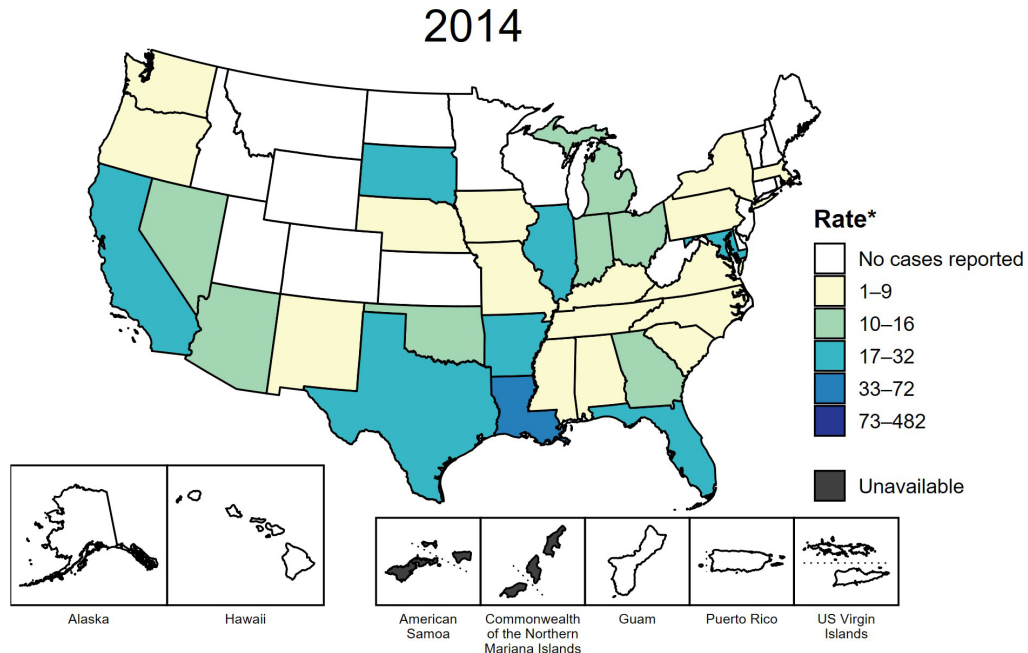
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on CS cases to CDC in 2018; data are not available for those areas prior to that year. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Congenital Syphilis — Rates of Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2014–2023



### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia (DC) for a rate of 105.8 per 100,000 live births. Including data from US territories, there were a total of 3,910 cases of CS reported for a rate of 105.9 per 100,000 live births.

In 2014, one state (1.9% of areas with available data) had a rate of reported CS greater than or equal to 33 cases per 100,000 live births. This increased to 39 states, DC, and two US territories (75.0% of areas with available data) in 2023. During 2022 to 2023, rates of reported CS among live births increased in 30 states and two territories.

American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on CS cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported CS cases in 2018 are not available for the US Virgin Islands. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee

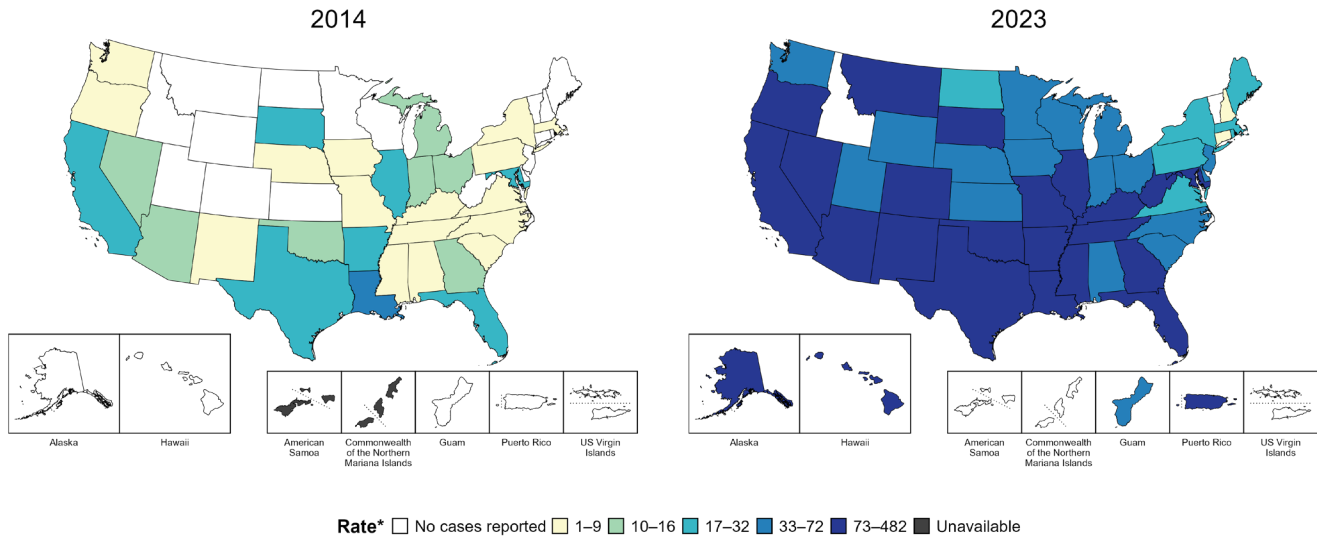
transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Congenital Syphilis — Rates of Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2014 and 2023



\* Per 100,000 live births

### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia (DC) for a rate of 105.8 per 100,000 live births. Including data from US territories, there were a total of 3,910 cases of CS reported for a rate of 105.9 per 100,000 live births.

In 2014, one state (1.9% of areas with available data) had a rate of reported CS greater than or equal to 33 cases per 100,000 live births. This increased to 39 states, DC, and two US territories (75.0% of areas with available data) in 2023.

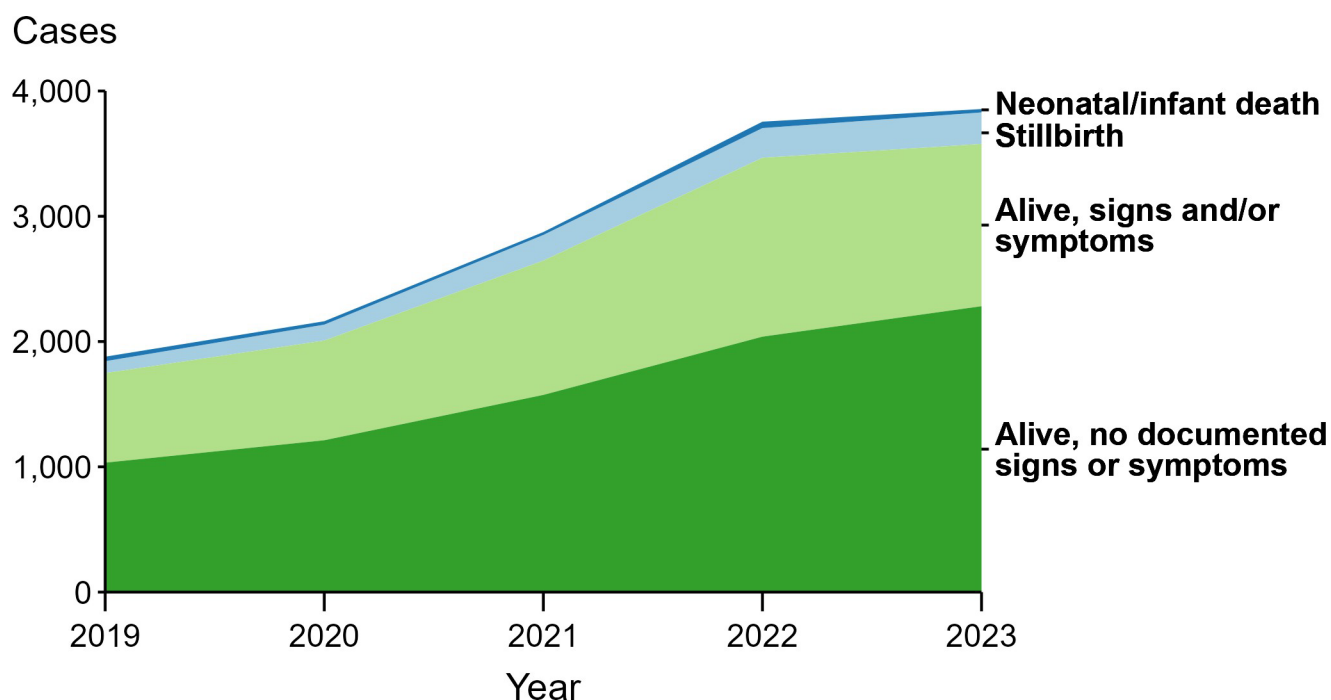
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on CS cases to CDC in 2018; data are not available for those areas prior to that year. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms\* of Infection and Year, United States, 2019–2023



\* Neonates/infants with signs and/or symptoms of congenital syphilis (CS) have documentation of at least one of the following: long bone changes consistent with CS, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

**NOTE:** Of the 14,579 congenital syphilis cases reported during 2019 to 2023, 53 (0.4%) did not have sufficient information to be categorized.

### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

In 2023, 27 cases (0.7%) were neonatal/infant deaths, 252 cases (6.5%) were stillbirths, 1,295 cases (33.4%) were born alive with CS-related signs or symptoms, 2,282 cases (58.8%) were born alive with no documented CS-related signs or symptoms, and 26 cases (0.7%) were missing information on vital status.

In 2023, there were 279 CS-related deaths (252 stillbirths and 27 neonatal/infant deaths), a decrease of 3.1% from 2022 (288 to 279) and an increase of 113.0% from 2019 (131 to 279).

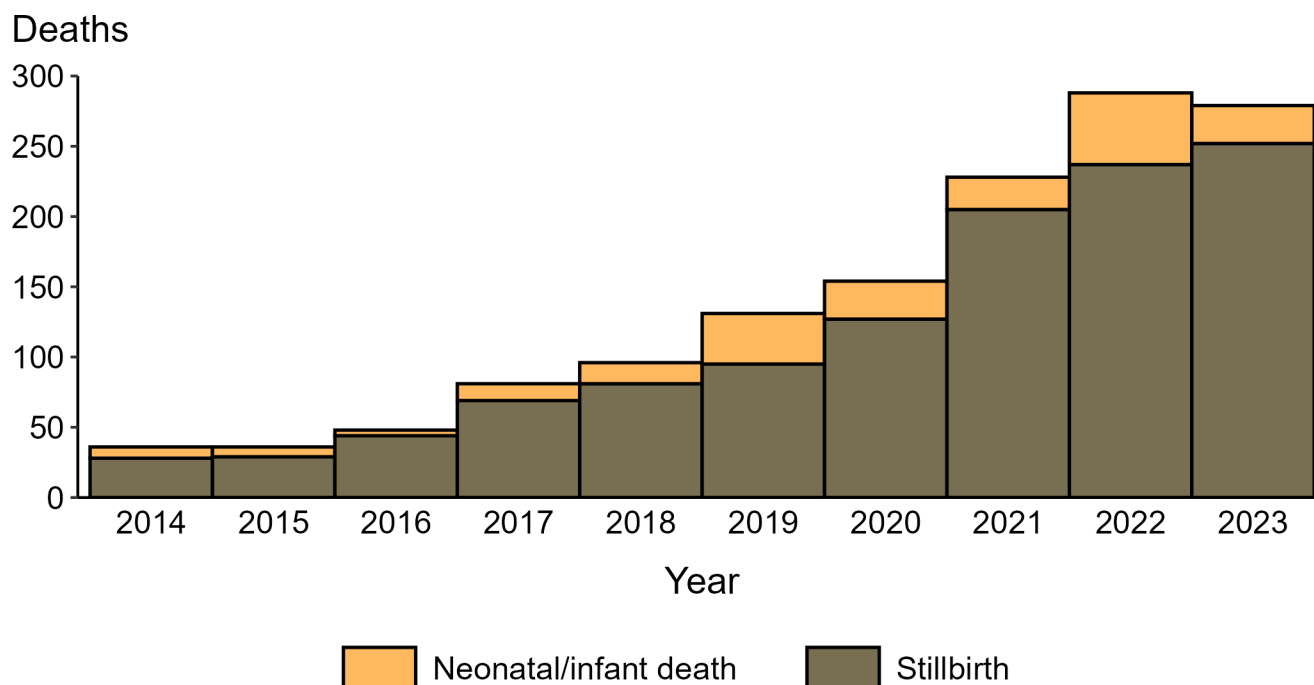
The number of infants reported with CS who were born alive with CS-related signs and symptoms decreased 9.3% from 2022 to 2023 (1,428 to 1,295) and increased 81.1% from 2019 to 2023 (715 to 1,295).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Congenital Syphilis — Reported Stillbirths and Neonatal/Infant Deaths by Year, United States, 2014– 2023



### Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

In 2023, 252 CS-related stillbirths were reported, an increase of 6.3% since 2022 and an increase of 800.0% since 2014.

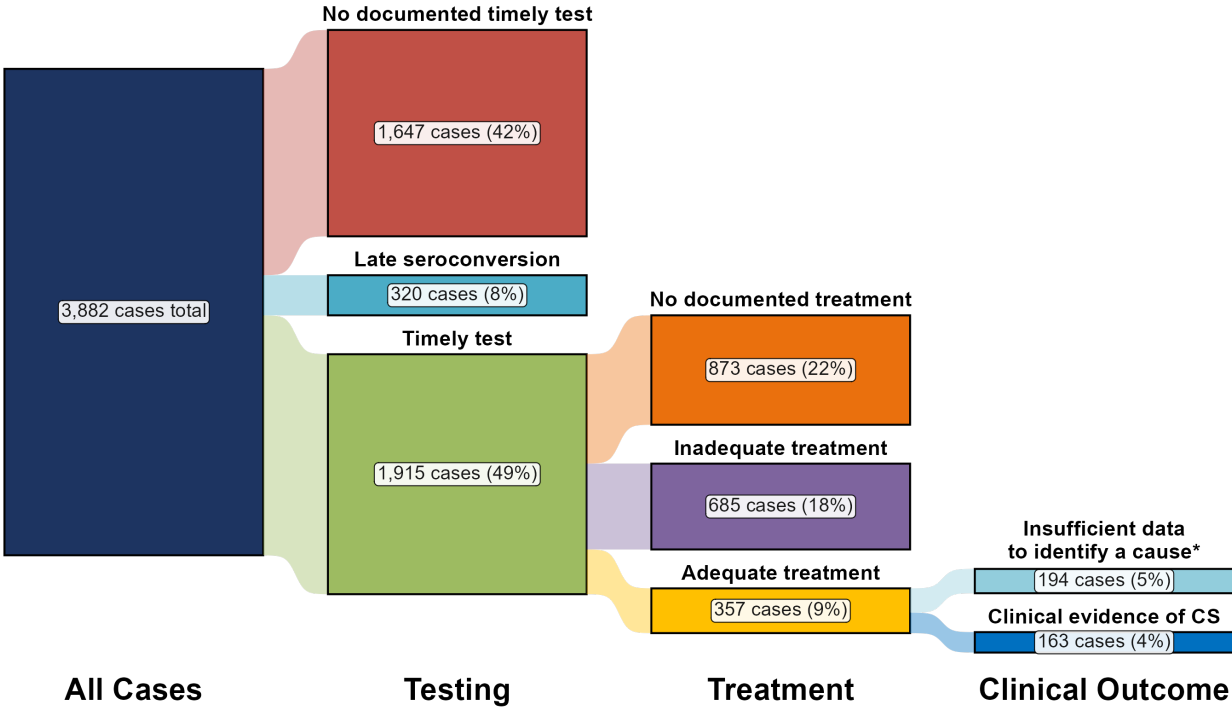
In 2023, 27 CS-related neonatal/infant deaths were reported, a decrease of 47.1% since 2022 and an increase of 237.5% since 2014.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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# Congenital Syphilis — Distribution of Receipt of Testing and Treatment by Pregnant Persons with a Congenital Syphilis Outcome, United States, 2023



\* Cases with insufficient data to assign a likely missed opportunity were due to missing or incomplete data in case notification data at CDC. More complete data on these cases may be available at the jurisdictional level, allowing for ascertainment of the likely missed opportunity.

**NOTE:** Percentages represent the number of congenital syphilis (CS) cases among the 3,882 total CS cases reported among states and the District of Columbia in 2023.

## Summary

In 2023, there were a total of 3,882 cases of congenital syphilis (CS) reported among states and the District of Columbia for a rate of 105.8 per 100,000 live births.

In 2023, the most common missed prevention opportunity among birth parents of infants with CS was no documented timely test (n = 1,647; 42.4%), followed by no treatment or non-documented treatment (n = 873; 22.5%).

These “missed opportunities” for prevention of CS correspond to critical elements in the cascade of care for syphilis in pregnancy, including timely screening and adequate and timely treatment. Barriers at each step are multifactorial and are frequently related to structural and systematic issues such as housing status and healthcare access, along with syndemics such as substance use disorder. These issues are

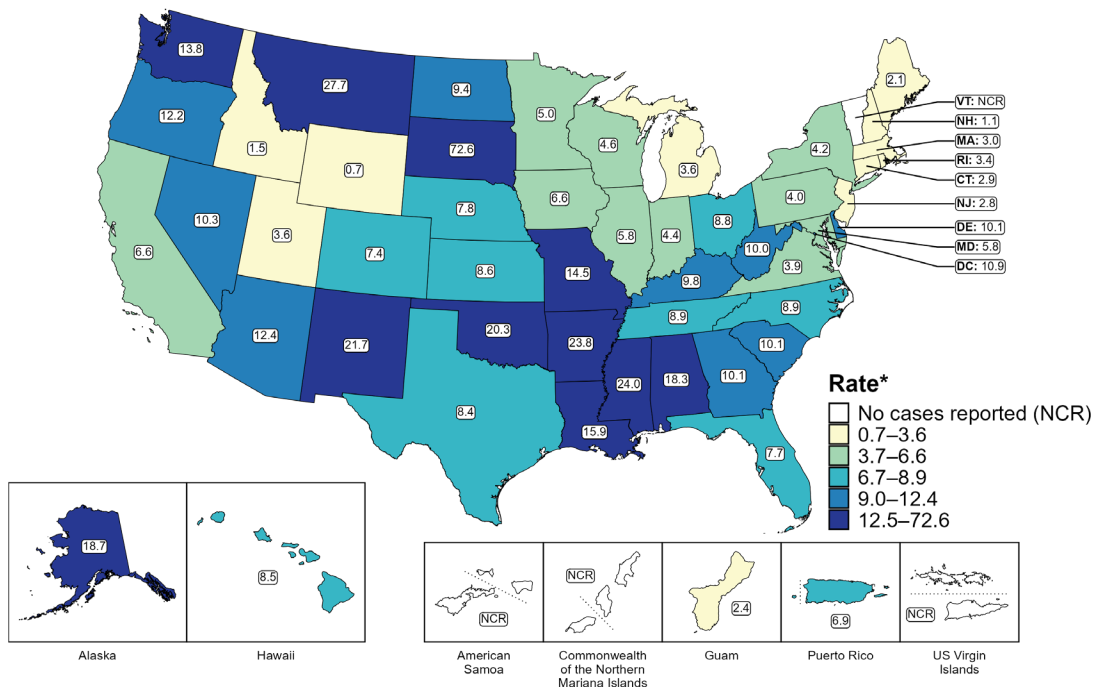
often beyond the capacity of individual providers to address, and require focused, multi- stakeholder policy interventions.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Rates of Reported Cases Among Women by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported primary and secondary (P&S) syphilis among states reporting any cases among women ranged from 0.7 cases per 100,000 women in Wyoming to 72.6 cases per 100,000 women in South Dakota. No cases of P&S syphilis among women were reported in Vermont. The rate of reported P&S syphilis in the District of Columbia was 10.9 per 100,000 women.

Among US territories reporting any cases, rates of reported P&S syphilis ranged from 2.4 cases per 100,000 women in Guam to 6.9 cases per 100,000 women in Puerto Rico. No cases of P&S syphilis among women were reported in American Samoa, the Commonwealth of the Northern Mariana Islands, or the US Virgin Islands.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

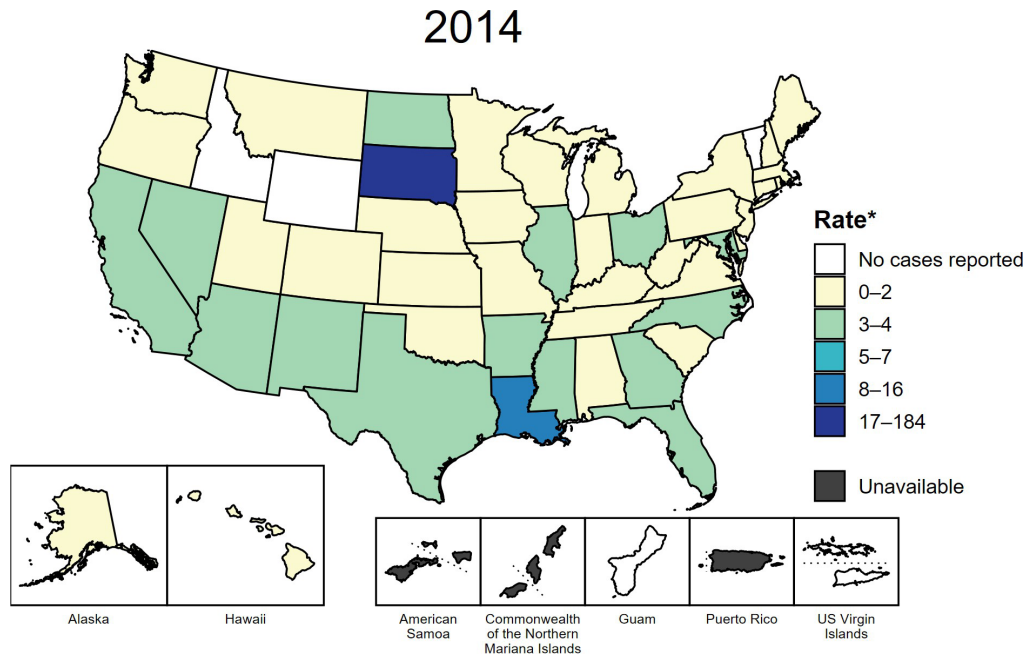
This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs \(https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html\)](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

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## Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by Jurisdiction, United States and Territories, 2014–2023



\* Per 100,000

### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2014, two states (3.8% of areas with available data) had a rate of reported primary and secondary syphilis greater than or equal to 8 cases per 100,000 women aged 15 to 44 years. This increased to 41 states, the District of Columbia (DC), and one US territory (76.8% of areas with available data) in 2023. During 2022 to 2023, rates of reported primary and secondary syphilis among women aged 15 to 44 years increased in 16 states, DC, and one territory.

American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on P&S syphilis cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported P&S syphilis cases in 2018 are not available for the US Virgin Islands. Furthermore, population estimates by age and sex were not available for all territories for all years. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee

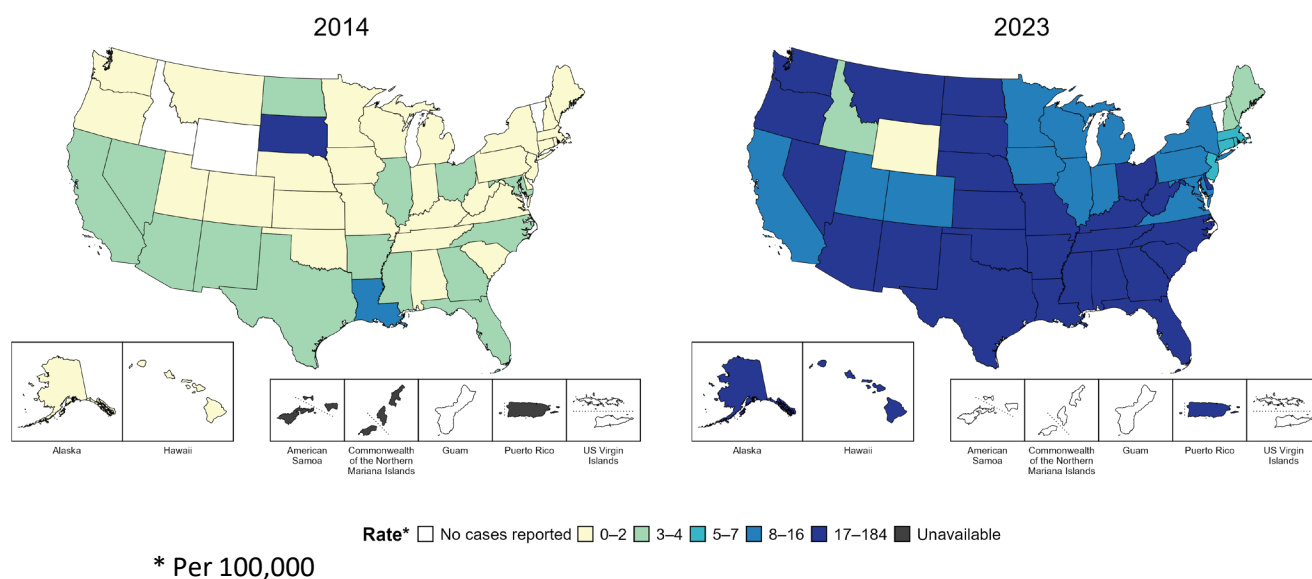
transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by Jurisdiction, United States and Territories, 2014 and 2023



### Summary

In 2014, two states (3.8% of areas with available data) had a rate of reported primary and secondary syphilis greater than or equal to 8 cases per 100,000 women aged 15 to 44 years. This increased to 41 states, the District of Columbia, and one US territory (76.8% of areas with available data) in 2023.

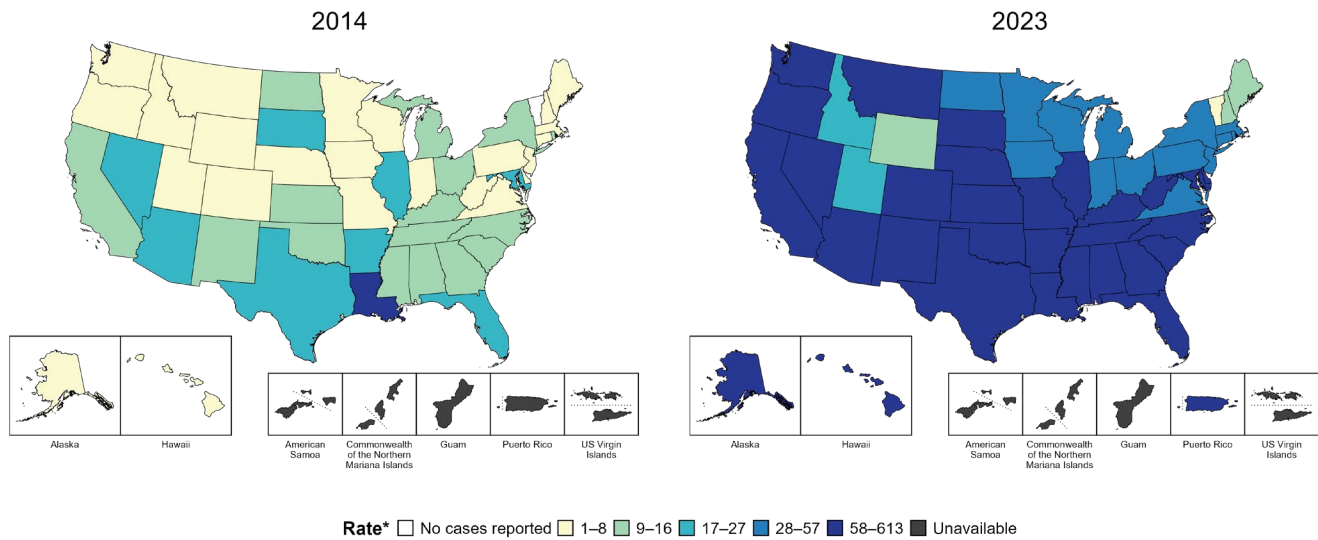
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on P&S syphilis cases to CDC in 2018; data are not available for those areas prior to that year. Additionally, population estimates by age and sex were not available for all territories for both years. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Syphilis (All Stages) — Rates of Reported Cases Among Women Aged 15–44 Years by Jurisdiction, United States and Territories, 2014 and 2023



\* Per 100,000

### Summary

In 2014, one state (2.0% of areas with available data) had a rate of reported syphilis (all stages) greater than or equal to 28 cases per 100,000 women aged 15 to 44 years. This increased to 44 states, the District of Columbia, and one US territory (88.5% of areas with available data) in 2023.

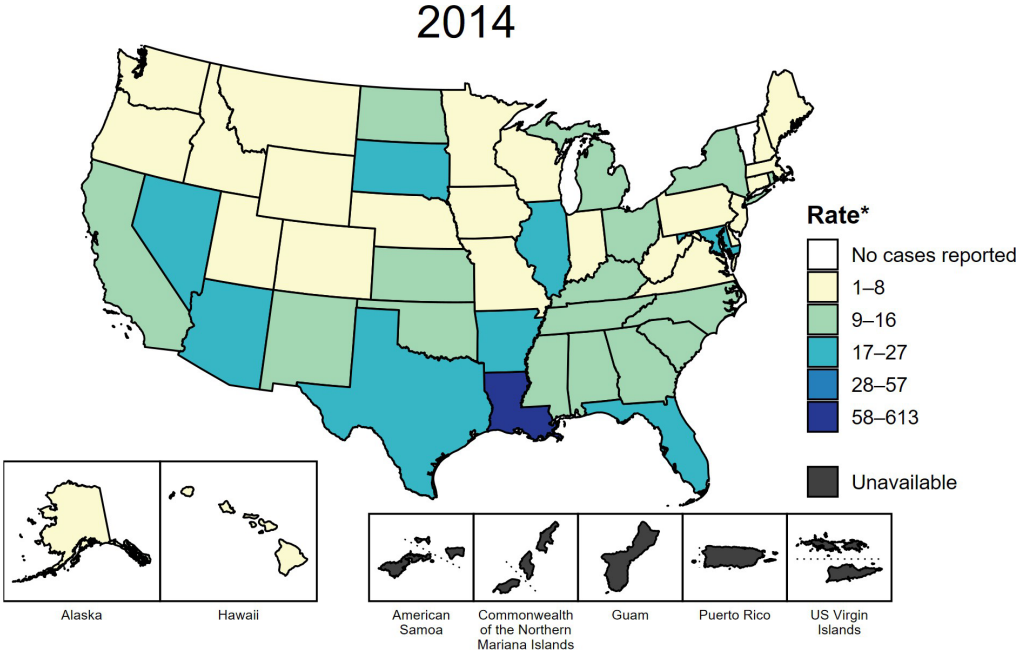
Data on reported cases of syphilis other than primary and secondary syphilis are not available by age and sex for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the US Virgin Islands. Additionally, population estimates by age and sex were not available for all territories for both years. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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# Syphilis (All Stages) — Rates of Reported Cases Among Women Aged 15–44 Years by Jurisdiction, United States and Territories, 2014–2023



\* Per 100,000

## Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2014, one state (2.0% of areas with available data) had a rate of reported syphilis (all stages) greater than or equal to 28 cases per 100,000 women aged 15 to 44 years. This increased to 44 states, the District of Columbia (DC), and one US territory (88.5% of areas with available data) in 2023. During 2022 to 2023, rates of reported syphilis (all stages) among women aged 15 to 44 years increased in 39 states, DC, and one territory.

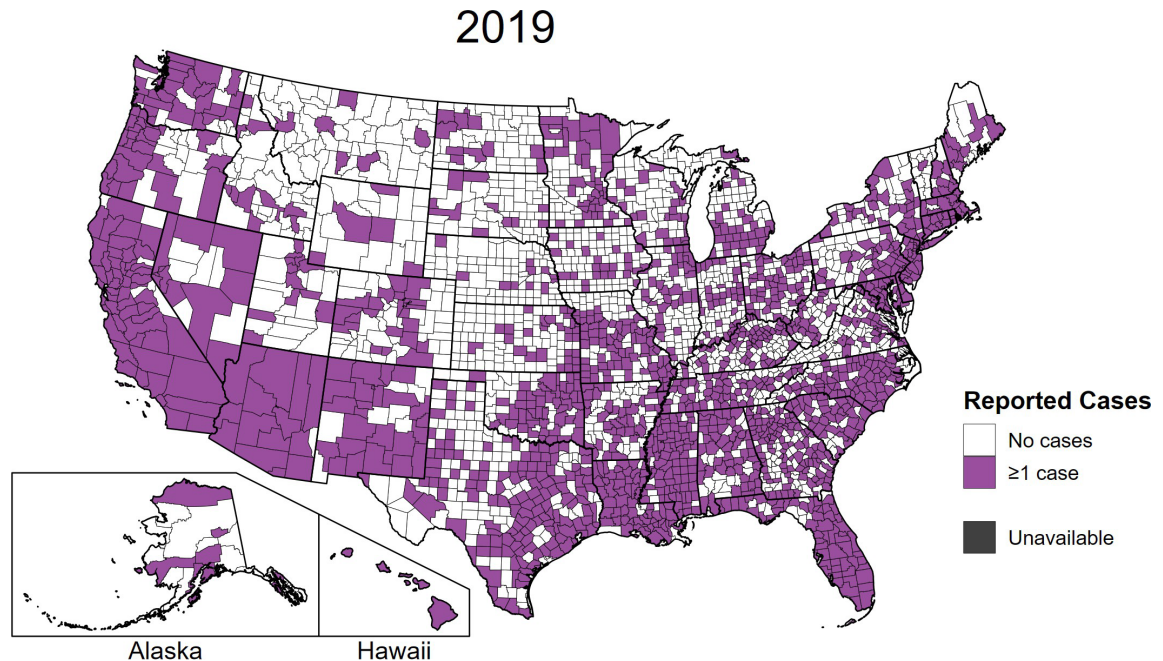
Data on reported cases of syphilis other than primary and secondary syphilis are not available by age and sex for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the US Virgin Islands. Additionally, population estimates by age and sex were not available for all territories for all years. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Syphilis (All Stages) — Reported Cases Among Women Aged 15–44 Years by County, United States, 2019–2023



### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2019, 1,568 (49.9%) of US counties and county equivalents with available data reported at least one case of syphilis (all stages) among women of reproductive age (15–44 years), increasing to 2,227 (70.8%) of counties and county equivalents with available data in 2023.

During 2022 to 2023, the number of counties and county equivalents increased from 2,132 (68.0% of counties and county equivalents with available data) in 2022 to 2,227 (70.8% of counties and county equivalents with available data) in 2023.

Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. In 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed for this figure. Tennessee transitioned STI surveillance information

systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

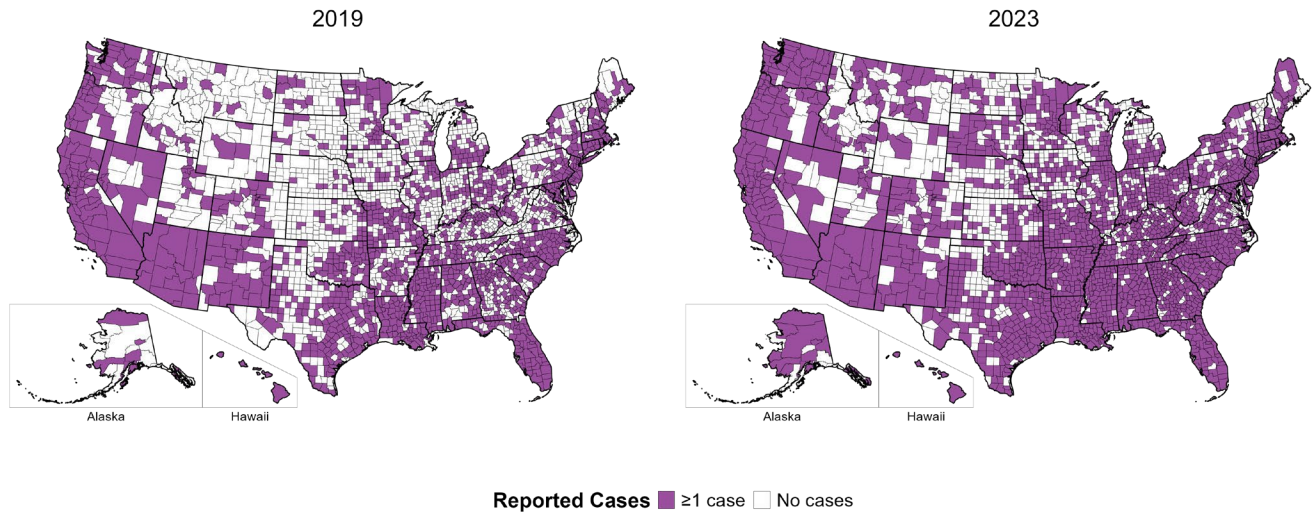
Note that boundaries for counties and county-equivalent areas change over time and may differ between years depicted in this figure.

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## Syphilis (All Stages) — Reported Cases Among Women Aged 15–44 Years by County, United States, 2019 and 2023



### Summary

In 2019, 1,568 (49.9%) of US counties and county equivalents with available data reported at least one case of syphilis (all stages) among women of reproductive age (15–44 years), increasing to 2,227 (70.8%) of counties and county equivalents with available data in 2023.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

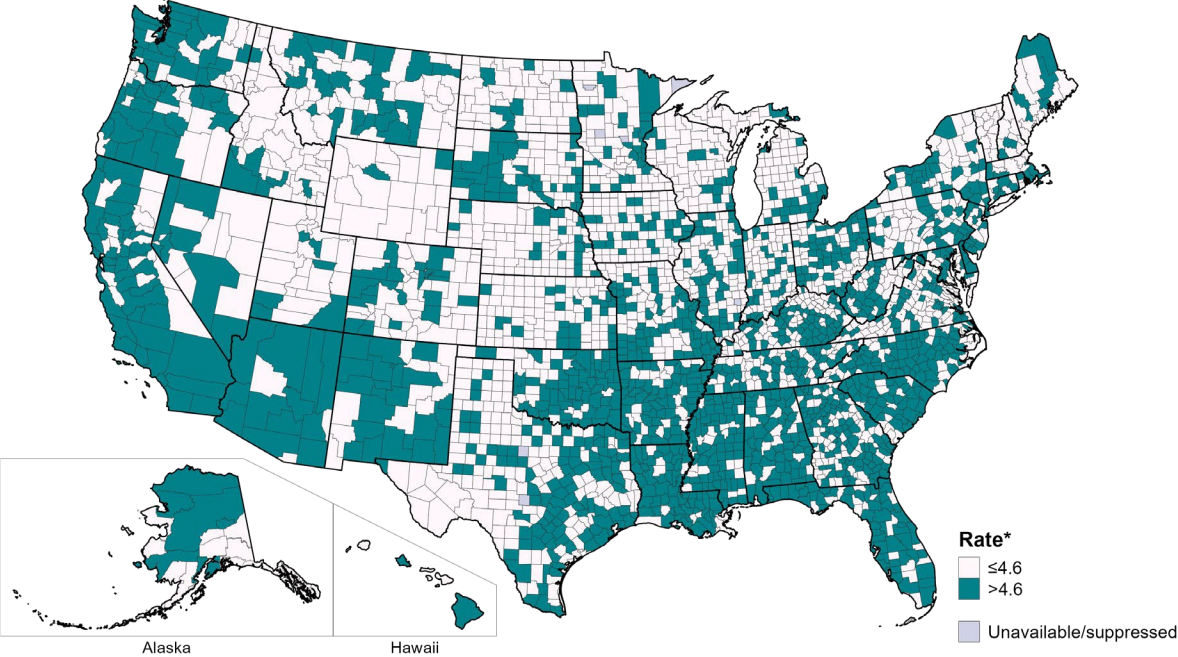
Note that boundaries for counties and county-equivalent areas change over time and may differ between years depicted in this figure.

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# Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by County, United States, 2023



\* Per 100,000

**NOTE:** The target for the Healthy People 2030 goal to reduce the rate of syphilis in women is 4.6 per 100,000.

## Summary

One goal of Healthy People 2030 is to reduce the rate of syphilis in women to 4.6 per 100,000. In 2023, 1,415 counties and county equivalents (45.1% of counties and county equivalents with available data) had a rate of primary and secondary syphilis among 15-44 year old women greater than 4.6 per 100,000. During the same year, 76.6% of the US population resided in these counties and county equivalents.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data. Per current re-release guidelines for county-level syphilis case notification data, data have been suppressed for counties and county equivalents where display could identify the age, race, and sex of cases in strata with a population of <100 people.

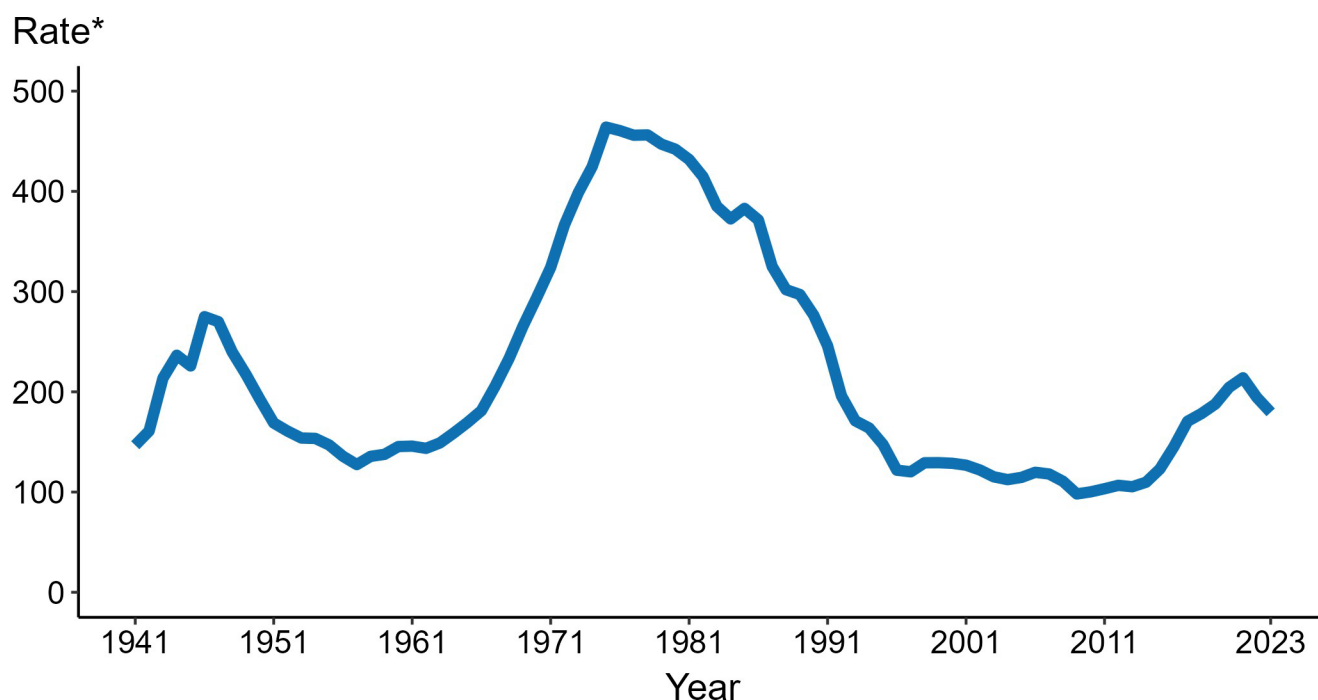
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## Gonorrhea — Rates of Reported Cases by Year, United States, 1941–2023



\* Per 100,000

### Summary

Data collection for gonorrhea began in 1941 and gonorrhea was made a nationally notifiable condition in 1944. Steep declines in case rates in the 1940s and 1950s likely reflect expanded use of penicillin to treat infection.

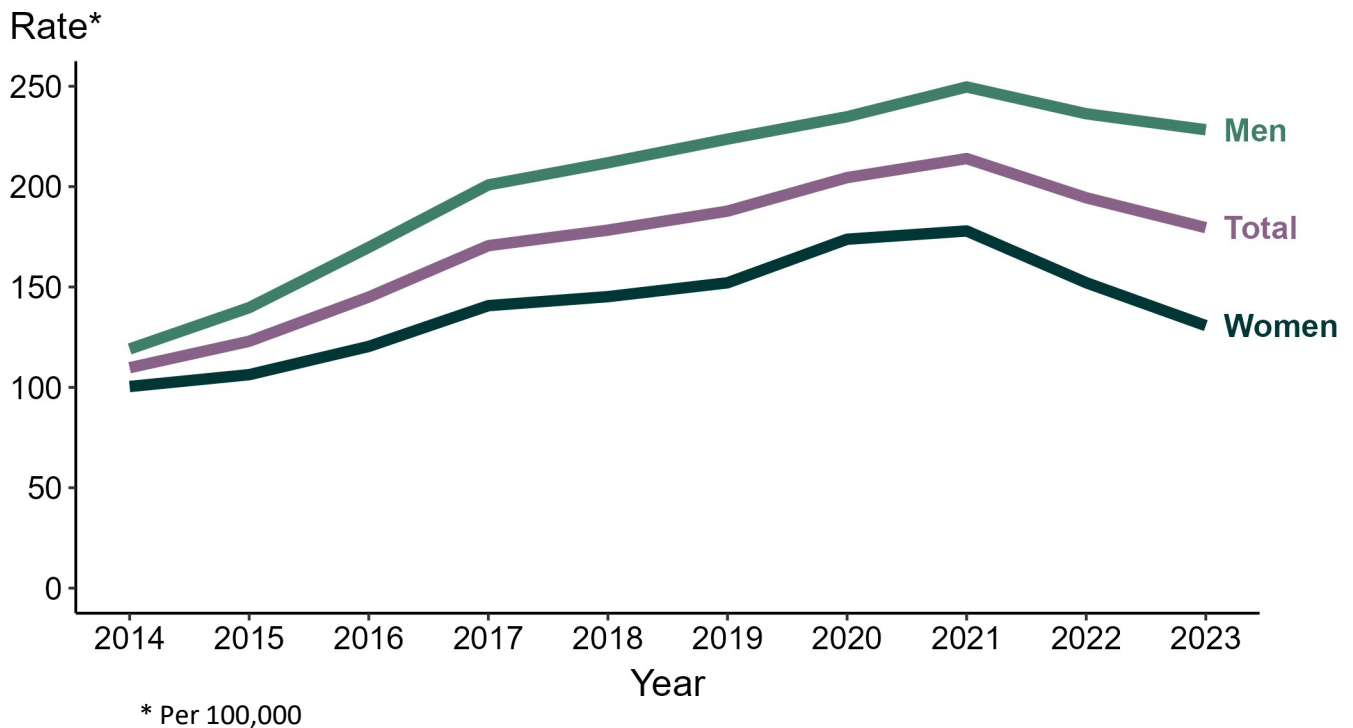
In 2023, a total of 601,319 cases of gonorrhea were reported in the United States. During 2022 to 2023, the rate of reported gonorrhea decreased 7.7% (from 194.4 to 179.5 per 100,000).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases by Sex and Year, United States, 2014–2023



### Summary

During 2022 to 2023, the rate of reported gonorrhea among men decreased 3.4% (from 236.3 to 228.3 per 100,000) and the rate among women decreased 14.1% (from 152.1 to 130.7 per 100,000).

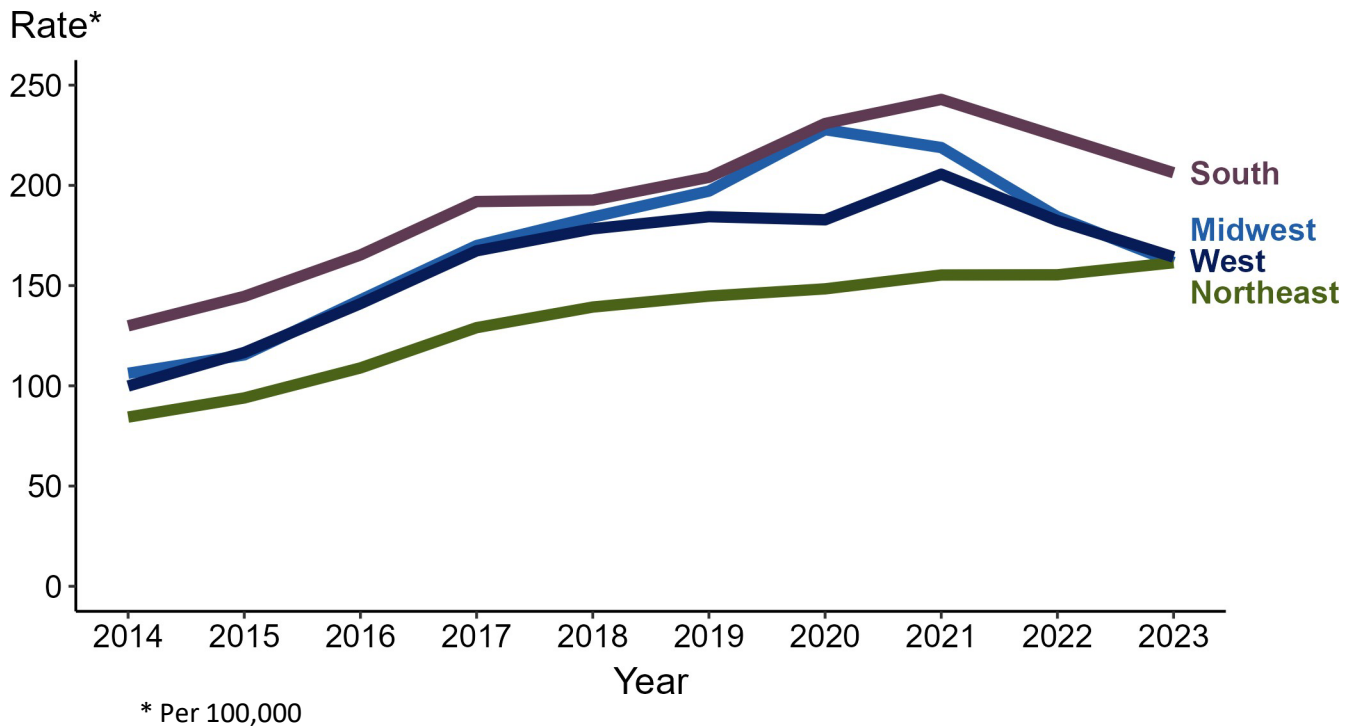
During 2019 to 2023, the rate of reported gonorrhea among men increased 2.1% (from 223.7 to 228.3 per 100,000) and the rate among women decreased 14.1% (from 152.1 to 130.7 per 100,000). During 2014 to 2023, the rate among men increased 91.7% (from 119.1 to 228.3 per 100,000) and the rate among women increased 30.2% (from 100.4 to 130.7 per 100,000).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases by Region and Year, United States, 2014–2023



### Summary

In 2023, the South had the highest rate of reported gonorrhea (206.3 cases per 100,000; 8.1% decrease from 2022), followed by the West (164.3 cases per 100,000; 9.9% decrease from 2022), the Midwest (161.6 cases per 100,000; 12.3% decrease from 2022), and the Northeast (161.4 cases per 100,000; 3.9% increase from 2022).

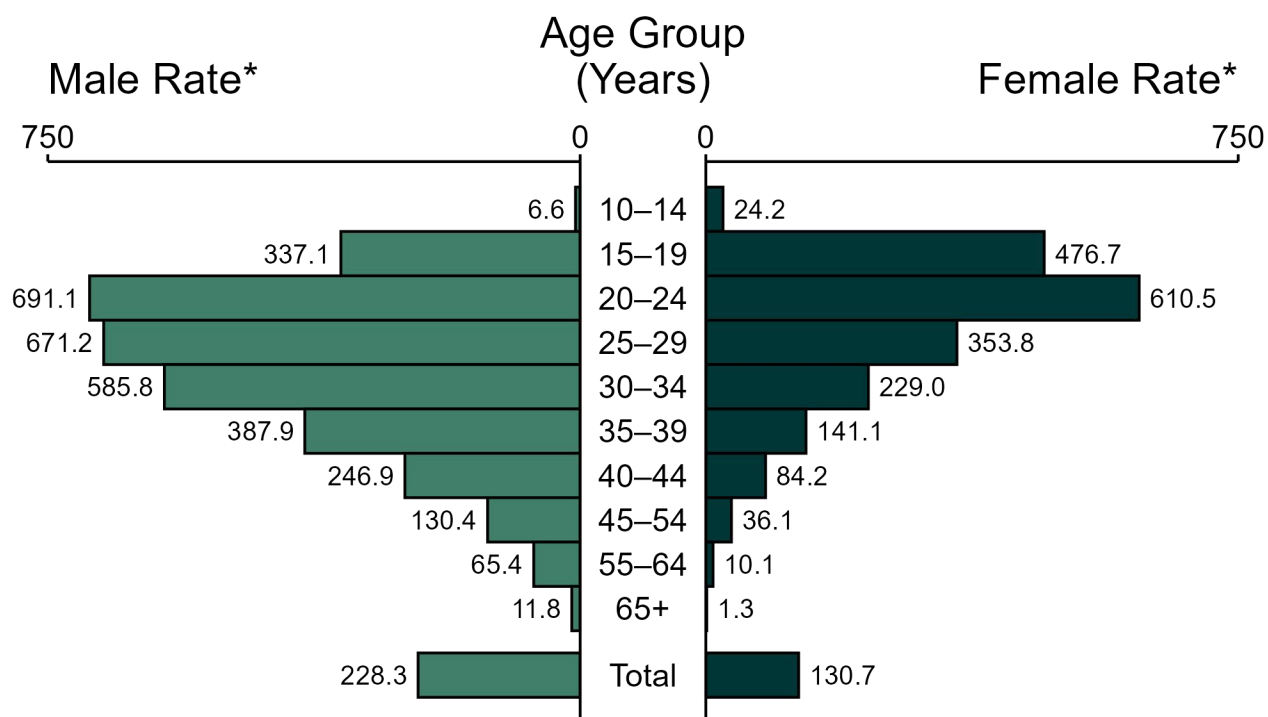
The Northeast had the greatest five-year increase in rates of reported cases of gonorrhea (144.8 to 161.4 per 100,000; 11.5% increase from 2019). The Northeast also had the greatest 10-year increase in rates of reported cases of gonorrhea (84.4 to 161.4 per 100,000; 91.2% increase from 2014).

