

Sexually Transmitted Disease Surveillance 2005

**Division of STD Prevention
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Selected STD Surveillance and Prevention References and Websites

Supplemental STD Surveillance Reports – 2005

- 2005 Chlamydia Prevalence Monitoring Project: <http://www.cdc.gov/std/chlamydia2005/>
- 2005 Gonococcal Isolate Surveillance Project: <http://www.cdc.gov/std/GISP2005/>
- 2005 Syphilis Surveillance Project: <http://www.cdc.gov/std/Syphilis2005/>

STD Surveillance Reports 1993 – 2005

- http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm

STD Data on Wonder

- <http://wonder.cdc.gov/sexu00.html>

STD Fact Sheets

- http://www.cdc.gov/std/healthcomm/fact_sheets.htm

STD Treatment Guidelines

- <http://www.cdc.gov/STD/treatment/>

STD Program Operation Guidelines

- <http://www.cdc.gov/std/program/default.htm>

Recommendations for Public Health Surveillance of Syphilis in the United States

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a7.htm>

Behavioral Surveillance

- Youth Risk Behavior Surveillance System: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- National Survey of Family Growth: Advance Data 362. Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. 56 pp. (PHS) 2003-1250: <http://www.cdc.gov/nchs/products/pubs/pubd/ad/361-370/ad362.htm>

Foreword

“STDs are hidden epidemics of enormous health and economic consequence in the United States. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biologic and social characteristics of these diseases. All Americans have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. STDs are public health problems that lack easy solutions because they are rooted in human behavior and fundamental societal problems. Indeed, there are many obstacles to effective prevention efforts. The first hurdle will be to confront the reluctance of American society to openly confront issues surrounding sexuality and STDs. Despite the barriers, there are existing individual- and community-based interventions that are effective and can be implemented immediately. That is why a multifaceted approach is necessary to both the individual and community levels.

To successfully prevent STDs, many stakeholders need to redefine their mission, refocus their efforts, modify how they deliver services, and accept new responsibilities. In this process, strong leadership, innovative thinking, partnerships, and adequate resources will be required. The additional investment required to effectively prevent STDs may be considerable, but it is negligible when compared with the likely return on the investment. The process of preventing STDs must be a collaborative one. No one agency, organization, or sector can effectively do it alone; all members of the community must do their part. A successful national initiative to confront and prevent STDs requires widespread public awareness and participation and bold national leadership from the highest levels.”¹

¹Concluding statement from the Institute of Medicine’s Summary Report, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, National Academy Press, Washington, DC, 1997, p.43.

Preface

Sexually Transmitted Disease Surveillance, 2005 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2005. 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 edition supersede those in earlier publications of these data.***

The surveillance information in this report is based on the following sources of data: (1) case reports from state and local STD programs; (2) the Regional Infertility Prevention Projects, the National Job Training Program (formerly the Job Corps), the Corrections STD Prevalence Monitoring Project, and the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project; (3) the Gonococcal Isolate Surveillance Project (GISP); and (4) national surveys implemented by federal and private organizations.

The STD surveillance systems operated by state and local STD control programs, which provide the case report data for chlamydia, gonorrhea, syphilis, and chancroid are the data sources of many of the figures and most of the statistical tables in this publication. These systems are an integral part of program management at all levels of STD prevention and control in the United States. Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC is less than the actual number of cases occurring in the

United States population. Case report data for other STDs are not available because they are not nationally notifiable diseases.

Sexually Transmitted Disease Surveillance, 2005 consists of four parts. The **National Profile** contains figures that provide an overview of STD morbidity in the United States. The accompanying text identifies major findings and trends for selected STDs. The **Special Focus Profiles** contain figures and text describing STDs in selected subgroups and populations that are a focus of national and state prevention efforts. The **Detailed Tables** provide statistical information about STDs at the county, metropolitan statistical area (MSA), regional, state, and national levels. The **Appendix** includes information on interpreting the STD surveillance data used to produce this report, Healthy People 2010 STD objectives, Government Performance and Results Act (GPRA) goals, and STD surveillance case definitions.

Selected figures and tables in this document identify goals that reflect progress towards some of the Healthy People 2010 (HP2010) national health status objectives for STDs.¹ **Appendix** Table A3 displays progress made towards the HP2010 targets for STDs. These targets are used as reference points throughout this edition of *Sexually Transmitted Disease Surveillance 2005*.

Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to Director, Division of STD Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop E-02, Atlanta, Georgia, 30333.

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

Acknowledgments

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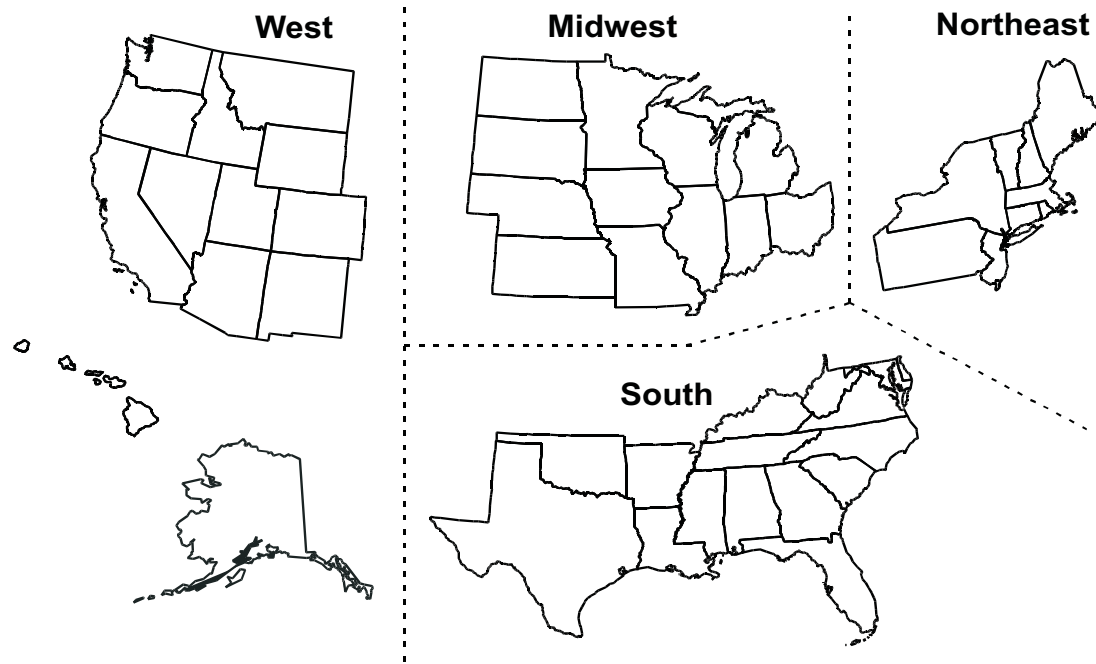
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Geographic Divisions of the United States



West

Alaska
 Arizona
 California
 Colorado
 Hawaii
 Idaho
 Montana
 Nevada
 New Mexico
 Oregon
 Utah
 Washington
 Wyoming

Midwest

Illinois
 Indiana
 Iowa
 Kansas
 Michigan
 Minnesota
 Missouri
 Nebraska
 North Dakota
 Ohio
 South Dakota
 Wisconsin

South

Alabama
 Arkansas
 Delaware
 District of Columbia
 Florida
 Georgia
 Kentucky
 Louisiana
 Maryland
 Mississippi
 North Carolina
 Oklahoma
 South Carolina
 Tennessee
 Texas
 Virginia
 West Virginia

Northeast

Connecticut
 Maine
 Massachusetts
 New Hampshire
 New Jersey
 New York
 Pennsylvania
 Rhode Island
 Vermont

National Overview of Sexually Transmitted Diseases, 2005

The logo on the cover of *Sexually Transmitted Disease Surveillance, 2005* is a reminder of the multifaceted, national dimensions of the morbidity, mortality, and costs that result from sexually transmitted diseases (STDs) in the United States. It highlights the central role of STD prevention in improving health among women and infants and in promoting HIV prevention. Organized collaboration among interested, committed public and private organizations is the key to reducing STDs and their related health burdens. As noted in the report of the Institute of Medicine, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*,¹ surveillance is a key component of our efforts to prevent and control these diseases.

This overview summarizes national surveillance data on the three diseases for which there are federally-funded control programs: chlamydia, gonorrhea, and syphilis. Several observations for 2005 are worthy of note.

Chlamydia

In 2005, 976,445 cases of genital *Chlamydia trachomatis* infection were reported to CDC (Table 1). This case count corresponds to a rate of 332.5 cases per 100,000 population, an increase of 5.1% compared with the rate in 2004. Rates of reported chlamydia infections among women have been increasing annually since the late 1980s when public programs for screening and treatment of women were first established to avert pelvic inflammatory disease and related

complications. The continued increase in chlamydia case reports in 2005 most likely represents a continued increase in screening for this infection, but it may also reflect a true increase in morbidity.

In 2005, the overall rate of chlamydia infection in the United States among women (496.5 cases per 100,000 females) was over three times the rate among men (161.1 cases per 100,000 males), reflecting the large number of women screened for this disease (Tables 4 and 5). However, with the increased availability of urine testing, men are increasingly being tested for chlamydia infection. From 2001 through 2005, the chlamydia rate in men increased by 43.5% (compared with a 15.6% increase in women over this period).

Data from multiple sources on prevalence of chlamydia infection in defined populations have been useful in monitoring disease burden and guiding chlamydia screening programs.

In 2005, the median state-specific chlamydia test positivity among women 15 to 24 years old who were screened at selected family planning clinics in all states, the District of Columbia, Puerto Rico, and the Virgin Islands was 6.3% (range 3.0% to 20.3%) (Figure 8).

At selected prenatal clinics in 25 states, Puerto Rico, and the Virgin Islands the median state-specific chlamydia prevalence was 8.0% (range 2.8% to 16.9%) (Figure E).

The prevalence of infection is greater among economically-disadvantaged

women 16 to 24 years of age who entered the National Job Training Program in 2005 from 39 states, the District of Columbia, and Puerto Rico. The median state-specific prevalence was 9.2% (range 3.1% to 14.5%) (Figure K). Among men entering the program in 2005 from 48 states, the District of Columbia, and Puerto Rico the median state-specific chlamydia prevalence was 8.1% (range 0.0% to 14.8%) (Figure L).

The prevalence is even greater among adolescent women entering 57 juvenile detention centers; the median chlamydia positivity by facility was 14.2% (range 3.7% to 33.7%) (Table AA).

Among adolescent men entering 87 juvenile detention centers, the median chlamydia positivity was 6.0% by facility (range 0.0% to 44.8%) (Table AA).

Although these data on prevalence are not entirely comparable because of differences in the populations screened, in the performance characteristics of the screening tests, and variations in screening criteria, they provide important information on the continuing high burden of disease in the United States.

Gonorrhea

Following a 74% decline in the rate of reported gonorrhea from 1975 to 1997, overall gonorrhea rates appeared to plateau. In 2005, 339,593 cases of gonorrhea were reported in the United States, corresponding to a rate of 115.6 per 100,000 population, a slight increase from 2004 (Figure 11 and Table 1). This rate considerably exceeds the Healthy People 2010 (HP2010) target of 19 cases per 100,000 population.

As in previous years, in 2005 the South had the highest gonorrhea rate among the four regions of the country (Table 12). However, the rate in the South has declined by 17.6% since 2001, and declines have also been observed in the Northeast. Minimal

change has been seen in the Midwest. In contrast, the rate in the West has increased by 35.4% from 60.2 cases per 100,000 population in 2001 to 81.5 cases in 2005.

For the fourth straight year, the gonorrhea rate in women in 2005 was slightly higher (119.1 per 100,000 population) than the rate among men (111.5 per 100,000 population) (Figure 12). As with chlamydia, rates of gonorrhea in women are particularly high in 15- to 19-year-olds, and in men, are highest in 20- to 24-year-olds (Figure 18). Although the gonorrhea rate among 15- to 19-year-olds has decreased in recent years, from 2004 to 2005 this rate increased 3.9% (Table 19). Similar to previous years, in 2005, African-American 15- to 19-year-old females had the highest gonorrhea rate of any age and race/ethnic group (2,814.0 cases per 100,000 population) (Table 20B). However, gonorrhea rates among both African-American men and women decreased from 2001 through 2005 (19.4% and 16.1%, respectively). In contrast, gonorrhea rates among both white men and women have increased between 2001 and 2005 (18.9% and 20.4%, respectively).

In 2005, data on gonorrhea prevalence in defined populations were available from several sources. These data showed a continuing high burden of disease in adolescents and young adults in some parts of the United States.

For 16- to 24-year-old women entering the National Job Training Program in 32 states and the District of Columbia in 2005, the median state-specific gonorrhea prevalence was 2.4% (range 0.0% to 6.6%).

Among men entering the program from 14 states, the median state-specific gonorrhea prevalence was 2.2% (range 0.0% to 6.1%).

Among women entering juvenile corrections facilities the median gonorrhea positivity was 4.7% (range 0.9% to 14.2%); the median gonorrhea positivity for men

entering juvenile corrections facilities was 1.0% (range 0.0% to 19.0%).

Among women entering adult corrections facilities, the median gonorrhea positivity was 2.8% (range 0% to 13.8%). In men, the median gonorrhea positivity was 2.3% (range 0.0 to 11.8%) in adult corrections facilities.

Among men who have sex with men attending eight STD clinics, the median clinic urethral positivity was 11% (range 8% to 14%).

There remains considerable geographic variation in the prevalence of fluoroquinolone-resistance within the United States, at least for heterosexuals, with rates highest in the Western part of the country. In the Gonococcal Isolate Surveillance Project (GISP), a sentinel surveillance project located in 27 STD clinics throughout the United States, the proportion of isolates among men who have sex with men (MSM) that were resistant to ciprofloxacin increased again in 2005 to 29%. The overall proportion of resistant isolates among heterosexuals was 3.8% in 2005, up from 2.9% in 2004. Fluoroquinolone-resistant isolates were identified in 25 of the 27 GISP clinics but prevalence was highest in Western sites.

Syphilis

The rate of primary and secondary (P&S) syphilis reported in the United States decreased during the 1990s and in 2000 was the lowest since reporting began in 1941. The low rate of syphilis and the concentration of the majority of syphilis cases in a small number of geographic areas led to the development of the National Plan to Eliminate Syphilis from the United States, which was announced by the Surgeon General in 1999 and revised in 2006.² The rate of P&S syphilis in the United States declined by 89.7% from 1990 through 2000. However, the rate of P&S syphilis has increased each year since 2001,

mostly among men, but also in women for the past year. In 2005, P&S syphilis cases reported to CDC increased to 8,724 from 7,980 in 2004, an increase of 9.3%. The rate in men increased 8.5% while that in women increased 12.5%. Cases of congenital syphilis continued to decline; 329 cases of congenital were reported in 2005, down from 371 in 2004.

Although wide disparities exist in the rates of STDs among racial and ethnic groups, there has been a reduction in these differences for syphilis over the past five years. The P&S syphilis rate for 2005 among African Americans was 5.4 times the rate among whites, reflecting a substantial decline from 1999, when the rate among African Americans was 29 times greater than that among whites (Table 32B). While this has reflected decreasing rates among African Americans, it also reflects significant increases among white men during the past five years. In 2005, increases were observed among both African-American men (15.7 cases per 100,000 population, up from 13.9 in 2004) and African-American women (4.4 cases per 100,000 population, up from 4.2 in 2004). An increase was also observed among white men (3.3 cases per 100,000 population), up from 3.1 in 2004, while the rate in white women remained the same (0.3 per 100,000 population).

While syphilis elimination efforts have successfully focused on heterosexual minority populations at risk for syphilis, recent increases in syphilis among MSM and smaller increases among women and African Americans highlight the importance of continually reassessing and refining surveillance, prevention, and control strategies.

¹ Institute of Medicine. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, Committee on Prevention and Control of Sexually Transmitted Diseases, National Academy Press, Washington, DC, 1997.

² Division of STD Prevention. *The National Plan to Eliminate Syphilis from the United States*. National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 2006.

NATIONAL PROFILE

NATIONAL PROFILE

National Profile

The **National Profile** section contains figures showing trends and the distribution of nationally reportable sexually transmitted diseases (chlamydia, gonorrhea, syphilis and

chancroid) by age, sex, race/ethnicity, and location for the United States. Where relevant, the figures illustrate progress towards specific Healthy People 2010 targets* for the nation.¹

* See the **Appendix** for a listing of the Healthy People 2010 objectives for the diseases addressed in this report.

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

Chlamydia

Background

Chlamydia trachomatis infections are the most commonly reported notifiable disease in the United States. They are among the most prevalent of all STDs and, since 1994, have comprised the largest proportion of all STDs reported to CDC (Table 1). In women, chlamydia infections, which are usually asymptomatic, may result in pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. Data from a randomized controlled trial of chlamydia screening in a managed care setting suggested that screening programs can lead to a reduction in the incidence of PID by as much as 60%.¹ As with other inflammatory STDs, chlamydia infection can facilitate the transmission of HIV infection. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia. Due to the large burden of disease and risks associated with infection, CDC recommends screening all sexually active women aged less than 26 years for chlamydia.²

The increase in reported chlamydia infections during the last 10 years reflects the expansion of chlamydia screening activities, use of increasingly sensitive diagnostic tests, an increased emphasis on case reporting from providers and laboratories, and improvements in the information systems for reporting. However, many women who are at risk are still not being tested, reflecting, in part, lack of awareness among some health care providers and limited resources available to support screening. Chlamydia screening

and reporting are likely to continue to expand further in response to the Health Plan Employer Data and Information Set (HEDIS) measure for chlamydia screening of sexually active women 15 through 25 years of age who receive medical care through managed care organizations or Medicaid.³ To better monitor trends in disease burden in defined populations during the expansion of chlamydia screening activities, data on chlamydia positivity among persons screened in a variety of settings are used; in most instances, test positivity serves as a reasonable approximation of prevalence.⁴

Chlamydia – United States

In 2000, for the first time, all 50 states and the District of Columbia had regulations requiring the reporting of chlamydia cases.

In 2005, 976,445 chlamydia infections were reported to CDC from 50 states and the District of Columbia (Table 1). This case count corresponds to a rate of 332.5 cases per 100,000 population, an increase of 5.1% compared with the rate of 316.5 in 2004. The reported number of chlamydia infections was almost three times the number of reported cases of gonorrhea (339,593 gonorrhea cases were reported in 2005) (Table 1).

From 1986 through 2005, the rates of reported chlamydia infection increased from 35.2 to 332.5 cases per 100,000 population (Figure 1, Table 1). The continuing increase in reported cases likely represents the further expansion of screening for this infection, the development and use of more sensitive

screening tests, and more complete national reporting.

Chlamydia by Sex

In 2005, the overall rate of reported chlamydia infection among women in the United States (496.5 cases per 100,000 females) was over three times higher than the rate among men (161.1 cases per 100,000 males), likely reflecting a greater number of women screened for this infection (Figure 1, Tables 4 and 5). The lower rates among men also suggest that many of the sex partners of women with chlamydia are not diagnosed or reported. However, with the advent of highly sensitive nucleic acid amplification tests that can be performed on urine, symptomatic and asymptomatic men are increasingly being diagnosed with chlamydia infection. From 2001 through 2005, the chlamydia infection rate in men increased by 43.5% (from 112.3 to 161.1 cases per 100,000 males) compared with a 15.6% increase in women over the same period (from 429.6 to 496.5 cases per 100,000 females).

Chlamydia by Region

For the years 1996–2001, the chlamydia rates in the Southern region of the United States were slightly higher than the rates in any other region of the country (Figure 2, Table 3). For the years 2002–2005, overall rates were comparable in the Midwest, West, and South (353.7, 343.6, 338.1 cases per 100,000 population, respectively). Although slight increases occurred in all regions, rates have remained lowest in the Northeast since 1996. In 2005, the case rate per 100,000 population in the Northeast was 282.5.

Chlamydia by State

In 2005, chlamydia rates per 100,000 population by state ranged from 141.7 cases in New Hampshire to 732.6 cases in Mississippi (Figure 3, Table 2). Thirty-two

states and one outlying area had chlamydia case rates higher than 300.0 cases per 100,000 population.

Chlamydia by County

Counties in the United States with the highest chlamydia case rates per 100,000 population were located primarily in the Southeast and West, including Alaska (Figure 4). In 2005, 799 (25.4%) of 3,140 counties had rates greater than 300.0 cases per 100,000 population. Rates per 100,000 population were 150.0 or less in 1,391 counties (44.3%) and between 150.1 and 300.0 in 950 counties (30.3%).

Chlamydia by Reporting Source

The majority of chlamydia cases reported in 2005 were reported through non-STD clinics (Figure 5, Table A2). Among women, only 12.5% of chlamydia cases were reported through an STD clinic (92,229 of 740,371 total cases). Women are more frequently asymptomatic and less likely than men to seek care at an STD clinic. In contrast, among men, 33.8% of chlamydia cases were reported through an STD clinic (78,677 of 232,781 total cases).

Chlamydia by Race

In 2005, chlamydia rates increased for all race/ethnic groups (Figure 6, Table 10B). The rate of chlamydia among blacks was over eight times higher than that of whites (1,247.0 and 152.1 cases per 100,000, respectively). The rates among American Indian/Alaska Natives (748.7) and Hispanics (459.0) were also higher than that of whites (4.9 and 3.0 times higher, respectively).

Chlamydia by Age and Sex

Among women, the highest age-specific rates of reported chlamydia in 2005 were among 15- to 19-year-olds (2,796.6 cases per 100,000 females) and 20- to 24-year-

olds (2,691.1 cases per 100,000 females). These increased rates in women may be, in part, due to increased screening in this group. Age-specific rates among men, while substantially lower than the rates in women, were highest in the 20- to 24-year-olds (804.7 cases per 100,000 males) (Figure 7, Table 9).

Chlamydia Screening and Prevalence Monitoring Project

Chlamydia screening and prevalence monitoring activities were initiated in Health and Human Services (HHS) Region X (Alaska, Idaho, Oregon, Washington) in 1988 as a CDC-supported demonstration project. In 1993, chlamydia screening services for women were expanded to three additional HHS regions (III, VII, and VIII) and, in 1995, to the remaining HHS regions (I, II, IV, V, VI, and IX). In some regions, federally-funded chlamydia screening supplements local- and state-funded screening programs. Screening criteria and practices vary by region and state.

In 2005, the median state-specific chlamydia test positivity among 15- to 24-year-old women who were tested during visits to selected family planning clinics in all states and outlying areas was 6.3% (range 3.0% to 20.3%) (Figures 8 and 9). See **Appendix** (Chlamydia, Gonorrhea,

and Syphilis Prevalence Monitoring) for details.

To examine trends in regional chlamydia positivity, rates were adjusted to account for changes in laboratory test methods and associated increases in test sensitivity (Figure 10, see **Appendix**).⁵ Even after adjustment, chlamydia test positivity has remained fairly stable within regions from 2001–2005. Positivity slightly decreased in six of ten HHS regions from 2004 through 2005, increased in three regions, and remained the same in one region.

Chlamydia Among Special Populations

Additional information on chlamydia screening programs for women of reproductive age and chlamydia among adolescents and minority populations can be found in the **Special Focus Profiles**.

¹ Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;34(21): 1362-66.

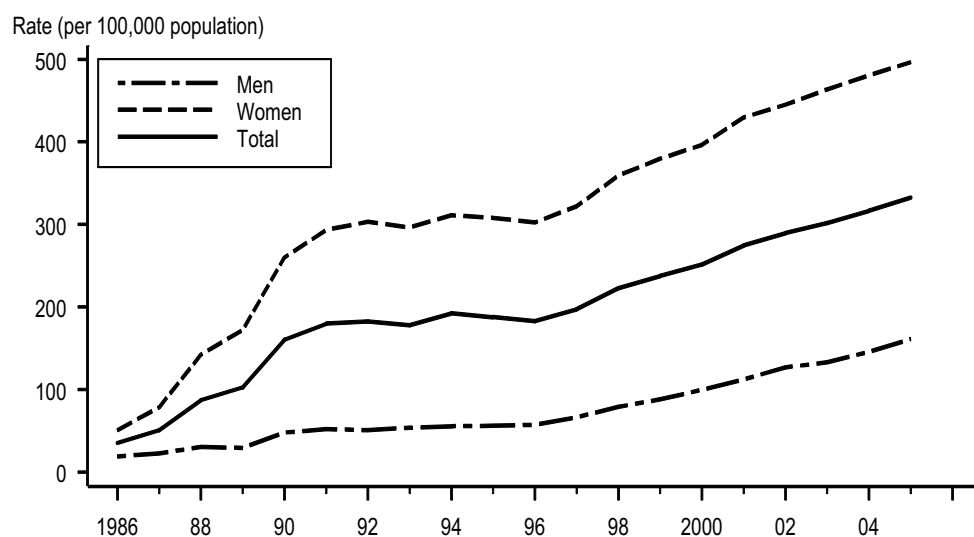
² Centers for Disease Control and Prevention. *Sexually Transmitted Diseases Treatment Guidelines, 2006*. *MMWR*, 2006;55(No. RR-11):38.

³ National Committee for Quality Assurance (NCQA). *HEDIS 2000: Technical Specifications*, Washington, DC, 1999, pp. 68-70, 285-286.

⁴ Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? *Sexually Transmitted Diseases* 1998;25:251-3.

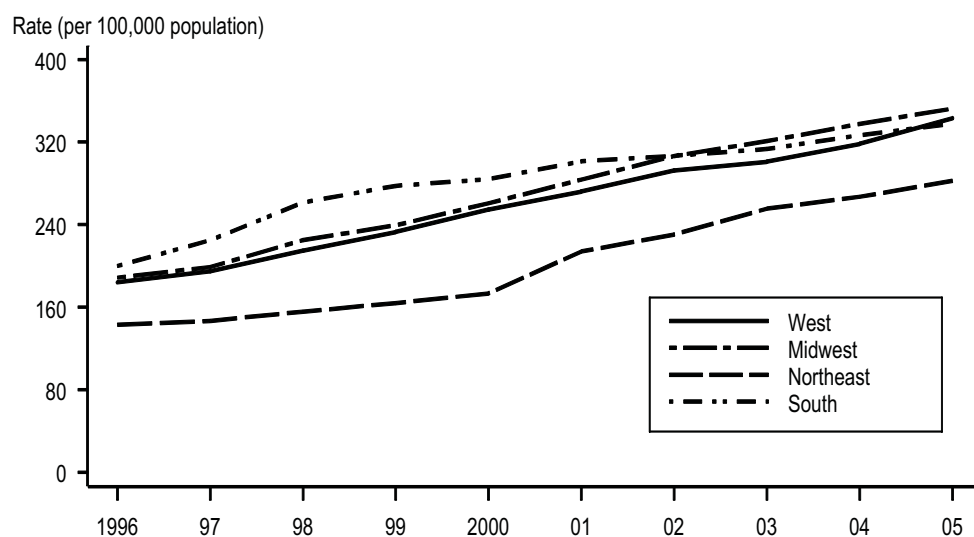
⁵ Dicker LW, Mosure DJ, Levine WC, et al. Impact of switching laboratory tests on reported trends in *Chlamydia trachomatis* infections. *Am J Epidemiol* 2000;51:430-5.

Figure 1. Chlamydia — Rates: Total and by sex: United States, 1986–2005



Note: As of January 2000, all 50 states and the District of Columbia had regulations requiring the reporting of chlamydia cases.

Figure 2. Chlamydia — Rates by region: United States, 1996–2005



Guam 485.9

Puerto Rico 95.4

Virgin Is. 216.0

State	Rate per 100,000 population
VT	154.0
NH	141.7
MA	224.6
RI	302.5
CT	315.1
NJ	220.2
DE	408.5
MD	329.1

Rate per 100,000 population

Rate Range	Number of States (n)
<=150.0	2
150.1-300.0	18
>300.0	33

Figure 4. Chlamydia — Rates by county: United States, 2005

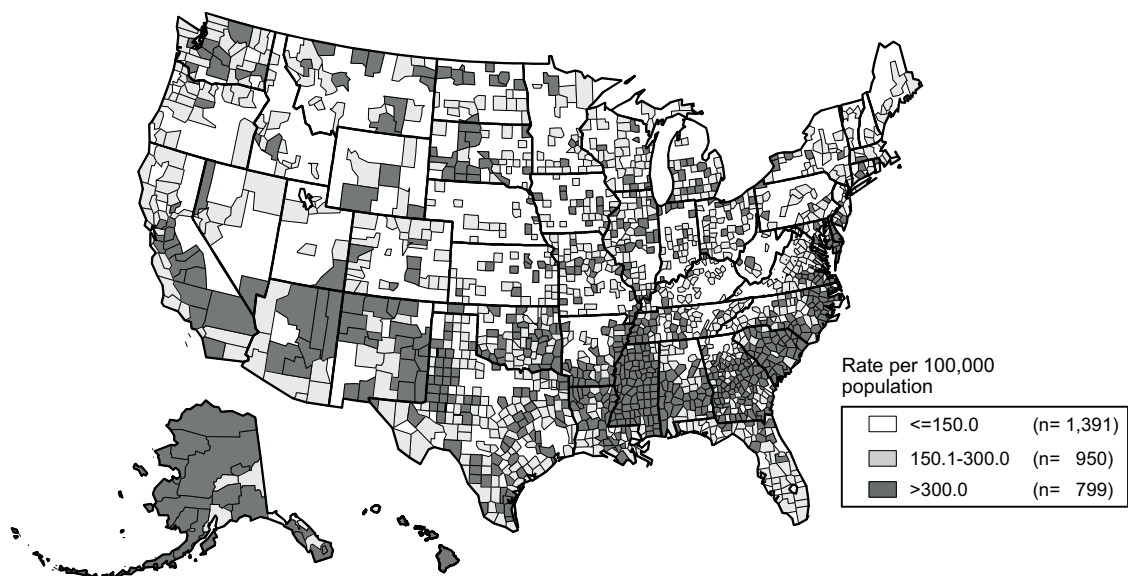


Figure 5. Chlamydia — Cases by reporting source and sex: United States, 1996–2005

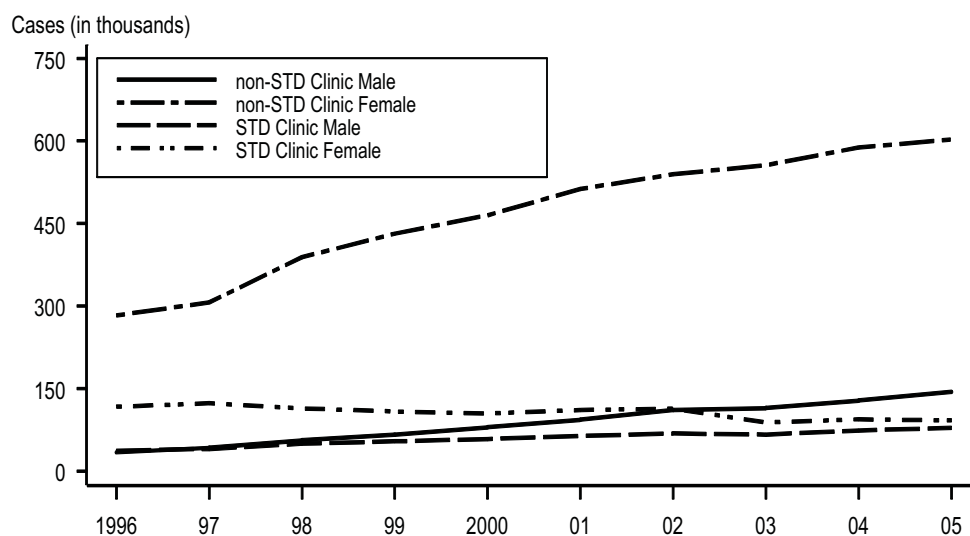


Figure 6. Chlamydia — Rates by race/ethnicity: United States, 1996–2005

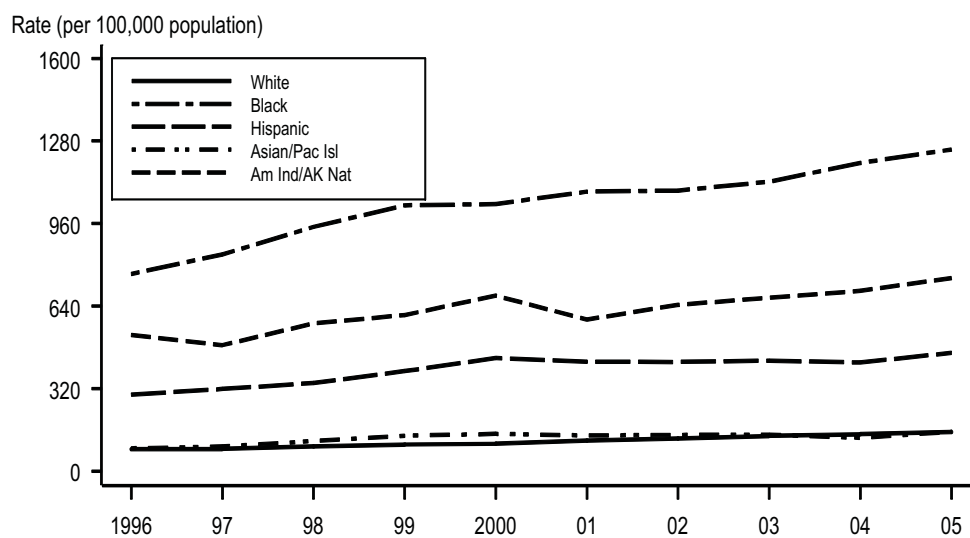


Figure 7. Chlamydia — Age- and sex-specific rates: United States, 2005

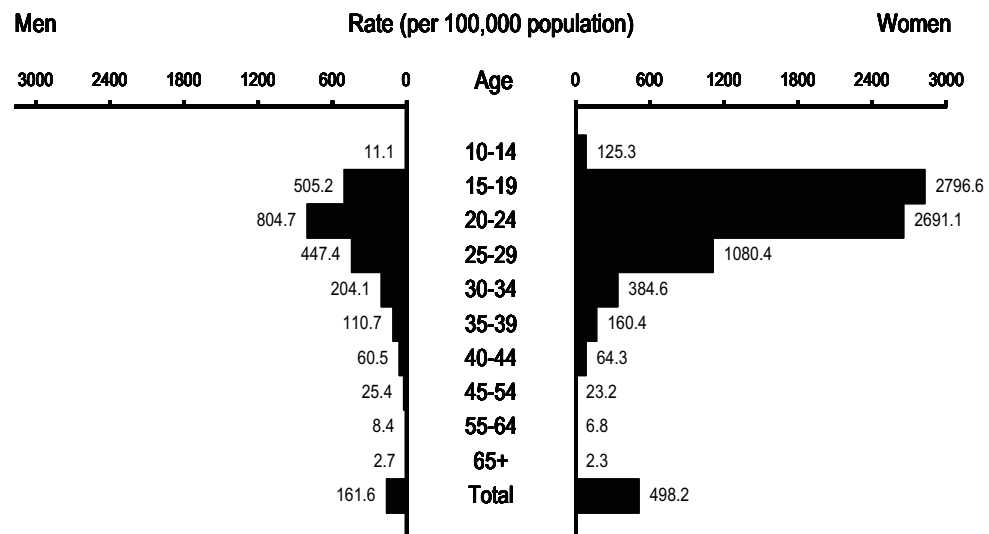
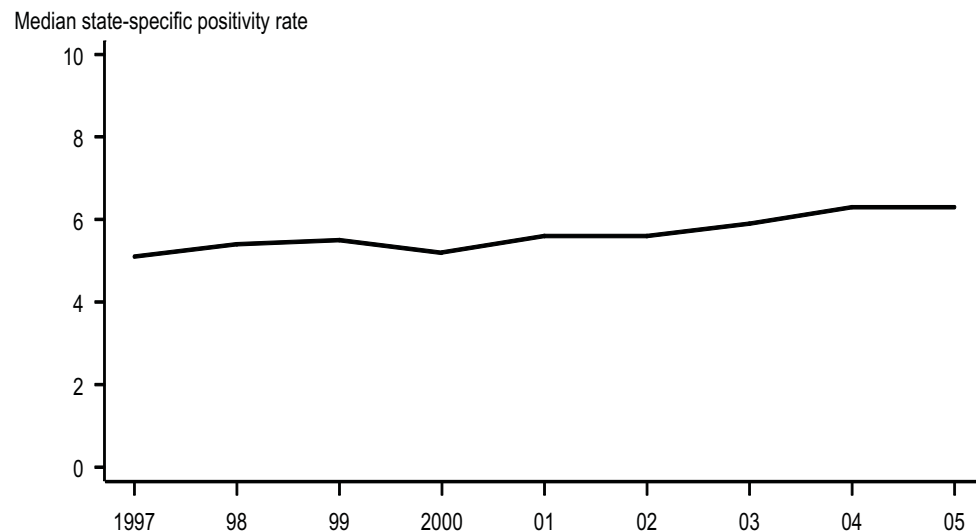
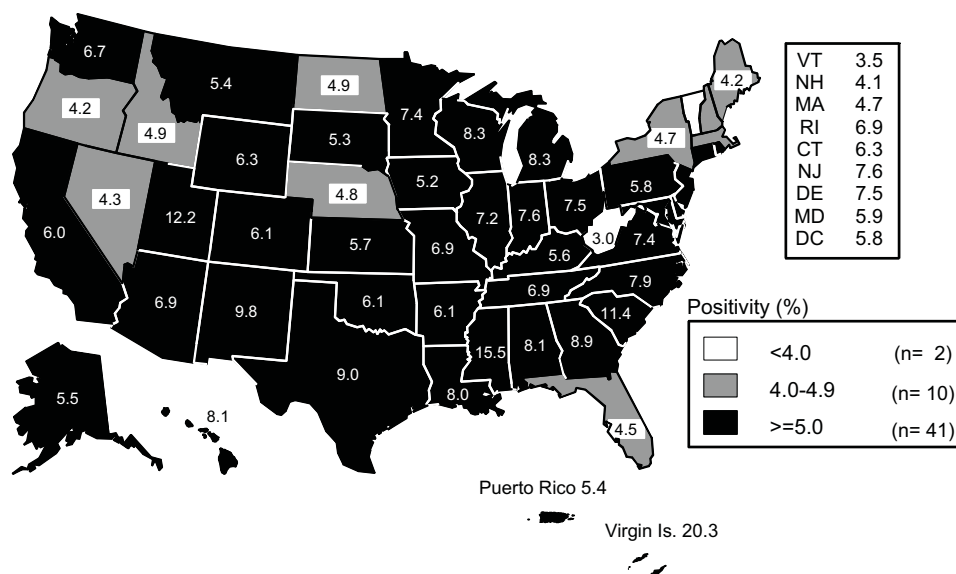


Figure 8. Chlamydia — Median state-specific positivity among 15- to 24-year-old women tested in family planning clinics: United States, 1997–2005



Note: As of 1997, all 10 Health and Human Services (HHS) regions, representing all 50 states, the District of Columbia, and outlying areas, reported chlamydia positivity data. See Appendix for definitions of HHS regions.

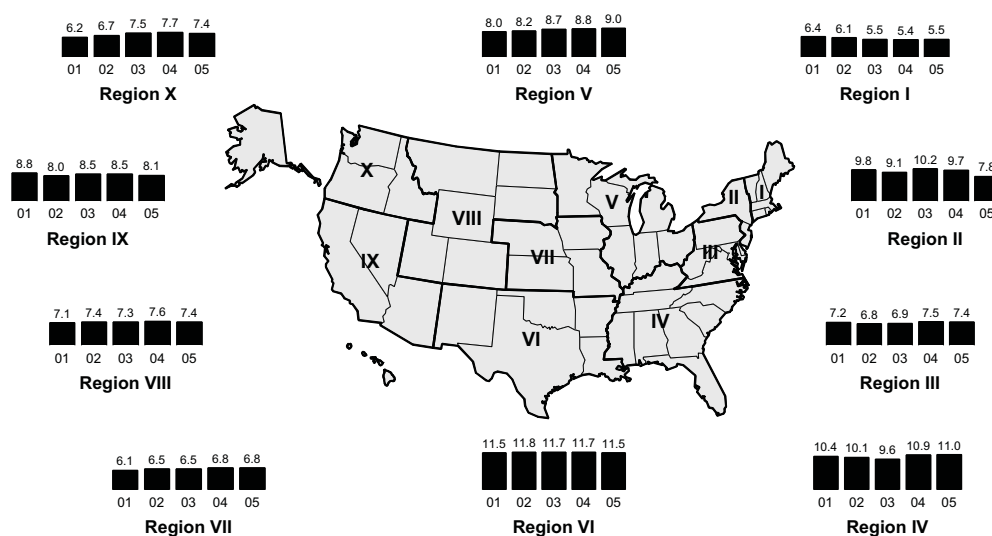
Figure 9. Chlamydia — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2005



Note: Includes states and outlying areas that reported chlamydia positivity data on at least 500 women aged 15-24 years screened during 2005.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Figure 10. Chlamydia — Trends in positivity among 15- to 24-year-old women tested in family planning clinics by HHS region, 2001–2005



Note: Trends adjusted for changes in laboratory test method and associated increases in test sensitivity. See Appendix (Chlamydia, Gonorrhea, and Syphilis Prevalence Monitoring) for more information. See Appendix for definitions of Health and Human Services (HHS) regions.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Gonorrhea

Background

Gonorrhea is the second most commonly-reported notifiable disease in the United States. Infections due to *Neisseria gonorrhoeae*, like those resulting from *Chlamydia trachomatis*, are a major cause of pelvic inflammatory disease (PID) in the United States. PID can lead to serious outcomes in women such as tubal infertility, ectopic pregnancy, and chronic pelvic pain. In addition, epidemiologic and biologic studies provide strong evidence that gonococcal infections facilitate the transmission of HIV infection.¹

From 1975 through 1997, the national gonorrhea rate declined 74% following implementation of the national gonorrhea control program in the mid-1970s (Table 1). Gonorrhea rates subsequently appeared to plateau for several years. However, in 2005, rates increased slightly from 2004 with 339,593 cases of gonorrhea reported in the United States (Figure 11 and Table 1). True increases or decreases may be masked by changes in screening practices (affected by concomitant testing for chlamydia and broader use of urine-based testing), use of diagnostic tests with differing test performance, and changes in reporting practices.²

For most areas, the number of gonorrhea cases reported to CDC is affected by many factors, in addition to the occurrence of the infection within the population. As with reporting of other STDs, reporting of gonorrhea cases to CDC is incomplete.³ In addition, reporting practices for gonococcal infections may have been biased towards reporting of infections in persons of

minority race or ethnicity, who are more likely to attend public STD clinics.⁴ For such reasons, supplemental data on gonorrhea prevalence in persons screened in a variety of different settings are useful in assessing disease burden in selected populations.

Gonorrhea – United States

In 2005, 339,593 cases of gonorrhea were reported in the United States. The rate of reported gonorrhea in the United States was 115.6 cases per 100,000 population in 2005 (Figure 11 and Table 1), the first increase in gonorrhea since 1999.

Gonorrhea by Region

As in previous years, in 2005 the South had the highest gonorrhea rate among the four regions of the country. However, the gonorrhea rate in the South has declined by 17.6% from a rate of 174.6 per 100,000 population in 2001 to 143.9 in 2005. Rates in the Northeast have also declined 23.1% from 2001 to 2005 (from 97.2 to 74.7). In contrast, the gonorrhea rate in the West has increased by 35.4% from 60.2 cases per 100,000 population in 2001 to 81.5 in 2005. The rate in the Midwest (142.5 in 2001 and 139.1 in 2005) has shown minimal change since 2001. Of note, however, is that gonorrhea rates in both the Midwest and the South increased slightly (4.0% and 1.6% respectively) from 2004 to 2005 (Figure 13 and Table 12).

Gonorrhea by State

In 2005, only states and Puerto Rico had gonorrhea rates below the Healthy People

2010 (HP2010) national target of 19 cases per 100,000 population (Figure 14 and Table 11).⁵

Gonorrhea by Metropolitan Statistical Area (MSA)

The overall gonorrhea rate in the 50 most populous MSAs was 128.2 cases per 100,000 population in 2005. This is a 3.9% increase from the prior year. All of these MSAs had rates higher than the HP2010 target of 19 cases per 100,000 population (Table 16). In 2005, 59.6% of gonorrhea cases were reported by these MSAs. Similar to previous years, in 2005 the total gonorrhea rate among females in these MSAs (127.4) remained similar to that among males (128.4) (Tables 17 and 18).

Gonorrhea by County

In 2005, 1,303 (41.5%) of 3,140 counties in the United States had gonorrhea rates at or below the HP2010 national target of 19 cases per 100,000 population. Rates per 100,000 population were between 19 and 100 in 1,118 counties (35.6%), and greater than 100 in 719 counties (22.9%). The majority of counties with greater than 100 cases per 100,000 population were located in the South (Figure 15).

In 2005, 50% of reported gonorrhea cases occurred in just 66 counties or independent cities (Table 15).

Gonorrhea by Reporting Source

In 2005, 28.1% of gonorrhea cases were reported by STD clinics. This is a change from 2001, when 36.6% of gonorrhea cases were reported by STD clinics (Table A2). In 2005, similar to previous years, a higher proportion of male gonorrhea cases were reported from STD clinics than female cases (40.4% and 17.0% respectively) (Figure 16).

Gonorrhea by Region and Sex

From 2001 to 2005, gonorrhea rates among women increased 41.4% in the West, and decreased 23.0% in the Northeast and 15.0% in the South. Over the same time period, gonorrhea rates among men increased 30.7% in the West, and decreased 23.2% in the Northeast and 20.4% in the South (Tables 13 and 14). Rates among both women and men in the Midwest remained relatively unchanged over this time period.

Gonorrhea by Sex

Prior to 1996, rates of gonorrhea among men were higher than rates among women. For the fifth straight year, however, gonorrhea rates in women are slightly higher than in men (Figure 12). In 2005 the gonorrhea rate among women was 119.1 and the rate among men was 111.5 cases per 100,000 population (Tables 13 and 14).

Gonorrhea by Race/Ethnicity

Changes in gonorrhea rates from 2001 through 2005 differed by racial/ethnic group. Gonorrhea rates decreased by 17.8% during this time period for African Americans from 762.0 to 626.4 cases per 100,000 population. In contrast, rates in other racial/ethnic groups have increased. Since 2001, the gonorrhea rate among American Indian/Alaska Natives increased 28.4% (131.7 per 100,000 in 2005), whites increased 19.7% (35.2 per 100,000 in 2005), Hispanics increased 6.4% (74.8 per 100,000 in 2005), and Asian/Pacific Islanders increased 5.3% (25.9 per 100,000 in 2005) (Figure 17 and Table 20B).

