 Reported STDs in the United States 2012 National Data for Chlamydia, Gonorrhea, and Syphilis

This information summarizes 2012 data on chlamydia, gonorrhea, and syphilis published in CDC’s annual report, Sexually Transmitted Disease Surveillance, 2012 (available at www.cdc.gov/std/stats). The data are based on state and local STD case reports from a variety of private and public sources which indicate that the majority of cases are reported in non–STD clinic settings, such as private physician offices and health maintenance organizations.

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

STDs Inflict Significant Human and Economic Costs

STDs are a significant health challenge facing the United States. CDC estimates that nearly 20 million new sexually transmitted infections occur every year in this country, half among young people ages 15–24.

Each of these infections is a potential threat to an individual’s immediate and long-term health and well-being.

In addition to increasing a person’s risk for HIV infection, STDs can lead to severe reproductive health complications, such as infertility and ectopic pregnancy.

STDs are also a serious drain on the U.S. health care system, costing the nation almost $16 billion in health care costs every year.
Snapshot: STDs in the United States, 2012

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

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

http://www.cdc.gov/nchhstp/newsroom/docs/Youth-STI-Infographic.pdf

Gonorrhea and chlamydia primarily affect young people

Surveillance data continues to show that numbers and rates of reported chlamydia and gonorrhea cases are highest in Americans between the ages of 15 and 24. Both men and women are heavily affected by STDs— but young women face the most serious long-term health consequences. It is estimated that undiagnosed STDs cause 24,000 women to become infertile each year.

<table>
<thead>
<tr>
<th>0–14</th>
<th>15–19</th>
<th>20–24</th>
<th>25–29</th>
<th>30–39</th>
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</thead>
<tbody>
<tr>
<td>24%</td>
<td>34%</td>
<td>17%</td>
<td>14%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>39%</td>
<td>16%</td>
<td>10%</td>
<td>4%</td>
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While anyone can become infected with an STD, certain groups, including gay and bisexual men and young people, are at greatest risk.

There is a troubling rise in syphilis infections among gay, bisexual, and other men who have sex with men (MSM).

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

**Range of factors leads to disparities**

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

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**Gay and Bisexual Men Face Highest – and Rising – Number of Syphilis Infections**

<table>
<thead>
<tr>
<th>Year</th>
<th>MSM†</th>
<th>MSW††</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2000</td>
<td>500</td>
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</tr>
<tr>
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<td>100</td>
</tr>
<tr>
<td>2009</td>
<td>3000</td>
<td>1000</td>
<td>200</td>
</tr>
<tr>
<td>2010</td>
<td>3500</td>
<td>1250</td>
<td>300</td>
</tr>
<tr>
<td>2011</td>
<td>4000</td>
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<td>400</td>
</tr>
<tr>
<td>2012</td>
<td>4500</td>
<td>1750</td>
<td>500</td>
</tr>
</tbody>
</table>

† Men who have Sex with Men
†† Men who have Sex with Women
Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, to protect the health of mothers and their infants.

Screening at least once a year for syphilis, chlamydia, gonorrhea, and HIV for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals). In addition,

MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

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

Although not 100% effective, Condoms offer the best protection from STDs if a person chooses to be sexually active. Condoms are available at the Health Center at no charge.