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See [Technical Notes](https://www.cdc.gov/sti-statistics/annual/technical-notes.html) (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on gonorrhea case reporting. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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## Gonorrhea — Rates of Reported Cases by Age Group and Sex, United States, 2023



\* Per 100,000

**NOTE:** In 2023, 4,005 gonorrhea cases among men (1.1%) and 2,293 cases among women (1.0%) had missing or unknown age. These cases are included in the total rates.

### Summary

In 2023, the rate of reported gonorrhea was higher among men (228.3 per 100,000) compared to women (130.7 per 100,000).

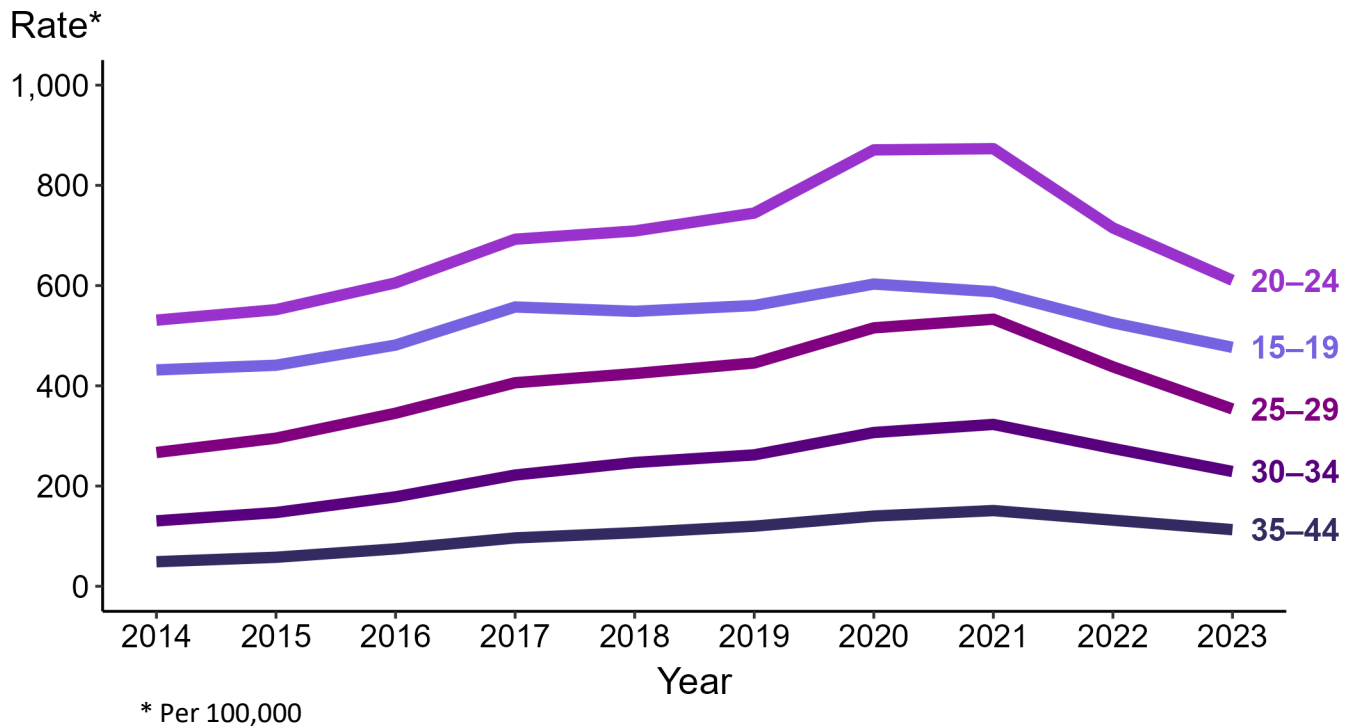
Among men, those aged 20 to 24 years had the highest rate of reported cases of gonorrhea (691.1 per 100,000), followed by men aged 25 to 29 years (671.2 per 100,000) and men aged 30 to 34 years (585.8 per 100,000). Among women, those aged 20 to 24 years also had the highest rate of reported cases of gonorrhea (610.5 per 100,000), followed by women aged 15 to 19 years (476.7 per 100,000) and women aged 25 to 29 years (353.8 per 100,000).

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See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on gonorrhea case reporting. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “GC - Rates by Age Group and Sex (US 2023).xlsx” contains the data for the figure presented on this slide.

## Gonorrhea — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group and Year, United States, 2014–2023



### Summary

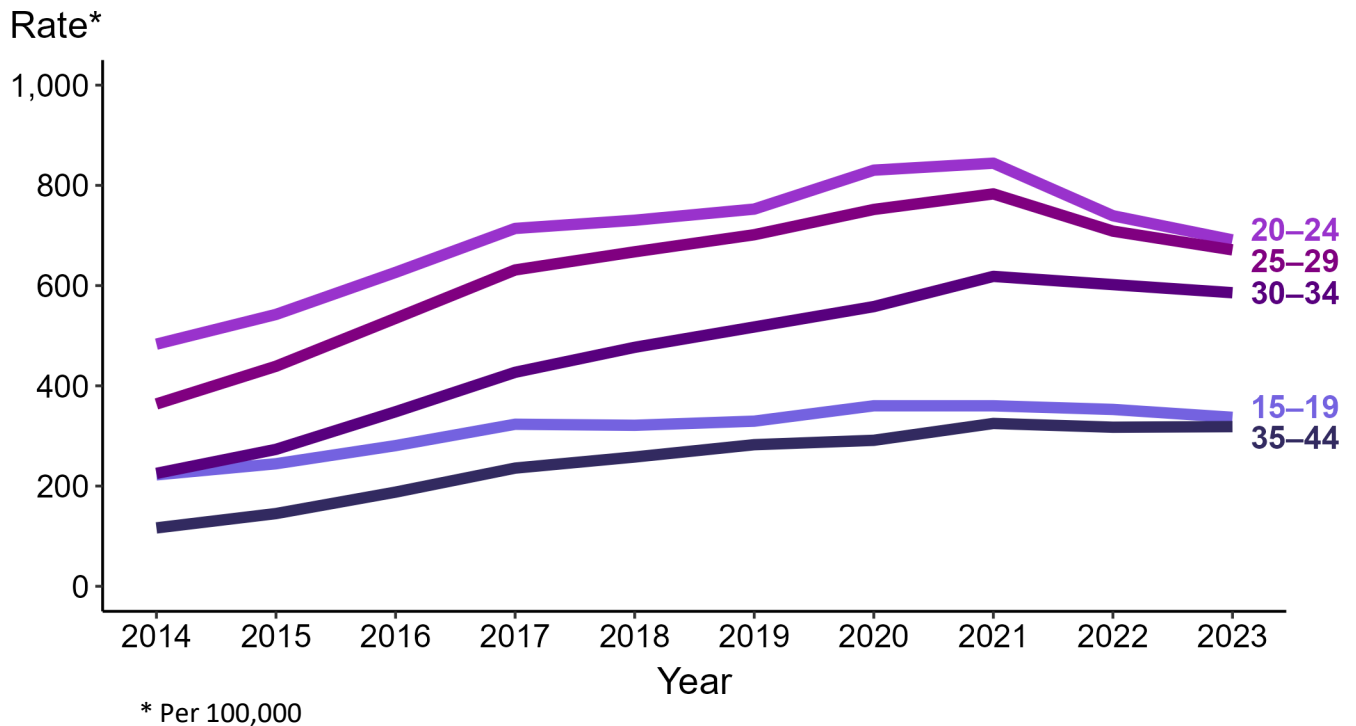
Among women aged 15 to 44 years in 2023, those aged 20 to 24 years had the highest rate of reported cases of gonorrhea (610.5 cases per 100,000; 14.6% decrease from 2022), followed by those aged 15 to 19 years (476.7 cases per 100,000; 9.3% decrease from 2022), those aged 25 to 29 years (353.8 cases per 100,000; 19.2% decrease from 2022), those aged 30 to 34 years (229.0 cases per 100,000; 16.8% decrease from 2022), and those aged 35 to 44 years (113.0 cases per 100,000; 14.3% decrease from 2022).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group and Year, United States, 2014–2023



### Summary

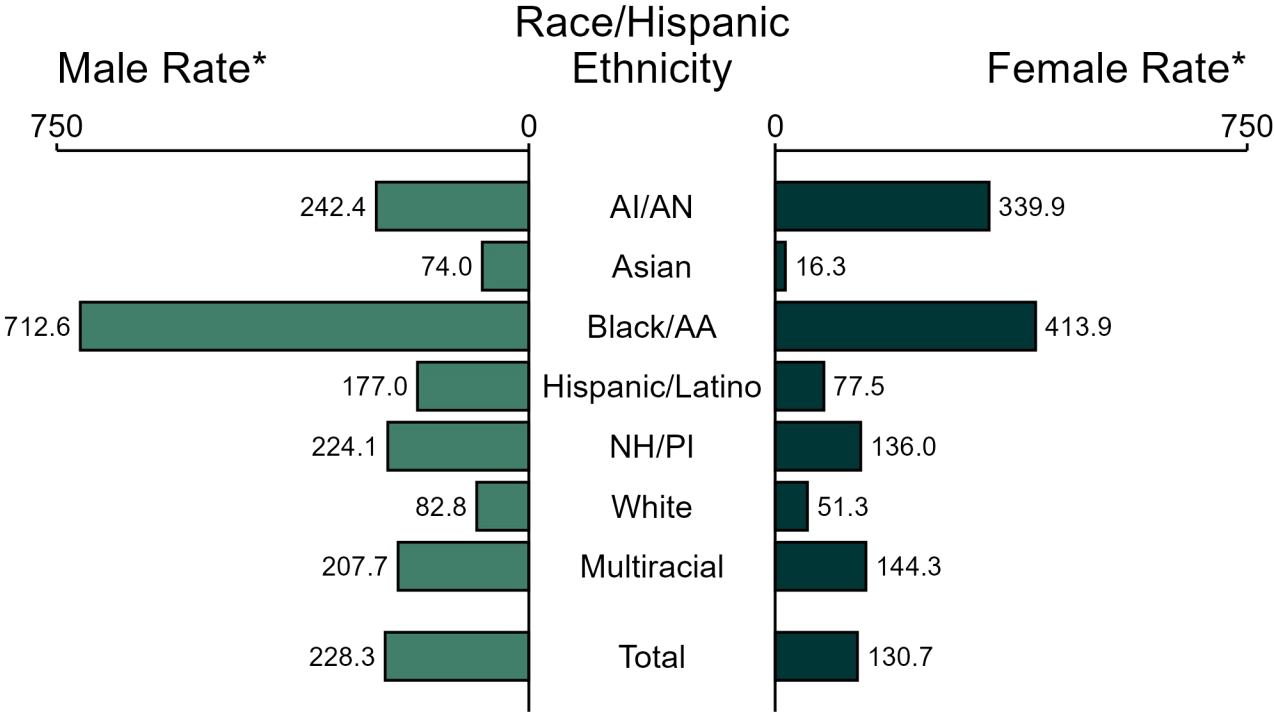
Among men aged 15 to 44 years in 2023, those aged 20 to 24 years had the highest rate of reported cases of gonorrhea (691.1 cases per 100,000; 6.5% decrease from 2022), followed by those aged 25 to 29 years (671.2 cases per 100,000; 5.3% decrease from 2022), those aged 30 to 34 years (585.8 cases per 100,000; 2.7% decrease from 2022), those aged 15 to 19 years (337.1 cases per 100,000; 4.5% decrease from 2022), and those aged 35 to 44 years (318.6 cases per 100,000; <1.0% change from 2022).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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# Gonorrhea — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, 75,705 gonorrhea cases among men (20.0%) and 42,245 cases among women (19.1%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the total rates.

## Summary

In 2023, the rate of reported gonorrhea was higher among men (228.3 per 100,000) compared to women (130.7 per 100,000).

Among men, non-Hispanic Black or African American men had the highest rate of reported cases of gonorrhea (712.6 per 100,000), followed by non-Hispanic American Indian or Alaska Native men (242.4 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander men (224.1 per 100,000).

Among women, non-Hispanic Black or African American women also had the highest rate of reported cases of gonorrhea (413.9 per 100,000), followed by non-Hispanic American Indian or Alaska Native women (339.9 per 100,000) and non-Hispanic women of multiple races (144.3 per 100,000).

Using non-Hispanic White persons as the referent category, the greatest relative disparity in rates of reported gonorrhea by race and Hispanic ethnicity across both sexes was observed among non-Hispanic Black or African American men, with a rate ratio of 8.6 times that of non-Hispanic White men.

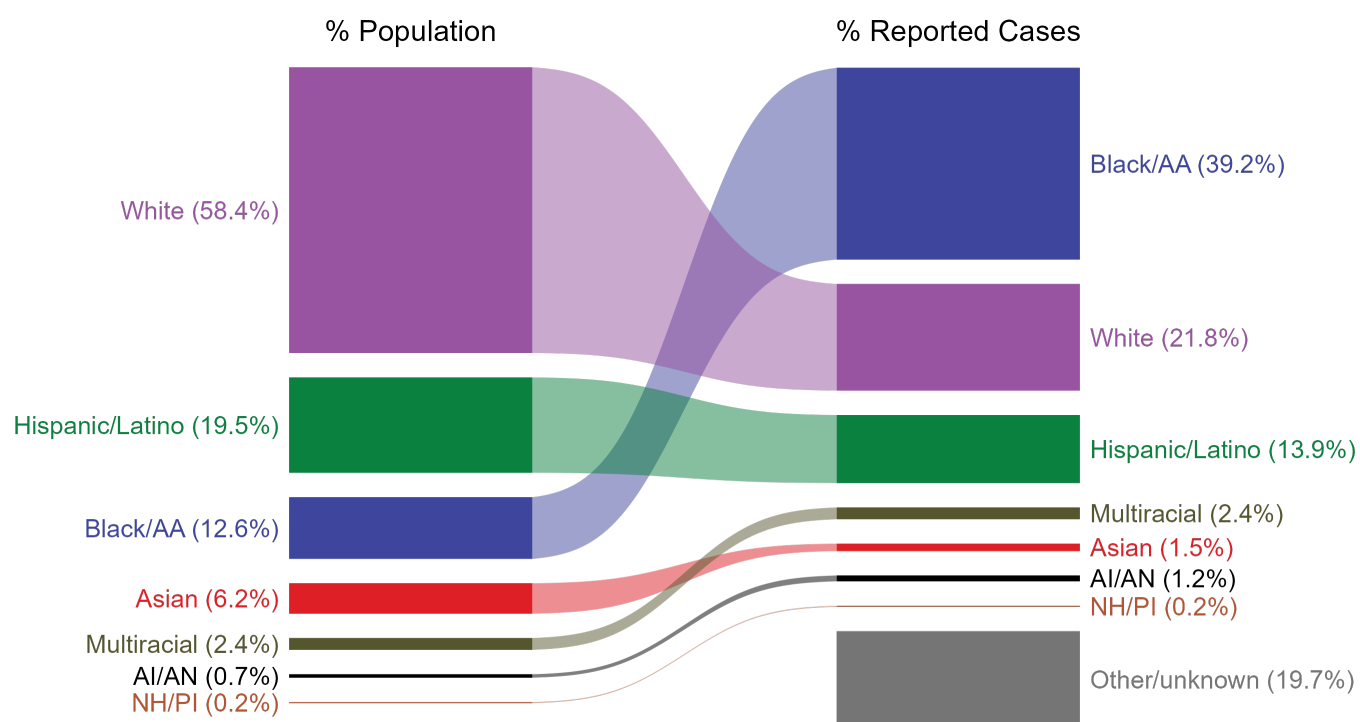
Among women, the greatest relative disparity was observed among non-Hispanic Black or African American women as well, with a rate 8.1 times that of non-Hispanic White women.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “GC - Rates by Race Hispanic Ethnicity and Sex (US 2023).xlsx” contains the data for the figure presented on this slide.

## Gonorrhea — Total Population and Reported Cases by Race/Hispanic Ethnicity, United States, 2023



**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 118,750 gonorrhea cases (19.7%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

### Summary

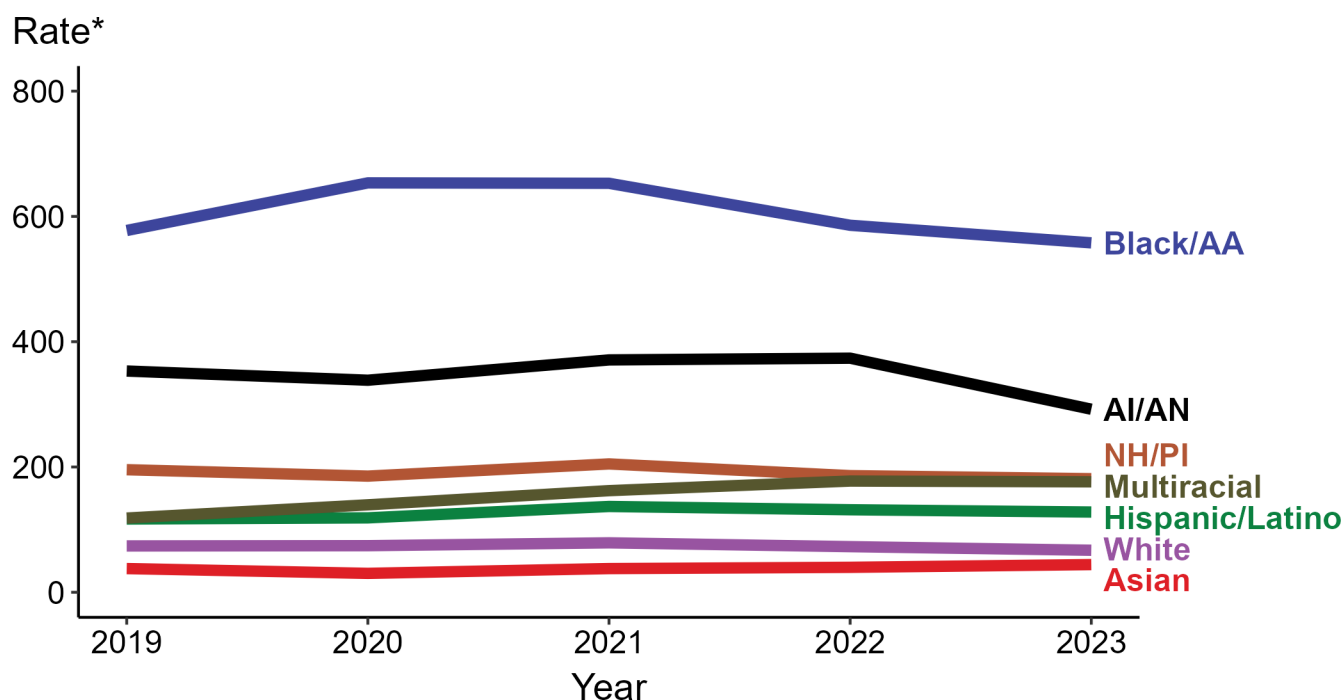
The percentages of gonorrhea cases by race and Hispanic ethnicity were disproportionate to the percentages among the total population of the United States in 2023. The greatest absolute and relative disparities were observed among non-Hispanic Black or African American persons, who represented 39.2% of reported gonorrhea cases (n = 236,011; 48.9% of gonorrhea cases with reported race or Hispanic ethnicity) despite being 12.6% of the US population. This means that the burden of gonorrhea among non-Hispanic Black or African American persons was 26.6% greater than — or 3.1 times — what would be expected based on their proportion of the population. Additionally, non-Hispanic American Indian or Alaska Native persons were also overrepresented among gonorrhea cases relative to their proportion of the population.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs \(https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html\)](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “GC - Population and Cases by Race Hispanic Ethnicity (US 2023).xlsx” contains the data for the figure presented on this slide.

## Gonorrhea — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2019–2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all gonorrhea cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 22.2%, from a low of 19.7% (n = 118,750) in 2023 to a high of 23.4% (n = 158,822) in 2020. These cases are not shown in this figure.

### Summary

In 2023, the highest rate of reported gonorrhea cases was among non-Hispanic Black or African American persons (557.8 per 100,000), followed by non-Hispanic American Indian or Alaska Native persons (292.2 per 100,000).

During 2022 to 2023, the only increase in rate of reported gonorrhea cases was among non-Hispanic Asian persons (39.8 to 44.2 per 100,000; 11.1% increase). Non-Hispanic persons of multiple races had the greatest five-year increase in rate of reported gonorrhea (118.4 to 176.3 per 100,000; 48.9% increase from 2019).

During 2022 to 2023, the greatest decrease in rate of reported gonorrhea cases was among non-Hispanic American Indian or Alaska Native persons (373.7 to 292.2 per 100,000; 21.8% decrease). Non-

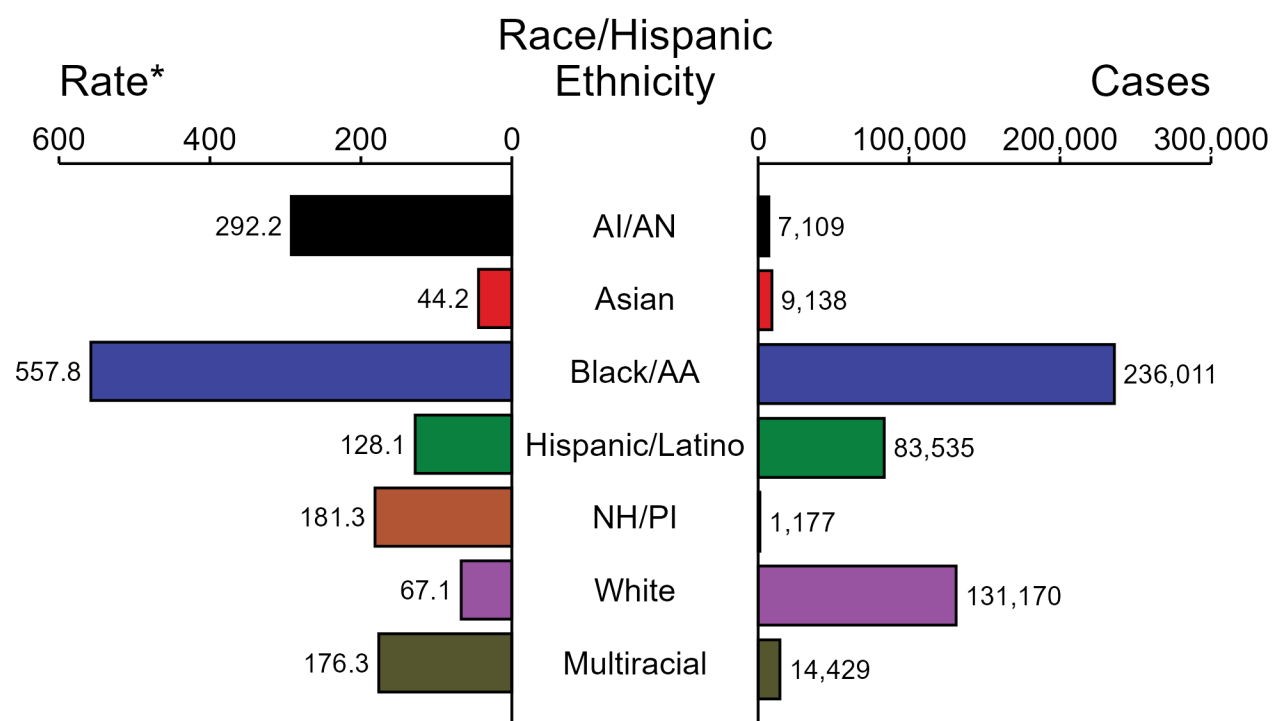
Hispanic American Indian or Alaska Native persons also had the greatest five-year decrease in rate of reported gonorrhea (353.2 to 292.2 per 100,000; 17.3% decrease from 2019).

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## Gonorrhea — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity and Year, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 118,750 gonorrhea cases (19.7%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are not shown in this figure. Including these cases, there were a total of 601,319 cases of gonorrhea reported among states and the District of Columbia for a rate of 179.5 per 100,000 persons.

### Summary

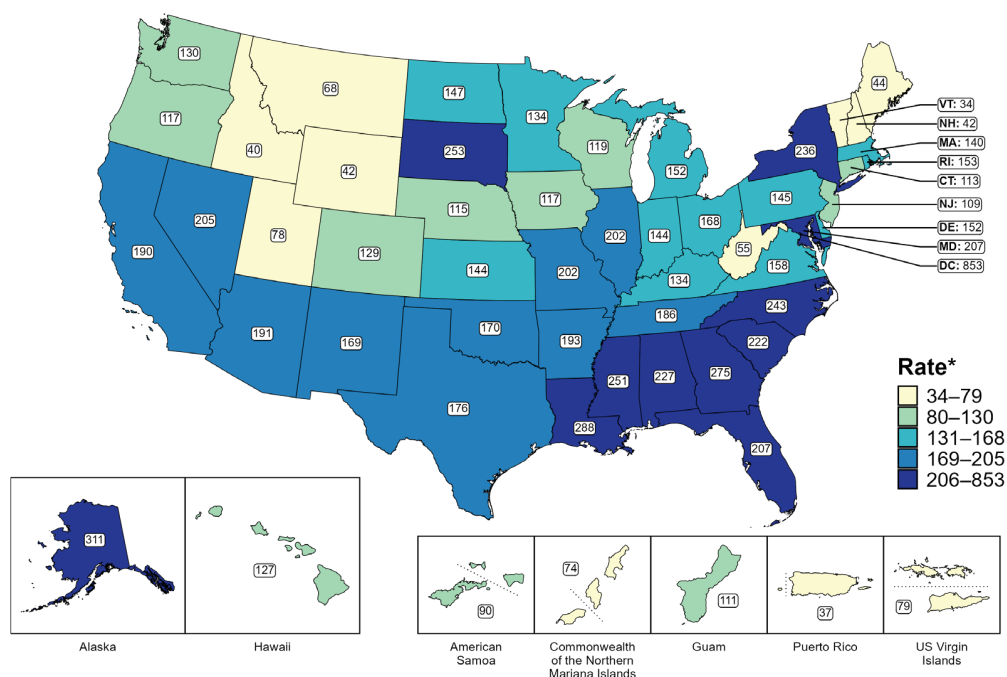
In 2023, rates of gonorrhea were highest among non-Hispanic Black or African American persons (557.8 per 100,000), followed by non-Hispanic American Indian or Alaska Native persons (292.2 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander persons (181.3 per 100,000). The greatest number of reported gonorrhea cases was among non-Hispanic Black or African American persons (236,011 cases), followed by non-Hispanic White persons (131,170 cases) and Hispanic or Latino persons of any race(s) (83,535 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported gonorrhea ranged by state from 34 cases per 100,000 persons in Vermont to 311 cases per 100,000 persons in Alaska. The rate of reported gonorrhea in the District of Columbia was 853 per 100,000 persons.

Among US territories, rates of reported gonorrhea ranged from 37 cases per 100,000 persons in Puerto Rico to 111 cases per 100,000 persons in Guam.

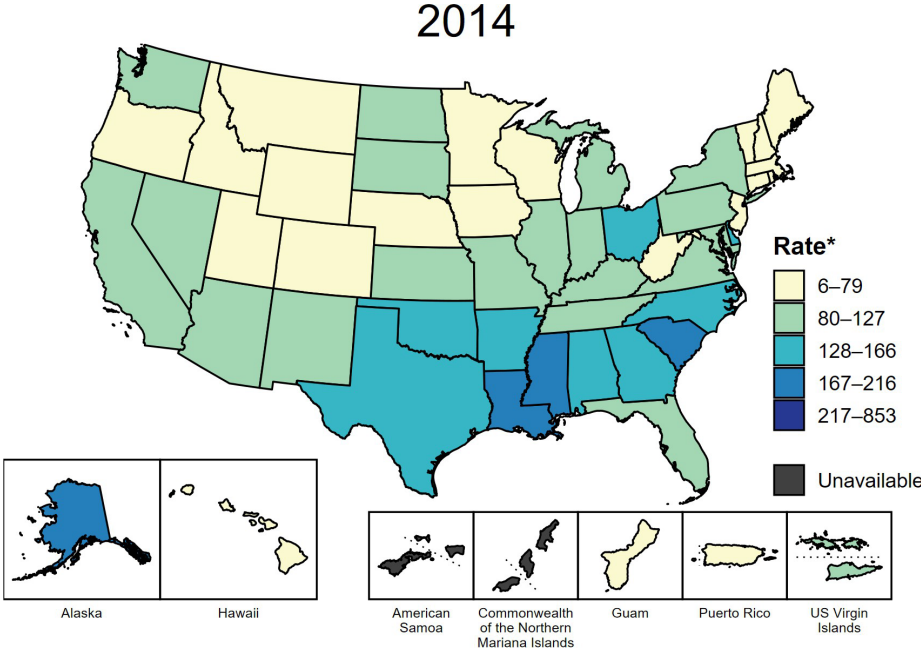
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on STI case reporting formats and practices, including collected and derived variables displayed in this report. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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# Gonorrhea — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014–2023



## Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2014, four states and the District of Columbia (DC; 9.3% of areas with available data) had a rate of reported gonorrhea greater than or equal to 167 cases per 100,000 persons. This increased to 22 states and DC (41.1% of areas with available data) in 2023. During 2022 to 2023, rates of reported gonorrhea increased in 10 states, DC, and four territories.

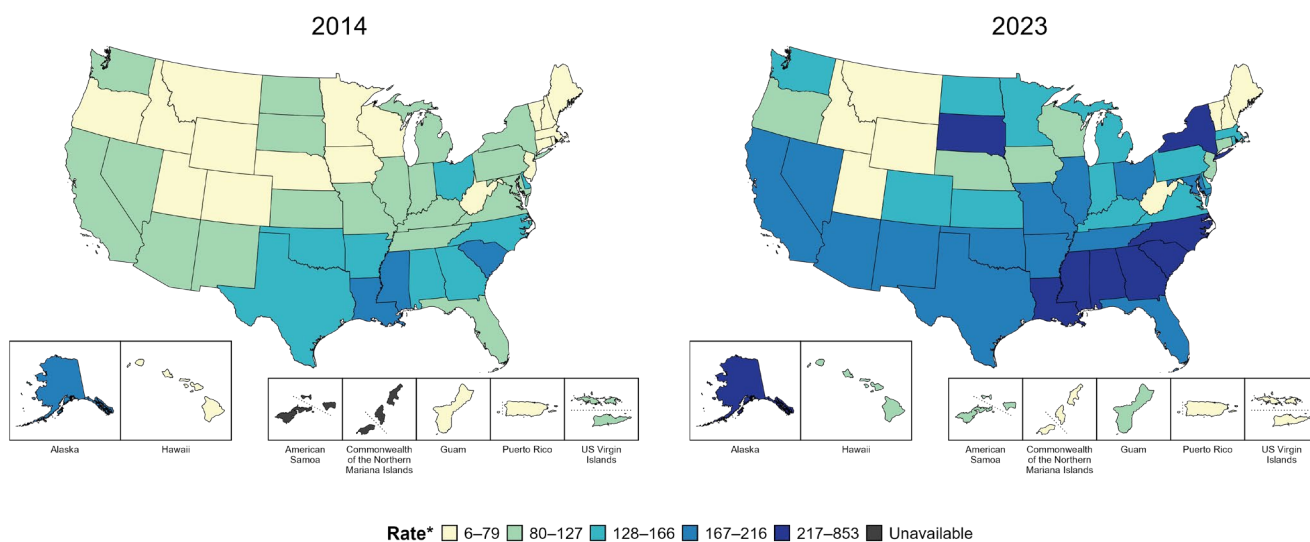
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on gonorrhea cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported gonorrhea cases in 2018 are not available for the US Virgin Islands. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014 and 2023



\* Per 100,000

### Summary

In 2014, four states and the District of Columbia (DC; 9.3% of areas with available data) had a rate of reported gonorrhea greater than or equal to 167 cases per 100,000 persons. This increased to 22 states and DC (41.1% of areas with available data) in 2023.

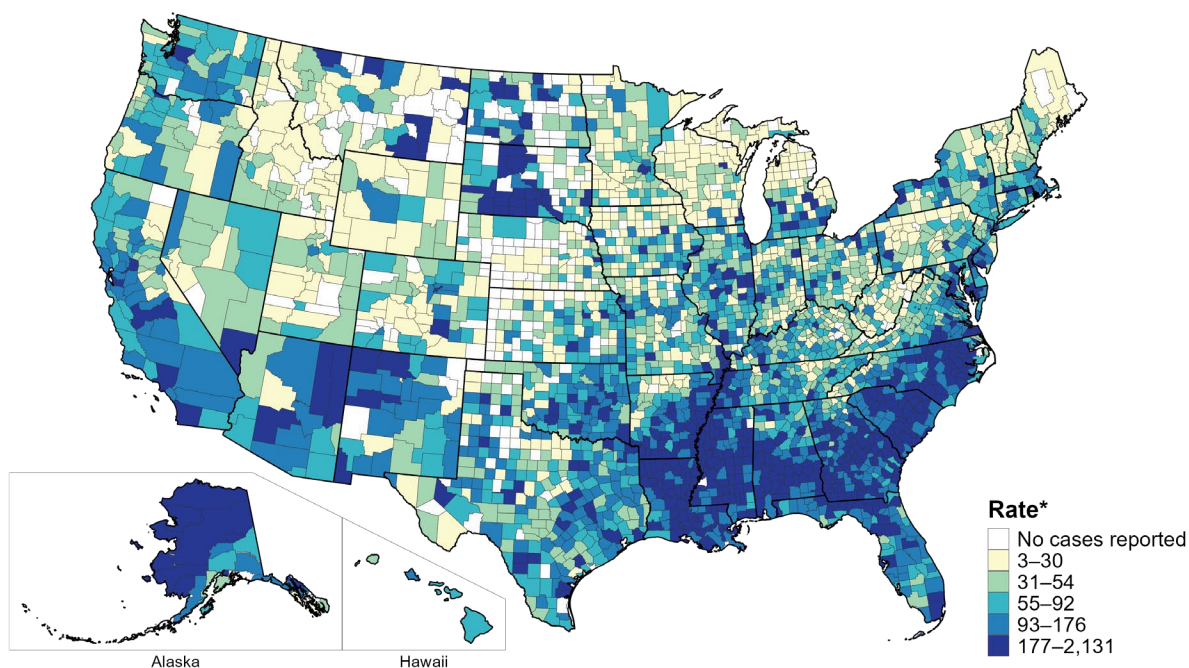
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on gonorrhea cases to CDC in 2018; data are not available for those areas prior to that year. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases by County, United States, 2023



\* Per 100,000

### Summary

In 2023, 91.8% of all counties and county equivalents in the United States reported at least one case of gonorrhea. Out of 3,144 counties and county equivalents, 60 counties or county equivalents (1.9%) reported over half of all cases of gonorrhea (301,375 of 599,193 total cases).

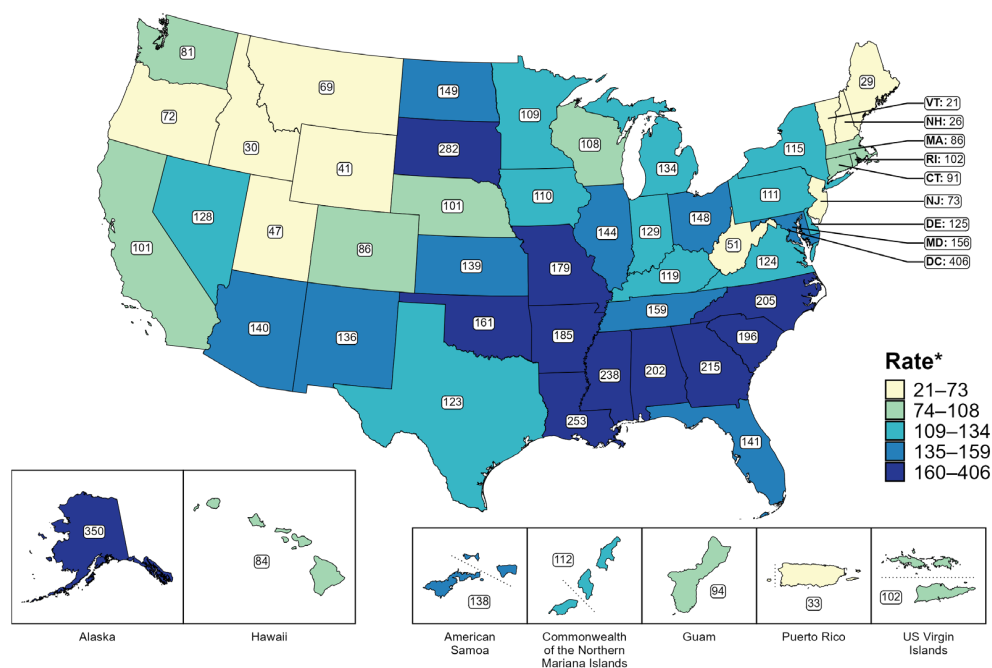
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Gonorrhea — Rates of Reported Cases Among Women by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported gonorrhea among women ranged by state from 21 cases per 100,000 women in Vermont to 350 cases per 100,000 women in Alaska. The rate of reported gonorrhea in the District of Columbia was 406 per 100,000 women.

Among US territories, rates of reported gonorrhea ranged from 33 cases per 100,000 women in Puerto Rico to 138 cases per 100,000 women in American Samoa.

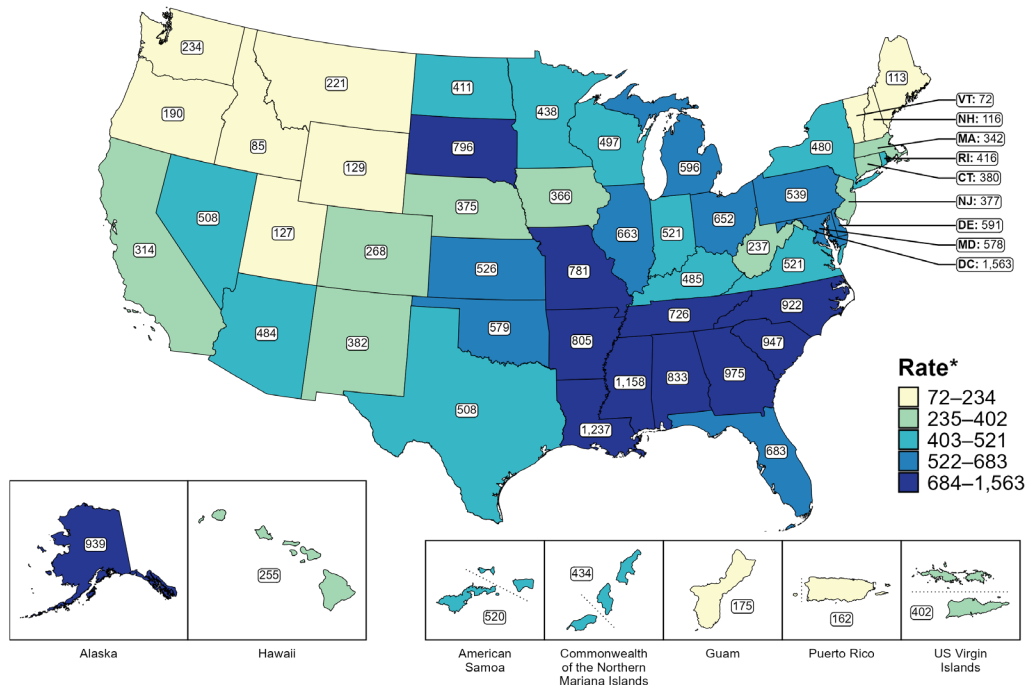
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Gonorrhea — Rates of Reported Cases Among Women Aged 15–24 Years by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported gonorrhea among women aged 15 to 24 years ranged by state from 72 cases per 100,000 women aged 15 to 24 years in Vermont to 1,237 cases per 100,000 women aged 15 to 24 years in Louisiana. The rate of reported gonorrhea in the District of Columbia was 1,563 per 100,000 women aged 15 to 24 years.

Among US territories, rates of reported gonorrhea ranged from 162 cases per 100,000 women aged 15 to 24 years in Puerto Rico to 520 cases per 100,000 women aged 15 to 24 years in American Samoa.

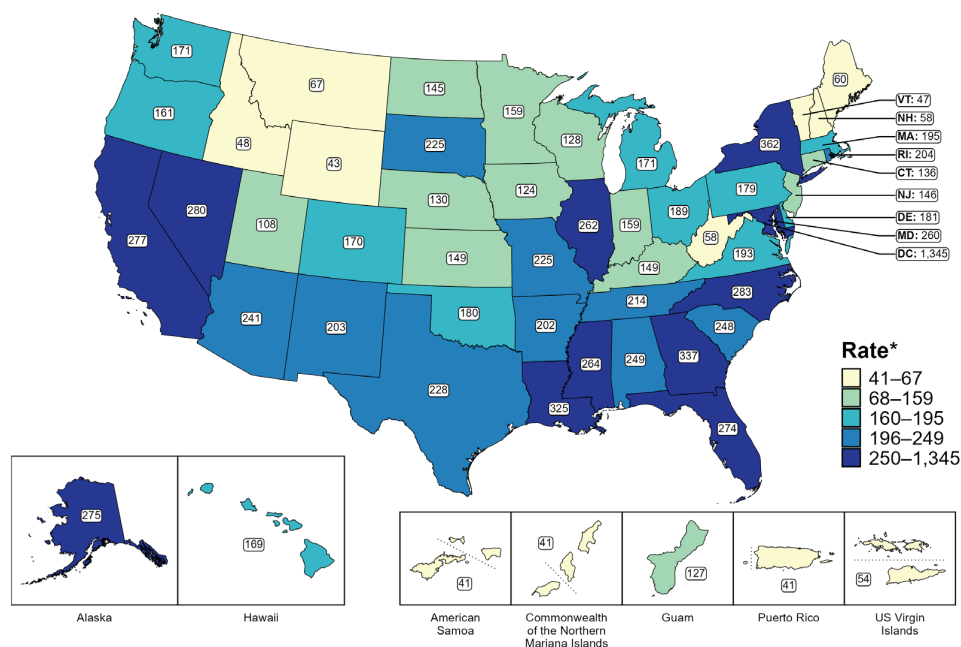
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## Gonorrhea — Rates of Reported Cases Among Men by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported gonorrhea among men ranged by state from 43 cases per 100,000 men in Wyoming to 362 cases per 100,000 men in New York. The rate of reported gonorrhea in the District of Columbia was 1,345 per 100,000 men.

Among US territories, rates of reported gonorrhea ranged from 41 cases per 100,000 men in American Samoa, the Commonwealth of the Northern Mariana Islands, and Puerto Rico to 127 cases per 100,000 men in Guam.

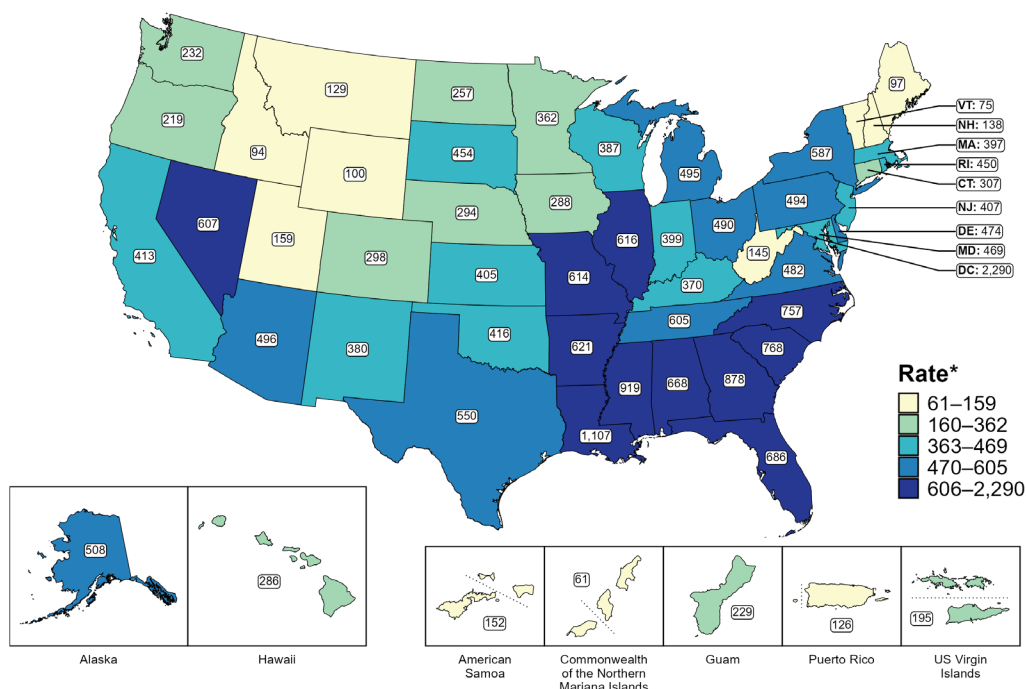
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Gonorrhea — Rates of Reported Cases Among Men Aged 15–24 Years by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported gonorrhea among men aged 15 to 24 years ranged by state from 75 cases per 100,000 men aged 15 to 24 years in Vermont to 1,107 cases per 100,000 men aged 15 to 24 years in Louisiana. The rate of reported gonorrhea in the District of Columbia was 2,290 per 100,000 men aged 15 to 24 years.

Among US territories, rates of reported gonorrhea ranged from 61 cases per 100,000 men aged 15 to 24 years in the Commonwealth of the Northern Mariana Islands to 229 cases per 100,000 men aged 15 to 24 years in Guam.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

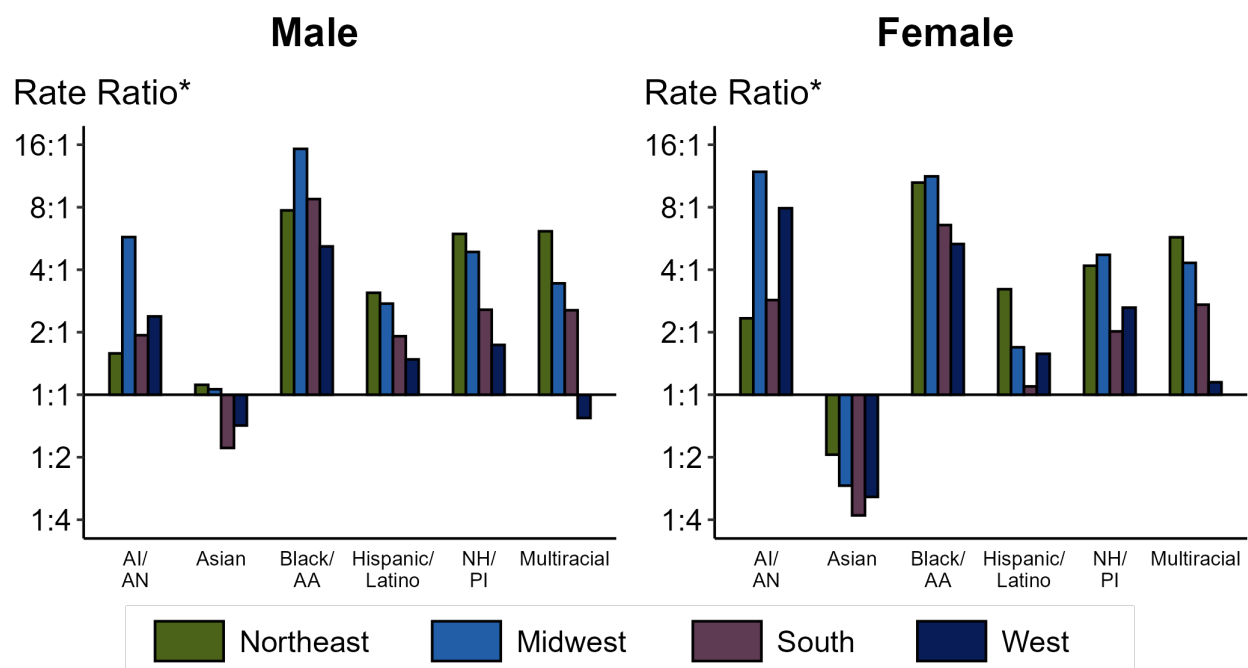
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(<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

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## Gonorrhea — Ratios of Rates of Reported Cases by Sex, Race/Hispanic Ethnicity, and Region, United States, 2023



\* For the rate ratios, non-Hispanic White persons are the referent population. Y-axis is log scale.

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

### Summary

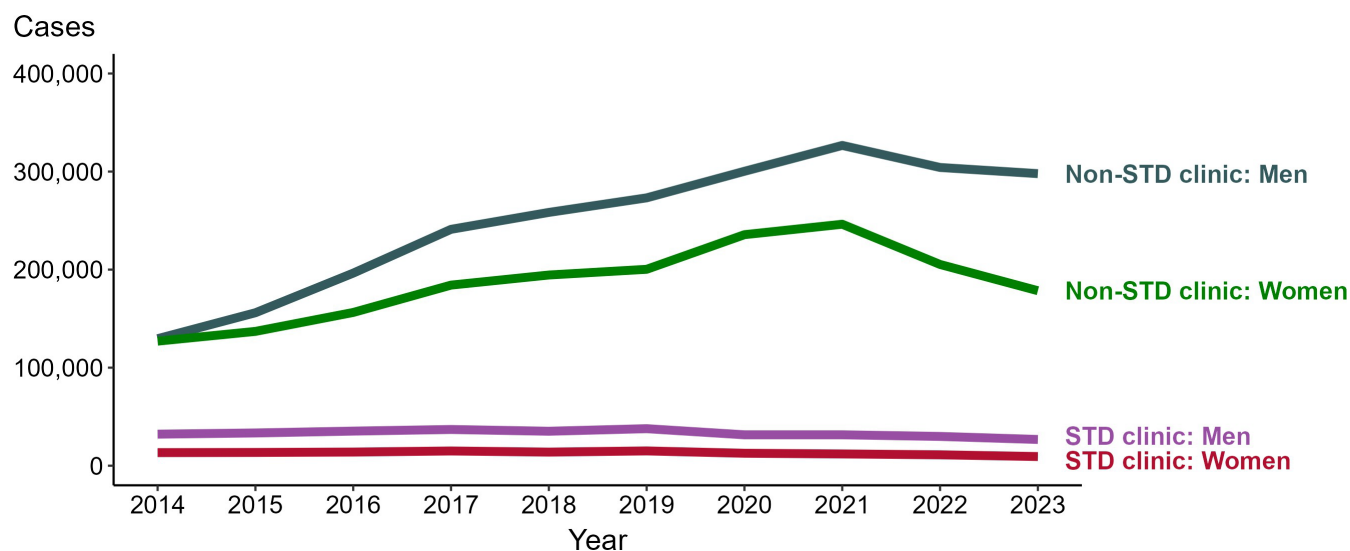
Among men and women, rate ratios of rates of reported gonorrhea by race/Hispanic ethnicity (using non-Hispanic White persons as the referent population) varied by region in 2023. Among men, the greatest rate ratio was in the Midwest where the rate of reported gonorrhea among non-Hispanic Black or African American men was 15.3 times the rate among non-Hispanic White men. Among women, the greatest rate ratio was in the Midwest where the rate of reported gonorrhea among non-Hispanic American Indian or Alaska Native women was 11.9 times the rate among non-Hispanic White women.

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## Gonorrhea — Reported Cases by Reporting Source and Sex and Year, United States, 2014–2023



**NOTE:** During 2014 to 2023, the percentage of all cases with unknown reporting source was 14.1%, from a low of 13.0% (n = 92,354) in 2021 to a high of 14.8% (n = 96,035) in 2022.

### Summary

During 2022 to 2023, the number of gonorrhea cases reported from STD clinics decreased 10.3% among men (29,849 to 26,763 cases) and decreased 15.9% among women (11,104 to 9,337 cases), while the number of cases reported from non-STD clinics decreased 2.1% among men (304,166 to 297,889 cases) and decreased 13.0% among women (205,253 to 178,476 cases).