In 2005, the gonorrhea rate among African Americans was 18 times greater than the rate for whites. This is a decrease from 2001 when there was a 26-fold difference in rates. Gonorrhea rates were 3.7 times greater among American Indian/Alaska Natives, and 2.1 times greater among Hispanics than among whites in 2005.

Gonorrhea by Age and Sex

In 2005, gonorrhea rates continued to be highest among adolescents and young adults. The overall gonorrhea rate was highest for 20- to 24-year-olds (506.8), which is over 4 times higher than the national gonorrhea rate. Among females in 2005, 15- to 19- and 20- to 24-year-olds had the highest rates of gonorrhea (624.7 and 581.2, respectively); among males, 20- to 24-year-olds had the highest rate (436.8) (Figure 18 and Table 19).

Although the gonorrhea rate among 15- to 19-year-olds decreased in recent years, in 2005 this rate increased 3.9%. Similar slight increases were seen among 20- to 24-year-olds and 25- to 29-year-olds (3.0% and 4.3%) (Table 19). Increases over this time period were similar among males 15- to 19-years, 20- to 24-years, and 25- to 29-years (4.4%, 2.8%, and 3.8% respectively) and among females 15- to 19-years, 20- to 24-years, and 25- to 29-years (3.6%, 3.2%, and 4.8%, respectively) (Figures 19 and 20, and Table 19).

Gonorrhea by Race/Ethnicity and Sex

From 2001 to 2005 the overall rate in African-American men decreased 19.4% from 826.8 per 100,000 population to 666.0. Decreases were seen in all age groups of African-American men over this time period. However, the overall rate in white males increased 18.9% from 23.3 per 100,000 population in 2001 to 27.7 in 2005. Rates among American Indian/Alaska Native men increased 44.1%, Asian/Pacific Islander men increased 13.7%, and Hispanic men increased 2.6% (Table 20B).

From 2001 to 2005 the overall rate among African-American women decreased 16.1% from 703.3 per 100,000 population to 590.4. Decreases were noted in 15- to 19-year-old African-American women (18.3% from 2001 through 2005).

However, 15- to 19-year-old African-American women still have the highest gonorrhea rate of any group (2,814.0 per 100,000 population). Rates among white women increased 20.4% from 35.3 per 100,000 population in 2001 to 42.5 in 2005. Increases were also seen among American Indian/Alaska Native women (21.4%) and Hispanic women (10.0%) over this time period (Table 20B). The rate among Asian/Pacific Islander women remained essentially unchanged (1.9% decrease).

Gonorrhea Prevalence Monitoring Projects

Gonorrhea test positivity data are available from a variety of settings. Screening criteria and practices may vary by state.

Family Planning Clinics

In 2005, the median state-specific gonorrhea test positivity among 15- to 24-year-old women screened in selected family planning clinics in 41 states, Puerto Rico, the District of Columbia, and the Virgin Islands was 1.0% (range 0.0% to 3.8%) (Figure 21). Median gonorrhea positivity in family planning clinics has shown minimal change in recent years (1.0% in 2001).

Prenatal Clinics

For women attending selected prenatal clinics in 20 states, Puerto Rico, and the Virgin Islands, the median positivity was 0.9% (range 0.0% to 3.2%) (Figure F). Median gonorrhea positivity in prenatal clinics has shown minimal change in recent years (0.9% in 2001).

National Job Training Program

For 16- to 24-year-old women entering the National Job Training Program in 32 states and the District of Columbia in 2005, the median state-specific gonorrhea prevalence

was 2.4% (range 0.0% to 6.6%) in 2005 (Figure M). Among men entering the program from 14 states in 2005, the median state-specific gonorrhea positivity was 2.2% (range 0.0% to 6.1%) (Figure N).

Juvenile Corrections

In 2005, the median positivity for gonorrhea in women entering 38 juvenile corrections facilities was 4.7% (range 0.9% to 14.2%), and in men entering 65 juvenile corrections facilities was 1.0% (range 0.0% to 19.0%) (Table CC).

Gonococcal Isolate Surveillance Project (GISP)

Antimicrobial resistance remains an important consideration in the treatment of gonorrhea.⁶⁻¹⁰ Overall, 19.6 % of isolates collected in 2005 in 27 STD clinics by the Gonococcal Isolate Surveillance Project (GISP) were resistant to penicillin, tetracycline, or both, up from 15.9% in 2004 (Figure 23).

Quinolone-resistant *N. Gonorrhoeae* (QRNG)

Resistance to ciprofloxacin (a fluoroquinolone in the quinolone family of antimicrobials) was first identified in GISP sites in 1991. From 1991 through 1998, fewer than nine quinolone-resistant *N. gonorrhoeae* (QRNG) isolates were identified each year, and such isolates were identified in only a few GISP clinics. In 2000, similar to 1999, 19 (0.4%) quinolone-resistant GISP isolates were identified in seven GISP clinics. In 2001, 38 (0.7%) QRNG isolates were identified in six clinics; in 2002, 116 (2.2%) such isolates were identified in 13 clinics; in 2003, 270 (4.1%) were identified in 21 clinics; in 2004, 429 (6.8%) were identified in 24 clinics; and in 2005, 581 (9.4%) isolates were submitted and identified in 25 of the 27 clinics in GISP demonstrating resistance to ciprofloxacin (Figure 24).

QRNG by Region

In Honolulu, the prevalence of QRNG identified remains high but has slightly decreased from 2004. In 2005, 17 (19.3%) of 88 isolates submitted from Honolulu demonstrated ciprofloxacin-resistance, down from 21 (22.8%) of 92 isolates in 2004.

In California, increases in the number of isolates resistant to ciprofloxacin were identified in four of five GISP sites, while one site, Long Beach, experienced a slight decrease from 25% in 2004 to 23.5% in 2005. Whereas, in Los Angeles, 14.5% of isolates in 2005 were ciprofloxacin-resistant compared with 13.8% in 2004; in Orange County, 27.5% were resistant in 2005 compared to 20.5% in 2004; in San Diego, 26.2% were resistant in 2005 compared to 20.6% in 2004; and in San Francisco, 31.3% were resistant in 2005 compared to 24.3% in 2004.

Similarly in other West Coast sites, Portland, Denver, and Las Vegas experienced a substantial increase in prevalence of QRNG, whereas Seattle experienced a slight decrease. In Portland, the prevalence of QRNG doubled to 23.1% in 2005 from 11.5% in 2004; in Denver, to 10.9% in 2005 from 8.3% in 2004; and in Las Vegas, to 5.4% in 2005 from 2.4% in 2004. In Seattle the prevalence dropped to 11.6% in 2005 from 16.2% in 2004. The QRNG prevalence in Phoenix remained relatively stable.

In the South, increases in prevalence of QRNG occurred in Atlanta, Miami, Oklahoma City, and New Orleans. In Atlanta, QRNG resistance increased to 3.8% in 2005 from 0.9% in 2004; in Miami, to 9.1% in 2005 from 6.8% in 2004; in Oklahoma City, to 2.3% in 2005 from 1.3% in 2004; and in New Orleans, to 6.3% in 2005 from 1.6% in 2004. (Note: As a result of Hurricane Katrina, the 2005 prevalence for QRNG in New Orleans contains isolates only from January–May

2005.) In Greensboro, the prevalence was slightly down to 0.6% in 2005 from 0.8% in 2004; the prevalence in Dallas remained the same.

In the Midwest and Northeast, there were large increases in prevalence of QRNG seen in Baltimore, Chicago, Cincinnati, Cleveland, and Philadelphia. In Baltimore, prevalence increased to 3% in 2005 from 1% in 2004; in Chicago to 4.7% in 2005 from 2.3% in 2004; in Cincinnati to 1% in 2005 from 0.3% in 2004; in Cleveland to 2.8% in 2005 from 0.4% in 2004; and in Philadelphia, the prevalence quadrupled to 14.3% in 2005 from 3.3% in 2004. There was a slight decrease in QRNG prevalence in Minneapolis for 2005.

Sites that identified ciprofloxacin-resistant isolates for the first time in 2005 include Birmingham and Detroit. Only Albuquerque and Tripler did not identify QRNG isolates during 2005.

Overall, outside of Hawaii and California, 6.1% of isolates were ciprofloxacin-resistant in 2005, an increase from 3.6% in 2004.

Additional information on antimicrobial susceptibility data and treatment recommendations from state and local health departments may be found in the 2005 GISP report⁷ or the GISP website (<http://www.cdc.gov/std/GISP>).

QRNG by Sexual Behavior

The number of QRNG isolates from men who have sex with men (MSM) continued to increase in 2005 to 387 (29% of all specimens from MSM). During the same time period, the number of these isolates from heterosexuals increased from 136 (2.9%) in 2004 to 183 (3.8%) in 2005 (Figure 25).

As a result of this continued high prevalence of quinolone-resistant *N. gonorrhoeae* in California, Hawaii, among MSM, and the increasing prevalence of QRNG in areas

other than the West Coast, in 2006 CDC recommended that quinolones should not be used for infections in MSM or in those with a history of recent foreign travel or partners' travel, infections acquired in California or Hawaii, or infections acquired in other areas with increased QRNG prevalence.¹⁰

Other Antimicrobial Susceptibility Testing

To date, cephalosporin resistance has not been identified in GISP, and the proportion of GISP isolates demonstrating decreased susceptibility to ceftriaxone or cefixime has remained very low over time. In 2001, three GISP isolates with decreased susceptibility to cefixime were also found to be resistant to penicillin, tetracycline, and ciprofloxacin; such multi-drug resistance in combination with decreased susceptibility to cefixime had not previously been identified in the United States.¹¹ In 2004, two GISP isolates had decreased susceptibility to cefixime; one of those isolates demonstrated the same resistance pattern as the 2001 isolates described above. In 2005, no GISP isolates had decreased susceptibility to ceftriaxone or cefixime.

The proportion of GISP isolates demonstrating elevated minimum inhibitory concentrations (MICs) to azithromycin has been increasing since GISP began monitoring azithromycin susceptibility in 1992. In 1992, there were no isolates with azithromycin MIC $\geq$ 1.0 mg/ml but in 2004 there were 57 (0.9%) such isolates, and this has now tripled to 181 (2.9%) in 2005. However, caution is needed when interpreting this increase, as a change in the media used for antimicrobial susceptibility testing in 2005 may have contributed to the increase.

Gonorrhea Among Special Populations

Additional information about gonorrhea in racial and ethnic minority populations, adolescents, men who have sex with men, and other at risk populations can be found in the **Special Focus Profiles**.

Gonorrhea Summary

In summary, the national gonorrhea rate increased in 2005 for the first time since 1999. Gonorrhea rates have declined among African Americans, but increased in all other racial and ethnic groups since 2001. However, rates among African Americans remain markedly higher than among other racial and ethnic groups.

Gonorrhea has increased in the West for several years, and 2005 data now suggest that these increases may be appearing in the South and the Midwest as well. Rates among adolescent and young adults had been decreasing in recent years, but 2005 data now suggest possible increases in these populations.

In addition, 2005 GISP data has shown notable increases in QRNG prevalence, especially in the Midwest and Northeast regions where previously it had been lower. As a response to these observations, modifications were made in the 2006 CDC STD Treatment Guidelines.¹⁰ Also, elevated MICs for azithromycin have been observed but the significance of this is yet to be determined.

¹ Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect*, 1999 Feb;75(1):3-17.

² Centers for Disease Control and Prevention. Gonorrhea – United States, 1998. *MMWR* 2000;49:538-42.

³ Sexually Transmitted Diseases in America: How Many Cases and At What Cost? Prepared for the Kaiser Family Foundation by: American Social Health Association, December 1998, ASHA: Research Triangle Park, NC, Kaiser Family Foundation: Menlo Park, CA 94025.

⁴ Fox KK, Whittington W, Levine WC, Moran JS, Zaidi AA, Nakashima AN. Gonorrhea in the United States, 1981–1996: demographic and geographic trends. *Sexually Transmitted Diseases* 1998;25(7):386-93.

⁵ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

⁶ Centers for Disease Control and Prevention. Fluoroquinolone-resistance in *Neisseria gonorrhoeae*, Hawaii, 1999, and decreased susceptibility to azithromycin in *N. gonorrhoeae*, Missouri, 1999. *MMWR* 2000;49:833-837.

⁷ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2005 Supplement: Gonococcal Isolate Surveillance Project (GISP) Annual Report 2005*. Atlanta, GA: U.S. Department of Health and Human Services (available first quarter 2007).

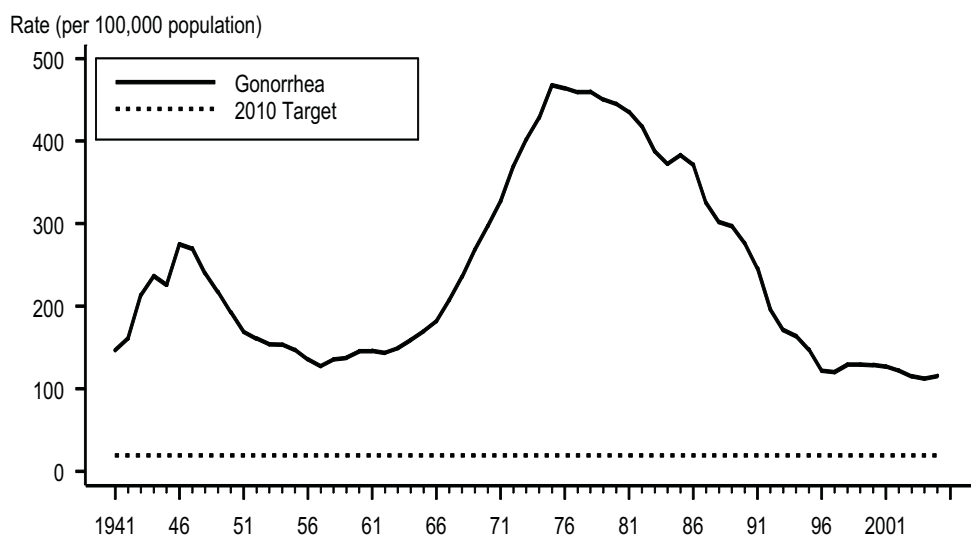
⁸ Centers for Disease Control and Prevention. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae* – Hawaii and California, 2001. *MMWR* 2002;51:1041-1044.

⁹ Centers for Disease Control and Prevention. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae* among men who have sex with men – United States, 2003, and revised recommendations for gonorrhea treatment, 2004. *MMWR* 2004;53:335-338.

¹⁰ Centers for Disease Control and Prevention. *Sexually Transmitted Diseases Treatment Guidelines, 2006*. *MMWR*, 2006;55(No. RR-11).

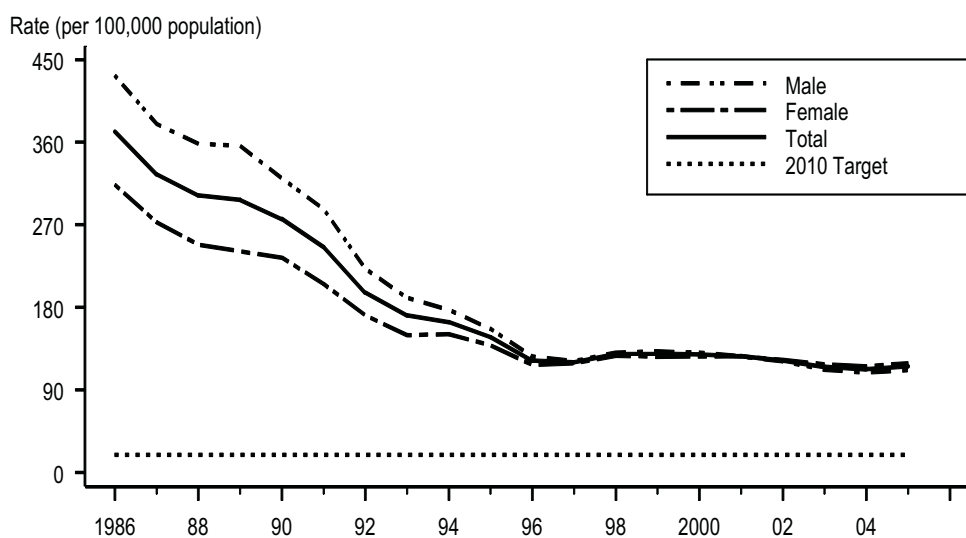
¹¹ Wang SA, Lee MV, Iverson CJ, Ohye RG, Whitticar PM, Hale JA, Trees DL, Knapp JS, Effler PV, Weinstock HS. Multi-drug resistant *Neisseria gonorrhoeae* with decreased susceptibility to cefixime, Hawaii, 2001. *CID* 2003;37:849-52.

Figure 11. Gonorrhea — Rates: United States, 1941–2005 and the Healthy People 2010 target



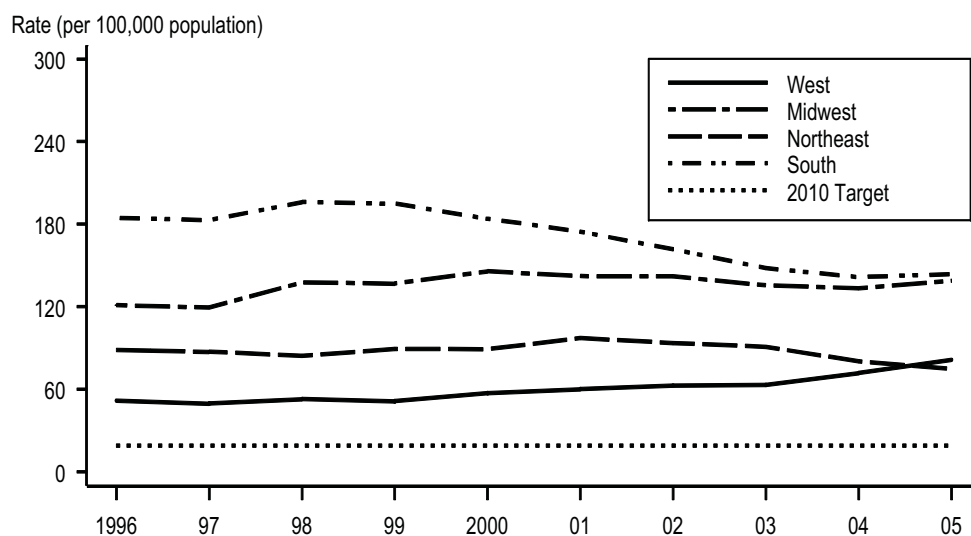
Note: The Healthy People 2010 target for gonorrhea is 19.0 cases per 100,000 population.

Figure 12. Gonorrhea — Rates: Total and by sex: United States, 1986–2005 and the Healthy People 2010 target



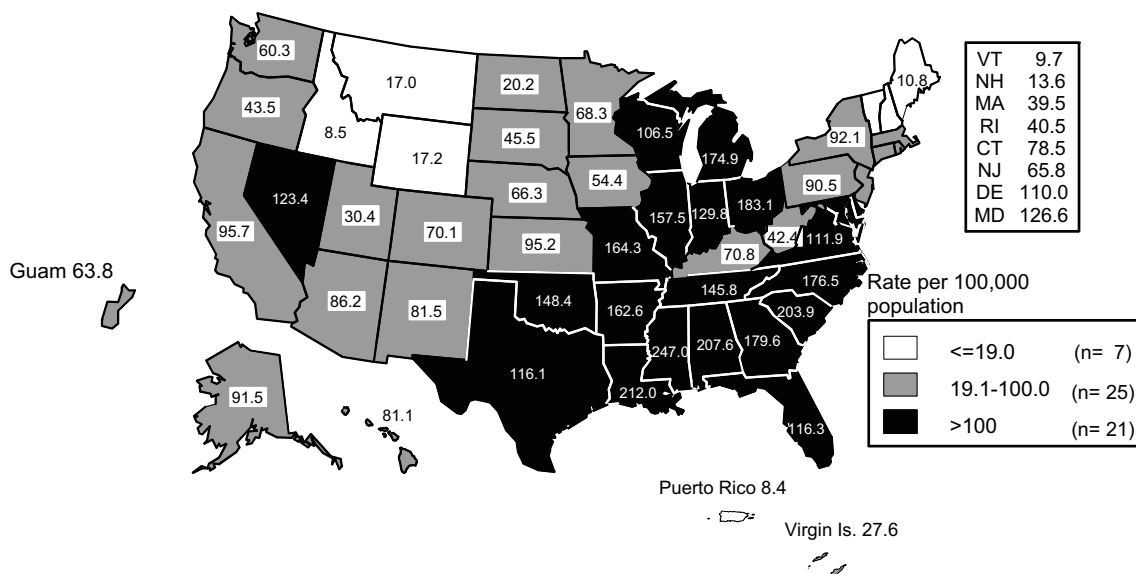
Note: The Healthy People 2010 target for gonorrhea is 19.0 cases per 100,000 population.

Figure 13. Gonorrhea — Rates by region: United States 1996–2005 and the Healthy People 2010 target



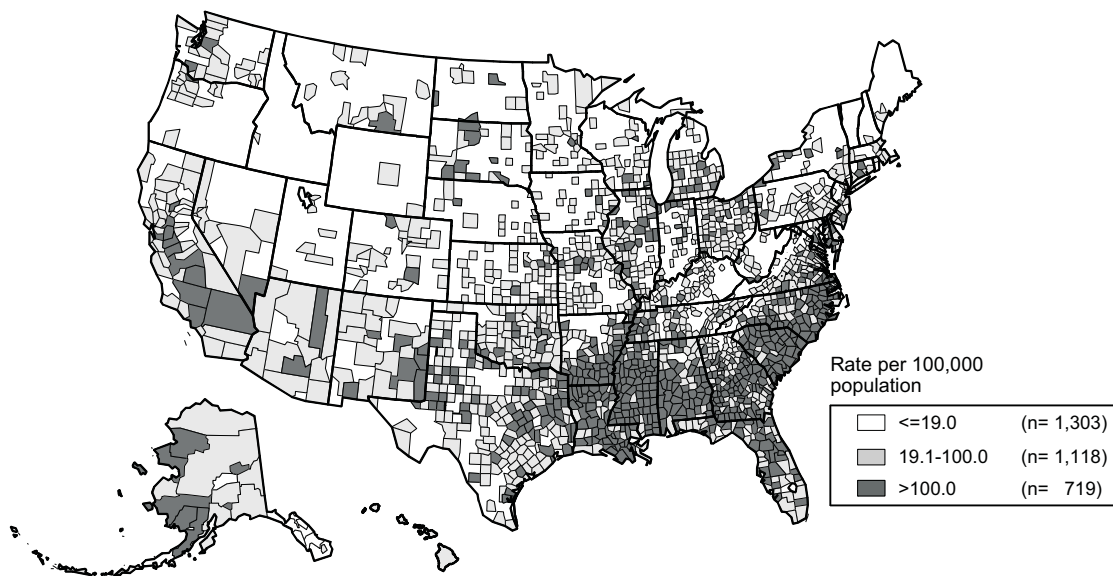
Note: The Healthy People 2010 target for gonorrhea is 19.0 cases per 100,000 population.

Figure 14. Gonorrhea — Rates by state: United States and outlying areas, 2005



Note: The total rate of gonorrhea for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 114.2 per 100,000 population. The Healthy People 2010 target is 19.0 cases per 100,000 population.

Figure 15. Gonorrhea — Rates by county: United States, 2005



Note: The Healthy People 2010 target for gonorrhea is 19.0 cases per 100,000 population.

Figure 16. Gonorrhea — Cases by reporting source and sex: United States, 1996–2005

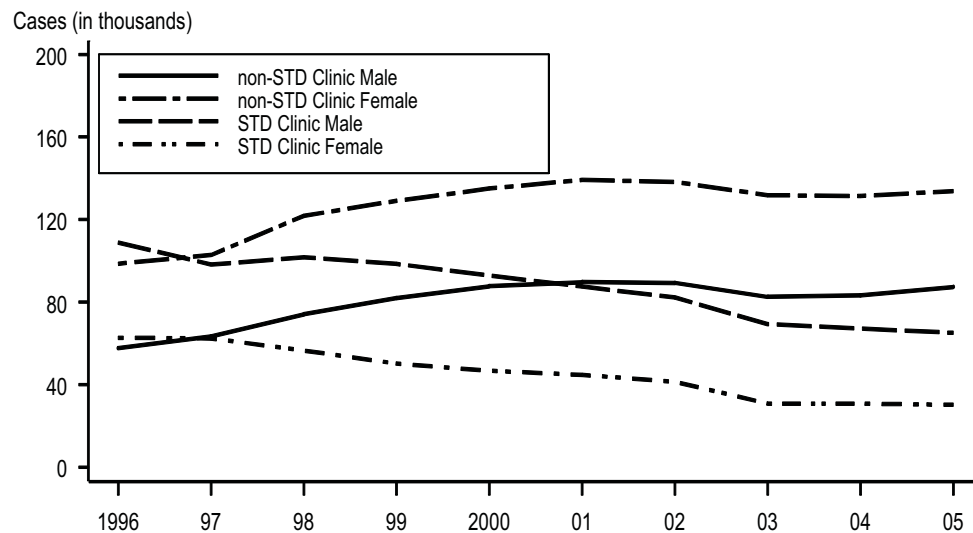


Figure 17. Gonorrhea — Rates by race/ethnicity: United States, 1996–2005

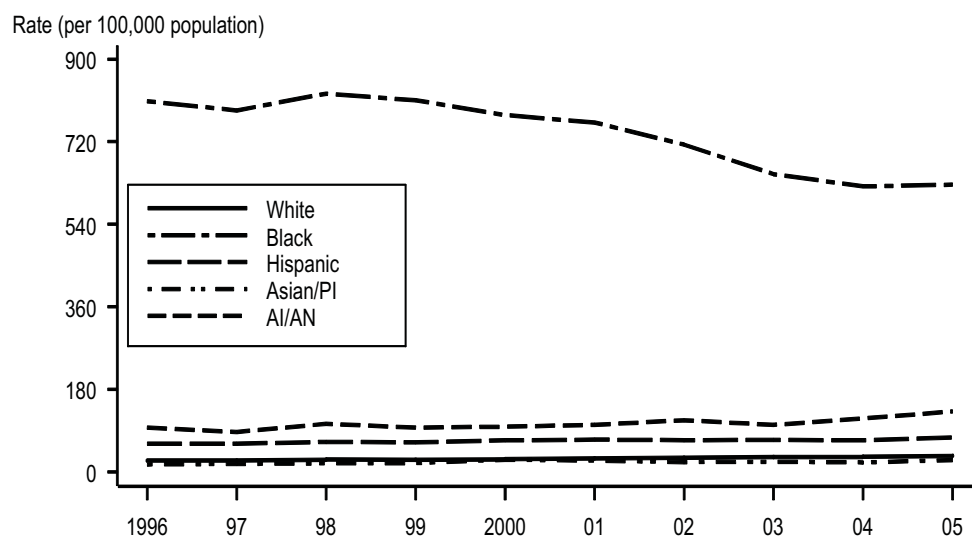


Figure 18. Gonorrhea — Age- and sex-specific rates: United States, 2005

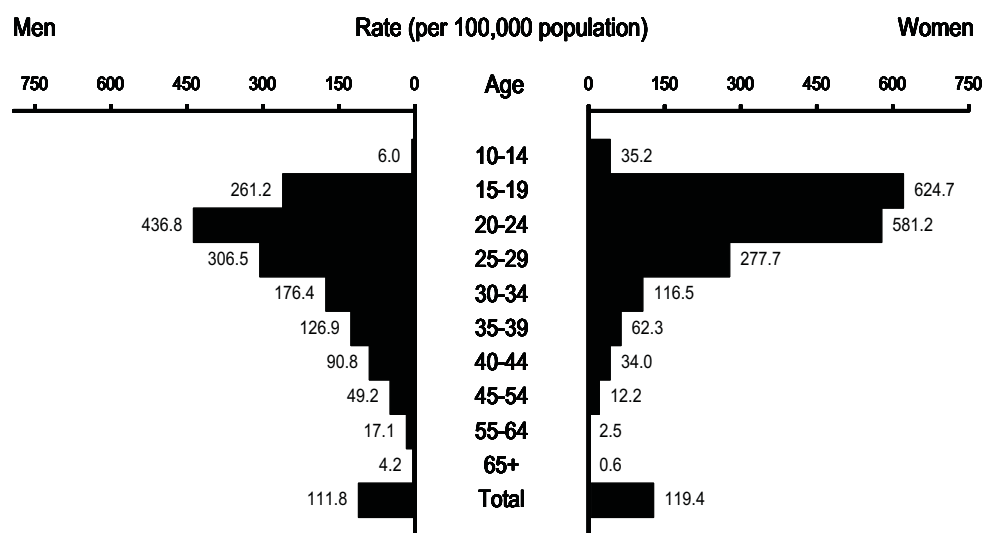


Figure 19. Gonorrhea — Age-specific rates among women 15 to 44 years of age: United States, 1996–2005

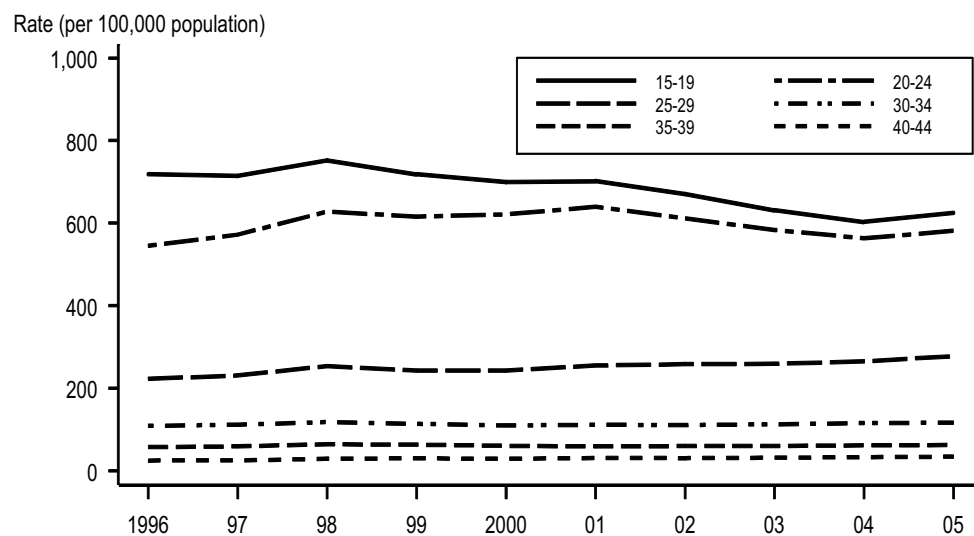


Figure 20. Gonorrhea — Age-specific rates among men 15 to 44 years of age: United States, 1996–2005

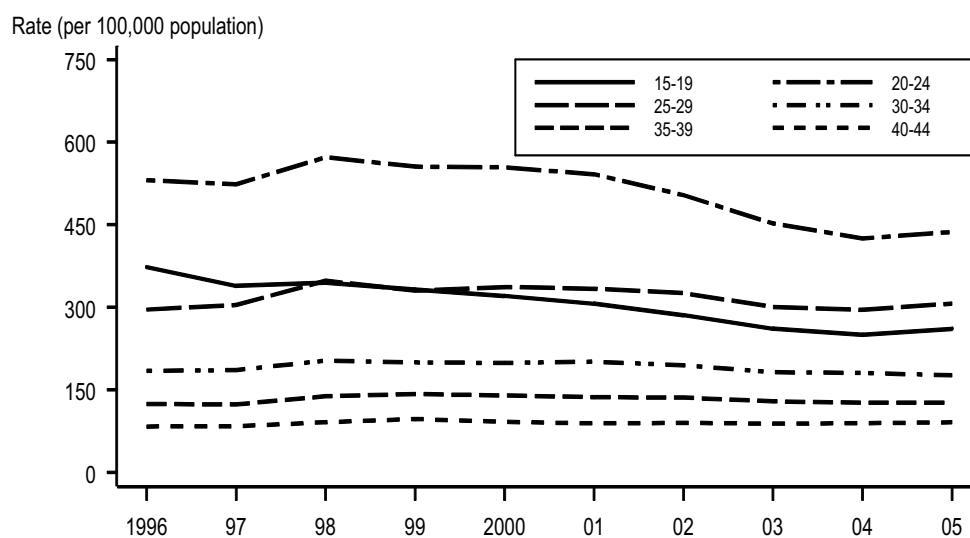
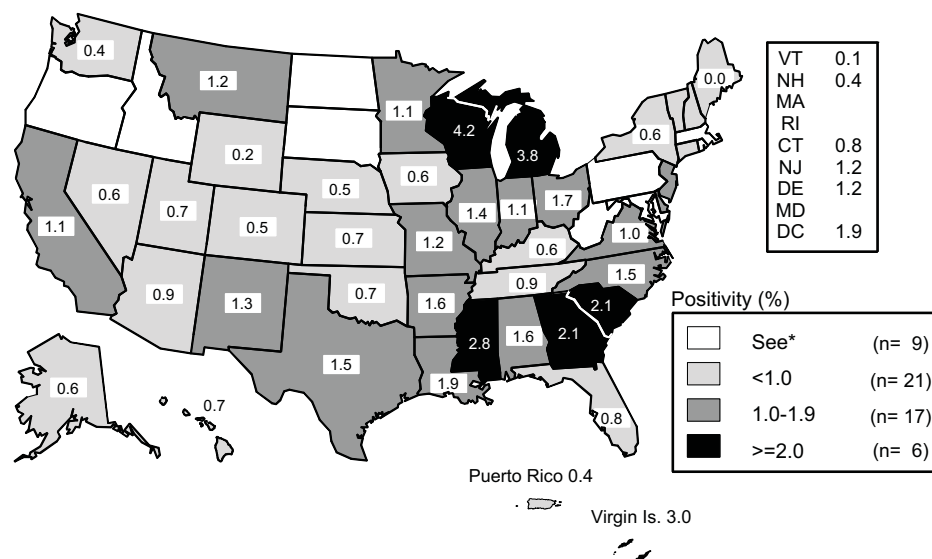


Figure 21. Gonorrhea — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2005



*States/areas not meeting minimum inclusion criteria.

Note: Includes states and outlying areas that reported positivity data on at least 500 women aged 15-24 years screened during 2006.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Figure 22. Gonococcal Isolate Surveillance Project (GISP) — Location of participating clinics and regional laboratories: United States, 2005

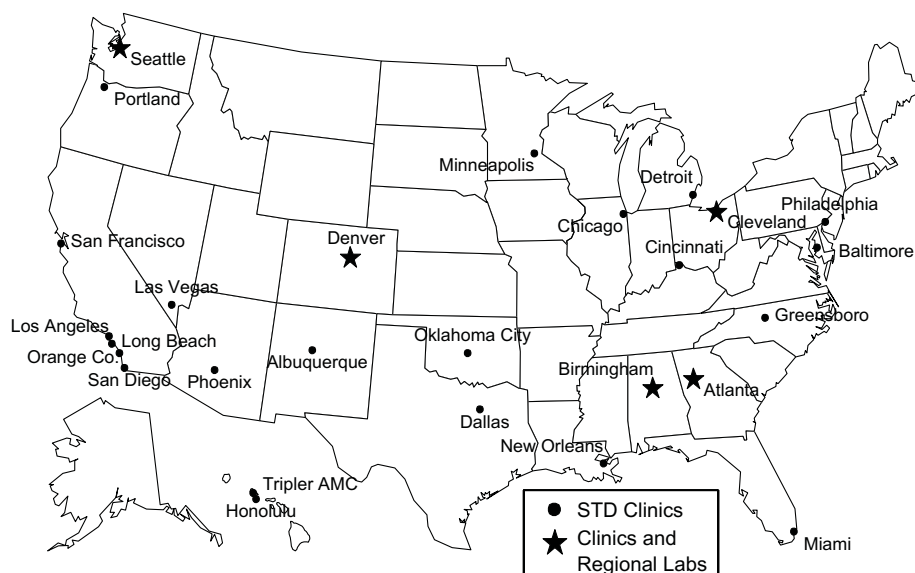
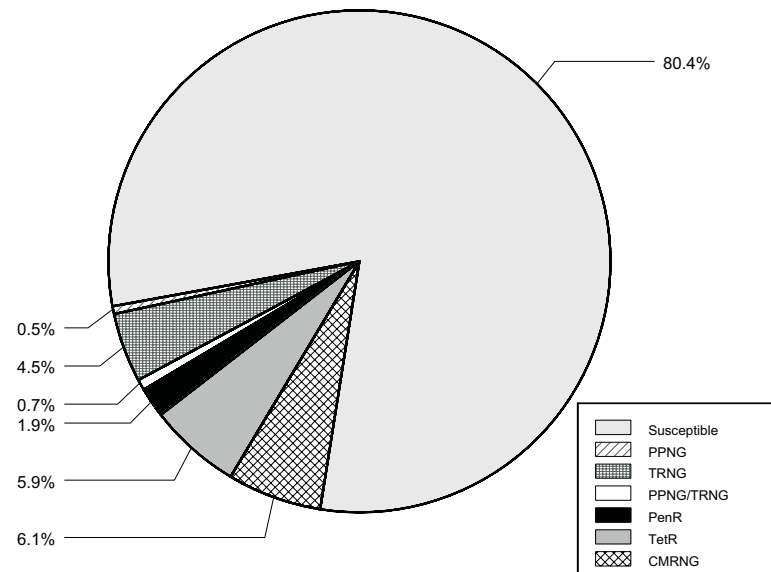
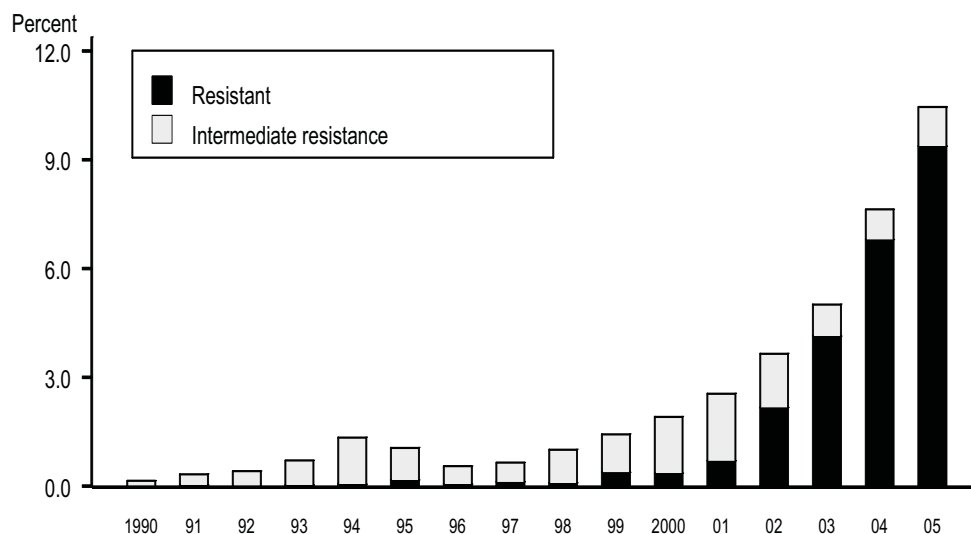


Figure 23. Gonococcal Isolate Surveillance Project (GISP) — Penicillin and tetracycline resistance among GISP isolates, 2005



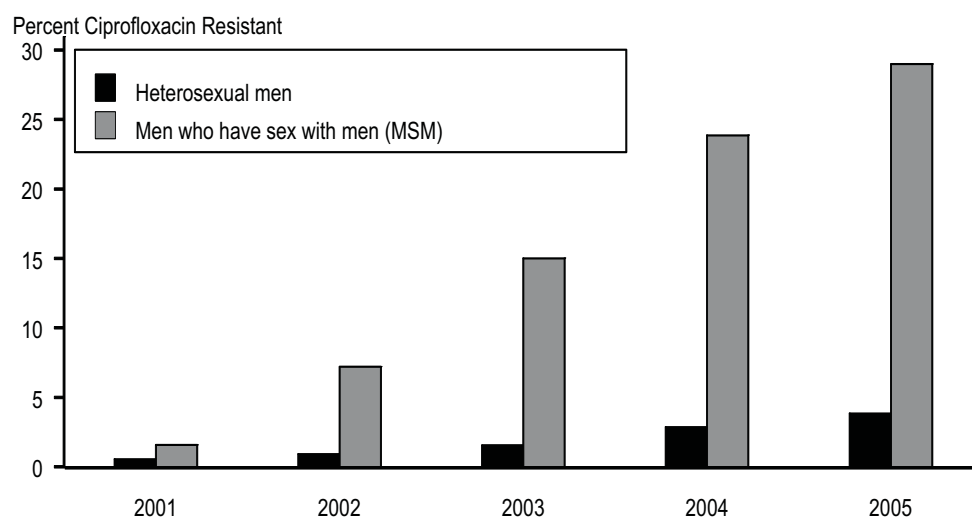
Note: PPNG=penicillinase-producing *N. gonorrhoeae*; TRNG=plasmid-mediated tetracycline-resistant *N. gonorrhoeae*; PPNG-TRNG=plasmid-mediated penicillin and tetracycline-resistant *N. gonorrhoeae*; PenR=chromosomally mediated penicillin-resistant *N. gonorrhoeae*; TetR=chromosomally mediated tetracycline-resistant *N. gonorrhoeae*; CMRNG=chromosomally mediated penicillin- and tetracycline-resistant *N. gonorrhoeae*.

Figure 24. Gonococcal Isolate Surveillance Project (GISP) — Percent of *Neisseria gonorrhoeae* isolates with resistance or intermediate resistance to ciprofloxacin, 1990–2005



Note: Resistant isolates have ciprofloxacin MICs ≥ 1 $\mu\text{g/ml}$. Isolates with intermediate resistance have ciprofloxacin MICs of 0.125 - 0.5 $\mu\text{g/ml}$. Susceptibility to ciprofloxacin was first measured in GISP in 1990.

Figure 25. Gonococcal Isolate Surveillance Project (GISP) — Percent of *Neisseria gonorrhoeae* isolates with resistance to ciprofloxacin by sexual behavior, 2001–2005



Syphilis

Background

Syphilis, a genital ulcerative disease, causes significant complications if untreated and facilitates the transmission of HIV. Untreated early syphilis in pregnant women results in perinatal death in up to 40% of cases and, if acquired during the four years preceding pregnancy, may lead to infection of the fetus in over 70% of cases.¹

The rate of primary and secondary (P&S) syphilis reported in the United States decreased during the 1990s; in 2000, the rate was the lowest since reporting began in 1941 (Figure 26). The low rate of infectious syphilis and the concentration of the majority of syphilis cases in a small number of geographic areas in the United States led to the development of the CDC's *National Plan to Eliminate Syphilis*, which was announced by Surgeon General David Satcher in October 1999 and revised in May 2006.² Collaboration with diverse organizations, public health professionals, the private medical community, and other partners working in the fields of STD and HIV is essential for the successful elimination of syphilis in the United States.³

Although the rate of P&S syphilis in the United States declined 89.7% between 1990 and 2000, the rate of P&S syphilis increased from 2001 to 2005. Overall increases in rates between 2001 and 2005 were observed primarily among men. In 2005, for the first time in over 10 years, the rate of primary and secondary syphilis among women increased from 0.8 cases per 100,000 population in 2003 and 2004 to 0.9 cases per 100,000 population.

Despite national progress toward syphilis elimination, syphilis remains an important problem in the South and in urban areas in other regions of the country. Increases among men who have sex with men have occurred at least since 2000 and continue through 2005. These men have been characterized by high rates of HIV co-infection and high-risk sexual behavior.⁴⁻¹¹

Syphilis – All Stages (P&S, Early Latent, Late, Late Latent, Congenital)

Between 2004 and 2005, the number of cases of early latent syphilis reported to CDC increased 5.3% (from 7,768 to 8,176), while the number of cases of late and late latent syphilis decreased 7.2% (from 17,300 to 16,049) (Table 1). The total number of cases of syphilis (all stages: P&S, early latent, late, late latent, and congenital syphilis) reported to CDC decreased 0.4% (from 33,419 to 33,278) between 2004 and 2005 (Table 1).

P&S Syphilis – United States

In 2005, P&S syphilis cases reported to CDC increased to 8,724 from 7,980 in 2004, an increase of 9.3%. The rate of P&S syphilis in the United States in 2005 (3.0 cases per 100,000 population) was 11.1% higher than the rate in 2004 (2.7 cases per 100,000 population), and it is greater than the HP 2010 target of 0.2 case per 100,000 population (Figure 26, Table 1).¹² Between 2004 and 2005, P&S syphilis rates in most age groups increased. (Table 31).

P&S Syphilis by Region

The South accounted for 46.4% of P&S syphilis in 2005 and 47.5% in 2004. Between 2004 and 2005, rates increased in all U.S. regions; rates increased 5.6% in the South (from 3.6 to 3.8 cases per 100,000 population), 4.5% in the Northeast (from 2.2 to 2.3), 14% in the West (from 2.9 to 3.3); and 13% in the Midwest (from 1.6 to 1.8). The 2005 rates in all regions were greater than the HP 2010 target of 0.2 case per 100,000 population (Figure 28, Table 24).

P&S Syphilis by State

In 2005, P&S syphilis rates in six states and no outlying areas were less than or equal to the HP 2010 target of 0.2 case per 100,000 population (Figure 29, Table 23). Seven states and two outlying areas reported five or fewer cases of P&S syphilis in 2005 (Table 23).

P&S Syphilis by County

In 2005, 2,434 of 3,140 counties (77.5%) in the United States reported no cases of P&S syphilis compared with 2,488 (79.3%) counties reporting no cases in 2004. Of 706 counties reporting at least one case of P&S syphilis in 2005, 5 (0.7%) had rates at or below the HP2010 target of 0.2 case per 100,000 population. Rates of P&S syphilis were above the HP2010 target for 701 counties in 2005 (Figure 30). These 701 counties (22.3% of the total number of counties in the United States) accounted for 99.9% of the total P&S syphilis cases reported in 2005.

In 2005, half of the total number of P&S syphilis cases were reported from 19 counties and two cities (Table 27).

P&S Syphilis by MSA

The rate of P&S syphilis in 2005 for the 50 most populous MSAs (4.5) exceeded the

HP 2010 target of 0.2 case per 100,000 population (Table 28).

P&S Syphilis by Reporting Source

Between 1990 and 2005, the proportion of P&S syphilis cases reported from sources other than STD clinics increased from 25.6% to 68.7% (Figure 31, Table A2). Between 2001 and 2005, the number of cases among males reported from non-STD clinic sources increased sharply while the number from STD clinics remained stable (Figure 31).

P&S Syphilis by Sex

The rate of P&S syphilis increased 8.5% among men (from 4.7 cases to 5.1 cases per 100,000 men) between 2004 and 2005 (Figure 27, Table 26). During this time, the rate increased among women from 0.8 to 0.9 cases per 100,000 women (Figure 27, Table 25).