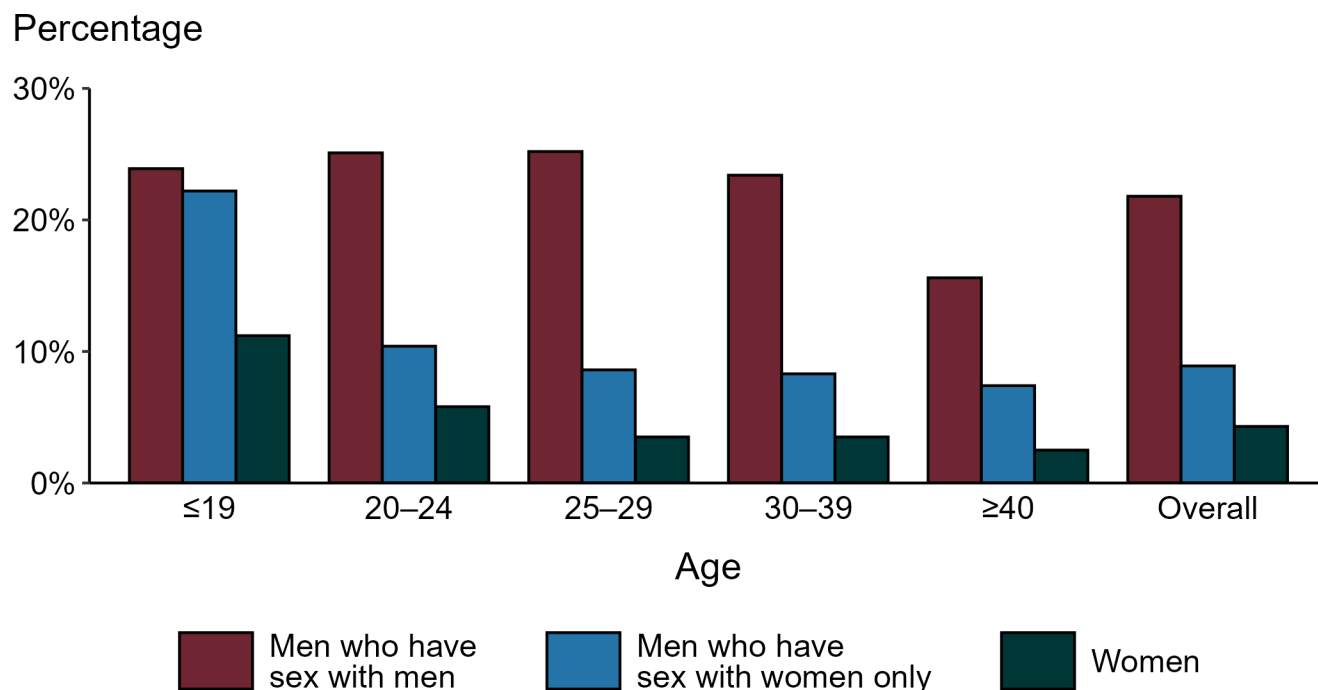
During 2014 to 2023, the number of gonorrhea cases reported from STD clinics decreased 16.8% among men (32,179 to 26,763 cases) and decreased 30.0% among women (13,347 to 9,337 cases), while the number of cases reported from non-STD clinics increased 130.0% among men (129,526 to 297,889 cases) and increased 40.5% among women (127,043 to 178,476 cases).

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## Gonorrhea — Proportion of STD Clinic Patients Testing Positive by Age Group, Sex, and Sex of Sex Partners, STI Surveillance Network (SSuN), 2023



**NOTE:** Results are based on 52,956 unique patients in 11 participating jurisdictions with known sex of sex partners attending SSuN STI clinics who were tested  $\geq 1$  times for gonorrhea in 2023.

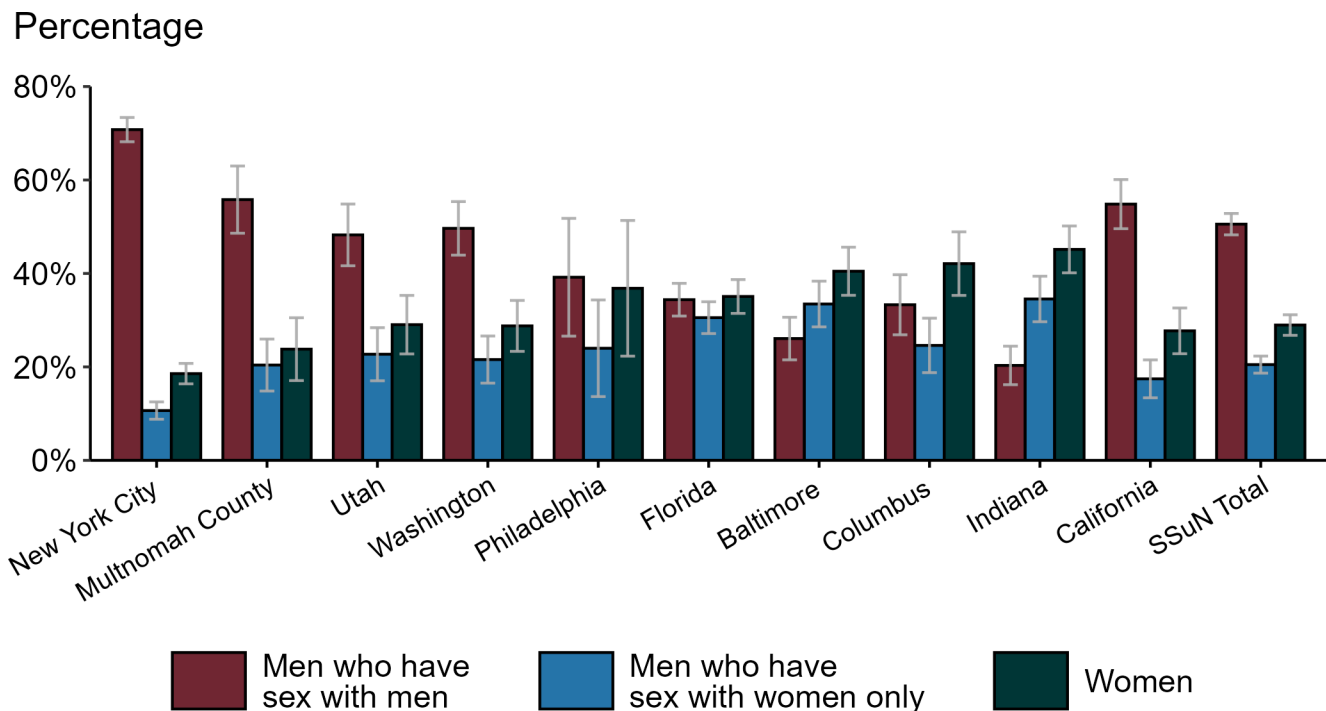
### Summary

Among patients accessing care in participating STI clinics in the STI Surveillance Network (SSuN) who were tested for gonorrhea in 2023, 21.8% of gay, bisexual, and other men who have sex with men (MSM), 8.9% of men who have sex with women only (MSW), and 4.3% of women were positive. The proportion of STI clinic patients who tested positive for gonorrhea varied by sex and sex of sex partners, as well as by age group. MSM were noted to have higher proportions of testing positive in all age groups when compared to women and MSW.

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See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on SSuN methodology. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

## Gonorrhea — Estimated Proportion of Cases by Sex and Sex of Sex Partners and Jurisdiction, STI Surveillance Network (SSuN), 2023



**NOTE:** Estimate based on weighted analysis of data on sex of sex partners obtained from interviews (n=5,705) conducted among a random sample of gonorrhea cases reported to participating SSuN jurisdictions during January to December 2023. Includes ten SSuN sites reporting completed case investigations in 2023 for at least 1% of all reported cases.

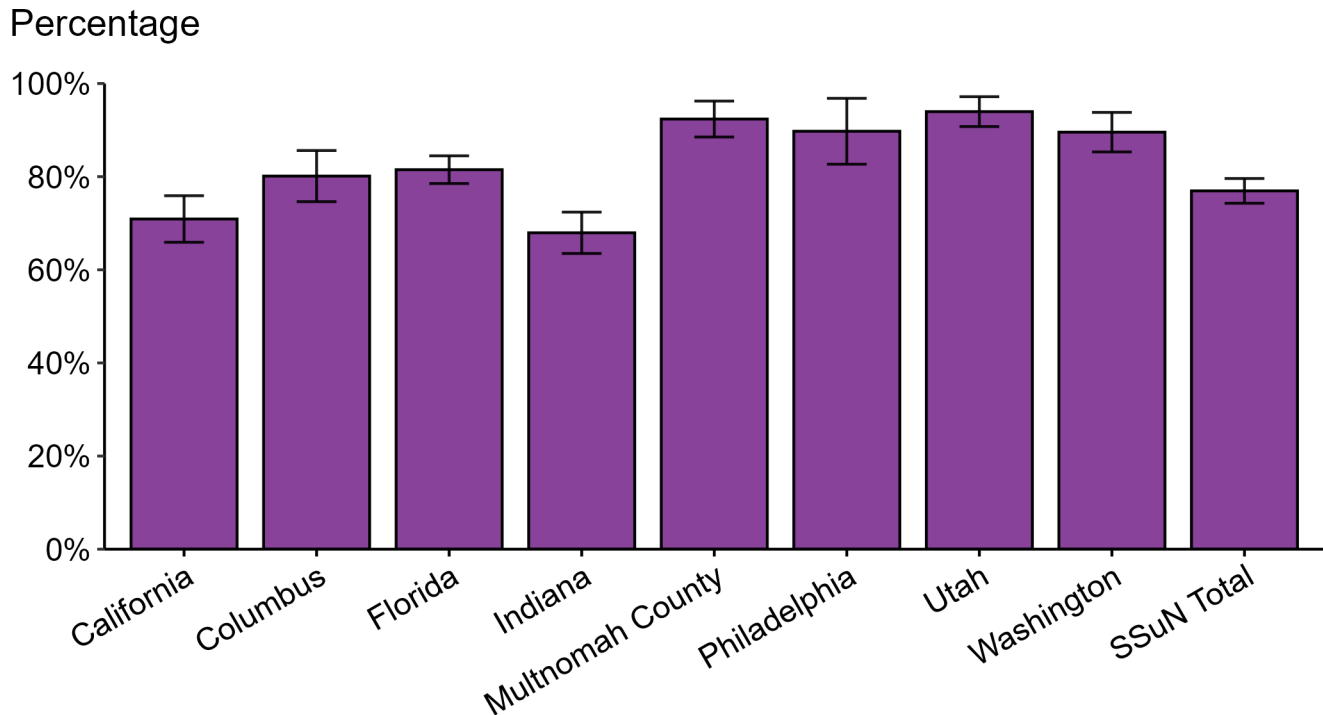
### Summary

In 2023, New York City had the highest proportion of gonorrhea cases reported among gay, bisexual, and other men who have sex with men (MSM) among SSuN jurisdictions meeting the inclusion threshold, Indiana had the highest proportion of gonorrhea cases reported among women, and Indiana had the highest proportion of gonorrhea cases reported among men who have sex with women only. Overall, the proportion of gonorrhea estimated to be attributed to MSM was 50.5% in 2023.

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## Gonorrhea — Estimated Proportion of Cases Treated with Recommended Regimen by Jurisdiction, STI Surveillance Network (SSuN), 2023



**NOTE:** Includes SSuN jurisdictions with treatment and dosage data ascertained for at least 80% of sampled, investigated cases. In 2023, the recommended treatment for uncomplicated gonorrhea was ceftriaxone 500 mg, intramuscular.

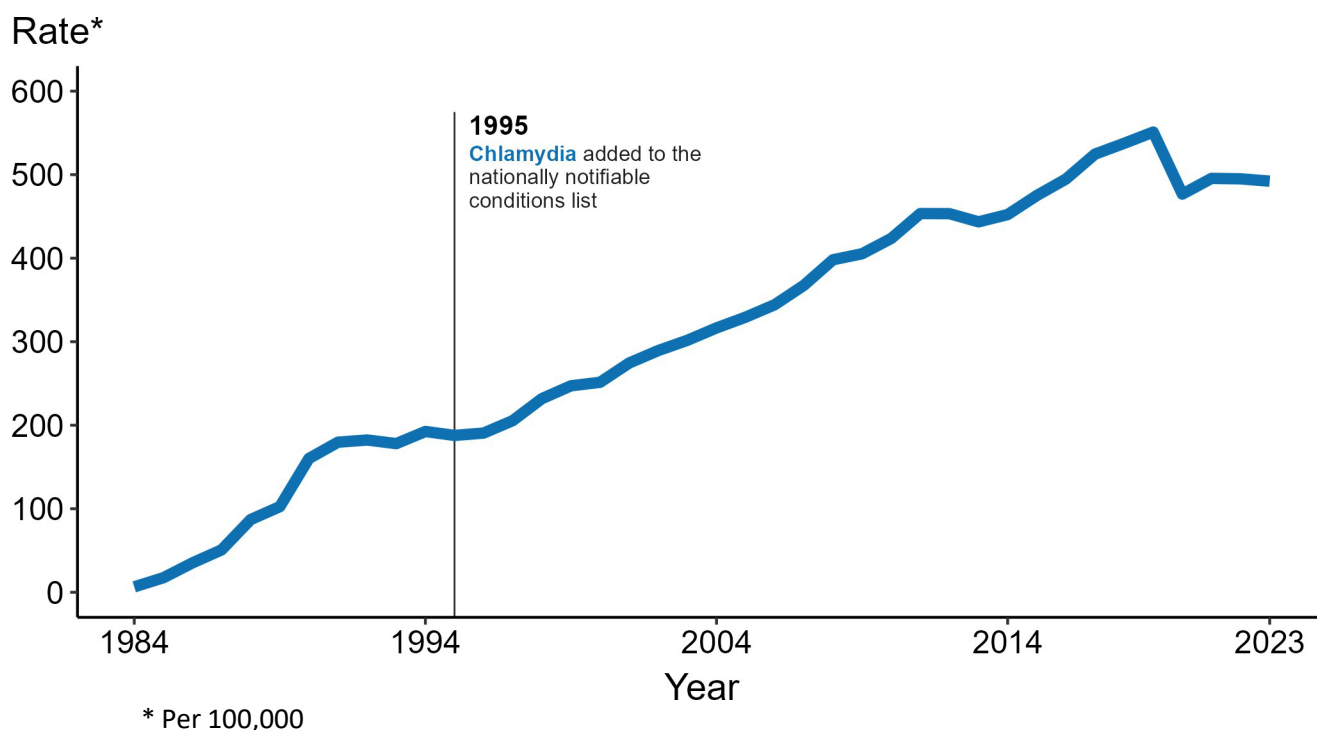
### Summary

In 2023, Utah reported the highest estimated proportion of gonorrhea cases treated with the recommended regimen and Indiana reported the lowest proportion of cases treated with the recommended regimen among jurisdictions participating in SSuN that met the inclusion criteria. Overall, the proportion of cases treated with the recommended regimen was 76.9% in 2023.

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## Chlamydia — Rates of Reported Cases by Year, United States, 1984–2023



### Summary

Data collection for chlamydia began in 1984 and chlamydia was made a nationally notifiable condition in 1995; however, chlamydia was not reportable in all 50 states and the District of Columbia until 2000.

Steady increases in chlamydia case rates beginning in 1996 are due, in part, to improved reporting, increased screening, and the use of more sensitive diagnostic tests.

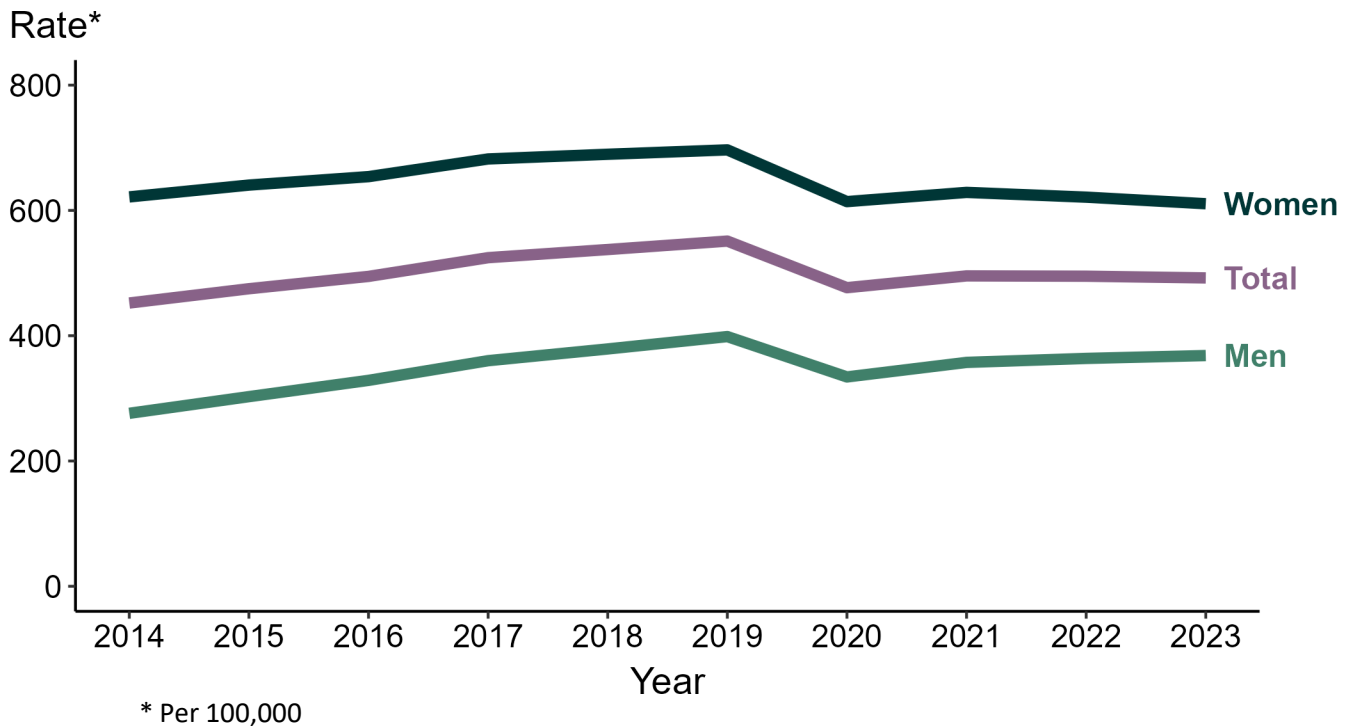
In 2023, a total of 1,648,568 cases of chlamydia were reported in the United States. During 2022 to 2023, the rate of reported chlamydia did not change substantially (<1.0% change; from 495.0 to 492.2 per 100,000).

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## Chlamydia — Rates of Reported Cases by Sex and Year, United States, 2014–2023



### Summary

During 2022 to 2023, the rate of reported chlamydia among men increased 1.3% (from 363.7 to 368.3 per 100,000) and the rate among women decreased 1.7% (from 621.2 to 610.7 per 100,000).

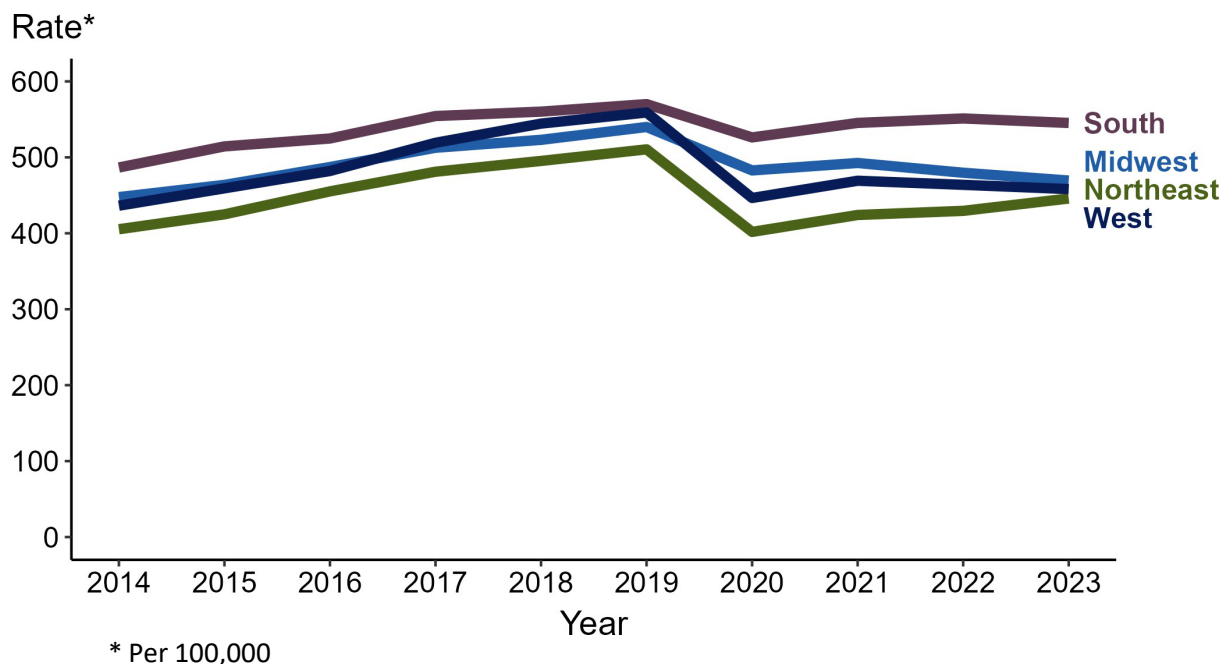
During 2019 to 2023, the rate of reported chlamydia among men decreased 7.6% (from 398.6 to 368.3 per 100,000) and the rate among women decreased 12.3% (from 696.6 to 610.7 per 100,000). During 2014 to 2023, the rate among men increased 33.4% (from 276.1 to 368.3 per 100,000) and the rate among women decreased 1.8% (from 621.6 to 610.7 per 100,000).

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## Chlamydia — Rates of Reported Cases by Region and Year, United States, 2014–2023



### Summary

In 2023, the South had the highest rate of reported chlamydia (545.3 cases per 100,000; 1.1% decrease from 2022), followed by the Midwest (469.4 cases per 100,000; 2.1% decrease from 2022), the West (458.2 cases per 100,000; 1.2% decrease from 2022), and the Northeast (445.8 cases per 100,000; 3.8% increase from 2022).

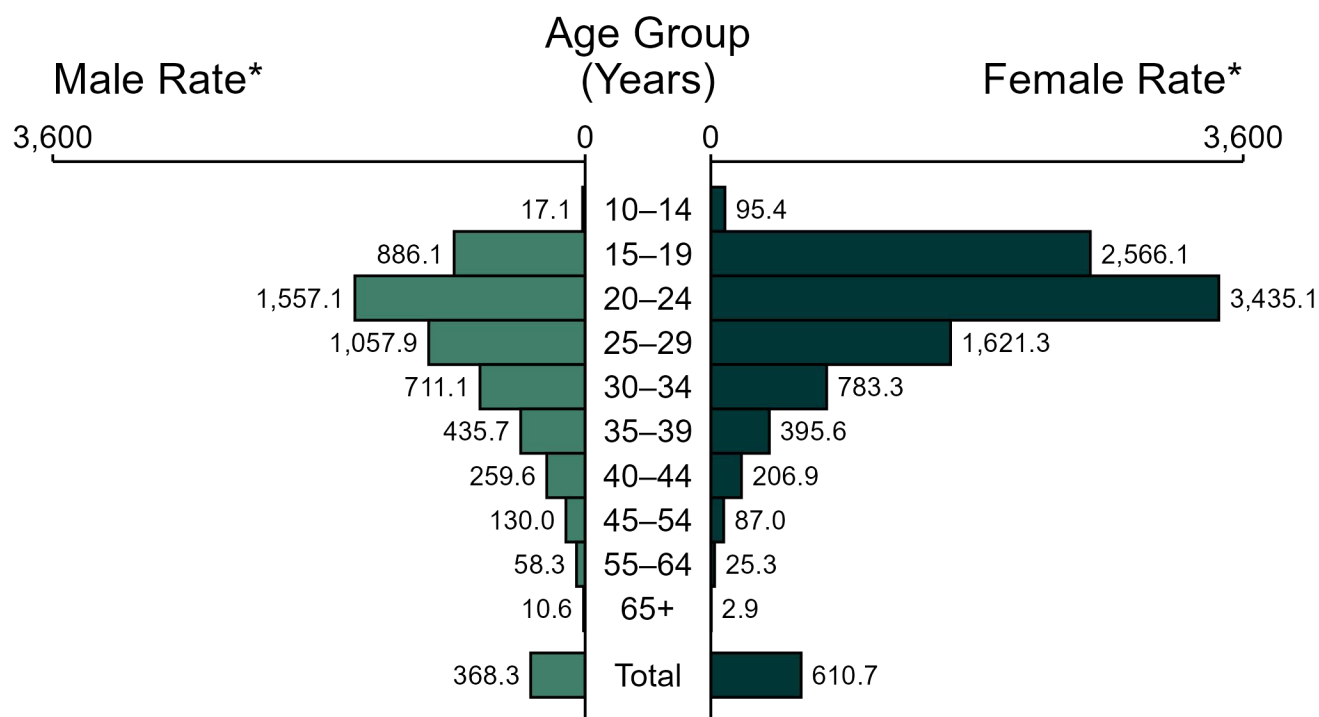
There were no substantial increases ( $\geq 1.0\%$ ) in the rate of reported cases of chlamydia in any region during the five-year period from 2019 to 2023. The South had the greatest 10-year increase in rates of reported cases of chlamydia (486.6 to 545.3 per 100,000; 12.1% increase from 2014).

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## Chlamydia — Rates of Reported Cases by Age Group and Sex, United States, 2023



\* Per 100,000

**NOTE:** In 2023, 13,417 chlamydia cases among men (2.2%) and 22,139 cases among women (2.1%) had missing or unknown age. These cases are included in the total rates.

### Summary

In 2023, the rate of reported chlamydia was higher among women (610.7 per 100,000) compared to men (368.3 per 100,000).

Among women, those aged 20 to 24 years had the highest rate of reported cases of chlamydia (3,435.1 per 100,000), followed by women aged 15 to 19 years (2,566.1 per 100,000) and women aged 25 to 29 years (1,621.3 per 100,000). Among men, those aged 20 to 24 years also had the highest rate of reported cases of chlamydia (1,557.1 per 100,000), followed by men aged 25 to 29 years (1,057.9 per 100,000) and men aged 15 to 19 years (886.1 per 100,000).

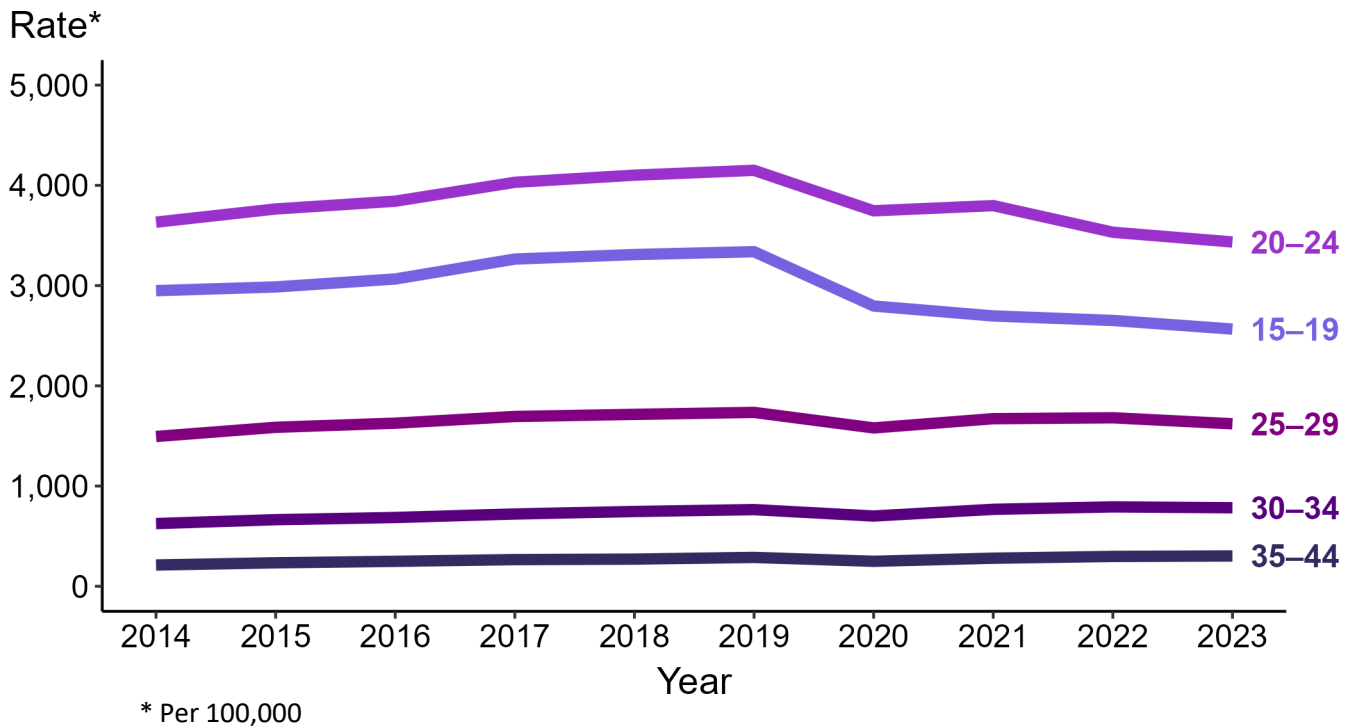
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## Chlamydia — Rates of Reported Cases Among Women Aged 15–44 Years by Age Group and Year, United States, 2014–2023



### Summary

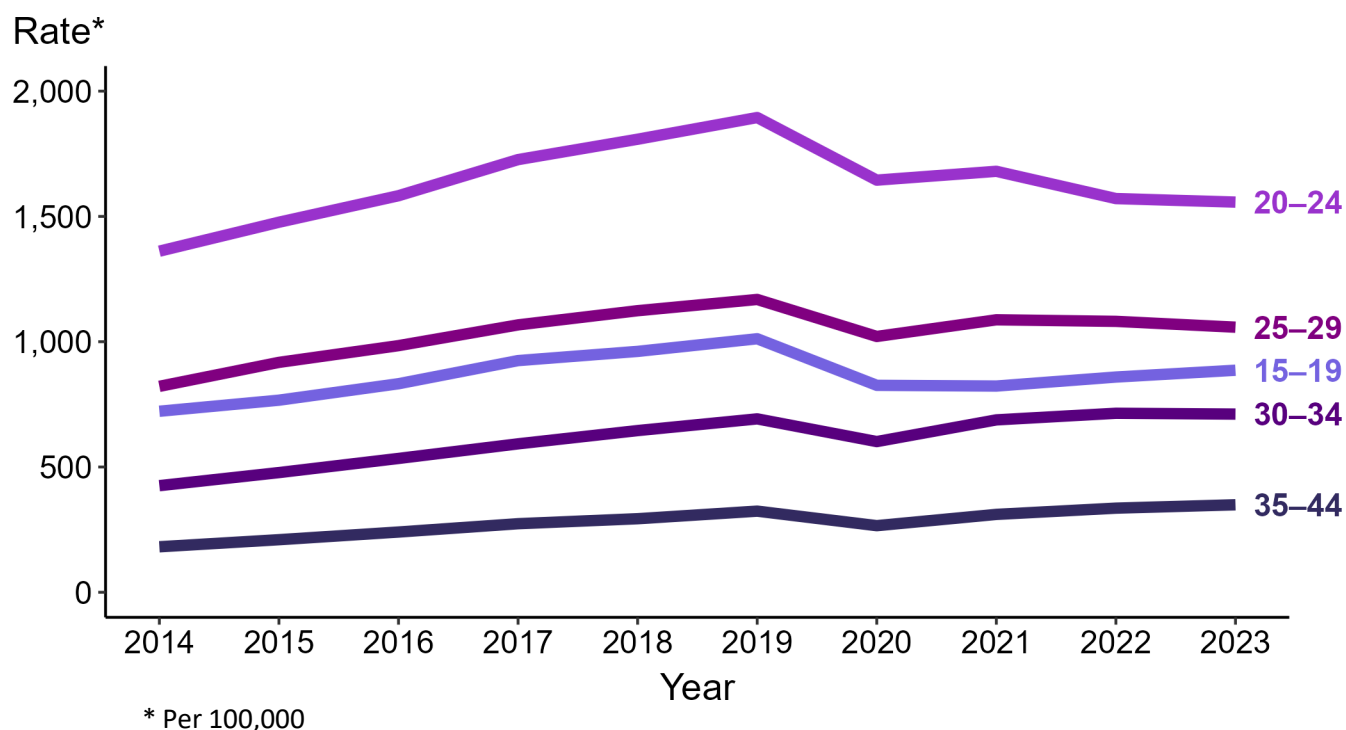
Among women aged 15 to 44 years in 2023, those aged 20 to 24 years had the highest rate of reported cases of chlamydia (3,435.1 cases per 100,000; 2.8% decrease from 2022), followed by those aged 15 to 19 years (2,566.1 cases per 100,000; 3.3% decrease from 2022), those aged 25 to 29 years (1,621.3 cases per 100,000; 3.6% decrease from 2022), those aged 30 to 34 years (783.3 cases per 100,000; 1.1% decrease from 2022), and those aged 35 to 44 years (302.4 cases per 100,000; 1.6% increase from 2022).

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## Chlamydia — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group, United States, 2014–2023



### Summary

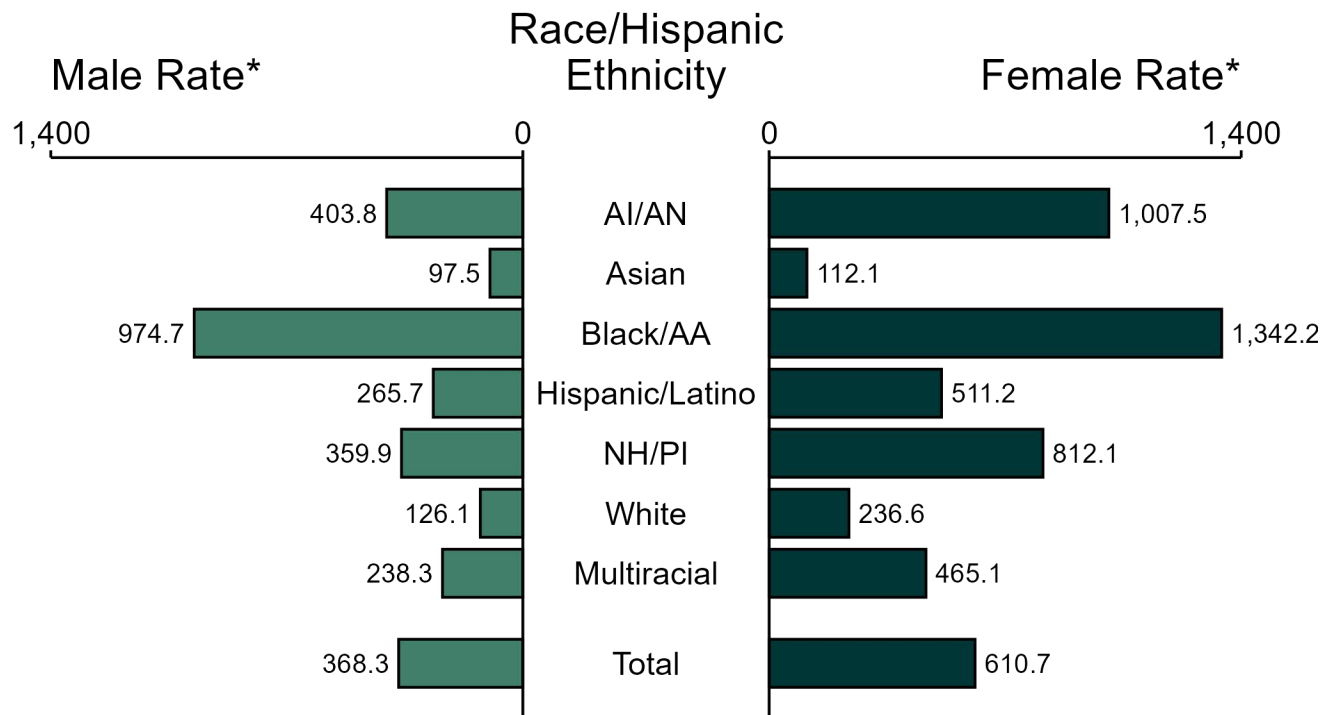
Among men aged 15 to 44 years in 2023, those aged 20 to 24 years had the highest rate of reported cases of chlamydia (1,557.1 cases per 100,000; <1.0% change from 2022), followed by those aged 25 to 29 years (1,057.9 cases per 100,000; 2.2% decrease from 2022), those aged 15 to 19 years (886.1 cases per 100,000; 3.2% increase from 2022), those aged 30 to 34 years (711.1 cases per 100,000; <1.0% change from 2022), and those aged 35 to 44 years (349.1 cases per 100,000; 4.0% increase from 2022).

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## Chlamydia — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, 177,355 chlamydia cases among men (29.1%) and 293,445 cases among women (28.4%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the total rates.

### Summary

In 2023, the rate of reported chlamydia was higher among women (610.7 per 100,000) compared to men (368.3 per 100,000).

Among women, non-Hispanic Black or African American women had the highest rate of reported cases of chlamydia (1,342.2 per 100,000), followed by non-Hispanic American Indian or Alaska Native women (1,007.5 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander women (812.1 per 100,000). Among men, non-Hispanic Black or African American men also had the highest rate of reported cases of chlamydia (974.7 per 100,000), followed by non-Hispanic American Indian or Alaska Native men (403.8 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander men (359.9 per 100,000).

Using non-Hispanic White persons as the referent category, the greatest relative disparity in rates of reported chlamydia by race and Hispanic ethnicity across both sexes was observed among non-Hispanic Black or African American men, with a rate ratio of 7.7 times that of non-Hispanic White men.

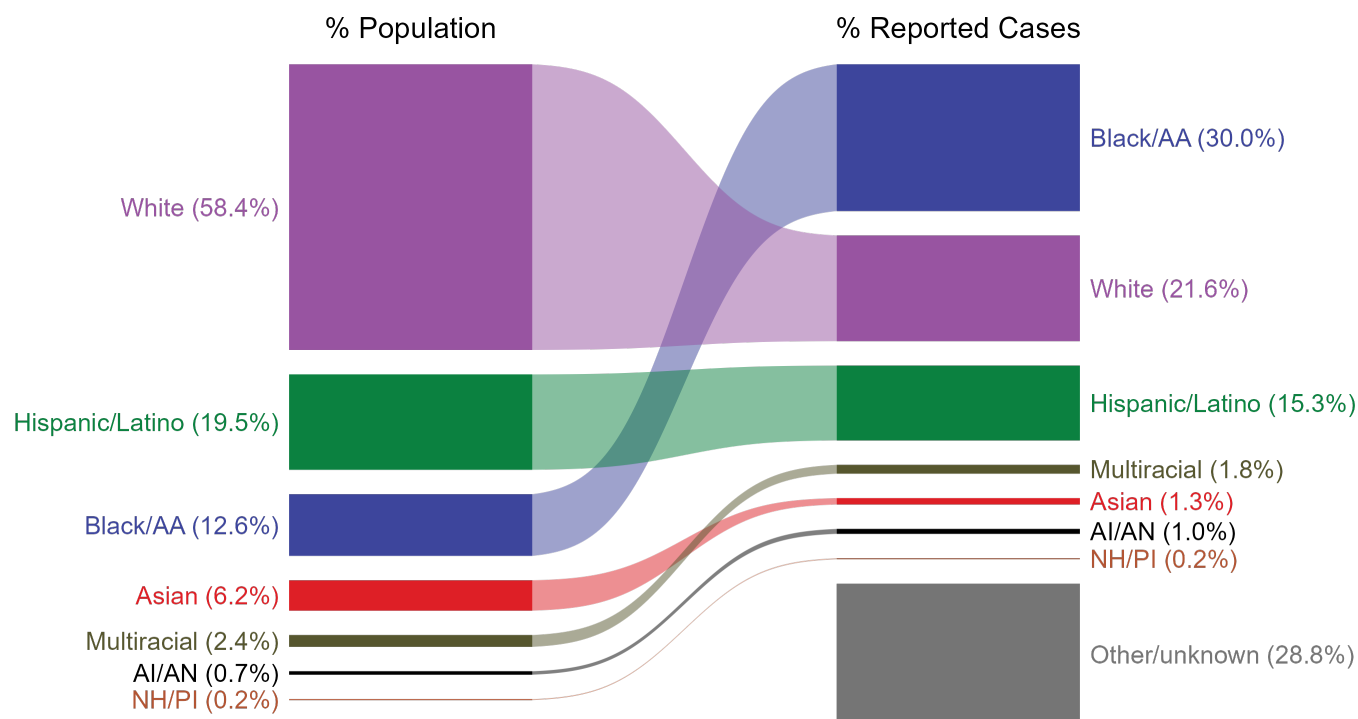
Among women, the greatest relative disparity was observed among non-Hispanic Black or African American women as well, with a rate 5.7 times that of non-Hispanic White women.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Chlamydia — Total Population and Reported Cases by Race/Hispanic Ethnicity, United States, 2023



**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 474,218 chlamydia cases (28.8%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

### Summary

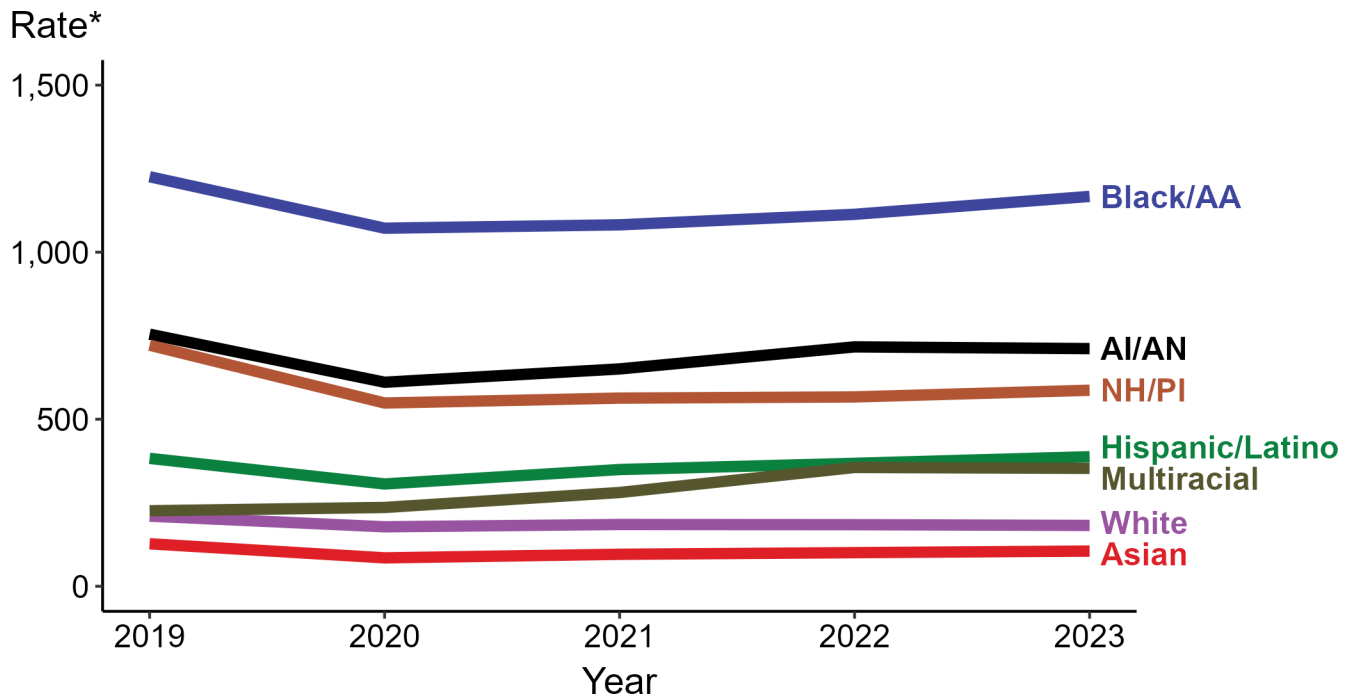
The percentages of chlamydia cases by race and Hispanic ethnicity were disproportionate to the percentages among the total population of the United States in 2023. The greatest absolute and relative disparities were observed among non-Hispanic Black or African American persons, who represented 30.0% of reported chlamydia cases (n = 493,754; 42.0% of chlamydia cases with reported race or Hispanic ethnicity) despite being 12.6% of the US population. This means that the burden of chlamydia among non-Hispanic Black or African American persons was 17.4% greater than — or 2.4 times — what would be expected based on their proportion of the population. Additionally, non-Hispanic American Indian or Alaska Native persons were also overrepresented among chlamydia cases relative to their proportion of the population.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs \(https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html\)](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

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## Chlamydia — Rates of Reported Cases by Race/Hispanic Ethnicity and Year, United States, 2019– 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all chlamydia cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 32.1%, from a low of 28.8% (n = 474,218) in 2023 to a high of 34.1% (n = 538,834) in 2020. These cases are not shown in this figure.

### Summary

In 2023, the highest rate of reported chlamydia cases was among non-Hispanic Black or African American persons (1,166.9 per 100,000), followed by non-Hispanic American Indian or Alaska Native persons (711.3 per 100,000).

During 2022 to 2023, the greatest increase in rate of reported chlamydia cases was among Hispanic or Latino persons of any race(s) (368.0 to 387.7 per 100,000; 5.4% increase). Non-Hispanic persons of multiple races had the greatest five-year increase in rate of reported chlamydia (226.0 to 353.0 per 100,000; 56.2% increase from 2019).

During 2022 to 2023, the only decrease in rate of reported chlamydia cases was among non-Hispanic White persons (184.3 to 182.1 per 100,000; 1.2% decrease). Non-Hispanic Native Hawaiian or other

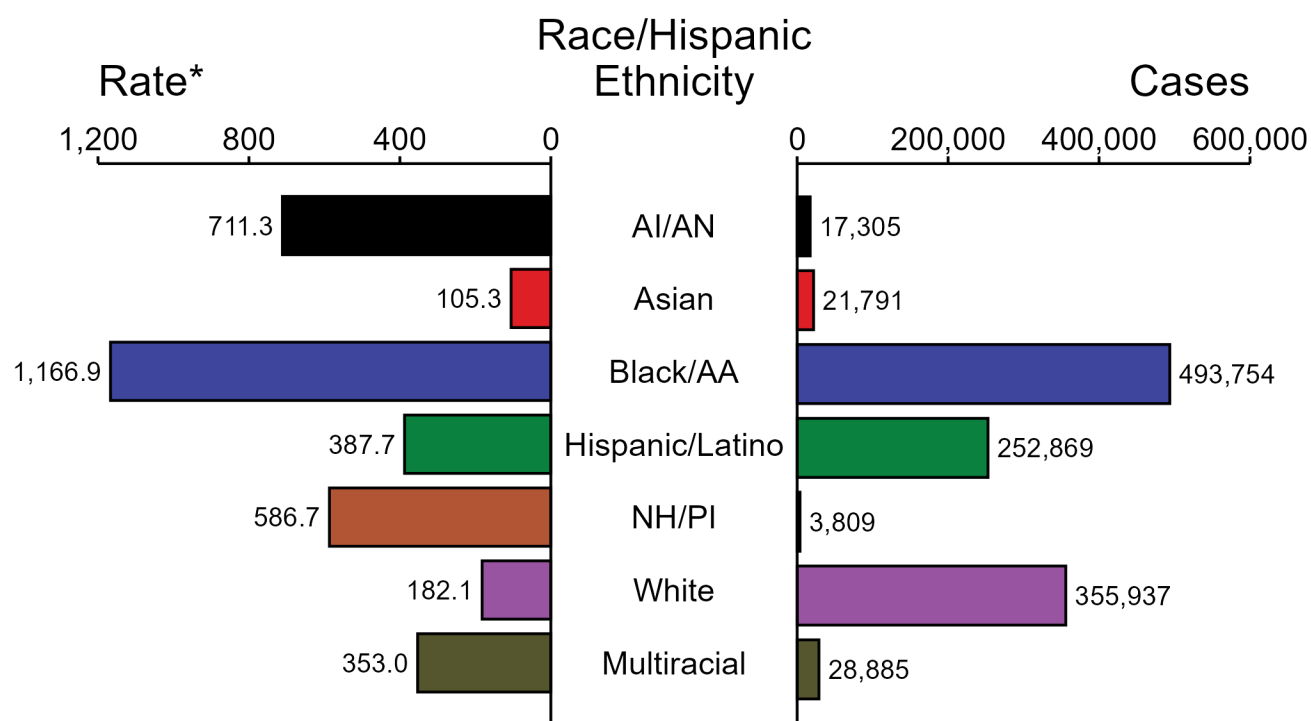
Pacific Islander persons had the greatest five-year decrease in rate of reported chlamydia (721.6 to 586.7 per 100,000; 18.7% decrease from 2019).

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## Chlamydia — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2023



\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** In 2023, a total of 474,218 chlamydia cases (28.8%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are not shown in this figure. Including these cases, there were a total of 1,648,568 cases of chlamydia reported among states and the District of Columbia for a rate of 492.2 per 100,000 persons.

### Summary

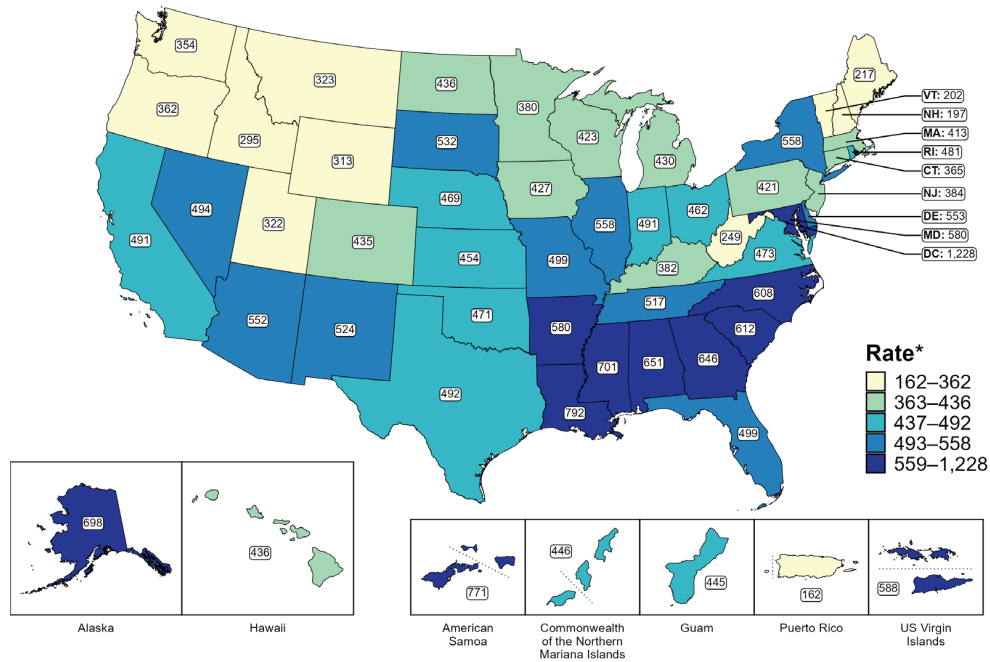
In 2023, rates of chlamydia were highest among non-Hispanic Black or African American persons (1,166.9 per 100,000), followed by non-Hispanic American Indian or Alaska Native persons (711.3 per 100,000) and non-Hispanic Native Hawaiian or other Pacific Islander persons (586.7 per 100,000). The greatest number of reported chlamydia cases was among non-Hispanic Black or African American persons (493,754 cases), followed by non-Hispanic White persons (355,937 cases) and Hispanic or Latino persons of any race(s) (252,869 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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# Chlamydia — Rates of Reported Cases by Jurisdiction, United States and Territories, 2023



\* Per 100,000

## Summary

In 2023, rates of reported chlamydia ranged by state from 197 cases per 100,000 persons in New Hampshire to 792 cases per 100,000 persons in Louisiana. The rate of reported chlamydia in the District of Columbia was 1,228 per 100,000 persons.

Among US territories, rates of reported chlamydia ranged from 162 cases per 100,000 persons in Puerto Rico to 771 cases per 100,000 persons in American Samoa.

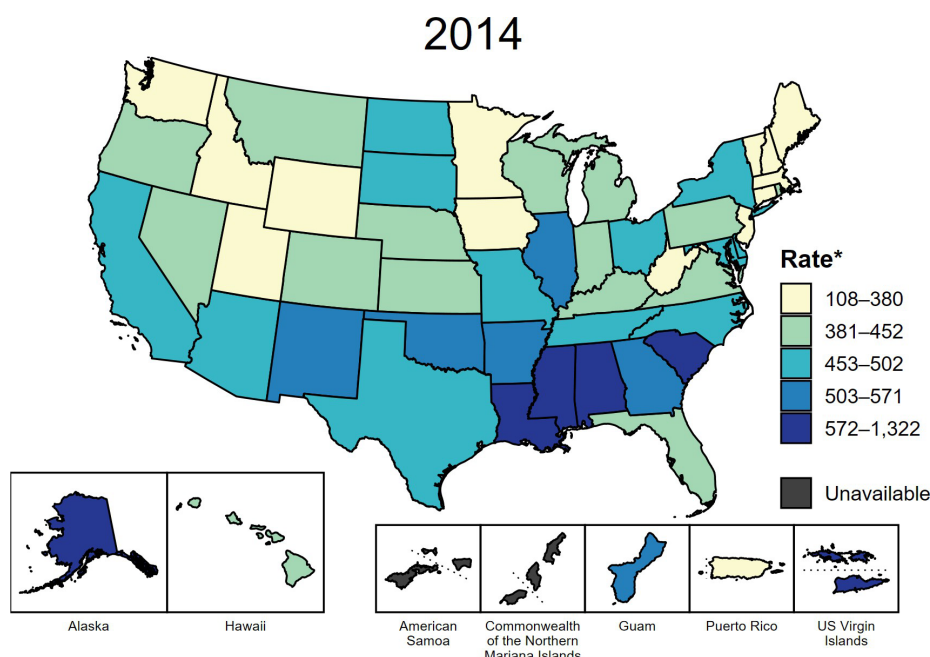
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) for more information.

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## Chlamydia — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014–2023



\* Per 100,000

### Summary

This slide contains an animated figure that will play when the slide is in presentation mode. A static version of the figure that displays maps from the first and last years of the range is available as a separate slide.

In 2014, 10 states, the District of Columbia (DC), and two US territories (24.1% of areas with available data) had a rate of reported chlamydia greater than or equal to 503 cases per 100,000 persons. This increased to 16 states, DC, and two US territories (33.9% of areas with available data) in 2023. During 2022 to 2023, rates of reported chlamydia increased in 16 states, DC, and four territories.

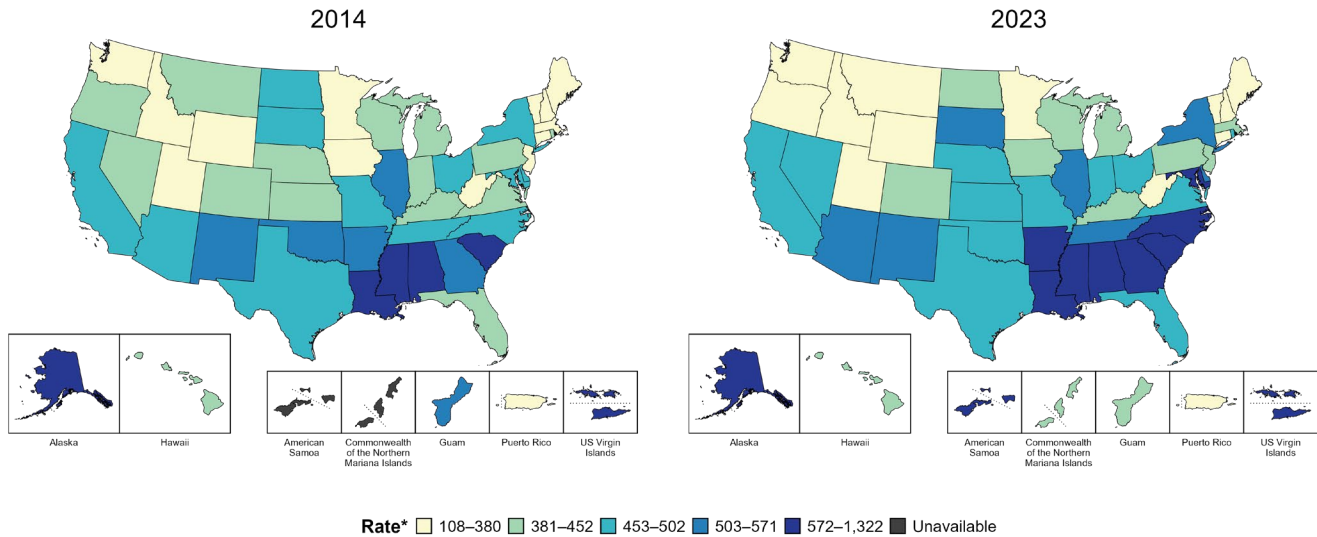
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on chlamydia cases to CDC in 2018; data are not available for those areas prior to that year. In addition, data on reported chlamydia cases in 2018 are not available for the US Virgin Islands. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Data for 2021 from Maryland have been suppressed for this figure; however, they are included in national and regional case counts and rates displayed in other figures. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See Impact of COVID-19 on STIs (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Chlamydia — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014 and 2023



\* Per 100,000

### Summary

In 2014, 10 states, the District of Columbia (DC), and two US territories (24.1% of areas with available data) had a rate of reported chlamydia greater than or equal to 503 cases per 100,000 persons. This increased to 16 states, DC, and two US territories (33.9% of areas with available data) in 2023.

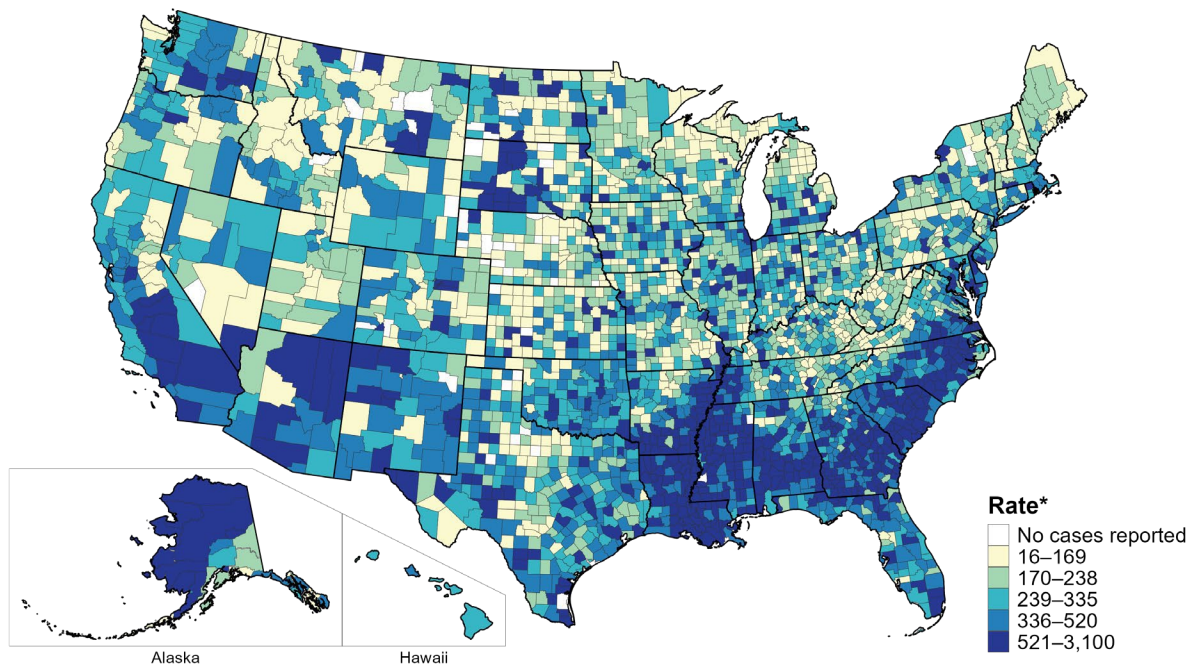
American Samoa and the Commonwealth of the Northern Mariana Islands began providing data on chlamydia cases to CDC in 2018; data are not available for those areas prior to that year. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Chlamydia — Rates of Reported Cases by County, United States, 2023



\* Per 100,000

### Summary

In 2023, 98.6% of all counties and county equivalents in the United States reported at least one case of chlamydia. Out of 3,144 counties and county equivalents, 92 counties or county equivalents (2.9%) reported over half of all cases of chlamydia (821,839 of 1,639,237 total cases).

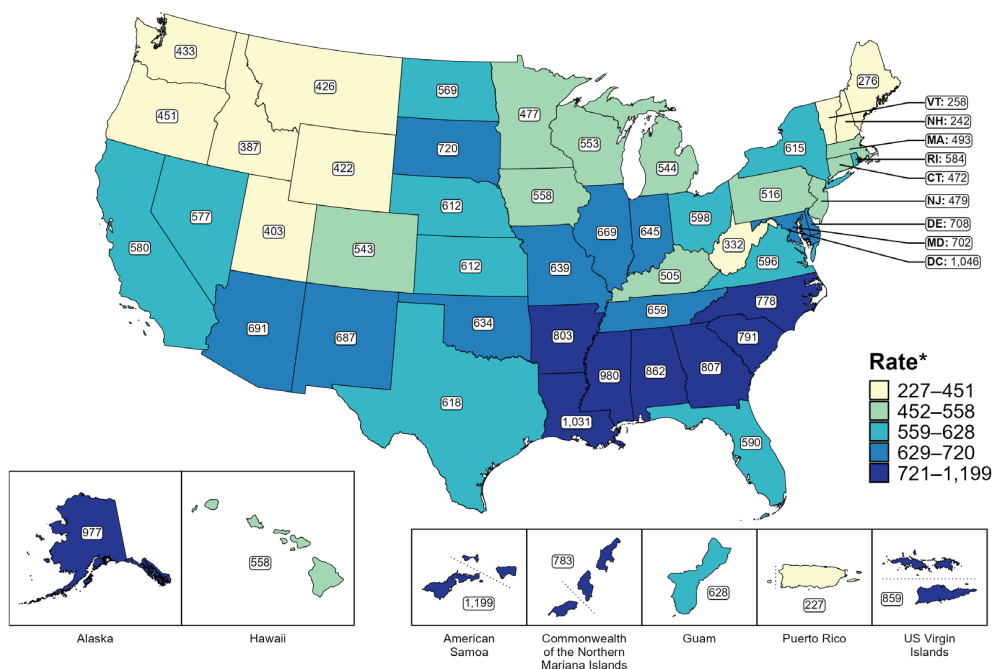
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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## Chlamydia — Rates of Reported Cases Among Women by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported chlamydia among women ranged by state from 242 cases per 100,000 women in New Hampshire to 1,031 cases per 100,000 women in Louisiana. The rate of reported chlamydia in the District of Columbia was 1,046 per 100,000 women.

Among US territories, rates of reported chlamydia ranged from 227 cases per 100,000 women in Puerto Rico to 1,199 cases per 100,000 women in American Samoa.

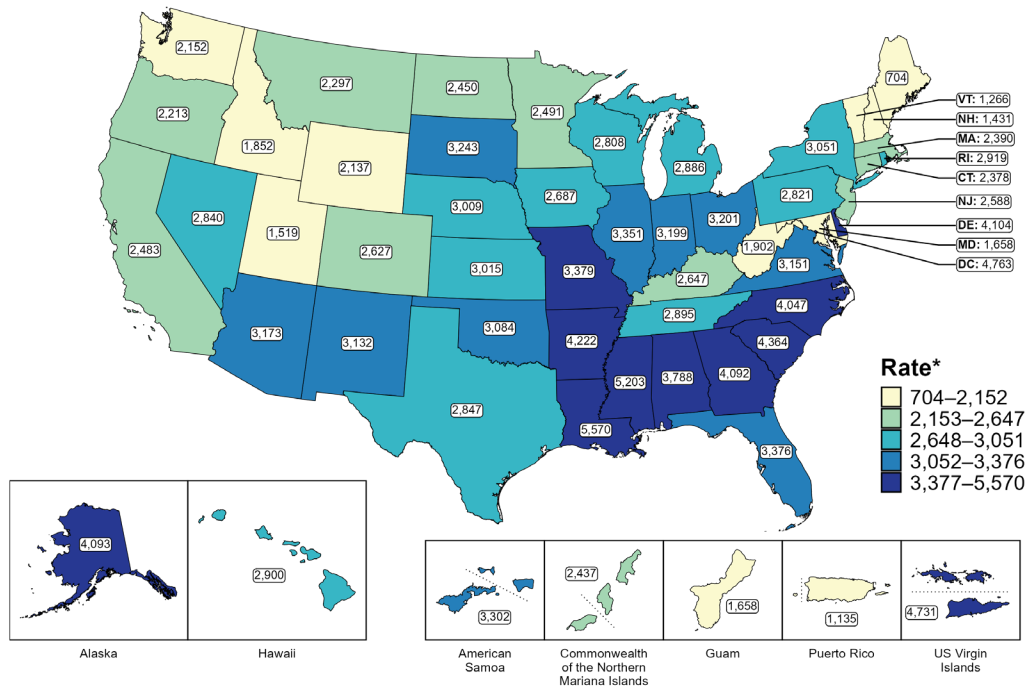
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Chlamydia — Rates of Reported Cases Among Women Aged 15–24 Years by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported chlamydia among women aged 15 to 24 years ranged by state from 704 cases per 100,000 women aged 15 to 24 years in Maine to 5,570 cases per 100,000 women aged 15 to 24 years in Louisiana. The rate of reported chlamydia in the District of Columbia was 4,763 per 100,000 women aged 15 to 24 years.

Among US territories, rates of reported chlamydia ranged from 1,135 cases per 100,000 women aged 15 to 24 years in Puerto Rico to 4,731 cases per 100,000 women aged 15 to 24 years in the US Virgin Islands.

Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

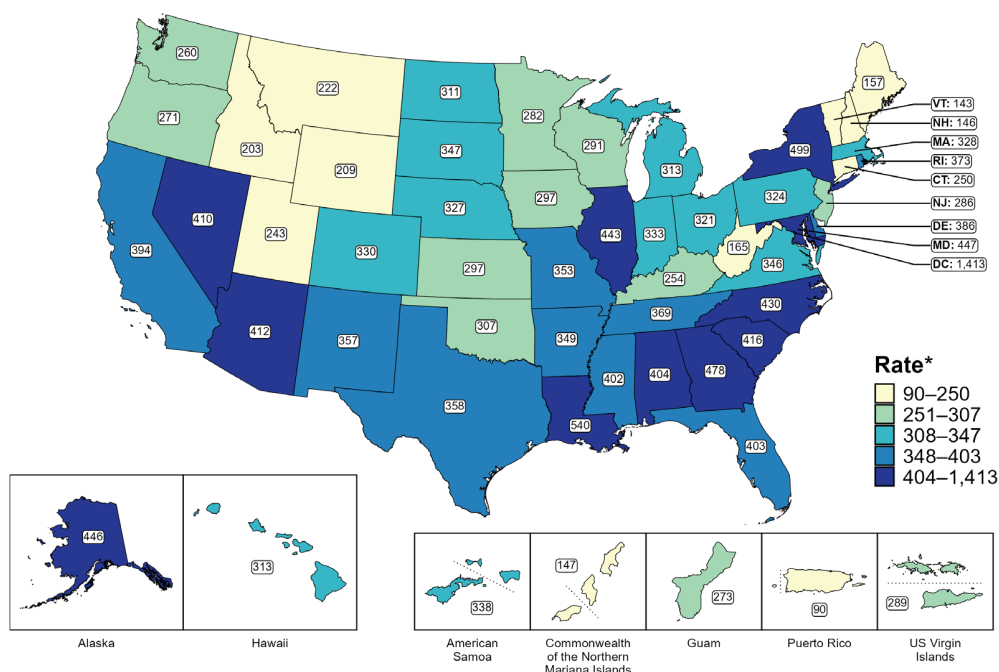
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## Chlamydia — Rates of Reported Cases Among Men by Jurisdiction, United States and Territories, 2023



\*Per 100,000

### Summary

In 2023, rates of reported chlamydia among men ranged by state from 143 cases per 100,000 men in Vermont to 540 cases per 100,000 men in Louisiana. The rate of reported chlamydia in the District of Columbia was 1,413 per 100,000 men.

Among US territories, rates of reported chlamydia ranged from 90 cases per 100,000 men in Puerto Rico to 338 cases per 100,000 men in American Samoa.

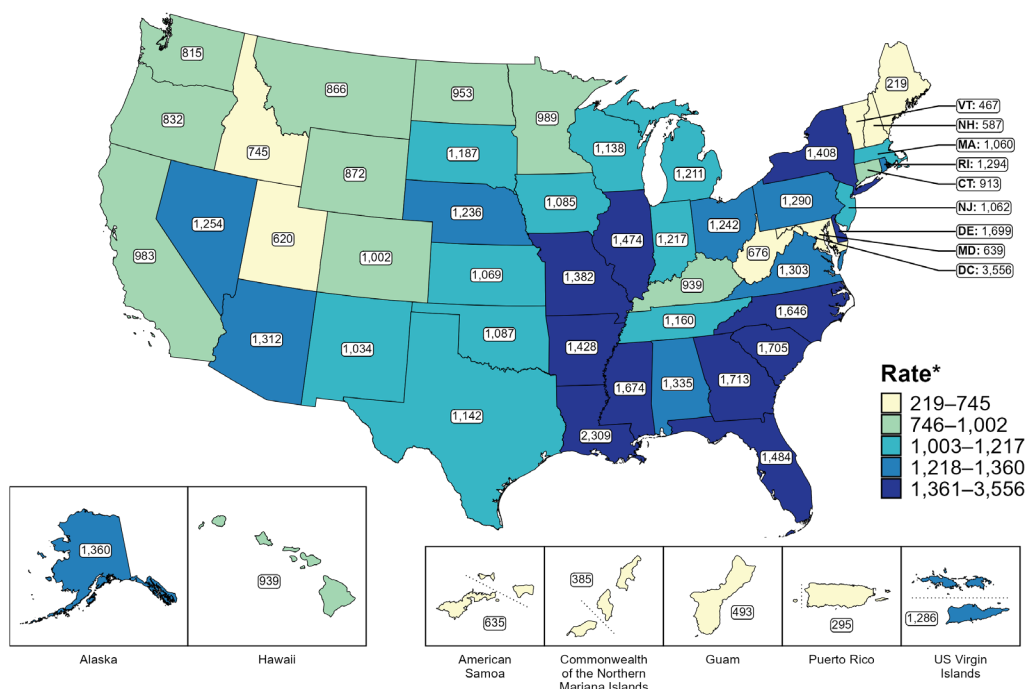
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Chlamydia — Rates of Reported Cases Among Men Aged 15–24 Years by Jurisdiction, United States and Territories, 2023



\* Per 100,000

### Summary

In 2023, rates of reported chlamydia among men aged 15 to 24 years ranged by state from 219 cases per 100,000 men aged 15 to 24 years in Maine to 2,309 cases per 100,000 men aged 15 to 24 years in Louisiana. The rate of reported chlamydia in the District of Columbia was 3,556 per 100,000 men aged 15 to 24 years.

Among US territories, rates of reported chlamydia ranged from 295 cases per 100,000 men aged 15 to 24 years in Puerto Rico to 1,286 cases per 100,000 men aged 15 to 24 years in the US Virgin Islands.

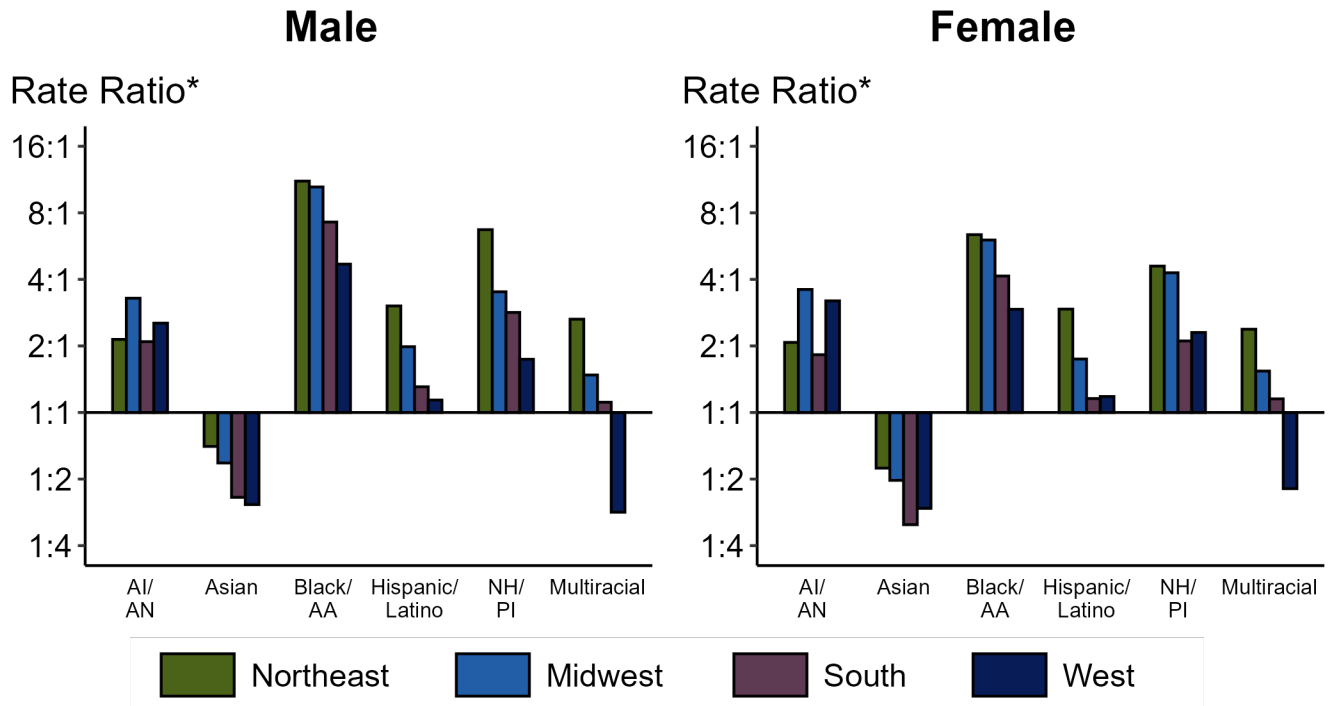
Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

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## Chlamydia — Ratios of Rates of Reported Cases Among Persons Aged 15–24 Years by Sex, Race/Hispanic Ethnicity, and Region, United States, 2023



\* For the rate ratios, non-Hispanic White persons are the referent population. Y-axis is log scale.

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

### Summary

Among men and women, rate ratios of rates of reported chlamydia by race/Hispanic ethnicity (using non-Hispanic White persons as the referent population) varied by region in 2023. Among men, the greatest rate ratio was in the Northeast where the rate of reported chlamydia among non-Hispanic Black or African American men was 11.1 times the rate among non-Hispanic White men. Among women, the greatest rate ratio was in the Northeast where the rate of reported chlamydia among non-Hispanic Black or African American women was 6.4 times the rate among non-Hispanic White women.

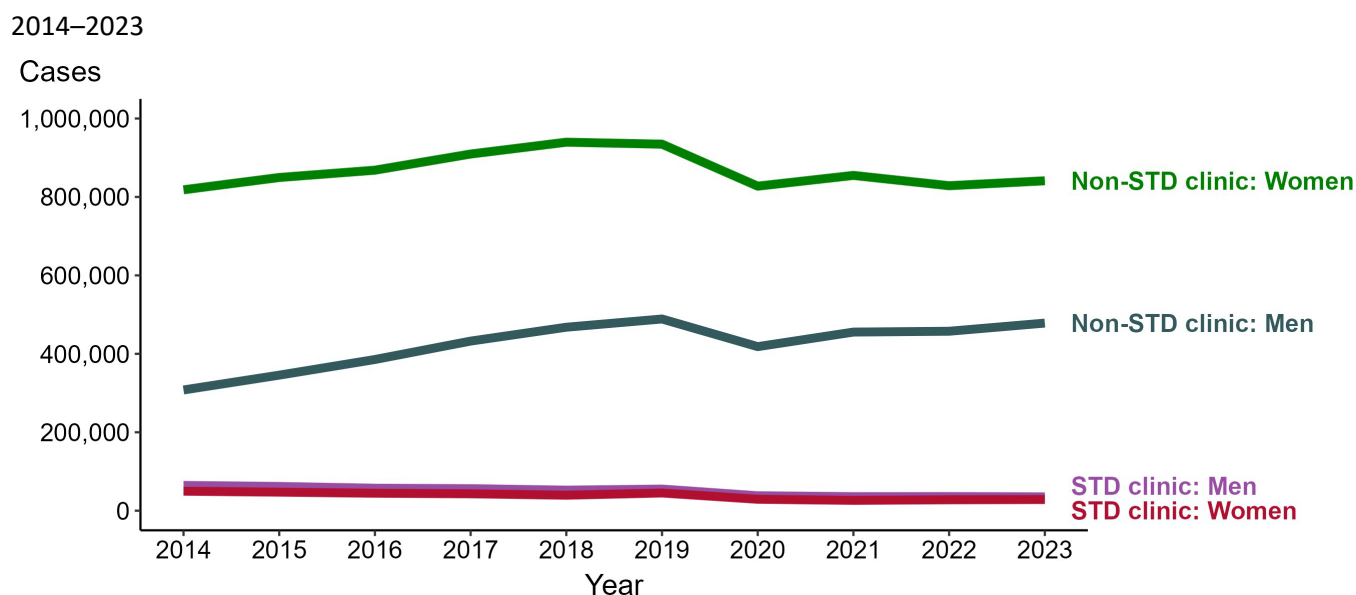
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## Chlamydia — Reported Cases by Reporting Source and Sex and Year, United States,



**NOTE:** During 2014 to 2023, the percentage of all cases with unknown reporting source was 15.6%, from a low of 13.9% (n = 199,982) in 2014 to a high of 17.9% (n = 295,170) in 2022.

### Summary

During 2022 to 2023, the number of chlamydia cases reported from STD clinics decreased 2.5% among men (36,135 to 35,233 cases) and increased 2.2% among women (27,930 to 28,551 cases), while the number of cases reported from non-STD clinics increased 4.5% among men (457,559 to 478,339 cases) and increased 1.5% among women (828,629 to 841,186 cases).

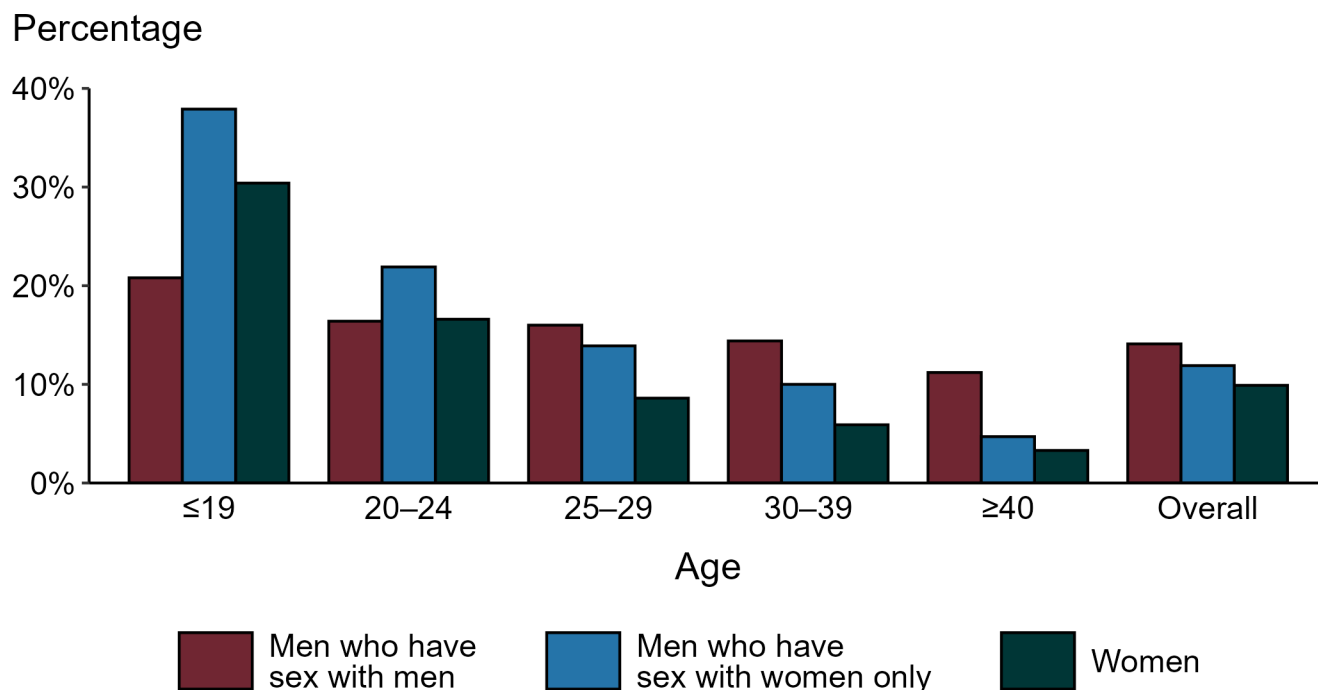
During 2014 to 2023, the number of chlamydia cases reported from STD clinics decreased 45.4% among men (64,479 to 35,233 cases) and decreased 42.6% among women (49,702 to 28,551 cases), while the number of cases reported from non-STD clinics increased 55.4% among men (307,841 to 478,339 cases) and increased 2.8% among women (818,242 to 841,186 cases).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

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Data for all figures are available at <https://www.cdc.gov/std/statistics/2023/data.zip>. The file “CT - Cases by Reporting Source and Sex (US 2014-2023).xlsx” contains the data for the figure presented on this slide.

## Chlamydia — Proportion of STD Clinic Patients Testing Positive by Age Group, Sex, and Sex of Sex Partners, STI Surveillance Network (SSuN), 2023



**NOTE:** Results are based on 50,808 unique patients in 11 participating jurisdictions with known sex of sex partners attending SSuN STI clinics who were tested  $\geq 1$  times for chlamydia in 2023.

### Summary

Among patients accessing care in participating STI clinics in the STI Surveillance Network (SSuN) who were tested for chlamydia in 2023 and had known sexual orientation or sex of sex partners, 14.1% of gay, bisexual and other men who have sex with men (MSM), 11.9% of men who have sex with women only (MSW), and 9.9% of women were found to be positive. The proportion testing positive for chlamydia varied by sex and sex of sex partners, as well as by age group. The highest proportion of patients testing positive were MSW aged 19 years and younger (37.9%).

This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting STI surveillance data. See [Impact of COVID-19 on STIs](https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html) (<https://www.cdc.gov/sti-statistics/about/impact-of-covid-19.html>) for more information.

See Technical Notes (<https://www.cdc.gov/sti-statistics/annual/technical-notes.html>) for information on SSuN methodology. Table A (<https://www.cdc.gov/std/statistics/2023/tables/A.htm>) provides information on unknown, missing, or invalid values of select variables.

# Reference Map of US Census Regions

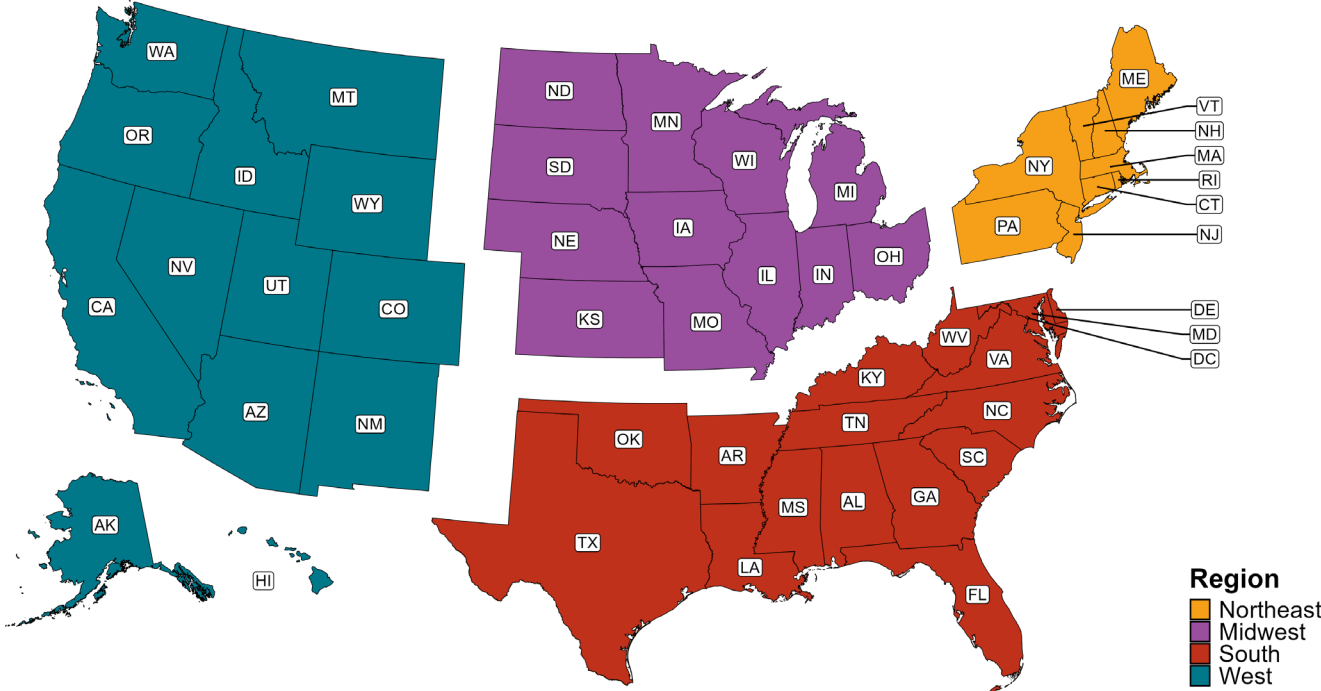


Table 1. Sexually Transmitted Infections — Reported Cases and Rates of Reported Cases\*, United States

Year†	Syphilis										Gonorrhea		Chlamydia		Chancroid¶	
	Total Syphilis‡		Congenital		Primary and Secondary		Early Non-Primary Non-Secondary§		Unknown Duration or Late§							
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1941	485,560	368.2	17,600	651.1	68,231	51.7	109,018	82.6	202,984	153.9	193,468	146.7	NR	—	3,384	2.5
1942	479,601	363.4	16,918	566.0	75,312	57.0	116,245	88.0	202,064	153.1	212,403	160.9	NR	—	5,477	4.1
1943	575,593	447.0	16,164	520.7	82,204	63.8	149,390	116.0	251,958	195.7	275,070	213.6	NR	—	8,354	6.4
1944	467,755	367.9	13,578	462.0	78,443	61.6	123,038	96.7	202,848	159.6	300,676	236.5	NR	—	7,878	6.1
1945	359,114	282.3	12,339	431.7	77,007	60.5	101,719	79.9	142,187	111.8	287,181	225.8	NR	—	5,515	4.3
1946	363,647	271.7	12,106	354.9	94,957	70.9	107,924	80.6	125,248	93.6	368,020	275.0	NR	—	7,091	5.2
1947	355,592	252.3	12,200	319.6	93,545	66.4	104,124	73.9	122,089	86.6	380,666	270.0	NR	—	9,515	6.7
1948	314,313	218.2	13,931	383.0	68,174	47.3	90,598	62.9	123,312	85.6	345,501	239.8	NR	—	7,661	5.3
1949	256,463	175.3	13,952	382.4	41,942	28.7	75,045	51.3	116,397	79.5	317,950	217.3	NR	—	6,707	4.6
1950	217,558	146.0	13,377	368.3	23,939	16.7	59,256	39.7	113,569	70.2	286,746	192.5	NR	—	4,977	3.3
1951	174,924	116.1	11,094	290.4	14,485	9.6	43,316	28.7	98,311	65.2	254,470	168.9	NR	—	4,233	2.8
1952	167,762	110.2	8,553	218.8	10,449	6.9	36,454	24.0	105,238	69.1	244,957	160.8	NR	—	3,738	2.5
1953	148,573	95.9	7,675	193.9	8,637	5.6	28,295	18.3	98,870	63.8	238,340	153.9	NR	—	3,338	2.2
1954	130,697	82.9	6,676	164.0	7,147	4.5	23,861	15.1	89,123	56.5	242,050	153.5	NR	—	3,003	1.9
1955	122,392	76.2	5,354	130.7	6,454	4.0	20,054	12.5	86,526	53.8	236,197	147.0	NR	—	2,649	1.7
1956	130,201	78.7	5,491	130.4	6,392	3.9	19,783	12.0	95,097	57.5	224,346	135.7	NR	—	2,135	1.3
1957	123,758	73.5	5,288	123.0	6,576	3.9	17,796	10.6	91,309	54.2	214,496	127.4	NR	—	1,637	1.0
1958	113,884	66.4	4,866	114.6	7,176	4.2	16,556	9.7	83,027	48.4	232,386	135.6	NR	—	1,595	0.9

Year†	Syphilis										Gonorrhea		Chlamydia		Chancroid¶	
	Total Syphilis‡		Congenital		Primary and Secondary		Early Non-Primary Non-Secondary§		Unknown Duration or Late§							
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1959	120,824	69.2	5,130	119.7	9,799	5.6	17,025	9.8	86,740	49.7	240,254	137.6	NR	—	1,537	0.9
1960	122,538	68.8	4,416	103.7	16,145	9.1	18,017	10.1	81,798	45.9	258,933	145.4	NR	—	1,680	0.9
1961	124,658	68.8	4,163	97.5	19,851	11.0	19,486	10.8	79,304	43.8	264,158	145.8	NR	—	1,438	0.8
1962	126,245	68.7	4,070	97.7	21,067	11.5	19,585	10.7	79,533	43.3	263,714	143.6	NR	—	1,344	0.7
1963	124,137	66.5	4,031	98.4	22,251	11.9	18,235	9.8	78,076	41.8	278,289	149.0	NR	—	1,220	0.7
1964	114,325	60.4	3,516	87.3	22,969	12.1	17,781	9.4	68,629	36.3	300,666	158.9	NR	—	1,247	0.7
1965	112,842	58.9	3,564	94.8	23,338	12.2	17,458	9.1	67,317	35.1	324,925	169.5	NR	—	982	0.5
1966	105,159	54.2	3,170	87.9	21,414	11.0	15,950	8.2	63,541	32.7	351,738	181.2	NR	—	838	0.4
1967	102,581	52.2	2,894	82.2	21,053	10.7	15,554	7.9	61,975	31.5	404,836	205.9	NR	—	784	0.4
1968	96,271	48.4	2,381	68.0	19,019	9.6	15,150	7.6	58,564	29.4	464,543	233.4	NR	—	845	0.4
1969	92,162	45.7	2,074	57.6	19,130	9.5	15,402	7.6	54,587	27.1	534,872	265.4	NR	—	1,104	0.5
1970	91,382	44.8	1,953	52.3	21,982	10.8	16,311	8.0	50,348	24.7	600,072	294.2	NR	—	1,416	0.7
1971	95,997	46.4	2,052	57.7	23,783	11.5	19,417	9.4	49,993	24.2	670,268	324.1	NR	—	1,320	0.6
1972	91,149	43.6	1,758	54.0	24,429	11.7	20,784	9.9	43,456	20.8	767,215	366.6	NR	—	1,414	0.7
1973	87,469	41.4	1,527	48.7	24,825	11.7	23,584	11.2	37,054	17.5	842,621	398.7	NR	—	1,165	0.6
1974	83,771	39.3	1,138	36.0	25,385	11.9	25,124	11.8	31,854	14.9	906,121	424.7	NR	—	945	0.4
1975	80,356	37.3	916	29.1	25,561	11.9	26,569	12.3	27,096	12.6	999,937	464.1	NR	—	700	0.3
1976	71,761	33.0	626	19.8	23,731	10.9	25,363	11.7	21,905	10.1	1,001,994	460.6	NR	—	628	0.3

Year†	Syphilis										Gonorrhea		Chlamydia		Chancroid¶	
	Total Syphilis‡		Congenital		Primary and Secondary		Early Non-Primary Non-Secondary§		Unknown Duration or Late§							
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1977	64,621	29.4	463	13.9	20,399	9.3	21,329	9.7	22,313	10.2	1,002,219	456.0	NR	—	455	0.2
1978	64,875	29.2	434	13.0	21,656	9.8	19,628	8.8	23,038	10.4	1,013,436	456.3	NR	—	521	0.2
1979	67,049	29.9	332	9.5	24,874	11.1	20,459	9.1	21,301	9.5	1,004,058	447.1	NR	—	840	0.4
1980	68,832	30.3	277	7.7	27,204	12.0	20,297	8.9	20,979	9.2	1,004,029	442.1	NR	—	788	0.3
1981	72,799	31.7	287	7.9	31,266	13.6	21,033	9.2	20,168	8.8	990,864	431.8	NR	—	850	0.4
1982	75,579	32.6	259	7.0	33,613	14.5	21,894	9.5	19,779	8.5	960,633	414.7	NR	—	1,392	0.6
1983	74,637	31.9	239	6.6	32,698	14.0	23,738	10.2	17,896	7.7	900,435	385.1	NR	—	847	0.4
1984	69,872	29.6	305	8.3	28,607	12.1	23,131	9.8	17,829	7.6	878,556	372.5	7,594	6.5	665	0.3
1985	67,563	28.4	329	8.7	27,131	11.4	21,689	9.1	18,414	7.7	911,419	383.0	25,848	17.4	2,067	0.9
1986	67,779	28.2	410	10.9	27,667	11.5	21,656	9.0	18,046	7.5	892,229	371.5	58,001	35.2	3,045	1.3
1987	87,286	36.0	480	12.6	35,585	14.7	28,233	11.7	22,988	9.5	787,532	325.0	91,913	50.8	4,986	2.1
1988	104,546	42.8	741	19.0	40,474	16.6	35,968	14.7	27,363	11.2	738,160	301.9	157,854	87.1	4,891	2.0
1989	115,089	46.6	1,837	45.5	45,826	18.6	45,394	18.4	22,032	8.9	733,294	297.1	200,904	102.5	4,697	1.9
1990	135,590	54.3	3,865	92.9	50,578	20.3	55,397	22.2	25,750	10.3	690,042	276.4	323,663	160.2	4,212	1.7
1991	128,719	50.9	4,424	107.6	42,950	17.0	53,855	21.3	27,490	10.9	621,918	245.8	381,228	179.7	3,476	1.4
1992	114,730	44.7	4,067	100.0	34,009	13.3	49,929	19.5	26,725	10.4	502,858	196.0	409,694	182.3	1,906	0.7
1993	102,612	39.5	3,420	85.5	26,527	10.2	41,919	16.1	30,746	11.8	444,649	171.1	405,332	178.0	1,292	0.5
1994	82,713	31.4	2,452	62.0	20,641	7.8	32,017	12.2	27,603	10.5	419,602	163.9	451,785	192.5	782	0.3

Year†	Syphilis										Gonorrhea		Chlamydia		Chancroid¶	
	Total Syphilis‡		Congenital		Primary and Secondary		Early Non-Primary Non-Secondary§		Unknown Duration or Late§							
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1995	69,359	26.0	1,863	47.8	16,543	6.2	26,657	10.0	24,296	9.1	392,651	147.5	478,577	187.8	607	0.2
1996	53,240	19.8	1,282	32.9	11,405	4.2	20,187	7.5	20,366	7.6	328,169	121.8	492,631	190.6	386	0.1
1997	46,716	17.1	1,082	27.9	8,556	3.1	16,631	6.1	20,447	7.5	327,665	120.2	537,904	205.5	246	0.1
1998	38,289	13.9	843	21.4	7,007	2.5	12,696	4.6	17,743	6.4	356,492	129.2	614,250	231.8	189	0.1
1999	35,386	12.7	580	14.6	6,617	2.4	11,534	4.1	16,655	6.0	360,813	129.3	662,647	247.2	110	0.0
2000	31,618	11.2	580	14.3	5,979	2.1	9,465	3.4	15,594	5.5	363,136	128.7	709,452	251.4	78	0.0
2001	32,286	11.3	506	12.6	6,103	2.1	8,701	3.0	16,976	5.9	361,705	126.8	783,242	274.5	38	0.0
2002	32,919	11.4	460	11.4	6,862	2.4	8,429	2.9	17,168	6.0	351,852	122.0	834,555	289.4	48	0.0
2003	34,289	11.8	432	10.6	7,177	2.5	8,361	2.9	18,319	6.3	335,104	115.2	877,478	301.7	54	0.0
2004	33,423	11.4	375	9.1	7,980	2.7	7,768	2.6	17,300	5.9	330,132	112.4	929,462	316.5	30	0.0
2005	33,288	11.2	339	8.2	8,724	2.9	8,176	2.8	16,049	5.4	339,593	114.6	976,445	329.4	17	0.0
2006	36,958	12.3	372	8.7	9,756	3.3	9,186	3.1	17,644	5.9	358,366	119.7	1,030,911	344.3	19	0.0
2007	40,925	13.6	435	10.1	11,466	3.8	10,768	3.6	18,256	6.1	355,991	118.0	1,108,374	367.5	23	0.0
2008	46,292	15.2	446	10.5	13,500	4.4	12,401	4.1	19,945	6.6	336,742	110.7	1,210,523	398.1	25	0.0
2009	44,832	14.6	431	10.4	13,997	4.6	13,066	4.3	17,338	5.6	301,174	98.1	1,244,180	405.3	28	0.0
2010	45,844	14.8	387	9.7	13,774	4.5	13,604	4.4	18,079	5.9	309,341	100.2	1,307,893	423.6	24	0.0
2011	46,040	14.8	358	9.1	13,970	4.5	13,136	4.2	18,576	6.0	321,849	103.3	1,412,791	453.4	8	0.0
2012	49,915	15.9	334	8.4	15,667	5.0	14,503	4.6	19,411	6.2	334,826	106.7	1,422,976	453.3	15	0.0

Year†	Syphilis										Gonorrhea		Chlamydia		Chancroid¶	
	Total Syphilis‡		Congenital		Primary and Secondary		Early Non-Primary Non-Secondary§		Unknown Duration or Late§							
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2013	56,485	17.9	362	9.2	17,375	5.5	16,929	5.4	21,819	6.9	333,004	105.3	1,401,906	443.5	10	0.0
2014	63,454	19.9	462	11.6	19,999	6.3	19,452	6.1	23,541	7.4	350,062	109.8	1,441,789	452.2	6	0.0
2015	74,710	23.2	495	12.4	23,872	7.4	24,173	7.5	26,170	8.1	395,216	123.0	1,526,658	475.0	11	0.0
2016	88,056	27.3	642	16.3	27,814	8.6	28,924	9.0	30,676	9.5	468,514	145.0	1,598,354	494.7	7	0.0
2017	101,595	31.2	946	24.5	30,644	9.4	34,013	10.4	35,992	11.1	555,608	170.6	1,708,569	524.6	7	0.0
2018	115,067	35.2	1,328	35.0	35,063	10.7	38,539	11.8	40,137	12.3	583,405	178.3	1,758,668	537.5	3	0.0
2019	129,827	39.6	1,884	50.3	38,992	11.9	41,655	12.7	47,296	14.4	616,392	187.8	1,808,703	551.0	8	0.0
2020	133,960	40.4	2,163	59.9	41,655	12.6	43,145	13.0	46,997	14.2	677,769	204.5	1,579,885	476.7	0	0.0
2021	176,739	53.3	2,881	78.6	53,767	16.2	51,830	15.6	68,261	20.6	710,151	214.0	1,644,416	495.5	3	0.0
2022	207,269	62.2	3,769	102.8	59,016	17.7	56,913	17.1	87,571	26.3	648,056	194.4	1,649,716	495.0	1	0.0
2023	209,253	62.5	3,882	105.8	53,007	15.8	53,573	16.0	98,791	29.5	601,319	179.5	1,648,568	492.2	4	0.0

† For 1941–1946, data were reported for the federal fiscal year ending June 30 of the year indicated. From 1947 to the present, data were reported for the calendar year ending December 31. For 1941–1958, data for Alaska and Hawaii were not included.

‡ Includes all stages of syphilis, congenital syphilis, and cases reported with stage of syphilis not stated.

§ In 2018, a revised syphilis case definition went into effect with new case classifications. Prior to 2018, cases identified as 'Early Non-Primary Non-Secondary Syphilis' were classified as 'Early Latent Syphilis.' Prior to 2018, cases in the 'Unknown duration or late syphilis' category included cases classified as late latent syphilis, latent syphilis of unknown duration, late syphilis with clinical manifestations, and neurosyphilis.

|| Per 100,000 live births

¶ Although nationally notifiable, chancroid is not a reportable condition in all jurisdictions

NR = No report.

Table 2. Trends in Reported Cases and Rates of Reported Cases for Nationally Notifiable STIs, United States

Disease	Sex*	Cases					Percent Change	
		2019	2020	2021	2022	2023	5 Year	1 Year
Total Syphilis†	Total	129,827	133,960	176,739	207,269	209,253	61.2	1.0
Congenital Syphilis‡	Total	1,884	2,163	2,881	3,769	3,882	106.1	3.0
Primary and Secondary Syphilis	Men	32,402	33,646	41,349	44,309	39,188	20.9	-11.6
	Women	6,493	7,901	12,265	14,652	13,763	112.0	-6.1
	Total	38,992	41,655	53,767	59,016	53,007	35.9	-10.2
Early Non-Primary Non-Secondary Syphilis	Men	34,427	35,165	40,979	44,143	40,486	17.6	-8.3
	Women	7,081	7,809	10,668	12,674	13,036	84.1	2.9
	Total	41,655	43,145	51,830	56,913	53,573	28.6	-5.9
Unknown Duration or Late Syphilis	Men	32,411	31,868	44,548	55,094	60,718	87.3	10.2
	Women	14,598	14,959	23,474	32,347	37,996	160.3	17.5
	Total	47,296	46,997	68,261	87,571	98,791	108.9	12.8
Gonorrhea	Men	361,586	385,551	410,388	390,548	378,428	4.7	-3.1
	Women	253,359	290,666	298,015	255,566	221,176	-12.7	-13.5
	Total	616,392	677,769	710,151	648,056	601,319	-2.4	-7.2
Chlamydia	Men	644,337	548,676	587,473	601,205	610,445	-5.3	1.5
	Women	1,160,470	1,027,061	1,053,246	1,043,573	1,033,036	-11.0	-1.0
	Total	1,808,703	1,579,885	1,644,416	1,649,716	1,648,568	-8.9	-0.1
Combined Total of Total Syphilis, Gonorrhea, and Chlamydia	Total	2,554,922	2,391,614	2,531,306	2,505,041	2,459,140	-3.7	-1.8

Disease	Sex*	Rates per 100,000 Population					Percent Change	
		2019	2020	2021	2022	2023	5 Year	1 Year
Total Syphilis†	Total	39.6	40.4	53.3	62.2	62.5	57.8	0.5
Congenital Syphilis‡	Total	50.3	59.9	78.6	102.8	105.8	110.3	2.9
Primary and Secondary Syphilis	Men	20.0	20.5	25.2	26.8	23.6	18.0	-11.9
	Women	3.9	4.7	7.3	8.7	8.1	107.7	-6.9
	Total	11.9	12.6	16.2	17.7	15.8	32.8	-10.7
Early Non-Primary Non-Secondary Syphilis	Men	21.3	21.4	24.9	26.7	24.4	14.6	-8.6
	Women	4.3	4.7	6.4	7.5	7.7	79.1	2.7
	Total	12.7	13.0	15.6	17.1	16.0	26.0	-6.4
Unknown Duration or Late Syphilis	Men	20.0	19.4	27.1	33.3	36.6	83.0	9.9
	Women	8.8	8.9	14.0	19.3	22.5	155.7	16.6
	Total	14.4	14.2	20.6	26.3	29.5	104.9	12.2
Gonorrhea	Men	223.7	234.8	249.7	236.3	228.3	2.1	-3.4
	Women	152.1	173.8	177.9	152.1	130.7	-14.1	-14.1
	Total	187.8	204.5	214.0	194.4	179.5	-4.4	-7.7
Chlamydia	Men	398.6	334.2	357.4	363.7	368.3	-7.6	1.3
	Women	696.6	614.1	628.8	621.2	610.7	-12.3	-1.7
	Total	551.0	476.7	495.5	495.0	492.2	-10.7	-0.6
Combined Total of Total Syphilis, Gonorrhea, and Chlamydia	Total	778.4	721.6	762.7	751.6	734.3	-5.7	-2.3

\* Total includes cases reported with unknown sex.

† Total includes cases of syphilis (all stages) and congenital syphilis.

‡ Sex of infant is not reported. Rates are per 100,000 live births.