P&S Syphilis by Male to Female Rate Ratio

The male-to-female rate ratio for P&S syphilis has risen steadily since 1996 when it was 1.2 (Figure 33), suggesting an increase in syphilis among MSM during this time. The male-to-female rate ratio in 2005 was 5.7.

Between 2004 and 2005, the male-to-female rate ratio for P&S syphilis increased among whites (from 10 to 11), African Americans (from 3.3 to 3.6) Asian/Pacific Islanders (from 11 to 12), and American Indians/Alaska Natives (from 1.3 to 2.1). The male-to-female rate ratio decreased among Hispanics (from 7.7 to 6.1) (Table 32B).

An increase in the male-to-female rate ratio for P&S syphilis occurred in the District of Columbia, Puerto Rico and in 18 of 33 states (55%) that reported at least 25 cases in 2005.

P&S Syphilis by Race/Ethnicity and Sex

From 2004 to 2005, the rate among non-Hispanic whites increased 12.5% (from 1.6 to 1.8); rates among men increased 10% (from 3.0 to 3.3) and stayed the same among women (0.3). The rate among African Americans increased 11.4% (from 8.8 to 9.8); rates among men increased 12.9% (from 13.9 to 15.7), and rates among women increased 4.8% (from 4.2 to 4.4). The rate among Hispanics increased 6.5% (from 3.1 to 3.3); rates among men increased 1.9% (from 5.4 to 5.5), and rates among women increased 28.6% (from 0.7 to 0.9). The rate among Asian/Pacific Islanders stayed the same (1.2); rates among men increased 4.5% (from 2.2 to 2.3) and stayed the same among women (0.2). The rate among American Indian/Alaska Natives decreased 22.6% (from 3.1 to 2.4); rates among men decreased 5.7% (from 3.5 to 3.3), and rates among women decreased 42.9% (from 2.8 to 1.6) (Figure 32, Table 32B).

In 2005, the rate of P&S syphilis reported among African Americans (9.8 cases per 100,000 population) was 5.4 times higher than the rate among non-Hispanic whites (1.8 cases per 100,000 population), reflecting an overall decrease in disparity during the last several years (Table 32B).

P&S Syphilis by Race/Ethnicity, Age, and Sex

In 2005, the rate of P&S syphilis among African Americans was highest among women aged 20-24 years (13.5) and among men aged 25-29 years (38.2). For non-Hispanic whites, the rate was highest among women aged 20-24 years (0.8) and among men aged 35-39 years (10.3). For Hispanics, the rate was highest among

women aged 20-24 years (2.9) and among men aged 35-39 years (14.0). For Asian/Pacific Islanders, the rate was highest among women aged 20-24 years (0.8) and among men aged 30-34 years (6.6). For American Indian/Alaska Natives, the rate was highest among women aged 35-39 years (4.7) and among men aged 30-34 years (11.4) (Table 32B).

Congenital Syphilis – United States

Between 2004 and 2005, the overall rate of congenital syphilis decreased 12.1% in the United States, from 9.1 to 8.0 cases per 100,000 live births (Figure 37, Table 37). The continuing decline in the rate of congenital syphilis (Figure 38) likely reflects the substantial reduction in the rate of P&S syphilis among women that has occurred during the last decade (Figure 37).^{13,14}

Between 1996 and 2005, the average yearly percentage decrease in the congenital syphilis rate was 14.1% (Table 37). The average yearly percentage decrease in the rate of P&S syphilis among women between 1996 and 2005 was 14.1%. Overall, there has been a 74% decrease in cases of congenital syphilis since 1996.

Congenital Syphilis by State

In 2005, 26 states and two outlying areas had rates of congenital syphilis that exceeded the HP 2010 target of one case per 100,000 live births (Tables 38-39).

Syphilis Among Special Populations

Additional information about syphilis and congenital syphilis in racial and ethnic minority populations, adolescents, men who have sex with men, and other at risk populations can be found in the **Special Focus Profiles**.

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- ¹ Ingraham NR. The value of penicillin alone in the prevention and treatment of congenital syphilis. *Acta Derm Venereol* 31 (suppl 24):60,1951.
- ² Division of STD Prevention. *The National Plan to Eliminate Syphilis from the United States*. National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 2006.
- ³ Centers for Disease Control and Prevention. Primary and secondary syphilis – United States, 2003–2004. *MMWR* 2006;55:269-73.
- ⁴ Centers for Disease Control and Prevention. Resurgent bacterial sexually transmitted disease among men who have sex with men – King County, Washington, 1997–1999. *MMWR* 1999;48:773-777.
- ⁵ Centers for Disease Control and Prevention. Outbreak of syphilis among men who have sex with men – Southern California, 2000. *MMWR* 2001;50(7):117-20.
- ⁶ Bronzan R, Echavarria L, Hermida J, Trepka M, Burns T, Fox, K. Syphilis among men who have sex with men (MSM) in Miami – Dade County, Florida [Abstract no. P135]. In: Program and abstracts of the 2002 National STD Prevention Conference, San Diego, California, March 4-7, 2002.
- ⁷ Centers for Disease Control and Prevention. Primary and secondary syphilis among men who have sex with men – New York City, 2001. *MMWR* 2002;51:853-6.
- ⁸ Chen SY, Gibson S, Katz MH, Klausner JD, Dilley JW, Schwarcz SK, Kellogg TA, McFarland W. Continuing increases in sexual risk behavior and sexually transmitted diseases among men who have sex with men: San Francisco, California, 1999–2001 [Letter]. *Am J Public Health* 2002;92:1387-8.
- ⁹ Ciesielski CA, Boghani S. HIV infection among men with infectious syphilis in Chicago, 1998–2000 [Abstract no. 12]. In: Program and abstracts of the 9th Conference on Retroviruses and Opportunistic Infections, Seattle, Washington, February 24-28, 2002.
- ¹⁰ D'Souza G, Lee JH, Paffel JM. Outbreak of syphilis among men who have sex with men in Houston, Texas. *Sexually Transmitted Diseases* 2003;30:872-3.
- ¹¹ Robinson BC, Chiliade PA, Lee C, Bautista J, Saenz G. Redirecting elimination efforts in response to the changing epidemiology of syphilis [Abstract no. 167]. In: Program and abstracts of the 2004 National STD Prevention Conference, Philadelphia, Pennsylvania, March 8-11, 2004.
- ¹² U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- ¹³ Centers for Disease Control and Prevention. Congenital syphilis – United States, 2002. *MMWR* 2004;53:716-9.
- ¹⁴ Centers for Disease Control and Prevention. Primary and secondary syphilis – United States, 2002. *MMWR* 2003;52(46):1117-20.

Figure 26. Syphilis — Reported cases by stage of infection: United States, 1941–2005

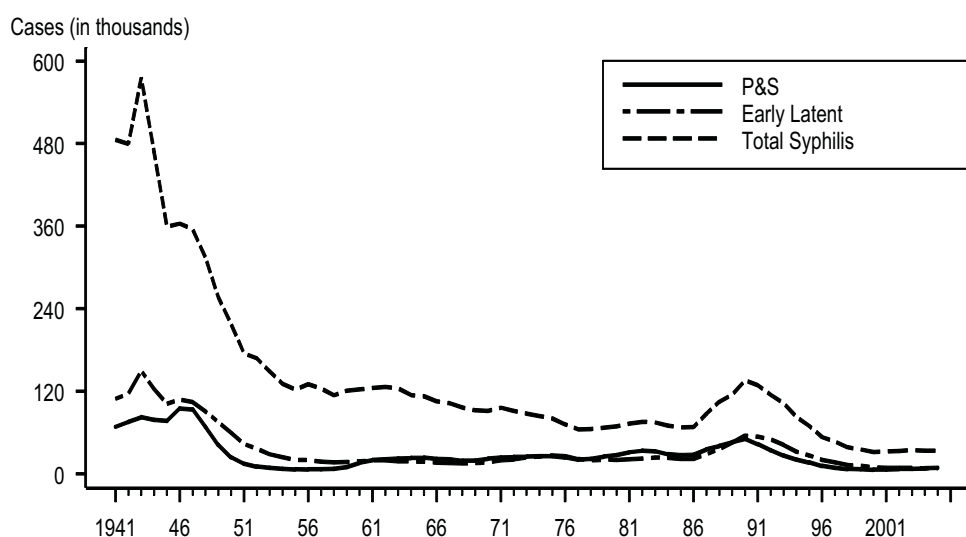
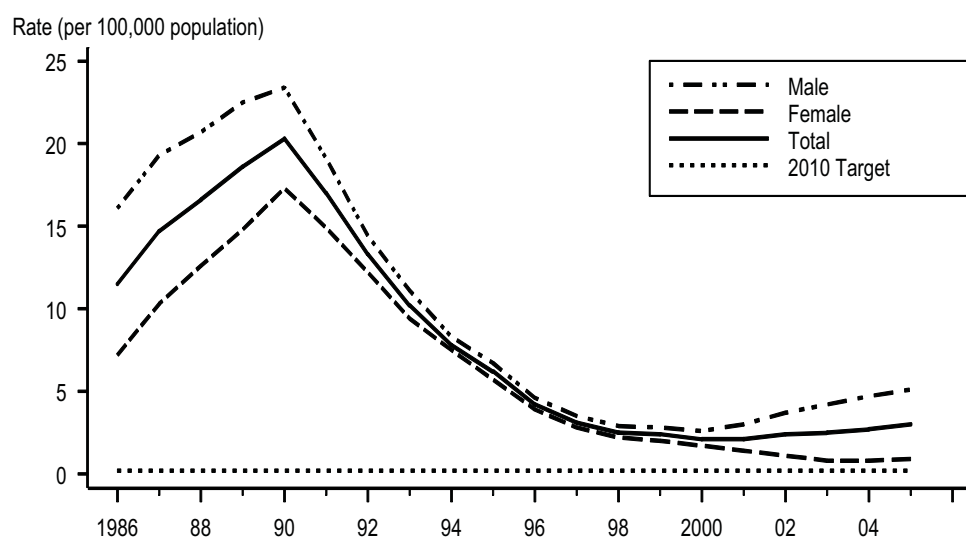
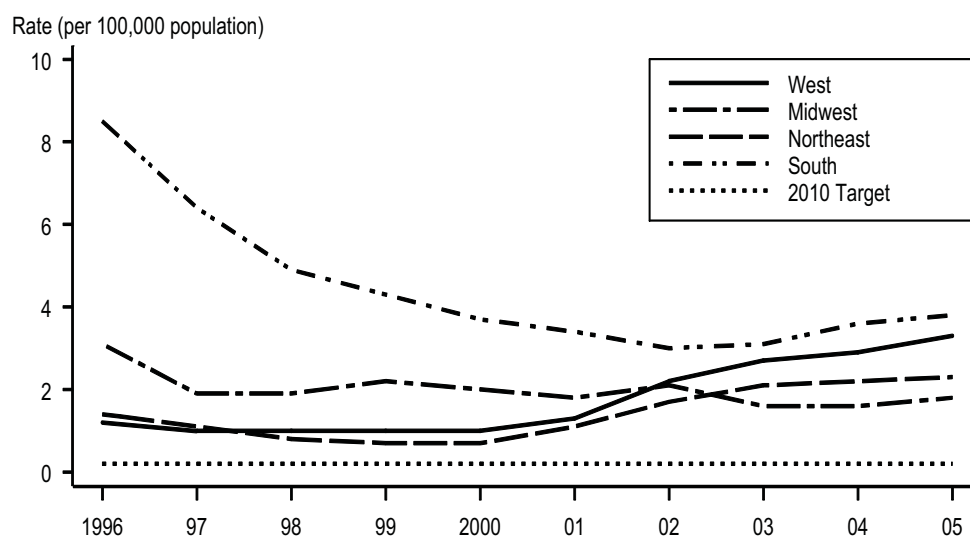


Figure 27. Primary and secondary syphilis — Rates: Total and by sex: United States, 1986–2005 and the Healthy People 2010 target



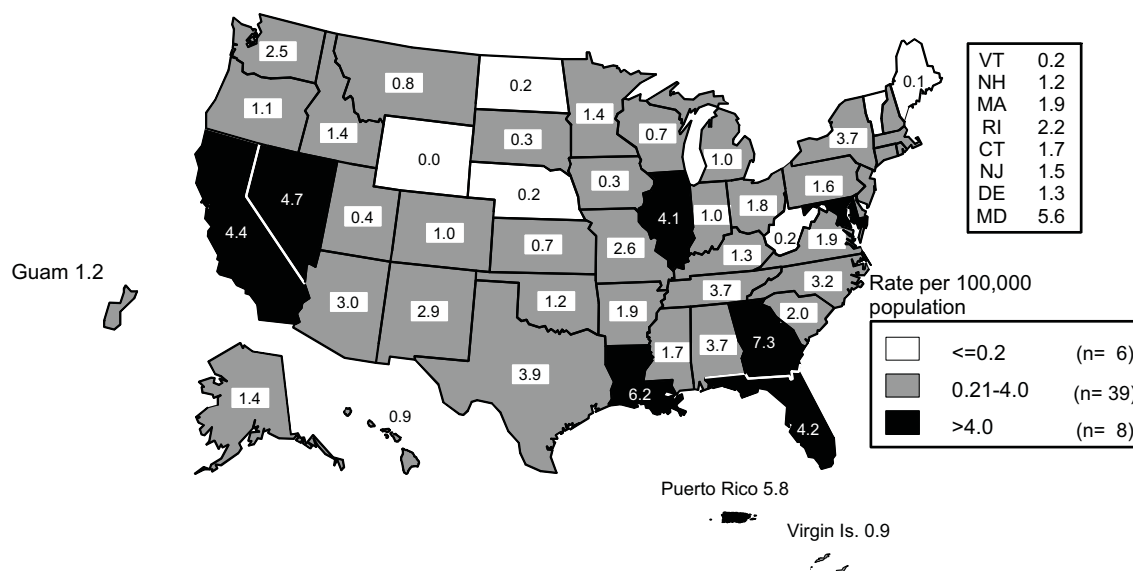
Note: The Healthy People 2010 target for P&S syphilis is 0.2 case per 100,000 population.

Figure 28. Primary and secondary syphilis — Rates by region: United States, 1996–2005 and the Healthy People 2010 target



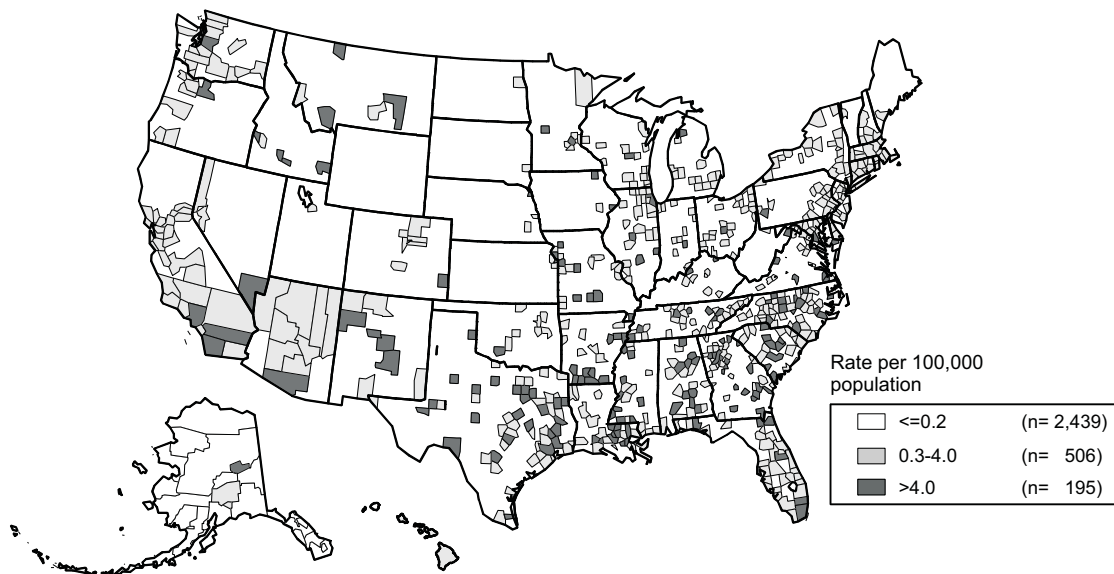
Note: The Healthy People 2010 target for P&S syphilis is 0.2 case per 100,000 population.

Figure 29. Primary and secondary syphilis — Rates by state: United States and outlying areas, 2005



Note: The total rate of P&S syphilis for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 3.0 per 100,000 population. The Healthy People 2010 target is 0.2 case per 100,000 population.

Figure 30. Primary and secondary syphilis — Rates by county: United States, 2005



Note: The Healthy People 2010 target for P&S syphilis is 0.2 case per 100,000 population. In 2005, 2,434 (77.5%) of 3,140 counties in the U.S. reported no cases of P&S syphilis.

Figure 31. Primary and secondary syphilis — Cases by reporting source and sex: United States, 1996–2005

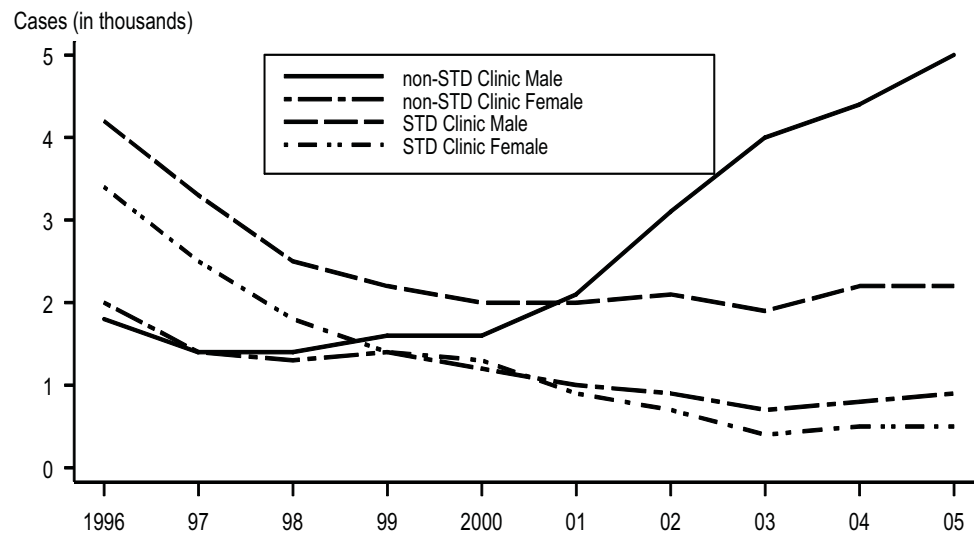


Figure 32. Primary and secondary syphilis — Rates by race/ethnicity: United States, 1996–2005

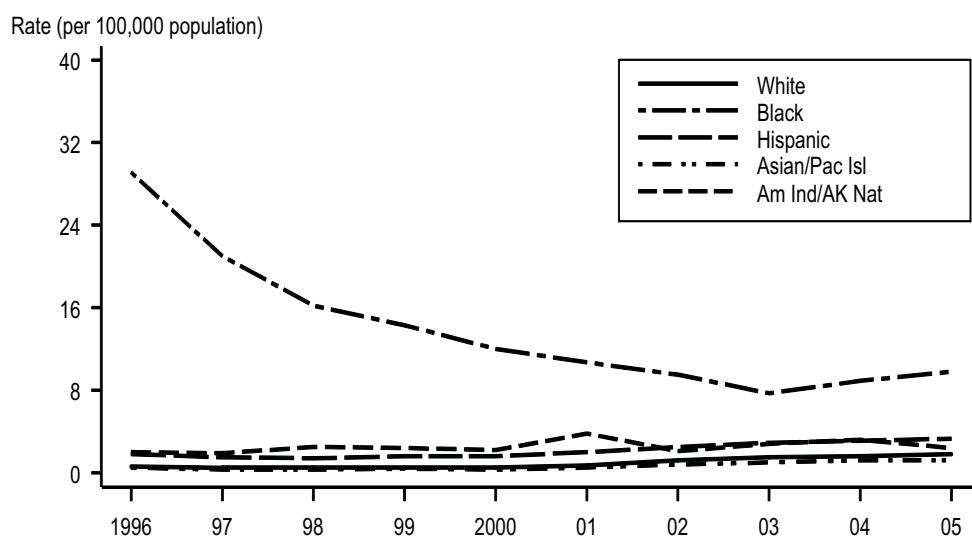


Figure 33. Primary and secondary syphilis — Male-to-female rate ratios: United States, 1996–2005

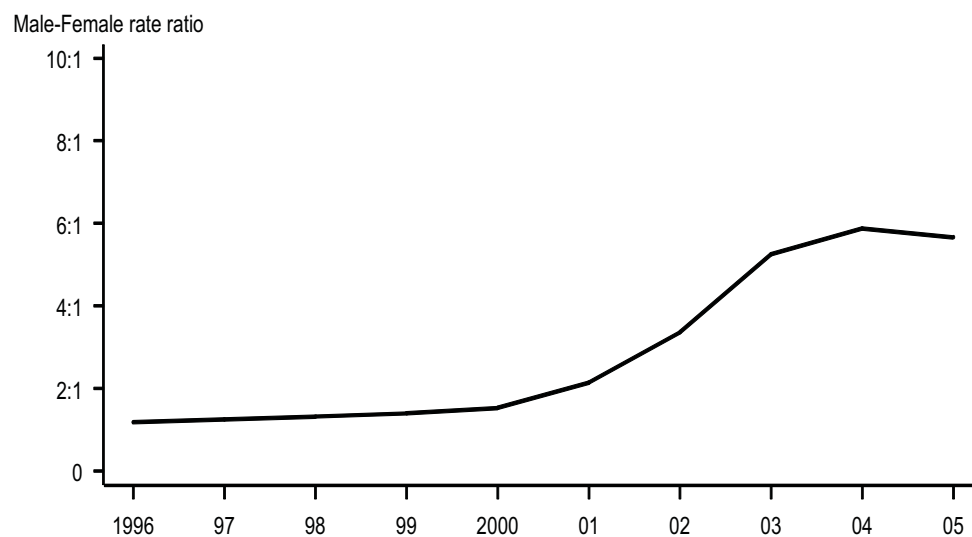


Figure 34. Primary and secondary syphilis — Age- and sex-specific rates: United States, 2005

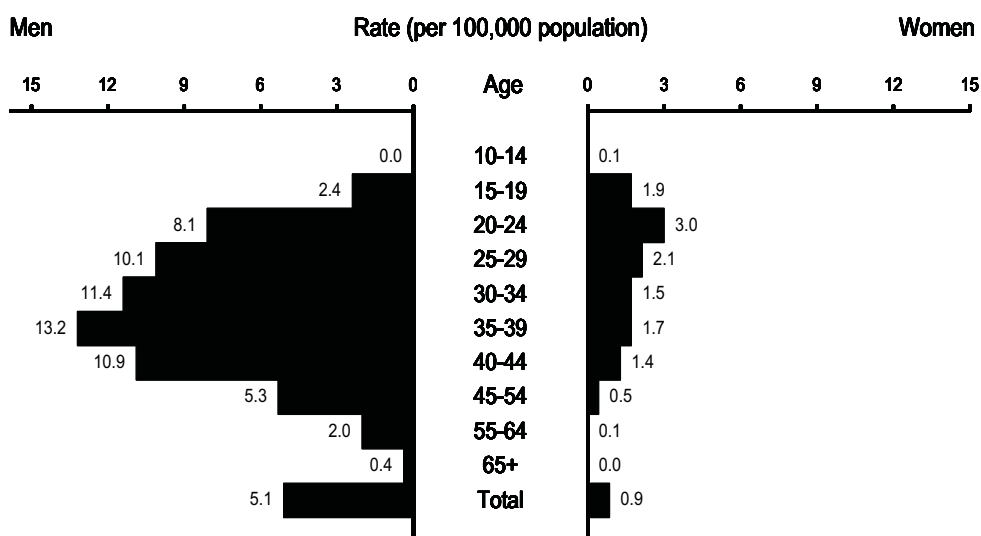


Figure 35. Primary and secondary syphilis — Age-specific rates among women 15 to 44 years of age: United States, 1996–2005

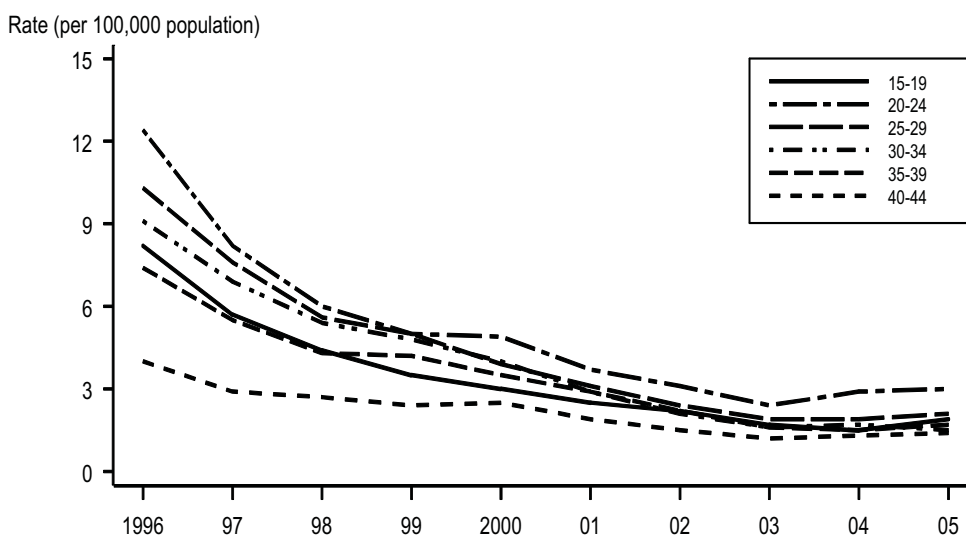


Figure 36. Primary and secondary syphilis — Age-specific rates among men 15 to 44 years of age: United States, 1996–2005

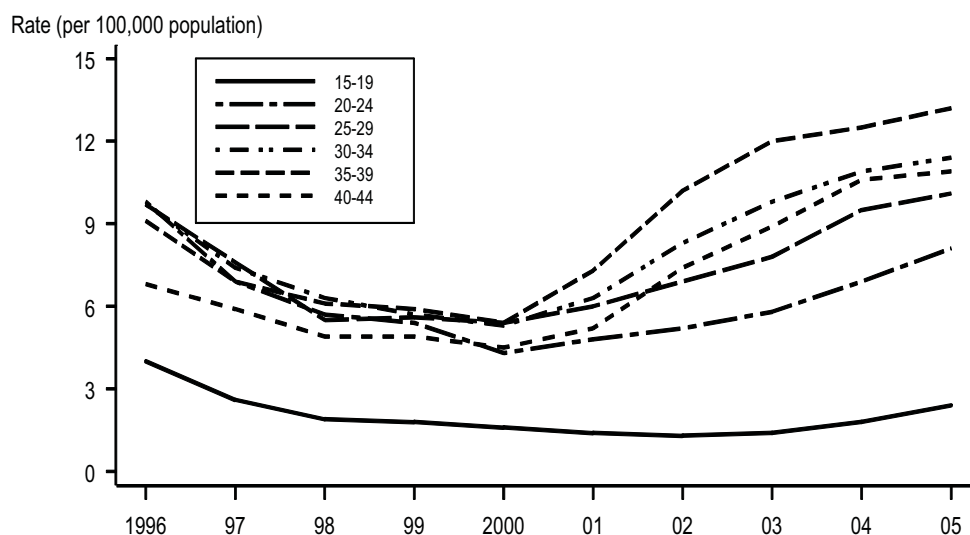


Figure 37. Congenital syphilis (CS) — Reported cases for infants < 1 year of age and rates of primary and secondary syphilis among women: United States, 1996–2005

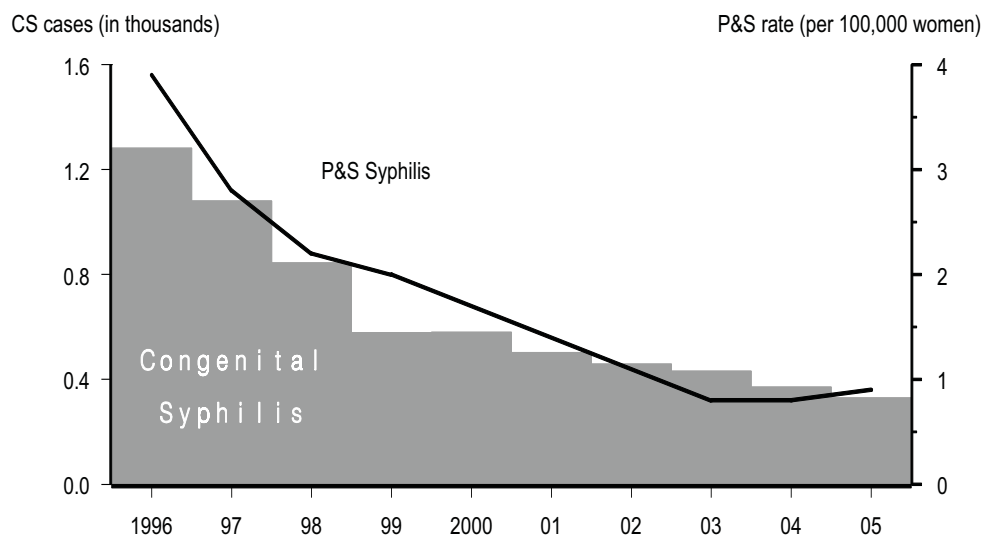
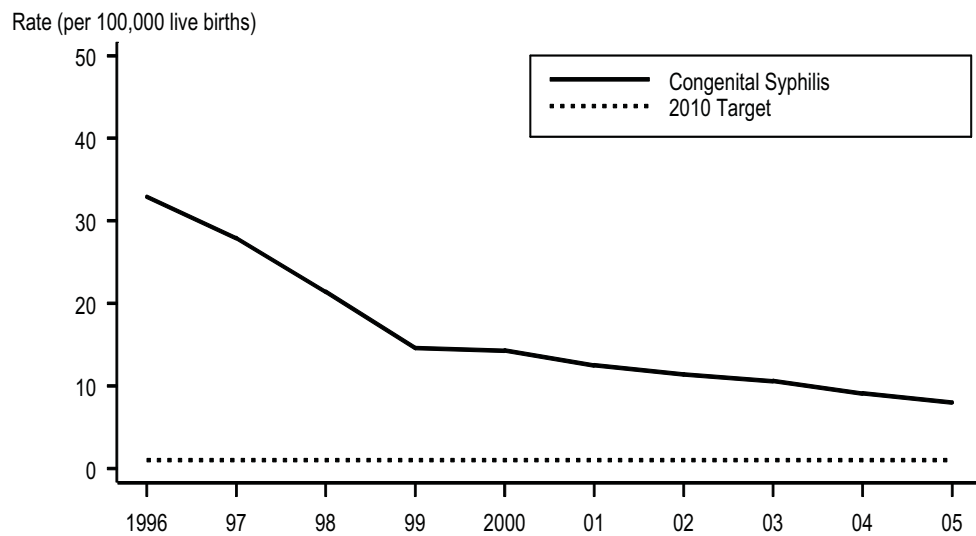


Figure 38. Congenital syphilis — Rates for infants < 1 year of age: United States, 1996–2005 and the Healthy People 2010 target



Note: The Healthy People 2010 target for congenital syphilis is 1.0 case per 100,000 live births.

Other Sexually Transmitted Diseases

Chancroid

Since 1987, reported cases of chancroid declined steadily until 2001 when 38 cases were reported (Figure 39, Table 1). In 2005, 17 cases of chancroid were reported in the United States, the lowest number of cases ever reported. Only 10 states and one outlying area reported one or more cases of chancroid in 2005 (Table 41). Although the overall decline in reported chancroid cases most likely reflects a decline in the incidence of this disease, these data should be interpreted with caution since *Haemophilus ducreyi*, the causative organism of chancroid, is difficult to culture and, as a result, this condition may be substantially under diagnosed.^{1,2}

Human Papillomavirus

Persistent infection with high risk human papillomavirus (HR-HPV) can lead to development of anogenital cancers (i.e. cervical cancer). Sentinel surveillance for cervical infection with high-risk human papillomavirus types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68 was conducted in 29 STD, family planning and primary care clinics in six locations (Boston, Baltimore, New Orleans, Denver, Seattle and Los Angeles) as part of an effort to estimate national burden of disease and inform prevention programs such as vaccine programs in the U.S. Testing was performed using a commercially available test for HR-HPV testing (Digene Hybrid Capture 2, Gaithersburg). Interim results from 2003–2004 document an overall

HR-HPV prevalence of 22.5%. Prevalence in STD clinics was 28%, 24% in family planning clinics, and 16% in primary care clinics. Prevalence by age group was: 14-19 years 35%; 20-29 years 29%; 30-39 years 14%; 40-49 years 12%; and 50-65 years 6%.

In June 2006, a quadrivalent HPV vaccine was licensed for use in the United States. The vaccine provides protection against types 6, 11, 16, and 18. PCR based HR-HPV testing and typing using the Roche line blot assay provided type-specific estimates of prevalence for types 16 and 18, two types contained in the HPV vaccine. Overall prevalence of HPV 16/18 was 8%. Prevalence of HPV 16/18 by age group was: 14-19 years 16%; 20-29 years 10%; 30-39 years 3%; 40-49 years 2%; 50-65 years 1%.^{3,4}

Pelvic Inflammatory Disease

For data on Pelvic Inflammatory Disease (PID), see the **Special Focus Profile** on Women and Infants.

Other Sexually Transmitted Diseases

Case reporting data for genital herpes simplex virus (HSV), genital warts or other human papillomavirus infections, and trichomoniasis are not available. Trend data are limited to estimates of the initial office visits in physicians' office practices for these conditions from the National Disease and Therapeutic Index (NDTI) (Figures 40-42 and Table 42).

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- ¹ Schulte JM, Martich FA, Schmid GP. Chancroid in the United States, 1981–1990: Evidence for underreporting of cases. *MMWR* 1992;41(no. SS-3):57-61.
- ² Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 US cities. *J Infect Dis* 1998;178:1795-8.
- ³ Datta SD, Koutsky L, Douglas J, et al. Sentinel surveillance for human papillomavirus among women in the United States, 2003–2004 [Abstract no. MO-306]. In: Program and abstracts of the 16th Biennial Meeting of the International Society for Sexually Transmitted Diseases Research, Amsterdam, The Netherlands, July 10-13, 2005
- ⁴ Datta SD, Koutsky L, Ratelle S, et al. Type-Specific High-Risk HPV Prevalence from the HPV Sentinel Surveillance Project, US, 2003–2005 [Abstract no. P-099]. In Program and abstracts of the International Human Papillomavirus Meeting, Prague, Czech Republic, September 2006.

Figure 39. Chancroid — Reported cases: United States, 1981–2005

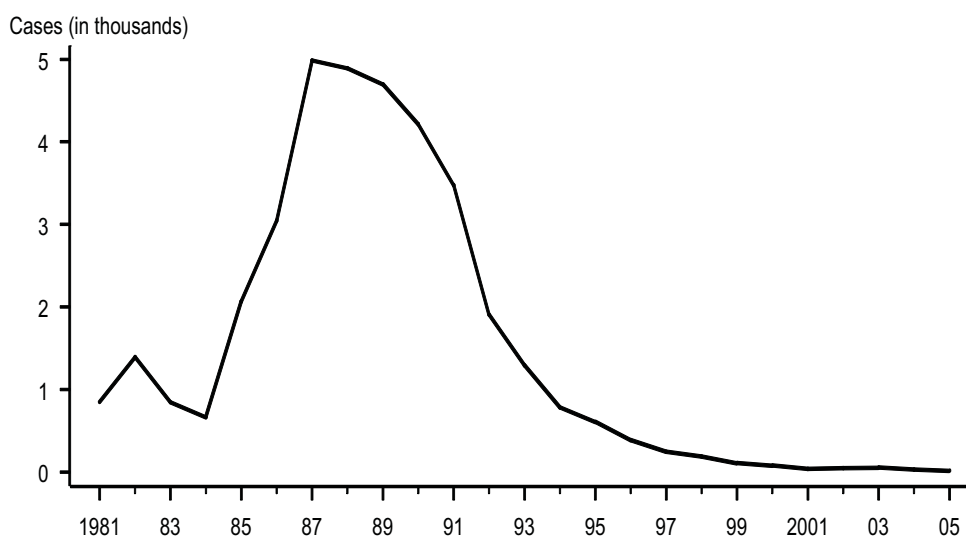
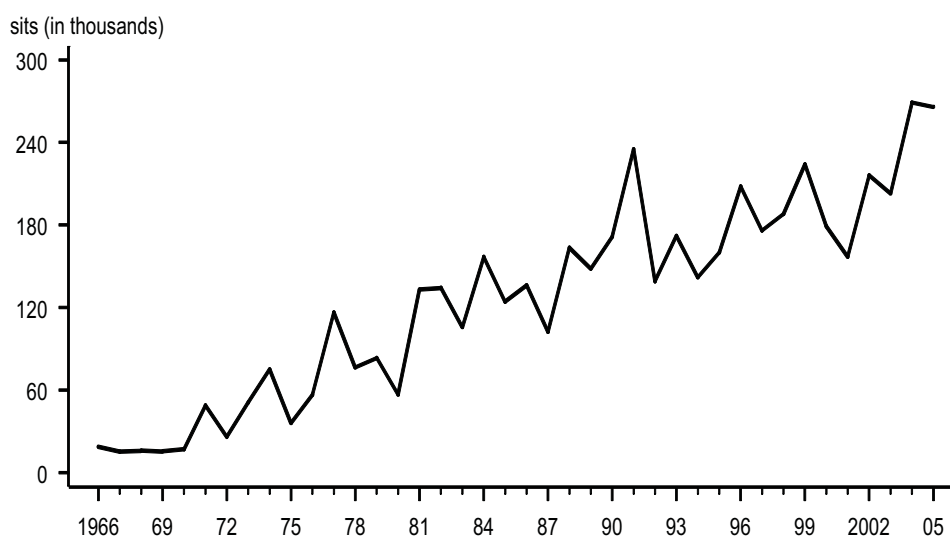


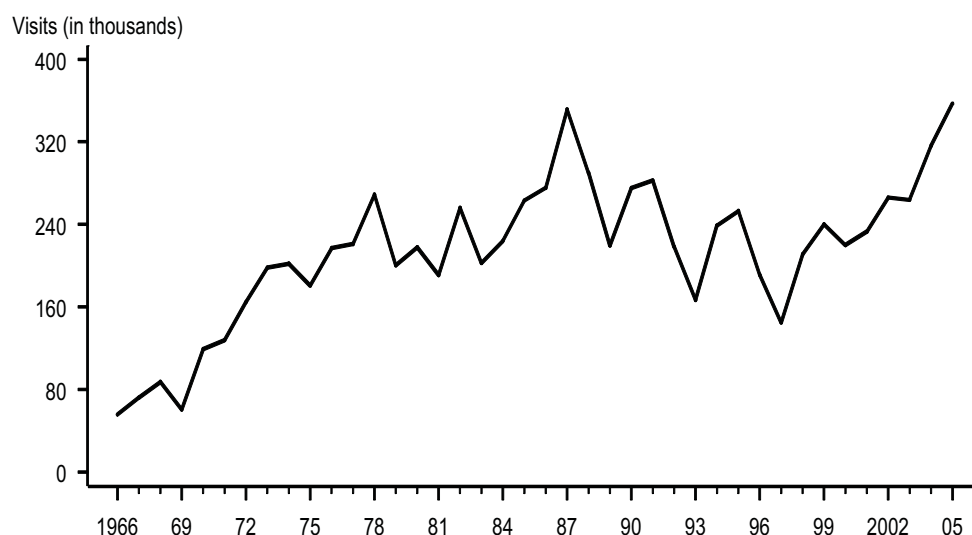
Figure 40. Genital herpes — Initial visits to physicians' offices: United States, 1966–2005



Note: See Appendix (Other Data Sources) and Table 42. The relative standard error for genital herpes estimates range from 20% to 30%.

SOURCE: National Disease and Therapeutic Index (IMS Health)

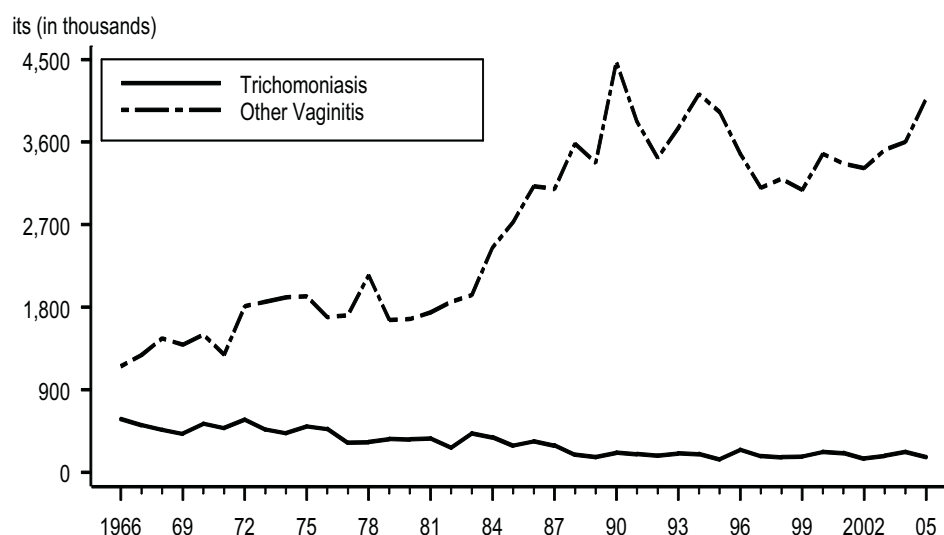
Figure 41. Genital warts — Initial visits to physicians' offices: United States, 1966–2005



Note: See Appendix (Other Data Sources) and Table 42. The relative standard error for genital warts estimates range from 20% to 40%.

SOURCE: National Disease and Therapeutic Index (IMS Health)

Figure 42. Trichomoniasis and other vaginal infections in women — Initial visits to physicians' offices: United States, 1966–2005



Note: See Appendix (Other Data Sources) and Table 42. The relative standard error for trichomoniasis estimates range from 7.5% to 13% and for other vaginitis estimates range from 16% to 30%.

SOURCE: National Disease and Therapeutic Index (IMS Health)

SPECIAL FOCUS PROFILES

SPECIAL FOCUS PROFILES

Special Focus Profiles

The **Special Focus Profiles** highlight trends and distribution of sexually transmitted diseases (STDs) in populations of particular interest for STD and HIV prevention programs in state and local health departments. These populations are most vulnerable to STDs and their consequences: women and infants, adolescents and young adults, minorities, men who have sex with men (MSM), and

persons entering corrections facilities. The **Special Focus Profiles** refer to figures located in disease-specific sections in the **National Profile** and additional figures and tables (Figures A-FF and Tables AA-FF) that highlight specific points made in the text.

STDs in Women and Infants

Public Health Impact

Women and infants disproportionately bear the long term consequences of STDs. Women infected with *Neisseria gonorrhoeae* or *Chlamydia trachomatis* can develop pelvic inflammatory disease (PID), which, in turn, may lead to reproductive system morbidity such as ectopic pregnancy and tubal factor infertility. If not adequately treated, 20% to 40% of women infected with chlamydia¹ and 10% to 40% of women infected with gonorrhea² may develop PID. Among women with PID, tubal scarring can cause involuntary infertility in 20%, ectopic pregnancy in 9%, and chronic pelvic pain in 18%.³ Approximately 70% of chlamydia infections and 50% of gonococcal infections in women are asymptomatic.⁴⁻⁶ These infections are detected primarily through screening programs. The vague symptoms associated with chlamydial and gonococcal PID cause 85% of women to delay seeking medical care, thereby increasing the risk of infertility and ectopic pregnancy.⁷ Data from a randomized controlled trial of chlamydia screening in a managed care setting suggest that such screening programs can reduce the incidence of PID by as much as 60%.⁸

Gonorrhea and chlamydia can also result in adverse outcomes of pregnancy, including neonatal ophthalmia and, in the case of chlamydia, neonatal pneumonia. Although topical prophylaxis of infants at delivery is effective for prevention of ophthalmia neonatorum, prevention of neonatal pneumonia requires prenatal detection and treatment.

Human papillomavirus (HPV) infections are highly prevalent, especially among young

sexually active women. While the great majority of HPV infections in women resolve within one year, they are a major concern because persistent infection with specific types (e.g., types 16, 18, 31, 33, 35, and 45), are causally related to cervical cancer; these types also cause Pap smear abnormalities. Other types (e.g., types 6 and 11) cause genital warts, low grade Pap smear abnormalities and, rarely, recurrent respiratory papillomatosis in infants born to infected mothers.⁹

Genital infections with herpes simplex virus are extremely common, may cause painful outbreaks, and may have serious consequences for pregnant women including potentially fatal neonatal infections.¹⁰

When a woman has a syphilis infection during pregnancy, she may transmit the infection to the fetus in utero. This may result in fetal death or an infant born with physical and mental developmental disabilities. Most cases of congenital syphilis are easily preventable if women are screened for syphilis and treated early during prenatal care.¹¹

Observations

Chlamydia – United States

Between 2004 and 2005, the rate of chlamydia infections in women increased from 480.6 to 496.5 per 100,000 females (Figure 1, Table 4). Chlamydia rates exceed gonorrhea rates among women in all states (Figures A and B, Tables 4 and 13).

Chlamydia – Infertility Prevention Program

In 2005, the median state-specific chlamydia test positivity among 15- to 24-year-old women tested in selected prenatal clinics in 25 states, Puerto Rico, and the Virgin Islands was 8.0% (range 2.8% to 16.9%) (Figure E).

In 2005, the median state-specific chlamydia test positivity among 15- to 24-year-old women who were screened during visits to selected family planning clinics in all states and outlying areas was 6.3% (range 3.0% to 20.3%) (Figures 8 and 9).

Gonorrhea – United States

Gonorrhea rates among women were higher than the overall HP 2010 target of 19.0 cases per 100,000 population¹² in 46 states and two outlying areas in 2005 (Figure B, Table 13).

Like chlamydia, gonorrhea is often asymptomatic in women. Gonorrhea screening, therefore, is an important strategy for the identification of gonorrhea among women. Large-scale screening programs for gonorrhea in women began in the 1970s. After an initial increase in cases detected through screening, gonorrhea rates for both women and men declined steadily throughout the 1980s and early 1990s, and then reached a plateau (Figure 11). The gonorrhea rate for women (119.1 per 100,000 females) increased slightly in 2005.

Although the gonorrhea rate in men has historically been higher than the rate in women, the gonorrhea rate among women has been higher than the rate among men for five consecutive years (Figure 12 and Tables 13 and 14).