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 3. Total Syphilis\* — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	1,634	1,518	2,173	3,088	3,794	33.3	30.2	43.1	60.9	74.3
Alaska	242	361	447	424	402	33.1	49.2	61.0	57.8	54.8
Arizona	4,027	4,461	6,332	7,497	7,961	55.3	62.4	87.0	101.9	107.1
Arkansas	1,106	1,243	2,403	2,817	2,961	36.6	41.3	79.4	92.5	96.5
California	28,811	26,414	31,280	33,346	32,480	72.9	66.8	79.7	85.4	83.4
Colorado	1,434	1,785	2,303	3,100	3,269	24.9	30.9	39.6	53.1	55.6
Connecticut	482	536	889	760	937	13.5	14.9	24.7	21.0	25.9
Delaware	216	222	295	435	431	22.2	22.4	29.4	42.7	41.8
District of Columbia	1,085	988	870	1,275	1,134	153.7	143.3	129.8	189.8	167.0
Florida	12,121	12,416	16,439	18,839	18,799	56.4	57.6	75.5	84.7	83.1
Georgia	5,685	5,595	6,711	7,361	8,310	53.5	52.2	62.1	67.5	75.3
Hawaii	252	397	643	606	584	17.8	27.3	44.6	42.1	40.7
Idaho	149	184	270	351	258	8.3	10.0	14.2	18.1	13.1
Illinois	4,511	4,569	5,124	5,736	6,186	35.6	35.7	40.4	45.6	49.3
Indiana	993	1,349	1,980	2,129	2,341	14.7	19.9	29.1	31.2	34.1
Iowa	359	501	763	887	957	11.4	15.7	23.9	27.7	29.8
Kansas	565	539	803	958	1,269	19.4	18.3	27.4	32.6	43.2

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	1,096	1,143	1,559	2,032	2,198	24.5	25.4	34.6	45.0	48.6
Louisiana	2,744	2,497	3,480	4,453	4,607	59.0	53.6	75.3	97.0	100.7
Maine	136	81	135	154	169	10.1	5.9	9.8	11.1	12.1
Maryland	2,779	2,683	NR	2,798	3,352	46.0	43.4	—	45.4	54.2
Massachusetts	1,844	1,658	2,051	2,444	2,429	26.8	23.6	29.4	35.0	34.7
Michigan	1,905	2,059	2,671	2,824	3,079	19.1	20.4	26.6	28.1	30.7
Minnesota	1,127	1,098	1,465	1,840	1,762	20.0	19.2	25.7	32.2	30.7
Mississippi	2,006	2,131	2,606	3,264	3,401	67.4	72.0	88.3	111.0	115.7
Missouri	2,188	2,332	3,780	4,177	4,289	35.7	37.9	61.3	67.6	69.2
Montana	140	101	225	629	780	13.1	9.3	20.4	56.0	68.9
Nebraska	291	269	477	654	767	15.0	13.7	24.3	33.2	38.8
Nevada	2,356	2,218	3,065	3,610	3,317	76.5	71.4	97.5	113.6	103.8
New Hampshire	135	120	145	175	139	9.9	8.7	10.4	12.5	9.9
New Jersey	2,085	2,386	3,392	3,617	3,243	23.5	25.7	36.6	39.1	34.9
New Mexico	1,294	1,496	2,069	2,469	2,867	61.7	70.6	97.8	116.8	135.6
New York	10,500	10,613	13,106	13,685	12,393	54.0	52.5	66.1	69.5	63.3
North Carolina	3,369	3,714	5,030	6,587	6,547	32.1	35.6	47.7	61.6	60.4
North Dakota	97	91	106	128	215	12.7	11.7	13.7	16.4	27.4
Ohio	2,005	2,457	3,958	5,300	4,968	17.2	20.8	33.6	45.1	42.2

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	1,749	1,888	3,003	3,501	3,503	44.2	47.7	75.3	87.1	86.4
Oregon	1,245	1,320	2,010	2,393	2,085	29.5	31.2	47.3	56.4	49.3
Pennsylvania	2,764	2,898	3,816	4,487	4,022	21.6	22.3	29.4	34.6	31.0
Rhode Island	423	315	567	516	452	39.9	28.7	51.8	47.2	41.2
South Carolina	1,306	1,681	2,079	2,473	2,593	25.4	32.8	40.1	46.8	48.3
South Dakota	86	128	924	1,947	2,105	9.7	14.4	103.2	214.0	229.0
Tennessee	2,226	2,463	3,181	3,873	3,844	32.6	35.6	45.6	54.9	53.9
Texas	12,659	15,362	21,480	26,985	27,085	43.7	52.7	72.7	89.9	88.8
Utah	431	351	531	673	844	13.4	10.7	15.9	19.9	24.7
Vermont	24	23	16	5	21	3.8	3.6	2.5	0.8	3.2
Virginia	2,071	1,953	2,205	2,962	3,159	24.3	22.6	25.5	34.1	36.2
Washington	2,186	2,079	3,366	4,410	4,481	28.7	27.0	43.5	56.6	57.4
West Virginia	277	407	536	610	607	15.5	22.7	30.1	34.4	34.3
Wisconsin	569	835	1,615	1,919	1,801	9.8	14.2	27.4	32.6	30.5
Wyoming	42	32	43	66	56	7.3	5.5	7.4	11.4	9.6
<b>US TOTAL</b>	<b>129,827</b>	<b>133,960</b>	<b>176,739</b>	<b>207,269</b>	<b>209,253</b>	<b>39.6</b>	<b>40.4</b>	<b>53.3</b>	<b>62.2</b>	<b>62.5</b>
<i>Northeast</i>	18,393	18,630	24,117	25,843	23,805	32.9	32.3	42.2	45.3	41.8
<i>Midwest</i>	14,696	16,227	23,666	28,499	29,739	21.5	23.5	34.4	41.4	43.2
<i>South</i>	54,129	57,904	76,372	93,353	96,325	43.1	45.9	60.0	72.5	74.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	42,609	41,199	52,584	59,574	59,384	54.4	52.4	66.8	75.7	75.3
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	2	2	2	4	2	3.8	3.9	3.9	7.8	3.9
Guam	31	21	22	19	16	18.4	12.5	13.0	11.2	9.4
Puerto Rico	949	829	1,132	1,424	1,592	29.7	25.2	34.7	44.2	49.7
US Virgin Islands	45	40	42	33	58	42.2	37.6	39.7	31.3	55.3
<b>TERRITORIES TOTAL</b>	<b>1,027</b>	<b>892</b>	<b>1,198</b>	<b>1,480</b>	<b>1,668</b>	<b>28.8</b>	<b>24.4</b>	<b>32.9</b>	<b>41.2</b>	<b>46.6</b>
<b>TOTAL</b>	<b>130,854</b>	<b>134,852</b>	<b>177,937</b>	<b>208,749</b>	<b>210,921</b>	<b>39.4</b>	<b>40.2</b>	<b>53.0</b>	<b>62.0</b>	<b>62.3</b>

\* Includes cases of congenital syphilis

NR = No report.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 4. Congenital Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States

Rank*	State†	Cases	Rate per 100,000 Live Births
1	South Dakota	54	482.1
2	New Mexico	91	421.0
3	Mississippi	131	377.8
4	Arizona	233	296.6
5	Texas	930	238.6
6	Nevada	77	232.0
7	Louisiana	109	193.0
8	Arkansas	64	180.4
9	Montana	19	170.0
10	Oklahoma	79	163.5
11	Missouri	94	136.3
12	Hawaii	21	135.2
13	California	512	122.2
14	Tennessee	88	107.0
15	Alaska	10	106.8
16	West Virginia	18	106.3
	<b>US TOTAL‡</b>	<b>3,882</b>	<b>105.8</b>
17	Florida	235	104.7
18	Georgia	127	100.7
19	Maryland	69	100.3
20	Kentucky	47	89.8
21	Colorado	51	81.8
22	Illinois	100	77.9
23	Oregon	30	76.0
24	Alabama	41	70.5
25	Washington	57	68.4
26	Indiana	50	62.8
27	North Carolina	72	59.2
28	Ohio	74	57.7
29	Nebraska	14	57.5

Rank*	State†	Cases	Rate per 100,000 Live Births
30	Michigan	55	53.8
31	South Carolina	30	51.9
32	Delaware	5	46.2
33	Minnesota	29	45.3
34	Kansas	15	43.6
35	New Jersey	43	41.8
36	Wisconsin	25	41.6
37	Utah	16	35.0
38	Wyoming	2	33.1
39	Iowa	12	32.9
40	New York	67	32.2
41	Pennsylvania	37	28.4
42	Virginia	21	22.0
43	North Dakota	2	20.9
44	Massachusetts	14	20.4
45	Rhode Island	2	19.5
46	Maine	2	16.5
47	New Hampshire	1	8.3
48	Connecticut	2	5.7
	Idaho	0	0.0
	Vermont	0	0.0

\* States were ranked by unrounded rate; then case count, then in alphabetical order, with rates shown rounded to the nearest tenth.

† Birth parent's state of residence was used to assign case.

‡Total includes cases reported by the District of Columbia with 5 cases and a rate of 61.9, but excludes US territories.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 5. Congenital Syphilis — Reported Cases and Rates of Reported Cases by Year of Birth, by State/Territory\* and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Live Births				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	15	21	37	43	41	25.6	36.4	63.7	73.9	70.5
Alaska	0	8	5	12	10	0.0	84.5	53.4	128.2	106.8
Arizona	114	121	183	220	233	143.6	157.3	234.9	280.1	296.6
Arkansas	21	23	50	69	64	57.4	65.2	139.0	194.5	180.4
California	444	481	522	616	512	99.4	114.5	124.1	147.0	122.2
Colorado	10	22	30	31	51	15.9	35.8	47.7	49.7	81.8
Connecticut	3	2	7	7	2	8.8	6.0	19.6	19.8	5.7
Delaware	2	2	1	4	5	18.9	19.2	9.5	37.0	46.2
District of Columbia	1	3	6	12	5	11.0	33.8	69.3	148.6	61.9
Florida	145	154	181	277	235	65.9	73.4	83.7	123.4	104.7
Georgia	58	81	93	101	127	45.9	66.1	75.0	80.1	100.7
Hawaii	3	12	20	27	21	17.9	76.0	128.0	173.8	135.2
Idaho	1	2	5	0	0	4.5	9.3	22.3	0.0	0.0
Illinois	32	30	50	87	100	22.8	22.5	37.8	67.8	77.9
Indiana	13	8	20	38	50	16.1	10.2	25.0	47.7	62.8
Iowa	1	1	11	9	12	2.7	2.8	29.9	24.7	32.9

State/Territory	Cases					Rates per 100,000 Live Births				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	9	8	7	13	15	25.4	23.3	20.2	37.8	43.6
Kentucky	9	13	25	35	47	17.0	25.2	47.9	66.9	89.8
Louisiana	68	63	110	115	109	115.4	109.9	191.5	203.6	193.0
Maine	0	0	0	3	2	0.0	0.0	0.0	24.8	16.5
Maryland	32	31	NR	45	69	45.6	45.2	—	65.4	100.3
Massachusetts	9	10	9	11	14	13.0	15.1	13.0	16.0	20.4
Michigan	17	29	42	36	55	15.8	27.9	40.0	35.2	53.8
Minnesota	21	7	15	21	29	31.8	11.0	23.3	32.8	45.3
Mississippi	3	37	65	77	131	8.2	104.3	184.9	222.1	377.8
Missouri	18	31	66	83	94	25.0	44.7	95.0	120.3	136.3
Montana	1	2	9	15	19	9.0	18.5	80.1	134.2	170.0
Nebraska	0	2	7	12	14	0.0	8.2	28.4	49.3	57.5
Nevada	41	46	45	65	77	116.9	136.7	133.6	195.8	232.0
New Hampshire	2	0	0	3	1	16.9	0.0	0.0	24.8	8.3
New Jersey	15	25	51	50	43	15.1	25.5	50.2	48.6	41.8
New Mexico	28	42	44	76	91	122.0	191.8	205.7	351.6	421.0
New York	27	30	42	50	67	12.2	14.3	19.9	24.1	32.2
North Carolina	27	31	43	57	72	22.7	26.6	35.7	46.9	59.2

State/Territory	Cases					Rates per 100,000 Live Births				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	0	3	2	2	2	0.0	29.8	19.8	20.9	20.9
Ohio	19	33	51	90	74	14.1	25.5	39.3	70.2	57.7
Oklahoma	42	52	85	110	79	85.5	109.2	175.6	227.6	163.5
Oregon	18	19	27	37	30	43.0	47.7	66.0	93.7	76.0
Pennsylvania	13	15	14	40	37	9.7	11.5	10.6	30.7	28.4
Rhode Island	0	1	2	5	2	0.0	9.9	19.1	48.7	19.5
South Carolina	17	19	19	25	30	29.8	34.1	33.2	43.2	51.9
South Dakota	2	4	16	40	54	17.5	36.5	140.7	357.1	482.1
Tennessee	13	31	40	60	88	16.2	39.4	48.9	72.9	107.0
Texas	530	565	684	922	930	140.4	153.5	183.1	236.6	238.6
Utah	4	1	2	7	16	8.5	2.2	4.3	15.3	35.0
Vermont	0	0	1	0	0	0.0	0.0	18.6	0.0	0.0
Virginia	11	15	18	20	21	11.3	15.8	18.8	20.9	22.0
Washington	17	10	53	52	57	20.0	12.0	63.2	62.4	68.4
West Virginia	6	9	15	13	18	33.1	52.0	87.2	76.8	106.3
Wisconsin	2	7	15	26	25	3.2	11.6	24.3	43.3	41.6
Wyoming	0	1	0	0	2	0.0	16.3	0.0	0.0	33.1
<b>US TOTAL</b>	<b>1,884</b>	<b>2,163</b>	<b>2,881</b>	<b>3,769</b>	<b>3,882</b>	<b>50.3</b>	<b>59.9</b>	<b>78.6</b>	<b>102.8</b>	<b>105.8</b>

State/Territory	Cases					Rates per 100,000 Live Births				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>Northeast</i>	69	83	126	169	168	11.5	14.4	21.4	28.9	28.7
<i>Midwest</i>	134	163	302	457	524	17.1	21.6	39.7	61.1	70.1
<i>South</i>	1,000	1,150	1,508	1,985	2,071	67.6	80.1	103.2	133.4	139.2
<i>West</i>	681	767	945	1,158	1,119	76.8	90.6	110.8	136.6	132.0
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Guam	0	0	1	0	1	0.0	0.0	38.1	0.0	39.7
Puerto Rico	7	5	9	5	27	34.4	26.4	46.6	26.2	141.3
US Virgin Islands	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
<b>TERRITORIES TOTAL</b>	<b>7</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>28</b>	<b>26.8</b>	<b>20.7</b>	<b>41.5</b>	<b>21.1</b>	<b>118.3</b>
<b>TOTAL</b>	<b>1,891</b>	<b>2,168</b>	<b>2,891</b>	<b>3,774</b>	<b>3,910</b>	<b>50.1</b>	<b>59.6</b>	<b>78.4</b>	<b>102.2</b>	<b>105.9</b>

\* Birth parent's state/territory of residence was used to assign case.

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 6. Congenital Syphilis — Reported Cases and Rates of Reported Cases\* by Year of Birth and Race/Hispanic Ethnicity of Birth Parent, United States

Year of Birth	American Indian/ Alaska Native		Asian		Black/ African American		Hispanic/Latino	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2019	54	187.1	24	9.8	636	115.0	587	66.2
2020	56	205.7	14	6.2	749	140.1	640	73.8
2021	103	388.3	18	8.2	894	170.9	857	96.7
2022	172	657.8	23	10.2	1127	218.3	1103	117.7
2023	178	680.8	21	9.3	1146	222.0	1172	125.0

Year of Birth	Multiracial		Native Hawaiian/ Pacific Islander		White		Other/Unknown	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2019	20	23.6	11	108.5	457	23.6	95	
2020	25	29.6	19	191.0	541	29.0	119	
2021	50	57.2	19	192.1	790	41.3	150	
2022	69	77.7	40	381.4	1038	55.7	197	
2023	73	82.2	31	295.6	1068	57.3	193	

\* Per 100,000 live births

No population data exist for unknown race; therefore, rates are not calculated.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on collection of race and Hispanic ethnicity for STI case data. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 7. Congenital Syphilis — Reported Cases and Rates of Syphilis (All Stages) Among Women Aged 15-44 Years and Reported Cases and Rates of Congenital Syphilis by State/Territory and Region in Alphabetical Order, United States

State/Territory	All Stages Among Women Aged 15-44 Years		Congenital	
	Cases	Rate per 100,000 Population	Cases	Rate per 100,000 Live Births
Alabama	1,148	114.9	41	70.5
Alaska	140	96.8	10	106.8
Arizona	2,398	166.3	233	296.6
Arkansas	1,107	185.8	64	180.4
California	7,519	94.8	512	122.2
Colorado	902	73.7	51	81.8
Connecticut	226	32.8	2	5.7
Delaware	111	57.9	5	46.2
District of Columbia	144	78.5	5	61.9
Florida	3,832	93.2	235	104.7
Georgia	1,963	86.2	127	100.7
Hawaii	191	73.4	21	135.2
Idaho	83	21.3	0	0.0
Illinois	1,662	67.1	100	77.9
Indiana	619	46.1	50	62.8

State/Territory	All Stages Among Women Aged 15-44 Years		Congenital	
	Cases	Rate per 100,000 Population	Cases	Rate per 100,000 Live Births
Iowa	303	49.6	12	32.9
Kansas	373	65.1	15	43.6
Kentucky	693	80.5	47	89.8
Louisiana	1,485	163.3	109	193.0
Maine	29	11.7	2	16.5
Maryland	760	62.7	69	100.3
Massachusetts	503	35.6	14	20.4
Michigan	778	41.0	55	53.8
Minnesota	526	47.4	29	45.3
Mississippi	1,290	221.8	131	377.8
Missouri	1,434	119.2	94	136.3
Montana	367	173.0	19	170.0
Nebraska	250	64.8	14	57.5
Nevada	796	127.1	77	232.0
New Hampshire	22	8.6	1	8.3
New Jersey	738	41.9	43	41.8
New Mexico	991	243.6	91	421.0
New York	1,978	51.2	67	32.2

State/Territory	All Stages Among Women Aged 15-44 Years		Congenital	
	Cases	Rate per 100,000 Population	Cases	Rate per 100,000 Live Births
North Carolina	1,605	74.8	72	59.2
North Dakota	79	50.8	2	20.9
Ohio	1,283	57.0	74	57.7
Oklahoma	1,272	156.9	79	163.5
Oregon	603	72.2	30	76.0
Pennsylvania	962	39.3	37	28.4
Rhode Island	95	43.8	2	19.5
South Carolina	695	67.2	30	51.9
South Dakota	1,046	613.0	54	482.1
Tennessee	1,076	76.3	88	107.0
Texas	7,993	124.9	930	238.6
Utah	175	23.2	16	35.0
Vermont	3	2.5	0	0.0
Virginia	652	37.8	21	22.0
Washington	1,292	82.0	57	68.4
West Virginia	241	77.0	18	106.3
Wisconsin	488	43.8	25	41.6
Wyoming	11	10.0	2	33.1

State/Territory	All Stages Among Women Aged 15-44 Years		Congenital	
	Cases	Rate per 100,000 Population	Cases	Rate per 100,000 Live Births
<b>US TOTAL</b>	<b>54,932</b>	<b>83.3</b>	<b>3,882</b>	<b>105.8</b>
<i>Northeast</i>	4,556	41.4	168	28.7
<i>Midwest</i>	8,841	66.5	524	70.1
<i>South</i>	26,067	101.2	2,071	139.2
<i>West</i>	15,468	97.2	1,119	132.0
American Samoa	NR	—	0	0.0
Commonwealth of the Northern Mariana Islands	NR	—	0	0.0
Guam	NR	—	1	39.7
Puerto Rico	475	77.8	27	141.3
US Virgin Islands	NR	—	0	0.0
<b>TERRITORIES TOTAL</b>	<b>475</b>	<b>77.8</b>	<b>28</b>	<b>118.3</b>
<b>TOTAL</b>	<b>55,407</b>	<b>83.2</b>	<b>3,910</b>	<b>105.9</b>

\* Birth parent's state/territory of residence was used to assign case.

NR = No report.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 8. Congenital Syphilis — Distribution of Receipt of Testing and Treatment by Pregnant Persons with a Congenital Syphilis Outcome by State/Territory and Region in Alphabetical Order, United States - 2023

State/Territory	Total # of CS cases	Testing				Treatment				Outcome			
		No or nontimely testing		Late identification of seroconversion		Inadequate treatment		No or nondocumented treatment		Clinical evidence of CS despite adequate prenatal treatment		Insufficient data to identify the missed opportunity	
		N	%	N	%	N	%	N	%	N	%	N	%
Alabama	41	15	36.6	17	41.5	1	2.4	2	4.9	6	14.6	0	0.0
Alaska	10	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
Arizona	233	77	33.0	39	16.7	57	24.5	43	18.5	6	2.6	11	4.7
Arkansas	64	19	29.7	13	20.3	14	21.9	11	17.2	5	7.8	2	3.1
California	512	294	57.4	21	4.1	100	19.5	75	14.6	6	1.2	16	3.1
Colorado	51	27	52.9	2	3.9	6	11.8	9	17.6	3	5.9	4	7.8
Connecticut	2	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
Delaware	5	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
District of Columbia	5	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
Florida	235	109	46.4	10	4.3	49	20.9	30	12.8	16	6.8	21	8.9
Georgia	127	42	33.1	17	13.4	23	18.1	35	27.6	3	2.4	7	5.5
Hawaii	21	12	57.1	1	4.8	7	33.3	0	0.0	1	4.8	0	0.0
Idaho	0	0	—	0	—	0	—	0	—	0	—	0	—
Illinois	100	32	32.0	8	8.0	22	22.0	14	14.0	7	7.0	17	17.0

State/Territory	Total # of CS cases	Testing				Treatment				Outcome			
		No or nontimely testing		Late identification of seroconversion		Inadequate treatment		No or nondocumented treatment		Clinical evidence of CS despite adequate prenatal treatment		Insufficient data to identify the missed opportunity	
		N	%	N	%	N	%	N	%	N	%	N	%
Indiana	50	16	32.0	1	2.0	17	34.0	2	4.0	8	16.0	6	12.0
Iowa	12	7	58.3	2	16.7	2	16.7	1	8.3	0	0.0	0	0.0
Kansas	15	7	46.7	2	13.3	4	26.7	0	0.0	0	0.0	2	13.3
Kentucky	47	17	36.2	2	4.3	8	17.0	8	17.0	9	19.1	3	6.4
Louisiana	109	28	25.7	15	13.8	27	24.8	31	28.4	4	3.7	4	3.7
Maine	2	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
Maryland	69	28	40.6	7	10.1	22	31.9	7	10.1	5	7.2	0	0.0
Massachusetts	14	7	50.0	0	0.0	5	35.7	1	7.1	0	0.0	1	7.1
Michigan	55	24	43.6	7	12.7	11	20.0	5	9.1	2	3.6	6	10.9
Minnesota	29	11	37.9	1	3.4	8	27.6	8	27.6	0	0.0	1	3.4
Mississippi	131	43	32.8	11	8.4	33	25.2	26	19.8	5	3.8	13	9.9
Missouri	94	29	30.9	8	8.5	31	33.0	14	14.9	4	4.3	8	8.5
Montana	19	8	42.1	0	0.0	5	26.3	2	10.5	0	0.0	4	21.1
Nebraska	14	5	35.7	0	0.0	4	28.6	1	7.1	3	21.4	1	7.1
Nevada	77	49	63.6	0	0.0	16	20.8	6	7.8	2	2.6	4	5.2

State/Territory	Total # of CS cases	Testing				Treatment				Outcome			
		No or nontimely testing		Late identification of seroconversion		Inadequate treatment		No or nondocumented treatment		Clinical evidence of CS despite adequate prenatal treatment		Insufficient data to identify the missed opportunity	
		N	%	N	%	N	%	N	%	N	%	N	%
New Hampshire	1	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
New Jersey	43	19	44.2	11	25.6	3	7.0	4	9.3	3	7.0	3	7.0
New Mexico	91	45	49.5	2	2.2	29	31.9	7	7.7	4	4.4	4	4.4
New York	67	28	41.8	6	9.0	10	14.9	7	10.4	4	6.0	12	17.9
North Carolina	72	36	50.0	13	18.1	5	6.9	9	12.5	1	1.4	8	11.1
North Dakota	2	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
Ohio	74	27	36.5	14	18.9	15	20.3	11	14.9	5	6.8	2	2.7
Oklahoma	79	38	48.1	10	12.7	12	15.2	10	12.7	9	11.4	0	0.0
Oregon	30	25	83.3	0	0.0	2	6.7	0	0.0	0	0.0	3	10.0
Pennsylvania	37	19	51.4	2	5.4	8	21.6	3	8.1	1	2.7	4	10.8
Rhode Island	2	ND	—	ND	—	ND	—	ND	—	ND	—	ND	—
South Carolina	30	15	50.0	1	3.3	2	6.7	6	20.0	5	16.7	1	3.3
South Dakota	54	19	35.2	5	9.3	21	38.9	5	9.3	3	5.6	1	1.9
Tennessee	88	40	45.5	6	6.8	18	20.5	12	13.6	8	9.1	4	4.5
Texas	930	334	35.9	58	6.2	54	5.8	450	48.4	20	2.2	14	1.5



State/Territory	Total # of CS cases	Testing				Treatment				Outcome			
		No or nontimely testing		Late identification of seroconversion		Inadequate treatment		No or nondocumented treatment		Clinical evidence of CS despite adequate prenatal treatment		Insufficient data to identify the missed opportunity	
		N	%	N	%	N	%	N	%	N	%	N	%
Puerto Rico	27	7	25.9	14	51.9	3	11.1	3	11.1	0	0.0	0	0.0
US Virgin Islands	0	0	—	0	—	0	—	0	—	0	—	0	—
<b>TERRITORIES TOTAL</b>	<b>28</b>	<b>8</b>	<b>28.6</b>	<b>14</b>	<b>50.0</b>	<b>3</b>	<b>10.7</b>	<b>3</b>	<b>10.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
<b>TOTAL</b>	<b>3910</b>	<b>1,656</b>	<b>42.4</b>	<b>334</b>	<b>8.5</b>	<b>688</b>	<b>17.6</b>	<b>875</b>	<b>22.4</b>	<b>163</b>	<b>4.2</b>	<b>194</b>	<b>5.0</b>

ND = Not displayed. Missed opportunities categories for jurisdictions who had ≤10 cases total are not displayed.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and methodology for missed prevention opportunity categorization. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 9. Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States - 2023

Rank*	State	Cases	Rate per 100,000 Population
1	South Dakota	675	73.4
2	New Mexico	773	36.6
3	Mississippi	886	30.1
4	Arkansas	896	29.2
5	Alabama	1,460	28.6
6	Oklahoma	1,121	27.7
7	Montana	312	27.5
8	Louisiana	1,196	26.1
9	Arizona	1,793	24.1
10	Nevada	725	22.7
11	Alaska	165	22.5
12	Missouri	1,332	21.5
13	Washington	1,665	21.3
14	Georgia	2,210	20.0
15	North Carolina	2,159	19.9
16	Florida	4,366	19.3
17	Oregon	811	19.2
18	Delaware	180	17.4
19	South Carolina	927	17.3
20	Ohio	1,925	16.3
21	California	6,348	16.3
22	Colorado	938	16.0
	<b>US TOTAL†</b>	<b>53,007</b>	<b>15.8</b>
23	Texas	4,562	15.0
24	Tennessee	1,055	14.8
25	New York	2,887	14.8
26	Maryland	878	14.2
27	Kentucky	638	14.1

Rank*	State	Cases	Rate per 100,000 Population
28	Kansas	397	13.5
29	Hawaii	182	12.7
30	North Dakota	97	12.4
31	Illinois	1,457	11.6
32	West Virginia	193	10.9
33	Virginia	932	10.7
34	Massachusetts	739	10.6
35	Nebraska	205	10.4
36	Iowa	331	10.3
37	Utah	330	9.7
38	Wisconsin	540	9.1
39	Pennsylvania	1,179	9.1
40	Minnesota	502	8.7
41	Indiana	599	8.7
42	Michigan	845	8.4
43	Rhode Island	90	8.2
44	New Jersey	751	8.1
45	Connecticut	265	7.3
46	Maine	74	5.3
47	New Hampshire	55	3.9
48	Idaho	74	3.8
49	Wyoming	13	2.2
50	Vermont	3	0.5

\* States were ranked by unrounded rate, then case count, then in alphabetical order, with rates shown rounded to the nearest tenth.

† Total includes cases reported by the District of Columbia with 271 cases and a rate of 39.9, but excludes US territories.

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 10. Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	618	529	761	1,190	1,460	12.6	10.5	15.1	23.5	28.6
Alaska	129	176	194	160	165	17.6	24.0	26.5	21.8	22.5
Arizona	1,290	1,454	1,982	2,151	1,793	17.7	20.3	27.2	29.2	24.1
Arkansas	404	502	990	1,001	896	13.4	16.7	32.7	32.9	29.2
California	8,266	7,688	8,724	7,849	6,348	20.9	19.4	22.2	20.1	16.3
Colorado	486	640	772	918	938	8.4	11.1	13.3	15.7	16.0
Connecticut	210	280	329	248	265	5.9	7.8	9.1	6.8	7.3
Delaware	94	97	129	238	180	9.7	9.8	12.9	23.4	17.4
District of Columbia	308	247	257	271	271	43.6	35.8	38.4	40.3	39.9
Florida	3,189	3,520	4,498	4,618	4,366	14.8	16.3	20.7	20.8	19.3
Georgia	1,750	1,757	1,884	2,182	2,210	16.5	16.4	17.4	20.0	20.0
Hawaii	120	182	259	231	182	8.5	12.5	18.0	16.0	12.7
Idaho	47	66	84	118	74	2.6	3.6	4.4	6.1	3.8
Illinois	1,374	1,467	1,486	1,457	1,457	10.8	11.4	11.7	11.6	11.6
Indiana	336	527	734	686	599	5.0	7.8	10.8	10.0	8.7
Iowa	132	194	339	334	331	4.2	6.1	10.6	10.4	10.3

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	190	150	301	347	397	6.5	5.1	10.3	11.8	13.5
Kentucky	438	445	513	670	638	9.8	9.9	11.4	14.8	14.1
Louisiana	700	704	995	1,225	1,196	15.1	15.1	21.5	26.7	26.1
Maine	55	38	61	82	74	4.1	2.8	4.4	5.9	5.3
Maryland	868	873	NR	781	878	14.4	14.1	—	12.7	14.2
Massachusetts	610	615	741	824	739	8.9	8.7	10.6	11.8	10.6
Michigan	678	787	972	972	845	6.8	7.8	9.7	9.7	8.4
Minnesota	385	417	565	675	502	6.8	7.3	9.9	11.8	8.7
Mississippi	690	741	829	913	886	23.2	25.0	28.1	31.1	30.1
Missouri	817	829	1,316	1,454	1,332	13.3	13.5	21.3	23.5	21.5
Montana	67	45	96	325	312	6.3	4.2	8.7	28.9	27.5
Nebraska	136	104	185	215	205	7.0	5.3	9.4	10.9	10.4
Nevada	808	767	939	902	725	26.2	24.7	29.9	28.4	22.7
New Hampshire	47	51	73	74	55	3.5	3.7	5.3	5.3	3.9
New Jersey	631	764	908	1,018	751	7.1	8.2	9.8	11.0	8.1
New Mexico	511	467	724	761	773	24.4	22.1	34.2	36.0	36.6
New York	2,865	3,022	3,500	3,603	2,887	14.7	15.0	17.6	18.3	14.8
North Carolina	1,122	1,322	1,870	2,473	2,159	10.7	12.7	17.7	23.1	19.9

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	45	32	49	64	97	5.9	4.1	6.3	8.2	12.4
Ohio	749	1,084	1,783	2,402	1,925	6.4	9.2	15.1	20.4	16.3
Oklahoma	791	941	1,225	1,278	1,121	20.0	23.8	30.7	31.8	27.7
Oregon	454	628	949	1,117	811	10.8	14.8	22.3	26.3	19.2
Pennsylvania	991	1,046	1,310	1,397	1,179	7.7	8.0	10.1	10.8	9.1
Rhode Island	101	89	209	133	90	9.5	8.1	19.1	12.2	8.2
South Carolina	516	652	836	1,033	927	10.0	12.7	16.1	19.6	17.3
South Dakota	48	66	436	767	675	5.4	7.4	48.7	84.3	73.4
Tennessee	676	767	952	1,126	1,055	9.9	11.1	13.6	16.0	14.8
Texas	2,357	2,708	3,865	4,655	4,562	8.1	9.3	13.1	15.5	15.0
Utah	138	131	205	238	330	4.3	4.0	6.1	7.0	9.7
Vermont	11	3	9	3	3	1.8	0.5	1.4	0.5	0.5
Virginia	659	701	745	936	932	7.7	8.1	8.6	10.8	10.7
Washington	816	836	1,506	1,920	1,665	10.7	10.8	19.5	24.7	21.3
West Virginia	79	127	212	218	193	4.4	7.1	11.9	12.3	10.9
Wisconsin	179	366	723	742	540	3.1	6.2	12.3	12.6	9.1
Wyoming	11	11	16	21	13	1.9	1.9	2.8	3.6	2.2
<b>US TOTAL</b>	<b>38,992</b>	<b>41,655</b>	<b>53,767</b>	<b>59,016</b>	<b>53,007</b>	<b>11.9</b>	<b>12.6</b>	<b>16.2</b>	<b>17.7</b>	<b>15.8</b>

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>Northeast</i>	5,521	5,908	7,140	7,382	6,043	9.9	10.3	12.5	12.9	10.6
<i>Midwest</i>	5,069	6,023	8,889	10,115	8,905	7.4	8.7	12.9	14.7	12.9
<i>South</i>	15,259	16,633	21,288	24,808	23,930	12.2	13.2	16.7	19.3	18.4
<i>West</i>	13,143	13,091	16,450	16,711	14,129	16.8	16.7	20.9	21.2	17.9
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	1	2	0	0	1	1.9	3.9	0.0	0.0	1.9
Guam	5	5	7	2	5	3.0	3.0	4.1	1.2	3.0
Puerto Rico	329	276	332	380	437	10.3	8.4	10.2	11.8	13.6
US Virgin Islands	NR	4	2	6	3	—	3.8	1.9	5.7	2.9
<b>TERRITORIES TOTAL</b>	<b>335</b>	<b>287</b>	<b>341</b>	<b>388</b>	<b>446</b>	<b>9.7</b>	<b>7.8</b>	<b>9.4</b>	<b>10.8</b>	<b>12.5</b>
<b>TOTAL</b>	<b>39,327</b>	<b>41,942</b>	<b>54,108</b>	<b>59,404</b>	<b>53,453</b>	<b>11.9</b>	<b>12.5</b>	<b>16.1</b>	<b>17.6</b>	<b>15.8</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 11. Primary and Secondary Syphilis Among Men — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	492	413	568	842	978	20.8	16.9	23.2	34.1	39.4
Alaska	79	111	115	93	100	20.7	28.9	29.9	24.1	26.0
Arizona	1,050	1,140	1,500	1,619	1,331	29.0	31.9	41.3	44.0	35.9
Arkansas	283	296	564	572	526	19.1	19.9	37.8	38.0	34.7
California	6,735	6,119	6,678	6,049	5,035	34.3	30.9	34.0	31.0	25.9
Colorado	424	541	574	686	722	14.6	18.5	19.5	23.1	24.3
Connecticut	189	250	246	193	211	10.9	14.1	13.9	10.9	11.9
Delaware	77	81	99	183	126	16.4	16.8	20.3	37.0	25.2
District of Columbia	283	224	240	253	232	84.6	68.2	75.3	79.1	72.1
Florida	2,729	3,000	3,773	3,793	3,484	26.0	28.3	35.2	34.7	31.4
Georgia	1,555	1,500	1,550	1,678	1,641	30.1	28.7	29.4	31.5	30.5
Hawaii	95	127	171	162	121	13.4	17.3	23.6	22.4	16.8
Idaho	38	45	64	86	59	4.2	4.9	6.7	8.8	6.0
Illinois	1,213	1,252	1,180	1,138	1,088	19.5	19.8	18.8	18.3	17.5
Indiana	282	438	578	507	447	8.5	13.0	17.1	14.9	13.1
Iowa	97	170	266	229	226	6.2	10.6	16.6	14.3	14.1

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	157	124	238	245	271	10.8	8.4	16.2	16.6	18.4
Kentucky	337	333	378	473	415	15.3	14.9	16.9	21.1	18.5
Louisiana	537	527	722	830	825	23.7	23.1	31.9	36.9	36.9
Maine	49	37	52	66	58	7.4	5.5	7.7	9.7	8.4
Maryland	747	733	NR	644	695	25.5	24.3	—	21.5	23.1
Massachusetts	547	545	666	709	625	16.3	15.9	19.5	20.7	18.3
Michigan	583	674	765	766	665	11.9	13.5	15.4	15.4	13.4
Minnesota	311	332	419	481	358	11.1	11.6	14.6	16.8	12.5
Mississippi	432	445	486	577	522	30.0	30.8	33.9	40.4	36.6
Missouri	639	576	864	956	876	21.2	19.0	28.4	31.3	28.6
Montana	47	37	52	169	157	8.7	6.7	9.3	29.7	27.4
Nebraska	114	86	130	134	128	11.8	8.7	13.2	13.5	12.9
Nevada	649	617	740	645	562	42.0	39.4	46.7	40.2	35.0
New Hampshire	43	45	65	68	47	6.4	6.6	9.4	9.7	6.7
New Jersey	557	643	752	845	620	12.8	14.1	16.5	18.5	13.6
New Mexico	376	326	476	522	542	36.2	30.9	45.2	49.6	51.6
New York	2,634	2,754	3,094	3,112	2,471	27.9	27.9	31.9	32.3	25.9
North Carolina	936	1,115	1,510	1,929	1,664	18.4	21.8	29.3	36.8	31.4

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	31	21	43	45	61	7.9	5.2	10.8	11.2	15.2
Ohio	635	882	1,391	1,816	1,398	11.1	15.2	23.9	31.3	24.1
Oklahoma	547	602	808	797	708	27.9	30.5	40.7	39.8	35.1
Oregon	349	475	661	771	550	16.7	22.5	31.2	36.4	26.1
Pennsylvania	857	911	1,117	1,166	913	13.7	14.2	17.5	18.2	14.3
Rhode Island	94	78	183	110	71	18.2	14.5	34.1	20.5	13.2
South Carolina	408	451	599	716	643	16.4	18.1	23.7	27.8	24.6
South Dakota	33	39	251	426	347	7.4	8.7	55.2	92.1	74.2
Tennessee	571	626	697	808	732	17.1	18.5	20.4	23.3	20.9
Texas	1,917	2,122	2,818	3,324	3,280	13.3	14.6	19.1	22.1	21.6
Utah	126	119	179	216	269	7.8	7.2	10.6	12.6	15.5
Vermont	10	3	8	2	3	3.2	0.9	2.5	0.6	0.9
Virginia	579	603	631	787	758	13.8	14.1	14.8	18.3	17.6
Washington	698	672	1,160	1,385	1,108	18.3	17.3	29.8	35.3	28.2
West Virginia	59	82	119	132	104	6.6	9.2	13.4	14.9	11.8
Wisconsin	162	294	508	539	404	5.6	10.0	17.2	18.2	13.7
Wyoming	10	10	11	15	11	3.4	3.4	3.7	5.0	3.7
<b>US TOTAL</b>	<b>32,402</b>	<b>33,646</b>	<b>41,349</b>	<b>44,309</b>	<b>39,188</b>	<b>20.0</b>	<b>20.5</b>	<b>25.2</b>	<b>26.8</b>	<b>23.6</b>

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>Northeast</i>	4,980	5,266	6,183	6,271	5,019	18.2	18.6	22.0	22.4	18.0
<i>Midwest</i>	4,257	4,888	6,633	7,282	6,269	12.6	14.3	19.4	21.3	18.3
<i>South</i>	12,489	13,153	16,152	18,338	17,333	20.3	21.1	25.8	28.9	27.1
<i>West</i>	10,676	10,339	12,381	12,418	10,567	27.3	26.2	31.4	31.4	26.7
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	1	2	0	0	1	3.6	7.3	0.0	0.0	3.7
Guam	5	4	7	1	3	5.8	4.6	8.1	1.1	3.4
Puerto Rico	277	220	270	289	321	18.3	14.1	17.5	19.0	21.2
US Virgin Islands	NR	3	1	6	3	—	5.9	2.0	12.0	6.0
<b>TERRITORIES TOTAL</b>	<b>283</b>	<b>229</b>	<b>278</b>	<b>296</b>	<b>328</b>	<b>17.1</b>	<b>13.1</b>	<b>16.0</b>	<b>17.3</b>	<b>19.3</b>
<b>TOTAL</b>	<b>32,685</b>	<b>33,875</b>	<b>41,627</b>	<b>44,605</b>	<b>39,516</b>	<b>20.0</b>	<b>20.4</b>	<b>25.1</b>	<b>26.7</b>	<b>23.6</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 12. Primary and Secondary Syphilis Among Women — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	126	116	193	348	482	5.0	4.5	7.4	13.3	18.3
Alaska	50	65	79	67	65	14.3	18.6	22.7	19.3	18.7
Arizona	240	314	482	532	462	6.6	8.8	13.2	14.5	12.4
Arkansas	121	206	426	429	370	7.9	13.5	27.8	27.9	23.8
California	1,494	1,520	1,962	1,784	1,293	7.5	7.7	10.0	9.2	6.6
Colorado	62	99	198	232	216	2.2	3.5	6.9	8.1	7.4
Connecticut	20	30	74	55	54	1.1	1.6	4.0	3.0	2.9
Delaware	17	14	28	54	54	3.4	2.8	5.4	10.3	10.1
District of Columbia	21	23	17	18	39	5.7	6.4	4.8	5.1	10.9
Florida	460	520	725	825	880	4.2	4.8	6.5	7.3	7.7
Georgia	195	257	334	504	569	3.6	4.7	6.0	9.0	10.1
Hawaii	23	47	82	69	61	3.2	6.5	11.4	9.6	8.5
Idaho	9	21	20	32	15	1.0	2.3	2.1	3.3	1.5
Illinois	161	215	306	319	369	2.5	3.3	4.8	5.0	5.8
Indiana	54	88	156	178	152	1.6	2.6	4.6	5.2	4.4
Iowa	35	24	73	105	105	2.2	1.5	4.6	6.6	6.6

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	33	26	63	102	126	2.3	1.8	4.3	7.0	8.6
Kentucky	101	112	135	197	223	4.5	4.9	5.9	8.7	9.8
Louisiana	163	177	273	395	371	6.8	7.5	11.6	16.9	15.9
Maine	6	1	9	16	15	0.9	0.1	1.3	2.3	2.1
Maryland	121	140	NR	135	183	3.9	4.4	—	4.3	5.8
Massachusetts	59	62	65	104	109	1.7	1.7	1.8	2.9	3.0
Michigan	95	113	207	206	180	1.9	2.2	4.1	4.1	3.6
Minnesota	70	85	144	193	144	2.5	3.0	5.1	6.8	5.0
Mississippi	258	296	343	336	364	16.8	19.5	22.6	22.2	24.0
Missouri	178	253	452	498	456	5.7	8.1	14.5	15.9	14.5
Montana	20	8	44	156	155	3.8	1.5	8.1	28.2	27.7
Nebraska	22	18	55	80	77	2.3	1.8	5.6	8.2	7.8
Nevada	159	150	199	257	163	10.4	9.7	12.8	16.3	10.3
New Hampshire	4	6	8	6	8	0.6	0.9	1.1	0.9	1.1
New Jersey	73	116	156	173	131	1.6	2.5	3.3	3.7	2.8
New Mexico	135	141	248	239	231	12.7	13.3	23.3	22.5	21.7
New York	231	268	406	491	416	2.3	2.6	4.0	4.9	4.2
North Carolina	186	207	360	544	495	3.5	3.9	6.7	10.0	8.9

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	14	11	6	19	36	3.8	2.9	1.6	5.0	9.4
Ohio	114	202	392	586	527	1.9	3.4	6.6	9.9	8.8
Oklahoma	244	338	417	481	413	12.2	17.0	20.8	23.9	20.3
Oregon	105	152	287	345	260	4.9	7.2	13.5	16.3	12.2
Pennsylvania	133	134	192	231	266	2.0	2.0	2.9	3.5	4.0
Rhode Island	7	11	26	23	19	1.3	2.0	4.7	4.1	3.4
South Carolina	104	197	230	315	279	3.9	7.5	8.6	11.6	10.1
South Dakota	15	27	185	341	328	3.4	6.2	42.0	76.3	72.6
Tennessee	105	141	255	318	323	3.0	4.0	7.2	8.9	8.9
Texas	416	583	1,045	1,324	1,282	2.9	4.0	7.1	8.8	8.4
Utah	12	12	26	22	61	0.8	0.7	1.6	1.3	3.6
Vermont	1	0	1	1	0	0.3	0.0	0.3	0.3	0.0
Virginia	66	78	94	144	174	1.5	1.8	2.2	3.3	3.9
Washington	117	159	338	529	535	3.1	4.2	8.8	13.7	13.8
West Virginia	20	45	93	86	89	2.2	5.0	10.4	9.7	10.0
Wisconsin	17	72	214	202	136	0.6	2.4	7.3	6.9	4.6
Wyoming	1	1	5	6	2	0.4	0.4	1.8	2.1	0.7
<b>US TOTAL</b>	<b>6,493</b>	<b>7,901</b>	<b>12,265</b>	<b>14,652</b>	<b>13,763</b>	<b>3.9</b>	<b>4.7</b>	<b>7.3</b>	<b>8.7</b>	<b>8.1</b>

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>Northeast</i>	534	628	937	1,100	1,018	1.9	2.1	3.2	3.8	3.5
<i>Midwest</i>	808	1,134	2,253	2,829	2,636	2.3	3.3	6.5	8.2	7.6
<i>South</i>	2,724	3,450	5,105	6,453	6,590	4.3	5.4	7.9	9.9	10.0
<i>West</i>	2,427	2,689	3,970	4,270	3,519	6.2	6.9	10.1	10.9	8.9
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Guam	0	1	0	1	2	0.0	1.2	0.0	1.2	2.4
Puerto Rico	52	56	62	91	116	3.1	3.2	3.6	5.4	6.9
US Virgin Islands	NR	1	1	0	0	—	1.8	1.8	0.0	0.0
<b>TERRITORIES TOTAL</b>	<b>52</b>	<b>58</b>	<b>63</b>	<b>92</b>	<b>118</b>	<b>2.9</b>	<b>3.0</b>	<b>3.3</b>	<b>4.9</b>	<b>6.3</b>
<b>TOTAL</b>	<b>6,545</b>	<b>7,959</b>	<b>12,328</b>	<b>14,744</b>	<b>13,881</b>	<b>3.9</b>	<b>4.7</b>	<b>7.3</b>	<b>8.7</b>	<b>8.1</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 13. Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases by Age Group and Sex, United States

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
<b>2019</b>	0-4	5	4	1	0	0.0	0.0	0.0
	5-9	2	1	1	0	0.0	0.0	0.0
	10-14	22	9	13	0	0.1	0.1	0.1
	15-19	1,708	1,202	502	4	8.1	11.2	4.9
	20-24	6,325	5,064	1,234	27	29.2	45.8	11.7
	25-29	8,308	6,924	1,361	23	35.3	57.7	11.8
	30-34	6,829	5,725	1,085	19	30.4	50.4	9.8
	35-39	4,837	3,987	839	11	22.3	36.6	7.7
	40-44	3,276	2,689	579	8	16.4	27.1	5.8
	45-54	4,749	4,099	646	4	11.6	20.3	3.1
	55-64	2,412	2,210	201	1	5.7	10.8	0.9
	65+	515	485	30	0	1.0	2.0	0.1
	Unknown Age	4	3	1	0			
	<b>TOTAL</b>	<b>38,992</b>	<b>32,402</b>	<b>6,493</b>	<b>97</b>	<b>11.9</b>	<b>20.0</b>	<b>3.9</b>
<b>2020</b>	0-4	1	1	0	0	0.0	0.0	0.0
	5-9	2	2	0	0	0.0	0.0	0.0

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	10-14	24	8	16	0	0.1	0.1	0.2
	15-19	1,782	1,166	612	4	8.3	10.6	5.8
	20-24	6,351	4,817	1,512	22	29.6	44.0	14.4
	25-29	8,659	6,975	1,651	33	37.8	60.0	14.6
	30-34	7,779	6,319	1,439	21	34.1	54.7	12.8
	35-39	5,284	4,289	983	12	23.8	38.2	8.9
	40-44	3,693	2,963	727	3	18.0	28.7	7.1
	45-54	4,936	4,227	702	7	12.0	20.5	3.4
	55-64	2,544	2,333	208	3	5.9	11.1	0.9
	65+	548	505	40	3	1.0	2.1	0.1
	Unknown Age	52	41	11	0			
	<b>TOTAL</b>	<b>41,655</b>	<b>33,646</b>	<b>7,901</b>	<b>108</b>	<b>12.6</b>	<b>20.5</b>	<b>4.7</b>
<b>2021</b>	0-4	6	4	2	0	0.0	0.0	0.0
	5-9	2	0	2	0	0.0	0.0	0.0
	10-14	24	4	20	0	0.1	0.0	0.2
	15-19	2,122	1,327	790	5	9.8	12.0	7.5
	20-24	7,695	5,614	2,057	24	35.8	51.2	19.5
	25-29	10,235	7,746	2,456	33	45.7	68.1	22.3

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	30-34	10,090	7,904	2,156	30	43.7	67.7	18.9
	35-39	7,640	5,776	1,841	23	34.3	51.3	16.7
	40-44	5,223	3,927	1,279	17	24.7	37.1	12.2
	45-54	6,226	5,028	1,183	15	15.3	24.8	5.8
	55-64	3,483	3,105	372	6	8.1	14.8	1.7
	65+	835	782	53	0	1.5	3.1	0.2
	Unknown Age	186	132	54	0			
	<b>TOTAL</b>	<b>53,767</b>	<b>41,349</b>	<b>12,265</b>	<b>153</b>	<b>16.2</b>	<b>25.2</b>	<b>7.3</b>
<b>2022</b>	0-4	6	3	2	1	0.0	0.0	0.0
	5-9	6	3	3	0	0.0	0.0	0.0
	10-14	39	12	27	0	0.2	0.1	0.3
	15-19	2,274	1,377	893	4	10.5	12.4	8.5
	20-24	8,235	5,811	2,415	9	36.3	50.1	21.7
	25-29	10,317	7,693	2,612	12	46.5	67.8	24.1
	30-34	11,116	8,346	2,762	8	47.7	70.5	24.1
	35-39	8,524	6,297	2,217	10	38.3	55.7	20.2
	40-44	6,130	4,474	1,652	4	28.6	41.4	15.6
	45-54	7,203	5,710	1,489	4	17.8	28.2	7.4

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
2023	55-64	4,102	3,614	485	3	9.7	17.5	2.3
	65+	1,058	965	93	0	1.8	3.7	0.3
	Unknown Age	6	4	2	0			
	<b>TOTAL</b>	<b>59,016</b>	<b>44,309</b>	<b>14,652</b>	<b>55</b>	<b>17.7</b>	<b>26.8</b>	<b>8.7</b>
	0-4	5	3	2	0	0.0	0.0	0.0
	5-9	4	0	4	0	0.0	0.0	0.0
	10-14	49	18	31	0	0.2	0.2	0.3
	15-19	2,124	1,226	896	2	9.6	10.9	8.3
	20-24	7,104	4,948	2,147	9	32.6	44.5	20.1
	25-29	9,032	6,557	2,463	12	41.0	58.7	22.7
	30-34	9,891	7,373	2,506	12	42.0	62.0	21.5
	35-39	7,734	5,629	2,098	7	34.4	49.5	18.8
	40-44	5,700	4,148	1,546	6	26.0	37.7	14.2
	45-54	6,526	5,011	1,512	3	16.1	24.8	7.4
	55-64	3,815	3,326	485	4	9.1	16.2	2.3
	65+	1,021	947	73	1	1.7	3.5	0.2
	Unknown Age	2	2	0	0			
<b>TOTAL</b>	<b>53,007</b>	<b>39,188</b>	<b>13,763</b>	<b>56</b>	<b>15.8</b>	<b>23.6</b>	<b>8.1</b>	

\* No population data are available for unknown sex and age; therefore, rates are not calculated.

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on syphilis case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 14. Primary and Secondary Syphilis — Reported Cases by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	0	0	0	0	0	0	2	1	1	1	1	0
5-9	0	0	0	0	0	0	3	0	3	0	0	0
10-14	1	0	1	0	0	0	20	7	13	11	7	4
15-19	88	31	57	28	22	4	891	505	386	489	340	149
20-24	186	93	93	100	88	12	2,807	1,934	872	1,727	1,377	347
25-29	245	141	104	173	152	19	3,122	2,287	835	2,197	1,796	398
30-34	282	140	142	191	175	16	3,288	2,556	730	2,143	1,781	359
35-39	224	118	106	148	134	14	2,264	1,768	496	1,567	1,259	307
40-44	186	108	78	83	74	9	1,399	1,110	288	1,105	887	217
45-54	140	83	57	114	99	15	1,618	1,275	343	1,147	956	190
55-64	47	36	11	51	47	4	1,089	944	144	509	455	53
65+	16	13	3	12	12	0	288	262	26	102	96	6
Unknown Age	0	0	0	0	0	0	2	2	0	0	0	0
<b>TOTAL</b>	<b>1,415</b>	<b>763</b>	<b>652</b>	<b>900</b>	<b>803</b>	<b>93</b>	<b>16,793</b>	<b>12,651</b>	<b>4,137</b>	<b>10,998</b>	<b>8,955</b>	<b>2,030</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White			Other/Unknown		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	0	0	0	0	0	0	2	1	1	0	0	0
5-9	0	0	0	0	0	0	1	0	1	0	0	0
10-14	7	1	6	0	0	0	7	3	4	3	0	3
15-19	98	45	53	4	2	2	379	194	185	147	87	60
20-24	265	151	114	19	10	9	1,567	979	586	433	316	114
25-29	330	213	117	32	23	9	2,429	1,555	868	504	390	113
30-34	386	261	123	29	18	10	3,052	2,023	1,027	520	419	99
35-39	311	218	93	28	17	11	2,814	1,822	986	378	293	85
40-44	206	138	68	22	12	10	2,396	1,590	803	303	229	73
45-54	196	147	49	17	13	4	2,903	2,118	783	391	320	71
55-64	90	85	5	6	4	2	1,829	1,584	243	194	171	23
65+	37	36	1	1	1	0	491	460	31	74	67	6
Unknown Age	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>1,926</b>	<b>1,295</b>	<b>629</b>	<b>158</b>	<b>100</b>	<b>57</b>	<b>17,870</b>	<b>12,329</b>	<b>5,518</b>	<b>2,947</b>	<b>2,292</b>	<b>647</b>

\* Total includes cases reported with unknown sex.

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See Technical Notes for more information on syphilis case reporting and on collection of race and Hispanic ethnicity data for STI cases. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 15. Primary and Secondary Syphilis — Rates of Reported Cases\* by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.0
10-14	0.6	0.0	1.2	0.0	0.0	0.0	0.7	0.5	0.9	0.2	0.3	0.2
15-19	48.8	33.9	64.1	2.4	3.7	0.7	29.6	33.1	26.0	8.6	11.7	5.4
20-24	105.2	103.5	107.0	7.8	13.6	1.9	93.9	128.7	58.6	33.0	51.5	13.5
25-29	137.4	156.6	117.9	11.7	20.8	2.5	100.3	146.8	53.7	44.3	71.0	16.4
30-34	146.4	143.7	149.1	10.9	20.6	1.8	95.3	149.4	42.0	43.2	69.6	15.0
35-39	134.2	140.9	127.4	8.4	15.7	1.5	76.6	123.0	32.6	33.4	51.2	13.8
40-44	120.8	140.9	100.9	5.0	9.5	1.0	50.1	83.1	19.7	24.1	37.2	9.8
45-54	50.4	60.6	40.5	3.9	7.2	1.0	32.0	53.6	12.8	14.5	23.8	4.9
55-64	16.1	25.9	7.2	2.2	4.4	0.3	21.8	40.8	5.4	8.6	15.4	1.8
65+	4.4	7.9	1.5	0.4	0.9	0.0	5.1	11.2	0.8	1.8	3.9	0.2
Unknown age												
<b>TOTAL</b>	<b>58.2</b>	<b>63.6</b>	<b>52.9</b>	<b>4.4</b>	<b>8.1</b>	<b>0.9</b>	<b>39.7</b>	<b>62.3</b>	<b>18.8</b>	<b>16.9</b>	<b>27.2</b>	<b>6.3</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.7	0.2	1.3	0.0	0.0	0.0	0.1	0.1	0.1
15-19	11.0	9.9	12.1	8.8	8.6	8.9	3.4	3.4	3.4
20-24	35.3	39.7	30.8	42.9	44.1	41.6	13.8	16.9	10.6
25-29	50.2	64.4	35.8	69.4	98.3	39.7	21.0	26.3	15.3
30-34	69.4	95.8	43.4	54.3	66.0	38.3	24.3	31.8	16.5
35-39	72.9	107.1	41.7	52.7	62.3	42.6	22.6	28.9	16.0
40-44	55.5	78.6	34.8	44.5	47.5	41.4	19.5	25.6	13.3
45-54	34.4	54.8	16.3	21.7	32.6	10.4	12.2	17.7	6.7
55-64	19.6	39.2	2.1	8.6	11.7	5.7	6.6	11.5	1.7
65+	6.9	14.7	0.3	1.3	2.8	0.0	1.1	2.3	0.1
Unknown age									
<b>TOTAL</b>	<b>23.5</b>	<b>31.9</b>	<b>15.3</b>	<b>24.3</b>	<b>30.6</b>	<b>17.7</b>	<b>9.1</b>	<b>12.7</b>	<b>5.6</b>

\* Per 100,000 population

† Total includes cases reported with unknown sex.

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on syphilis case reporting and on collection of race and Hispanic ethnicity data for STI cases. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 16. Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases Among Men Who Have Sex with Men by State in Alphabetical Order, United States

State	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	ND	173	280	358	372	—	399.7	646.9	827.1	859.4
Alaska	28	20	23	ND	15	340.5	243.2	279.7	—	182.4
Arizona	612	653	666	658	573	537.4	573.4	584.8	577.8	503.1
Arkansas	114	81	137	155	123	568.3	403.8	682.9	772.6	613.1
California	3,902	3,355	3,401	3,157	2,693	522.4	449.2	455.3	422.7	360.5
Colorado	279	321	271	290	318	238.5	274.4	231.6	247.9	271.8
Connecticut	ND	132	ND	ND	ND	—	412.0	—	—	—
Delaware	ND	ND	ND	80	51	—	—	—	576.2	367.4
District Of Columbia	ND	147	156	184	157	—	300.8	319.3	376.6	321.3
Florida	1,411	1,531	1,886	ND	ND	327.4	355.2	437.6	—	—
Georgia	ND	ND	ND	805	770	—	—	—	541.7	518.1
Hawaii	56	ND	ND	ND	68	277.8	—	—	—	337.3
Idaho	ND	ND	ND	ND	ND	—	—	—	—	—
Illinois	ND	ND	ND	ND	ND	—	—	—	—	—
Indiana	167	231	268	201	163	226.7	313.5	363.7	272.8	221.2
Iowa	68	87	116	91	82	398.2	509.5	679.3	532.9	480.2

State	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	82	65	138	112	75	381.2	302.2	641.5	520.7	348.7
Kentucky	130	114	ND	178	155	256.6	225.0	—	351.4	306.0
Louisiana	294	278	320	ND	286	568.5	537.5	618.7	—	553.0
Maine	ND	22	35	31	31	—	182.0	289.5	256.4	256.4
Maryland	447	420	ND	ND	ND	527.3	495.4	—	—	—
Massachusetts	415	405	472	486	408	554.0	540.7	630.1	648.8	544.7
Michigan	357	395	381	383	298	303.9	336.2	324.3	326.0	253.6
Minnesota	ND	ND	ND	ND	ND	—	—	—	—	—
Mississippi	185	175	155	200	149	1,071.7	1,013.7	897.9	1,158.5	863.1
Missouri	321	ND	ND	ND	ND	425.6	—	—	—	—
Montana	20	ND	ND	ND	16	200.1	—	—	—	160.1
Nebraska	ND	ND	ND	ND	60	—	—	—	—	598.7
Nevada	381	361	360	260	228	742.9	703.9	701.9	507.0	444.6
New Hampshire	22	27	53	36	ND	195.9	240.4	471.8	320.5	—
New Jersey	365	371	413	505	334	435.6	442.7	492.8	602.6	398.6
New Mexico	144	ND	ND	ND	ND	496.6	—	—	—	—
New York	1,767	2,008	2,132	2,116	1,652	643.2	730.9	776.1	770.2	601.3
North Carolina	577	661	747	903	694	450.7	516.4	583.6	705.4	542.1

State	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	10	9	17	17	ND	236.4	212.7	401.8	401.8	—
Ohio	401	418	546	603	512	253.1	263.8	344.6	380.6	323.1
Oklahoma	238	186	234	236	225	538.9	421.1	529.8	534.3	509.4
Oregon	181	207	255	322	191	220.0	251.6	310.0	391.5	232.2
Pennsylvania	552	593	634	582	467	459.8	493.9	528.1	484.7	389.0
Rhode Island	68	ND	ND	55	43	414.6	—	—	335.4	262.2
South Carolina	205	207	266	285	248	525.3	530.4	681.6	730.2	635.4
South Dakota	17	8	32	37	25	440.5	207.3	829.2	958.8	647.8
Tennessee	333	378	286	337	233	369.6	419.5	317.4	374.0	258.6
Texas	992	994	ND	1,341	1,410	193.9	194.3	—	262.1	275.6
Utah	105	87	134	145	155	311.9	258.4	398.0	430.7	460.4
Vermont	ND	ND	ND	2	ND	—	—	—	40.6	—
Virginia	377	398	418	426	384	303.9	320.8	336.9	343.4	309.5
Washington	485	ND	ND	597	483	346.2	—	—	426.2	344.8
West Virginia	25	28	27	26	ND	172.7	193.4	186.5	179.6	—
Wisconsin	ND	208	315	500	404	—	360.8	546.5	867.4	700.9
Wyoming	ND	3	7	5	4	—	66.0	154.0	110.0	88.0

ND = Not displayed. Cases are not displayed if the variable used to identify sex of sex partners is complete for <70% of male cases.

**NOTE:** Rates per 100,000 population are calculated based on population estimates of MSM adapted from Grey et al, JMIR Public Health Surveill, 2016. See [Technical Notes](#) for more information on syphilis case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data; 2021 data from Maryland have been suppressed in this table. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 17. Early Non-Primary Non-Secondary Syphilis — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States and Territories

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	540	479	676	881	1,042	11.0	9.5	13.4	17.4	20.4
Alaska	78	130	132	116	80	10.7	17.7	18.0	15.8	10.9
Arizona	1,179	1,249	1,476	1,581	1,826	16.2	17.5	20.3	21.5	24.6
Arkansas	267	234	527	454	530	8.8	7.8	17.4	14.9	17.3
California	8,284	7,673	8,504	8,859	7,430	21.0	19.4	21.7	22.7	19.1
Colorado	453	519	519	606	611	7.9	9.0	8.9	10.4	10.4
Connecticut	159	207	284	275	116	4.5	5.7	7.9	7.6	3.2
Delaware	65	70	89	55	90	6.7	7.1	8.9	5.4	8.7
District of Columbia	414	369	233	494	367	58.7	53.5	34.8	73.5	54.1
Florida	4,142	4,423	5,731	6,035	5,667	19.3	20.5	26.3	27.1	25.1
Georgia	1,733	1,719	1,804	1,814	2,026	16.3	16.0	16.7	16.6	18.4
Hawaii	95	90	105	106	100	6.7	6.2	7.3	7.4	7.0
Idaho	40	36	61	65	61	2.2	2.0	3.2	3.4	3.1
Illinois	1,345	1,227	1,167	1,265	1,365	10.6	9.6	9.2	10.1	10.9
Indiana	326	471	624	612	650	4.8	6.9	9.2	9.0	9.5
Iowa	100	163	216	293	295	3.2	5.1	6.8	9.2	9.2
Kansas	282	234	239	271	342	9.7	8.0	8.1	9.2	11.6

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	395	352	576	667	656	8.8	7.8	12.8	14.8	14.5
Louisiana	576	614	798	884	897	12.4	13.2	17.3	19.3	19.6
Maine	53	28	40	30	30	3.9	2.1	2.9	2.2	2.1
Maryland	991	891	NR	734	904	16.4	14.4	—	11.9	14.6
Massachusetts	625	548	626	780	720	9.1	7.8	9.0	11.2	10.3
Michigan	558	566	732	749	872	5.6	5.6	7.3	7.5	8.7
Minnesota	367	368	415	535	387	6.5	6.4	7.3	9.4	6.7
Mississippi	1,222	1,275	592	429	478	41.1	43.1	20.1	14.6	16.3
Missouri	647	556	787	781	768	10.5	9.0	12.8	12.6	12.4
Montana	25	21	22	84	141	2.3	1.9	2.0	7.5	12.4
Nebraska	46	50	78	98	119	2.4	2.5	4.0	5.0	6.0
Nevada	522	496	723	829	696	16.9	16.0	23.0	26.1	21.8
New Hampshire	49	32	39	33	27	3.6	2.3	2.8	2.4	1.9
New Jersey	827	790	1,134	1,167	963	9.3	8.5	12.2	12.6	10.4
New Mexico	203	243	215	267	383	9.7	11.5	10.2	12.6	18.1
New York	4,376	4,770	5,524	5,672	4,516	22.5	23.6	27.8	28.8	23.1
North Carolina	989	1,105	1,331	1,711	1,712	9.4	10.6	12.6	16.0	15.8
North Dakota	10	12	22	22	22	1.3	1.5	2.8	2.8	2.8
Ohio	519	555	874	1,083	1,086	4.4	4.7	7.4	9.2	9.2

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	339	380	568	608	692	8.6	9.6	14.2	15.1	17.1
Oregon	357	304	478	523	408	8.5	7.2	11.3	12.3	9.6
Pennsylvania	1,138	1,166	1,478	1,661	1,333	8.9	9.0	11.4	12.8	10.3
Rhode Island	109	97	119	107	100	10.3	8.8	10.9	9.8	9.1
South Carolina	681	796	972	995	1,009	13.2	15.6	18.7	18.8	18.8
South Dakota	8	38	353	730	706	0.9	4.3	39.4	80.2	76.8
Tennessee	639	686	839	888	822	9.4	9.9	12.0	12.6	11.5
Texas	4,065	5,411	7,283	8,534	8,065	14.0	18.6	24.7	28.4	26.4
Utah	120	81	131	181	165	3.7	2.5	3.9	5.4	4.8
Vermont	11	11	4	2	9	1.8	1.7	0.6	0.3	1.4
Virginia	679	646	642	790	832	8.0	7.5	7.4	9.1	9.5
Washington	721	617	866	1,044	973	9.5	8.0	11.2	13.4	12.5
West Virginia	83	111	99	103	108	4.6	6.2	5.6	5.8	6.1
Wisconsin	193	230	375	401	365	3.3	3.9	6.4	6.8	6.2
Wyoming	10	6	10	9	11	1.7	1.0	1.7	1.5	1.9
<b>US TOTAL</b>	<b>41,655</b>	<b>43,145</b>	<b>51,830</b>	<b>56,913</b>	<b>53,573</b>	<b>12.7</b>	<b>13.0</b>	<b>15.6</b>	<b>17.1</b>	<b>16.0</b>
<i>Northeast</i>	7,347	7,649	9,248	9,727	7,814	13.1	13.3	16.2	17.1	13.7
<i>Midwest</i>	4,401	4,470	5,882	6,840	6,977	6.4	6.5	8.5	9.9	10.1
<i>South</i>	17,820	19,561	23,458	26,076	25,897	14.2	15.5	18.4	20.3	19.9

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	12,087	11,465	13,242	14,270	12,885	15.4	14.6	16.8	18.1	16.3
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	0	0	0	3	0	0.0	0.0	0.0	5.8	0.0
Guam	5	0	5	2	0	3.0	0.0	3.0	1.2	0.0
Puerto Rico	458	332	400	524	627	14.3	10.1	12.3	16.3	19.6
US Virgin Islands	NR	9	12	8	11	—	8.5	11.3	7.6	10.5
<b>TERRITORIES TOTAL</b>	<b>463</b>	<b>341</b>	<b>417</b>	<b>537</b>	<b>638</b>	<b>13.4</b>	<b>9.3</b>	<b>11.5</b>	<b>14.9</b>	<b>17.8</b>
<b>TOTAL</b>	<b>42,118</b>	<b>43,486</b>	<b>52,247</b>	<b>57,450</b>	<b>54,211</b>	<b>12.7</b>	<b>13.0</b>	<b>15.6</b>	<b>17.1</b>	<b>16.0</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 18. Unknown Duration or Late Syphilis — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	461	489	699	974	1,251	9.4	9.7	13.9	19.2	24.5
Alaska	35	47	116	136	147	4.8	6.4	15.8	18.5	20.0
Arizona	1,444	1,637	2,691	3,545	4,109	19.8	22.9	37.0	48.2	55.3
Arkansas	414	484	836	1,293	1,471	13.7	16.1	27.6	42.5	48.0
California	11,817	10,572	13,530	16,022	18,190	29.9	26.7	34.5	41.1	46.7
Colorado	485	604	982	1,545	1,669	8.4	10.5	16.9	26.5	28.4
Connecticut	110	47	269	230	554	3.1	1.3	7.5	6.3	15.3
Delaware	55	53	76	138	156	5.6	5.4	7.6	13.6	15.1
District of Columbia	362	369	374	498	491	51.3	53.5	55.8	74.1	72.3
Florida	4,645	4,319	6,029	7,909	8,531	21.6	20.1	27.7	35.6	37.7
Georgia	2,144	2,038	2,930	3,264	3,947	20.2	19.0	27.1	29.9	35.8
Hawaii	34	113	259	242	281	2.4	7.8	18.0	16.8	19.6
Idaho	61	80	120	168	123	3.4	4.3	6.3	8.7	6.3
Illinois	1,760	1,845	2,421	2,927	3,264	13.9	14.4	19.1	23.3	26.0
Indiana	318	343	602	793	1,042	4.7	5.1	8.8	11.6	15.2
Iowa	126	143	197	251	319	4.0	4.5	6.2	7.8	9.9
Kansas	84	147	256	327	515	2.9	5.0	8.7	11.1	17.5

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	254	333	445	660	857	5.7	7.4	9.9	14.6	18.9
Louisiana	1,400	1,116	1,577	2,229	2,405	30.1	24.0	34.1	48.6	52.6
Maine	28	15	34	39	63	2.1	1.1	2.5	2.8	4.5
Maryland	888	888	NR	1,238	1,501	14.7	14.4	—	20.1	24.3
Massachusetts	600	485	675	829	956	8.7	6.9	9.7	11.9	13.7
Michigan	652	677	925	1,067	1,307	6.5	6.7	9.2	10.6	13.0
Minnesota	354	306	470	609	844	6.3	5.4	8.2	10.7	14.7
Mississippi	91	78	1,120	1,845	1,906	3.1	2.6	38.0	62.8	64.8
Missouri	706	916	1,611	1,859	2,095	11.5	14.9	26.1	30.1	33.8
Montana	47	33	98	205	308	4.4	3.0	8.9	18.3	27.2
Nebraska	109	113	207	329	429	5.6	5.8	10.5	16.7	21.7
Nevada	985	909	1,358	1,814	1,819	32.0	29.3	43.2	57.1	56.9
New Hampshire	37	37	33	65	56	2.7	2.7	2.4	4.7	4.0
New Jersey	612	807	1,299	1,382	1,486	6.9	8.7	14.0	14.9	16.0
New Mexico	552	744	1,086	1,365	1,620	26.3	35.1	51.3	64.6	76.6
New York	3,232	2,791	4,040	4,360	4,923	16.6	13.8	20.4	22.2	25.2
North Carolina	1,231	1,256	1,786	2,346	2,604	11.7	12.0	16.9	21.9	24.0
North Dakota	42	44	33	40	94	5.5	5.6	4.3	5.1	12.0
Ohio	718	785	1,250	1,725	1,883	6.1	6.7	10.6	14.7	16.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	577	515	1,125	1,505	1,611	14.6	13.0	28.2	37.4	39.7
Oregon	416	369	556	716	836	9.9	8.7	13.1	16.9	19.7
Pennsylvania	622	671	1,014	1,389	1,473	4.9	5.2	7.8	10.7	11.4
Rhode Island	213	128	237	271	260	20.1	11.7	21.6	24.8	23.7
South Carolina	92	214	252	420	627	1.8	4.2	4.9	8.0	11.7
South Dakota	28	20	119	410	670	3.2	2.3	13.3	45.1	72.9
Tennessee	898	979	1,350	1,799	1,879	13.1	14.2	19.4	25.5	26.4
Texas	5,707	6,678	9,648	12,874	13,528	19.7	22.9	32.7	42.9	44.3
Utah	169	138	193	247	333	5.3	4.2	5.8	7.3	9.7
Vermont	2	9	2	0	9	0.3	1.4	0.3	0.0	1.4
Virginia	722	591	800	1,216	1,374	8.5	6.8	9.3	14.0	15.8
Washington	632	616	941	1,394	1,786	8.3	8.0	12.2	17.9	22.9
West Virginia	109	160	210	276	288	6.1	8.9	11.8	15.5	16.3
Wisconsin	195	232	502	750	871	3.3	3.9	8.5	12.7	14.7
Wyoming	21	14	17	36	30	3.6	2.4	2.9	6.2	5.1
<b>US TOTAL</b>	<b>47,296</b>	<b>46,997</b>	<b>68,261</b>	<b>87,571</b>	<b>98,791</b>	<b>14.4</b>	<b>14.2</b>	<b>20.6</b>	<b>26.3</b>	<b>29.5</b>
<i>Northeast</i>	5,456	4,990	7,603	8,565	9,780	9.7	8.7	13.3	15.0	17.2
<i>Midwest</i>	5,092	5,571	8,593	11,087	13,333	7.5	8.1	12.5	16.1	19.3
<i>South</i>	20,050	20,560	30,118	40,484	44,427	16.0	16.3	23.7	31.5	34.1

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	16,698	15,876	21,947	27,435	31,251	21.3	20.2	27.9	34.8	39.6
American Samoa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Commonwealth of the Northern Mariana Islands	1	0	2	1	1	1.9	0.0	3.9	1.9	1.9
Guam	21	16	9	15	10	12.5	9.5	5.3	8.9	5.9
Puerto Rico	155	216	391	515	501	4.9	6.6	12.0	16.0	15.6
US Virgin Islands	NR	27	28	19	44	—	25.4	26.4	18.0	41.9
<b>TERRITORIES TOTAL</b>	<b>177</b>	<b>259</b>	<b>430</b>	<b>550</b>	<b>556</b>	<b>5.1</b>	<b>7.1</b>	<b>11.8</b>	<b>15.3</b>	<b>15.5</b>
<b>TOTAL</b>	<b>47,473</b>	<b>47,256</b>	<b>68,691</b>	<b>88,121</b>	<b>99,347</b>	<b>14.3</b>	<b>14.1</b>	<b>20.5</b>	<b>26.2</b>	<b>29.</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on syphilis case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 19. Gonorrhea — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States

Rank*	State	Cases	Rate per 100,000 Population
1	Alaska	2,280	310.9
2	Louisiana	13,192	288.4
3	Georgia	30,307	274.8
4	South Dakota	2,329	253.3
5	Mississippi	7,382	251.1
6	North Carolina	26,353	243.2
7	New York	46,102	235.6
8	Alabama	11,592	226.9
9	South Carolina	11,950	222.4
10	Maryland	12,802	207.1
11	Florida	46,726	206.7
12	Nevada	6,538	204.7
13	Illinois	25,387	202.3
14	Missouri	12,513	201.9
15	Arkansas	5,932	193.4
16	Arizona	14,172	190.7
17	California	74,103	190.2
18	Tennessee	13,286	186.4
	<b>US TOTAL†</b>	<b>601,319</b>	<b>179.5</b>

<b>Rank*</b>	<b>State</b>	<b>Cases</b>	<b>Rate per 100,000 Population</b>
19	Texas	53,793	176.4
20	Oklahoma	6,905	170.3
21	New Mexico	3,574	169.0
22	Ohio	19,795	168.0
23	Virginia	13,795	158.3
24	Rhode Island	1,672	152.6
25	Michigan	15,274	152.2
26	Delaware	1,567	151.9
27	North Dakota	1,154	147.2
28	Pennsylvania	18,758	144.7
29	Indiana	9,881	144.0
30	Kansas	4,234	144.0
31	Massachusetts	9,786	139.8
32	Minnesota	7,717	134.5
33	Kentucky	6,081	134.4
34	Washington	10,129	129.6
35	Colorado	7,563	128.7
36	Hawaii	1,818	126.7
37	Wisconsin	7,007	118.5
38	Oregon	4,960	117.2

Rank*	State	Cases	Rate per 100,000 Population
39	Iowa	3,747	116.8
40	Nebraska	2,285	115.5
41	Connecticut	4,098	113.3
42	New Jersey	10,134	109.1
43	Utah	2,664	77.9
44	Montana	767	67.7
45	West Virginia	968	54.7
46	Maine	620	44.4
47	Wyoming	247	42.3
48	New Hampshire	588	41.9
49	Idaho	778	39.6
50	Vermont	220	34.0

\* States were ranked by unrounded rate, then case count, then in alphabetical order, with rates shown rounded to the nearest tenth.

† Total includes cases reported by the District of Columbia with 5,794 cases and a rate of 853.3, but excludes US territories.

**NOTE:** See [Technical Notes](#) for more information on gonorrhea case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 20. Gonorrhea — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	14,492	14,426	16,191	13,279	11,592	295.6	287.1	321.3	261.7	226.9
Alaska	2,213	1,982	1,977	2,304	2,280	302.5	270.3	269.8	314.1	310.9
Arizona	15,180	16,342	18,426	16,490	14,172	208.6	228.5	253.2	224.1	190.7
Arkansas	6,907	7,857	8,176	6,792	5,932	228.9	260.9	270.2	223.0	193.4
California	80,301	78,444	91,461	80,257	74,103	203.2	198.4	233.1	205.6	190.2
Colorado	9,572	9,686	10,596	8,784	7,563	166.2	167.8	182.3	150.4	128.7
Connecticut	4,418	4,604	5,405	4,979	4,098	123.9	127.7	149.9	137.3	113.3
Delaware	1,617	1,503	1,541	1,464	1,567	166.1	151.8	153.6	143.8	151.9
District of Columbia	4,382	3,879	4,322	4,925	5,794	620.9	562.5	645.0	733.1	853.3
Florida	36,804	40,788	44,738	44,333	46,726	171.4	189.4	205.4	199.3	206.7
Georgia	21,257	23,463	31,996	31,450	30,307	200.2	219.0	296.3	288.2	274.8
Hawaii	1,494	1,484	1,457	1,478	1,818	105.5	102.0	101.1	102.6	126.7
Idaho	1,491	1,480	1,197	1,098	778	83.4	80.5	63.0	56.6	39.6
Illinois	29,272	31,055	30,454	26,442	25,387	231.0	242.4	240.3	210.2	202.3
Indiana	11,926	14,111	14,483	12,396	9,881	177.1	208.0	212.8	181.4	144.0
Iowa	5,309	6,919	6,403	4,466	3,747	168.3	216.9	200.5	139.5	116.8
Kansas	4,948	5,626	5,646	4,997	4,234	169.8	191.5	192.4	170.1	144.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	7,379	8,393	8,221	6,820	6,081	165.2	186.3	182.3	151.1	134.4
Louisiana	12,800	15,483	16,390	15,015	13,192	275.3	332.4	354.5	327.1	288.4
Maine	547	520	462	621	620	40.7	38.2	33.7	44.8	44.4
Maryland	11,598	12,052	NR	11,164	12,802	191.8	195.1	—	181.1	207.1
Massachusetts	7,396	7,494	8,240	9,206	9,786	107.3	106.6	118.0	131.9	139.8
Michigan	18,150	23,412	21,954	16,378	15,274	181.7	232.3	218.4	163.2	152.2
Minnesota	8,013	10,320	9,660	8,152	7,717	142.1	180.8	169.3	142.6	134.5
Mississippi	12,068	13,773	12,617	10,933	7,382	405.5	465.1	427.7	371.9	251.1
Missouri	15,585	16,855	15,714	15,209	12,513	253.9	273.8	254.8	246.2	201.9
Montana	1,595	1,698	1,448	1,311	767	149.2	156.6	131.1	116.8	67.7
Nebraska	2,967	3,434	3,063	2,560	2,285	153.4	175.1	156.0	130.1	115.5
Nevada	6,519	6,364	8,488	7,392	6,538	211.6	205.0	270.0	232.6	204.7
New Hampshire	410	461	613	662	588	30.2	33.5	44.1	47.4	41.9
New Jersey	9,622	10,060	10,259	9,330	10,134	108.3	108.3	110.7	100.7	109.1
New Mexico	4,886	4,608	5,080	4,157	3,574	233.0	217.6	240.1	196.7	169.0
New York	40,901	42,517	43,048	43,362	46,102	210.2	210.5	217.0	220.4	235.6
North Carolina	26,377	28,258	28,612	26,715	26,353	251.5	270.7	271.2	249.7	243.2
North Dakota	1,447	1,660	1,735	1,426	1,154	189.9	213.1	223.9	183.0	147.2
Ohio	26,065	30,977	27,838	22,969	19,795	223.0	262.5	236.3	195.4	168.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	10,491	11,204	10,273	8,974	6,905	265.1	283.0	257.7	223.2	170.3
Oregon	6,130	6,412	6,221	5,494	4,960	145.3	151.3	146.5	129.6	117.2
Pennsylvania	16,059	18,280	18,912	18,851	18,758	125.4	140.6	145.9	145.3	144.7
Rhode Island	1,516	1,399	1,681	1,444	1,672	143.1	127.5	153.4	132.0	152.6
South Carolina	14,160	16,705	16,052	14,352	11,950	275.0	326.4	309.2	271.7	222.4
South Dakota	2,170	2,424	3,258	3,067	2,329	245.3	273.4	363.9	337.1	253.3
Tennessee	16,026	18,458	18,768	16,069	13,286	234.7	267.1	269.1	227.9	186.4
Texas	44,230	58,246	64,623	61,999	53,793	152.5	199.8	218.9	206.5	176.4
Utah	2,886	3,112	3,621	3,171	2,664	90.0	95.1	108.5	93.8	77.9
Vermont	175	139	136	174	220	28.0	21.6	21.1	26.9	34.0
Virginia	13,840	15,217	14,323	13,437	13,795	162.1	176.3	165.7	154.7	158.3
Washington	11,736	11,667	11,231	11,400	10,129	154.1	151.4	145.1	146.4	129.6
West Virginia	1,771	1,780	1,639	1,258	968	98.8	99.2	91.9	70.9	54.7
Wisconsin	8,846	10,346	10,455	8,740	7,007	151.9	175.5	177.3	148.3	118.5
Wyoming	448	392	523	310	247	77.4	68.0	90.4	53.3	42.3
<b>US TOTAL</b>	<b>616,392</b>	<b>677,769</b>	<b>710,151</b>	<b>648,056</b>	<b>601,319</b>	<b>187.8</b>	<b>204.5</b>	<b>214.0</b>	<b>194.4</b>	<b>179.5</b>
<i>Northeast</i>	81,044	85,474	88,756	88,629	91,978	144.8	148.4	155.3	155.4	161.4
<i>Midwest</i>	134,698	157,139	150,663	126,802	111,323	197.1	227.8	218.9	184.3	161.6
<i>South</i>	256,199	291,485	309,006	288,979	268,425	204.0	230.8	242.9	224.5	206.3

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	144,451	143,671	161,726	143,646	129,593	184.4	182.8	205.6	182.4	164.3
American Samoa	9	24	11	15	40	18.6	50.6	23.7	33.0	89.6
Commonwealth of the Northern Mariana Islands	21	3	17	17	38	40.3	5.8	32.9	33.0	74.1
Guam	305	208	198	329	188	181.4	123.5	117.3	194.6	111.0
Puerto Rico	499	390	1,012	1,070	1,187	15.6	11.9	31.0	33.2	37.0
US Virgin Islands	47	67	78	44	83	44.1	63.0	73.7	41.7	79.1
<b>TERRITORIES TOTAL</b>	<b>881</b>	<b>692</b>	<b>1,316</b>	<b>1,475</b>	<b>1,536</b>	<b>24.7</b>	<b>18.9</b>	<b>36.2</b>	<b>41.0</b>	<b>43.0</b>
<b>TOTAL</b>	<b>617,273</b>	<b>678,461</b>	<b>711,467</b>	<b>649,531</b>	<b>602,855</b>	<b>186.0</b>	<b>202.5</b>	<b>212.0</b>	<b>192.8</b>	<b>178.1</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on gonorrhea case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 21. Gonorrhea Among Men — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	7,577	7,625	8,344	6,901	6,179	319.8	312.2	340.8	279.7	249.2
Alaska	1,081	1,006	1,018	1,145	1,061	283.4	261.7	265.0	296.7	275.3
Arizona	8,942	9,524	10,905	9,936	8,923	247.2	266.7	300.1	270.1	240.7
Arkansas	3,359	3,832	3,855	3,470	3,053	226.7	257.8	258.2	230.5	201.7
California	52,676	49,809	59,702	55,421	53,863	268.1	251.9	304.3	283.7	277.0
Colorado	5,682	5,754	6,396	5,605	5,066	195.8	196.8	217.2	189.1	170.2
Connecticut	2,483	2,664	2,807	2,474	2,417	142.7	150.5	158.6	139.3	136.3
Delaware	871	814	870	844	903	185.0	169.1	178.5	170.7	180.9
District of Columbia	3,055	2,754	3,142	3,693	4,326	912.7	838.0	985.2	1,155.2	1,344.7
Florida	23,267	24,696	27,572	27,880	30,422	221.7	233.2	257.4	254.7	273.9
Georgia	12,585	13,684	18,619	18,564	18,135	243.9	261.5	353.3	348.3	337.4
Hawaii	946	877	849	957	1,214	133.6	119.6	117.0	132.1	168.7
Idaho	841	761	676	668	479	93.9	82.1	70.5	68.4	48.5
Illinois	17,351	17,901	17,998	16,448	16,257	278.7	282.6	287.3	264.1	262.2
Indiana	6,124	7,100	7,572	6,625	5,406	184.4	210.9	224.2	195.1	158.8
Iowa	2,592	3,450	3,068	2,321	1,991	165.0	215.8	191.6	144.5	123.8
Kansas	2,483	2,823	2,829	2,567	2,201	171.0	191.8	192.4	174.0	149.3

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	3,843	4,217	4,212	3,523	3,351	174.6	188.8	188.6	157.2	149.4
Louisiana	6,711	8,169	8,541	8,361	7,262	296.0	357.6	377.1	372.0	324.9
Maine	344	307	287	400	414	52.3	45.7	42.4	58.5	60.2
Maryland	7,029	7,272	NR	6,712	7,811	240.0	241.6	—	223.6	260.0
Massachusetts	5,135	4,843	5,449	6,256	6,686	153.5	141.0	159.7	183.0	195.5
Michigan	9,491	11,998	11,245	8,800	8,508	193.0	240.3	225.8	176.6	171.1
Minnesota	4,311	5,472	5,290	4,663	4,579	153.4	191.3	184.9	162.4	159.2
Mississippi	5,831	7,048	6,283	5,551	3,760	404.3	488.6	437.7	388.5	263.7
Missouri	8,553	8,892	8,329	8,215	6,885	283.9	292.7	273.6	268.9	225.2
Montana	748	811	689	620	383	139.0	147.7	123.2	108.8	66.7
Nebraska	1,462	1,729	1,534	1,328	1,291	151.3	175.5	155.5	134.1	129.8
Nevada	4,082	3,812	5,343	4,744	4,509	264.2	243.6	337.3	295.8	280.4
New Hampshire	275	320	397	429	405	40.8	46.6	57.3	61.5	57.9
New Jersey	5,923	5,803	6,021	5,864	6,681	136.5	126.9	132.0	128.5	146.1
New Mexico	2,704	2,555	2,892	2,418	2,129	260.6	242.4	274.7	229.6	202.6
New York	29,548	27,910	29,073	31,591	34,604	312.7	282.7	299.9	328.2	362.1
North Carolina	13,947	14,918	15,316	14,565	14,984	273.5	292.2	297.0	278.0	282.9
North Dakota	717	799	834	706	584	183.8	199.2	209.3	176.3	145.2
Ohio	13,679	15,830	14,124	12,010	10,960	238.7	271.9	243.0	206.7	188.6

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	5,280	5,734	5,283	4,646	3,632	269.3	290.8	266.2	231.8	180.1
Oregon	3,824	3,794	3,647	3,392	3,389	182.9	179.6	172.3	160.2	160.8
Pennsylvania	9,686	10,645	10,779	11,570	11,467	154.4	165.9	168.4	180.6	179.5
Rhode Island	953	861	1,022	951	1,099	184.8	160.1	190.3	177.1	204.5
South Carolina	7,257	8,715	8,402	7,458	6,468	291.1	349.8	332.9	290.0	247.7
South Dakota	946	1,145	1,417	1,298	1,050	211.7	254.3	311.5	280.5	224.6
Tennessee	8,438	9,848	10,282	9,141	7,493	253.2	290.5	300.6	264.0	214.4
Texas	25,770	32,985	37,265	37,158	34,642	178.9	226.7	252.9	247.4	227.7
Utah	1,872	1,924	2,390	2,053	1,869	115.9	116.2	141.4	119.6	107.9
Vermont	110	73	82	103	150	35.7	22.8	25.6	32.0	46.7
Virginia	7,790	8,354	7,841	7,738	8,322	185.5	195.5	183.3	180.0	193.3
Washington	7,547	7,178	7,053	7,374	6,725	198.0	185.0	180.9	187.7	170.9
West Virginia	933	914	860	666	512	105.1	102.2	96.7	75.1	57.9
Wisconsin	4,694	5,392	5,440	4,572	3,798	162.0	182.6	184.2	154.7	128.3
Wyoming	238	210	270	153	130	80.8	71.0	91.2	51.4	43.5
<b>US TOTAL</b>	<b>361,586</b>	<b>385,551</b>	<b>410,388</b>	<b>390,548</b>	<b>378,428</b>	<b>223.7</b>	<b>234.8</b>	<b>249.7</b>	<b>236.3</b>	<b>228.3</b>
<i>Northeast</i>	54,457	53,426	55,917	59,638	63,923	199.4	188.9	199.2	212.8	228.6
<i>Midwest</i>	72,403	82,531	79,680	69,553	63,510	214.6	240.8	232.9	203.2	185.5
<i>South</i>	143,543	161,579	172,961	166,871	161,255	233.3	259.7	276.1	262.9	251.8

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	91,183	88,015	101,830	94,486	89,740	233.3	223.2	258.1	238.9	227.0
American Samoa	7	13	6	7	9	28.9	55.0	26.0	31.0	40.6
Commonwealth of the Northern Mariana Islands	8	1	6	11	11	28.9	3.6	21.9	40.3	40.5
Guam	157	100	100	166	111	181.4	115.3	115.1	190.6	127.3
Puerto Rico	298	261	537	537	628	19.7	16.8	34.8	35.3	41.5
US Virgin Islands	23	40	42	20	27	45.2	79.0	83.4	39.9	54.2
<b>TERRITORIES TOTAL</b>	<b>493</b>	<b>415</b>	<b>691</b>	<b>741</b>	<b>786</b>	<b>28.9</b>	<b>23.8</b>	<b>39.9</b>	<b>43.3</b>	<b>46.2</b>
<b>TOTAL</b>	<b>362,079</b>	<b>385,966</b>	<b>411,079</b>	<b>391,289</b>	<b>379,214</b>	<b>221.6</b>	<b>232.6</b>	<b>247.5</b>	<b>234.3</b>	<b>226.5</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on gonorrhea case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 22. Gonorrhea Among Women — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	6,878	6,765	7,749	6,213	5,315	271.5	262.0	299.0	238.3	202.2
Alaska	1,131	976	959	1,159	1,219	323.0	279.7	275.2	333.4	350.2
Arizona	6,229	6,803	7,505	6,522	5,231	170.1	190.0	206.0	177.2	140.5
Arkansas	3,546	4,021	4,318	3,320	2,875	230.8	263.7	281.7	215.6	185.0
California	27,291	28,288	31,301	24,506	19,738	137.4	143.1	159.5	125.7	101.1
Colorado	3,890	3,932	4,200	3,179	2,497	136.1	138.0	146.5	110.6	86.1
Connecticut	1,932	1,915	2,558	2,501	1,678	105.8	104.3	139.3	135.2	91.0
Delaware	745	687	667	616	664	148.1	135.1	129.3	117.6	124.6
District of Columbia	1,283	1,106	1,167	1,216	1,451	345.8	306.5	332.3	345.3	406.2
Florida	13,525	16,083	17,148	16,415	16,275	123.2	146.9	154.9	145.3	141.5
Georgia	8,375	9,641	13,362	12,880	12,172	153.5	176.0	241.6	230.7	215.3
Hawaii	539	602	597	521	604	76.1	83.4	83.4	72.8	84.4
Idaho	650	718	519	430	297	72.9	78.7	55.1	44.7	30.4
Illinois	11,825	13,101	12,418	9,966	9,123	183.5	202.3	193.8	156.9	143.7
Indiana	5,794	7,000	6,896	5,764	4,469	169.8	204.8	201.1	167.7	129.2
Iowa	2,716	3,469	3,335	2,145	1,756	171.5	217.9	209.5	134.6	109.8
Kansas	2,465	2,803	2,817	2,428	2,033	168.6	191.2	192.4	166.1	138.7

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	3,489	4,136	3,981	3,279	2,717	153.9	182.0	175.0	144.3	119.0
Louisiana	6,088	7,314	7,845	6,654	5,912	255.6	308.2	332.6	284.0	252.8
Maine	203	213	175	221	204	29.6	30.8	25.2	31.5	28.8
Maryland	4,568	4,735	NR	4,405	4,946	146.6	149.5	—	139.3	155.7
Massachusetts	2,217	2,579	2,753	2,904	3,068	62.5	71.7	77.1	81.5	85.7
Michigan	8,657	11,413	10,706	7,577	6,763	170.8	224.5	211.2	150.0	133.6
Minnesota	3,678	4,833	4,347	3,470	3,120	130.0	169.8	152.7	121.9	109.0
Mississippi	6,220	6,698	6,280	5,329	3,606	405.5	441.0	414.6	352.6	238.2
Missouri	7,032	7,963	7,385	6,994	5,605	225.0	255.5	236.4	223.9	178.6
Montana	847	887	759	690	384	159.6	165.7	139.3	124.8	68.7
Nebraska	1,503	1,694	1,527	1,231	991	155.3	173.5	156.3	126.0	100.7
Nevada	2,432	2,546	3,135	2,637	2,023	158.4	165.3	201.0	167.5	127.5
New Hampshire	135	140	215	233	181	19.7	20.3	30.9	33.4	25.8
New Jersey	3,680	4,226	4,238	3,463	3,450	81.0	89.6	90.1	73.7	73.1
New Mexico	2,179	2,050	2,183	1,739	1,442	205.7	192.7	205.3	164.0	135.6
New York	11,341	14,607	13,958	11,768	11,496	113.3	141.4	137.6	117.1	114.8
North Carolina	12,430	13,340	13,296	12,150	11,368	230.7	250.1	246.5	222.6	205.2
North Dakota	730	861	901	720	570	196.2	227.8	239.3	190.1	149.3
Ohio	12,386	15,147	13,714	10,959	8,835	207.9	253.4	229.8	184.3	147.9

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	5,211	5,470	4,990	4,328	3,273	261.0	275.2	249.2	214.8	160.7
Oregon	2,288	2,612	2,557	2,063	1,539	107.6	123.0	120.1	97.2	72.4
Pennsylvania	6,359	7,625	8,122	7,270	7,283	97.4	115.8	123.7	110.7	110.8
Rhode Island	563	538	659	493	568	103.6	96.1	118.0	88.6	101.7
South Carolina	6,847	7,878	7,534	6,810	5,402	257.8	299.9	282.5	251.2	195.5
South Dakota	1,224	1,279	1,841	1,769	1,276	279.5	293.0	417.9	395.7	282.4
Tennessee	7,588	8,609	8,483	6,921	5,775	217.0	244.6	238.6	192.8	159.0
Texas	18,177	24,879	26,832	23,971	18,746	124.6	170.5	181.4	159.7	122.6
Utah	1,014	1,188	1,230	1,117	795	63.7	73.5	74.6	67.1	47.1
Vermont	65	66	54	71	69	20.6	20.4	16.6	21.8	21.2
Virginia	6,019	6,810	6,430	5,685	5,473	138.8	156.2	147.3	129.7	124.1
Washington	4,183	4,457	4,123	3,954	3,140	110.0	116.5	107.4	102.5	81.0
West Virginia	836	866	779	592	456	92.4	96.3	87.2	66.6	51.4
Wisconsin	4,146	4,915	4,997	4,161	3,186	141.7	167.1	169.8	141.7	107.9
Wyoming	210	182	252	157	117	73.9	64.7	89.2	55.4	41.0
<b>US TOTAL</b>	<b>253,359</b>	<b>290,666</b>	<b>298,015</b>	<b>255,566</b>	<b>221,176</b>	<b>152.1</b>	<b>173.8</b>	<b>177.9</b>	<b>152.1</b>	<b>130.7</b>
<i>Northeast</i>	26,495	31,909	32,732	28,924	27,997	92.4	108.8	112.5	99.7	96.5
<i>Midwest</i>	62,156	74,478	70,884	57,184	47,727	179.7	214.6	204.7	165.5	137.6
<i>South</i>	111,825	129,038	135,079	120,784	106,426	174.6	201.5	209.2	185.1	161.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	52,883	55,241	59,320	48,674	39,026	134.7	141.1	151.3	124.2	99.1
American Samoa	2	11	5	8	31	8.2	46.3	21.5	35.0	138.2
Commonwealth of the Northern Mariana Islands	13	2	11	6	27	53.3	8.2	45.3	24.8	111.9
Guam	148	108	98	163	77	181.3	132.1	119.7	198.8	93.8
Puerto Rico	201	129	475	532	559	12.0	7.5	27.6	31.3	33.0
US Virgin Islands	24	27	36	24	56	43.0	48.5	64.9	43.4	101.6
<b>TERRITORIES TOTAL</b>	<b>388</b>	<b>277</b>	<b>625</b>	<b>733</b>	<b>750</b>	<b>20.8</b>	<b>14.5</b>	<b>32.8</b>	<b>38.9</b>	<b>40.0</b>
<b>TOTAL</b>	<b>253,747</b>	<b>290,943</b>	<b>298,640</b>	<b>256,299</b>	<b>221,926</b>	<b>150.6</b>	<b>172.0</b>	<b>176.3</b>	<b>150.9</b>	<b>129.7</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on gonorrhea case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 23. Gonorrhea — Reported Cases and Rates of Reported Cases by Age Group and Sex, United States

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
2019	0-4	218	72	137	9	1.1	0.7	1.4
	5-9	106	20	84	2	0.5	0.2	0.9
	10-14	2,646	522	2,113	11	12.7	4.9	20.8
	15-19	93,379	35,402	57,758	219	443.5	329.5	560.3
	20-24	162,298	83,278	78,700	320	750.2	752.6	744.7
	25-29	135,711	84,207	51,260	244	577.3	701.5	445.6
	30-34	87,990	58,749	29,045	196	392.3	517.4	262.2
	35-39	53,587	36,866	16,614	107	246.5	338.7	153.1
	40-44	30,362	21,871	8,417	74	152.4	220.8	84.0
	45-54	33,316	26,356	6,884	76	81.5	130.7	33.3
	55-64	13,630	11,683	1,916	31	32.1	57.0	8.7
	65+	2,703	2,350	336	17	5.0	9.8	1.1
	Unknown Age	446	210	95	141			
<b>TOTAL</b>	<b>616,392</b>	<b>361,586</b>	<b>253,359</b>	<b>1,447</b>	<b>187.8</b>	<b>223.7</b>	<b>152.1</b>	
2020	0-4	294	90	188	16	1.5	0.9	2.0
	5-9	107	13	91	3	0.5	0.1	0.9
	10-14	2,958	582	2,368	8	13.6	5.2	22.3
	15-19	103,391	39,656	63,542	193	479.8	360.1	603.1

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	20-24	182,880	90,894	91,618	368	851.9	830.3	870.8
	25-29	145,825	87,378	58,127	320	637.0	751.9	515.7
	30-34	99,228	64,453	34,590	185	434.8	558.1	306.8
	35-39	58,623	38,898	19,604	121	263.9	346.9	178.3
	40-44	34,060	23,807	10,164	89	165.6	230.8	99.1
	45-54	32,900	25,152	7,663	85	79.8	122.2	37.2
	55-64	13,771	11,678	2,063	30	31.9	55.3	9.4
	65+	2,831	2,470	343	18	5.2	10.1	1.2
	Unknown Age	901	480	305	116			
	<b>TOTAL</b>	<b>677,769</b>	<b>385,551</b>	<b>290,666</b>	<b>1,552</b>	<b>204.5</b>	<b>234.8</b>	<b>173.8</b>
<b>2021</b>	0-4	240	76	157	7	1.3	0.8	1.7
	5-9	83	17	66	0	0.4	0.2	0.7
	10-14	3,044	629	2,409	6	14.2	5.7	23.0
	15-19	101,918	39,696	61,961	261	472.6	360.1	587.8
	20-24	185,219	92,638	92,130	451	860.5	844.2	873.2
	25-29	148,135	89,098	58,701	336	661.5	783.0	533.0
	30-34	109,390	72,191	36,911	288	473.5	618.4	323.0
	35-39	65,169	44,028	20,992	149	292.2	390.9	190.2
	40-44	38,613	26,984	11,553	76	183.0	254.7	109.9

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	45-54	36,148	27,393	8,684	71	88.8	134.9	42.6
	55-64	15,295	12,884	2,381	30	35.7	61.5	10.9
	65+	3,189	2,746	431	12	5.7	10.9	1.4
	Unknown Age	3,708	2,008	1,639	61			
	<b>TOTAL</b>	<b>710,151</b>	<b>410,388</b>	<b>298,015</b>	<b>1,748</b>	<b>214.0</b>	<b>249.7</b>	<b>177.9</b>
<b>2022</b>	0-4	240	97	134	9	1.3	1.0	1.5
	5-9	76	15	61	0	0.4	0.1	0.6
	10-14	2,882	627	2,241	14	13.8	5.9	22.0
	15-19	94,918	39,106	55,477	335	438.7	352.9	525.7
	20-24	165,751	85,780	79,408	563	730.0	739.4	715.1
	25-29	128,268	80,453	47,470	345	578.0	708.7	437.9
	30-34	103,073	71,251	31,553	269	442.2	601.9	275.1
	35-39	61,580	43,373	18,067	140	276.5	383.8	164.8
	40-44	37,304	26,835	10,390	79	174.1	248.1	97.9
	45-54	34,590	26,639	7,856	95	85.6	131.4	39.0
	55-64	15,371	13,111	2,229	31	36.5	63.4	10.4
	65+	3,433	2,966	455	12	5.9	11.4	1.4
Unknown Age	570	295	225	50				
<b>TOTAL</b>	<b>648,056</b>	<b>390,548</b>	<b>255,566</b>	<b>1,942</b>	<b>194.4</b>	<b>236.3</b>	<b>152.1</b>	

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
2023	0-4	176	62	104	10	1.0	0.7	1.1
	5-9	58	14	41	3	0.3	0.1	0.4
	10-14	3,171	700	2,458	13	15.2	6.6	24.2
	15-19	89,666	38,080	51,384	202	406.2	337.1	476.7
	20-24	142,526	76,900	65,226	400	653.5	691.1	610.5
	25-29	113,774	75,017	38,358	399	516.7	671.2	353.8
	30-34	96,504	69,607	26,657	240	410.2	585.8	229.0
	35-39	59,979	44,085	15,724	170	266.5	387.9	141.1
	40-44	36,409	27,154	9,162	93	166.4	246.9	84.2
	45-54	33,720	26,316	7,325	79	83.3	130.4	36.1
	55-64	15,612	13,406	2,164	42	37.3	65.4	10.1
	65+	3,599	3,158	425	16	6.1	11.8	1.3
	Unknown Age	6,125	3,929	2,148	48			
	<b>TOTAL</b>	<b>601,319</b>	<b>378,428</b>	<b>221,176</b>	<b>1,715</b>	<b>179.5</b>	<b>228.3</b>	<b>130.7</b>

\* No population data are available for unknown sex and age; therefore, rates are not calculated.

**NOTE:** Cases in the 0–4 age group may include cases due to perinatal transmission. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on gonorrhea case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 24. Gonorrhea — Reported Cases by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	7	1	6	1	1	0	48	20	28	31	11	20
5-9	2	1	1	0	0	0	15	4	11	7	1	6
10-14	37	5	32	13	2	11	1,830	438	1,389	258	45	213
15-19	790	206	584	479	200	277	47,825	21,518	26,267	8,948	3,781	5,149
20-24	1,489	575	914	1,536	1,056	473	64,335	34,758	29,498	18,688	11,201	7,445
25-29	1,375	589	782	1,973	1,617	344	44,103	28,620	15,435	17,728	12,903	4,768
30-34	1,339	578	760	2,069	1,807	253	33,257	24,142	9,090	15,605	12,297	3,268
35-39	935	394	538	1,274	1,139	127	17,977	13,670	4,288	9,690	7,742	1,930
40-44	561	256	304	734	634	99	9,809	7,685	2,116	5,750	4,653	1,084
45-54	411	192	219	729	637	92	8,741	7,268	1,464	4,792	3,978	799
55-64	116	74	41	237	193	44	4,118	3,654	460	1,586	1,389	196
65+	28	23	5	43	27	16	957	862	94	262	233	29
Unknown Age	19	14	5	50	37	13	2,996	2,027	967	190	118	71
<b>TOTAL</b>	<b>7,109</b>	<b>2,908</b>	<b>4,191</b>	<b>9,138</b>	<b>7,350</b>	<b>1,749</b>	<b>236,011</b>	<b>144,666</b>	<b>91,107</b>	<b>83,535</b>	<b>58,352</b>	<b>24,978</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White			Other/Unknown		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	5	2	3	0	0	0	28	10	17	56	17	30
5-9	2	1	1	0	0	0	13	2	10	19	5	12
10-14	68	9	59	3	0	3	323	40	283	639	161	468
15-19	1,969	600	1,366	102	39	63	11,080	3,214	7,844	18,473	8,522	9,834
20-24	3,330	1,476	1,850	277	144	132	23,556	10,900	12,589	29,315	16,790	12,325
25-29	2,818	1,711	1,092	224	133	87	23,443	14,528	8,817	22,110	14,916	7,033
30-34	2,502	1,701	791	228	161	67	23,756	15,980	7,706	17,748	12,941	4,722
35-39	1,583	1,161	411	159	120	38	17,345	11,795	5,507	11,016	8,064	2,885
40-44	946	740	205	82	61	21	11,837	8,193	3,614	6,690	4,932	1,719
45-54	815	678	137	65	44	21	11,526	8,617	2,891	6,641	4,902	1,702
55-64	330	299	29	33	28	5	6,085	5,250	820	3,107	2,519	569
65+	60	57	3	4	3	1	1,482	1,332	146	763	621	131
Unknown Age	1	0	0	0	0	0	696	418	277	2,173	1,315	815
<b>TOTAL</b>	<b>14,429</b>	<b>8,435</b>	<b>5,947</b>	<b>1,177</b>	<b>733</b>	<b>438</b>	<b>131,170</b>	<b>80,279</b>	<b>50,521</b>	<b>118,750</b>	<b>75,705</b>	<b>42,245</b>

\* Total includes cases reported with unknown sex.