Gonorrhea – Infertility Prevention Program

In 2005, the median state-specific gonorrhea test positivity among 15- to 24-year-old women screened in selected

family planning clinics in 41 states, Puerto Rico, the District of Columbia, and the Virgin Islands was 1.0% (range 0.0%-3.8%) (Figure 21). Median gonorrhea positivity in family planning clinics has shown minimal change in recent years (1.0% in 2001).

In 2005, the median state-specific gonorrhea test positivity among 15- to 24-year-old women screened in selected prenatal clinics in 20 states, Puerto Rico, and the Virgin Islands was 0.9% (range 0.0% to 3.2%) (Figure F). Median gonorrhea positivity in prenatal clinics has shown minimal change in recent years (0.9% in 2001).

Primary and Secondary Syphilis by State

The HP 2010 target for primary and secondary (P&S) syphilis is 0.2 case per 100,000 population. In 2005, 29 states and two outlying areas had rates of P&S syphilis for women that were greater than 0.2 case per 100,000 population (Table 25).

Congenital Syphilis

The HP 2010 target for congenital syphilis is 1.0 case per 100,000 live births. In 2005, 26 states, Guam, and Puerto Rico had rates higher than this target (Table 38).

The number of congenital syphilis cases closely follows the trend of P&S syphilis among women (Figure 37). Peaks in congenital syphilis usually occur one year after peaks in P&S syphilis among women. The congenital syphilis rate peaked in 1991 at 107.3 cases per 100,000 live births, and declined by 92.5% to 8.0 cases per 100,000 live births in 2005 (Figure 38, Table 37). The rate of P&S syphilis among women declined 94.8% (from 17.3 to 0.9 cases per 100,000 females) during 1990–2005 (Figure 27).

The 2005 rate of congenital syphilis for the United States is currently eight times higher than the HP2010 target of 1.0 case per 100,000 live births.

While most cases of congenital syphilis occur among infants whose mothers have had some prenatal care, late or limited prenatal care has been associated with congenital syphilis. Failure of health care providers to adhere to maternal syphilis screening recommendations also contributes to the occurrence of congenital syphilis.¹³

Pelvic Inflammatory Disease

Accurate estimates of pelvic inflammatory disease (PID) and tubal factor infertility resulting from gonococcal and chlamydia infections are difficult to obtain. Definitive diagnosis of these conditions can be complex.

Hospitalizations for PID have declined steadily throughout the 1980s and early 1990s, but have remained relatively constant between 1995 and 2004 (Figure H). A greater proportion of women diagnosed with PID in the 1990s have been treated in outpatient instead of inpatient settings when compared to women diagnosed with PID in the 1980s.¹⁴

The estimated number of initial visits to physicians' offices for PID from the National Disease and Therapeutic Index (NDTI) has generally declined from 1993 through 2005 (Figure I and Table 42).

In 2003, an estimated 168,837 cases of PID were diagnosed in emergency departments among women 15 to 44 years of age. In 2004 this estimate increased to 170,076 (National Hospital Ambulatory Medical Care Survey, NCHS). As of the date of publication of this report, 2005 data are not available.

Ectopic Pregnancy

Evidence suggests that health care practices associated with clinical management of ectopic pregnancy changed in the late 1980s and early 1990s. Before that time, treatment of ectopic pregnancy usually required admission to a hospital. Hospitalization statistics were therefore useful for monitoring trends in ectopic pregnancy. Beginning in 1989, hospitalizations for ectopic pregnancy have generally declined over time (Figure G). Data suggest that nearly half of all ectopic pregnancies are treated on an outpatient basis.¹⁵

¹ Stamm WE, Guinan ME, Johnson C. Effect of treatment regimens for *Neisseria gonorrhoeae* on simultaneous infections with *Chlamydia trachomatis*. *N Engl J Med* 1984;310:545-9.

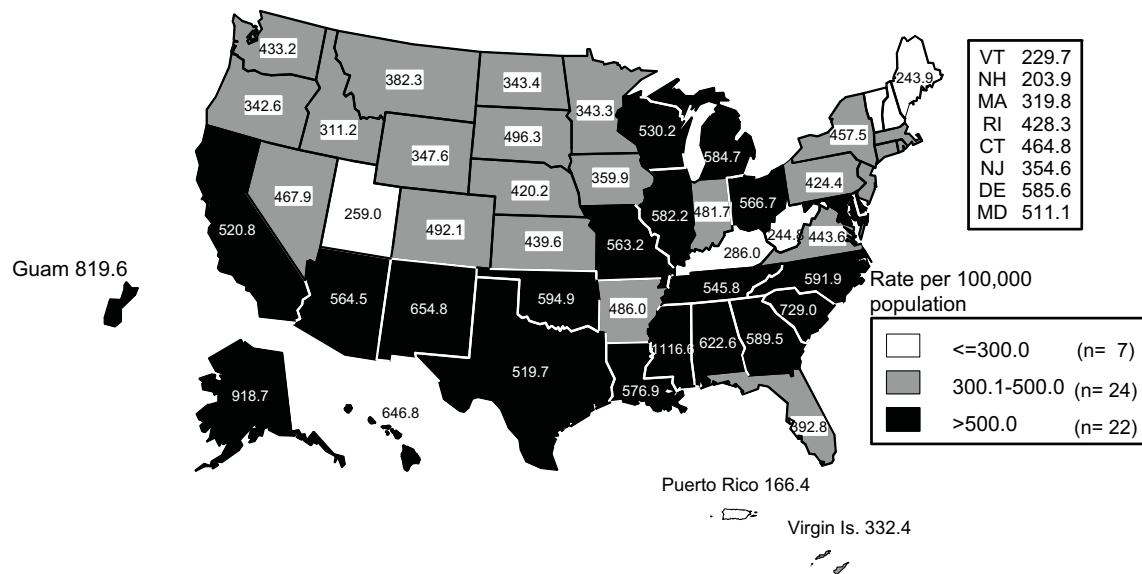
² Platt R, Rice PA, McCormack WM. Risk of acquiring gonorrhea and prevalence of abnormal adnexal findings among women recently exposed to gonorrhea. *JAMA* 1983;250:3205-9.

³ Westrom L, Joesoef R, Reynolds G, et al. Pelvic inflammatory disease and fertility: a cohort study of 1,844 women with laparoscopically verified disease and 657 control women with normal laparoscopy. *Sexually Transmitted Diseases* 1992;9:185-92.

⁴ Hook EW III, Handsfield HH. Gonococcal infections in the adult. In: Holmes KK, Mardh PA, Sparling PF, et al, eds. *Sexually Transmitted Diseases*, 2nd edition. New York City: McGraw-Hill, Inc, 1990:149-65.

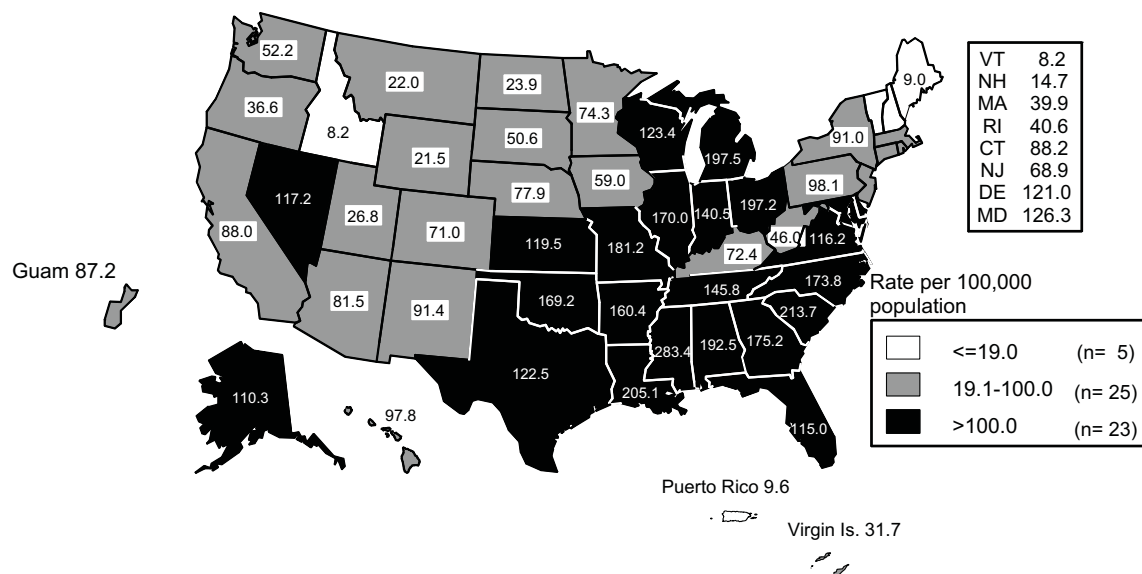
- ⁵ Stamm WE, Holmes KK. *Chlamydia trachomatis* infections in the adult. In: Holmes KK, Mardh PA, Sparling PF, et al, eds. *Sexually Transmitted Diseases*, 2nd edition. New York City: McGraw-Hill, Inc, 1990:181-93.
- ⁶ Zimmerman HL, Potterat JJ, Dukes RL, et al. Epidemiologic differences between chlamydia and gonorrhea. *Am J Public Health* 1990;80:1338-42.
- ⁷ Hillis SD, Joesoef R, Marchbanks PA, et al. Delayed care of pelvic inflammatory disease as a risk factor for impaired fertility. *Am J Obstet Gynecol* 1993;168:1503-9.
- ⁸ Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;34(21):1362-6.
- ⁹ Division of STD Prevention. *Prevention of Genital HPV Infection and Sequelae: Report of an External Consultants' Meeting*. National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, December 1999.
- ¹⁰ Handsfield HH, Stone KM, Wasserheit JN. Prevention agenda for genital herpes. *Sexually Transmitted Diseases* 1999;26:228-231.
- ¹¹ Centers for Disease Control. Guidelines for prevention and control of congenital syphilis. *MMWR* 1988;37(No.S-1).
- ¹² U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- ¹³ Centers for Disease Control and Prevention. Congenital syphilis – United States, 2002. *MMWR* 2004;53:716-9.
- ¹⁴ Rolfs RT, Galaid EI, Zaidi AA. Pelvic inflammatory disease: trends in hospitalization and office visits, 1979 through 1988. *Am J Obstet Gynecol* 1992;166:983-90.
- ¹⁵ Centers for Disease Control and Prevention. Ectopic pregnancy in the United States, 1990–1992. *MMWR* 1995;44:46-8.

Figure A. Chlamydia — Rates among women by state: United States and outlying areas, 2005



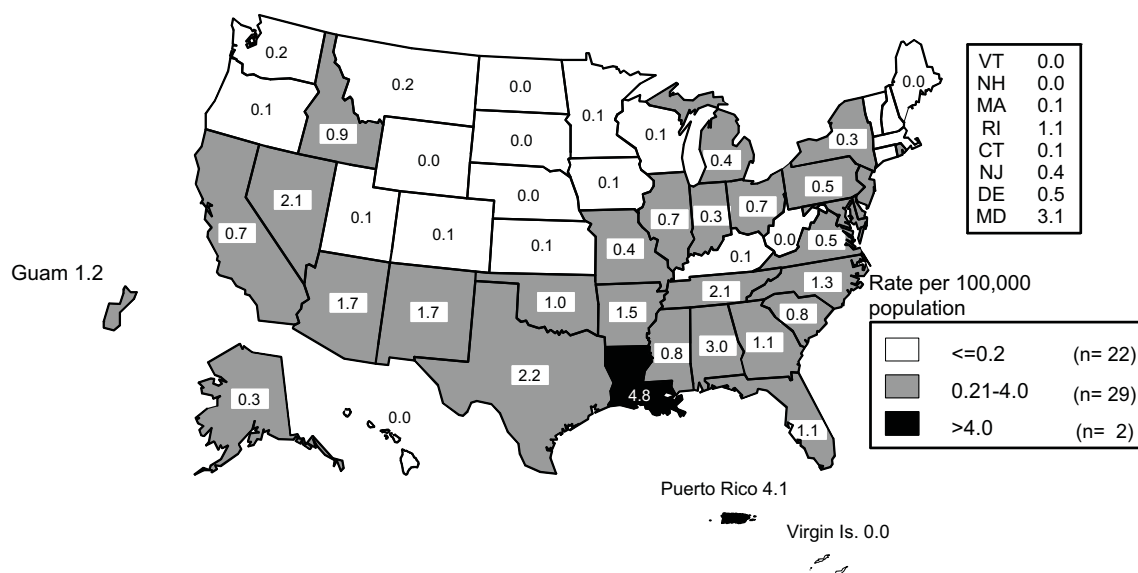
Note: The total chlamydia infection rate among women in the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 492.2 per 100,000 female population.

Figure B. Gonorrhea — Rates among women by state: United States and outlying areas, 2005



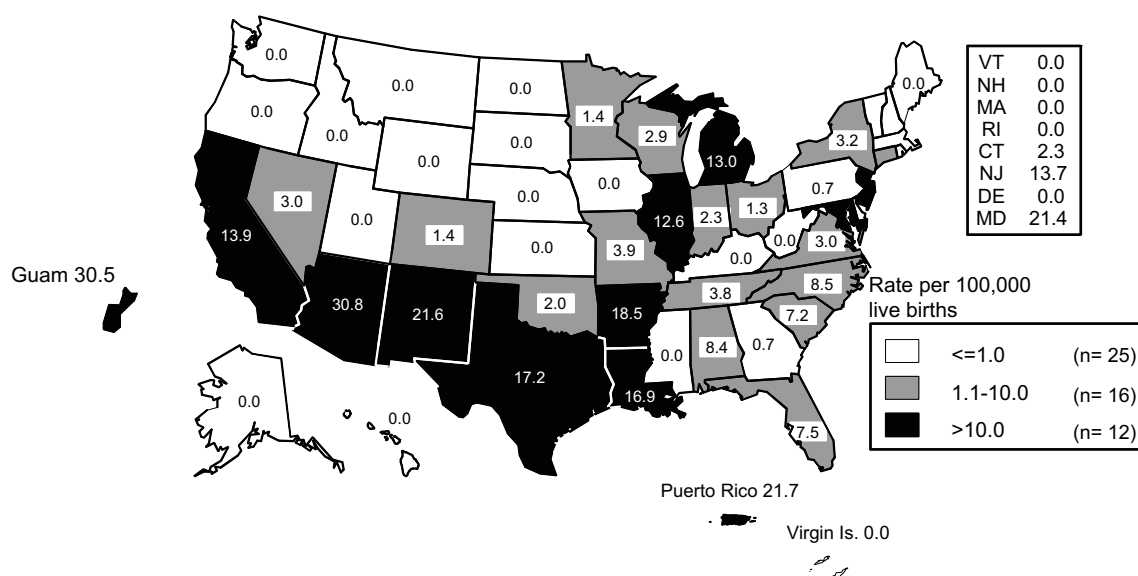
Note: The total gonorrhea infection rate among women in the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 117.5 per 100,000 female population.

Figure C. Primary and secondary syphilis — Rates among women by state: United States and outlying areas, 2005



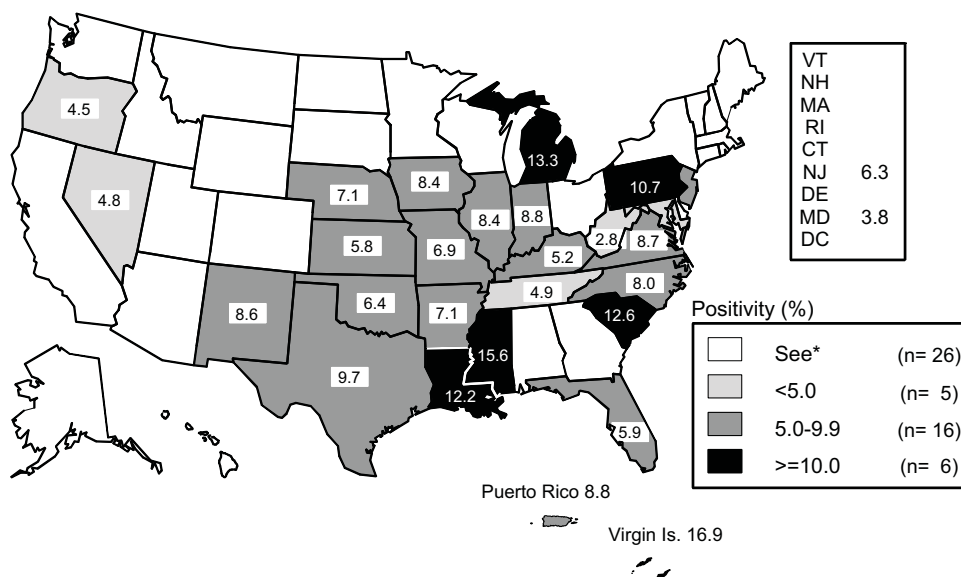
Note: The total rate of P&S syphilis among women in the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 0.9 per 100,000 female population.

Figure D. Congenital syphilis — Rates for infants < 1 year of age by state: United States and outlying areas, 2005



Note: The total rate of congenital syphilis for infants < 1 year of age for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 8.2 per 100,000 live births. The Healthy People 2010 target is 1.0 case per 100,000 live births.

Figure E. Chlamydia — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2005

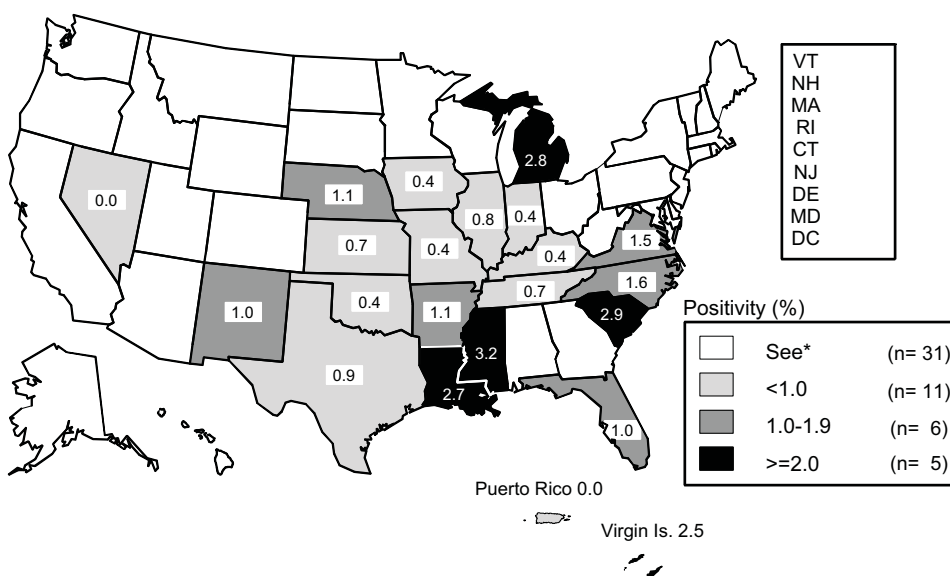


*States/areas not meeting minimum inclusion criteria in prenatal clinics.

Note: Includes states and outlying areas that reported chlamydia positivity data on at least 100 women aged 15-24 years during 2005.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Figure F. Gonorrhea — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2005

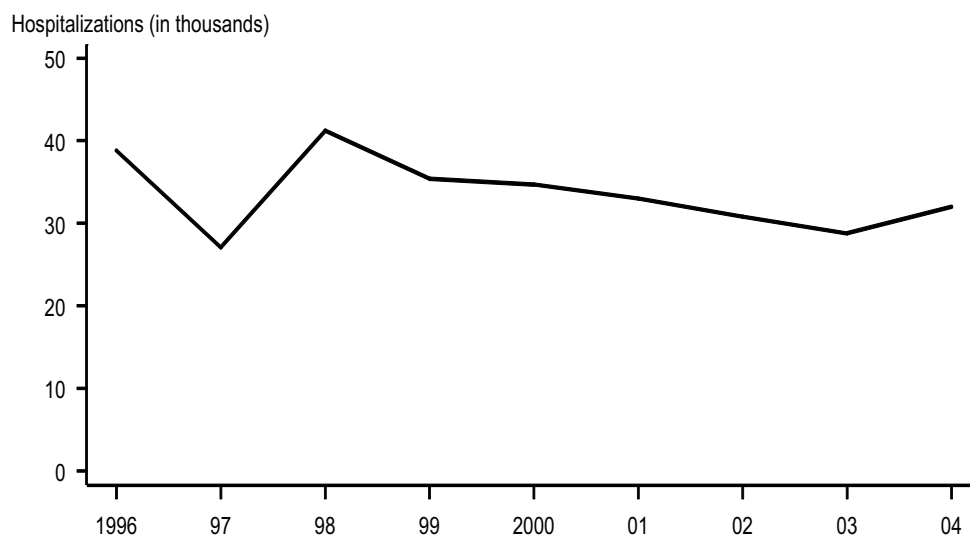


*States/areas not meeting minimum inclusion criteria in prenatal clinics.

Note: Includes states and outlying areas that reported gonorrhea positivity data on at least 100 women aged 15-24 years during 2005.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

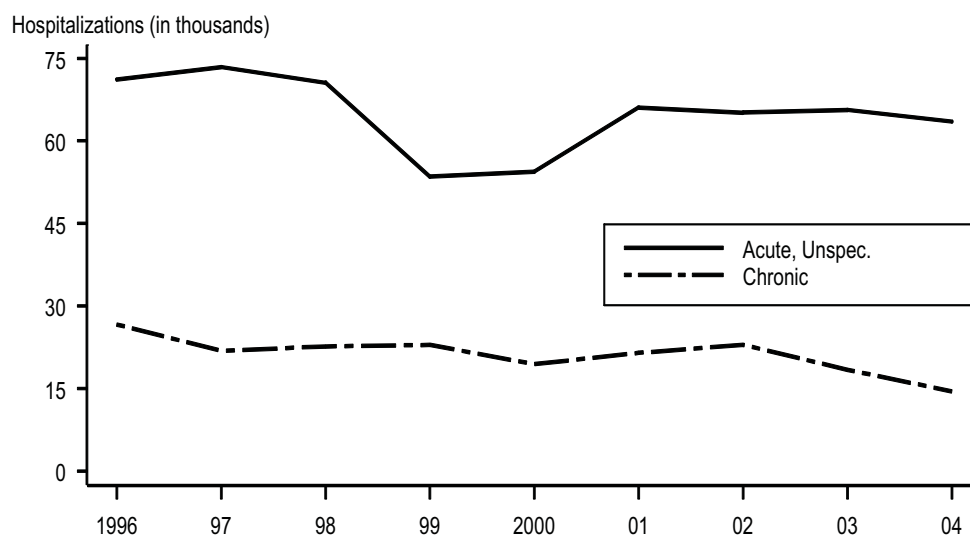
Figure G. Ectopic pregnancy — Hospitalizations of women 15 to 44 years of age: United States, 1996–2004



Note: The relative standard error for these estimates ranges from 10% to 14%. Data only available through 2004.

SOURCE: National Hospital Discharge Survey (National Center for Health Statistics, CDC)

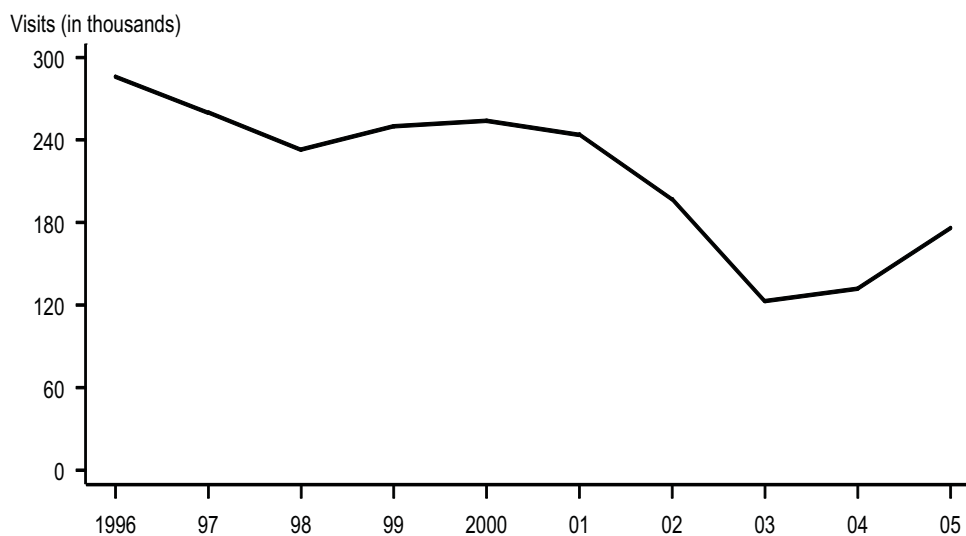
Figure H. Pelvic inflammatory disease — Hospitalizations of women 15 to 44 years of age: United States, 1996–2004



Note: The relative standard error for these estimates of the total number of acute unspecified PID cases ranges from 8% to 11%. The relative standard error for these estimates of the total number of chronic PID cases ranges from 11% to 18%. Data only available through 2004.

SOURCE: National Hospital Discharge Survey (National Center for Health Statistics, CDC)

Figure I. Pelvic inflammatory disease — Initial visits to physicians' offices by women 15 to 44 years of age: United States, 1996–2005



Note: The relative standard error for these estimates range from 19% to 30%. See Appendix (Other Data Sources) and Table 42.

SOURCE: National Disease and Therapeutic Index (IMS Health)

STDs in Adolescents and Young Adults

Public Health Impact

Compared to older adults, sexually active adolescents (10- to 19-year-olds) and young adults (20- to 24-year-olds) are at higher risk for acquiring STDs for a combination of behavioral, biological, and cultural reasons. For some STDs, for example, *Chlamydia trachomatis*, adolescent women may have a physiologically increased susceptibility to infection due to increased cervical ectopy. The higher prevalence of STDs among adolescents also reflects multiple barriers to accessing quality STD prevention services, including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality. Recent estimates suggest that while representing 25% of the ever sexually active population, 15- to 24-year olds acquire nearly one-half of all new STDs.¹

Observations

Chlamydia

Numerous prevalence studies in various clinic populations have shown that sexually active adolescents have high rates of chlamydia infection.^{2,3} The Regional Infertility Prevention Projects (IPP) provide routine screening for detecting chlamydia infections among women attending family planning clinics. IPP prevalence data demonstrate that younger women consistently have higher positivity than older women, even when overall prevalence declines.

After adjusting trends in chlamydia positivity to account for changes in laboratory test methods and associated increases in test sensitivity (see **Appendix**), chlamydia test positivity in 15- to 19-year-old women decreased in 5 of 10 HHS regions between 2004 and 2005, increased in four regions, and remained the same in one region (Figure J).

Gonorrhea

As in previous years, 15- to 19-year-old women had the highest rate of gonorrhea (624.7 per 100,000 population) compared to women in all other age categories (Figure 18 and Table 19). Among men, 20- to 24-year-olds had the highest rate of gonorrhea (436.8 per 100,000 population, Figure 18 and Table 19).

Gonorrhea rates among 15- to 19-year-old women and 15- to 19-year-old men had been decreasing in recent years, but in 2005 gonorrhea rates showed slight increases in both groups (Figures 19 and 20, Table 19).

Similarly, gonorrhea rates among 20- to 24-year-old women and 20- to 24-year-old men had been decreasing in recent years, but in 2005 the gonorrhea rates in both groups increased slightly (Figures 19 and 20, Table 19).

Primary and Secondary Syphilis

Syphilis rates in women are highest in the 20-24 year age group, 3.0 cases per 100,000 population in 2005. Rates among

15-19 year olds have decreased each year from 2.5 cases per 100,000 population in 2001 to 1.5 in 2004, but increased to 1.9 in 2005 (Figure 34, Table 31).

In men, rates among 20- to 24-year-olds increased each year from 4.8 cases per 100,000 population in 2001 to 8.1 in 2005 (Table 31). Rates among 15-19 year olds had been low but increased to 2.4 in 2005 (Table 31).

National Job Training Program

Since 1990, approximately 20,000 female National Job Training Program entrants have been screened each year for chlamydia. This program, administered by the National Job Training Program at more than 100 sites throughout the country, is a job training program for economically-disadvantaged youth aged 16-24 years-old.

Chlamydial infection is widespread geographically and highly prevalent among economically-disadvantaged young women and men in the National Job Training Program.⁴⁻⁶ Specimens from at least 100 students from each state and outlying area were tested by a national contract laboratory. Among women entering the program from 39 states, District of Columbia, and Puerto Rico in 2005, based on their place of residence before program entry, the median state-specific chlamydia prevalence was 9.2% (range 3.1% to 14.5%) (Figure K). Among men entering the program from 48 states, the District of Columbia, and Puerto Rico in 2005, the median state-specific chlamydia prevalence was 8.1% (range 0.0% to 14.8%) (Figure L).

Data from National Job Training Program centers that submit gonorrhea specimens from female students aged 16-24 years to a national contract laboratory indicated a high prevalence of gonococcal infection in this population. Specimens from at least 100 students from each state and outlying areas were tested by the contract laboratory. Among women entering the program from 32 states and District of Columbia the median state-specific gonorrhea prevalence was 2.4% (range 0.0% to 6.6%) in 2005 (Figure M). Among men entering the program from 14 states in 2005, the median state-specific gonorrhea prevalence was 2.2% (range 0.0% to 6.1%) (Figure N).

Juvenile Corrections Facilities

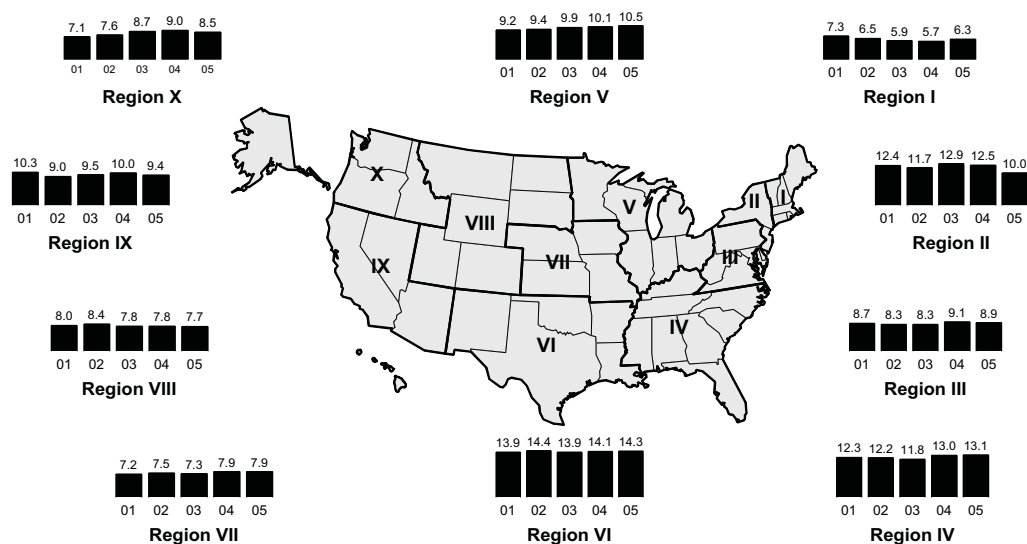
Among adolescent women attending juvenile corrections facilities, data from the Corrections STD Prevalence Monitoring Project identified a median chlamydia positivity of 14.2% (range 3.7% to 33.7%) (Table AA) and a median gonorrhea positivity of 4.7% (range 0.9% to 14.2%) (Table CC). See **Special Focus Profiles** (STDs in Persons Entering Corrections Facilities).

¹ Weinstock, H, Berman, S, Cates, W, Jr. Sexually Transmitted Diseases among American Youth: Incidence and Prevalence Estimates, 2000. *Perspect Sex Reprod Health*, 2004;36(1):6-10.

² Centers for Disease Control and Prevention. Recommendations for the prevention and management of *Chlamydia trachomatis* infections, 1993. *MMWR* 1993;42(No. RR-12).

- ³ Lossick J, DeLisle S, Fine D, Mosure DJ, Lee V, Smith C. Regional program for widespread screening for *Chlamydia trachomatis* in family planning clinics. In: Bowie WR, Caldwell HD, Jones RP, et al., eds. Chlamydial Infections: Proceedings of the Seventh International Symposium of Human Chlamydial Infections, Cambridge, *Cambridge University Press* 1990, pp. 575-9.
- ⁴ Mertz KJ, Ransom RL, St. Louis ME, Groseclose SL, Hadgu A, Levine WC, Hayman C. Decline in the prevalence of genital chlamydia infection in young women entering a National Job Training Program, 1990–1997. *Am J Pub Health* 2001;91(8):1287-1290.
- ⁵ Joesoef MR, Mosure DJ. Prevalence of chlamydia in young men in the United States from newly implemented universal screening in a National Job Training Program. *Sexually Transmitted Diseases* 2006;33(10):636-639.
- ⁶ Joesoef MR, Mosure DJ. Prevalence of chlamydia in young women entering the National Job Training Program 1998–2004. *Sexually Transmitted Diseases* 2006;33(9):571-575.

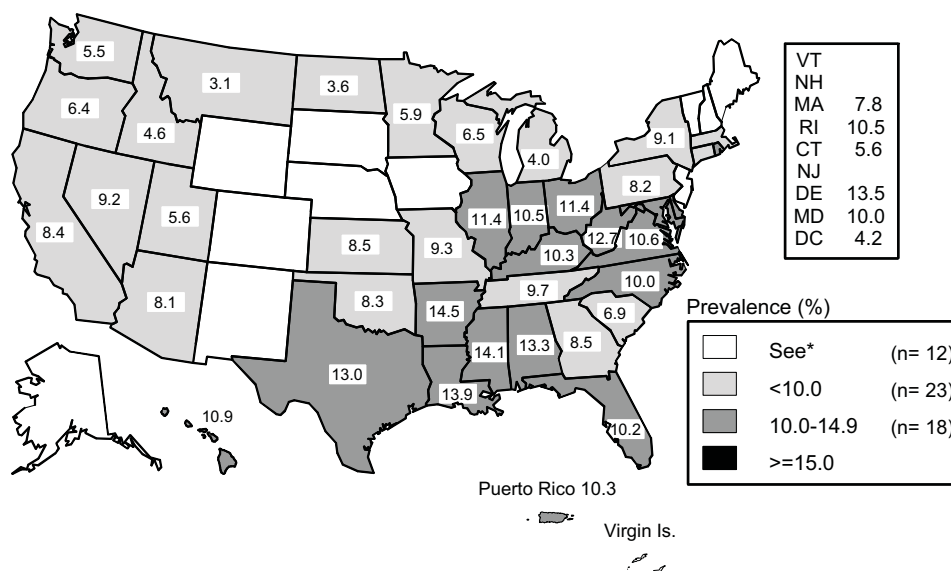
Figure J. Chlamydia — Trends in positivity among 15- to 19-year-old women tested in family planning clinics by HHS region, 2001–2005



Note: Trends adjusted for changes in laboratory test method and associated increases in test sensitivity. See Appendix (Chlamydia, Gonorrhea, and Syphilis Prevalence Monitoring) for more information. See Appendix for definitions of Health and Human Services (HHS) regions.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

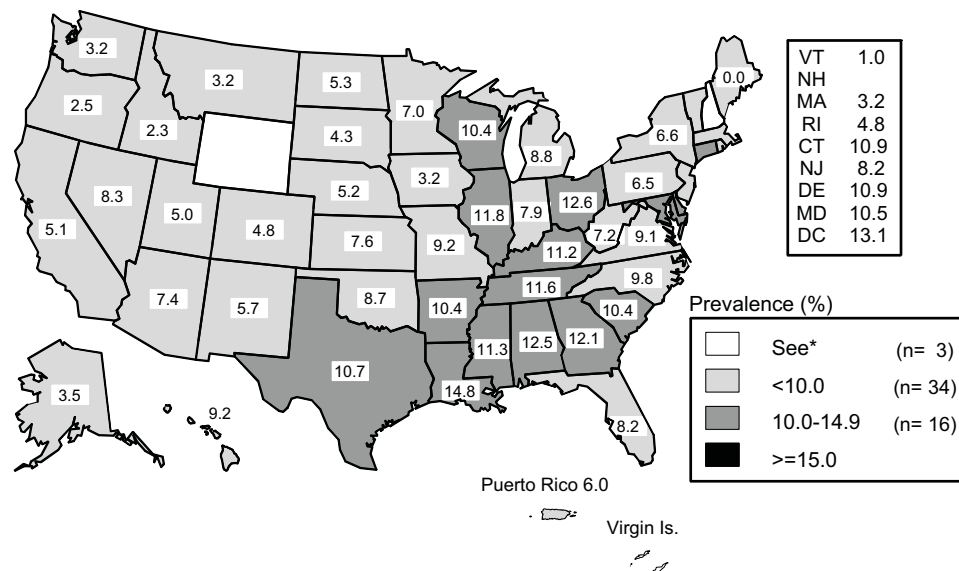
Figure K. Chlamydia — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2005.

Note: The median state-specific chlamydia prevalence among female students entering the National Job Training Program in 2005 was 9.2% (range 3.1% to 14.5%).

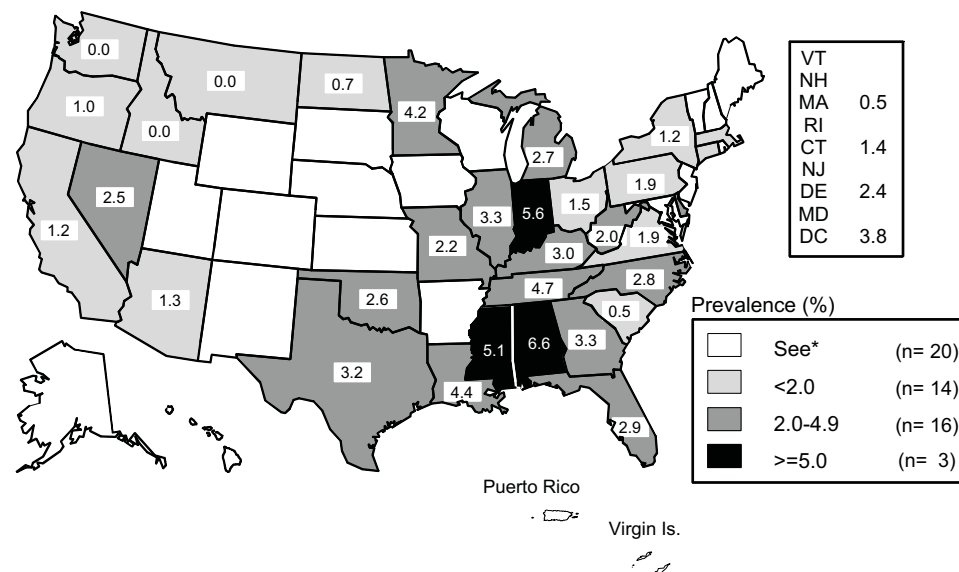
Figure L. Chlamydia — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 men residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2005.

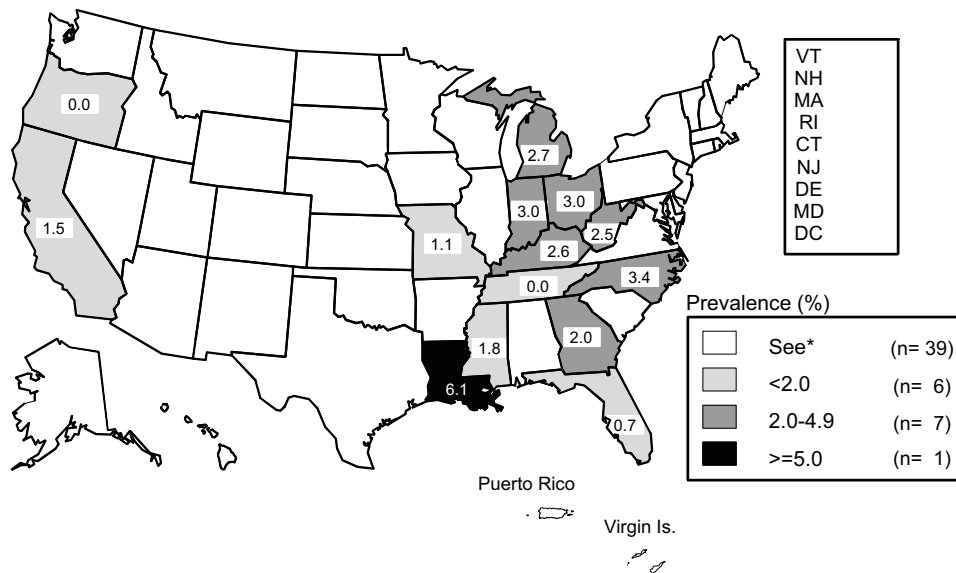
Note: The median state-specific chlamydia prevalence among male students entering the National Job Training Program in 2005 was 8.1% (range 0.0% to 14.8%).

Figure M. Gonorrhea — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for gonorrhea by the national contract laboratory in 2005.

Figure N. Gonorrhea — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 men residing in these states/areas and entering the National Job Training Program were screened for gonorrhea by the national contract laboratory in 2005.

STDs in Racial and Ethnic Minorities

Public Health Impact

Surveillance data show higher rates of reported STDs among some minority racial or ethnic groups when compared with rates among whites. Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs. Acknowledging the disparity in STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

Notifiable STDs

Surveillance data are based on cases of STDs reported to state and local health departments (see **Appendix**). In many areas, reporting from public sources, (for example, STD clinics) is more complete than reporting from private sources. Since minority populations may utilize public clinics more than whites, differences in rates between minorities and whites may be increased by this reporting bias.

In 2005, 22.2% of reports on gonorrhea cases were missing information on race or ethnicity (ranging by state from 0.0% to 50.7%), and 26.3% of reports on chlamydia cases were missing race or ethnicity (Table A1). To adjust for missing data, cases in which information is unknown are redistributed according to the distribution of cases in which race or ethnicity is known. This process may

exacerbate the reporting bias. Only 4.8% of syphilis cases were missing race or ethnicity.

Observations

Chlamydia

In 2005, 41.6% of all chlamydia cases occurred among blacks, 28.8% occurred among whites, and 18.1% occurred among Hispanics (Table 10A). The rate of chlamydia among black females in the United States was more than seven times higher than the rate among white females (1,729.0 and 237.2 per 100,000 population, respectively) (Figure O, Table 10B). The chlamydia rate among black males was more than 11 times higher than that among white males (717.8 and 63.6 per 100,000 population, respectively).

Gonorrhea

In 2005, approximately 68% of the total number of cases of gonorrhea reported to CDC occurred among African Americans (Table 20A). In 2005, the rate of gonorrhea among African Americans was 626.4 cases per 100,000 population, among American Indian/Alaska Natives the rate was 131.7, and among Hispanics the rate was 74.8. These rates are 18, 4, and 2 times higher, respectively, than the rate among whites in 2005 of 35.2 cases per 100,000 population. The rate of gonorrhea among Asian/Pacific Islanders in 2005 was 25.9 cases per 100,000 population (Figure 17, Table 20B).

All racial and ethnic groups saw slight increases in gonorrhea rates from 2004 to 2005. Despite this slight increase in 2005, between 2001 and 2005, the gonorrhea rate among African Americans declined by 17.8% (762.0 and 626.4 cases per 100,000 population, respectively). During the same five year period, gonorrhea rates increased by 28.4% among American Indian/Alaska Natives, 19.7% among whites, 6.4% among Hispanics, and 5.3% among Asian/Pacific Islanders (Table 20B).

In 2005, gonorrhea rates among African-American men were 24 times higher than among white men; gonorrhea rates among African-American women were 14 times higher than among white women (Figure P).

In 2005, gonorrhea rates were highest for African Americans aged 15 to 19 and 20 to 24 years among all racial, ethnic, and age categories. African-American women aged 15-19 years had a gonorrhea rate of 2,814.0 cases per 100,000 females. This rate was 14 times greater than the 2005 rate among white females of similar age (204.7). African-American men in the 15- to 19-year-old age category had a 2005 gonorrhea rate of 1,417.5 cases per 100,000 males, which was 36 times higher than the rate among 15- to 19-year-old white males of 39.7 per 100,000. Among 20- to 24-year-olds, the gonorrhea rate among African Americans was 15 times greater than that among whites (2,452.9 and 161.0 cases per 100,000 population, respectively) (Table 20B).

From 2001 to 2004, gonorrhea rates among 15- to 19-year-old African-American females and males decreased 21.0% and 22.4%, respectively. However, both groups saw slight increases from 2004 to 2005 (3.3% and 4.2%), the first increases for these groups in recent years (Figures Q and R).

Primary and Secondary Syphilis

The syphilis epidemic in the late 1980s occurred primarily among heterosexual,

minority populations.¹ During the 1990s, the rate of primary and secondary (P&S) syphilis declined among all racial and ethnic groups (Figure 32). From 2001 to 2005, the overall rate of P&S syphilis and rates among non-Hispanic whites, Hispanics, and Asian/Pacific Islanders increased; the rates among American Indian/Alaska Natives fluctuated; and the rates among African Americans decreased between 2001 and 2003, but then increased between 2004 and 2005.

Between 2004 and 2005, the rates of primary and secondary syphilis increased 11.4% among African Americans; 12.9% among African-American men and 4.8% among African-American women (Table 32B). Between 2004 and 2005, P&S syphilis rates for African Americans in most age groups increased. (Table 32B).

Between 2004 and 2005, the rates of primary and secondary syphilis increased 6.5% among Hispanics; from 5.4 to 5.5 among Hispanic men and from 0.7 to 0.9 among Hispanic women (Table 32B). Between 2003 and 2004, P&S syphilis rates for Hispanics in most age groups increased. (Table 32B).

In 2005, 41% of all cases of P&S syphilis reported to CDC occurred among African Americans and 40% of all cases occurred among non-Hispanic whites (Table 32A). Compared to non-Hispanic whites, the 2005 rate for African Americans was 5.4 times higher, and for Hispanics, 1.8 times higher (Table 32B).

In 2005, the rate of P&S syphilis among African Americans was highest among women aged 20-24 years (13.5) and among men aged 25-29 (38.2) (Table 32B). For Hispanics, the rate was highest among women aged 20-24 years (2.9) and among men aged 35-39 years (14.0) (Table 32B).

Congenital Syphilis

In 2005, the rate of congenital syphilis (based on the mother's race/ethnicity) was 25.9 cases per 100,000 live births among African Americans and 13.4 cases per

100,000 live births among Hispanics. These rates are 19.9 and 10.3 times higher, respectively, than the 2005 rate among non-Hispanic whites (1.3 cases per 100,000 live births) (Figure V, Table 40).

¹ Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941 through 1993. *Sexually Transmitted Diseases* 1996;23:16-23.