**NOTE:** These tables should be used only for race/Hispanic ethnicity comparisons. Cases in the 0–4 age group may include cases due to perinatal transmission. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on gonorrhea case reporting and on collection of race and Hispanic ethnicity for STI case data. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 25. Gonorrhea — Rates of Reported Cases\* by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	5.5	1.5	9.6	0.1	0.2	0.0	1.8	1.5	2.2	0.6	0.4	0.8
5-9	1.3	1.3	1.3	0.0	0.0	0.0	0.5	0.3	0.8	0.1	0.0	0.2
10-14	21.9	5.8	38.7	1.1	0.3	2.0	63.8	30.0	98.4	4.7	1.6	8.0
15-19	437.8	225.0	657.0	40.5	33.4	47.5	1,590.8	1,412.3	1,771.5	157.2	129.8	185.3
20-24	842.4	640.1	1,051.5	119.5	163.2	74.1	2,151.7	2,312.7	1,983.6	356.8	418.6	290.6
25-29	771.2	654.0	886.2	133.4	221.0	46.0	1,416.7	1,837.4	992.3	357.4	510.2	196.1
30-34	695.0	593.2	798.2	118.6	212.3	28.3	964.3	1,411.2	523.0	314.8	480.7	136.3
35-39	560.1	470.6	646.6	72.3	133.8	14.0	607.9	950.7	282.2	206.5	314.6	86.5
40-44	364.4	334.0	393.2	44.5	81.1	11.4	351.0	575.2	145.1	125.3	195.1	49.2
45-54	148.0	140.3	155.5	25.1	46.6	6.0	173.0	305.3	54.8	60.6	98.9	20.6
55-64	39.9	53.2	27.0	10.3	18.0	3.6	82.4	157.8	17.1	26.8	47.1	6.6
65+	7.7	14.0	2.5	1.4	2.1	0.9	16.9	36.8	2.8	4.7	9.4	0.9
Unknown age												
<b>TOTAL</b>	<b>292.2</b>	<b>242.4</b>	<b>339.9</b>	<b>44.2</b>	<b>74.0</b>	<b>16.3</b>	<b>557.8</b>	<b>712.6</b>	<b>413.9</b>	<b>128.1</b>	<b>177.0</b>	<b>77.5</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	0.5	0.4	0.6	0.0	0.0	0.0	0.3	0.2	0.4
5-9	0.2	0.2	0.2	0.0	0.0	0.0	0.1	0.0	0.2
10-14	7.0	1.8	12.4	6.8	0.0	13.8	3.2	0.8	5.7
15-19	220.5	132.0	311.7	223.5	168.1	280.8	100.0	56.5	145.7
20-24	443.4	388.0	499.2	625.2	635.7	609.6	208.0	187.7	228.1
25-29	428.9	517.6	334.5	486.1	568.5	383.5	202.4	245.7	155.5
30-34	449.9	624.2	278.9	427.0	590.6	256.4	189.0	251.0	124.2
35-39	371.1	570.6	184.2	299.3	439.7	147.1	139.3	187.2	89.5
40-44	255.0	421.4	104.9	166.0	241.4	87.0	96.4	131.8	59.6
45-54	143.2	253.0	45.5	82.8	110.4	54.4	48.6	72.0	24.6
55-64	71.8	137.9	11.9	47.5	81.7	14.2	21.9	38.1	5.8
65+	11.1	23.3	1.0	5.2	8.3	2.4	3.4	6.6	0.6
Unknown age									
<b>TOTAL</b>	<b>176.3</b>	<b>207.7</b>	<b>144.3</b>	<b>181.3</b>	<b>224.1</b>	<b>136.0</b>	<b>67.1</b>	<b>82.8</b>	<b>51.3</b>

\* Per 100,000 population

† Total includes cases reported with unknown sex.

**NOTE:** These tables should be used only for race/Hispanic ethnicity comparisons. Cases in the 0–4 age group may include cases due to perinatal transmission. No population data exist for unknown sex, unknown age, or unknown race; therefore, rates are not calculated. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on gonorrhea case reporting and on collection of race and Hispanic ethnicity for STI case data. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 26. Gonorrhea — Reported Cases and Rates of Reported Cases Among Men Aged 15-24 Years by Age, United States

Ages	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
15	1,376	1,707	1,589	1,791	1,947	64.6	77.7	71.3	79.5	85.0
16	3,282	3,722	3,751	3,863	4,162	155.1	168.2	170.2	174.4	181.9
17	6,051	7,002	6,945	6,948	6,853	286.4	320.7	313.6	316.2	304.8
18	10,778	11,711	11,780	11,640	11,366	496.1	534.1	537.1	525.3	510.0
19	13,915	15,514	15,631	14,864	13,752	628.3	696.8	716.4	675.5	613.6
20	15,610	17,707	17,671	16,449	14,562	715.0	803.0	796.3	728.3	656.1
21	16,483	18,315	19,111	17,767	15,349	753.7	838.2	861.3	738.6	695.5
22	16,973	18,651	18,477	17,611	15,850	773.2	859.1	846.8	738.5	705.6
23	17,042	18,296	18,867	17,022	15,979	767.1	839.8	867.0	740.9	711.5
24	17,170	17,925	18,512	16,931	15,160	753.9	812.1	850.3	750.6	686.5
<b>Total</b>	<b>118,680</b>	<b>130,550</b>	<b>132,334</b>	<b>124,886</b>	<b>114,980</b>	<b>544.1</b>	<b>594.5</b>	<b>601.6</b>	<b>550.5</b>	<b>512.8</b>

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on gonorrhea case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 27. Gonorrhea — Reported Cases and Rates of Reported Cases Among Women Aged 15-24 Years by Age, United States

Ages	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
15	3,821	4,126	3,817	3,854	3,978	186.8	196.7	179.4	179.8	182.3
16	6,938	7,364	7,150	6,639	6,788	341.1	347.7	339.5	314.5	311.6
17	10,961	11,952	11,578	10,319	9,861	540.0	572.3	546.5	492.9	459.4
18	17,134	18,637	18,124	16,356	14,889	822.4	887.7	863.2	775.0	699.4
19	18,904	21,463	21,292	18,309	15,868	893.5	1,006.3	1,018.6	873.9	740.3
20	18,407	21,462	21,054	18,041	14,798	882.2	1,016.2	989.6	827.8	696.6
21	17,693	20,397	20,416	17,884	14,523	846.1	971.9	959.1	771.5	686.4
22	15,344	18,572	18,704	16,262	13,398	729.5	889.4	892.0	713.6	621.4
23	13,989	16,459	17,109	14,385	11,871	659.9	783.7	816.7	657.9	549.8
24	13,267	14,728	14,847	12,836	10,636	612.2	693.9	706.1	599.5	499.6
<b>Total</b>	<b>136,458</b>	<b>155,160</b>	<b>154,091</b>	<b>134,885</b>	<b>116,610</b>	<b>653.6</b>	<b>736.8</b>	<b>730.6</b>	<b>622.8</b>	<b>543.3</b>

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on gonorrhea case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 28. Chlamydia — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States

Rank*	State	Cases	Rate per 100,000 Population
1	Louisiana	36,242	792.4
2	Mississippi	20,603	700.9
3	Alaska	5,117	697.7
4	Alabama	33,261	651.1
5	Georgia	71,294	646.4
6	South Carolina	32,889	612.1
7	North Carolina	65,867	607.9
8	Maryland	35,836	579.8
9	Arkansas	17,781	579.6
10	New York	109,284	558.4
11	Illinois	69,992	557.7
12	Delaware	5,703	552.7
13	Arizona	41,058	552.5
14	South Dakota	4,887	531.6
15	New Mexico	11,071	523.6
16	Tennessee	36,872	517.4
17	Florida	112,804	498.9

Rank*	State	Cases	Rate per 100,000 Population
18	Missouri	30,892	498.6
19	Nevada	15,766	493.6
	<b>US TOTAL†</b>	<b>1,648,568</b>	<b>492.2</b>
20	Texas	150,056	491.9
21	California	191,357	491.1
22	Indiana	33,693	491.0
23	Rhode Island	5,269	480.8
24	Virginia	41,206	472.8
25	Oklahoma	19,104	471.3
26	Nebraska	9,274	468.8
27	Ohio	54,411	461.7
28	Kansas	13,345	453.8
29	North Dakota	3,421	436.4
30	Hawaii	6,251	435.6
31	Colorado	25,571	435.1
32	Michigan	43,115	429.5
33	Iowa	13,687	426.8
34	Wisconsin	24,993	422.8
35	Pennsylvania	54,600	421.2

Rank*	State	Cases	Rate per 100,000 Population
36	Massachusetts	28,895	412.7
37	New Jersey	35,689	384.1
38	Kentucky	17,284	381.9
39	Minnesota	21,777	379.5
40	Connecticut	13,197	364.8
41	Oregon	15,344	362.5
42	Washington	27,687	354.4
43	Montana	3,655	322.6
44	Utah	11,004	322.0
45	Wyoming	1,829	313.2
46	Idaho	5,793	294.9
47	West Virginia	4,407	249.0
48	Maine	3,034	217.4
49	Vermont	1,307	201.9
50	New Hampshire	2,756	196.6

\* States were ranked by unrounded rate, then by case count, then in alphabetical order, with rates shown rounded to the nearest tenth.

† Total includes cases reported by the District of Columbia with 8,338 cases and a rate of 1,228.0, but excludes US territories.

**NOTE:** See [Technical Notes](#) for more information on chlamydia case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 29. Chlamydia — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	31,228	27,075	31,507	31,060	33,261	636.9	538.9	625.2	612.1	651.1
Alaska	6,254	5,090	5,571	5,338	5,117	854.9	694.0	760.4	727.7	697.7
Arizona	43,058	37,289	41,498	40,796	41,058	591.6	521.4	570.3	554.4	552.5
Arkansas	17,196	16,053	17,936	17,918	17,781	569.8	533.1	592.8	588.3	579.6
California	236,719	178,679	191,542	192,647	191,357	599.1	451.9	488.2	493.6	491.1
Colorado	29,821	26,137	26,747	26,646	25,571	517.8	452.7	460.2	456.3	435.1
Connecticut	15,290	12,716	14,750	12,738	13,197	428.9	352.6	409.1	351.3	364.8
Delaware	5,864	4,855	4,880	5,177	5,703	602.2	490.4	486.4	508.3	552.7
District of Columbia	9,327	6,413	6,952	8,141	8,338	1,321.6	930.0	1,037.5	1,211.8	1,228.0
Florida	110,794	100,030	104,400	106,873	112,804	515.9	464.4	479.3	480.4	498.9
Georgia	67,720	62,582	67,941	72,662	71,294	637.8	584.2	629.1	665.8	646.4
Hawaii	8,093	7,005	6,078	5,530	6,251	571.6	481.4	421.6	384.0	435.6
Idaho	6,863	6,273	6,320	5,976	5,793	384.0	341.1	332.5	308.2	294.9
Illinois	81,012	68,716	71,836	71,564	69,992	639.3	536.3	566.9	568.8	557.7
Indiana	35,430	33,372	34,755	33,834	33,693	526.3	491.8	510.7	495.2	491.0

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Iowa	16,044	15,097	15,620	14,634	13,687	508.5	473.2	489.2	457.2	426.8
Kansas	15,286	14,620	14,851	13,935	13,345	524.7	497.6	506.1	474.4	453.8
Kentucky	20,911	18,750	18,500	18,358	17,284	468.1	416.1	410.3	406.8	381.9
Louisiana	36,131	32,997	33,759	36,200	36,242	777.2	708.4	730.1	788.6	792.4
Maine	3,989	3,466	3,372	3,128	3,034	296.8	254.4	245.7	225.8	217.4
Maryland	37,779	32,398	NR	31,234	35,836	624.9	524.5	—	506.7	579.8
Massachusetts	31,622	24,901	26,950	28,373	28,895	458.8	354.2	385.8	406.4	412.7
Michigan	50,104	44,769	45,473	42,977	43,115	501.7	444.3	452.4	428.3	429.5
Minnesota	24,470	22,114	22,573	22,072	21,777	433.9	387.5	395.5	386.1	379.5
Mississippi	25,303	23,919	22,126	22,968	20,603	850.2	807.7	750.0	781.2	700.9
Missouri	34,416	31,815	31,915	32,346	30,892	560.8	516.9	517.4	523.6	498.6
Montana	4,753	4,133	4,029	4,089	3,655	444.7	381.2	364.9	364.2	322.6
Nebraska	9,291	8,844	8,897	9,627	9,274	480.3	450.9	453.1	489.2	468.8
Nevada	17,827	14,739	16,348	16,189	15,766	578.8	474.7	520.0	509.4	493.6
New Hampshire	3,577	2,931	3,027	2,830	2,756	263.1	212.8	217.9	202.8	196.6
New Jersey	37,591	31,649	33,425	33,147	35,689	423.2	340.7	360.7	357.9	384.1
New Mexico	14,283	12,084	12,441	11,172	11,071	681.2	570.7	588.0	528.6	523.6
New York	124,622	97,722	101,657	103,673	109,284	640.6	483.7	512.5	526.9	558.4

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Carolina	70,257	64,640	63,660	64,525	65,867	669.9	619.2	603.3	603.1	607.9
North Dakota	3,880	3,562	3,964	3,704	3,421	509.1	457.2	511.5	475.3	436.4
Ohio	65,393	59,520	56,520	54,459	54,411	559.4	504.4	479.8	463.2	461.7
Oklahoma	23,518	21,208	20,709	20,190	19,104	594.3	535.6	519.5	502.3	471.3
Oregon	19,279	15,858	15,596	15,504	15,344	457.1	374.3	367.3	365.6	362.5
Pennsylvania	61,694	52,272	53,124	54,645	54,600	481.9	402.0	409.8	421.3	421.2
Rhode Island	5,718	4,714	5,199	5,199	5,269	539.8	429.6	474.5	475.3	480.8
South Carolina	35,950	34,118	36,477	35,525	32,889	698.2	666.6	702.7	672.5	612.1
South Dakota	4,547	4,044	4,853	5,160	4,887	514.0	456.1	542.0	567.1	531.6
Tennessee	41,089	37,907	39,227	37,942	36,872	601.7	548.5	562.4	538.1	517.4
Texas	129,075	135,124	149,636	155,483	150,056	445.1	463.6	506.8	517.8	491.9
Utah	11,075	10,466	11,221	11,108	11,004	345.5	319.9	336.2	328.6	322.0
Vermont	1,718	1,117	910	1,281	1,307	275.3	173.7	141.0	198.0	201.9
Virginia	48,169	40,965	40,409	40,789	41,206	564.3	474.6	467.6	469.7	472.8
Washington	37,795	31,181	29,632	28,431	27,687	496.3	404.7	382.9	365.2	354.4
West Virginia	5,609	5,431	5,226	4,450	4,407	313.0	302.8	293.1	250.7	249.0
Wisconsin	29,080	26,564	27,847	25,676	24,993	499.4	450.7	472.3	435.7	422.8
Wyoming	2,189	1,961	2,078	1,793	1,829	378.2	339.9	359.0	308.4	313.2

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<b>US TOTAL</b>	<b>1,808,703</b>	<b>1,579,885</b>	<b>1,644,416</b>	<b>1,649,716</b>	<b>1,648,568</b>	<b>551.0</b>	<b>476.7</b>	<b>495.5</b>	<b>495.0</b>	<b>492.2</b>
<i>Northeast</i>	285,821	231,488	242,414	245,014	254,031	510.6	401.8	424.1	429.5	445.8
<i>Midwest</i>	368,953	333,037	339,104	329,988	323,487	540.0	482.8	492.6	479.7	469.4
<i>South</i>	715,920	664,465	693,797	709,495	709,547	570.1	526.2	545.3	551.2	545.3
<i>West</i>	438,009	350,895	369,101	365,219	361,503	559.1	446.5	469.2	463.8	458.2
American Samoa	81	119	65	203	344	167.2	251.1	140.2	446.7	771.0
Commonwealth of the Northern Mariana Islands	249	180	207	222	229	478.4	347.1	400.7	431.3	446.4
Guam	1,234	827	714	726	754	733.9	490.8	423.0	429.4	445.3
Puerto Rico	4,817	3,995	4,793	4,633	5,195	150.8	121.6	146.9	143.8	162.1
US Virgin Islands	537	463	640	626	617	503.4	435.6	604.5	593.9	588.1
<b>TERRITORIES TOTAL</b>	<b>6,918</b>	<b>5,584</b>	<b>6,419</b>	<b>6,410</b>	<b>7,139</b>	<b>193.8</b>	<b>152.6</b>	<b>176.5</b>	<b>178.4</b>	<b>199.6</b>
<b>TOTAL</b>	<b>1,815,621</b>	<b>1,585,469</b>	<b>1,650,835</b>	<b>1,656,126</b>	<b>1,655,707</b>	<b>547.2</b>	<b>473.1</b>	<b>492.0</b>	<b>491.6</b>	<b>489.1</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on chlamydia case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 30. Chlamydia Among Men — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	9,882	8,906	9,894	9,645	10,021	417.0	364.6	404.2	390.9	404.2
Alaska	2,240	1,713	1,854	1,853	1,717	587.3	445.6	482.6	480.1	445.6
Arizona	15,316	13,067	15,089	15,021	15,268	423.4	365.9	415.3	408.3	411.8
Arkansas	5,041	4,602	5,179	5,350	5,290	340.2	309.6	346.8	355.4	349.4
California	92,707	68,763	75,556	77,396	76,681	471.9	347.8	385.2	396.2	394.3
Colorado	11,073	9,560	10,029	10,103	9,817	381.7	326.9	340.6	340.8	329.8
Connecticut	5,054	4,303	4,870	4,393	4,441	290.6	243.1	275.2	247.3	250.3
Delaware	2,004	1,548	1,666	1,729	1,929	425.7	321.6	341.9	349.6	386.5
District of Columbia	4,192	3,155	3,680	4,310	4,546	1,252.4	960.0	1,154.0	1,348.2	1,413.1
Florida	39,850	35,556	38,907	40,762	44,805	379.6	335.7	363.3	372.4	403.3
Georgia	22,662	20,927	23,905	25,726	25,684	439.1	399.8	453.6	482.6	477.8
Hawaii	3,047	2,432	2,105	1,902	2,256	430.3	331.8	290.2	262.4	313.4
Idaho	2,297	2,124	2,173	2,093	2,011	256.4	229.1	226.7	214.2	203.4
Illinois	29,561	24,559	26,802	27,071	27,460	474.8	387.7	427.8	434.6	442.8
Indiana	11,518	10,632	11,407	11,259	11,335	346.9	315.8	337.7	331.6	332.9
Iowa	5,485	4,968	5,278	4,998	4,771	349.1	310.8	329.6	311.1	296.7

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kansas	4,911	4,671	4,914	4,611	4,378	338.3	317.3	334.2	312.5	296.9
Kentucky	6,878	6,021	5,967	6,065	5,704	312.5	269.6	267.1	270.7	254.3
Louisiana	11,598	10,441	10,873	12,052	12,077	511.6	457.1	480.0	536.3	540.4
Maine	1,394	1,186	1,140	1,126	1,077	211.8	176.5	168.5	164.8	156.6
Maryland	13,514	11,427	NR	11,273	13,417	461.4	379.6	—	375.5	446.6
Massachusetts	12,166	9,011	10,033	10,943	11,215	363.6	262.4	294.0	320.2	327.9
Michigan	17,129	14,886	15,405	15,005	15,586	348.3	298.1	309.3	301.2	313.4
Minnesota	8,875	7,830	8,101	8,175	8,104	315.9	273.8	283.2	284.7	281.8
Mississippi	7,873	7,494	6,843	7,267	5,726	545.9	519.5	476.8	508.6	401.6
Missouri	11,926	10,899	11,138	11,436	10,798	395.9	358.8	365.8	374.4	353.2
Montana	1,640	1,409	1,330	1,394	1,276	304.8	256.6	237.8	244.6	222.3
Nebraska	3,058	2,897	2,956	3,259	3,252	316.4	294.0	299.6	329.0	326.9
Nevada	6,595	5,555	6,532	6,395	6,594	426.9	355.0	412.3	398.7	410.1
New Hampshire	1,298	1,024	1,050	995	1,020	192.6	149.1	151.5	142.6	145.8
New Jersey	12,869	10,457	11,458	11,840	13,094	296.5	228.8	251.2	259.4	286.4
New Mexico	4,378	3,702	3,940	3,611	3,752	422.0	351.3	374.3	342.9	357.0
New York	52,593	39,145	42,388	44,614	47,681	556.7	396.5	437.2	463.5	499.0
North Carolina	23,204	20,897	21,231	21,905	22,781	455.0	409.3	411.8	418.0	430.1

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
North Dakota	1,425	1,211	1,436	1,351	1,249	365.4	302.0	360.4	337.4	310.6
Ohio	21,750	19,576	18,967	18,239	18,671	379.5	336.3	326.3	313.9	321.2
Oklahoma	7,428	6,637	6,593	6,476	6,190	378.9	336.6	332.3	323.1	306.9
Oregon	7,017	5,481	5,665	5,887	5,705	335.6	259.4	267.6	278.1	270.6
Pennsylvania	22,496	18,630	19,029	20,443	20,684	358.5	290.4	297.3	319.2	323.7
Rhode Island	2,023	1,630	1,842	1,843	2,003	392.3	303.1	343.0	343.2	372.7
South Carolina	12,053	11,560	12,605	11,787	10,857	483.4	464.0	499.5	458.3	415.8
South Dakota	1,347	1,253	1,539	1,640	1,621	301.5	278.3	338.4	354.4	346.8
Tennessee	14,120	12,931	13,872	13,390	12,895	423.7	381.4	405.6	386.7	368.9
Texas	42,314	43,290	50,355	53,915	54,512	293.8	297.5	341.7	359.0	358.3
Utah	4,116	3,858	4,215	4,095	4,209	254.9	233.0	249.4	238.5	243.1
Vermont	565	388	285	419	461	183.3	121.3	88.8	130.1	143.4
Virginia	17,184	14,110	14,135	14,559	14,917	409.1	330.2	330.5	338.7	346.4
Washington	14,375	11,527	10,987	10,841	10,219	377.1	297.1	281.8	276.0	259.8
West Virginia	1,849	1,707	1,605	1,447	1,461	208.3	190.8	180.5	163.3	165.3
Wisconsin	9,682	8,492	9,192	8,683	8,601	334.2	287.6	311.2	293.8	290.6
Wyoming	765	628	700	613	626	259.6	212.4	236.3	205.7	209.3
<b>US TOTAL</b>	<b>644,337</b>	<b>548,676</b>	<b>587,473</b>	<b>601,205</b>	<b>610,445</b>	<b>398.6</b>	<b>334.2</b>	<b>357.4</b>	<b>363.7</b>	<b>368.3</b>

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>Northeast</i>	110,458	85,774	92,095	96,616	101,676	404.6	303.3	328.1	344.7	363.7
<i>Midwest</i>	126,667	111,874	117,135	115,727	115,826	375.4	326.4	342.4	338.0	338.4
<i>South</i>	241,646	221,209	238,068	247,658	252,812	392.7	355.6	380.0	390.2	394.8
<i>West</i>	165,566	129,819	140,175	141,204	140,131	423.6	329.3	355.2	357.0	354.5
American Samoa	0	36	24	104	75	0.0	152.3	103.9	459.9	338.1
Commonwealth of the Northern Mariana Islands	48	36	38	47	40	173.6	130.8	138.7	172.3	147.3
Guam	360	195	190	201	238	416.0	224.8	218.6	230.8	272.9
Puerto Rico	1,118	883	1,068	1,128	1,360	73.8	56.7	69.1	74.1	89.8
US Virgin Islands	191	138	193	166	144	375.5	272.5	383.1	331.3	289.0
<b>TERRITORIES TOTAL</b>	<b>1,717</b>	<b>1,288</b>	<b>1,513</b>	<b>1,646</b>	<b>1,857</b>	<b>100.7</b>	<b>73.8</b>	<b>87.3</b>	<b>96.3</b>	<b>109.2</b>
<b>TOTAL</b>	<b>646,054</b>	<b>549,964</b>	<b>588,986</b>	<b>602,851</b>	<b>612,302</b>	<b>395.5</b>	<b>331.4</b>	<b>354.6</b>	<b>361.0</b>	<b>365.7</b>

NR = No report

**NOTE:** See [Technical Notes](#) for more information on chlamydia case reporting and on interpreting case counts and rates in US territories. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Due to a network security incident in December 2021, the Maryland Department of Health could not finalize their 2021 STI case notification data. Although 2021 data from Maryland are included in national and regional case counts and rates displayed in this table, state-specific data have been suppressed. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

Table 31. Chlamydia Among Women — Reported Cases and Rates of Reported Cases by State/Territory and Region in Alphabetical Order, United States

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Alabama	21,260	18,087	21,413	20,846	22,673	839.1	700.5	826.2	799.6	862.3
Alaska	4,011	3,377	3,717	3,485	3,400	1,145.6	967.8	1,066.7	1,002.5	976.8
Arizona	27,716	24,196	26,368	25,680	25,730	757.0	675.9	723.9	697.8	691.0
Arkansas	12,146	11,447	12,749	12,558	12,474	790.7	750.7	831.8	815.4	802.8
California	143,319	109,322	115,219	114,254	113,185	721.4	553.1	587.2	586.1	579.9
Colorado	18,748	16,577	16,718	16,538	15,754	656.1	581.8	583.0	575.2	543.0
Connecticut	10,168	8,366	9,833	8,341	8,695	556.9	455.8	535.6	450.9	471.7
Delaware	3,842	3,289	3,197	3,440	3,774	763.9	646.7	619.5	656.6	708.4
District of Columbia	5,026	3,228	3,258	3,762	3,738	1,354.6	894.4	927.8	1,068.4	1,046.3
Florida	70,892	64,429	65,441	66,021	67,872	645.6	588.6	591.1	584.3	590.1
Georgia	43,914	41,210	43,985	46,923	45,609	804.7	752.3	795.4	840.6	806.6
Hawaii	5,032	4,325	3,950	3,626	3,994	710.9	598.8	551.5	506.8	558.3
Idaho	4,566	4,146	4,144	3,881	3,777	512.4	454.7	439.8	403.5	386.9
Illinois	51,168	43,958	44,964	44,443	42,480	793.9	678.6	701.9	699.5	669.1
Indiana	23,896	22,711	23,310	22,533	22,317	700.4	664.4	679.9	655.5	645.4
Iowa	10,559	10,129	10,341	9,636	8,916	666.6	636.4	649.7	604.6	557.6
Kansas	10,375	9,949	9,937	9,323	8,967	709.8	678.7	678.7	637.8	611.7

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Kentucky	13,918	12,647	12,445	12,226	11,533	614.0	556.5	546.9	538.2	505.2
Louisiana	24,524	22,554	22,882	24,148	24,114	1,029.7	950.2	970.0	1,030.7	1,031.0
Maine	2,595	2,280	2,232	2,001	1,957	378.2	330.2	320.8	285.0	276.3
Maryland	24,264	20,876	NR	19,859	22,296	778.5	659.2	—	627.9	702.0
Massachusetts	19,368	15,671	16,780	17,358	17,639	546.0	435.9	469.7	487.0	492.6
Michigan	32,955	29,882	30,067	27,966	27,528	650.2	587.8	593.0	553.6	543.6
Minnesota	15,565	14,232	14,449	13,893	13,655	550.0	500.0	507.5	488.2	477.0
Mississippi	17,381	16,376	15,184	15,589	14,842	1,133.2	1,078.3	1,002.5	1,031.5	980.3
Missouri	22,490	20,916	20,777	20,910	20,055	719.7	671.0	665.2	669.5	639.0
Montana	3,110	2,724	2,699	2,694	2,379	586.0	509.0	495.2	487.1	425.7
Nebraska	6,222	5,925	5,922	6,347	6,015	642.8	607.0	606.2	649.5	611.5
Nevada	11,205	9,163	9,795	9,781	9,154	729.8	595.0	627.9	621.4	577.1
New Hampshire	2,278	1,894	1,951	1,814	1,698	332.1	274.3	280.4	260.1	241.8
New Jersey	24,627	21,060	21,964	21,300	22,583	542.3	446.4	466.8	453.5	478.6
New Mexico	9,895	8,377	8,494	7,551	7,306	934.0	787.5	798.9	712.2	687.1
New York	72,012	58,577	59,242	59,059	61,601	719.7	567.1	584.2	587.6	615.1
North Carolina	47,053	43,742	42,429	42,619	43,086	873.3	820.1	786.5	780.7	777.9
North Dakota	2,448	2,351	2,528	2,353	2,172	658.0	621.9	671.4	621.2	568.8
Ohio	43,643	39,944	37,551	36,220	35,740	732.4	668.2	629.2	609.1	598.3

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Oklahoma	16,088	14,570	14,116	13,714	12,914	805.9	733.0	705.0	680.5	634.0
Oregon	12,235	10,341	9,901	9,589	9,576	575.2	486.8	465.0	451.7	450.6
Pennsylvania	39,132	33,596	34,045	34,177	33,894	599.5	510.1	518.6	520.5	515.7
Rhode Island	3,695	3,084	3,357	3,356	3,263	679.6	551.1	600.9	602.8	584.2
South Carolina	23,789	22,349	23,637	23,587	21,862	895.8	850.7	886.3	870.2	791.4
South Dakota	3,198	2,791	3,314	3,518	3,254	730.3	639.4	752.3	786.8	720.0
Tennessee	26,965	24,972	25,348	24,545	23,940	771.1	709.4	713.0	683.9	659.3
Texas	86,192	90,792	97,940	99,446	94,419	590.6	622.1	662.1	662.5	617.6
Utah	6,955	6,606	7,003	7,009	6,793	437.1	408.9	425.0	421.2	402.9
Vermont	1,149	727	624	860	842	364.0	224.9	192.2	264.6	258.3
Virginia	30,950	26,704	26,226	26,205	26,287	713.9	612.7	600.8	597.7	596.1
Washington	23,378	19,532	18,587	17,484	16,802	614.7	510.7	484.0	453.3	433.2
West Virginia	3,758	3,723	3,621	3,002	2,945	415.5	414.0	405.1	337.7	332.2
Wisconsin	19,372	18,011	18,623	16,927	16,334	662.2	612.3	633.0	576.3	553.4
Wyoming	1,423	1,326	1,369	1,176	1,203	501.0	471.6	484.4	414.9	422.1
<b>US TOTAL</b>	<b>1,160,470</b>	<b>1,027,061</b>	<b>1,053,246</b>	<b>1,043,573</b>	<b>1,033,036</b>	<b>696.6</b>	<b>614.1</b>	<b>628.8</b>	<b>621.2</b>	<b>610.7</b>
<i>Northeast</i>	175,024	145,255	150,028	148,266	152,172	610.3	495.3	515.7	511.1	524.3
<i>Midwest</i>	241,891	220,799	221,783	214,069	207,433	699.4	636.1	640.3	619.5	598.2
<i>South</i>	471,962	440,995	453,471	458,490	454,378	736.9	688.5	702.2	702.7	687.5

State/Territory	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
<i>West</i>	271,593	220,012	227,964	222,748	219,053	691.7	561.8	581.5	568.4	556.4
American Samoa	81	83	41	99	269	333.8	349.3	176.2	433.6	1,198.9
Commonwealth of the Northern Mariana Islands	201	144	169	175	189	823.7	591.8	696.5	723.2	783.1
Guam	874	632	524	525	516	1,070.9	773.0	639.9	640.2	628.4
Puerto Rico	3,697	3,108	3,725	3,505	3,835	220.3	179.8	216.7	206.3	226.7
US Virgin Islands	346	325	447	460	473	620.0	583.9	805.6	831.8	858.6
<b>TERRITORIES TOTAL</b>	<b>5,199</b>	<b>4,292</b>	<b>4,906</b>	<b>4,764</b>	<b>5,282</b>	<b>278.9</b>	<b>224.3</b>	<b>257.7</b>	<b>252.9</b>	<b>281.6</b>
<b>TOTAL</b>	<b>1,165,669</b>	<b>1,031,353</b>	<b>1,058,152</b>	<b>1,048,337</b>	<b>1,038,318</b>	<b>692.0</b>	<b>609.7</b>	<b>624.6</b>	<b>617.1</b>	<b>607.1</b>

NR = No report

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Table 32. Chlamydia — Reported Cases and Rates of Reported Cases by Age Group and Sex, United States

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
2019	0-4	523	201	320	2	2.7	2.0	3.3
	5-9	182	32	146	4	0.9	0.3	1.5
	10-14	11,561	1,432	10,094	35	55.6	13.5	99.2
	15-19	453,927	108,724	344,130	1,073	2,156.0	1,011.8	3,338.2
	20-24	649,450	209,635	438,567	1,248	3,002.1	1,894.6	4,149.9
	25-29	340,542	140,281	199,581	680	1,448.6	1,168.6	1,734.8
	30-34	163,671	78,579	84,726	366	729.7	692.0	764.9
	35-39	84,687	43,605	40,897	185	389.6	400.6	376.8
	40-44	43,005	23,715	19,185	105	215.9	239.4	191.6
	45-54	40,480	25,150	15,256	74	99.0	124.7	73.7
	55-64	13,984	9,567	4,378	39	32.9	46.7	19.9
	65+	2,783	2,036	736	11	5.1	8.5	2.5
	Unknown Age	3,908	1,380	2,454	74			
<b>TOTAL</b>	<b>1,808,703</b>	<b>644,337</b>	<b>1,160,470</b>	<b>3,896</b>	<b>551.0</b>	<b>398.6</b>	<b>696.6</b>	
2020	0-4	559	216	328	15	2.9	2.2	3.5
	5-9	197	39	155	3	1.0	0.4	1.6
	10-14	9,922	1,201	8,692	29	45.6	10.8	81.9
	15-19	386,550	90,944	294,624	982	1,794.0	825.9	2,796.4

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	20-24	575,556	180,060	394,149	1,347	2,680.9	1,644.8	3,746.2
	25-29	297,451	118,636	178,085	730	1,299.3	1,020.9	1,579.8
	30-34	148,819	69,456	79,015	348	652.0	601.4	700.9
	35-39	73,333	37,085	36,068	180	330.2	330.7	328.0
	40-44	37,115	20,139	16,875	101	180.5	195.3	164.6
	45-54	32,381	19,930	12,352	99	78.6	96.8	59.9
	55-64	11,600	7,941	3,629	30	26.9	37.6	16.5
	65+	2,174	1,549	602	23	4.0	6.4	2.0
	Unknown Age	4,228	1,480	2,487	261			
	<b>TOTAL</b>	<b>1,579,885</b>	<b>548,676</b>	<b>1,027,061</b>	<b>4,148</b>	<b>476.7</b>	<b>334.2</b>	<b>614.1</b>
<b>2021</b>	0-4	463	178	280	5	2.5	1.8	3.0
	5-9	163	19	141	3	0.8	0.2	1.4
	10-14	10,012	1,288	8,692	32	46.7	11.7	83.1
	15-19	375,884	90,720	284,306	858	1,743.1	823.0	2,697.0
	20-24	586,315	184,350	400,702	1,263	2,724.0	1,680.0	3,797.8
	25-29	308,559	123,735	184,151	673	1,378.0	1,087.4	1,672.1
	30-34	168,421	80,320	87,753	348	729.0	688.0	767.9
	35-39	84,257	43,388	40,684	185	377.8	385.2	368.7
	40-44	44,313	24,546	19,674	93	210.0	231.7	187.2

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
	45-54	38,435	23,338	15,012	85	94.5	114.9	73.7
	55-64	14,249	9,838	4,387	24	33.3	46.9	20.1
	65+	2,780	1,998	768	14	5.0	7.9	2.5
	Unknown Age	10,565	3,755	6,696	114			
	<b>TOTAL</b>	<b>1,644,416</b>	<b>587,473</b>	<b>1,053,246</b>	<b>3,697</b>	<b>495.5</b>	<b>357.4</b>	<b>628.8</b>
<b>2022</b>	0-4	529	198	315	16	2.9	2.1	3.5
	5-9	167	42	125	0	0.8	0.4	1.3
	10-14	10,442	1,478	8,923	41	50.0	13.8	87.6
	15-19	376,345	95,187	279,919	1,239	1,739.5	858.9	2,652.3
	20-24	576,253	182,289	392,214	1,750	2,537.9	1,571.2	3,532.3
	25-29	305,857	122,749	182,244	864	1,378.2	1,081.2	1,681.2
	30-34	175,859	84,562	90,859	438	754.5	714.4	792.1
	35-39	90,159	47,220	42,700	239	404.9	417.8	389.4
	40-44	48,692	27,048	21,532	112	227.2	250.0	202.9
	45-54	41,920	25,286	16,532	102	103.7	124.7	82.0
	55-64	16,204	11,285	4,878	41	38.5	54.6	22.8
	65+	3,572	2,584	974	14	6.2	10.0	3.1
	Unknown Age	3,717	1,277	2,358	82			
<b>TOTAL</b>	<b>1,649,716</b>	<b>601,205</b>	<b>1,043,573</b>	<b>4,938</b>	<b>495.0</b>	<b>363.7</b>	<b>621.2</b>	

Year	Age Group	Cases				Rates per 100,000 Population*		
		Total	Male	Female	Unknown Sex	Total	Male	Female
2023	0-4	471	170	289	12	2.5	1.8	3.2
	5-9	141	28	111	2	0.7	0.3	1.1
	10-14	11,563	1,828	9,697	38	55.5	17.1	95.4
	15-19	377,855	100,096	276,593	1,166	1,711.7	886.1	2,566.1
	20-24	542,040	173,261	367,021	1,758	2,485.1	1,557.1	3,435.1
	25-29	294,876	118,233	175,785	858	1,339.2	1,057.9	1,621.3
	30-34	176,184	84,506	91,188	490	748.9	711.1	783.3
	35-39	93,853	49,516	44,081	256	417.0	435.7	395.6
	40-44	51,245	28,556	22,527	162	234.2	259.6	206.9
	45-54	44,010	26,241	17,657	112	108.7	130.0	87.0
	55-64	17,397	11,954	5,411	32	41.6	58.3	25.3
	65+	3,789	2,837	937	15	6.4	10.6	2.9
	Unknown Age	35,144	13,219	21,739	186			
	<b>TOTAL</b>	<b>1,648,568</b>	<b>610,445</b>	<b>1,033,036</b>	<b>5,087</b>	<b>492.2</b>	<b>368.3</b>	<b>610.7</b>

\* No population data are available for unknown sex and age; therefore, rates are not calculated.

**NOTE:** Cases in the 0–4 age group may include cases due to perinatal transmission. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on chlamydia case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 33. Chlamydia — Reported Cases by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	4	1	3	3	1	2	120	51	69	61	20	41
5-9	4	1	3	0	0	0	25	3	22	35	4	31
10-14	132	8	123	52	7	45	4,978	993	3,980	1,449	150	1,298
15-19	3,484	734	2,740	2,440	467	1,968	136,165	43,374	92,643	49,273	10,849	38,340
20-24	4,955	1,226	3,720	6,285	1,954	4,305	157,543	57,226	100,181	83,855	23,569	60,146
25-29	3,257	989	2,262	4,688	2,242	2,436	84,403	36,244	48,083	51,003	18,840	32,085
30-34	2,414	765	1,643	3,370	1,972	1,394	50,550	25,567	24,950	30,001	14,067	15,872
35-39	1,470	511	954	1,960	1,205	750	23,460	13,470	9,973	16,524	8,581	7,918
40-44	753	274	479	1,154	738	412	11,317	7,002	4,302	9,097	4,992	4,089
45-54	541	199	342	1,138	741	396	8,797	5,848	2,941	7,409	4,324	3,070
55-64	143	72	70	392	229	163	3,442	2,287	1,154	2,107	1,470	637
65+	26	22	4	80	48	32	699	482	216	303	227	76
Unknown Age	122	43	79	229	84	145	12,255	5,308	6,936	1,752	511	1,240
<b>TOTAL</b>	<b>17,305</b>	<b>4,845</b>	<b>12,422</b>	<b>21,791</b>	<b>9,688</b>	<b>12,048</b>	<b>493,754</b>	<b>197,855</b>	<b>295,450</b>	<b>252,869</b>	<b>87,604</b>	<b>164,843</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White			Other/Unknown		
	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female	Total*	Male	Female
0-4	0	0	0	4	0	4	80	28	52	199	69	118
5-9	3	2	1	0	0	0	27	5	22	47	13	32
10-14	205	18	187	15	0	15	1,825	153	1,669	2,907	499	2,380
15-19	6,794	1,372	5,412	553	100	451	73,966	13,830	60,016	105,180	29,370	75,023
20-24	9,754	2,464	7,282	1,290	333	950	120,619	33,452	86,941	157,739	53,037	103,496
25-29	5,392	1,966	3,417	858	271	586	60,263	22,783	37,371	85,012	34,898	49,545
30-34	3,153	1,555	1,593	536	210	323	37,809	17,639	20,090	48,351	22,731	25,323
35-39	1,598	910	685	263	109	152	22,750	11,646	11,064	25,828	13,084	12,585
40-44	923	609	312	124	53	70	13,607	7,421	6,153	14,270	7,467	6,710
45-54	741	526	214	115	64	51	12,402	7,713	4,666	12,867	6,826	5,977
55-64	272	216	56	38	31	7	5,993	4,633	1,347	5,010	3,016	1,977
65+	43	36	7	1	1	0	1,496	1,273	221	1,141	748	381
Unknown Age	7	1	6	12	5	7	5,100	1,670	3,428	15,667	5,597	9,898
<b>TOTAL</b>	<b>28,885</b>	<b>9,675</b>	<b>19,172</b>	<b>3,809</b>	<b>1,177</b>	<b>2,616</b>	<b>355,937</b>	<b>122,246</b>	<b>233,040</b>	<b>474,218</b>	<b>177,355</b>	<b>293,445</b>

\* Total includes cases reported with unknown sex.

**NOTE:** These tables should be used only for race/Hispanic ethnicity comparisons. Cases in the 0–4 age group may include cases due to perinatal transmission. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on chlamydia case reporting and on collection of race and Hispanic ethnicity for STI case data. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 34. Chlamydia — Rates of Reported Cases\* by Race/Hispanic Ethnicity, Age Group, and Sex, United States

Age Group	American Indian/ Alaska Native			Asian			Black/ African American			Hispanic/Latino		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	3.1	1.5	4.8	0.3	0.2	0.4	4.6	3.8	5.3	1.2	0.8	1.7
5-9	2.6	1.3	4.0	0.0	0.0	0.0	0.9	0.2	1.6	0.7	0.1	1.2
10-14	78.3	9.3	148.8	4.5	1.2	8.0	173.4	68.1	281.9	26.6	5.4	48.7
15-19	1,930.8	801.7	3,082.5	206.4	77.9	337.6	4,529.3	2,846.9	6,248.1	865.6	372.4	1,379.8
20-24	2,803.2	1,364.7	4,279.5	489.0	302.1	674.3	5,269.0	3,807.6	6,736.8	1,601.0	880.8	2,348.0
25-29	1,826.8	1,098.2	2,563.6	317.0	306.4	326.0	2,711.1	2,326.8	3,091.1	1,028.2	745.0	1,319.6
30-34	1,253.0	785.1	1,725.5	193.2	231.7	156.0	1,465.7	1,494.5	1,435.4	605.3	549.9	661.8
35-39	880.6	610.3	1,146.6	111.3	141.6	82.4	793.3	936.8	656.4	352.2	348.7	355.0
40-44	489.1	357.5	619.5	70.0	94.4	47.5	405.0	524.0	295.0	198.2	209.4	185.5
45-54	194.8	145.4	242.9	39.1	54.2	25.7	174.1	245.7	110.1	93.7	107.5	79.0
55-64	49.1	51.8	46.0	17.0	21.4	13.2	68.8	98.8	43.0	35.6	49.9	21.5
65+	7.1	13.3	2.0	2.7	3.7	1.9	12.3	20.6	6.5	5.4	9.1	2.5
Unknown age												
<b>TOTAL</b>	<b>711.3</b>	<b>403.8</b>	<b>1,007.5</b>	<b>105.3</b>	<b>97.5</b>	<b>112.1</b>	<b>1,166.9</b>	<b>974.7</b>	<b>1,342.2</b>	<b>387.7</b>	<b>265.7</b>	<b>511.2</b>

Age Group	Multiracial			Native Hawaiian/ Pacific Islander			White		
	Total†	Male	Female	Total†	Male	Female	Total†	Male	Female
0-4	0.0	0.0	0.0	9.6	0.0	19.8	0.9	0.6	1.2
5-9	0.3	0.4	0.2	0.0	0.0	0.0	0.3	0.1	0.5
10-14	21.1	3.6	39.4	33.9	0.0	69.0	17.9	2.9	33.7
15-19	760.9	301.8	1,234.8	1,211.5	430.9	2,009.9	667.8	243.0	1,114.5
20-24	1,298.9	647.8	1,965.1	2,911.4	1,470.0	4,387.0	1,064.9	575.9	1,575.5
25-29	820.7	594.7	1,046.8	1,862.1	1,158.4	2,583.3	520.2	385.3	659.0
30-34	567.0	570.7	561.8	1,003.9	770.3	1,236.1	300.7	277.1	323.7
35-39	374.6	447.2	307.0	495.0	399.4	588.2	182.7	184.9	179.9
40-44	248.8	346.8	159.6	251.0	209.8	290.1	110.8	119.3	101.5
45-54	130.2	196.2	71.1	146.5	160.6	132.1	52.3	64.4	39.8
55-64	59.1	99.6	23.0	54.7	90.5	19.9	21.6	33.6	9.6
65+	8.0	14.7	2.4	1.3	2.8	0.0	3.4	6.3	0.9
Unknown age									
<b>TOTAL</b>	<b>353.0</b>	<b>238.3</b>	<b>465.1</b>	<b>586.7</b>	<b>359.9</b>	<b>812.1</b>	<b>182.1</b>	<b>126.1</b>	<b>236.6</b>

\* Per 100,000 population

† Total includes cases reported with unknown sex.

**NOTE:** These tables should be used only for race/Hispanic ethnicity comparisons. Cases in the 0–4 age group may include cases due to perinatal transmission. No population data exist for unknown sex, unknown age, or unknown race; therefore, rates are not calculated. Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on chlamydia case reporting and on collection of race and Hispanic ethnicity for STI case data. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 35. Chlamydia — Reported Cases and Rates of Reported Cases Among Men Aged 15-24 Years by Age, United States

Ages	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
15	4,459	3,729	3,646	4,423	5,155	209.4	169.8	163.6	196.3	225.1
16	11,240	9,275	9,260	10,520	11,911	531.1	419.2	420.1	475.0	520.6
17	20,956	17,206	17,286	18,532	20,098	992.0	788.1	780.5	843.3	893.8
18	31,552	26,208	25,737	26,943	28,290	1,452.4	1,195.2	1,173.5	1,215.8	1,269.4
19	40,517	34,526	34,791	34,769	34,642	1,829.4	1,550.7	1,594.6	1,580.0	1,545.8
20	45,850	39,465	39,371	38,694	36,540	2,100.2	1,789.8	1,774.2	1,713.1	1,646.3
21	45,646	39,587	40,614	39,743	37,027	2,087.1	1,811.7	1,830.4	1,652.1	1,677.8
22	43,437	36,821	37,966	38,117	36,037	1,978.6	1,696.0	1,739.9	1,598.5	1,604.3
23	38,735	33,885	35,014	34,439	33,465	1,743.4	1,555.4	1,609.0	1,499.1	1,490.0
24	35,967	30,302	31,385	31,296	30,192	1,579.3	1,372.8	1,441.6	1,387.4	1,367.3
<b>Total</b>	<b>318,359</b>	<b>271,004</b>	<b>275,070</b>	<b>277,476</b>	<b>273,357</b>	<b>1,459.7</b>	<b>1,234.2</b>	<b>1,250.5</b>	<b>1,223.2</b>	<b>1,219.1</b>

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on chlamydia case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table 36. Chlamydia — Reported Cases and Rates of Reported Cases Among Women Aged 15-24 Years by Age, United States

Ages	Cases					Rates per 100,000 Population				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
15	20,352	17,168	15,886	17,347	18,325	994.8	818.5	746.7	809.3	839.9
16	40,135	33,901	32,012	32,809	34,956	1,973.0	1,600.8	1,520.1	1,554.1	1,604.8
17	65,210	55,136	53,315	52,059	52,924	3,212.5	2,640.1	2,516.6	2,486.8	2,465.8
18	102,336	87,113	84,428	82,503	79,745	4,911.9	4,149.5	4,021.3	3,909.1	3,745.9
19	116,097	101,306	98,665	95,201	90,643	5,487.5	4,749.6	4,720.2	4,543.9	4,228.6
20	111,609	99,860	98,541	94,027	85,931	5,349.0	4,728.3	4,631.5	4,314.5	4,045.0
21	103,394	93,215	95,075	91,942	84,600	4,944.2	4,441.8	4,466.6	3,966.2	3,998.6
22	86,633	78,669	80,655	80,128	75,262	4,118.6	3,767.3	3,846.4	3,516.1	3,490.6
23	73,497	66,368	68,341	68,113	65,304	3,467.0	3,160.2	3,262.2	3,115.3	3,024.3
24	63,434	56,037	58,090	58,004	55,924	2,927.2	2,640.1	2,762.6	2,709.1	2,627.0
<b>Total</b>	<b>782,697</b>	<b>688,773</b>	<b>685,008</b>	<b>672,133</b>	<b>643,614</b>	<b>3,749.1</b>	<b>3,270.9</b>	<b>3,247.6</b>	<b>3,103.5</b>	<b>2,998.7</b>

**NOTE:** Cases and rates shown in this table include District of Columbia but exclude US territories. See [Technical Notes](#) for more information on chlamydia case reporting. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information.