Figure O. Chlamydia — Rates by race/ethnicity and sex: United States, 2005

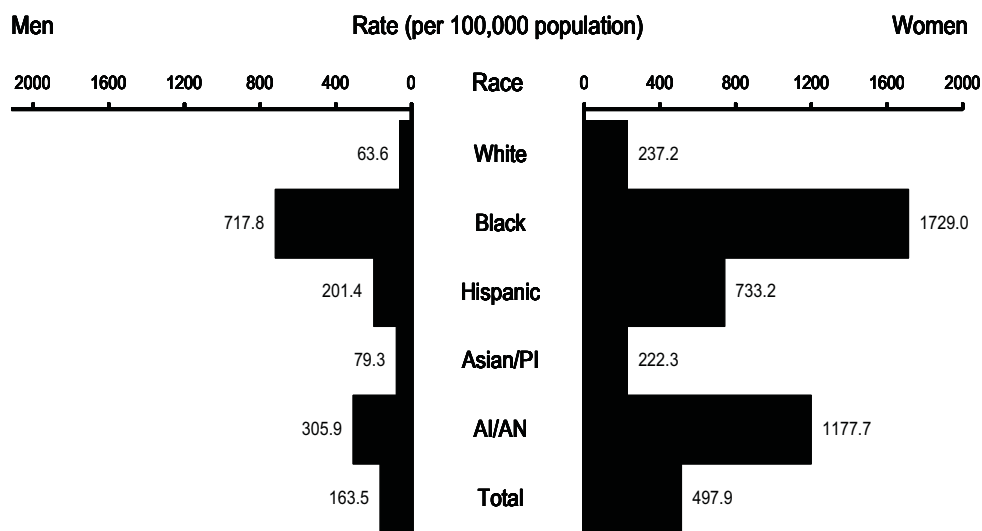


Figure P. Gonorrhea — Rates by race/ethnicity and sex: United States, 2005

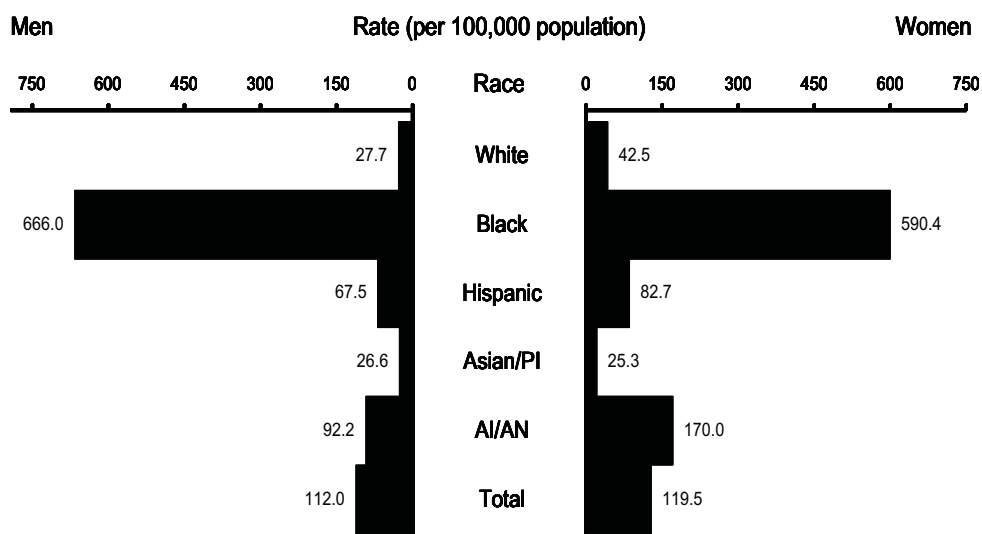


Figure Q. Gonorrhea — Rates among 15- to 19-year-old females by race/ethnicity: United States, 1996–2005

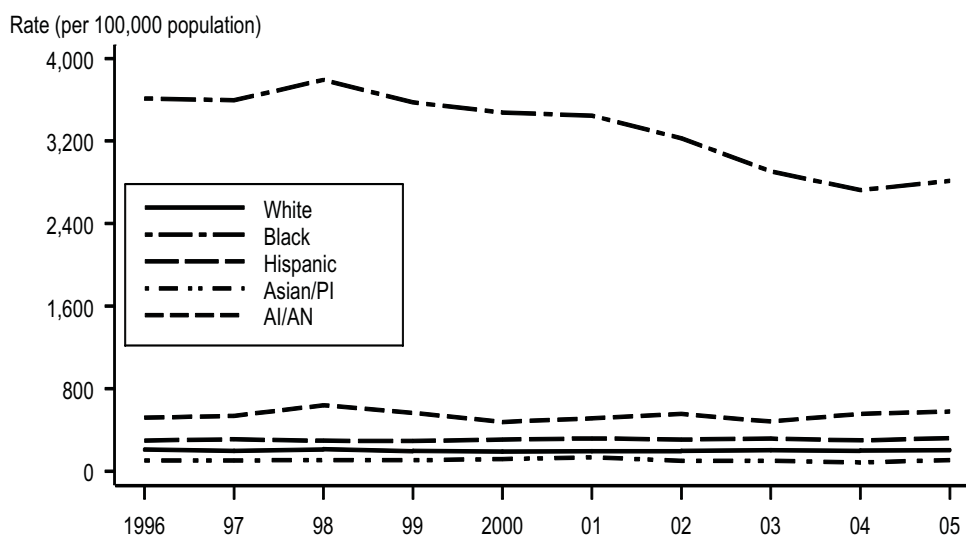


Figure R. Gonorrhea — Rates among 15- to 19-year-old males by race/ethnicity: United States, 1996–2005

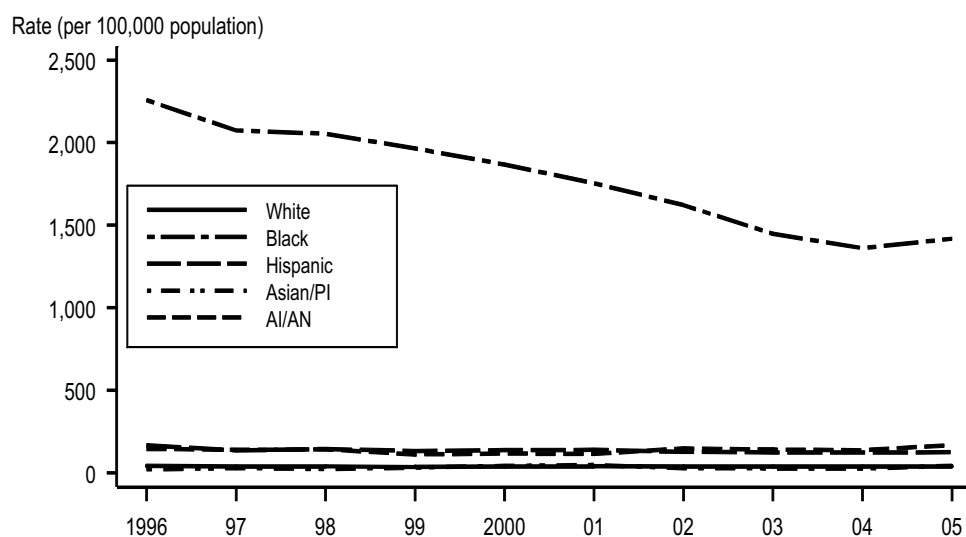


Figure S. Primary and secondary syphilis — Rates by race/ethnicity and sex: United States, 2005

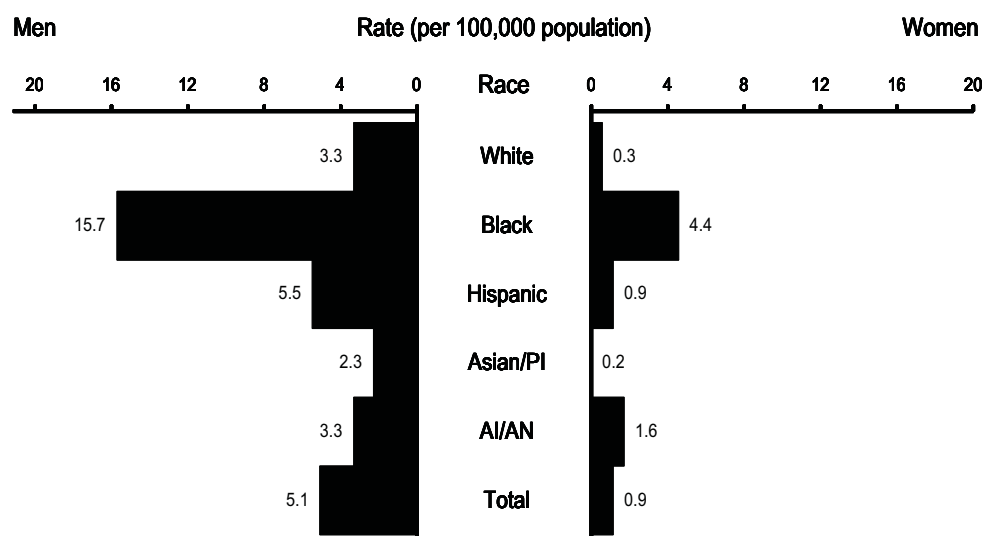


Figure T. Primary and secondary syphilis — Rates among 15- to 19-year-old females by race/ethnicity: United States, 1996–2005

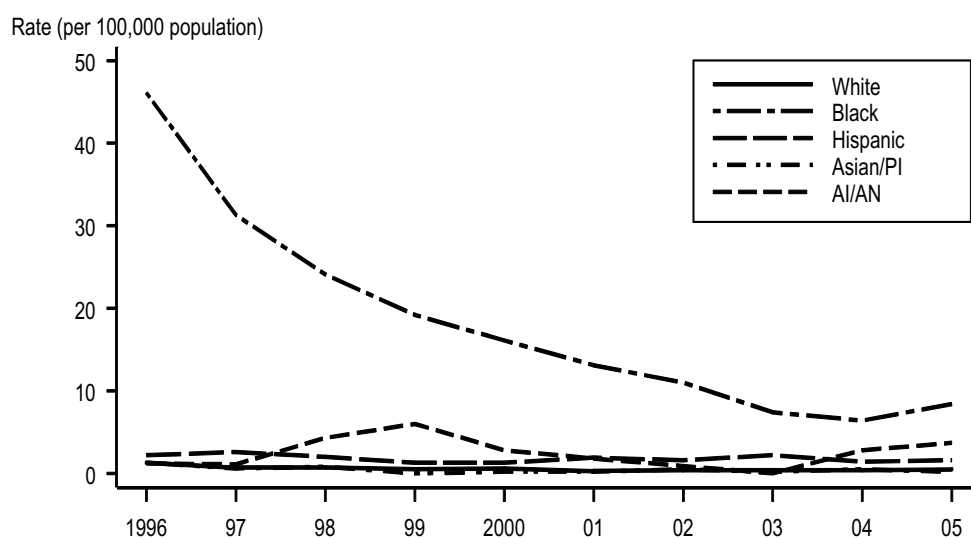


Figure U. Primary and secondary syphilis — Rates among 15- to 19-year-old males by race/ethnicity: United States, 1996–2005

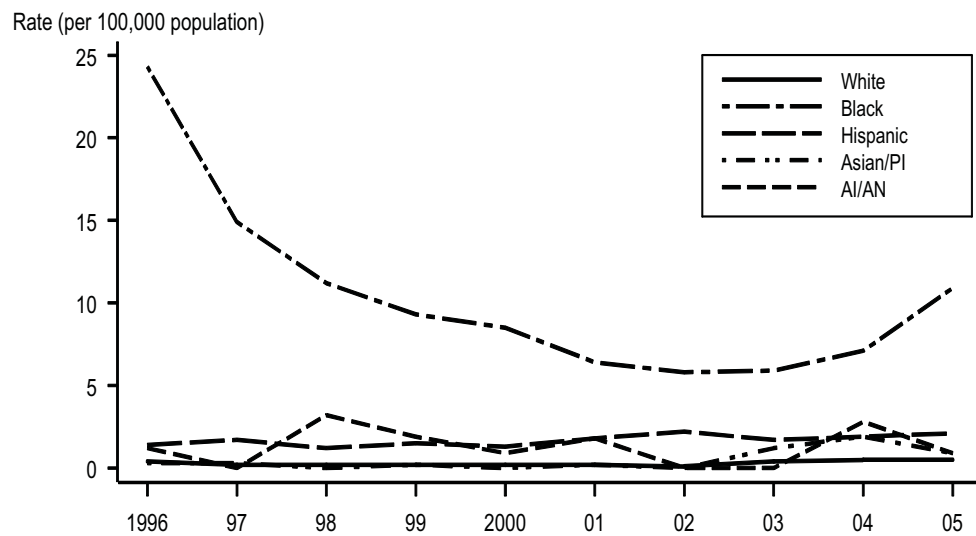
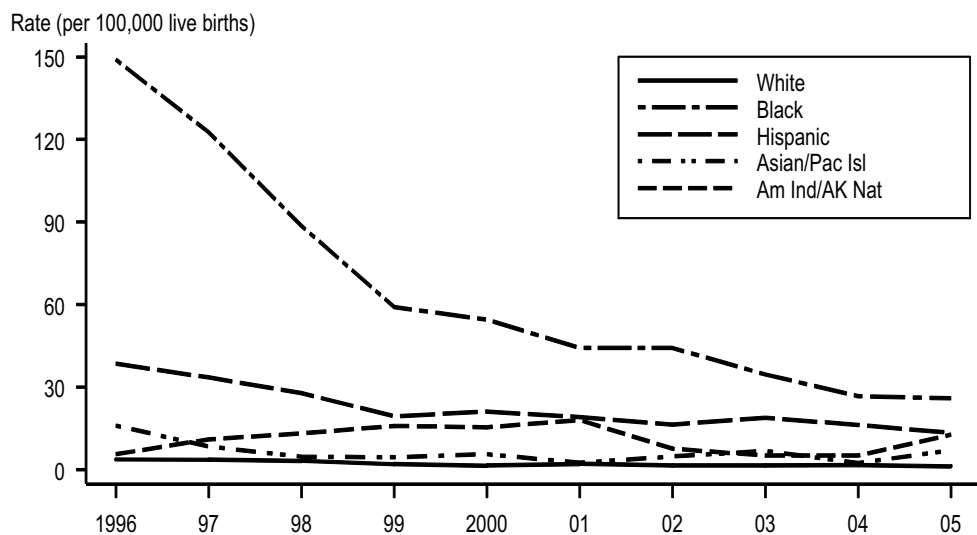


Figure V. Congenital syphilis — Rates among infants < 1 year of age by mother's race/ethnicity: United States, 1996–2005



Note: The Healthy People 2010 target for congenital syphilis is 1.0 case per 100,000 live births. Less than 5% of cases had missing maternal race/ethnicity information and were excluded.

STDs in Men Who Have Sex with Men

Public Health Impact

Data from several U.S. cities and projects, including syphilis outbreak investigations and the Gonococcal Isolate Surveillance Project (GISP) suggest that an increasing number of men who have sex with men (MSM) are acquiring STDs.¹⁻⁷ Data also suggest that an increasing number of MSM are engaging in sexual behaviors that place them at risk for STDs and HIV infection.⁸ Several factors may be contributing to this change, including the availability of highly active antiretroviral therapy (HAART) for HIV infection.⁹ Because STDs and the behaviors associated with acquiring them increase the likelihood of acquiring and transmitting HIV infection,¹⁰ the rise in STDs among MSM may be associated with an increase in HIV incidence among MSM.¹¹

Observations

Most nationally notifiable STD surveillance data reported to CDC do not include information regarding sexual behaviors; therefore, national trends in STDs among MSM in the United States are not currently available. Data from enhanced surveillance projects are presented in this section to provide information regarding STDs in MSM.

Monitoring Trends in Prevalence of STDs and HIV Risk Behaviors among Men Who Have Sex with Men (MSM Prevalence Monitoring Project), STD Clinics, 1999–2005

From 1999 through 2005, nine U.S. cities participating in the MSM Prevalence Monitoring Project submitted syphilis, gonorrhea, chlamydia, and HIV test data to CDC from 107,370 MSM visits to STD clinics; data from 89,998 MSM visits were submitted from six public STD clinics (Denver, Long Beach, New York City, Philadelphia, San Francisco, and Seattle) and data from 17,372 MSM visits were submitted from three STD clinics in community-based, gay men's health clinics (Chicago, the District of Columbia, and Houston). In 2005, eight U.S. cities submitted information from 18,455 MSM STD clinic visits.

The MSM Prevalence Monitoring Project includes data from culture and non-culture tests collected during routine care and reflects testing practices at participating clinics. City-specific medians and ranges were calculated for the proportion of tests done and STD and HIV test positivity.

Gonorrhea

From 1999 to 2005 the number of gonorrhea tests for all anatomic sites combined has increased in all eight cities. The trend in the number of positive gonorrhea tests for all anatomic sites has varied by city. For all cities, the number of symptomatic positive

gonorrhea tests accounts for the majority of the overall positive tests (Figure W).

In 2005, 78% (range: 57-95%) of MSM were tested for urethral gonorrhea, 26% (range: 3-69%) were tested for rectal gonorrhea, and 26% (range: 4-87%) were tested for pharyngeal gonorrhea.

In 2005, median clinic urethral gonorrhea positivity in MSM was 11% (range: 8-14%), median rectal gonorrhea positivity was 8% (range: 4-10%), and median pharyngeal gonorrhea positivity was 7% (range: 1-21%).

Syphilis

In 2005, 79% (range: 60-92%) of MSM visiting participating STD clinics had a nontreponemal serologic test for syphilis (STS) [RPR or VDRL] performed compared with 69% (range: 54-93%) in 1999.

Overall, median syphilis seroreactivity among MSM tested increased from 4% (range: 4-13%) in 1999 to 11% (range: 5-13%) in 2005 (Figure X).

Chlamydia

In 2005, a median of 78% (range: 58-94%) of MSM visiting participating STD clinics were tested for urethral chlamydia; median urethral chlamydia positivity was 6% (range: 5-8%).

HIV Infection

In 2005, a median of 68% (range: 31-82%) of MSM visiting STD clinics in the project and not previously known to be HIV-positive were tested for HIV; median HIV positivity was 4% (range: 3-7%). HIV positivity varied by race/ethnicity, but was higher in African-American and Hispanic MSM. HIV positivity was 3% (range: 2-4%) in whites, 7% (range 3-12%) in African Americans, and 7% (range: 3-10%) in Hispanics (Figure Y).

In 2005, median HIV prevalence among MSM, including persons previously known to be HIV-positive and persons testing HIV-positive at their current visit, was 12% (range 9-15%). HIV prevalence was 10% (range: 7-13%) in whites, 20% (range: 15-27%) in African Americans, and 15% (range: 7-20%) in Hispanics.

STDs by Race/Ethnicity

In 2005, by race/ethnicity, urethral gonorrhea positivity was 11% (range: 7-13%) in whites, 15% (range: 9-23) in African Americans, and 9% (range: 6-15%) in Hispanics. Rectal gonorrhea positivity was 8% (range: 4-11%) in whites, 4% (range: 2-7%) in African Americans, and 8% (range: 4-11%) in Hispanics. Pharyngeal gonorrhea positivity was 5% (range: 1-12%) in whites, 8% (range: 1-9%) in African Americans, and 4% (range: 1-10%) in Hispanics (Figure Y).

Median syphilis seroreactivity was 9% (range: 3-12%) in whites; 14% (range: 9-32%) in African Americans, and 14% (range: 4-19%) in Hispanics (Figure Y).

Urethral chlamydia was 6% (range: 4-8%) in whites; 7% (range: 3-15%) in African Americans, and 6% (range: 3-8%) in Hispanics (Figure Y).

STDs by HIV Status, STD Clinics, 2005

In 2005, by HIV status, urethral gonorrhea positivity was 18% (range: 15-27) in HIV-positive MSM and 9% (range 7-14%) in MSM who were HIV-negative or of unknown HIV status; rectal gonorrhea positivity was 10% (range: 6-19%) in HIV-positive MSM and 7% (range: 3-9%) in MSM who were HIV-negative or of unknown HIV status; pharyngeal gonorrhea positivity was 6% (range: 1-11%) in HIV-positive MSM and 6% (range: 1-20%) in MSM who were

HIV-negative or of unknown HIV status (Figure Z).

Median syphilis seroreactivity was 23% (range: 18-43%) in HIV-positive MSM and 8% (range: 3-12%) in MSM who were HIV-negative or of unknown HIV status (Figure Z).

Median urethral chlamydia positivity was 7% (range: 5-10%) in HIV-positive MSM and 6% (range: 5-8%) in MSM who were HIV-negative or of unknown HIV status (Figure AA).

Nationally Notifiable Syphilis Surveillance Data

Primary and secondary (P&S) syphilis increased in the United States between 2001 and 2005, with a 78.6% increase in the number of P&S syphilis cases among men and a 31.9% decrease in the number of cases among women (Tables 25 and 26). In 2005, the rate of reported P&S syphilis among men (5.1 cases per 100,000 males) was 5.7 times greater than the rate among women (0.9 cases per 100,000 females) (Figure S, Table 23). Trends in the syphilis male-to-female rate ratio, which are assumed to reflect, in part, syphilis trends among MSM,⁷ have been increasing in the United States during recent years (Figure 33). The overall male-to-female syphilis rate ratio has risen steadily from 2.1 in 2001 to 5.7 in 2005 (Figure 33, Tables 25 and 26). The increase in the male-to-female rate ratio occurred among all racial and ethnic groups between 2001 and 2005. Additional information on syphilis can be found in the Syphilis section (**National Profile**).

Gonococcal Isolate Surveillance Project (GISP)

The Gonococcal Isolate Surveillance Project (GISP), a collaborative project among selected STD clinics, was established in 1986 to monitor trends in antimicrobial susceptibilities of strains of *Neisseria gonorrhoeae* in the United States.¹²

GISP also reports the percentage of *N. gonorrhoeae* isolates obtained from MSM. Overall, the proportion of isolates from MSM in GISP clinics has been increasing steadily from 4% in 1988 to 20.2% in 2004 and now 21.9% in 2005, with most of the increase occurring after 1993 (Figure AA). Additional information on GISP may be found in the Gonorrhea section (**National Profile**).

The proportion of isolates coming from MSM varies geographically with the largest percentage from the West Coast (Figure BB).

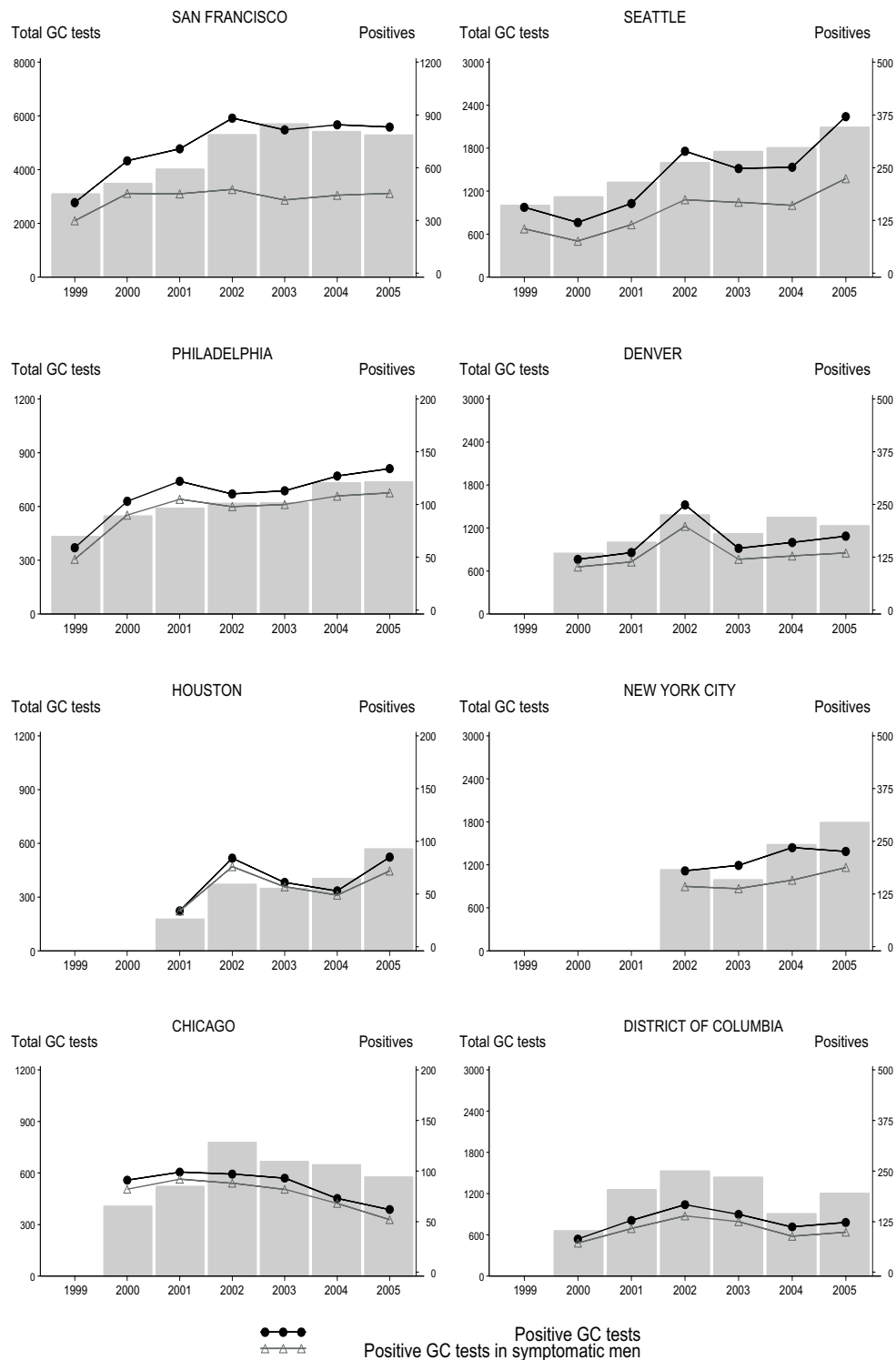
Due to increases in the proportion of *N. gonorrhoeae* isolates from MSM that are quinolone-resistant (Figure 25), in 2006 CDC recommended that quinolones no longer be used to treat gonorrhea among MSM.^{13,14}

¹ Centers for Disease Control and Prevention. Gonorrhea among men who have sex with men – selected sexually transmitted disease clinics, 1993–1996. *MMWR* 1997;46:889-92.

² Centers for Disease Control and Prevention. Resurgent bacterial sexually transmitted disease among men who have sex with men – King County, Washington, 1997–1999. *MMWR* 1999;48:773-7.

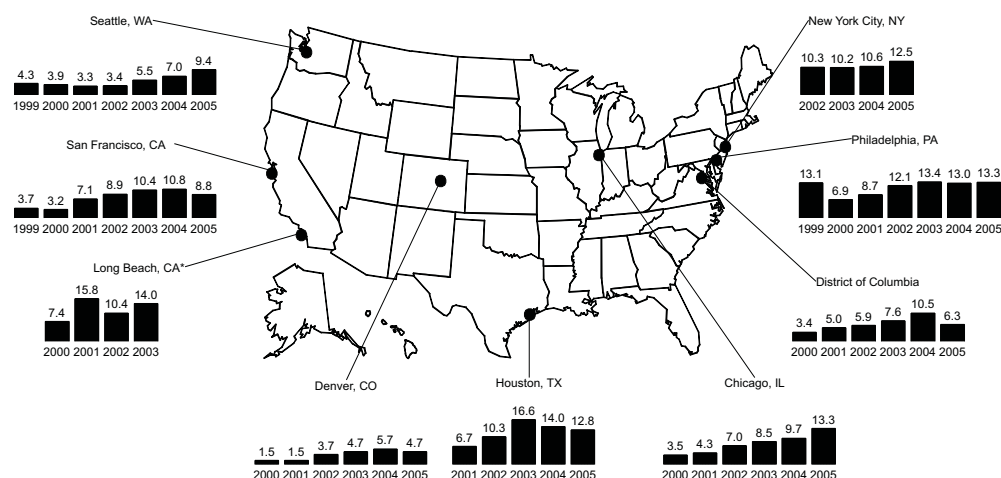
- ³ Centers for Disease Control and Prevention. Outbreak of syphilis among men who have sex with men – Southern California, 2000. *MMWR* 2001;50:117-20.
- ⁴ Fox KK, del Rio C, Holmes K, et. al. Gonorrhea in the HIV era: A reversal in trends among men who have sex with men. *Am J Public Health* 2001;91:959-964.
- ⁵ Centers for Disease Control and Prevention. Primary and secondary syphilis among men who have sex with men – New York City, 2001. *MMWR* 2002;51:853-6.
- ⁶ Centers for Disease Control and Prevention. Primary and secondary syphilis – United States, 2003–2004. *MMWR* 2006;55:269-73.
- ⁷ Beltrami JF, Shouse RL, Blake PA. Trends in infectious diseases and the male to female ratio: possible clues to changes in behavior among men who have sex with men. *AIDS Educ Prev* 2005;17:S49-S59.
- ⁸ Stall R, Hays R, Waldo C, Ekstrand M, McFarland W. The gay '90s: a review of research in the 1990s on sexual behavior and HIV risk among men who have sex with men. *AIDS* 2000;14:S1-S14.
- ⁹ Scheer S, Chu PL, Klausner JD, Katz MH, Schwarcz SK. Effect of highly active antiretroviral therapy on diagnoses of sexually transmitted diseases in people with AIDS. *Lancet* 2001;357:432-5.
- ¹⁰ Fleming DT, Wasserheit JN. From epidemiologic synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect* 1999;75:3-17.
- ¹¹ Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2003*, (Vol. 15). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004.
- ¹² Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2005 Supplement: Gonococcal Isolate Surveillance Project (GISP) Annual Report 2005*. Atlanta, GA: U.S. Department of Health and Human Services (available first quarter 2007).
- ¹³ Centers for Disease Control and Prevention. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae* among men who have sex with men – United States, 2003, and revised recommendations for gonorrhea treatment, 2004. *MMWR* 2004;53:335-338.
- ¹⁴ Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. *MMWR*, 2006;55(No. RR-11).

Figure W. MSM Prevalence Monitoring Project — Number of gonorrhea tests and number of positive tests in men who have sex with men, STD clinics, 1999–2005



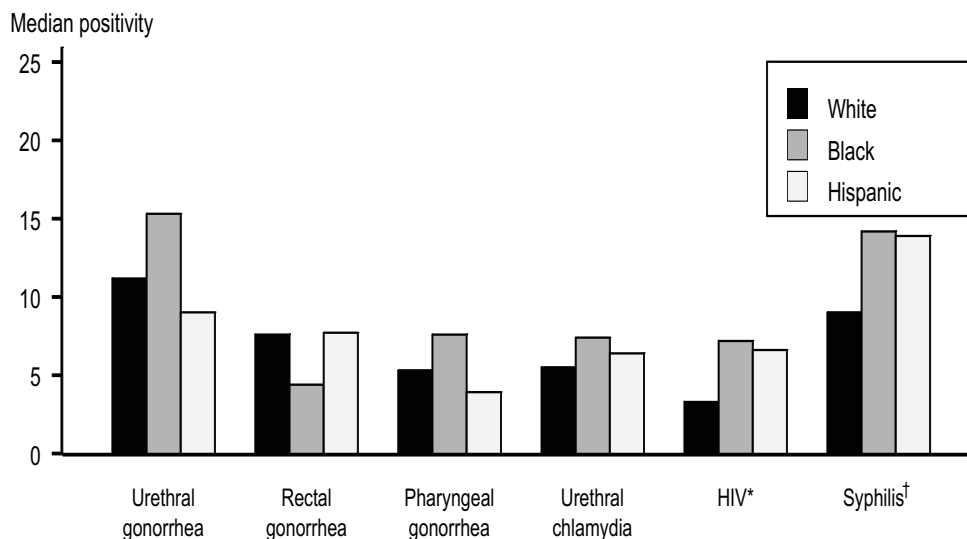
Note: The bars represent the number of GC tests at all anatomic sites (pharyngeal, rectal, and urethral) each year. The scales on the left and right axis differ. The bar graphs use the scale on the left. The line graphs use the scale on the right.

Figure X. MSM Prevalence Monitoring Project — Syphilis serologic reactivity among men who have sex with men, STD clinics, 1999–2005



*Data not reported in 2004 or 2005.

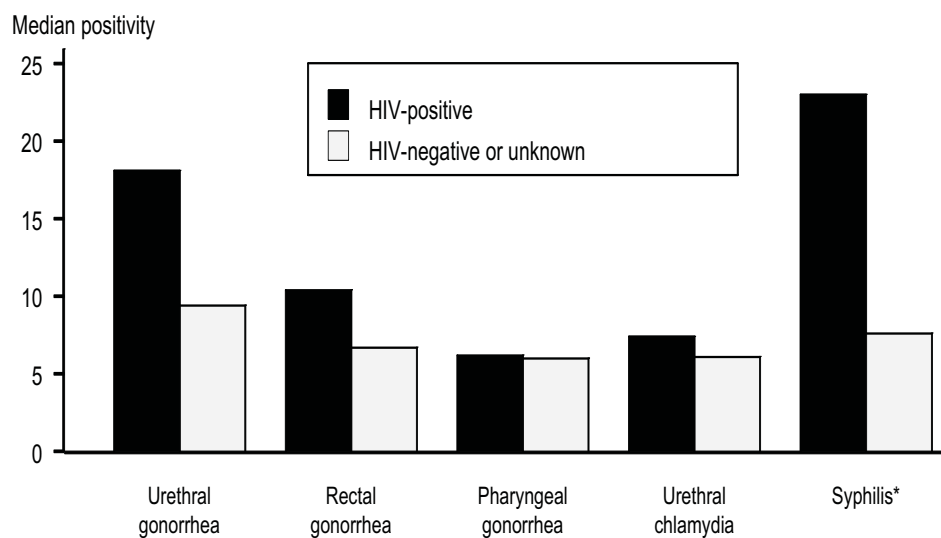
Figure Y. MSM Prevalence Monitoring Project — Test positivity for gonorrhea, chlamydia, and HIV and seroreactivity to syphilis among men who have sex with men, by race/ethnicity, STD clinics, 2005



*Excludes persons previously known to be HIV-positive.

†Seroreactivity.

Figure Z. MSM Prevalence Monitoring Project — Test positivity for gonorrhea and chlamydia and syphilis seroreactivity among men who have sex with men, by HIV status, STD clinics, 2005



*Seroreactivity.

Figure AA. Gonococcal Isolate Surveillance Project (GISP) — Percent of urethral *Neisseria gonorrhoeae* isolates obtained from men who have sex with men attending STD clinics, 1988–2005

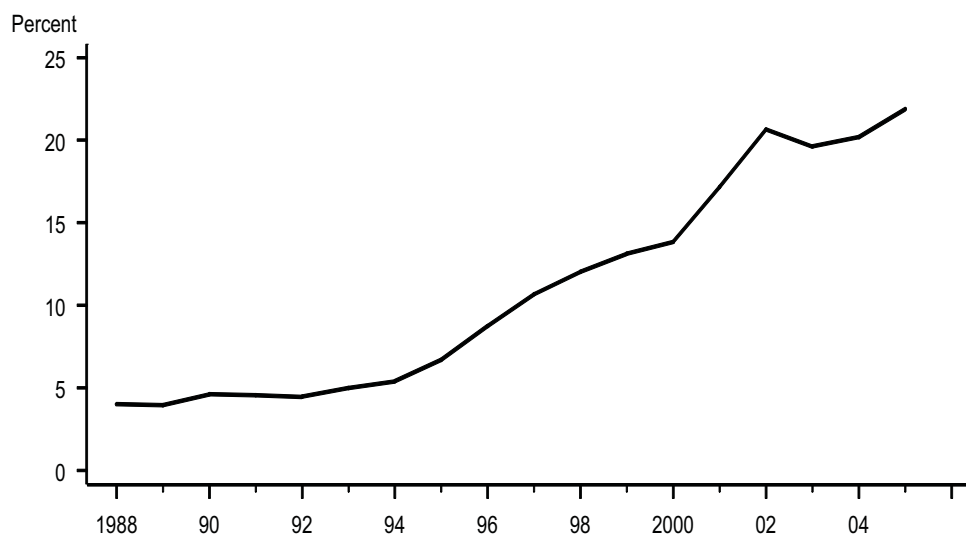
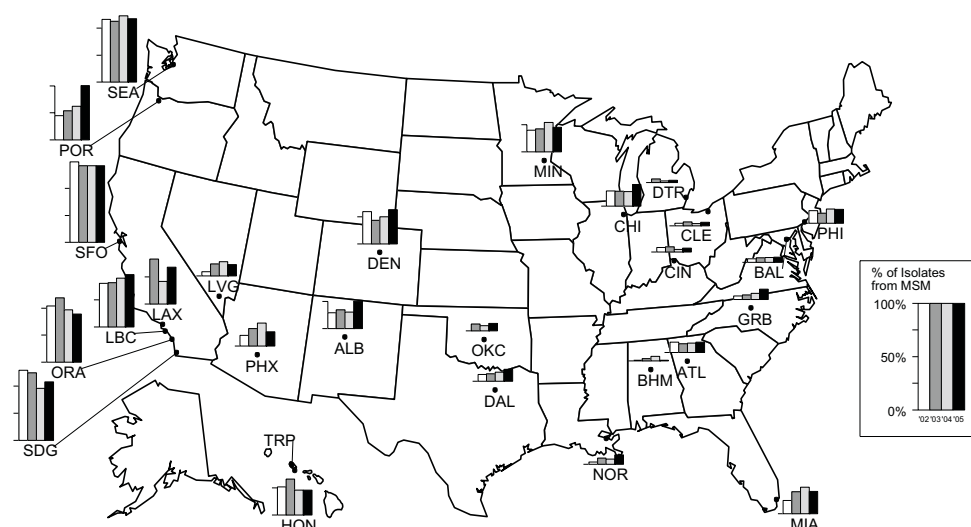


Figure BB. Gonococcal Isolate Surveillance Project (GISP) — Percent of *Neisseria gonorrhoeae* isolates obtained from men who have sex with men attending STD clinics, 2002–2005



Note: Not all clinics participated in GISP for the last 4 years. Clinics include: ALB=Albuquerque, NM; ATL=Atlanta, GA; BAL=Baltimore, MD; BHM=Birmingham, AL; CHI=Chicago, IL; CIN=Cincinnati, OH; CLE=Cleveland, OH; DAL=Dallas, TX; DEN=Denver, CO; DTR=Detroit, MI; HON=Honolulu, HI; LAX=Los Angeles, CA; LBC=Long Beach, CA; LVG=Las Vegas, NV; MIA=Miami, FL; MIN=Minneapolis, MN; GRB=Greensboro, NC; NOR=New Orleans, LA; OKC=Oklahoma City, OK; ORA=Orange County, CA; PHI=Philadelphia, PA; PHX=Phoenix, AZ; POR=Portland, OR; SDG=San Diego, CA; SEA=Seattle, WA; SFO=San Francisco, CA; and TRP=Tripler Army Medical Center, HI (does not provide sexual risk behavior data).

STDs in Persons Entering Corrections Facilities

Public Health Impact

Multiple studies and surveillance projects have demonstrated a high prevalence of STDs in persons entering jails and juvenile corrections facilities.¹⁻⁴ Screening for chlamydia, gonorrhea, and syphilis at intake offers an opportunity to identify infections, prevent complications, and reduce transmission in the general community. For example, data from one study in a locale with high syphilis incidence suggested that screening and treatment of women inmates for syphilis may result in reduction of syphilis in the general community.⁵ In some locations, a substantial proportion of all early syphilis cases are reported from corrections facilities.⁴ Reduction of chlamydia and gonorrhea in the community may also result from chlamydia and gonorrhea screening and treatment in jails.⁶ Collecting positivity data and analyzing trends in STD prevalence in the inmate population can provide a tool for monitoring trends in STD prevalence in the general community.³⁻⁴

Description of Population

In 2005, STD screening data from corrections facilities were reported from 32 states for chlamydia, 29 states for gonorrhea, and 13 states for syphilis. These data were reported in response to CDC's request for data, as part of the Corrections STD Prevalence Monitoring Project and/or the Regional Infertility Prevention Project (IPP). IPP provided CDC with line-listed data for chlamydia, gonorrhea, and syphilis

(syphilis line-listed data only from San Francisco and Los Angeles).

The tables and figures shown in this section represent 58,977 chlamydia tests in women and 141,132 in men; 49,675 gonorrhea tests in women and 120,676 in men; and 69,661 syphilis serologic tests in women and in 226,619 men entering corrections facilities during 2005.

Chlamydia

In adolescent women entering 57 juvenile corrections facilities, the median chlamydia positivity by facility was 14.2% (range 3.7% to 33.7%); positivity was uniformly high (greater than 10%) in all facilities reporting data (Table AA). Positivity in women was also uniformly higher than in men. In adolescent men entering 87 juvenile corrections facilities, the median chlamydia positivity was 6.0% (range 0.0% to 44.8%).

In women 12 to 19 years of age entering juvenile corrections facilities, the overall chlamydia positivity was 16.3% (Figure CC). Positivity was high (greater than 10%) for all ages and uniformly higher in women than in men. Positivity in women increased from 12.8% for those aged 12 years to 17.2% for those aged 16 years and, then, declined to 16.1% for those aged 19 years. In men 12 to 19 years of age entering juvenile corrections facilities, the overall chlamydia positivity was 6.6%. Chlamydia positivity increased from 1.7% for those aged 12 years to 11.5% for those aged 19 years.

In women entering 38 adult corrections facilities, the median positivity for chlamydia by facility was 7.4% (range 1.7% to 21.4%) (Table BB). In men entering 41 adult corrections facilities, the median chlamydia positivity was 8.1% (range 2.3% to 20.8%).

In women entering adult corrections facilities, the overall chlamydia positivity was 8.9% (Figure DD). Chlamydia positivity decreased with age from 19.1% for those aged < 20 years to 3.9% for those aged > 34 years. Similar trends were also observed in adult men. Positivity was higher in women than in men for all age groups. Positivity in young adult women (< 25 years) was similar to positivity in adolescent women, but positivity in young adult men (< 25 years) was higher than in adolescent men. Although overall chlamydia positivity in women entering adult correction facilities was significantly lower than in women entering juvenile corrections facilities, chlamydia positivity in women aged < 20 years attending adult corrections facilities was higher than in women attending juvenile corrections facilities.

Gonorrhea

The median positivity by facility for gonorrhea in women entering 38 juvenile corrections facilities was 4.7% (range 0.9% to 14.2%). Positivity in women was uniformly higher than in men. The median positivity for gonorrhea in men entering 65 juvenile corrections facilities was 1.0% (range 0.0% to 19.0%) (Table CC).

In women 12 to 19 years of age entering juvenile corrections facilities, the overall gonorrhea positivity was 5.9% (Figure EE). Gonorrhea positivity increased with age from 2.2% for those aged 12 years to 6.5% for those aged 16 years, and then, declined to 4.8% for those aged 19 years. Positivity in women was higher than in men for all ages.

In women entering 33 adult facilities, the median positivity by facility was 2.8% (range 0.0% to 13.8%) (Table DD). In men entering 35 adult corrections facilities, the median gonorrhea positivity was 2.3% (range 0.0% to 11.8%).

In women entering adult corrections facilities, the overall gonorrhea positivity was 3.9%. Gonorrhea positivity decreased with age from 7.3% for those aged < 20 years to 2.2% for those aged > 34 years (Figure FF). A similar trend was also observed in adult men. Positivity in women was higher than in men for all age groups. Women aged < 20 years attending adult facilities had higher gonorrhea positivity than women attending juvenile detention facilities. This was also true for men.

Syphilis

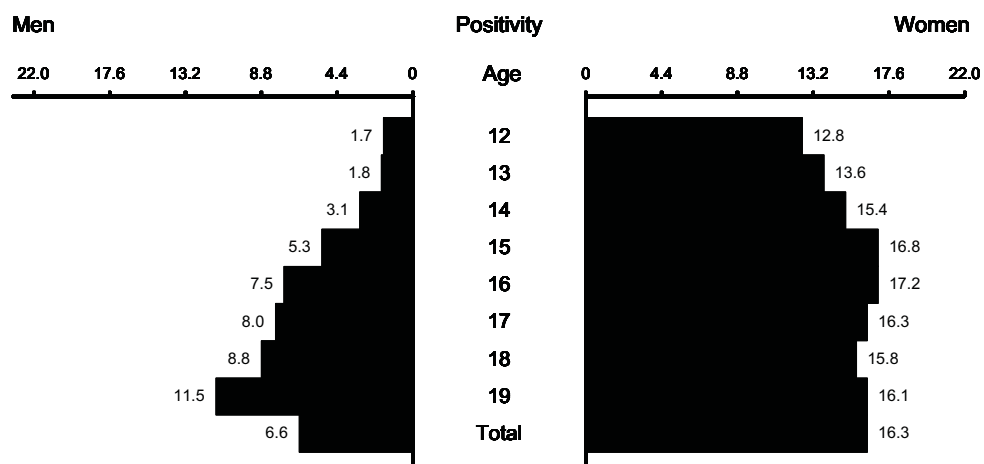
The median syphilis serologic positivity (RPR quantitative test) by facility was 1.3% (range 0.0% to 14.6%) in adolescent women entering nine juvenile corrections facilities and 0.6% (range 0.0% to 6.9%) in adolescent men entering 8 juvenile corrections facilities (Table EE).

In women entering 23 adult corrections facilities the median serologic positivity was 5.2% (range 1.2% to 12.6%) (Table FF).

In men at 32 adult corrections facilities, the median syphilis serologic positivity was 3.7% (range 0.4% to 9.5%)

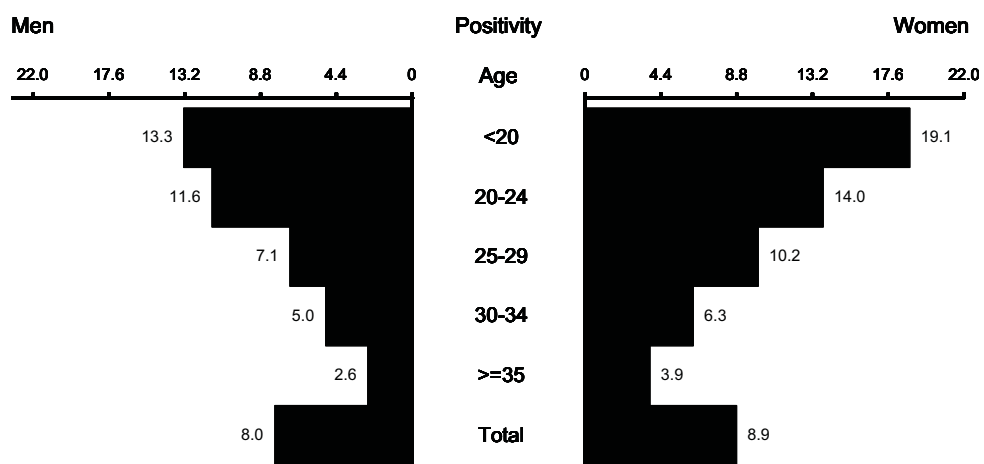
-
- ¹ Heimberger TS, Chang HG, Birkhead GS, DiFerdinando GD, Greenberg AJ, Gunn R, Morse DL. High prevalence of syphilis detected through a jail screening program. A potential public health measure to address the syphilis epidemic. *Arch Intern Med* 1993;153:1799-1804.
- ² Centers for Disease Control and Prevention. Syphilis screening among women arrestees at the Cook County Jail – Chicago, 1996. *MMWR* 1998;47:432-3.
- ³ Mertz KJ, Schwebke JR, Gaydos CA, Beideinger HA, Tulloch SD, Levine WC. Screening women in jails for chlamydial and gonococcal infection using urine tests: Feasibility, acceptability, prevalence and treatment rates. *Sexually Transmitted Diseases* 2002;29:271-276.
- ⁴ Kahn R, Voigt R, Swint E, Weinstock H. Early syphilis in the United States identified in corrections facilities, 1999–2002. *Sexually Transmitted Diseases* 2004;31:360-364.
- ⁵ Blank S, McDonnell DD, Rubin SR et al. New approaches to syphilis control. Finding opportunities for syphilis treatment and congenital syphilis prevention in a women’s correctional setting. *Sexually Transmitted Diseases* 1997; 24:218-26.
- ⁶ Barry P, Kent CK, Scott KC, Goldenson J, Klausner JD. Sexually transmitted infection screening in county jails is associated with a decrease in community prevalence of gonorrhea and chlamydia – San Francisco, 1997–2004 [Abstract no. D1f]. In: Program and abstracts of the 2006 National STD Prevention Conference, Jacksonville, Florida, May 8-11, 2006.

Figure CC. Chlamydia — Positivity by age, juvenile corrections facilities, 2005



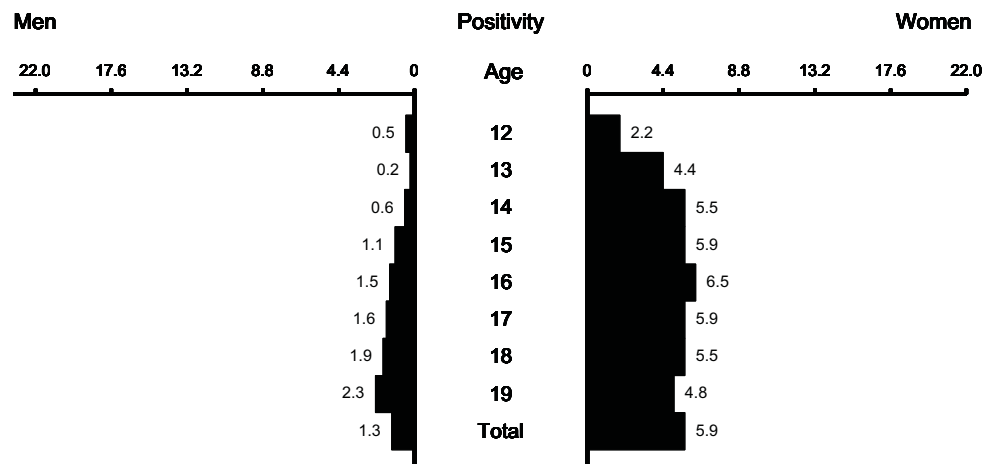
Note: Percent positivity is presented from facilities reporting > 100 test results.

Figure DD. Chlamydia — Positivity by age, adult corrections facilities, 2005



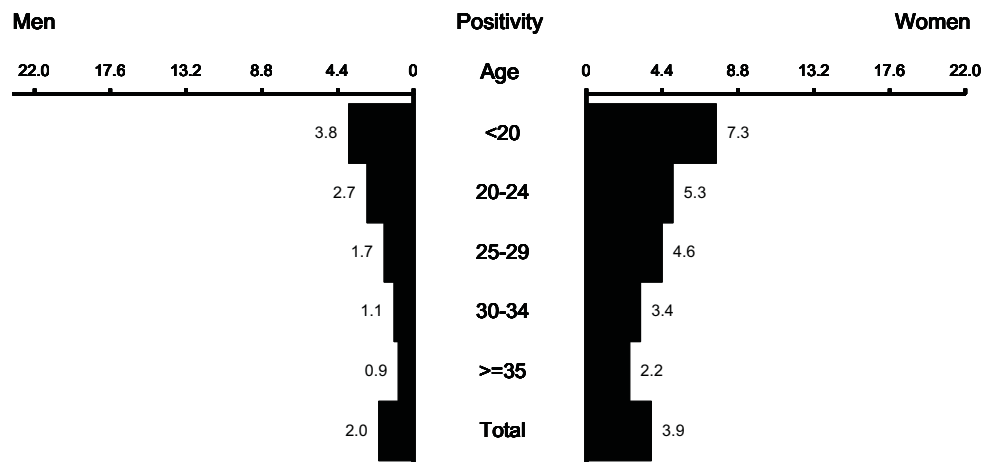
Note: Percent positivity is presented from facilities reporting > 100 test results.

Figure EE. Gonorrhea — Positivity by age, juvenile corrections facilities, 2005



Note: Percent positivity is presented from facilities reporting > 100 test results.

Figure FF. Gonorrhea — Positivity by age, adult corrections facilities, 2005



Note: Percent positivity is presented from facilities reporting > 100 test results.

Table AA. Chlamydia — Positivity among men and women in juvenile corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	3	4,570	7.2 (5.6-7.6)	3	1,629	20.5 (14.7-21.1)
California*	21	29,033	5.1 (2.0-44.8)	22	12,395	13.0 (3.7-22.8)
Colorado	2	275	10.1 (6.9-13.2)	0	—	—
Connecticut	1	505	1.6	2	239	10.9 (10.6-11.1)
Delaware	1	962	5.8	1	254	13.4
Georgia	1	1,183	11.4	1	773	25.0
Hawaii	1	138	4.3	1	114	18.4
Illinois	3	5,160	9.4 (6.2-10.3)	1	561	23.0
Indiana	1	1,464	7.1	1	482	16.4
Kentucky	7	1,752	5.5 (2.4-8.9)	1	187	11.2
Massachusetts	7	3,458	5.0 (2.1-7.0)	2	769	12.0 (4.8-19.2)
Michigan	3	845	8.1 (6.0-8.4)	2	365	17.3 (14.0-20.6)
Mississippi	1	399	12.5	2	390	21.3 (18.5-24.0)
Missouri	1	463	8.9	1	115	16.5
Nebraska	1	959	5.9	1	317	12.3
Nevada	2	964	8.4 (4.7-12.1)	2	307	25.4 (17.1-33.7)
New Jersey	3	2,592	8.2 (7.5-10.6)	1	214	29.0
New Mexico	1	414	11.1	0	—	—
New York	5	3,675	3.6 (0.0-7.1)	2	802	13.9 (13.0-14.9)
North Dakota	1	102	7.8	0	—	—
Ohio	1	972	12.2	2	366	16.8 (9.4-24.2)
Oregon	3	1,542	5.5 (3.2-6.9)	2	403	9.0 (6.7-11.3)
Pennsylvania	4	3,152	10.1 (3.6-15.9)	1	388	20.6
Texas	3	6,750	7.4 (0.5-8.3)	2	1,726	24.5 (22.5-26.5)
Utah	2	721	5.1 (4.6-5.7)	2	387	14.2 (14.1-14.3)
Virginia	1	809	9.1	0	—	—
Washington	4	964	5.9 (3.4-8.3)	2	255	17.2 (12.1-22.3)
West Virginia	1	111	3.6	0	—	—
Wisconsin	2	601	5.4 (5.0-5.7)	0	—	—
Total	87	74,535	6.0 (0.0-44.8)	57	23,438	14.2 (3.7-33.7)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes Los Angeles and San Francisco project areas.

Table BB. Chlamydia — Positivity among men and women in adult corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	0	—	—	1	819	15.3
California*	6	4,784	4.2 (3.3-6.9)	6	7,109	8.4 (5.0-20.4)
Colorado	1	254	19.3	1	154	19.5
Delaware	0	—	—	1	448	4.7
Georgia	1	101	20.8	1	4,622	8.0
Hawaii	0	—	—	2	290	12.3 (3.1-21.4)
Illinois	5	14,365	10.0 (8.1-12.0)	4	10,290	8.4 (5.7-10.4)
Iowa	2	894	11.2 (10.8-11.7)	2	677	8.3 (2.0-14.6)
Kentucky	0	—	—	1	510	4.3
Massachusetts	2	3,826	5.3 (4.7-6.0)	3	1,220	3.4 (3.3-4.7)
Michigan	1	320	13.1	0	—	—
Missouri	1	4,296	7.4	2	800	4.8 (3.6-6.0)
Montana	0	—	—	1	269	2.6
Nebraska	4	2,301	7.0 (6.6-19.2)	1	303	17.2
Nevada	1	178	16.3	1	149	17.4
New York	2	8,349	7.5 (4.0-11.1)	1	282	6.4
North Dakota	1	565	8.1	0	—	—
Oregon	1	145	15.9	1	231	9.5
Pennsylvania	3	18,702	5.7 (2.4-7.5)	1	3,160	9.5
South Carolina	1	290	12.8	1	112	5.4
Texas	1	623	16.2	2	1,424	13.3 (9.3-17.3)
Utah	0	—	—	1	106	20.8
Washington	0	—	—	1	1,285	4.4
West Virginia	2	765	4.4 (2.3-6.5)	0	—	—
Wisconsin	6	5,839	9.7 (5.5-17.2)	3	1,279	6.4 (1.7-7.2)
Total	41	66,597	8.1 (2.3-20.8)	38	35,539	7.4 (1.7-21.4)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes Los Angeles and San Francisco project areas.

Table CC. Gonorrhea — Positivity among men and women in juvenile corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	3	4,580	0.9 (0.6-1.2)	3	1,633	4.8 (2.5-7.0)
California*	8	19,732	0.6 (0.2-19.0)	7	6,101	4.2 (1.1-11.7)
Colorado	2	275	1.1 (0.0-2.3)	0	—	—
Connecticut	1	505	0.4	2	241	1.7 (1.6-1.8)
Delaware	1	880	1.4	1	227	3.5
Georgia	1	1,178	3.1	1	763	12.8
Hawaii	1	138	0.0	1	114	3.5
Illinois	3	5,161	2.9 (1.1-3.4)	1	559	11.1
Indiana	1	1,416	2.0	1	475	7.2
Kentucky	7	1,752	0.6 (0.0-2.5)	1	188	2.1
Massachusetts	5	2,499	1.6 (0.5-2.2)	1	414	5.8
Michigan	3	753	2.5 (1.0-3.8)	2	315	5.1 (4.8-5.3)
Mississippi	1	396	2.3	2	384	8.8 (8.4-9.2)
Missouri	1	463	2.4	1	116	8.6
Nebraska	1	959	1.1	1	317	2.5
Nevada	2	952	2.0 (0.3-3.7)	2	306	6.2 (2.3-10.1)
New Jersey	3	2,593	2.1 (0.7-2.8)	1	214	7.5
New Mexico	1	414	1.2	0	—	—
New York	3	2,304	1.5 (0.0-1.8)	1	419	4.1
Ohio	1	972	3.2	2	366	8.1 (1.9-14.2)
Pennsylvania	4	3,091	0.9 (0.0-3.3)	1	388	3.9
Texas	3	6,748	0.9 (0.0-1.0)	2	1,729	6.6 (5.6-7.5)
Utah	2	721	1.0 (0.8-1.1)	2	386	2.3 (2.2-2.4)
Washington	4	965	0.4 (0.0-0.9)	2	254	4.2 (0.9-7.5)
West Virginia	1	117	2.6	0	—	—
Wisconsin	2	598	1.2 (0.0-2.4)	0	—	—
Total	65	60,162	1.0 (0.0-19.0)	38	15,909	4.7 (0.9-14.2)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes Los Angeles and San Francisco.

Table DD. Gonorrhea — Positivity among men and women in adult corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	0	—	—	1	820	6.6
California*	6	4,409	2.1 (0.8-3.5)	5	7,003	3.0 (1.1-13.8)
Colorado	1	254	7.9	1	154	7.1
Delaware	0	—	—	1	430	1.4
Georgia	0	—	—	1	4,605	3.3
Hawaii	0	—	—	2	290	4.5 (0.6-8.4)
Illinois	5	14,364	3.4 (1.6-5.1)	4	10,290	4.6 (1.3-6.8)
Iowa	2	894	0.9 (0.8-1.0)	2	677	0.2 (0.0-0.4)
Kentucky	0	—	—	1	510	0.8
Michigan	1	225	2.2	0	—	—
Missouri	1	4,299	1.7	2	800	1.5 (0.9-2.2)
Montana	0	—	—	1	267	0.0
Nebraska	4	2,301	0.4 (0.0-7.2)	1	303	5.0
Nevada	1	178	11.8	1	149	9.4
New York	1	7,393	0.4 (0.4-0.4)	0	—	—
Pennsylvania	3	18,679	0.6 (0.0-1.2)	1	3,159	3.6
South Carolina	1	290	5.5	1	112	6.3
Texas	1	623	5.5	2	1,424	4.2 (2.5-5.8)
Utah	0	—	—	1	106	7.5
Washington	0	—	—	1	1,282	1.4
West Virginia	2	770	4.3 (2.3-6.4)	1	110	0.0 (0.0-0.0)
Wisconsin	6	5,835	2.6 (0.3-9.0)	3	1,275	2.7 (0.2-2.8)
Total	35	60,514	2.3 (0.0-11.8)	33	33,766	2.8 (0.0-13.8)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes Los Angeles and San Francisco project areas.

Table EE. Syphilis— Positivity among men and women in juvenile corrections facilities, 2005

<i>State</i>	<i>Men</i>			<i>Women</i>		
	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>
California*	3	12,690	0.5 (0.3-0.6)	3	2,982	1.3 (0.8-1.6)
Mississippi	1	856	6.9	2	1,119	10.5 (6.4-14.6)
Ohio	1	1,654	6.0	1	135	0.0
Pennsylvania	1	4,811	0.0	1	748	0.1
Texas	2	1,257	0.6 (0.5-0.7)	2	366	2.8 (0.6-5.1)
Total	8	21,268	0.6 (0.0-6.9)	9	5,350	1.3 (0.0-14.6)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes San Francisco project area.

Table FF. Syphilis— Positivity among men and women in adult corrections facilities, 2005

<i>State</i>	<i>Men</i>			<i>Women</i>		
	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>
California*	6	997	4.5 (2.0-6.7)	2	323	4.3 (3.4-5.2)
Illinois	1	65,421	1.0	1	10,671	3.3
Maryland	1	13,606	2.7	1	4,455	8.9
Massachusetts	1	3,609	0.8	1	522	1.3
Mississippi	6	1,963	7.3 (4.6-9.5)	0	—	—
North Carolina	5	3,318	2.6 (1.3-4.8)	5	1,085	8.6 (6.3-12.6)
New Jersey	1	11,431	2.8	1	2,178	3.0
New York [†]	0	—	—	1	10,974	2.6
Ohio	1	29,428	8.5	1	5,431	1.8
Pennsylvania	0	—	—	1	4,422	10.9
Tennessee	3	14,062	2.0 (1.9-5.5)	3	6,560	3.6 (2.8-12.5)
Texas	6	60,447	2.5 (0.9-3.5)	5	17,102	6.3 (3.1-6.6)
Wisconsin	1	1,141	0.4	1	588	1.2
Total	32	205,423	3.7 (0.4-9.5)	23	64,311	5.2 (1.2-12.6)

Note: The median positivity by facility is presented from facilities reporting > 100 test results. *Includes San Francisco project area. [†]New York data is for confirmatory results.

TABLES

TABLES

Table 1. Cases of sexually transmitted diseases reported by state health departments and rates per 100,000 population: United States, 1941–2005

Year*	Syphilis												Chlamydia		Gonorrhea		Chancroid	
	All Stages		Primary and Secondary		Early Latent		Late and Late Latent†		Neurosyphilis		Congenital							
Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate§	Cases	Rate	Cases	Rate	Cases	Rate	
1941	485,560	368.2	68,231	51.7	109,018	82.6	202,984	153.9	NR	.	17,600	13.4	NR	.	193,468	146.7	3,384	2.5
1942	479,601	363.4	75,312	57.0	116,245	88.0	202,064	153.1	NR	.	16,918	12.8	NR	.	212,403	160.9	5,477	4.1
1943	575,593	447.0	82,204	63.8	149,390	116.0	251,958	195.7	NR	.	16,164	12.6	NR	.	275,070	213.6	8,354	6.4
1944	467,755	367.9	78,443	61.6	123,038	96.7	202,848	159.6	NR	.	13,578	10.7	NR	.	300,676	236.5	7,878	6.1
1945	359,114	282.3	77,007	60.5	101,719	79.9	142,187	111.8	NR	.	12,339	9.7	NR	.	287,181	225.8	5,515	4.3
1946	363,647	271.7	94,957	70.9	107,924	80.6	125,248	93.6	NR	.	12,106	9.0	NR	.	368,020	275.0	7,091	5.2
1947	355,592	252.3	93,545	66.4	104,124	73.9	122,089	86.6	NR	.	12,200	8.7	NR	.	380,666	270.0	9,515	6.7
1948	314,313	218.2	68,174	47.3	90,598	62.9	123,312	85.6	NR	.	13,931	9.7	NR	.	345,501	239.8	7,661	5.3
1949	256,463	175.3	41,942	28.7	75,045	51.3	116,397	79.5	NR	.	13,952	9.5	NR	.	317,950	217.3	6,707	4.6
1950	217,558	146.0	23,939	16.7	59,256	39.7	113,569	70.2	NR	.	13,377	9.0	NR	.	286,746	192.5	4,977	3.3
1951	174,924	116.1	14,485	9.6	43,316	28.7	98,311	65.2	NR	.	11,094	7.4	NR	.	254,470	168.9	4,233	2.8
1952	167,762	110.2	10,449	6.9	36,454	24.0	105,238	69.1	NR	.	8,553	5.6	NR	.	244,957	160.8	3,738	2.5
1953	148,573	95.9	8,637	5.6	28,295	18.3	98,870	63.8	NR	.	7,675	5.0	NR	.	238,340	153.9	3,338	2.2
1954	130,687	82.9	7,147	4.5	23,861	15.1	89,123	56.5	NR	.	6,676	4.2	NR	.	242,050	153.5	3,003	1.9
1955	122,392	76.2	6,454	4.0	20,054	12.5	86,526	53.8	NR	.	5,354	3.3	NR	.	236,197	147.0	2,649	1.7
1956	130,201	78.7	6,392	3.9	19,783	12.0	95,097	57.5	NR	.	5,491	3.3	NR	.	224,346	135.7	2,135	1.3
1957	123,758	73.5	6,576	3.9	17,796	10.6	91,309	54.2	NR	.	5,288	3.1	NR	.	214,496	127.4	1,637	1.0
1958	113,884	66.4	7,176	4.2	16,556	9.7	83,027	48.4	NR	.	4,866	2.8	NR	.	232,386	135.6	1,595	0.9
1959	120,824	69.2	9,799	5.6	17,025	9.8	86,740	49.7	NR	.	5,130	2.9	NR	.	240,254	137.6	1,537	0.9
1960	122,538	68.8	16,145	9.1	18,017	10.1	81,798	45.9	NR	.	4,416	2.5	NR	.	258,933	145.4	1,680	0.9
1961	124,658	68.8	19,851	11.0	19,486	10.8	79,304	43.8	NR	.	4,163	2.3	NR	.	264,158	145.8	1,438	0.8
1962	126,245	68.7	21,067	11.5	19,585	10.7	79,533	43.3	NR	.	4,070	2.2	NR	.	263,714	143.6	1,344	0.7
1963	124,137	66.6	22,251	11.9	18,235	9.8	78,076	41.9	NR	.	4,031	2.2	NR	.	278,289	149.2	1,220	0.7
1964	114,325	60.4	22,969	12.1	17,781	9.4	68,629	36.3	NR	.	3,516	1.9	NR	.	300,666	159.0	1,247	0.7
1965	112,842	58.9	23,338	12.2	17,458	9.1	67,317	35.1	NR	.	3,564	1.9	NR	.	324,925	169.6	982	0.5
1966	105,159	54.4	21,414	11.1	15,950	8.2	63,541	32.9	NR	.	3,170	1.6	NR	.	351,738	181.9	838	0.4
1967	102,581	52.5	21,053	10.8	15,554	8.0	61,975	31.7	NR	.	2,894	1.5	NR	.	404,836	207.3	784	0.4
1968	96,271	48.8	19,019	9.6	15,150	7.7	58,564	29.7	NR	.	2,381	1.2	NR	.	464,543	235.7	845	0.4
1969	92,162	46.3	19,130	9.6	15,402	7.7	54,587	27.4	NR	.	2,074	1.0	NR	.	534,872	268.6	1,104	0.6
1970	91,382	45.3	21,982	10.9	16,311	8.1	50,348	24.9	NR	.	1,953	1.0	NR	.	600,072	297.2	1,416	0.7
1971	95,997	46.9	23,783	11.6	19,417	9.5	49,993	24.4	NR	.	2,052	1.0	NR	.	670,268	327.2	1,320	0.6
1972	91,149	43.9	24,429	11.8	20,784	10.0	43,456	20.9	NR	.	1,758	0.8	NR	.	767,215	369.7	1,414	0.7
1973	87,469	41.7	24,825	11.8	23,584	11.3	37,054	17.7	NR	.	1,527	0.7	NR	.	842,621	402.0	1,165	0.6
1974	83,771	39.6	25,385	12.0	25,124	11.9	31,854	15.1	NR	.	1,138	0.5	NR	.	906,121	428.2	945	0.4
1975	80,356	37.6	25,561	12.0	26,569	12.4	27,096	12.7	NR	.	916	0.4	NR	.	999,937	467.7	700	0.3
1976	71,761	33.2	23,731	11.0	25,363	11.7	21,905	10.1	NR	.	626	0.3	NR	.	1001994	464.1	628	0.3
1977	64,621	29.6	20,399	9.4	21,329	9.8	22,313	10.2	NR	.	463	0.2	NR	.	1002219	459.5	455	0.2
1978	64,875	29.4	21,656	9.8	19,628	8.9	23,038	10.4	NR	.	434	0.2	NR	.	1013436	459.7	521	0.2
1979	67,049	30.1	24,874	11.2	20,459	9.2	21,301	9.6	NR	.	332	0.1	NR	.	1004058	450.3	840	0.4
1980	68,832	30.5	27,204	12.1	20,297	9.0	20,979	9.3	NR	.	277	0.1	NR	.	1004029	445.1	788	0.3
1981	72,799	32.0	31,266	13.7	21,033	9.2	20,168	8.9	NR	.	287	0.1	NR	.	990,864	435.2	850	0.4
1982	75,579	32.9	33,613	14.6	21,894	9.5	19,799	8.6	NR	.	259	0.1	NR	.	960,633	417.9	1,392	0.6
1983	74,637	32.1	32,698	14.1	23,738	10.2	17,896	7.7	NR	.	239	0.1	NR	.	900,435	387.6	847	0.4
1984	69,872	29.6	28,607	12.1	23,131	9.8	17,829	7.6	NR	.	305	0.1	7,594	6.5	878,556	372.5	665	0.3
1985	67,563	28.4	27,131	11.4	21,689	9.1	18,414	7.7	NR	.	329	0.1	25,848	17.4	911,419	383.0	2,067	0.9

Table 1. Cases of sexually transmitted diseases reported by state health departments and rates per 100,000 population: United States, 1941–2005 (continued)

Year*	Syphilis												Chlamydia		Gonorrhea		Chancroid	
	All Stages		Primary and Secondary		Early Latent		Late and Late Latent†		Neurosyphilis		Congenital							
Year*	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate§	Cases	Rate	Cases	Rate	Cases	Rate
1986	67,779	28.2	27,667	11.5	21,656	9.0	18,046	7.5	NR	.	410	0.2	58,001	35.2	892,229	371.5	3,045	1.3
1987	87,286	36.0	35,585	14.7	28,233	11.7	22,988	9.5	NR	.	480	0.2	91,913	50.8	787,532	325.0	4,986	2.1
1988	104,546	42.8	40,474	16.6	35,968	14.7	27,363	11.2	NR	.	741	0.3	157,854	87.1	738,160	301.9	4,891	2.0
1989	115,089	46.6	45,826	18.6	45,394	18.4	22,032	8.9	NR	.	1,837	0.7	200,904	102.5	733,294	297.1	4,697	1.9
1990	135,590	54.3	50,578	20.3	55,397	22.2	25,750	10.3	NR	.	3,865	1.5	323,663	160.2	690,042	276.4	4,212	1.7
1991	128,719	50.9	42,950	17.0	53,855	21.3	27,490	10.9	NR	.	4,424	1.7	381,228	179.7	621,918	245.8	3,476	1.4
1992	114,730	44.7	34,009	13.3	49,929	19.5	26,725	10.4	NR	.	4,067	1.6	409,694	182.3	502,858	196.0	1,906	0.7
1993	102,612	39.5	26,527	10.2	41,919	16.1	30,746	11.8	NR	.	3,420	1.3	405,332	178.0	444,649	171.1	1,292	0.5
1994	82,713	31.4	20,641	7.8	32,017	12.2	27,603	10.5	NR	.	2,452	0.9	451,785	192.5	419,602	163.9	782	0.3
1995	69,358	26.0	16,543	6.2	26,657	10.0	24,296	9.1	NR	.	1,862	0.7	478,577	187.8	392,651	147.5	607	0.2
1996	53,240	19.8	11,405	4.2	20,187	7.5	20,366	7.6	NR	.	1,282	0.5	492,631	190.6	328,169	121.8	386	0.1
1997	46,715	17.1	8,556	3.1	16,631	6.1	20,447	7.5	193	0.1	1,081	0.4	537,904	205.5	327,665	120.2	246	0.1
1998	38,290	13.9	7,007	2.5	12,696	4.6	17,743	6.4	279	0.1	844	0.3	614,250	231.8	356,492	129.2	189	0.1
1999	35,383	12.7	6,617	2.4	11,534	4.1	16,653	6.0	341	0.1	579	0.2	662,647	247.2	360,813	129.3	110	0.0
2000	31,618	11.2	5,979	2.1	9,465	3.4	15,594	5.5	334	0.1	580	0.2	709,452	251.4	363,136	128.7	78	0.0
2001	32,283	11.3	6,103	2.1	8,701	3.0	16,976	5.9	324	0.1	503	0.2	783,242	274.5	361,705	126.8	38	0.0
2002	32,918	11.4	6,862	2.4	8,429	2.9	17,168	6.0	387	0.1	459	0.2	834,555	289.4	351,852	122.0	48	0.0
2003	34,289	11.8	7,177	2.5	8,361	2.9	18,319	6.3	541	0.2	432	0.1	877,478	301.7	335,104	115.2	54	0.0
2004	33,419	11.4	7,980	2.7	7,768	2.6	17,300	5.9	833	0.3	371	0.1	929,462	316.5	330,132	112.4	30	0.0
2005	33,278	11.3	8,724	3.0	8,176	2.8	16,049	5.5	828	0.3	329	0.1	976,445	332.5	339,593	115.6	17	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.

†Late and late latent syphilis includes cases of unknown duration, late syphilis with clinical manifestations, and neurosyphilis.

§For 1941–1994, rates include all cases of congenitally acquired syphilis per 100,000 population. As of 1995, rates of congenital syphilis < 1 year of age per 100,000 population are reported. **For rates of congenital syphilis < 1 year of age per 100,000 live births see Tables 37–40.** As of 1995, cases of congenital syphilis < 1 year of age are obtained in hardcopy and electronic format based on case reporting form CDC 73.126.

Note: Adjustments to the number of cases reported from state health departments were made for hardcopy forms and for electronic data submissions through June 7, 2006 (see Appendix). The number of cases and the rates shown here supersede those published in previous reports. Cases and rates shown in this table exclude the outlying areas of Guam, Puerto Rico and Virgin Islands.

NR = No report.

Table 2. Chlamydia — Reported cases and rates by state, ranked by rates: United States, 2005

<i>Rank</i> [*]	<i>State</i>	<i>Cases</i>	<i>Rate per 100,000 Population</i>
1	Mississippi	21,268	732.6
2	Alaska	4,355	664.4
3	New Mexico	8,456	444.3
4	South Carolina	18,296	435.8
5	Hawaii	5,489	434.7
6	Delaware	3,392	408.5
7	Illinois	50,559	397.7
8	Tennessee	23,084	391.2
9	Missouri	22,371	388.7
10	Michigan	38,730	383.0
11	Ohio	43,806	382.3
12	Louisiana	17,227	381.5
13	Oklahoma	13,407	380.5
14	Georgia	33,562	380.1
15	Alabama	17,109	377.7
16	Wisconsin	20,461	371.4
17	Arizona	21,264	370.2
18	North Carolina	31,183	365.1
19	California	130,716	364.2
20	South Dakota	2,701	350.4
21	Colorado	15,432	335.4
22	New York	63,966	332.7
	U.S. TOTAL[†]	976,445	332.5
23	Maryland	18,291	329.1
24	Indiana	20,063	321.6
25	Texas	71,860	319.5
26	Connecticut	11,039	315.1
27	Nevada	7,321	313.6
28	Arkansas	8,507	309.1
29	Virginia	22,668	303.9
30	Rhode Island	3,269	302.5
31	Pennsylvania	37,261	300.3
32	Washington	18,616	300.1
33	Nebraska	5,098	291.8
34	Kansas	7,419	271.2
35	North Dakota	1,667	262.8
36	Montana	2,400	258.9
37	Oregon	9,018	250.9
38	Iowa	7,390	250.1
39	Florida	43,372	249.3
40	Minnesota	12,189	239.0
41	Wyoming	1,173	231.6
42	Massachusetts	14,411	224.6
43	New Jersey	19,152	220.2
44	Kentucky	8,351	201.4
45	Idaho	2,799	200.9
46	Utah	4,602	192.6
47	Maine	2,254	171.1
48	West Virginia	2,944	162.2
49	Vermont	957	154.0
50	New Hampshire	1,842	141.7

*States were ranked in descending order by rate, number of cases, and alphabetically by state.

[†]Total includes cases reported by Washington, D.C., but excludes outlying areas (Guam with 807 cases and rate of 485.9, Puerto Rico with 3,714 cases and rate of 95.4, and Virgin Islands with 235 cases and rate of 216.0).

Table 3. Chlamydia — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	14,524	15,611	14,209	13,314	17,109	325.0	348.0	315.7	293.9	377.7
Alaska	2,744	3,806	3,900	3,954	4,355	433.1	591.2	601.1	603.3	664.4
Arizona	14,346	14,973	12,819	16,786	21,264	270.3	274.4	229.7	292.2	370.2
Arkansas	7,280	7,312	7,856	7,864	8,507	270.2	269.8	288.2	285.7	309.1
California	101,944	110,288	117,428	122,197	130,716	294.6	314.1	330.9	340.4	364.2
Colorado	13,239	14,028	13,039	14,151	15,432	298.8	311.3	286.5	307.5	335.4
Connecticut	7,718	9,808	9,393	9,552	11,039	224.7	283.4	269.7	272.6	315.1
Delaware	2,793	2,649	3,035	2,954	3,392	350.6	328.1	371.3	355.7	408.5
Florida	37,625	42,058	42,382	42,554	43,372	229.8	251.6	249.0	244.6	249.3
Georgia	33,840	33,998	35,686	34,280	33,562	402.6	397.2	410.9	388.2	380.1
Hawaii	4,031	4,521	5,480	5,307	5,489	328.5	363.2	435.7	420.2	434.7
Idaho	2,023	2,503	2,366	2,784	2,799	153.2	186.6	173.2	199.8	200.9
Illinois	43,716	48,101	48,294	47,185	50,559	349.2	381.7	381.7	371.1	397.7
Indiana	15,258	17,100	17,075	18,440	20,063	249.0	277.6	275.6	295.6	321.6
Iowa	5,699	6,195	6,491	6,956	7,390	194.4	210.9	220.5	235.4	250.1
Kansas	6,050	6,784	7,249	7,493	7,419	223.9	249.8	266.2	273.9	271.2
Kentucky	8,881	8,756	7,981	6,470	8,351	218.3	213.9	193.8	156.1	201.4
Louisiana	17,840	18,442	20,970	21,837	17,227	399.1	411.4	466.4	483.6	381.5
Maine	1,338	1,805	2,030	2,113	2,254	104.2	139.4	155.5	160.4	171.1
Maryland	15,640	16,891	16,831	19,952	18,291	290.4	309.5	305.5	359.0	329.1
Massachusetts	10,402	10,914	11,301	13,242	14,411	162.5	169.8	175.7	206.4	224.6
Michigan	31,090	32,272	32,572	41,246	38,730	310.7	321.1	323.1	407.9	383.0
Minnesota	8,323	10,107	10,714	11,602	12,189	167.0	201.3	211.8	227.4	239.0
Mississippi	11,793	11,800	12,193	18,863	21,268	412.4	410.9	423.2	649.8	732.6
Missouri	13,949	16,181	18,570	21,319	22,371	247.4	285.2	325.5	370.5	388.7
Montana	1,919	2,475	2,547	2,608	2,400	212.0	272.1	277.6	281.4	258.9
Nebraska	3,206	4,779	4,739	5,238	5,098	186.4	276.4	272.5	299.8	291.8
Nevada	4,831	5,936	5,830	6,690	7,321	230.3	273.1	260.1	286.5	313.6
New Hampshire	1,383	1,557	1,616	1,736	1,842	109.8	122.1	125.5	133.6	141.7
New Jersey	16,312	14,164	16,169	17,448	19,152	191.7	164.9	187.2	200.6	220.2
New Mexico	6,254	7,417	7,480	9,035	8,456	341.6	399.8	399.0	474.7	444.3
New York	46,393	51,123	57,222	59,097	63,966	243.1	266.9	298.2	307.4	332.7
North Carolina	22,101	24,726	26,187	28,967	31,183	269.3	297.2	311.5	339.1	365.1
North Dakota	1,062	1,256	1,655	1,810	1,667	166.8	198.1	261.1	285.3	262.8
Ohio	37,653	38,032	42,522	39,379	43,806	330.6	333.0	371.8	343.7	382.3
Oklahoma	10,478	10,804	11,013	10,366	13,407	302.0	309.2	313.6	294.2	380.5
Oregon	7,454	7,009	7,688	8,690	9,018	214.6	199.0	216.0	241.8	250.9
Pennsylvania	28,371	31,791	37,291	38,025	37,261	230.6	257.7	301.6	306.5	300.3
Rhode Island	2,912	2,832	3,000	3,442	3,269	274.8	264.7	278.8	318.5	302.5
South Carolina	15,329	14,314	14,623	18,423	18,296	377.4	348.5	352.6	438.8	435.8
South Dakota	1,821	2,215	2,608	2,532	2,701	240.1	291.0	341.2	328.5	350.4
Tennessee	15,560	16,042	20,380	22,515	23,084	270.6	276.7	348.9	381.5	391.2
Texas	69,752	69,521	69,200	70,232	71,860	326.4	319.2	312.9	312.3	319.5
Utah	3,004	3,540	3,893	3,857	4,602	131.8	152.8	165.6	161.4	192.6
Vermont	638	954	1,060	1,137	957	104.1	154.7	171.2	183.0	154.0
Virginia	18,337	18,518	19,439	21,635	22,668	254.8	253.9	263.2	290.0	303.9
Washington	13,631	14,934	16,797	17,635	18,616	227.4	246.1	273.9	284.3	300.1
West Virginia	2,346	2,464	2,585	2,758	2,944	130.3	136.7	142.8	151.9	162.2
Wisconsin	16,284	17,000	17,942	19,217	20,461	301.2	312.4	327.9	348.8	371.4
Wyoming	839	944	960	1,082	1,173	169.9	189.3	191.5	213.6	231.6
U.S. TOTAL*	783,242	834,555	877,478	929,462	976,445	274.5	289.4	301.7	316.5	332.5
Northeast	115,467	124,948	139,082	145,792	154,151	214.0	230.4	255.7	267.2	282.5
Midwest	184,111	200,022	210,431	222,417	232,454	284.0	307.1	321.7	338.4	353.7
South	307,405	317,211	327,738	346,477	358,199	301.5	306.9	313.5	327.0	338.1
West	176,259	192,374	200,227	214,776	231,641	272.9	293.0	301.2	318.6	343.6
Guam	431	550	554	748	807	272.2	341.5	338.6	450.4	485.9
Puerto Rico	2,748	2,999	2,746	3,588	3,714	71.6	77.7	70.8	92.1	95.4
Virgin Islands	131	207	416	303	235	119.7	188.1	382.3	278.6	216.0
OUTLYING AREAS	3,310	3,756	3,716	4,639	4,756	80.6	90.9	89.5	111.3	114.1
TOTAL	786,552	838,311	881,194	934,101	981,201	271.8	286.6	298.7	313.6	329.5

*Includes cases reported by Washington, D.C.

Note: Rates exclude population of states that did not report.

Table 4. Chlamydia — Women – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	13,375	13,988	12,977	11,685	14,532	579.0	603.6	559.0	500.6	622.6
Alaska	1,981	2,576	2,665	2,671	2,908	647.0	829.2	850.0	843.9	918.7
Arizona	11,193	11,665	10,043	12,896	16,201	421.3	427.2	360.1	449.3	564.5
Arkansas	5,949	5,817	6,284	6,252	6,823	431.6	419.8	451.5	445.3	486.0
California	76,261	81,218	85,967	88,439	93,646	439.5	461.5	483.7	491.9	520.8
Colorado	9,894	10,422	9,843	10,283	11,219	449.8	466.0	436.4	451.0	492.1
Connecticut	6,260	7,738	7,309	7,383	8,383	353.8	434.4	407.8	409.4	464.8
Delaware	2,125	2,034	2,155	2,140	2,493	518.8	490.1	513.9	502.7	585.6
Florida	30,647	33,902	34,581	34,437	34,850	365.9	396.9	398.2	388.1	392.8
Georgia	27,905	27,494	28,992	27,656	26,317	654.1	633.2	659.2	619.5	589.5
Hawaii	3,053	3,445	4,113	4,019	4,093	499.2	554.9	655.9	635.1	646.8
Idaho	1,469	1,862	1,762	2,157	2,162	223.0	278.2	258.5	310.5	311.2
Illinois	33,124	34,154	36,284	35,996	37,672	518.7	531.7	563.1	556.3	582.2
Indiana	11,668	13,151	13,118	14,217	15,263	374.1	419.7	416.6	448.7	481.7
Iowa	4,295	4,680	4,915	5,208	5,400	287.7	313.1	328.5	347.1	359.9
Kansas	4,977	5,653	5,989	6,195	6,054	364.4	412.0	436.1	449.9	439.6
Kentucky	7,081	7,043	6,353	5,027	6,041	340.6	336.8	302.5	238.0	286.0
Louisiana	14,416	14,758	17,046	17,549	13,395	625.3	638.8	736.6	755.8	576.9
Maine	1,040	1,337	1,452	1,532	1,644	157.7	201.3	217.0	227.3	243.9
Maryland	12,863	13,851	13,746	16,108	14,653	462.1	491.3	483.5	561.8	511.1
Massachusetts	7,897	8,177	8,429	9,781	10,587	238.3	245.9	253.7	295.5	319.8
Michigan	24,550	25,129	25,903	32,624	30,079	481.7	491.2	505.1	634.2	584.7
Minnesota	6,010	7,352	7,866	8,521	8,820	238.9	290.3	308.4	331.7	343.3
Mississippi	10,258	10,274	10,536	15,097	16,684	694.4	692.8	709.5	1,010.4	1,116.6
Missouri	11,854	13,253	14,750	16,306	16,580	409.5	455.3	504.8	553.9	563.2
Montana	1,466	1,840	1,865	1,916	1,776	322.7	403.2	405.4	412.4	382.3
Nebraska	2,521	3,609	3,435	3,812	3,713	289.2	412.1	390.3	431.4	420.2
Nevada	3,586	4,365	4,268	4,857	5,362	348.4	409.3	388.3	423.8	467.9
New Hampshire	1,042	1,168	1,196	1,265	1,343	162.9	180.4	183.1	192.1	203.9
New Jersey	14,352	12,183	13,813	14,491	15,826	327.8	275.9	311.5	324.7	354.6
New Mexico	4,891	5,918	5,973	6,876	6,333	525.4	627.6	627.3	710.9	654.8
New York	38,297	41,202	43,907	44,975	45,391	387.8	415.9	442.9	453.3	457.5
North Carolina	18,628	20,384	21,807	23,916	25,702	445.2	480.9	509.9	550.8	591.9
North Dakota	716	826	1,087	1,206	1,091	224.6	260.1	342.8	379.6	343.4
Ohio	29,512	29,558	33,549	30,377	33,312	504.2	503.7	571.6	516.8	566.7
Oklahoma	8,600	8,764	8,990	8,237	10,608	488.0	494.1	505.0	461.9	594.9
Oregon	5,442	5,033	5,590	6,090	6,194	311.0	283.8	312.1	336.9	342.6
Pennsylvania	22,521	23,546	27,557	27,740	27,131	354.3	369.7	432.1	433.9	424.4
Rhode Island	2,197	2,057	2,232	2,502	2,396	399.3	370.6	400.2	447.3	428.3
South Carolina	13,528	12,468	12,745	15,925	15,694	647.8	590.4	598.8	739.7	729.0
South Dakota	1,311	1,608	1,864	1,824	1,924	343.3	419.7	484.9	470.5	496.3
Tennessee	12,105	12,625	14,669	16,237	16,453	410.7	424.9	490.7	538.6	545.8
Texas	57,611	57,438	57,549	57,470	58,668	535.8	524.4	518.0	509.1	519.7
Utah	2,119	2,494	2,787	2,720	3,081	186.5	216.0	238.0	228.6	259.0
Vermont	523	746	828	861	725	167.3	237.3	262.8	272.8	229.7
Virginia	15,177	15,102	15,535	16,578	16,805	414.0	406.8	413.8	437.6	443.6
Washington	10,159	11,003	12,341	12,835	13,471	337.6	361.2	401.4	412.8	433.2
West Virginia	1,969	2,072	2,102	2,105	2,272	212.9	224.0	226.6	226.8	244.8
Wisconsin	12,045	12,296	12,838	13,913	14,751	440.5	446.9	464.3	500.1	530.2
Wyoming	679	755	717	820	874	276.8	304.7	288.1	326.1	347.6
U.S. TOTAL*	623,958	652,858	685,017	716,675	740,371	429.6	445.0	463.6	480.6	496.5
Northeast	94,129	98,154	106,723	110,530	113,426	337.9	350.8	380.7	393.4	403.7
Midwest	142,592	151,269	161,598	170,199	174,659	431.7	455.9	485.6	509.2	522.6
South	255,044	260,839	268,762	279,367	284,966	490.3	495.0	505.0	518.4	528.8
West	132,193	142,596	147,934	156,579	167,320	408.8	434.0	445.1	464.5	496.3
Guam	347	463	446	608	667	448.1	587.4	556.8	747.1	819.6
Puerto Rico	2,313	2,665	2,378	3,240	3,366	116.1	133.1	118.1	160.1	166.4
Virgin Islands	116	188	352	232	189	199.4	317.5	619.0	408.0	332.4
OUTLYING AREAS	2,776	3,316	3,176	4,080	4,222	130.5	154.9	147.6	188.8	195.3
TOTAL	626,734	656,174	688,193	720,755	744,593	425.3	440.8	459.0	476.4	492.2

*Includes cases reported by Washington, D.C.

Note: Rates exclude population of states that did not report. Cases reported with unknown sex are not included in this table.

Table 5. Chlamydia — Men — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	1,124	1,579	1,201	1,603	2,507	52.1	72.8	55.1	73.0	114.2
Alaska	763	1,230	1,235	1,283	1,447	233.0	369.2	368.3	378.6	427.0
Arizona	3,153	3,308	2,772	3,884	5,058	119.0	121.4	99.3	135.2	176.0
Arkansas	1,325	1,486	1,567	1,612	1,684	100.7	112.2	117.5	119.5	124.9
California	24,930	28,400	31,238	33,323	36,449	144.5	162.1	176.4	186.0	203.5
Colorado	3,328	3,604	3,196	3,855	4,213	149.1	158.8	139.2	166.1	181.5
Connecticut	1,445	2,070	2,084	2,168	2,656	86.8	123.3	123.2	127.5	156.2
Delaware	668	615	880	814	899	172.6	156.7	221.0	201.1	222.2
Florida	6,967	8,156	7,801	8,117	8,522	87.1	99.8	93.6	95.2	100.0
Georgia	5,926	6,363	6,509	6,411	6,793	143.2	150.9	151.8	146.9	155.6
Hawaii	977	1,076	1,367	1,288	1,396	158.7	172.4	216.8	204.4	221.6
Idaho	528	641	604	617	616	79.8	95.4	88.2	88.3	88.2
Illinois	10,588	13,942	12,009	11,187	12,886	172.6	225.7	193.4	179.2	206.4
Indiana	3,555	3,845	3,803	4,080	4,703	118.2	127.1	124.8	132.9	153.2
Iowa	1,401	1,505	1,561	1,743	1,990	97.3	104.4	107.8	119.9	136.9
Kansas	1,073	1,131	1,260	1,298	1,365	80.3	84.2	93.3	95.6	100.5
Kentucky	1,779	1,706	1,613	1,433	2,285	89.4	85.2	79.9	70.5	112.3
Louisiana	3,424	3,525	3,808	4,016	3,583	158.1	162.3	174.5	183.0	163.3
Maine	297	468	577	581	606	47.5	74.3	90.6	90.3	94.2
Maryland	2,777	3,029	3,068	3,841	3,627	106.7	114.8	115.1	142.7	134.8
Massachusetts	2,502	2,724	2,848	3,449	3,809	81.1	87.8	91.6	111.0	122.6
Michigan	6,540	7,143	6,669	8,622	8,525	133.2	144.8	134.7	173.5	171.6
Minnesota	2,313	2,755	2,848	3,081	3,369	93.7	110.8	113.5	121.7	133.1
Mississippi	1,535	1,526	1,657	3,766	4,584	111.0	109.9	118.7	267.3	325.4
Missouri	2,095	2,928	3,820	5,013	5,791	76.4	106.0	137.3	178.3	206.0
Montana	449	625	679	685	619	99.5	137.9	148.4	148.2	133.9
Nebraska	680	1,128	1,244	1,391	1,378	80.1	132.2	144.8	161.1	159.6
Nevada	1,239	1,558	1,552	1,821	1,955	115.9	140.7	135.9	153.2	164.5
New Hampshire	341	389	420	471	499	55.0	62.0	66.2	73.5	77.9
New Jersey	1,948	1,962	2,332	2,945	3,323	47.1	47.0	55.5	69.5	78.4
New Mexico	1,237	1,464	1,485	2,151	2,121	137.4	160.5	161.0	229.8	226.6
New York	8,042	9,885	13,106	14,031	18,547	87.3	106.8	141.3	150.8	199.3
North Carolina	3,473	4,340	4,379	5,051	5,481	86.4	106.3	106.0	120.3	130.5
North Dakota	346	429	567	601	574	108.9	135.5	179.0	189.8	181.3
Ohio	7,603	7,926	8,215	8,189	9,139	137.4	142.7	147.6	146.7	163.8
Oklahoma	1,878	2,040	2,023	2,129	2,799	110.0	118.6	116.8	122.3	160.8
Oregon	2,012	1,976	2,098	2,600	2,824	116.7	113.1	118.6	145.5	158.1
Pennsylvania	5,850	8,244	9,682	10,282	10,128	98.4	138.2	161.7	171.0	168.4
Rhode Island	715	775	768	936	868	140.3	150.6	148.1	179.6	166.5
South Carolina	1,731	1,800	1,813	2,456	2,572	87.7	90.2	89.8	120.1	125.8
South Dakota	510	606	742	708	774	135.5	160.3	195.3	184.7	202.0
Tennessee	3,455	3,417	5,711	6,278	6,619	123.3	120.9	200.2	217.5	229.3
Texas	12,033	11,964	11,594	12,619	13,138	113.3	110.5	105.3	112.7	117.3
Utah	882	1,044	1,103	1,137	1,521	77.2	89.9	93.4	94.8	126.8
Vermont	115	208	232	276	232	38.3	68.8	76.3	90.3	75.9
Virginia	3,107	3,416	3,868	5,024	5,823	88.0	95.4	106.5	136.8	158.6
Washington	3,472	3,931	4,456	4,800	5,145	116.3	130.0	145.8	155.1	166.3
West Virginia	371	386	472	649	671	42.3	44.0	53.5	73.1	75.6
Wisconsin	4,191	4,669	5,015	5,290	5,688	156.9	173.6	185.2	194.0	208.6
Wyoming	160	189	243	262	299	64.4	75.3	96.3	102.7	117.2
U.S. TOTAL*	157,304	179,585	190,244	210,396	232,781	112.3	126.8	133.0	145.6	161.1
Northeast	21,255	26,725	32,049	35,139	40,668	81.5	101.8	121.6	132.7	153.6
Midwest	40,895	48,007	47,753	51,203	56,182	128.7	150.2	148.6	158.5	173.9
South	52,024	55,807	58,414	66,348	72,268	104.2	110.2	113.8	127.4	138.8
West	43,130	49,046	52,028	57,706	63,663	133.7	149.5	156.6	171.2	188.9
Guam	84	87	108	140	140	103.8	105.8	129.4	165.3	165.3
Puerto Rico	435	334	368	348	348	23.5	18.0	19.7	18.6	18.6
Virgin Islands	15	19	64	71	46	29.3	37.4	123.2	136.8	88.6
OUTLYING AREAS	534	440	540	559	534	27.0	22.1	27.0	27.8	26.6
TOTAL	157,838	180,025	190,784	210,955	233,315	111.1	125.3	131.5	144.0	159.2

*Includes cases reported by Washington, D.C.