Table A. Selected STIs — Percentage of Unknown\*, Missing, or Invalid Values for Selected Variables by State and Nationally Notifiable STI

State	Primary and Secondary Syphilis				
	Percentage Unknown Race/Hispanic Ethnicity	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown Sex of Sex Partners Among Men	Percentage Unknown County
Alabama	0.3	0.0	0.0	16.2	0.0
Alaska	1.8	0.0	0.0	26.0	0.0
Arizona	3.8	0.0	0.0	17.5	0.0
Arkansas	0.7	0.0	0.0	25.5	0.0
California	8.7	0.0	0.3	23.1	0.0
Colorado	0.2	0.0	0.0	24.2	0.0
Connecticut	15.5	0.0	0.0	38.4	0.0
Delaware	0.6	0.0	0.0	27.0	0.0
District Of Columbia	1.8	0.0	0.0	18.5	0.0
Florida	8.2	0.0	0.0	32.7	0.0
Georgia	0.0	0.0	0.0	22.7	0.0
Hawaii	10.4	0.0	0.0	23.1	0.0
Idaho	10.8	0.0	0.0	40.7	0.0
Illinois	8.3	0.0	0.0	49.2	0.0
Indiana	2.3	0.0	0.0	25.5	0.0

State	Primary and Secondary Syphilis				
	Percentage Unknown Race/Hispanic Ethnicity	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown Sex of Sex Partners Among Men	Percentage Unknown County
Iowa	0.0	0.0	0.0	11.9	0.0
Kansas	2.5	0.0	0.0	25.8	0.0
Kentucky	0.5	0.0	0.0	13.5	0.0
Louisiana	0.5	0.0	0.0	25.1	0.0
Maine	0.0	0.0	1.4	19.0	0.0
Maryland	0.3	0.0	0.0	36.8	0.3
Massachusetts	4.2	0.0	0.7	10.4	0.0
Michigan	1.2	0.0	0.0	22.6	0.0
Minnesota	0.0	0.0	0.0	43.3	0.0
Mississippi	0.5	0.0	0.0	14.6	0.0
Missouri	3.3	0.0	0.0	43.7	0.0
Montana	0.6	0.0	0.0	24.8	0.0
Nebraska	0.5	0.0	0.0	21.1	0.0
Nevada	5.9	0.0	0.0	26.3	0.0
New Hampshire	20.0	0.0	0.0	40.4	0.0
New Jersey	0.8	0.0	0.0	15.2	0.1
New Mexico	12.0	0.0	0.0	35.6	0.0

State	Primary and Secondary Syphilis				
	Percentage Unknown Race/Hispanic Ethnicity	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown Sex of Sex Partners Among Men	Percentage Unknown County
New York	4.2	0.0	0.0	6.9	0.0
North Carolina	0.2	0.0	0.0	19.5	0.0
North Dakota	8.2	0.0	0.0	42.6	0.0
Ohio	0.0	0.0	0.0	19.5	0.0
Oklahoma	0.1	0.0	0.0	17.1	0.0
Oregon	8.0	0.0	0.1	24.7	0.0
Pennsylvania	2.5	0.0	0.0	16.6	0.0
Rhode Island	1.1	0.0	0.0	21.1	0.0
South Carolina	1.7	0.0	0.5	23.3	0.0
South Dakota	0.1	0.0	0.0	14.1	0.0
Tennessee	1.6	0.1	0.0	24.7	0.9
Texas	4.3	0.0	0.0	25.7	0.0
Utah	2.7	0.0	0.0	14.9	0.9
Vermont	0.0	0.0	0.0	100.0	0.0
Virginia	1.6	0.0	0.0	17.3	0.0
Washington	6.3	0.0	1.3	13.0	0.0
West Virginia	0.5	0.0	0.0	33.7	0.0

State	Primary and Secondary Syphilis				
	Percentage Unknown Race/Hispanic Ethnicity	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown Sex of Sex Partners Among Men	Percentage Unknown County
Wisconsin	0.6	0.2	0.0	0.0	0.7
Wyoming	84.6	0.0	0.0	9.1	0.0
<b>U.S. Total</b>	<b>3.9</b>	<b>0.0</b>	<b>0.1</b>	<b>23.0</b>	<b>0.0</b>

State	Gonorrhea				Chlamydia			
	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County
Alabama	21.5	13.7	0.8	5.0	26.4	16.1	1.7	5.9
Alaska	6.7	0.0	0.0	0.0	7.8	0.0	0.0	0.0
Arizona	21.3	0.0	0.1	0.0	32.9	0.0	0.1	0.0
Arkansas	18.6	0.0	0.1	0.0	24.1	0.0	0.1	0.0
California	30.1	0.2	0.7	0.0	50.0	0.1	0.8	0.0
Colorado	8.0	0.0	0.0	0.0	13.9	0.0	0.0	0.0
Connecticut	54.3	0.0	0.1	0.0	66.7	0.0	0.5	5.5
Delaware	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0
District Of Columbia	36.5	0.0	0.3	0.0	65.7	0.1	0.6	0.0
Florida	23.9	0.0	0.1	0.0	35.4	0.0	0.1	0.0

State	Gonorrhea				Chlamydia			
	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County
Georgia	4.2	0.0	0.0	0.0	5.5	0.1	0.0	0.0
Hawaii	46.9	0.0	0.0	0.0	55.5	0.0	0.0	0.0
Idaho	15.3	0.0	0.3	0.0	24.0	0.0	0.1	0.0
Illinois	8.9	0.0	0.0	0.0	10.9	0.0	0.1	0.0
Indiana	14.9	0.0	0.1	1.3	21.7	0.0	0.1	0.5
Iowa	2.5	0.0	0.0	0.0	11.7	0.0	0.0	0.0
Kansas	9.0	0.0	0.0	0.0	11.5	0.0	0.0	0.0
Kentucky	8.3	0.0	0.2	0.0	11.0	0.0	0.3	0.0
Louisiana	1.6	0.0	0.1	0.0	2.9	0.0	0.1	0.0
Maine	2.7	0.2	0.3	0.0	30.9	60.9	0.0	0.0
Maryland	19.1	33.4	0.4	5.1	32.2	59.0	0.3	11.4
Massachusetts	36.6	0.0	0.4	0.4	44.7	0.0	0.1	1.0
Michigan	8.4	0.0	0.0	0.0	13.5	0.0	0.0	0.0
Minnesota	11.4	0.0	0.2	0.3	12.0	0.0	0.1	0.5
Mississippi	17.9	0.0	0.2	0.0	24.6	0.0	0.2	0.0
Missouri	12.8	0.0	0.2	0.0	20.6	0.0	0.1	0.0
Montana	0.8	0.0	0.0	0.3	1.1	0.0	0.0	0.3

State	Gonorrhea				Chlamydia			
	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County
Nebraska	0.9	0.0	0.1	0.0	1.4	0.0	0.1	0.0
Nevada	29.5	0.1	0.1	0.0	39.7	0.1	0.1	0.0
New Hampshire	23.8	0.0	0.3	0.0	35.6	0.0	1.4	0.0
New Jersey	8.4	0.0	0.0	0.1	14.6	0.0	0.0	0.3
New Mexico	28.3	0.0	0.1	0.0	35.6	0.0	0.1	0.0
New York	15.0	0.0	0.0	0.0	26.5	0.0	0.0	0.0
North Carolina	9.4	0.0	0.0	0.0	12.6	0.0	0.0	0.0
North Dakota	7.9	0.1	0.0	0.0	14.7	0.1	0.0	0.0
Ohio	8.6	0.0	0.0	0.4	12.1	0.0	0.0	0.5
Oklahoma	12.3	0.0	0.0	0.0	17.5	0.0	0.0	0.0
Oregon	19.9	0.0	0.6	0.0	32.6	0.0	0.4	0.0
Pennsylvania	7.0	0.0	0.0	0.0	10.6	0.0	0.0	0.0
Rhode Island	7.6	0.0	0.3	0.0	17.9	0.0	0.1	0.0
South Carolina	18.9	0.0	0.7	2.4	22.1	0.0	0.5	2.4
South Dakota	2.9	0.1	0.1	0.0	4.8	0.1	0.2	0.0
Tennessee	11.2	0.0	0.1	2.0	16.7	17.1	0.1	2.1

State	Gonorrhea				Chlamydia			
	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County	Percentage Unknown Race	Percentage Unknown Age	Percentage Unknown Sex	Percentage Unknown County
Texas	20.1	0.1	0.8	0.0	29.6	0.1	0.7	0.0
Utah	2.6	0.0	0.0	0.6	4.4	0.0	0.0	0.4
Vermont	9.5	0.0	0.5	0.0	18.6	0.0	0.3	0.5
Virginia	17.8	0.0	0.0	0.0	26.5	0.0	0.0	0.0
Washington	11.6	0.0	2.6	0.0	24.0	0.0	2.4	0.0
West Virginia	4.2	0.0	0.0	0.0	7.1	0.0	0.0	0.0
Wisconsin	1.9	0.0	0.3	0.6	2.9	0.0	0.2	0.1
Wyoming	68.4	0.0	0.0	0.0	80.1	0.0	0.0	0.0
<b>U.S. Total</b>	<b>16.7</b>	<b>1.0</b>	<b>0.3</b>	<b>0.4</b>	<b>24.9</b>	<b>2.1</b>	<b>0.3</b>	<b>0.6</b>

\* Includes cases reported with unknown, missing, or invalid values

**NOTE:** See [Technical Notes](#) for information on syphilis, gonorrhea, and chlamydia case reporting, including information on the variables shown in this table. This report includes data from years that coincide with the COVID-19 pandemic, which introduced uncertainty and difficulty in interpreting case data. See [Impact of COVID-19 on STIs](#) for more information. Tennessee transitioned STI surveillance information systems in September of 2023 which may have impacted the overall case counts. Caution should be applied in interpretation of these data.

## Technical Notes

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*Sexually Transmitted Infections Surveillance, 2023* presents trends in nationally notifiable sexually transmitted infections (STIs) in the United States through 2023. 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 report supersede those in earlier publications of these data. The surveillance data in this report are based on case notification data provided to the Centers for Disease Control and Prevention (CDC) through the National Notifiable Diseases Surveillance System (NNDSS) and data collected through projects and programs that monitor STIs in various settings, including the STI Surveillance Network (SSuN).

This report provides trends in nationally notifiable STIs for which there are federally funded control programs: syphilis, including congenital syphilis, gonorrhea, and chlamydia. It is important to note that these data reflect only a portion of STIs occurring in the US population. Over 30 pathogens can be sexually transmitted, including common STIs, such as herpes simplex virus, which causes genital herpes, and human papillomavirus, which can lead to genital warts and cervical cancer. Additionally, STIs are often asymptomatic and may not be diagnosed. Published estimates of the burden of STIs in the United States, including estimated prevalence, incidence, and cost, can be found in the January 2021 special issue of the journal *Sexually Transmitted Diseases*, available here:

<https://journals.lww.com/stdjournal/pages/collectiondetails.aspx?TopicalCollectionId=4>

Disruptions in STI-related prevention and care activities related to the US response to the COVID-19 pandemic had a pronounced impact on trends in STI surveillance data; therefore, trends for STI surveillance data collected during the pandemic and presented in *Sexually Transmitted Infections Surveillance, 2023* should be interpreted cautiously. For more information, please see *Impact of COVID-19 on STIs*.

### Suggested citation

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Division of STD Prevention

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## National Notifiable Diseases Surveillance System (NNDSS)

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Four STIs are nationally notifiable conditions: chlamydia, gonorrhea, syphilis, and chancroid. STI control programs in state, local, and territorial health departments (also referred to as jurisdictions) collect case reports for these conditions using case definitions developed by the Council of State and Territorial Epidemiologists (CSTE) and CDC. Health departments voluntarily provide STI case notification data to CDC through NNDSS. CDC uses the data for national surveillance, disseminating data and key findings. HIV, which can be sexually transmitted, is also a nationally notifiable condition; national data for trends in diagnosed HIV are available here: <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

National data collection for gonorrhea, syphilis, and chancroid began in 1941 and the three STIs became nationally notifiable in 1944. 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. For more information on nationally notifiable conditions, please refer to the NNDSS website: <https://www.cdc.gov/nndss/index.html>

### Reporting formats

NNDSS STI case notification data presented in this report are compiled from electronic data received through the National Electronic Telecommunications System for Surveillance (NETSS) and via Health level 7 (HL7) messaging using National Electronic Disease Surveillance System (NEDSS)

standards. Additionally, select jurisdictions provide congenital syphilis cases via REDCap and a few jurisdictions (e.g., territories) provide data using standardized hard copy reporting forms. STI case notification data sent to CDC through August 12, 2024 are included in this report.

Prior to 2003, the following hard copy forms were used to provide NNDSS STI data to CDC:

FORM CDC 73.998: *Monthly Surveillance Report of Early Syphilis*. This monthly hard copy reporting form was used during 1984–2002 to report summary data for primary and secondary (P&S) syphilis and early latent syphilis by county and state.

FORM CDC 73.688: *Sexually Transmitted Disease Morbidity Report*. This quarterly hard copy reporting form was used during 1963–2002 to report summary data for all stages of syphilis, congenital syphilis, gonorrhea, chancroid, chlamydia, and other STIs by sex and source of report (private versus public) for all 50 states, the District of Columbia, 64 selected cities, and territories of the United States. Chlamydia became a nationally notifiable condition in 1995 and the form was modified to support reporting of chlamydia that year. Congenital syphilis was dropped from this aggregate form in 1995 to encourage use of the congenital syphilis case-specific CDC 73.126 form that was introduced in 1983.

FORM CDC 73.2638: *Report of Civilian Cases of Primary & Secondary Syphilis, Gonorrhea, and Chlamydia by Reporting Source, Sex, Race/Ethnicity, and Age Group*. This annual hard copy form was used during 1981–2002 to report summary data for P&S syphilis, gonorrhea, and chlamydia by age, race, sex, and source of report (private versus public) for all 50 states, seven large cities (Baltimore, Chicago, New York City, Los Angeles, Philadelphia, San Francisco, and the District of Columbia), and territories of the United

States. When chlamydia became a nationally notifiable condition in 1995, the form was modified to support reporting of chlamydia.

FORM CDC 73.126: *Congenital Syphilis (CS) Case Investigation and Reporting*. This case-specific hard copy form was first used in 1983 and was revised in 1990 and in 2013 to align with changes to the congenital syphilis case definition; minor revisions were also made in 2010. It continues to form the basis of the congenital syphilis REDCap form used by some jurisdictions.

As of December 31, 2003, all 50 states and the District of Columbia converted from summary hard copy reporting to electronic submission of line-listed (i.e., case-specific) data for chlamydia, gonorrhea, syphilis, and chancroid through NETSS. Puerto Rico converted to electronic reporting in 2006 for all STIs, excluding congenital syphilis. American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the US Virgin Islands continue to report STD data through summary hard copy forms. In 2023, 15 jurisdictions (Alabama, Alaska, Connecticut, Idaho, Indiana, Kentucky, Maryland, Michigan, North Carolina, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin) provided STI and congenital syphilis case notification data to CDC via HL7 messaging. In 2023, Iowa provided STI case notification data to CDC via HL7 messaging. In 2023, Tennessee provided congenital syphilis case notification data to CDC via HL7 messaging. In 2023, 22 states and two US territories provided congenital syphilis data through REDCap.

## Reporting Practices

Although most state and local STI programs adhere to the case definitions collaboratively developed by CSTE and CDC for nationally notifiable STIs, differences in policies and systems for collecting surveillance data may exist. Thus, comparisons of case numbers and rates between jurisdictions should be interpreted with caution. However, because case definitions and surveillance activities within a given area remain relatively stable over time, trends over time should be minimally affected by these differences.

In December of 2021, there was a network security incident at the Maryland Department of Health which prevented them from finalizing their 2021 STI case notification data to CDC. As a result, 2021 STI case notification data from Maryland are incomplete. Although 2021 STI case notification data for Maryland are included in national and regional data displayed in tables and figures, 2021 case data from Maryland have been suppressed for tables and figures displaying state-level or county-level data. In 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed in figures displaying county and county-equivalent data. In September of 2023, Tennessee transitioned STI surveillance information systems which may have impacted the overall case counts.

Caution should be applied in interpretation of these data.

## Chlamydia and Gonorrhea Reporting

Trends in rates of reported cases of chlamydia and gonorrhea are influenced by changes in incidence of infection, as well as changes in diagnostic, screening, and reporting practices. As both chlamydial and gonococcal infections can be asymptomatic, the number of infections identified and reported can

increase as more people are screened—even when incidence is flat or decreasing. Beginning in 2000, the expanded use of more sensitive diagnostic tests (e.g., nucleic acid amplification tests) likely increased the number of infections identified and reported independently of increases in incidence. Additionally, expanded testing at extragenital (rectal and pharyngeal) anatomic sites likely increased the number of infections identified. Further, the increased use of electronic laboratory reporting over the last decade or so also likely increased the proportion of diagnosed infections reported. Although chlamydia has been a nationally notifiable condition since 1994, it was not until 2000 that all 50 states and the District of Columbia required reporting of chlamydia cases. National chlamydia case rates prior to 2000 reflect incomplete reporting. Consequently, increasing case rates over time may reflect more complete reporting, as well as increases in incidence of infection, screening coverage, and use of more sensitive tests. Likewise, decreases in case rates may suggest decreases in incidence of infection or screening coverage.

Beginning in 2020, the COVID-19 pandemic likely affected multiple aspects of chlamydia and gonorrhea case reporting, including reduced screening and delayed reporting. The impact of these disruptions likely continued in 2023. As a result, chlamydia and gonorrhea surveillance data collected during the COVID-19 pandemic should be interpreted cautiously. For more information, please see *Impact of COVID-19 on STIs*.

## Syphilis Reporting

Case notifications for non-congenital syphilis are displayed in this report by surveillance stage of disease based on current CSTE case definitions. The majority of tables and figures present trends in primary and secondary syphilis, which reflect incident infections; however, trends are also presented for other syphilis stages, along with trends in “syphilis (all stages)” (all stages of non-congenital syphilis) and trends in “total syphilis” (all stages of non-congenital syphilis and congenital syphilis, including syphilitic stillbirths).

The surveillance case definition for syphilis has changed over time. Since 2018, the category of “total syphilis” includes: primary, secondary, early non-primary non-secondary, unknown duration or late, congenital syphilis, and syphilitic stillbirth. However, in previous years, “total syphilis” has included different case classifications. For example, in the 1990 syphilis case definition, “total syphilis” or “all stages of syphilis” included: primary, secondary, latent, early latent, late latent, latent unknown duration, neurosyphilis, syphilitic stillbirth, and congenital syphilis. More information on syphilis case definition changes over time can be found at: <https://ndc.services.cdc.gov/conditions/syphilis/>

## Congenital Syphilis Reporting

The congenital syphilis case definition has remained largely unchanged since 1989—when jurisdictions moved away from using the clinical Kaufman criteria for reporting congenital syphilis in favor of using a more sensitive definition of congenital syphilis that includes asymptomatic infants born to women with untreated or inadequately treated syphilis. By January 1, 1992, the new, more sensitive congenital syphilis case definition was fully implemented by all reporting areas.

Since 1995, congenital syphilis cases have been reported by the state and city of residence of the mother and by the reported race and Hispanic ethnicity of the mother. Congenital syphilis is usually diagnosed at birth but can be identified years later; therefore, cases are sent to CDC when they are

reported to local public health officials and are assigned as morbidity based upon the infant's year of birth. Congenital syphilis data reported after publication of the annual STI surveillance report will appear in subsequent reports. The current and historical congenital syphilis case definitions can be found on CDC's NNDSS case definition website: <https://ndc.services.cdc.gov/conditions/congenital-syphilis/>

Missed prevention opportunities among birthing parents of infants with congenital syphilis are identified based on information reported to CDC related to syphilis testing and treatment and clinical findings in infants. To describe the primary missed prevention opportunity, each reported congenital syphilis case is assigned to one of six mutually exclusive categories across a three step cascade of care (testing, treatment and outcomes). The six categories are: 1) no documented testing or nontimely testing, 2) late identification of seroconversion during pregnancy (identified <30 days prior to delivery), 3) no treatment or nondocumented treatment, 4) inadequate treatment, 5) clinical evidence of congenital syphilis despite adequate maternal treatment, 6) insufficient data to identify a cause. For categorization purpose, congenital syphilis prevention opportunities are considered timely if they occurred  $\geq 30$  days before delivery. Adequate maternal treatment is defined as completion of a penicillin-based regimen recommended for the mother's stage of syphilis which was initiated  $\geq 30$  days before delivery. For a case of congenital syphilis to be categorized as resulting from no or nondocumented maternal treatment, a pregnant person would 1) need to have evidence of a diagnosis of syphilis during pregnancy with syphilis testing performed  $\geq 30$  days before delivery and 2) have documentation of no treatment for syphilis, or have no documentation related to treatment. Those with inadequate treatment only received 1 dose when 3 doses were indicated based on maternal staging, received the doses at improper intervals, received the first dose of treatment <30 days before delivery, or were treated with a nonpenicillin-based regimen.

## Race/Hispanic Ethnicity

In April 2008, the NETSS record layout for sending STI case notification data was updated to conform to the Office of Management and Budget's (OMB's) current government-wide standard for collection and reporting of race/Hispanic ethnicity data. The OMB standards were first issued in 1997. Cases are able to be reported with information on both race and Hispanic ethnicity. Categorization of race and Hispanic ethnicity in this report involves a stepwise process whereby case notifications with Hispanic ethnicity are first classified as Hispanic/Latino, regardless of the presence or absence of race data included with the case notification. Case notifications noted to be non-Hispanic or those with missing or unknown Hispanic ethnicity are considered non-Hispanic and categorized based on race. Among these cases without Hispanic ethnicity, case notifications that include more than one race are next categorized as Multiracial with remaining cases grouped into the corresponding single race category noted in the case notification. Since the publication of *Sexually Transmitted Disease Surveillance 2012*, most race/Hispanic ethnicity data presented in the report are displayed as: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander (NH/PI), White, and Multiracial.

Most reporting jurisdictions report in the current OMB standard race categories, including Multirace; however, in 2023, a small number of jurisdictions reported race using categories based on current OMB standards but were unable to report more than one race per person. For this report, all race/Hispanic ethnicity case notification data reported by jurisdictions are summarized in tables, figures, and interpretative text regardless of local compliance with the 1997 OMB standards. The few cases reported in the legacy 'Asian/Pacific Islander' category from non-OMB compliant jurisdictions are re-coded to

'Unknown' because these cases cannot be properly re-coded into a category currently in OMB standards. Therefore, the rates for Asians, NH/PI, or Multirace persons may be minimally under- or overestimated.

In 2023, 24.9% of chlamydia cases and 16.7% of gonorrhea cases were reported with missing information on race/Hispanic ethnicity. (Table A) Given the substantial number of these infections diagnosed, case data are primarily based on information received on the laboratory report which may not contain information about race/Hispanic ethnicity. As most P&S syphilis cases are investigated by local public health officials, only a small proportion (3.9%) were reported with missing information on race/Hispanic ethnicity in 2023. Cases missing race and/or Hispanic ethnicity are not included in the calculation of rates by race/Hispanic ethnicity. As a consequence, rate data presented in this report underestimate actual case incidence in these population categories and caution should be used in interpreting specific rate data points.

Of note, case notification data included in this report do not include tribal affiliation and cases that include American Indian or Alaska Native race may not be members or descendants of federally-recognized tribes or eligible to receive or actively receiving care from an Indian Health Service facility. Additionally, case notification race and Hispanic ethnicity data and the race and ethnicity categorization methodology described above may not accurately reflect how a person identifies. For these reasons and others not described, some case notification data included in this report may be misclassified by race and/or Hispanic ethnicity emphasizing the importance of interpreting these results with caution.

Additionally, differences by race and/or Hispanic ethnicity cannot be understood without consideration of long-standing structural contributors that are not adequately captured in case notification data such as systemic racism, challenges with healthcare access, and disparities in social determinants of health.

## Sex and Gender Identity

When providing STI case notification data to CDC, jurisdictions indicate the "current sex" (male, female, unknown) of the case-patient. Many of the tables and figures in this report present trends in rates of reported chlamydia, gonorrhea, and syphilis stratified by sex, based on information provided in the "current sex" variable. Some jurisdictions may enter "birth sex" (e.g., sex on original birth certificate) into the "current sex" variable or enter a value for the "current sex" variable that does not align with a person's current gender identity. Additionally, the "current sex" variable does not have a value for persons whose current gender identity is known but not able to be easily categorized as "male" or "female" (e.g., a person who identifies with a gender identity of genderqueer, nonbinary, or another gender identity that is neither exclusively male nor female). In this scenario, a jurisdiction may select a value of "unknown" for the "current sex" variable even though the current gender identity of the case-patient is known because it is not accurate to categorize the "current sex" as exclusively "male" or "female". Consequently, the "male" and "female" groups derived from the "current sex" variable and displayed in this report may be under- or overestimates.

Starting in 2018, jurisdictions were also able to provide "gender identity" (cisgender, transgender male-to-female, transgender female-to-male, and transgender unknown) for STI case notifications. As modifications to local and state surveillance systems may be required to collect, store, and transmit gender identity data, not all jurisdictions have begun providing these data to CDC. Additionally, among jurisdictions who have begun sending gender identity data, data are most complete for cases of P&S

syphilis, as investigation of these cases likely include patient and provider follow-up allowing for collection of gender identity. To minimize bias due to missing data, gender identity data presented in this report are limited to data from states with  $\geq 70\%$  complete information on gender identity for P&S syphilis cases. As reporting of gender identity improves, case counts and distribution of cases by gender identity will become more representative of the US.

## Sex of Sex Partners

Since 2005, jurisdictions have been able to provide information about reported sex of sex partners when sending STI case notifications to CDC. Information on sex of sex partners is most complete for cases of primary and secondary syphilis, as investigations of these cases likely include patient and provider follow-up, allowing for the collection of information about sexual behaviors. Since 2007, the distribution of primary and secondary syphilis case notification data by sex and sex of sex partners has been included in annual surveillance reports.

Starting with the 2023 report, primary and secondary syphilis data for the current reporting year were summarized according to detailed combinations of reported sex – men, women, or unknown – and reported sex of partners in the last 12 months, simplified as men only, men and women, women only, or unknown. For trends over multiple years, primary and secondary syphilis case notification data were aggregated into groups commonly used for public health activities related to STIs: men who have sex with men (MSM), men who have sex with women only (MSW), and women. Unless otherwise noted, male cases were categorized as MSM if they reported having sex with any male partner in the last 12 months, including men who also reported sex with female partners in the last 12 months. Male cases were categorized as MSW if they reported having sex with only female partners in the last 12 months. Finally, male cases with no reported information on sex partners were categorized as men with unknown sex of sex partners (MSU), which provides context related to missing data on sex of sex partners.

## Reporting Sources

Before 1996, states classified the source of case reports as either private source (including private physicians, hospitals, and institutions) or public source (primarily STD clinics). As states began reporting morbidity data electronically in 1996, the classification categories for source of case reports expanded to include the following data sources: STD clinics, HIV counseling and testing sites, drug treatment clinics, family planning clinics, prenatal/obstetrics clinics, tuberculosis clinics, private physicians/health maintenance organizations, hospitals (inpatient), emergency rooms, correctional facilities, laboratories, blood banks, the National Job Training Program, school-based clinics, mental health providers, the military, the Indian Health Service, and other unspecified sources. For figures displaying trends in cases by reporting source, case notification data are displayed as STD clinic and non-STD clinic, which includes all other reporting sources, including other unspecified sources.

## Geography

To describe regional trends, data are stratified by US census region: the Northeast region (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont), the Midwest region (Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, and Wisconsin), the South region (Alabama, Arkansas,

Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Virginia, Tennessee, Texas, and West Virginia), and the West region (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming).

Selected tables and figures include data from five US territories (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the US Virgin Islands); however, most of the case notification data presented in the report exclude data from these territories. There are a number of issues affecting STI surveillance data reported to CDC from the US territories, including limited access to STI test kits, resulting in an inability to test or screen for undetermined periods of time, as well as a variety of data collection, entry, and transmission issues. As such, the data likely underestimate the total STI burden in these areas and should be interpreted cautiously.

## Population Denominators and Rate Calculations

### 2000–2023 Rates and Population

The population counts for 2000 through 2023 used to calculate rates displayed in figures and tables in this report were obtained from the County Characteristics Resident Population Estimates and the State Characteristics Population Estimates files available from the US Census Bureau.

Population estimates for American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the US Virgin Islands were obtained from the US Census Bureau International Programs Web site at: [www.census.gov/programs-surveys/international-programs.html](http://www.census.gov/programs-surveys/international-programs.html). The population counts for Puerto Rico were obtained from the Puerto Rico Characteristic Population Estimates file available from the US Census Bureau.

### 1990–1999 Rates and Population

The population counts for 1990 through 1999 incorporated the bridged single-race estimates of the April 1, 2000 US resident population. These files were prepared by the US Census Bureau with support from the National Cancer Institute.

### 1981–1989 Rates and Population

Rates were calculated by using US Census Bureau population estimates for 1981 through 1989.

### 1941–1980 Rates and Population

Rates for 1941 through 1980 were based on population estimates from the US Census Bureau and are currently maintained by CDC.

### 1941–2023 Congenital Syphilis Rates and Live Births

The congenital syphilis data in Table 1 of this report represent the number of congenital syphilis cases per 100,000 live births for all years during 1941–2023. Previous publications presented congenital syphilis rates per 100,000 population during 1941–1994 and rates for cases diagnosed at younger than 1 year of age per 100,000 live births during 1995–2005. To allow for trends in congenital syphilis rates to be compared for the period of 1941 through 2023, live births now are used as the denominator for congenital syphilis and case counts are no longer limited to those diagnosed within the first year of life.

Congenital syphilis morbidity is assigned by year of birth. Rates of congenital syphilis for 1963 through 1988 were calculated by using published live birth data. Congenital syphilis rates for 1989 through 2023 were calculated by using live birth data provided to National Center for Health Statistics (NCHS) through the Vital Statistics Cooperative Program. Rates for 2023 were calculated using live birth data for 2022.

### **2019–2023 Men Who Have Sex with Men Rates and Population**

For the figure and table showing state-level rates of reported cases of P&S syphilis among men who have sex with men (MSM), population estimates of MSM are based on a method that combines published estimates of the prevalence of same-sex behavior among adult men with housing and population data from the American Community Survey five-year summary file (2014–2018).<sup>1</sup> County-specific estimates begin with MSM prevalence estimates that are determined by their urbanicity according to the CDC’s urban-rural classification scheme for counties and their US region. Estimates are then multiplied by a modified ratio of each county’s percentage of male same-sex households to the total percentage of male same-sex households among all counties at the same level of urbanicity and within the same region. Thus, the final estimate for each county reflects what would be expected based on the county’s geography, urban-rural classification, and observed concentration of households with a male head of household and a male partner. State-level estimates are then aggregated from the county-specific estimates.

### **References**

1. Grey JA, Bernstein KT, Sullivan PS, et al. Estimating the population sizes of men who have sex with men in US states and counties using data from the American Community Survey. *JMIR Public Health Surveill.* 2016;2(1):e14.

## Other Sources of Surveillance Data

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### STI Surveillance Network

In 2005, CDC established the STI Surveillance Network (SSuN) as a collaborative network of state, county and/or city health departments following common protocols to conduct sentinel and enhanced STI surveillance activities. The purpose of SSuN is to improve the capacity of national, state, and local STI programs to detect, monitor, and respond to trends in STIs through enhanced data collection, reporting, analysis, visualization, and interpretation of disease information. More information about SSuN is available here: [STI Surveillance Network \(SSuN\) | STI | CDC](#)

Cycle 4 (2019–2024) of SSuN provides funding to 11 jurisdictions to conduct sentinel and enhanced STI surveillance activities. Sentinel surveillance activities include the abstraction of demographic and clinical information on the full census of patients presenting for care at participating SSuN STI clinics (Strategy A). SSuN Cycle 4 enhanced surveillance activities include provider and patient investigations on a probability sample of all persons diagnosed and reported with gonorrhea and case data for reported adult syphilis cases (Strategy B). Unique patients from Strategy A and Strategy B activities are matched to their respective individual jurisdiction's HIV surveillance registry. Jurisdictions funded in SSuN Cycle 4 include Baltimore City (Maryland), California (excluding San Francisco County), City of Columbus (8-County metropolitan statistical area), Florida, Indiana, Multnomah County (Oregon), New York City (New York), Philadelphia City/County (Pennsylvania), San Francisco City/County (California), Utah, and Washington State.

In both strategies of SSuN, unique persons (those seeking care in participating clinical facilities diagnosed and reported with gonorrhea) are longitudinally followed using unique, non-name-based coded IDs to provide information on repeat infections and/or care seeking behaviors. The primary unit of analysis for sentinel surveillance activities in clinical facilities is unique persons. Clinic visits are merged with STI-related laboratory, diagnoses, and treatment observations to provide a comprehensive picture of services and diagnoses received for each unique patient. For enhanced, case-based surveillance activities in SSuN, the primary unit of analysis is a diagnosed and reported episode (case) of gonorrhea or adult syphilis from any provider type or setting within the funded jurisdiction. Case data also included a unique person identifier, which allowed merging with multiple laboratory observations, matching with other health department disease registries, querying provider-based clinical information systems, and unique patient demographic and behavioral data obtained through direct patient interviews. Gonorrhea cases in the probability sample were weighted to reflect study design and to adjust for non-response by demographic category of the patient. Weighted analysis provides estimates of case-level and person-level characteristics representative of all gonorrhea cases diagnosed and reported in the funded jurisdictions.

Gay, bisexual, and other men who have sex with men (MSM) are defined in all SSuN data collection activities as men who ever: a) report a male sex partner(s) in the preceding 2–3 months or who report a male sex partner(s) in their clinic visit history, and/or, b) identify as gay/homosexual or bisexual. Men who have sex with women (MSW) are defined as men who ever report only female sex partners and/or who identify as straight/heterosexual.

Data presented from Strategy A includes STI clinics in the 11 participating Cycle 4 jurisdictions (Baltimore City [Maryland], Orange County [California], Columbus [Ohio], Miami, Leon, and Escambia County [Florida], Multnomah County [Oregon], New York City [New York], Philadelphia [Pennsylvania], Salt Lake City [Utah], San Francisco [California], and Seattle [Washington]).

Data presented from Strategy B (enhanced surveillance of gonorrhea cases) of SSuN for 2023 include gonorrhea cases sampled, investigated and weighted for analysis from Baltimore City, Columbus (Ohio), Florida, Indiana, Multnomah County (Oregon), New York City, Philadelphia, Utah, and Washington State.

## Impact of COVID-19 on Sexually Transmitted Infections (STIs)

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The COVID-19 pandemic led to disruptions in STI-related prevention and care activities, including reduced STI screening and redirection of STI program resources to COVID-19 activities. Because STIs often do not show symptoms, and screening is necessary for timely diagnosis and treatment, changes in access to sexual health care, as well as disruptions in public health services, can affect the number of infections diagnosed and reported. Consequently, trends for STI surveillance data collected during the pandemic should be interpreted cautiously.

The impact of the COVID-19 pandemic on STI surveillance data was most acute in March and April 2020, when the number of reported STIs rapidly fell during the initial shelter-in-place orders. Case counts began increasing in late-2020, which may have reflected increases in service utilization as health care clinics re-opened and people sought care when available. Increases in diagnosed and reported cases could also reflect higher disease transmission. For example, due to reduced access to care, those with an STI may have had their infections longer, providing more opportunities to transmit infection to their sexual partners. Additionally, following the initial shelter-in-place orders, sexual behaviors like the frequency of new sex partners may have changed, causing STIs to spread in sexual networks.

The COVID-19 pandemic significantly affected trends in diagnosed and reported STIs – resulting in likely underreporting of infections and possibly increased STI transmission. It’s likely that such effects will persist for several more years and we may never know the full impact of the pandemic on STIs. What is clear, however, is that STI prevention and control efforts remain as important as ever.

### Additional information

- Pagaoa et al. Trends in Nationally Notifiable Sexually Transmitted Disease Case Reports During the US COVID-19 Pandemic, January to December 2020. *Sex Transm Dis*. 2021 Oct; 48(10): 798–804. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8459909/>
- Wright et al. Impact of the COVID-19 Pandemic on Centers for Disease Control and Prevention-Funded STD Programs. *Sex Transm Dis*. 2021 Oct 12. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9214625/>
- STI Statistics: <https://www.cdc.gov/sti-statistics/about/index.html>
- COVID-19 information: <https://www.cdc.gov/covid/index.html>

## STI Case Definitions in Effect During 2023

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A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance.<sup>1</sup> Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

The Council of State and Territorial Epidemiologists (CSTE) recommends that health departments report cases of selected diseases to CDC's National Notifiable Diseases Surveillance System (NNDSS). The list of notifiable conditions and corresponding surveillance case definitions are reviewed annually by CSTE, and, if needed, are updated using CSTE's Position Statements.<sup>2</sup> This process provides uniform criteria for surveillance of nationally notifiable conditions, including the four nationally notifiable sexually transmitted infections (STIs).

To serve as a reference for *Sexually Transmitted Infection Surveillance, 2023*, the surveillance case definitions for nationally notifiable STIs in effect during 2023 are listed below.

Please see the NNDSS website (<https://ndc.services.cdc.gov/>) for historical case definitions and for the case definitions in use for the current calendar year.

### References

1. National Notifiable Diseases Surveillance System. Case definitions. Available at: <https://ndc.services.cdc.gov/>
2. Council of State and Territorial Epidemiologist Position Statements. Available at: <https://www.cste.org/page/PSLanding>

## Nationally Notifiable STIs

### Syphilis (Effective as of 1/2018)

Syphilis is a complex sexually transmitted disease that has a highly variable clinical course. Adherence to the surveillance case definitions will facilitate understanding the epidemiology of syphilis across the US.

#### Syphilis, primary

##### CLINICAL DESCRIPTION

A stage of infection with *Treponema pallidum* characterized by one or more ulcerative lesions (e.g., chancre), which might differ considerably in clinical appearance.

##### LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory:

- Demonstration of *T. pallidum* by darkfield microscopy in a clinical specimen that was not obtained from the oropharynx and is not potentially contaminated by stool, OR

- Demonstration of *T. pallidum* by polymerase chain reaction (PCR) or equivalent direct molecular methods in any clinical specimen.

Supportive:

- A reactive nontreponemal serologic test (Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], or equivalent serologic methods), OR
  - A reactive treponemal serologic test (*T. pallidum* particle agglutination [TP-PA], enzyme immunoassay [EIA], chemiluminescence immunoassay [CIA], or equivalent serologic methods).\*
- \* These treponemal tests supersede older testing technologies, including microhemagglutination assay for antibody to *T. pallidum* [MHA-TP].

### CASE CLASSIFICATION

*Probable:* a case that meets the clinical description of primary syphilis and the supportive laboratory criteria.

*Confirmed:* a case that meets the clinical description of primary syphilis and the supportive confirmatory criteria.

## Syphilis, secondary

### CLINICAL DESCRIPTION

A stage of infection caused by *T. pallidum* characterized by localized or diffuse mucocutaneous lesions (e.g., rash – such as non-pruritic macular, maculopapular, papular, or pustular lesions), often with generalized lymphadenopathy. Other symptoms can include mucous patches, condyloma lata, and alopecia. The primary ulcerative lesion may still be present. Because of the wide array of symptoms and signs possibly indicating secondary syphilis, serologic tests for syphilis and a physical examination are crucial to determining if a case should be classified as secondary syphilis.

### LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory:

- Demonstration of *T. pallidum* by darkfield microscopy in a clinical specimen that was not obtained from the oropharynx and is not potentially contaminated by stool, OR
- Demonstration of *T. pallidum* by polymerase chain reaction (PCR) or equivalent direct molecular methods in any clinical specimen.

Supportive:

- A reactive nontreponemal serologic test (VDRL, RPR, or equivalent serologic methods), AND
- A reactive treponemal serologic test (TP-PA, EIA, CIA, or equivalent serologic methods).

### CASE CLASSIFICATION

*Probable:* a case that meets the clinical description of secondary syphilis and the supportive laboratory criteria.

*Confirmed:* a case that meets the clinical description of secondary syphilis and the confirmatory laboratory criteria.

## Syphilis, early non-primary non-secondary

### CLINICAL DESCRIPTION

A stage of infection caused by *T. pallidum* in which initial infection has occurred within the previous 12 months, but there are no signs or symptoms of primary or secondary syphilis.

### LABORATORY CRITERIA FOR DIAGNOSIS

Supportive:

- A current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer, unless there is evidence that this increase was not sustained for >2 weeks.

### CASE CLASSIFICATION

*Probable*: a person with no clinical signs or symptoms of primary or secondary syphilis who has one of the following:

- No prior history of syphilis, AND a current reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods), AND a current reactive treponemal test (e.g., TP-PA, EIA, CIA, or equivalent serologic methods), OR
- A prior history of syphilis and meets the supportive laboratory criteria.

AND evidence of having acquired the infection within the previous 12 months based on one or more of the following criteria:

- Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months, unless there is evidence that this increase was not sustained for >2 weeks
- Documented seroconversion of a treponemal test during the previous 12 months
- A history of symptoms consistent with primary or secondary syphilis during the previous 12 months
- Meets epidemiologic criteria.

Epidemiological criteria:

- A history of sexual exposure to a partner within the previous 12 months who had primary, secondary, or early non-primary non-secondary syphilis (documented independently as duration <12 months).
- Only sexual contact (sexual debut) was within the previous 12 months.

## Syphilis, unknown duration or late

### CLINICAL DESCRIPTION

A stage of infection caused by *T. pallidum* in which initial infection has occurred >12 months previously or in which there is insufficient evidence to conclude that infection was acquired during the previous 12 months.

## CASE CLASSIFICATION

*Probable:* a person with no clinical signs or symptoms of primary or secondary syphilis who meets one of the following sets of criteria:

- No prior history of syphilis, and a current reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods), and a current reactive treponemal test (e.g., TP-PA, EIA, CIA, or equivalent serologic methods), OR
- A prior history of syphilis, and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer, unless there is evidence that this increase was not sustained for >2 weeks, OR
- Clinical signs or symptoms and laboratory results that meet the likely or verified criteria for neurologic, ocular, otic, or late clinical manifestations syphilis (see below)

AND who has no evidence of having acquired the disease within the preceding 12 months (see Syphilis, early non-primary non-secondary).

*Comments:* Although cases of syphilis of unknown duration are grouped together with late syphilis for the purposes of surveillance, the conservative clinical and public health responses to these cases will differ when there is uncertainty about the duration of infection. When faced with uncertainty, clinicians should act conservatively and treat unknown duration syphilis as if it were late infection, with three doses of benzathine penicillin. In contrast, the most conservative approach for STD control programs would be to manage cases of syphilis of unknown duration as early non-primary non-secondary infections and search for partners who may have been recently infected. Because this would not be feasible for most STD control programs, programs should consider prioritizing cases of syphilis of unknown duration with higher nontreponemal titers (e.g., 1:32 or higher) for investigation and partner services. Although nontreponemal titers cannot reliably distinguish between early infection (<12 months duration) and late infection (>12 months duration), nontreponemal titers usually are higher early in the course of syphilis infection.

## Syphilis, Congenital

### CLINICAL DESCRIPTION

A condition caused by infection in utero with *T. pallidum*. A wide spectrum of severity exists, from inapparent infection to severe cases that are clinically apparent at birth. An infant or child (aged less than 2 years) may have signs such as hepatosplenomegaly, rash, condyloma lata, snuffles, jaundice (nonviral hepatitis), pseudoparalysis, anemia, or edema (nephrotic syndrome and/or malnutrition). An older child may have stigmata (e.g., interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, rhagades, or Clutton joints).

### LABORATORY CRITERIA FOR DIAGNOSIS

- Demonstration of *T. pallidum* by darkfield microscopy of lesions, body fluids, or neonatal nasal discharge, OR

- PCR or other equivalent direct molecular methods of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material, OR
- Immunohistochemistry (IHC), or special stains (e.g., silver staining) of specimens from lesions, placenta, umbilical cord, or autopsy material.

## CASE CLASSIFICATION

*Probable:* a condition affecting an infant whose mother had untreated or inadequately treated\* syphilis at delivery, regardless of signs in the infant, OR an infant or child who has a reactive non-treponemal test for syphilis (VDRL, RPR, or equivalent serologic methods) AND any one of the following:

- Any evidence of congenital syphilis on physical examination (see Clinical description).
- Any evidence of congenital syphilis on radiographs of long bones.
- A reactive CSF VDRL test.
- In a non-traumatic lumbar puncture, an elevated CSF leukocyte (white blood cell [WBC]) count or protein (without other cause):
  - Suggested parameters for abnormal CSF WBC and protein values:
    1. During the first 30 days of life, a CSF WBC count of >15 WBC/mm<sup>3</sup> or a CSF protein >120 mg/dL is abnormal.
    2. After the first 30 days of life, a CSF WBC count of >5 WBC mm<sup>3</sup> or a CSF protein >40 mg/dL, regardless of CSF serology.

The treating clinician should be consulted to interpret the CSF values for the specific patient.

- \* Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment guidelines, appropriate for stage of infection, initiated 30 or more days before delivery.

*Confirmed:* a case that is laboratory confirmed.

*Comments:* Congenital and acquired syphilis may be difficult to distinguish when a child is seropositive after infancy. Signs of congenital syphilis may not be obvious, and stigmata may not yet have developed. Abnormal values for CSF VDRL, WBC count, and protein may be found in either congenital or acquired syphilis. Findings on radiographs of long bones may help because radiographic changes in the metaphysis and epiphysis are considered classic signs of congenitally acquired syphilis. While maternal antibodies can complicate interpretation of serologic tests in an infant, reactive tests past 18 months of age are considered to reflect the status of the child. The decision may ultimately be based on maternal history and clinical judgment. In a young child, the possibility of sexual abuse should be considered as a cause of acquired rather than congenital syphilis, depending on the clinical picture. For reporting purposes, congenital syphilis includes cases of congenitally acquired syphilis among infants and children as well as syphilitic stillbirths.

## Syphilitic Stillbirth

### CLINICAL CASE DEFINITION

A fetal death that occurs after a 20-week gestation or in which the fetus weighs greater than 500g and the mother had untreated or inadequately treated\* syphilis at delivery.

\* Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment guidelines, appropriate for stage of infection, initiated 30 or more days before delivery.

*Comments:* For reporting purposes, congenital syphilis includes cases of congenitally acquired syphilis among infants and children as well as syphilitic stillbirths.

Comments: Additional information to be collected on clinical manifestations of reported syphilis cases

Syphilis is a systemic infection that, if untreated, can cause a variety of clinical manifestations, including:

- Signs and symptoms of primary and secondary syphilis (see above case definitions).
- Latent infections (i.e., those lacking any signs or symptoms).
- Neurologic, ocular, or otic manifestations (neurosyphilis, ocular syphilis, or otosyphilis), which can occur at any stage of syphilis.
- Late clinical manifestations (tertiary syphilis), which generally occur after 15–30 years of untreated infection.

The following provides guidance for reporting neurologic, ocular, otic, and late clinical manifestations of syphilis. Cases should be reported according to stage of infection, as defined above (e.g., primary syphilis; secondary syphilis; early non-primary, non-secondary syphilis; or unknown duration or late syphilis) and the clinical manifestations should be reported in the case report data, as defined below.

### NEUROLOGIC MANIFESTATIONS:

Neurologic manifestations (neurosyphilis) can occur at any stage of syphilis. If the patient has neurologic manifestations of syphilis, the case should be reported with the appropriate stage of infection (as if neurologic manifestations were not present) and neurologic manifestations should be noted in the case report data.

### CLINICAL DESCRIPTION

Infection of the central nervous system with *T. pallidum*, as evidenced by manifestations including syphilitic meningitis, meningovascular syphilis, general paresis, including dementia, and tabes dorsalis.

### CLASSIFICATION OF NEUROLOGIC MANIFESTATIONS (NEUROSYPHILIS)

*Possible:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and clinical symptoms or signs that are consistent with neurosyphilis without other known causes for these clinical abnormalities.

*Likely:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) with both of the following:

- Clinical symptoms or signs that are consistent with neurosyphilis without other known causes for these clinical abnormalities, AND
- Elevated CSF protein (>50 mg/dL<sup>2</sup>) or leukocyte count (>5 WBC/mm<sup>3</sup> CSF) in the absence of other known causes of these abnormalities.

*Verified:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) with both of the following:

- Clinical symptoms or signs that are consistent with neurosyphilis without other known causes for these clinical abnormalities, AND
- A reactive VDRL in CSF in the absence of grossly bloody contamination of the CSF.

#### OCULAR MANIFESTATIONS:

Ocular manifestations (ocular syphilis) can occur at any stage of syphilis. If the patient has ocular manifestations of syphilis, the case should be reported with the appropriate stage of infection (as if ocular manifestations were not present) and ocular manifestations should be noted in the case report data.

#### CLINICAL DESCRIPTION

Infection of any eye structure with *T. pallidum*, as evidenced by manifestations including posterior uveitis, panuveitis, anterior uveitis, optic neuropathy, and retinal vasculitis. Ocular syphilis may lead to decreased visual acuity including permanent blindness.

#### CLASSIFICATION OF OCULAR MANIFESTATIONS (OCULAR SYPHILIS)

*Possible:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and clinical symptoms or signs consistent with ocular syphilis without other known causes for these clinical abnormalities.

*Likely:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and both of the following:

- Clinical symptoms or signs consistent with ocular syphilis without other known causes for these clinical abnormalities, AND
- Findings on exam by an ophthalmologist that are consistent with ocular syphilis in the absence of other known causes for these abnormalities.

*Verified:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and both of the following:

- Clinical symptoms or signs consistent with ocular syphilis without other known causes for these clinical abnormalities, AND
- Demonstration of *T. pallidum* in aqueous or vitreous fluid by darkfield microscopy, or by PCR or equivalent direct molecular methods.

#### OTIC MANIFESTATIONS:

Otic manifestations can occur at any stage of syphilis. If the patient has otic manifestations of syphilis, the case should be reported with the appropriate stage of infection (as if otic manifestations were not present) and otic manifestations should be noted in the case report data.

#### CLINICAL DESCRIPTION

Infection of the cochleovestibular system with *T. pallidum*, as evidenced by manifestations including sensorineural hearing loss, tinnitus, and vertigo.

#### CLASSIFICATION OF OTIC MANIFESTATIONS (OTOSYPHILIS)

*Possible:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and clinical symptoms or signs consistent with otosyphilis without other known causes for these clinical abnormalities.

*Likely:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and both of the following:

- Clinical symptoms or signs consistent with otosyphilis without other known causes for these clinical abnormalities, AND
- Findings on exam by an otolaryngologist that are consistent with otosyphilis in the absence of other known causes for these abnormalities.

*Verified:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and both of the following:

- Clinical symptoms or signs consistent with otosyphilis without other known causes for these clinical abnormalities, AND
- Demonstration of *T. pallidum* in inner ear fluid by darkfield microscopy, or by PCR or equivalent direct molecular detection methods.

#### LATE CLINICAL MANIFESTATIONS:

Late clinical manifestations of syphilis usually develop only after a period of 15–30 years of untreated infection. Therefore, if the patient has late clinical manifestations of syphilis, the case should be reported with the appropriate stage of infection (for the vast majority of cases, unknown duration or late syphilis) and late clinical manifestations should be noted in the case report data.

## CLINICAL DESCRIPTION

Late clinical manifestations of syphilis (tertiary syphilis) may include inflammatory lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), bone (e.g., osteitis), or other tissue. Rarely, other structures (e.g., the upper and lower respiratory tracts, mouth, eye, abdominal organs, reproductive organs, lymph nodes, and skeletal muscle) may be involved. In addition, certain neurologic manifestations (e.g., general paresis and tabes dorsalis) are also late clinical manifestations of syphilis.

## CLASSIFICATION OF LATE CLINICAL MANIFESTATIONS OF SYPHILIS (TERTIARY SYPHILIS)

*Likely:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) with either of the following:

- Characteristic abnormalities or lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), bone (e.g., osteitis), or other tissue, in the absence of other known causes of these abnormalities, OR
- Clinical signs and symptoms consistent with late neurologic manifestations of syphilis (e.g., general paresis, including dementia, or tabes dorsalis) in a case that meets the criteria for likely neurologic manifestations of syphilis (see above).

*Verified:* a person with a reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods) and a reactive treponemal test (e.g., TP-PA, EIA, CIA or equivalent serologic methods) and either of the following:

Characteristic abnormalities or lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), bone (e.g., osteitis), or other tissue in the absence of other known causes of these abnormalities, in combination with either demonstration of *T. pallidum* in late lesions by special stains or equivalent methods, or by PCR or equivalent direct molecular methods, or demonstration of pathologic changes that are consistent with *T. pallidum* infection on histologic examination of late lesions, OR

Clinical signs and symptoms consistent with late neurologic manifestations of syphilis (e.g., general paresis, including dementia, or tabes dorsalis) in a case that meets the criteria for verified neurologic manifestations of syphilis (see above).

## Gonorrhea (Effective as of 1/2023)

### CLINICAL DESCRIPTION

Gonorrhea is a sexually transmitted infection caused by the bacterium *Neisseria*

*gonorrhoeae*. Gonococcal infection can result in urethritis, epididymitis, cervicitis, acute salpingitis, proctitis, pharyngitis, or other syndromes when sexually transmitted; however, infections at the endocervix, pharynx, and rectum are often asymptomatic. Perinatal exposure to endocervical infection may result in gonococcal conjunctivitis in newborns. Disseminated gonococcal infection (DGI) is an additional syndrome caused by *Neisseria gonorrhoeae*.

DGI occurs when *Neisseria gonorrhoeae* from a mucosal site infection (urogenital, pharyngeal, rectal) invades the bloodstream and spreads to distant sites in the body. Clinical manifestations of DGI include petechial or pustular acral skin lesions, tenosynovitis, asymmetric polyarthralgia, bacteremia, oligoarticular septic arthritis, or, on rare occasions, endocarditis, osteomyelitis, or meningitis.

#### LABORATORY CRITERIA FOR DIAGNOSIS

Confirmatory laboratory evidence:

- Isolation of *Neisseria gonorrhoeae* by culture of a clinical specimen, minimally with isolation of typical gram-negative, oxidase-positive diplococci,

OR

- Detection of *Neisseria gonorrhoeae* by nucleic acid amplification (e.g., Polymerase Chain Reaction [PCR]) or hybridization with a nucleic acid probe in a clinical specimen

Presumptive laboratory evidence:

- Observation of gram-negative intracellular diplococci in a urethral or an endocervical smear

#### CASE CLASSIFICATION

*Probable:* Meets presumptive laboratory evidence in the absence of confirmatory laboratory evidence.

*Confirmed:* Meets confirmatory laboratory evidence.

#### CLASSIFICATION OF DISSEMINATED GONOCOCCAL INFECTION (DGI)

Classification of *Neisseria gonorrhoeae* infection cases to identify DGI:

*Verified:* Isolation or detection of *Neisseria gonorrhoeae* from a disseminated site of infection (e.g., skin, synovial fluid, blood, or cerebrospinal fluid [CSF]) by culture or nucleic acid amplification test (NAAT).

*Likely:* Clinical manifestations of DGI without other known causes AND isolation or detection of *Neisseria gonorrhoeae* from a mucosal site of infection by culture or nucleic acid amplification test (NAAT).

*Chlamydia trachomatis* Infection (Effective as of 1/2022)

#### CLINICAL DESCRIPTION

Chlamydia is a sexually transmitted infection that has a variable clinical course based on the serotype causing infection. Serovars D-K of *C. trachomatis* are the typical cause of chlamydial infections in the United States, and infection with *C. trachomatis* can result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include LGV and trachoma.

LGV is a specific type of chlamydial infection, caused by the serovars L1, L2, and L3 of *C. trachomatis*. Symptomatic LGV can be divided into three stages. The primary stage can include a small ulcer or lesion at the site of inoculation (genital, rectal, or oral/oropharyngeal sites). The secondary stage can include a syndrome featuring cervical, inguinal, and/or femoral lymphadenopathy that may rupture or an

anorectal syndrome featuring proctocolitis (including mucoid or hemorrhagic rectal discharge, anal pain, constipation, fever, and/or tenesmus). Late stage LGV typically involves sequelae, such as genital elephantiasis, lymph node scarring, chronic colorectal fistulas and strictures, perirectal abscesses, and/or anal fissures. LGV may also be asymptomatic.

#### LABORATORY CRITERIA FOR DIAGNOSIS

- Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid, **OR**
- Detection of LGV-specific antigen or nucleic acid in a clinical specimen, **OR**
- Isolation of *C. trachomatis* by culture

#### CASE CLASSIFICATION

*Confirmed*: a case that that meets laboratory evidence.

### Chancroid (Effective as of 9/1996)

#### CLINICAL DESCRIPTION

A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy. The disease is caused by infection with *Haemophilus ducreyi*.

#### LABORATORY CRITERIA FOR DIAGNOSIS

- Isolation of *H. ducreyi* from a clinical specimen.

#### CASE CLASSIFICATION

*Probable*: a clinically compatible case with both a) no evidence of *Treponema pallidum* infection by darkfield microscopic examination of ulcer exudate or by a serologic test for syphilis performed  $\geq 7$  days after onset of ulcers, and b) either a clinical presentation of the ulcer(s) not typical of disease caused by herpes simplex virus (HSV) or a culture negative for HSV.

*Confirmed*: a clinically compatible case that is laboratory confirmed.