Note: Rates exclude population of states that did not report. Cases reported with unknown sex are not included in this table.

Table 6. Chlamydia — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Atlanta-Sandy Springs-Marietta, GA	NA	16,564	18,135	17,068	16,748	NA	365.7	393.4	362.5	355.7
Austin-Round Rock, TX	4,458	4,716	4,456	4,580	5,103	337.1	349.5	323.5	324.3	361.3
Baltimore-Towson, MD	NA	9,598	10,044	10,959	11,071	NA	368.9	383.9	415.2	419.5
Birmingham-Hoover, AL	3,420	4,173	3,189	3,905	4,720	322.1	390.7	297.3	360.8	436.2
Boston-Cambridge-Quincy, MA-NH	NA	7,350	7,831	9,006	9,368	NA	165.3	176.4	203.5	211.7
Buffalo-Cheektowaga-Tonawanda, NY	NA	3,295	3,513	4,865	5,013	NA	283.3	303.0	421.4	434.3
Charlotte-Gastonia-Concord, NC-SC	3,371	4,105	4,619	4,832	5,830	244.9	291.1	321.3	327.7	395.3
Chicago-Naperville-Joliet, IL-IN-WI	NA	38,503	37,017	35,953	38,966	NA	414.6	396.6	382.8	414.9
Cincinnati-Middletown, OH-KY-IN	6,522	6,408	6,789	6,438	8,516	321.6	314.0	331.6	312.8	413.8
Cleveland-Elyria-Mentor, OH	7,494	7,618	8,489	7,867	8,181	349.1	354.7	396.8	368.1	382.8
Columbus, OH	6,364	5,996	5,758	5,167	5,902	387.7	361.2	343.8	305.0	348.4
Dallas-Fort Worth-Arlington, TX	16,716	15,800	16,828	15,744	18,005	312.1	288.1	301.1	276.2	315.9
Denver-Aurora, CO	7,299	7,952	7,039	7,774	8,534	324.9	348.7	305.9	333.6	366.2
Detroit-Warren-Livonia, MI	15,806	16,518	16,071	21,378	20,497	353.3	368.4	358.4	475.8	456.2
Hartford-West Hartford-East Hartford, CT	3,146	3,535	3,224	3,040	3,815	271.4	302.6	273.7	256.6	322.1
Houston-Baytown-Sugar Land, TX	14,252	14,926	13,530	14,796	13,476	293.4	299.3	266.6	285.6	260.1
Indianapolis, IN	7,131	7,302	7,304	6,922	8,226	459.0	463.7	457.8	426.9	507.3
Jacksonville, FL	4,067	4,430	5,200	5,017	5,246	353.5	376.2	432.3	409.4	428.1
Kansas City, MO-KS	5,075	6,006	7,105	8,003	7,900	272.2	317.9	373.0	415.7	410.3
Las Vegas-Paradise, NV	3,392	4,446	4,379	5,065	5,623	232.4	292.1	277.8	306.8	340.6
Los Angeles-Long Beach-Santa Ana, CA	NA	43,482	46,342	46,202	50,703	NA	341.2	361.2	357.5	392.3
Louisville, KY-IN	2,547	2,796	2,775	2,396	3,143	217.0	236.4	233.2	199.5	261.7
Memphis, TN-MS-AR	6,305	6,381	7,362	8,927	9,457	517.7	518.5	594.0	714.0	756.4
Miami-Fort Lauderdale-Miami Beach, FL	9,483	10,867	11,024	11,781	10,403	184.8	207.7	208.4	219.7	194.0
Milwaukee-Waukesha-West Allis, WI	NA	9,291	9,320	10,070	10,368	NA	614.3	615.5	664.4	684.0
Minneapolis-St. Paul-Bloomington, MN-WI	NA	7,678	8,081	8,139	8,513	NA	251.4	262.1	261.2	273.2
Nashville-Davidson-Murfreesboro, TN	3,083	3,172	3,981	4,243	4,538	230.8	234.4	290.3	304.0	325.1
New Orleans-Metairie-Kenner, LA	NA	6,258	7,116	6,858	4,761	NA	475.8	540.1	519.7	360.8
New York-Newark-Edison, NY-NJ-PA	NA	46,925	51,614	52,266	58,134	NA	252.2	276.9	279.4	310.7
Oklahoma City, OK	3,907	4,149	4,124	3,939	4,798	352.7	370.0	364.1	344.2	419.3
Orlando, FL	4,250	4,323	4,673	4,888	5,862	249.1	246.7	259.2	262.6	314.9
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	20,989	25,347	25,285	24,913	NA	364.9	439.1	435.9	429.5
Phoenix-Mesa-Scottsdale, AZ	NA	NA	8,084	11,078	11,984	NA	NA	225.0	298.2	322.6
Pittsburgh, PA	NA	5,272	5,499	5,539	5,880	NA	218.0	228.1	230.6	244.8
Portland-Vancouver-Beaverton, OR-WA	4,558	4,363	4,703	5,256	5,636	230.4	216.4	230.5	254.6	273.0
Providence-New Bedford-Fall River, RI-MA	NA	3,574	3,714	4,269	4,316	NA	221.6	228.8	262.1	265.0
Richmond, VA	3,831	4,384	4,472	4,923	4,710	344.4	389.3	392.9	426.5	408.0
Riverside-San Bernardino-Ontario, CA	NA	10,077	10,688	10,913	12,179	NA	286.7	293.4	287.7	321.1
Rochester, NY	NA	2,453	4,142	4,040	3,850	NA	235.2	397.8	387.9	369.7
Sacramento-Arden-Arcade-Roseville, CA	NA	5,547	6,240	7,294	8,175	NA	287.4	316.0	361.7	405.4
Salt Lake City, UT	1,746	2,160	2,264	2,223	2,642	177.2	216.6	225.2	218.2	259.3
San Antonio, TX	6,111	6,365	7,212	7,645	8,049	349.2	356.3	396.1	412.3	434.1
San Diego-Carlsbad-San Marcos, CA	NA	10,286	10,432	10,876	11,520	NA	353.9	355.9	371.0	392.9
San Francisco-Oakland-Fremont, CA	NA	12,272	12,774	13,580	13,988	NA	293.6	307.3	326.9	336.7
San Jose-Sunnyvale-Santa Clara, CA	NA	4,465	4,796	5,697	5,374	NA	256.7	276.5	327.1	308.6
Seattle-Tacoma-Bellevue, WA	7,980	8,497	9,457	9,655	10,588	257.7	271.8	301.0	304.9	334.3
St. Louis, MO-IL	8,543	9,218	10,081	11,856	13,328	314.6	337.8	368.5	428.9	482.2
Tampa-St. Petersburg-Clearwater, FL	4,955	6,322	6,002	5,996	6,315	202.6	253.9	237.1	231.7	244.0
Virginia Beach-Norfolk-Newport News, VA-NC	6,156	6,137	6,668	7,601	8,414	386.7	380.5	407.3	462.3	511.7
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	11,715	11,230	14,046	12,827	NA	233.1	220.6	273.3	249.6
U.S. MSA TOTAL	181,968	468,659	500,737	525,860	556,108	298.1	309.6	320.5	333.0	352.2

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 7. Chlamydia — Women – Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

Metropolitan Statistical Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	13,071	14,519	13,756	12,995	NA	570.8	624.4	580.4	548.3
Austin-Round Rock, TX	3,626	3,792	3,418	3,405	3,720	557.4	571.4	506.4	492.5	538.0
Baltimore-Towson, MD	NA	8,091	8,412	9,051	8,927	NA	599.7	620.5	662.1	653.0
Birmingham-Hoover, AL	2,957	3,321	2,825	3,095	3,709	536.2	599.2	508.3	552.6	662.2
Boston-Cambridge-Quincy, MA-NH	NA	5,502	5,715	6,549	6,663	NA	239.7	249.8	287.6	292.6
Buffalo-Cheektowaga-Tonawanda, NY	NA	2,502	2,677	3,698	3,849	NA	413.6	444.3	616.7	641.8
Charlotte-Gastonia-Concord, NC-SC	2,801	3,380	3,915	4,059	4,878	399.6	471.2	536.5	541.9	651.2
Chicago-Naperville-Joliet, IL-IN-WI	NA	26,625	27,419	27,271	28,860	NA	561.8	576.5	570.2	603.4
Cincinnati-Middletown, OH-KY-IN	5,350	5,244	5,458	5,108	6,580	513.4	500.5	520.2	484.6	624.2
Cleveland-Elyria-Mentor, OH	5,729	5,805	6,548	5,909	6,066	512.0	518.8	588.0	531.6	545.8
Columbus, OH	4,473	4,189	4,525	4,058	4,445	535.8	496.5	532.1	472.8	517.8
Dallas-Fort Worth-Arlington, TX	13,307	12,544	13,633	12,536	14,641	495.7	456.8	488.3	440.7	514.7
Denver-Aurora, CO	5,344	5,777	5,225	5,558	6,122	476.4	507.6	455.8	479.3	528.0
Detroit-Warren-Livonia, MI	12,664	12,883	13,008	17,145	16,172	551.0	559.6	565.6	744.1	701.8
Hartford-West Hartford-East Hartford, CT	2,493	2,749	2,510	2,331	2,842	417.2	456.8	413.6	381.9	465.6
Houston-Baytown-Sugar Land, TX	12,042	12,490	11,325	12,258	11,539	494.4	499.8	446.0	473.1	445.4
Indianapolis, IN	4,952	5,188	5,337	5,167	5,949	624.1	645.7	656.5	625.9	720.6
Jacksonville, FL	3,306	3,403	4,051	3,759	4,021	560.9	564.6	658.1	600.4	642.2
Kansas City, MO-KS	4,346	5,022	5,434	5,993	5,930	455.9	520.3	559.4	611.3	604.9
Las Vegas-Paradise, NV	2,626	3,363	3,318	3,820	4,319	366.1	449.5	428.5	471.0	532.5
Los Angeles-Long Beach-Santa Ana, CA	NA	31,411	33,124	32,903	36,044	NA	488.6	511.9	504.6	552.8
Louisville, KY-IN	2,035	2,245	2,144	1,817	2,232	337.1	369.1	351.2	295.1	362.5
Memphis, TN-MS-AR	5,126	5,258	5,650	6,816	7,150	810.7	823.5	880.2	1,053.0	1,104.6
Miami-Fort Lauderdale-Miami Beach, FL	7,693	8,647	9,027	9,610	8,492	290.3	320.4	331.4	347.8	307.4
Milwaukee-Waukesha-West Allis, WI	NA	6,829	6,756	7,358	7,558	NA	877.5	868.3	945.2	970.9
Minneapolis-St. Paul-Bloomington, MN-WI	NA	5,441	5,792	5,892	6,022	NA	352.2	371.9	374.8	383.0
Nashville-Davidson-Murfreesboro, TN	2,339	2,385	2,834	3,018	3,122	343.5	345.9	406.9	426.5	441.2
New Orleans-Metairie-Kenner, LA	NA	4,870	5,736	5,433	3,563	NA	710.6	836.7	791.6	519.1
New York-Newark-Edison, NY-NJ-PA	NA	38,786	40,956	41,039	42,214	NA	401.5	423.7	423.4	435.5
Oklahoma City, OK	3,150	3,224	3,301	3,057	3,744	558.6	565.2	573.5	527.5	646.0
Orlando, FL	3,490	3,521	3,852	3,993	4,667	403.3	396.6	421.9	424.0	495.6
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	15,523	18,707	18,369	18,236	NA	520.2	625.3	611.6	607.2
Phoenix-Mesa-Scottsdale, AZ	NA	NA	6,303	8,555	9,338	NA	NA	353.6	464.3	506.8
Pittsburgh, PA	NA	4,081	4,191	4,185	4,398	NA	323.7	333.7	334.6	351.7
Portland-Vancouver-Beaverton, OR-WA	3,243	3,036	3,332	3,555	3,816	325.7	299.4	325.2	343.2	368.4
Providence-New Bedford-Fall River, RI-MA	NA	2,621	2,784	3,138	3,225	NA	313.0	331.0	372.1	382.5
Richmond, VA	3,135	3,532	3,421	3,573	3,425	545.0	607.0	582.6	601.2	576.3
Riverside-San Bernardino-Ontario, CA	NA	7,827	8,122	8,252	9,257	NA	445.7	445.9	435.4	488.5
Rochester, NY	NA	1,876	2,990	2,869	2,670	NA	350.2	558.8	536.9	499.7
Sacramento-Arden-Arcade-Roseville, CA	NA	4,200	4,603	5,326	5,890	NA	427.6	458.6	519.5	574.5
Salt Lake City, UT	1,172	1,473	1,574	1,501	1,709	240.0	298.1	316.8	298.1	339.4
San Antonio, TX	4,945	5,168	5,985	6,182	6,105	552.5	565.8	644.1	653.1	645.0
San Diego-Carlsbad-San Marcos, CA	NA	7,285	7,694	7,908	8,210	NA	504.0	528.8	542.6	563.3
San Francisco-Oakland-Fremont, CA	NA	8,560	8,824	9,151	9,217	NA	404.9	420.4	436.4	439.6
San Jose-Sunnyvale-Santa Clara, CA	NA	3,239	3,465	4,038	3,752	NA	377.2	406.0	471.7	438.3
Seattle-Tacoma-Bellevue, WA	5,609	5,946	6,606	6,775	7,411	360.9	379.0	419.5	427.2	467.3
St. Louis, MO-IL	7,219	7,411	8,179	9,086	9,804	512.9	524.3	577.7	636.1	686.4
Tampa-St. Petersburg-Clearwater, FL	4,089	5,138	4,846	4,920	5,184	323.3	399.4	371.1	369.1	388.9
Virginia Beach-Norfolk-Newport News, VA-NC	5,112	5,039	5,378	5,862	6,016	632.8	616.7	648.6	704.2	722.7
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	9,490	9,065	11,170	10,086	NA	368.3	347.6	424.8	383.5
U.S. MSA TOTAL	144,373	359,003	384,513	399,877	414,784	464.6	464.7	483.1	497.5	516.1

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 8. Chlamydia — Men — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Atlanta-Sandy Springs-Marietta, GA	NA	3,411	3,526	3,187	3,463	NA	152.3	154.3	136.3	148.1
Austin-Round Rock, TX	831	920	1,026	1,093	1,357	123.7	134.2	146.0	151.6	188.3
Baltimore-Towson, MD	NA	1,505	1,627	1,908	2,139	NA	120.1	129.1	150.0	168.1
Birmingham-Hoover, AL	463	850	361	810	1,005	90.7	165.4	69.8	155.1	192.5
Boston-Cambridge-Quincy, MA-NH	NA	1,839	2,097	2,449	2,697	NA	85.5	97.4	114.0	125.6
Buffalo-Cheektowaga-Tonawanda, NY	NA	793	836	1,167	1,164	NA	142.1	150.1	210.4	209.8
Charlotte-Gastonia-Concord, NC-SC	569	721	700	770	951	84.3	104.1	98.9	106.1	131.0
Chicago-Naperville-Joliet, IL-IN-WI	NA	11,860	9,542	8,602	10,075	NA	260.8	208.5	186.7	218.6
Cincinnati-Middletown, OH-KY-IN	1,130	1,117	1,268	1,239	1,746	114.6	112.5	127.0	123.4	173.9
Cleveland-Elyria-Mentor, OH	1,715	1,758	1,875	1,904	1,986	166.9	170.9	182.8	185.7	193.6
Columbus, OH	1,787	1,730	1,174	1,058	1,377	221.6	212.0	142.5	126.6	164.8
Dallas-Fort Worth-Arlington, TX	3,337	3,178	3,179	3,192	3,346	124.9	116.1	113.6	111.8	117.2
Denver-Aurora, CO	1,948	2,173	1,814	2,210	2,412	173.2	190.2	157.1	188.8	206.0
Detroit-Warren-Livonia, MI	3,142	3,635	3,063	4,233	4,256	144.4	166.6	140.3	193.4	194.4
Hartford-West Hartford-East Hartford, CT	648	786	714	708	973	115.4	138.8	125.0	123.3	169.5
Houston-Baytown-Sugar Land, TX	2,197	2,423	2,185	2,504	1,930	90.7	97.4	86.1	96.7	74.5
Indianapolis, IN	2,163	2,053	1,906	1,744	2,242	284.6	266.2	243.6	219.1	281.6
Jacksonville, FL	761	1,027	1,149	1,258	1,225	135.6	178.7	195.6	209.9	204.4
Kansas City, MO-KS	729	984	1,671	2,010	1,970	80.0	106.5	179.0	212.7	208.5
Las Vegas-Paradise, NV	766	1,081	1,051	1,233	1,301	103.2	139.7	131.0	146.9	155.0
Los Angeles-Long Beach-Santa Ana, CA	NA	12,001	13,161	13,208	14,585	NA	190.0	207.0	206.2	227.7
Louisville, KY-IN	509	546	626	572	909	89.3	95.0	108.0	97.8	155.3
Memphis, TN-MS-AR	1,179	1,123	1,712	2,111	2,307	201.3	189.7	286.6	350.1	382.6
Miami-Fort Lauderdale-Miami Beach, FL	1,790	2,220	1,997	2,171	1,911	72.1	87.6	77.9	83.5	73.5
Milwaukee-Waukesha-West Allis, WI	NA	2,441	2,486	2,711	2,804	NA	332.5	337.7	367.7	380.3
Minneapolis-St. Paul-Bloomington, MN-WI	NA	2,237	2,289	2,247	2,491	NA	148.2	150.0	145.5	161.3
Nashville-Davidson-Murfreesboro, TN	744	787	1,147	1,225	1,415	113.6	118.6	170.0	178.0	205.6
New Orleans-Metairie-Kenner, LA	NA	1,317	1,355	1,327	1,100	NA	209.1	214.4	209.6	173.7
New York-Newark-Edison, NY-NJ-PA	NA	8,086	10,437	11,125	15,890	NA	90.4	116.3	123.4	176.2
Oklahoma City, OK	757	925	823	882	1,054	139.2	167.9	147.7	156.2	186.6
Orlando, FL	757	802	821	895	1,195	90.1	92.8	92.3	97.3	129.9
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	5,465	6,628	6,915	6,677	NA	197.5	238.3	247.2	238.7
Phoenix-Mesa-Scottsdale, AZ	NA	NA	1,779	2,521	2,646	NA	NA	98.2	134.6	141.3
Pittsburgh, PA	NA	1,191	1,296	1,353	1,482	NA	102.9	112.3	117.6	128.8
Portland-Vancouver-Beaverton, OR-WA	1,315	1,327	1,371	1,701	1,820	133.8	132.4	135.0	165.4	177.0
Providence-New Bedford-Fall River, RI-MA	NA	951	930	1,126	1,085	NA	122.6	118.9	143.3	138.1
Richmond, VA	694	852	1,045	1,348	1,281	129.2	156.5	189.6	240.7	228.8
Riverside-San Bernardino-Ontario, CA	NA	2,248	2,563	2,654	2,913	NA	127.8	140.7	139.8	153.5
Rochester, NY	NA	577	1,152	1,171	1,180	NA	113.8	227.6	230.9	232.7
Sacramento-Arden-Arcade-Roseville, CA	NA	1,299	1,588	1,901	2,220	NA	137.0	163.5	191.7	223.9
Salt Lake City, UT	573	685	689	722	933	115.3	136.2	135.5	140.1	181.1
San Antonio, TX	1,159	1,193	1,225	1,460	1,942	135.6	136.6	137.4	160.9	214.0
San Diego-Carlsbad-San Marcos, CA	NA	2,641	2,715	2,844	3,022	NA	180.7	184.0	192.9	205.0
San Francisco-Oakland-Fremont, CA	NA	3,638	3,908	4,370	4,686	NA	176.2	189.9	212.4	227.8
San Jose-Sunnyvale-Santa Clara, CA	NA	1,171	1,315	1,628	1,575	NA	132.9	149.2	183.9	177.9
Seattle-Tacoma-Bellevue, WA	2,371	2,551	2,851	2,880	3,177	153.7	163.8	182.0	182.2	201.0
St. Louis, MO-IL	1,324	1,807	1,902	2,770	3,524	101.2	137.4	144.1	207.4	263.8
Tampa-St. Petersburg-Clearwater, FL	866	1,184	1,156	1,076	1,131	73.3	98.3	94.3	85.7	90.1
Virginia Beach-Norfolk-Newport News, VA-NC	1,017	1,098	1,276	1,724	2,375	129.7	138.0	157.9	212.4	292.5
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	2,197	2,120	2,848	2,706	NA	89.7	85.4	113.5	107.8
U.S. MSA TOTAL	37,241	108,404	115,127	124,765	139,651	124.3	146.3	150.2	160.9	180.1

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 9. Chlamydia — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005

Year	Age Group	Cases			Rates		
		Total	Male	Female	Total	Male	Female
2001	10-14	15,031	1,042	13,989	71.9	9.7	137.2
	15-19	288,333	39,064	249,269	1,422.4	374.8	2,531.3
	20-24	285,589	58,597	226,992	1,448.8	581.3	2,357.0
	25-29	106,914	27,896	79,018	562.0	289.1	842.8
	30-34	45,255	14,493	30,763	217.7	138.4	298.0
	35-39	21,516	7,953	13,563	96.4	71.4	121.4
	40-44	9,940	4,124	5,816	43.6	36.4	50.6
	45-54	6,415	2,943	3,472	16.4	15.3	17.4
	55-64	1,282	638	644	5.1	5.2	4.9
	65+	919	313	606	2.6	2.1	2.9
	TOTAL	783,127	157,623	625,504	274.5	112.5	430.7
2002	10-14	15,294	1,076	14,218	72.4	9.9	137.9
	15-19	299,863	42,433	257,429	1,471.6	405.2	2,599.0
	20-24	305,400	66,991	238,408	1,510.9	647.3	2,417.1
	25-29	116,422	32,497	83,925	613.7	337.1	899.3
	30-34	50,339	16,847	33,492	240.2	159.5	322.2
	35-39	23,411	9,298	14,113	106.8	84.9	128.8
	40-44	11,405	5,122	6,283	49.6	44.9	54.2
	45-54	7,644	3,652	3,992	19.1	18.6	19.6
	55-64	1,451	746	705	5.5	5.8	5.1
	65+	812	296	516	2.3	2.0	2.5
	TOTAL	834,503	180,039	654,464	289.4	127.1	446.1
2003	10-14	14,911	1,061	13,849	70.4	9.8	134.0
	15-19	310,505	44,331	266,175	1,516.3	421.4	2,672.5
	20-24	324,411	71,476	252,936	1,565.1	670.3	2,513.3
	25-29	124,890	34,916	89,974	651.6	357.3	957.7
	30-34	53,572	17,810	35,762	258.7	170.4	348.7
	35-39	24,658	9,772	14,886	115.2	91.1	139.4
	40-44	12,287	5,675	6,612	53.5	49.8	57.2
	45-54	8,214	4,012	4,202	20.1	20.0	20.2
	55-64	1,653	883	770	5.9	6.6	5.3
	65+	776	323	453	2.2	2.2	2.2
	TOTAL	877,478	190,723	686,755	301.7	133.3	464.7
2004	10-14	14,817	1,172	13,646	70.1	10.8	132.3
	15-19	323,246	48,209	275,036	1,559.3	453.3	2,724.6
	20-24	344,159	79,410	264,749	1,641.1	735.1	2,603.7
	25-29	137,041	39,374	97,667	700.6	393.9	1,021.0
	30-34	56,759	19,353	37,406	277.3	187.1	369.3
	35-39	26,486	10,647	15,839	125.8	100.7	151.1
	40-44	13,626	6,397	7,229	59.1	55.8	62.4
	45-54	9,251	4,602	4,649	22.2	22.5	22.0
	55-64	1,885	993	892	6.5	7.1	5.9
	65+	755	335	420	2.1	2.2	2.0
	TOTAL	929,462	210,935	718,527	316.5	145.9	481.9
2005	10-14	14,124	1,200	12,924	66.8	11.1	125.3
	15-19	336,036	53,734	282,302	1,621.0	505.2	2,796.6
	20-24	360,574	86,931	273,643	1,719.4	804.7	2,691.1
	25-29	148,059	44,712	103,347	756.9	447.4	1,080.4
	30-34	60,065	21,102	38,964	293.4	204.1	384.6
	35-39	28,509	11,700	16,809	135.4	110.7	160.4
	40-44	14,397	6,940	7,458	62.4	60.5	64.3
	45-54	10,105	5,203	4,902	24.3	25.4	23.2
	55-64	2,191	1,169	1,021	7.5	8.4	6.8
	65+	885	402	483	2.4	2.7	2.3
	TOTAL	976,445	233,553	742,892	332.5	161.6	498.2

NOTE: This table should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known. Differences between total cases from this table and others in the report are due to different reporting formats. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

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Table 10A. Chlamydia — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native			
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	
2001	10-14	3,203	122	3,081	7,271	523	6,748	2,176	225	1,951	134	7	127	245	12	233
	15-19	79,923	7,591	72,331	122,896	19,374	103,522	42,630	6,852	35,778	3,907	514	3,393	4,820	601	4,220
	20-24	79,134	14,649	64,485	115,191	26,365	88,827	49,029	10,255	38,774	4,815	905	3,910	4,255	683	3,572
	25-29	24,529	6,214	18,315	41,444	12,463	28,981	23,461	5,493	17,968	2,364	536	1,828	1,978	373	1,605
	30-34	9,779	3,137	6,642	16,909	6,553	10,356	10,347	2,698	7,649	1,140	291	848	878	150	728
	35-39	4,814	1,909	2,905	8,034	3,577	4,457	4,478	1,193	3,285	639	213	426	488	102	385
	40-44	2,369	1,057	1,311	3,795	1,904	1,892	1,833	536	1,297	286	85	202	247	59	189
	45-54	1,631	831	800	2,492	1,352	1,140	962	299	663	209	61	149	184	52	132
	55-64	371	191	179	479	291	188	169	62	107	44	17	28	24	8	17
	65+	199	63	136	371	149	222	143	43	100	29	13	16	6	4	2
TOTAL	206,348	35,882	170,467	319,667	72,769	246,898	135,617	27,792	107,824	13,590	2,646	10,943	13,164	2,049	11,115	
2002	10-14	3,349	94	3,255	8,245	665	7,580	2,308	234	2,074	160	6	153	291	13	278
	15-19	87,116	8,455	78,660	138,051	22,908	115,143	48,145	7,609	40,536	3,927	479	3,448	5,158	698	4,461
	20-24	91,120	17,951	73,169	130,338	31,430	98,908	56,493	12,380	44,113	5,821	1,137	4,684	5,089	847	4,242
	25-29	29,455	7,780	21,674	47,920	15,117	32,803	27,621	6,808	20,813	2,922	709	2,213	2,175	434	1,741
	30-34	11,867	3,978	7,889	20,437	8,111	12,326	12,636	3,259	9,377	1,621	446	1,176	1,067	214	853
	35-39	5,723	2,500	3,223	9,450	4,329	5,121	5,554	1,611	3,943	833	224	610	574	146	428
	40-44	2,892	1,422	1,469	4,821	2,503	2,319	2,350	740	1,609	446	114	332	332	89	243
	45-54	2,129	1,165	964	3,142	1,690	1,452	1,404	435	970	384	130	253	198	57	141
	55-64	410	282	128	580	309	271	269	88	182	82	23	59	36	10	26
	65+	226	68	158	376	166	210	141	37	104	20	7	13	10	4	7
TOTAL	234,839	43,913	190,925	364,513	87,744	276,769	157,458	33,453	124,005	16,276	3,300	12,976	14,981	2,538	12,444	
2003	10-14	3,336	116	3,219	8,320	721	7,600	2,210	166	2,044	145	7	139	302	19	283
	15-19	93,457	8,820	84,637	147,549	25,606	121,944	48,899	7,407	41,493	4,071	445	3,627	5,517	815	4,702
	20-24	103,138	20,467	82,671	138,950	34,080	104,871	58,996	12,572	46,424	6,046	1,156	4,890	5,428	1,001	4,427
	25-29	33,634	9,219	24,415	52,640	16,408	36,232	28,313	6,876	21,437	3,120	810	2,310	2,385	477	1,908
	30-34	13,149	4,309	8,839	22,401	8,645	13,756	13,001	3,502	9,499	1,830	493	1,337	1,066	238	828
	35-39	6,091	2,586	3,505	10,340	4,799	5,541	5,728	1,644	4,084	876	252	624	630	158	472
	40-44	3,331	1,689	1,642	5,339	2,859	2,480	2,355	733	1,622	434	124	310	339	75	264
	45-54	2,420	1,347	1,073	3,440	1,879	1,561	1,418	454	964	378	131	247	210	55	155
	55-64	524	326	198	635	361	273	293	113	180	89	33	56	51	15	36
	65+	277	112	165	301	144	158	130	37	93	22	14	8	17	3	14
TOTAL	259,808	49,115	210,693	390,660	95,741	294,918	161,629	33,576	128,053	17,042	3,469	13,573	15,964	2,859	13,105	
2004	10-14	3,199	122	3,076	8,504	759	7,745	2,152	222	1,929	135	5	130	266	31	236
	15-19	95,195	9,468	85,727	157,398	28,143	129,255	49,457	7,769	41,688	3,900	485	3,415	5,551	776	4,774
	20-24	109,590	22,268	87,322	149,743	38,420	111,322	59,885	13,482	46,403	6,232	1,291	4,941	5,820	1,176	4,644
	25-29	37,871	10,560	27,311	58,590	18,657	39,933	29,424	7,409	22,014	3,159	802	2,357	2,614	549	2,065
	30-34	13,869	4,596	9,273	24,171	9,671	14,499	13,326	3,572	9,754	1,863	502	1,361	1,209	287	922
	35-39	6,553	2,748	3,806	11,323	5,277	6,047	5,927	1,777	4,150	967	324	643	646	161	486
	40-44	3,815	1,947	1,868	5,900	3,148	2,753	2,532	829	1,703	499	164	335	332	90	242
	45-54	2,543	1,360	1,182	4,190	2,322	1,868	1,416	501	915	471	178	294	265	82	183
	55-64	593	363	231	790	444	346	292	118	174	88	26	62	40	8	33
	65+	253	116	137	281	140	140	118	37	81	27	9	17	19	7	12
TOTAL	273,854	53,669	220,186	421,608	107,202	314,407	164,762	35,786	128,976	17,358	3,791	13,568	16,787	3,174	13,613	
2005	10-14	2,986	126	2,860	7,355	723	6,631	2,069	183	1,886	112	14	98	332	24	309
	15-19	93,876	9,636	84,240	153,777	30,214	123,563	52,224	8,526	43,698	3,761	646	3,115	5,964	882	5,082
	20-24	114,066	24,303	89,763	142,156	39,355	102,801	64,259	14,772	49,487	6,315	1,416	4,899	6,148	1,295	4,853
	25-29	40,477	11,580	28,897	57,704	19,824	37,879	31,795	8,528	23,267	3,107	896	2,211	2,829	715	2,114
	30-34	14,600	4,739	9,861	23,142	9,740	13,402	14,349	4,132	10,217	1,849	638	1,211	1,177	270	906
	35-39	7,143	3,024	4,119	10,768	5,300	5,468	6,539	2,001	4,538	1,057	337	720	625	181	444
	40-44	3,986	2,045	1,941	5,662	3,148	2,515	2,656	908	1,748	559	213	346	345	92	254
	45-54	2,875	1,639	1,236	4,032	2,338	1,693	1,674	575	1,100	443	158	286	240	82	158
	55-64	657	408	250	791	467	324	334	123	211	148	47	101	50	21	30
	65+	253	123	130	345	168	177	141	53	87	35	18	17	15	4	12
TOTAL	281,268	57,709	223,559	406,423	111,513	294,910	176,271	39,885	136,386	17,408	4,388	13,020	17,762	3,571	14,191	

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 9 for age-specific cases and rates and Tables 3-5 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. For the following years the states listed did not report age and/or race/ethnicity for most cases and their case data and population denominators were excluded: 2001 (CO, DC, MD, NJ, NY); 2002 (MI, NJ); 2003 (CO, DC, NJ); 2004 (CO, DC, NJ); 2005; (CO, DC, GA, HI, NJ). Differences between total cases from this table and others in the report are due to different reporting formats and above listed exclusions. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 10B. Chlamydia — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
10-14	27.6	2.1	54.6	264.2	37.5	497.8	74.1	14.9	136.2	19.4	1.9	37.8	110.4	10.6	213.5
15-19	693.7	128.4	1,289.5	4,870.0	1,510.8	8,340.6	1,544.1	471.6	2,735.5	546.9	141.2	967.9	2,270.1	554.2	4,058.5
20-24	725.0	265.4	1,195.0	4,938.4	2,304.2	7,474.9	1,603.7	604.8	2,847.8	617.6	233.2	998.6	2,379.7	753.8	4,048.7
25-29	239.2	120.0	360.7	1,983.4	1,245.4	2,661.9	754.2	323.1	1,274.0	260.6	120.9	394.1	1,258.6	472.3	2,052.7
30-34	83.0	52.9	113.6	782.2	638.3	912.4	359.5	174.5	574.4	124.0	65.1	179.8	550.8	188.7	909.7
35-39	36.2	28.6	43.8	351.1	331.2	368.9	175.1	88.3	272.1	75.1	51.7	97.1	281.0	120.3	435.3
40-44	16.5	14.8	18.3	166.8	177.7	157.0	86.6	49.0	126.7	36.6	23.0	48.8	142.2	70.3	208.7
45-54	6.3	6.5	6.1	70.1	81.7	60.0	33.4	20.8	46.2	16.0	10.1	21.0	65.5	38.4	90.7
55-64	2.1	2.3	2.0	24.3	32.9	17.4	11.1	8.6	13.3	6.0	4.9	7.0	15.2	9.9	20.1
65+	0.8	0.6	0.9	15.8	16.5	15.4	9.1	6.4	11.1	3.7	3.9	3.4	4.2	6.1	2.7
TOTAL	118.7	42.1	192.4	1,083.9	516.8	1,602.2	423.8	167.9	698.2	138.3	55.8	215.0	587.8	185.6	978.7
10-14	27.4	1.5	54.7	266.2	42.3	496.7	67.9	13.5	125.0	20.2	1.6	39.7	128.8	11.3	249.7
15-19	715.7	135.2	1,329.6	4,887.6	1,595.0	8,294.0	1,566.1	475.4	2,751.1	489.7	117.4	875.6	2,356.2	624.1	4,164.2
20-24	772.3	300.6	1,255.8	4,847.2	2,371.6	7,252.9	1,626.9	645.4	2,838.4	647.3	255.0	1,033.5	2,665.7	874.5	4,512.4
25-29	274.7	144.0	407.6	2,066.4	1,365.9	2,706.0	765.5	343.7	1,278.6	281.0	141.1	411.8	1,346.7	534.8	2,167.7
30-34	95.4	63.5	127.7	831.5	697.2	952.2	368.7	177.3	590.3	144.0	81.7	202.5	647.3	260.2	1,032.3
35-39	41.9	36.5	47.3	367.6	358.1	376.1	184.3	101.5	276.4	81.9	45.4	116.3	329.7	171.2	482.5
40-44	19.0	18.7	19.3	185.2	205.0	167.6	92.7	56.7	131.0	47.6	25.6	67.6	183.8	102.2	259.6
45-54	7.6	8.4	6.9	75.3	87.7	64.7	40.2	24.9	55.4	24.4	17.9	30.0	66.5	39.6	91.2
55-64	2.1	3.0	1.3	24.5	29.4	20.6	14.3	9.8	18.3	9.0	5.4	12.1	20.5	11.6	28.7
65+	0.8	0.6	1.0	13.9	16.1	12.6	7.5	4.6	9.6	2.2	1.8	2.4	6.6	5.6	7.4
TOTAL	126.9	48.4	202.2	1,087.8	550.3	1,575.9	423.4	174.3	688.8	140.4	59.1	216.0	644.8	221.6	1,056.2
10-14	26.8	1.8	53.1	257.1	43.8	477.2	63.5	9.3	120.3	18.1	1.6	35.6	132.8	16.1	252.4
15-19	747.8	137.3	1,393.3	5,004.5	1,711.0	8,399.4	1,586.1	463.0	2,797.2	502.0	106.7	919.6	2,472.4	717.0	4,295.6
20-24	836.7	327.1	1,362.2	4,926.4	2,426.8	7,405.0	1,662.2	640.1	2,928.8	641.0	243.0	1,046.1	2,692.8	977.9	4,462.0
25-29	305.2	165.7	447.3	2,176.4	1,414.5	2,878.6	788.7	347.7	1,329.4	293.1	154.6	427.0	1,440.8	573.2	2,318.3
30-34	105.8	68.9	143.3	888.2	723.6	1,036.4	384.8	192.9	607.5	155.2	85.5	222.0	642.5	288.1	995.1
35-39	45.0	38.1	52.0	400.5	395.1	405.2	191.4	103.6	290.4	84.2	49.7	116.9	369.1	188.7	543.4
40-44	21.6	22.0	21.3	199.9	228.9	174.4	91.2	54.8	130.3	44.7	26.5	61.6	185.1	84.6	279.1
45-54	8.4	9.4	7.4	77.8	92.0	65.6	39.4	25.2	53.6	23.0	17.2	28.1	67.8	37.3	95.8
55-64	2.5	3.2	1.8	25.0	31.9	19.4	14.9	12.2	17.4	9.0	7.2	10.6	27.4	16.9	37.0
65+	1.0	0.9	1.0	10.8	13.4	9.1	6.7	4.5	8.3	2.2	3.2	1.4	10.6	4.9	14.9
TOTAL	136.7	52.7	217.4	1,122.3	577.4	1,617.9	428.2	172.3	701.5	141.6	59.4	219.1	672.2	244.4	1,087.2
10-14	26.0	1.9	51.5	263.3	46.3	487.3	59.8	12.1	109.8	16.6	1.2	32.9	119.7	27.2	214.2
15-19	757.4	146.7	1,402.3	5,217.4	1,840.6	8,687.4	1,562.2	474.9	2,725.0	475.0	114.9	856.3	2,467.3	677.8	4,323.7
20-24	878.2	350.5	1,425.4	5,215.0	2,673.0	7,762.9	1,677.8	686.3	2,891.6	658.5	269.6	1,056.5	2,790.5	1,113.2	4,512.3
25-29	337.6	186.4	491.8	2,351.1	1,553.3	3,093.3	794.8	361.4	1,332.5	294.5	152.1	432.4	1,541.8	641.3	2,459.7
30-34	114.9	75.6	154.7	963.4	813.6	1,098.2	381.1	189.7	604.4	153.2	84.3	219.2	734.2	350.3	1,115.4
35-39	49.9	41.7	58.2	447.4	442.3	452.0	191.9	108.1	287.2	89.7	61.7	116.4	389.7	196.4	578.0
40-44	24.9	25.5	24.4	219.1	249.9	192.0	93.0	58.5	130.3	49.4	33.7	64.1	180.0	100.9	254.4
45-54	8.7	9.4	8.0	92.2	110.6	76.4	37.3	26.3	48.4	27.7	22.3	32.4	83.8	54.0	111.0
55-64	2.7	3.4	2.1	29.6	37.3	23.4	14.0	11.8	15.9	8.3	5.2	11.0	20.5	8.0	31.9
65+	0.9	1.0	0.8	9.9	12.9	8.0	5.8	4.3	6.8	2.5	2.1	2.9	11.1	9.9	11.9
TOTAL	143.6	57.4	226.7	1,196.6	638.4	1,704.8	421.4	177.1	682.4	139.8	62.9	212.3	699.9	268.8	1,117.9
10-14	25.1	2.1	49.3	246.0	47.6	450.9	58.4	10.1	108.9	15.0	3.6	27.1	150.6	21.1	283.0
15-19	769.6	153.9	1,419.4	5,502.6	2,132.1	8,969.7	1,674.9	529.8	2,896.0	499.9	167.0	852.1	2,675.3	777.7	4,641.7
20-24	942.7	394.9	1,509.8	5,360.0	2,965.5	7,758.2	1,839.7	771.0	3,138.1	718.4	318.8	1,126.2	2,979.8	1,240.1	4,763.3
25-29	373.0	211.4	537.8	2,524.0	1,798.3	3,199.9	880.1	427.9	1,436.5	309.4	181.8	432.4	1,688.6	846.4	2,546.0
30-34	125.3	80.8	170.4	1,008.3	895.0	1,110.5	419.7	225.2	645.1	162.3	114.6	208.1	723.5	334.0	1,109.9
35-39	56.2	47.4	65.1	463.6	483.6	445.7	215.9	124.5	319.3	105.6	69.1	140.3	381.7	224.3	535.0
40-44	26.9	27.6	26.1	227.9	270.7	190.2	99.2	65.3	135.7	60.2	47.6	71.9	189.9	104.0	270.6
45-54	10.1	11.6	8.6	95.7	120.1	74.7	44.7	30.6	58.9	28.5	21.7	34.4	77.0	55.2	96.9
55-64	3.1	4.0	2.3	31.7	42.0	23.5	16.2	12.6	19.4	15.5	10.7	19.7	25.9	22.1	29.4
65+	0.9	1.1	0.8	12.9	16.4	10.7	6.9	6.2	7.5	3.8	4.7	3.2	9.1	5.0	12.3
TOTAL	152.1	63.6	237.2	1,247.0	717.8	1,729.0	459.0	201.4	733.2	152.9	79.3	222.3	748.7	305.9	1,177.7

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 9 for age-specific cases and rates and Tables 3-5 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. For the following years the states listed did not report age and/or race/ethnicity for most cases and their case data and population denominators were excluded: 2001 (CO, DC, MD, NJ, NY); 2002 (MI, NJ); 2003 (CO, DC, NJ); 2004 (CO, DC, NJ); 2005 (CO, DC, GA, HI, NJ). Differences between total rates from this table and others in the report are due to different reporting formats and above listed exclusions. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 11. Gonorrhea — Reported cases and rates by state/area, ranked by rates: United States, 2005

<i>Rank*</i>	<i>State/Area</i>	<i>Cases</i>	<i>Rate per 100,000 Population</i>
1	Mississippi	7,171	247.0
2	Louisiana	9,572	212.0
3	Alabama	9,406	207.6
4	South Carolina	8,561	203.9
5	Ohio	20,985	183.1
6	Georgia	15,860	179.6
7	North Carolina	15,072	176.5
8	Michigan	17,684	174.9
9	Missouri	9,455	164.3
10	Arkansas	4,476	162.6
11	Illinois	20,019	157.5
12	Oklahoma	5,228	148.4
13	Tennessee	8,605	145.8
14	Indiana	8,094	129.8
15	Maryland	7,035	126.6
16	Nevada	2,880	123.4
17	Florida	20,225	116.3
18	Texas	26,110	116.1
	U.S. TOTAL[†]	339,593	115.6
19	Virginia	8,346	111.9
20	Delaware	913	110.0
21	Wisconsin	5,869	106.5
22	California	34,338	95.7
23	Kansas	2,605	95.2
24	New York	17,717	92.1
25	Alaska	600	91.5
26	Pennsylvania	11,222	90.5
27	Arizona	4,951	86.2
28	New Mexico	1,552	81.5
29	Hawaii	1,024	81.1
30	Connecticut	2,750	78.5
31	Kentucky	2,935	70.8
32	Colorado	3,224	70.1
33	Minnesota	3,482	68.3
34	Nebraska	1,158	66.3
35	New Jersey	5,722	65.8
36	Washington	3,739	60.3
37	Iowa	1,606	54.4
38	South Dakota	351	45.5
39	Oregon	1,562	43.5
40	West Virginia	770	42.4
41	Rhode Island	438	40.5
42	Massachusetts	2,537	39.5
43	Utah	727	30.4
44	North Dakota	128	20.2
	YEAR 2010 TARGET		19.0
45	Wyoming	87	17.2
46	Montana	158	17.0
47	New Hampshire	177	13.6
48	Maine	142	10.8
49	Vermont	60	9.7
50	Idaho	119	8.5

*States were ranked in descending order by rate, number of cases, and alphabetically by state.

[†]Total includes cases reported by Washington, D.C., but excludes outlying areas (Guam with 106 cases and rate of 63.8, Puerto Rico with 328 cases and rate of 8.4, and Virgin Islands with 30 cases and rate of 27.6).

Table 12. Gonorrhea — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	11,182	10,118	9,303	8,206	9,406	250.2	225.5	206.7	181.1	207.6
Alaska	457	641	573	567	600	72.1	99.6	88.3	86.5	91.5
Arizona	3,920	3,795	3,580	4,065	4,951	73.9	69.6	64.1	70.8	86.2
Arkansas	4,604	4,584	4,251	4,137	4,476	170.9	169.1	156.0	150.3	162.6
California	23,296	24,606	25,963	30,155	34,338	67.3	70.1	73.2	84.0	95.7
Colorado	3,190	3,511	2,854	3,054	3,224	72.0	77.9	62.7	66.4	70.1
Connecticut	2,546	3,241	3,114	2,862	2,750	74.1	93.7	89.4	81.7	78.5
Delaware	1,733	1,576	1,128	894	913	217.5	195.2	138.0	107.7	110.0
Florida	21,531	21,348	18,974	18,580	20,225	131.5	127.7	111.5	106.8	116.3
Georgia	18,920	18,383	17,686	15,783	15,860	225.1	214.7	203.6	178.8	179.6
Hawaii	604	740	1,263	1,193	1,024	49.2	59.4	100.4	94.5	81.1
Idaho	76	94	68	103	119	5.8	7.0	5.0	7.4	8.5
Illinois	24,025	24,026	21,817	20,597	20,019	191.9	190.7	172.4	162.0	157.5
Indiana	6,972	7,395	6,681	6,851	8,094	113.8	120.1	107.8	109.8	129.8
Iowa	1,418	1,480	1,554	1,249	1,606	48.4	50.4	52.8	42.3	54.4
Kansas	2,669	2,744	2,647	2,542	2,605	98.8	101.0	97.2	92.9	95.2
Kentucky	3,588	3,772	3,578	2,758	2,935	88.2	92.2	86.9	66.5	70.8
Louisiana	12,253	11,387	11,850	10,538	9,572	274.1	254.0	263.5	233.4	212.0
Maine	141	142	233	210	142	11.0	11.0	17.8	15.9	10.8
Maryland	9,427	9,355	8,032	8,297	7,035	175.0	171.4	145.8	149.3	126.6
Massachusetts	3,214	3,242	2,901	3,057	2,537	50.2	50.4	45.1	47.6	39.5
Michigan	17,120	14,770	13,965	17,376	17,684	171.1	147.0	138.5	171.8	174.9
Minnesota	2,701	3,049	3,202	2,957	3,482	54.2	60.7	63.3	58.0	68.3
Mississippi	7,759	6,875	6,328	7,163	7,171	271.3	239.4	219.6	246.7	247.0
Missouri	8,723	8,952	8,792	9,218	9,455	154.7	157.8	154.1	160.2	164.3
Montana	104	123	122	88	158	11.5	13.5	13.3	9.5	17.0
Nebraska	1,189	1,564	1,623	1,147	1,158	69.1	90.4	93.3	65.6	66.3
Nevada	1,756	1,988	2,221	3,078	2,880	83.7	91.5	99.1	131.8	123.4
New Hampshire	176	120	125	133	177	14.0	9.4	9.7	10.2	13.6
New Jersey	8,921	7,894	7,944	6,696	5,722	104.8	91.9	92.0	77.0	65.8
New Mexico	1,040	1,462	1,169	1,306	1,552	56.8	78.8	62.4	68.6	81.5
New York	22,299	21,841	22,166	18,737	17,717	116.8	114.0	115.5	97.5	92.1
North Carolina	16,583	15,531	15,116	15,194	15,072	202.1	186.7	179.8	177.9	176.5
North Dakota	56	72	103	110	128	8.8	11.4	16.3	17.3	20.2
Ohio	21,163	22,008	22,537	20,467	20,985	185.8	192.7	197.1	178.6	183.1
Oklahoma	4,784	4,661	4,552	4,453	5,228	137.9	133.4	129.6	126.4	148.4
Oregon	1,144	909	1,000	1,302	1,562	32.9	25.8	28.1	36.2	43.5
Pennsylvania	14,244	13,294	11,866	11,236	11,222	115.8	107.8	96.0	90.6	90.5
Rhode Island	830	900	973	816	438	78.3	84.1	90.4	75.5	40.5
South Carolina	10,805	9,152	8,518	9,171	8,561	266.0	222.8	205.4	218.5	203.9
South Dakota	289	263	226	304	351	38.1	34.6	29.6	39.4	45.5
Tennessee	10,145	9,348	8,519	8,475	8,605	176.5	161.2	145.8	143.6	145.8
Texas	30,024	26,988	24,595	24,371	26,110	140.5	123.9	111.2	108.4	116.1
Utah	219	374	412	603	727	9.6	16.1	17.5	25.2	30.4
Vermont	76	98	97	86	60	12.4	15.9	15.7	13.8	9.7
Virginia	11,095	10,462	9,066	8,565	8,346	154.2	143.4	122.7	114.8	111.9
Washington	2,991	2,925	2,753	2,810	3,739	49.9	48.2	44.9	45.3	60.3
West Virginia	732	974	847	892	770	40.6	54.1	46.8	49.1	42.4
Wisconsin	6,011	6,341	5,663	5,053	5,869	111.2	116.5	103.5	91.7	106.5
Wyoming	77	65	46	59	87	15.6	13.0	9.2	11.6	17.2
U.S. TOTAL*	361,705	351,852	335,104	330,132	339,593	126.8	122.0	115.2	112.4	115.6
Northeast	52,447	50,772	49,419	43,833	40,765	97.2	93.6	90.8	80.3	74.7
Midwest	92,336	92,664	88,810	87,871	91,436	142.5	142.2	135.8	133.7	139.1
South	178,048	167,183	154,851	150,045	152,431	174.6	161.8	148.1	141.6	143.9
West	38,874	41,233	42,024	48,383	54,961	60.2	62.8	63.2	71.8	81.5
Guam	48	49	65	114	106	30.3	30.4	39.7	68.6	63.8
Puerto Rico	589	411	276	267	328	15.3	10.6	7.1	6.9	8.4
Virgin Islands	34	49	91	75	30	31.1	44.5	83.6	68.9	27.6
OUTLYING AREAS	671	509	432	456	464	16.3	12.3	10.4	10.9	11.1
TOTAL	362,376	352,361	335,536	330,588	340,057	125.2	120.5	113.8	111.0	114.2

*Includes cases reported by Washington, D.C.

Table 13. Gonorrhea — Women — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

<i>State/Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Alabama	5,712	4,974	4,583	3,673	4,494	247.3	214.6	197.4	157.4	192.5
Alaska	244	353	339	337	349	79.7	113.6	108.1	106.5	110.3
Arizona	1,700	1,659	1,636	1,787	2,338	64.0	60.8	58.7	62.3	81.5
Arkansas	2,404	2,388	2,108	2,032	2,252	174.4	172.4	151.5	144.7	160.4
California	10,448	10,857	11,912	13,620	15,827	60.2	61.7	67.0	75.8	88.0
Colorado	1,588	1,643	1,529	1,656	1,619	72.2	73.5	67.8	72.6	71.0
Connecticut	1,411	1,910	1,910	1,756	1,590	79.7	107.2	106.6	97.4	88.2
Delaware	1,002	858	602	508	515	244.6	206.7	143.5	119.3	121.0
Florida	10,380	10,373	9,419	9,371	10,204	123.9	121.4	108.5	105.6	115.0
Georgia	9,590	9,306	9,137	8,119	7,819	224.8	214.3	207.8	181.9	175.2
Hawaii	292	394	723	680	619	47.7	63.5	115.3	107.5	97.8
Idaho	39	49	18	42	57	5.9	7.3	2.6	6.0	8.2
Illinois	12,178	12,273	11,624	11,510	10,998	190.7	191.1	180.4	177.9	170.0
Indiana	3,792	3,996	3,610	3,550	4,453	121.6	127.5	114.6	112.0	140.5
Iowa	766	821	869	736	885	51.3	54.9	58.1	49.1	59.0
Kansas	1,468	1,556	1,522	1,565	1,645	107.5	113.4	110.8	113.6	119.5
Kentucky	1,812	1,936	1,845	1,415	1,530	87.2	92.6	87.8	67.0	72.4
Louisiana	6,056	5,861	6,076	5,450	4,761	262.7	253.7	262.6	234.7	205.1
Maine	55	44	84	84	61	8.3	6.6	12.6	12.5	9.0
Maryland	4,591	4,592	4,166	4,327	3,620	164.9	162.9	146.5	150.9	126.3
Massachusetts	1,591	1,579	1,342	1,531	1,320	48.0	47.5	40.4	46.3	39.9
Michigan	9,057	7,974	7,823	9,614	10,161	177.7	155.9	152.5	186.9	197.5
Minnesota	1,461	1,688	1,784	1,712	1,909	58.1	66.7	70.0	66.6	74.3
Mississippi	4,663	4,201	3,757	4,362	4,234	315.6	283.3	253.0	291.9	283.4
Missouri	4,540	4,810	4,794	5,139	5,334	156.8	165.2	164.1	174.6	181.2
Montana	57	75	74	54	102	12.5	16.4	16.1	11.6	22.0
Nebraska	671	909	924	656	688	77.0	103.8	105.0	74.2	77.9
Nevada	761	965	1,062	1,417	1,343	73.9	90.5	96.6	123.7	117.2
New Hampshire	96	51	57	54	97	15.0	7.9	8.7	8.2	14.7
New Jersey	4,522	3,958	4,550	3,607	3,077	103.3	89.6	102.6	80.8	68.9
New Mexico	472	740	598	749	884	50.7	78.5	62.8	77.4	91.4
New York	11,873	11,141	11,296	9,720	9,031	120.2	112.5	113.9	98.0	91.0
North Carolina	7,810	7,585	7,383	7,384	7,545	186.7	178.9	172.6	170.0	173.8
North Dakota	30	40	59	72	76	9.4	12.6	18.6	22.7	23.9
Ohio	11,257	11,944	12,390	11,144	11,592	192.2	203.5	211.1	189.6	197.2
Oklahoma	2,670	2,566	2,562	2,471	3,018	151.5	144.7	143.9	138.6	169.2
Oregon	448	357	389	567	661	25.6	20.1	21.7	31.4	36.6
Pennsylvania	7,872	7,200	6,644	6,295	6,271	123.8	113.0	104.2	98.5	98.1
Rhode Island	488	484	517	478	227	88.7	87.2	92.7	85.4	40.6
South Carolina	5,126	4,357	4,369	5,007	4,601	245.5	206.3	205.3	232.6	213.7
South Dakota	166	148	133	178	196	43.5	38.6	34.6	45.9	50.6
Tennessee	4,808	4,564	4,263	4,327	4,395	163.1	153.6	142.6	143.5	145.8
Texas	15,599	14,075	12,643	12,433	13,827	145.1	128.5	113.8	110.1	122.5
Utah	95	150	153	266	319	8.4	13.0	13.1	22.4	26.8
Vermont	42	56	48	53	26	13.4	17.8	15.2	16.8	8.2
Virginia	5,485	5,445	4,809	4,650	4,402	149.6	146.7	128.1	122.7	116.2
Washington	1,301	1,197	1,167	1,229	1,622	43.2	39.3	38.0	39.5	52.2
West Virginia	418	567	464	470	427	45.2	61.3	50.0	50.6	46.0
Wisconsin	3,672	3,717	3,299	2,953	3,433	134.3	135.1	119.3	106.1	123.4
Wyoming	43	38	28	39	54	17.5	15.3	11.2	15.5	21.5
U.S. TOTAL*	183,863	179,648	174,230	172,142	177,537	126.6	122.5	117.9	115.4	119.1
Northeast	27,950	26,423	26,448	23,578	21,700	100.3	94.4	94.3	83.9	77.2
Midwest	49,058	49,876	48,831	48,829	51,370	148.5	150.3	146.7	146.1	153.7
South	89,367	84,872	79,323	77,292	78,673	171.8	161.1	149.0	143.4	146.0
West	17,488	18,477	19,628	22,443	25,794	54.1	56.2	59.1	66.6	76.5
Guam	22	26	39	70	71	28.4	33.0	48.7	86.0	87.2
Puerto Rico	279	230	121	150	194	14.0	11.5	6.0	7.4	9.6
Virgin Islands	20	38	65	48	18	34.4	64.2	114.3	84.4	31.7
OUTLYING AREAS	321	294	225	268	283	15.1	13.7	10.5	12.4	13.1
TOTAL	184,184	179,942	174,455	172,410	177,820	125.0	120.9	116.4	114.0	117.5

*Includes cases reported by Washington, D.C.

NOTE: Cases reported with unknown sex are not included in this table.

Table 14. Gonorrhea — Men — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	5,457	5,131	4,705	4,526	4,892	252.7	236.5	215.9	206.1	222.7
Alaska	213	288	234	230	251	65.0	86.5	69.8	67.9	74.1
Arizona	2,220	2,136	1,942	2,274	2,610	83.8	78.4	69.6	79.1	90.8
Arkansas	2,191	2,194	2,141	2,104	2,223	166.5	165.6	160.5	156.0	164.8
California	12,701	13,586	13,965	16,440	18,348	73.6	77.6	78.8	91.8	102.4
Colorado	1,602	1,868	1,325	1,398	1,605	71.8	82.3	57.7	60.2	69.1
Connecticut	1,132	1,331	1,204	1,106	1,160	68.0	79.3	71.2	65.1	68.2
Delaware	731	718	526	386	398	188.9	183.0	132.1	95.4	98.4
Florida	11,149	10,975	9,555	9,209	10,021	139.4	134.3	114.6	108.0	117.6
Georgia	9,325	9,013	8,487	7,596	7,885	225.3	213.7	198.0	174.0	180.6
Hawaii	312	346	540	513	405	50.7	55.4	85.6	81.4	64.3
Idaho	35	45	50	60	60	5.3	6.7	7.3	8.6	8.6
Illinois	11,845	11,750	10,192	9,087	9,020	193.1	190.2	164.1	145.5	144.5
Indiana	3,169	3,372	3,040	3,270	3,616	105.4	111.5	99.8	106.6	117.8
Iowa	652	658	680	511	721	45.3	45.6	47.0	35.1	49.6
Kansas	1,201	1,188	1,125	977	960	89.9	88.4	83.3	71.9	70.7
Kentucky	1,769	1,834	1,727	1,338	1,399	88.9	91.6	85.6	65.8	68.8
Louisiana	6,197	5,466	5,710	5,029	4,744	286.2	251.6	261.6	229.2	216.2
Maine	86	98	149	126	81	13.8	15.6	23.4	19.6	12.6
Maryland	4,836	4,756	3,858	3,969	3,410	185.8	180.2	144.7	147.5	126.7
Massachusetts	1,622	1,663	1,552	1,524	1,216	52.5	53.6	49.9	49.1	39.1
Michigan	8,063	6,796	6,141	7,762	7,468	164.2	137.7	124.0	156.2	150.3
Minnesota	1,240	1,361	1,418	1,245	1,573	50.2	54.7	56.5	49.2	62.1
Mississippi	3,096	2,674	2,571	2,801	2,937	224.0	192.5	184.1	198.8	208.5
Missouri	4,183	4,142	3,998	4,079	4,121	152.5	150.0	143.7	145.1	146.6
Montana	47	47	47	33	56	10.4	10.4	10.3	7.1	12.1
Nebraska	516	653	695	488	467	60.8	76.5	80.9	56.5	54.1
Nevada	993	1,022	1,158	1,658	1,535	92.9	92.3	101.4	139.5	129.1
New Hampshire	80	69	68	79	80	12.9	11.0	10.7	12.3	12.5
New Jersey	4,391	3,930	3,389	3,089	2,645	106.2	94.2	80.6	72.9	62.4
New Mexico	555	716	567	557	668	61.7	78.5	61.5	59.5	71.4
New York	10,397	10,688	10,813	8,985	8,680	112.9	115.5	116.6	96.6	93.3
North Carolina	8,772	7,942	7,733	7,810	7,527	218.1	194.6	187.2	186.0	179.3
North Dakota	26	32	44	38	52	8.2	10.1	13.9	12.0	16.4
Ohio	9,679	9,819	9,856	9,046	9,035	174.9	176.8	177.1	162.1	161.9
Oklahoma	2,114	2,095	1,990	1,982	2,210	123.8	121.8	114.9	113.9	127.0
Oregon	696	552	611	735	901	40.4	31.6	34.5	41.1	50.4
Pennsylvania	6,372	6,094	5,214	4,941	4,950	107.2	102.1	87.1	82.2	82.3
Rhode Island	342	416	456	338	211	67.1	80.8	88.0	64.8	40.5
South Carolina	5,640	4,766	4,118	4,136	3,925	285.7	238.9	204.0	202.2	191.9
South Dakota	123	115	93	126	155	32.7	30.4	24.5	32.9	40.4
Tennessee	5,337	4,784	4,256	4,148	4,209	190.5	169.3	149.2	143.7	145.8
Texas	14,370	12,884	11,932	11,902	12,269	135.3	119.0	108.4	106.3	109.5
Utah	124	223	259	337	408	10.9	19.2	21.9	28.1	34.0
Vermont	34	42	49	33	34	11.3	13.9	16.1	10.8	11.1
Virginia	5,574	5,017	4,237	3,904	3,939	157.9	140.1	116.7	106.3	107.3
Washington	1,690	1,728	1,586	1,581	2,117	56.6	57.2	51.9	51.1	68.4
West Virginia	313	406	380	421	343	35.7	46.3	43.0	47.4	38.7
Wisconsin	2,321	2,612	2,341	2,087	2,431	86.9	97.1	86.5	76.5	89.1
Wyoming	34	27	18	20	33	13.7	10.8	7.1	7.8	12.9
U.S. TOTAL*	177,194	171,504	160,106	157,303	161,117	126.5	121.1	111.9	108.8	111.5
Northeast	24,456	24,331	22,894	20,221	19,057	93.7	92.7	86.8	76.4	72.0
Midwest	43,018	42,498	39,623	38,716	39,619	135.3	133.0	123.3	119.8	122.6
South	88,498	82,091	75,287	72,530	73,444	177.2	162.1	146.7	139.3	141.1
West	21,222	22,584	22,302	25,836	28,997	65.8	68.9	67.1	76.7	86.0
Guam	26	23	26	44	35	32.1	28.0	31.1	51.9	41.3
Puerto Rico	310	181	155	117	134	16.8	9.7	8.3	6.3	7.2
Virgin Islands	14	11	26	27	12	27.3	21.6	50.0	52.0	23.1
OUTLYING AREAS	350	215	207	188	181	17.7	10.8	10.3	9.4	9.0
TOTAL	177,544	171,719	160,313	157,491	161,298	125.0	119.5	110.5	107.5	110.1

*Includes cases reported by Washington, D.C.

NOTE: Cases reported with unknown sex are not included in this table.

Table 15. Gonorrhea — Counties and independent cities* ranked by number of reported cases: United States, 2005

<i>Rank†</i>	<i>County/Independent City</i>	<i>Cases</i>	<i>Rate per 100,000 Population</i>	<i>Cumulative Percent</i>
1	Cook County, IL	12,296	230.8	3
2	Los Angeles County, CA	11,307	113.8	6
3	Wayne County, MI	9,225	457.5	9
4	Philadelphia County, PA	5,053	343.7	11
5	Dallas County, TX	5,034	219.4	12
6	Harris County, TX	4,402	120.8	13
7	Cuyahoga County, OH	4,214	311.9	15
8	Marion County, IN	3,965	459.1	16
9	Milwaukee County, WI	3,953	426.0	17
10	Kings County, NY	3,772	152.4	18
11	Baltimore (City), MD	3,476	546.3	19
12	Shelby County, TN	3,227	355.3	20
13	Franklin County, OH	3,168	290.9	21
14	Hamilton County, OH	3,036	372.7	22
15	Maricopa County, AZ	2,917	83.3	23
16	San Diego County, CA	2,695	91.9	24
17	Jackson County, MO	2,659	402.8	24
18	St Louis (City), MO	2,653	772.8	25
19	Fulton County, GA	2,621	321.8	26
20	Tarrant County, TX	2,533	159.5	27
21	Clark County, NV	2,487	150.7	27
22	San Francisco County, CA	2,463	330.9	28
23	Duval County, FL	2,343	285.3	29
24	New York County, NY	2,332	149.2	29
25	De Kalb County, GA	2,313	342.3	30
26	Bronx County, NY	2,299	168.4	31
27	Sacramento County, CA	2,279	168.5	32
28	Oklahoma County, OK	2,266	332.8	32
29	Bexar County, TX	2,192	146.7	33
30	Jefferson County, AL	2,171	329.7	33
31	Washington, DC	2,146	387.7	34
32	Alameda County, CA	2,119	145.6	35
33	San Bernardino County, CA	2,114	110.0	35
34	Mecklenburg County, NC	2,082	269.8	36
35	St Louis County, MO	2,038	201.9	37
36	Orange County, FL	1,990	201.0	37
37	Broward County, FL	1,980	112.8	38
38	Monroe County, NY	1,845	251.0	38
39	Essex County, NJ	1,840	231.0	39
40	Allegheny County, PA	1,802	144.1	39
41	Queens County, NY	1,802	80.5	40
42	King County, WA	1,785	100.4	40
43	Orleans County, LA	1,760	380.7	41
44	Montgomery County, OH	1,751	318.3	41
45	Hennepin County, MN	1,728	154.2	42
46	Erie County, NY	1,713	183.0	42
47	Mobile County, AL	1,673	417.7	43
48	Dade County, FL	1,661	70.3	43
49	Genesee County, MI	1,511	340.4	44
50	Caddo County, LA	1,442	573.3	44
51	Pinellas County, FL	1,423	153.3	45
52	Lucas County, OH	1,415	314.0	45
53	Orange County, CA	1,390	46.5	46
54	Jefferson County, KY	1,387	198.1	46
55	Hinds County, MS	1,364	545.6	46
56	Travis County, TX	1,364	156.8	47
57	Richmond (City), VA	1,329	690.4	47
58	Denver County, CO	1,311	235.4	48
59	Fresno County, CA	1,310	151.1	48
60	Hillsborough County, FL	1,263	114.7	48
61	Pulaski County, AR	1,232	336.7	49
62	Kern County, CA	1,224	166.6	49
63	Prince George's County, MD	1,185	140.6	49
64	Tulsa County, OK	1,169	205.4	50
65	Kent County, MI	1,137	191.4	50
66	Charleston County, SC	1,128	345.2	50

*Accounting for 50% of reported gonorrhea cases.

†Counties and independent cities were ranked in descending order by number of cases reported in 2005.

Table 16. Gonorrhea — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

Metropolitan Statistical Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	8,731	8,825	7,355	7,838	NA	192.8	191.4	156.2	166.5
Austin-Round Rock, TX	1,813	1,656	1,458	1,472	1,706	137.1	122.7	105.8	104.2	120.8
Baltimore-Towson, MD	NA	6,213	5,382	5,256	4,779	NA	238.8	205.7	199.2	181.1
Birmingham-Hoover, AL	2,812	2,693	2,212	2,377	2,381	264.8	252.1	206.2	219.6	220.0
Boston-Cambridge-Quincy, MA-NH	NA	2,191	1,818	1,998	1,684	NA	49.3	40.9	45.2	38.1
Buffalo-Cheektowaga-Tonawanda, NY	NA	2,224	1,809	1,670	1,926	NA	191.2	156.0	144.7	166.8
Charlotte-Gastonia-Concord, NC-SC	3,002	3,146	3,130	2,998	3,330	218.1	223.1	217.8	203.3	225.8
Chicago-Naperville-Joliet, IL-IN-WI	NA	19,312	17,080	15,684	14,857	NA	208.0	183.0	167.0	158.2
Cincinnati-Middletown, OH-KY-IN	3,792	4,065	4,206	3,455	3,927	187.0	199.2	205.4	167.9	190.8
Cleveland-Elyria-Mentor, OH	5,189	5,489	5,338	4,472	4,641	241.7	255.6	249.5	209.3	217.2
Columbus, OH	3,865	3,268	2,963	3,004	3,445	235.5	196.9	176.9	177.3	203.4
Dallas-Fort Worth-Arlington, TX	9,297	7,896	7,570	7,119	8,416	173.6	144.0	135.4	124.9	147.6
Denver-Aurora, CO	2,512	2,783	2,136	2,232	2,147	111.8	122.0	92.8	95.8	92.1
Detroit-Warren-Livonia, MI	10,060	8,622	7,173	9,299	10,766	224.8	192.3	160.0	207.0	239.6
Hartford-West Hartford-East Hartford, CT	1,092	1,281	1,030	933	993	94.2	109.7	87.4	78.8	83.8
Houston-Baytown-Sugar Land, TX	6,604	6,337	5,191	5,525	5,213	136.0	127.1	102.3	106.7	100.6
Indianapolis, IN	3,496	3,660	3,349	3,510	4,142	225.0	232.4	209.9	216.5	255.4
Jacksonville, FL	2,912	3,078	2,574	2,197	2,578	253.1	261.4	214.0	179.3	210.4
Kansas City, MO-KS	3,312	3,827	3,694	3,832	3,769	177.6	202.6	193.9	199.0	195.8
Las Vegas-Paradise, NV	1,513	1,757	1,968	2,645	2,487	103.7	115.4	124.8	160.2	150.7
Los Angeles-Long Beach-Santa Ana, CA	NA	9,073	9,753	11,103	12,697	NA	71.2	76.0	85.9	98.2
Louisville, KY-IN	1,609	1,517	1,617	1,484	1,551	137.1	128.3	135.9	123.6	129.2
Memphis, TN-MS-AR	5,021	4,623	3,764	3,832	3,782	412.3	375.7	303.7	306.5	302.5
Miami-Fort Lauderdale-Miami Beach, FL	4,889	4,816	4,455	4,622	4,497	95.3	92.0	84.2	86.2	83.9
Milwaukee-Waukesha-West Allis, WI	NA	4,687	3,998	3,311	4,031	NA	309.9	264.0	218.4	265.9
Minneapolis-St. Paul-Bloomington, MN-WI	NA	2,738	2,781	2,439	2,920	NA	89.6	90.2	78.3	93.7
Nashville-Davidson-Murfreesboro, TN	2,020	1,764	1,888	1,602	1,474	151.2	130.4	137.7	114.8	105.6
New Orleans-Metairie-Kenner, LA	NA	3,679	3,956	3,316	2,609	NA	279.7	300.3	251.3	197.7
New York-Newark-Edison, NY-NJ-PA	NA	19,507	20,480	16,915	15,533	NA	104.9	109.9	90.4	83.0
Oklahoma City, OK	2,209	2,090	2,050	2,153	2,548	199.4	186.4	181.0	188.1	222.7
Orlando, FL	2,678	2,502	2,165	2,285	2,848	157.0	142.8	120.1	122.7	153.0
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	10,087	8,502	7,818	7,719	NA	175.4	147.3	134.8	133.1
Phoenix-Mesa-Scottsdale, AZ	NA	NA	2,795	3,161	3,133	NA	NA	77.8	85.1	84.3
Pittsburgh, PA	NA	2,472	2,035	1,799	2,157	NA	102.2	84.4	74.9	89.8
Portland-Vancouver-Beaverton, OR-WA	1,032	818	858	1,173	1,393	52.2	40.6	42.1	56.8	67.5
Providence-New Bedford-Fall River, RI-MA	NA	1,052	1,136	1,048	650	NA	65.2	70.0	64.3	39.9
Richmond, VA	3,239	2,746	2,319	2,160	2,361	291.2	243.8	203.7	187.1	204.5
Riverside-San Bernardino-Ontario, CA	NA	2,245	2,512	2,631	3,012	NA	63.9	69.0	69.4	79.4
Rochester, NY	NA	1,821	1,897	1,900	1,899	NA	174.6	182.2	182.4	182.3
Sacramento-Arden-Arcade-Roseville, CA	NA	1,514	1,859	2,066	2,450	NA	78.4	94.1	102.4	121.5
Salt Lake City, UT	158	261	276	371	460	16.0	26.2	27.5	36.4	45.2
San Antonio, TX	2,240	2,078	2,333	2,183	2,300	128.0	116.3	128.1	117.7	124.1
San Diego-Carlsbad-San Marcos, CA	NA	2,132	2,007	2,379	2,695	NA	73.3	68.5	81.1	91.9
San Francisco-Oakland-Fremont, CA	NA	5,070	4,394	4,967	5,713	NA	121.3	105.7	119.6	137.5
San Jose-Sunnyvale-Santa Clara, CA	NA	516	740	1,084	1,055	NA	29.7	42.7	62.2	60.6
Seattle-Tacoma-Bellevue, WA	2,405	2,288	2,027	1,883	2,704	77.7	73.2	64.5	59.5	85.4
St. Louis, MO-IL	6,378	5,797	5,600	5,719	6,391	234.9	212.4	204.7	206.9	231.2
Tampa-St. Petersburg-Clearwater, FL	3,089	3,679	3,160	2,801	2,910	126.3	147.7	124.8	108.2	112.4
Virginia Beach-Norfolk-Newport News, VA-NC	4,872	4,812	4,201	3,812	3,355	306.0	298.3	256.6	231.8	204.0
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	5,977	5,262	5,803	4,497	NA	118.9	103.4	112.9	87.5
U.S. MSA TOTAL	103,110	210,590	199,726	194,853	202,369	168.9	139.1	127.8	123.4	128.2

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 17. Gonorrhea — Women – Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Atlanta-Sandy Springs-Marietta, GA	NA	3,967	4,177	3,563	3,567	NA	173.2	179.6	150.3	150.5
Austin-Round Rock, TX	878	815	644	692	830	135.0	122.8	95.4	100.1	120.0
Baltimore-Towson, MD	NA	3,063	2,793	2,710	2,426	NA	227.0	206.0	198.2	177.5
Birmingham-Hoover, AL	1,540	1,354	1,100	1,060	1,133	279.3	244.3	197.9	189.2	202.3
Boston-Cambridge-Quincy, MA-NH	NA	1,017	771	937	793	NA	44.3	33.7	41.2	34.8
Buffalo-Cheektowaga-Tonawanda, NY	NA	1,167	974	920	1,079	NA	192.9	161.7	153.4	179.9
Charlotte-Gastonia-Concord, NC-SC	1,303	1,461	1,492	1,413	1,604	185.9	203.7	204.4	188.6	214.1
Chicago-Naperville-Joliet, IL-IN-WI	NA	9,585	8,804	8,546	7,948	NA	202.3	185.1	178.7	166.2
Cincinnati-Middletown, OH-KY-IN	2,101	2,274	2,371	2,038	2,274	201.6	217.0	226.0	193.3	215.7
Cleveland-Elyria-Mentor, OH	2,470	2,688	2,620	2,192	2,264	220.8	240.2	235.3	197.2	203.7
Columbus, OH	1,985	1,746	1,569	1,475	1,896	237.8	206.9	184.5	171.8	220.9
Dallas-Fort Worth-Arlington, TX	4,691	3,979	3,822	3,547	4,135	174.7	144.9	136.9	124.7	145.4
Denver-Aurora, CO	1,218	1,251	1,091	1,144	996	108.6	109.9	95.2	98.7	85.9
Detroit-Warren-Livonia, MI	5,203	4,524	3,807	4,850	6,079	226.4	196.5	165.5	210.5	263.8
Hartford-West Hartford-East Hartford, CT	639	749	614	533	520	106.9	124.5	101.2	87.3	85.2
Houston-Baytown-Sugar Land, TX	3,330	3,189	2,509	2,813	3,016	136.7	127.6	98.8	108.6	116.4
Indianapolis, IN	1,811	1,847	1,659	1,698	2,163	228.2	229.9	204.1	205.7	262.0
Jacksonville, FL	1,307	1,413	1,201	1,083	1,240	221.8	234.4	195.1	173.0	198.1
Kansas City, MO-KS	1,654	1,917	1,890	2,027	2,035	173.5	198.6	194.6	206.8	207.6
Las Vegas-Paradise, NV	648	848	931	1,206	1,163	90.3	113.4	120.2	148.7	143.4
Los Angeles-Long Beach-Santa Ana, CA	NA	3,879	4,371	4,997	5,687	NA	60.3	67.6	76.6	87.2
Louisville, KY-IN	735	722	767	720	740	121.7	118.7	125.6	116.9	120.2
Memphis, TN-MS-AR	2,401	2,273	1,860	1,926	1,990	379.7	356.0	289.8	297.6	307.4
Miami-Fort Lauderdale-Miami Beach, FL	2,228	2,205	2,114	2,307	2,317	84.1	81.7	77.6	83.5	83.9
Milwaukee-Waukesha-West Allis, WI	NA	2,713	2,295	1,906	2,298	NA	348.6	295.0	244.9	295.2
Minneapolis-St. Paul-Bloomington, MN-WI	NA	1,499	1,508	1,373	1,548	NA	97.0	96.8	87.3	98.5
Nashville-Davidson-Murfreesboro, TN	958	781	873	742	661	140.7	113.3	125.4	104.9	93.4
New Orleans-Metairie-Kenner, LA	NA	1,721	1,961	1,606	1,287	NA	251.1	286.0	234.0	187.5
New York-Newark-Edison, NY-NJ-PA	NA	9,755	10,650	8,821	7,784	NA	101.0	110.2	91.0	80.3
Oklahoma City, OK	1,283	1,142	1,138	1,181	1,486	227.5	200.2	197.7	203.8	256.4
Orlando, FL	1,232	1,212	1,039	1,063	1,286	142.4	136.5	113.8	112.9	136.6
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	5,288	4,593	4,189	4,219	NA	177.2	153.5	139.5	140.5
Phoenix-Mesa-Scottsdale, AZ	NA	NA	1,254	1,373	1,456	NA	NA	70.3	74.5	79.0
Pittsburgh, PA	NA	1,454	1,192	1,063	1,216	NA	115.3	94.9	85.0	97.2
Portland-Vancouver-Beaverton, OR-WA	400	315	331	491	551	40.2	31.1	32.3	47.4	53.2
Providence-New Bedford-Fall River, RI-MA	NA	570	603	607	365	NA	68.1	71.7	72.0	43.3
Richmond, VA	1,549	1,573	1,260	1,187	1,256	269.3	270.3	214.6	199.7	211.3
Riverside-San Bernardino-Ontario, CA	NA	1,129	1,289	1,323	1,572	NA	64.3	70.8	69.8	83.0
Rochester, NY	NA	929	982	919	1,006	NA	173.4	183.5	172.0	188.3
Sacramento-Arden-Arcade-Roseville, CA	NA	811	942	1,049	1,307	NA	82.6	93.9	102.3	127.5
Salt Lake City, UT	63	86	91	143	183	12.9	17.4	18.3	28.4	36.3
San Antonio, TX	1,178	1,083	1,152	1,109	1,155	131.6	118.6	124.0	117.2	122.0
San Diego-Carlsbad-San Marcos, CA	NA	718	739	936	1,108	NA	49.7	50.8	64.2	76.0
San Francisco-Oakland-Fremont, CA	NA	1,857	1,578	1,580	2,052	NA	87.8	75.2	75.4	97.9
San Jose-Sunnyvale-Santa Clara, CA	NA	196	328	467	457	NA	22.8	38.4	54.6	53.4
Seattle-Tacoma-Bellevue, WA	966	853	732	717	1,060	62.2	54.4	46.5	45.2	66.8
St. Louis, MO-IL	3,340	3,174	3,037	3,213	3,638	237.3	224.5	214.5	225.0	254.7
Tampa-St. Petersburg-Clearwater, FL	1,504	1,767	1,498	1,474	1,542	118.9	137.4	114.7	110.6	115.7
Virginia Beach-Norfolk-Newport News, VA-NC	2,300	2,287	2,111	1,990	1,717	284.7	279.9	254.6	239.1	206.3
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	2,762	2,520	2,973	2,269	NA	107.2	96.6	113.1	86.3
U.S. MSA TOTAL	50,915	103,608	99,647	97,892	102,374	163.8	134.1	125.2	121.8	127.4

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 18. Gonorrhea — Men — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

Metropolitan Statistical Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	4,729	4,616	3,750	4,183	NA	211.2	202.0	160.4	178.9
Austin-Round Rock, TX	935	841	811	768	870	139.1	122.7	115.4	106.5	120.7
Baltimore-Towson, MD	NA	3,148	2,588	2,546	2,352	NA	251.3	205.3	200.1	184.9
Birmingham-Hoover, AL	1,269	1,338	1,108	1,316	1,243	248.6	260.4	214.4	252.1	238.1
Boston-Cambridge-Quincy, MA-NH	NA	1,174	1,045	1,060	890	NA	54.6	48.6	49.4	41.4
Buffalo-Cheektowaga-Tonawanda, NY	NA	1,057	835	750	847	NA	189.3	149.9	135.2	152.7
Charlotte-Gastonia-Concord, NC-SC	1,698	1,682	1,638	1,583	1,726	251.5	242.7	231.5	218.1	237.8
Chicago-Naperville-Joliet, IL-IN-WI	NA	9,719	8,265	7,122	6,900	NA	213.7	180.6	154.5	149.7
Cincinnati-Middletown, OH-KY-IN	1,672	1,759	1,804	1,375	1,616	169.5	177.1	180.8	136.9	160.9
Cleveland-Elyria-Mentor, OH	2,694	2,762	2,683	2,236	2,329	262.1	268.4	261.5	218.0	227.1
Columbus, OH	1,841	1,493	1,380	1,509	1,531	228.3	182.9	167.4	180.6	183.2
Dallas-Fort Worth-Arlington, TX	4,561	3,899	3,742	3,560	4,276	170.8	142.4	133.7	124.7	149.7
Denver-Aurora, CO	1,294	1,532	1,045	1,088	1,151	115.1	134.1	90.5	92.9	98.3
Detroit-Warren-Livonia, MI	4,857	4,098	3,365	4,449	4,657	223.2	187.8	154.1	203.2	212.8
Hartford-West Hartford-East Hartford, CT	450	532	416	400	473	80.1	93.9	72.8	69.7	82.4
Houston-Baytown-Sugar Land, TX	3,268	3,144	2,672	2,707	2,194	135.0	126.4	105.3	104.5	84.7
Indianapolis, IN	1,682	1,798	1,680	1,808	1,972	221.3	233.1	214.7	227.1	247.7
Jacksonville, FL	1,605	1,665	1,373	1,114	1,338	286.0	289.6	233.8	185.9	223.3
Kansas City, MO-KS	1,658	1,910	1,804	1,805	1,734	182.0	206.7	193.3	191.0	183.5
Las Vegas-Paradise, NV	863	909	1,036	1,436	1,322	116.3	117.4	129.1	171.0	157.5
Los Angeles-Long Beach-Santa Ana, CA	NA	5,174	5,364	6,084	6,985	NA	81.9	84.4	95.0	109.1
Louisville, KY-IN	871	794	848	761	811	152.8	138.2	146.3	130.0	138.6
Memphis, TN-MS-AR	2,620	2,350	1,904	1,906	1,792	447.4	396.9	318.7	316.1	297.2
Miami-Fort Lauderdale-Miami Beach, FL	2,661	2,611	2,341	2,315	2,180	107.2	103.1	91.3	89.1	83.9
Milwaukee-Waukesha-West Allis, WI	NA	1,966	1,682	1,405	1,731	NA	267.8	228.5	190.6	234.8
Minneapolis-St. Paul-Bloomington, MN-WI	NA	1,239	1,273	1,066	1,372	NA	82.1	83.4	69.0	88.9
Nashville-Davidson-Murfreesboro, TN	1,062	983	1,015	860	813	162.1	148.1	150.4	125.0	118.1
New Orleans-Metairie-Kenner, LA	NA	1,946	1,988	1,684	1,299	NA	308.9	314.6	265.9	205.1
New York-Newark-Edison, NY-NJ-PA	NA	9,736	9,769	8,063	7,744	NA	108.9	108.9	89.4	85.9
Oklahoma City, OK	926	948	912	972	1,062	170.2	172.1	163.7	172.1	188.0
Orlando, FL	1,444	1,290	1,126	1,222	1,562	171.8	149.2	126.5	132.8	169.8
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	4,799	3,907	3,629	3,500	NA	173.4	140.5	129.7	125.1
Phoenix-Mesa-Scottsdale, AZ	NA	NA	1,539	1,787	1,676	NA	NA	85.0	95.4	89.5
Pittsburgh, PA	NA	1,018	841	736	941	NA	88.0	72.8	63.9	81.8
Portland-Vancouver-Beaverton, OR-WA	632	503	527	682	842	64.3	50.2	51.9	66.3	81.9
Providence-New Bedford-Fall River, RI-MA	NA	482	532	441	285	NA	62.1	68.0	56.1	36.3
Richmond, VA	1,678	1,173	1,054	971	1,105	312.4	215.5	191.3	173.4	197.3
Riverside-San Bernardino-Ontario, CA	NA	1,116	1,221	1,308	1,440	NA	63.4	67.1	68.9	75.9
Rochester, NY	NA	892	915	981	893	NA	175.9	180.8	193.4	176.1
Sacramento-Arden-Arcade-Roseville, CA	NA	698	897	1,002	1,123	NA	73.6	92.4	101.1	113.3
Salt Lake City, UT	95	174	185	228	277	19.1	34.6	36.4	44.2	53.8
San Antonio, TX	1,061	995	1,181	1,073	1,145	124.1	113.9	132.5	118.2	126.2
San Diego-Carlsbad-San Marcos, CA	NA	1,336	1,256	1,417	1,500	NA	91.4	85.1	96.1	101.7
San Francisco-Oakland-Fremont, CA	NA	3,184	2,797	3,367	3,644	NA	154.2	135.9	163.7	177.2
San Jose-Sunnyvale-Santa Clara, CA	NA	310	408	617	597	NA	35.2	46.3	69.7	67.4
Seattle-Tacoma-Bellevue, WA	1,439	1,435	1,295	1,166	1,644	93.3	92.2	82.6	73.8	104.0
St. Louis, MO-IL	3,038	2,623	2,563	2,506	2,753	232.3	199.4	194.1	187.6	206.1
Tampa-St. Petersburg-Clearwater, FL	1,585	1,912	1,662	1,327	1,368	134.2	158.8	135.5	105.7	109.0
Virginia Beach-Norfolk-Newport News, VA-NC	2,556	2,525	2,077	1,816	1,636	325.9	317.3	257.0	223.7	201.5
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	3,200	2,724	2,822	2,220	NA	130.7	109.7	112.4	88.5
U.S. MSA TOTAL	52,015	106,601	99,709	96,596	99,544	173.5	143.8	130.1	124.6	128.4

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 19. Gonorrhea — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005

Year	Age Group	Cases			Rates		
		Total	Male	Female	Total	Male	Female
2001	10-14	6,041	862	5,179	28.9	8.0	50.8
	15-19	101,065	31,952	69,113	498.6	306.5	701.8
	20-24	116,207	54,604	61,603	589.5	541.7	639.7
	25-29	56,083	32,181	23,902	294.8	333.6	254.9
	30-34	32,537	21,050	11,487	156.5	201.1	111.3
	35-39	21,799	15,216	6,583	97.7	136.5	58.9
	40-44	13,605	10,072	3,533	59.6	89.0	30.7
	45-54	10,458	8,655	1,803	26.7	44.9	9.0
	55-64	2,255	2,003	252	8.9	16.5	1.9
	65+	843	651	192	2.4	4.5	0.9
	TOTAL	361,758	177,531	184,227	126.8	126.7	126.8
2002	10-14	5,449	784	4,665	25.8	7.2	45.2
	15-19	96,325	29,921	66,404	472.7	285.7	670.4
	20-24	112,449	52,130	60,318	556.3	503.7	611.5
	25-29	55,480	31,391	24,089	292.4	325.6	258.1
	30-34	32,081	20,560	11,521	153.1	194.6	110.8
	35-39	21,419	14,878	6,541	97.7	135.8	59.7
	40-44	13,791	10,254	3,536	60.0	89.8	30.5
	45-54	10,927	8,891	2,036	27.3	45.2	10.0
	55-64	2,284	2,019	266	8.6	15.8	1.9
	65+	791	631	159	2.2	4.3	0.8
	TOTAL	351,836	171,839	179,997	122.0	121.3	122.7
2003	10-14	4,929	725	4,204	23.3	6.7	40.7
	15-19	90,340	27,473	62,867	441.1	261.2	631.2
	20-24	106,930	48,222	58,709	515.9	452.2	583.4
	25-29	53,692	29,368	24,325	280.1	300.5	258.9
	30-34	30,528	19,004	11,524	147.4	181.9	112.4
	35-39	20,212	13,824	6,388	94.4	128.9	59.8
	40-44	13,722	10,079	3,644	59.8	88.4	31.5
	45-54	11,018	8,905	2,113	27.0	44.4	10.2
	55-64	2,316	2,012	303	8.3	15.0	2.1
	65+	745	617	128	2.1	4.1	0.6
	TOTAL	335,104	160,459	174,645	115.2	112.2	118.2
2004	10-14	4,447	630	3,817	21.0	5.8	37.0
	15-19	87,454	26,607	60,847	421.9	250.2	602.8
	20-24	103,187	45,917	57,269	492.0	425.0	563.2
	25-29	54,857	29,520	25,337	280.4	295.4	264.9
	30-34	30,372	18,664	11,708	148.4	180.5	115.6
	35-39	19,793	13,350	6,443	94.0	126.3	61.5
	40-44	14,026	10,220	3,806	60.8	89.2	32.8
	45-54	12,078	9,645	2,433	29.0	47.2	11.5
	55-64	2,653	2,286	367	9.1	16.3	2.4
	65+	745	615	130	2.1	4.1	0.6
	TOTAL	330,132	157,623	172,509	112.4	109.1	115.7
2005	10-14	4,278	646	3,631	20.2	6.0	35.2
	15-19	90,840	27,781	63,060	438.2	261.2	624.7
	20-24	106,280	47,187	59,093	506.8	436.8	581.2
	25-29	57,195	30,631	26,565	292.4	306.5	277.7
	30-34	30,044	18,244	11,800	146.8	176.4	116.5
	35-39	19,948	13,413	6,535	94.8	126.9	62.3
	40-44	14,346	10,406	3,940	62.2	90.8	34.0
	45-54	12,636	10,063	2,573	30.4	49.2	12.2
	55-64	2,777	2,399	378	9.5	17.1	2.5
	65+	763	631	132	2.1	4.2	0.6
	TOTAL	339,593	161,557	178,036	115.6	111.8	119.4

NOTE: This table should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known. Differences between total cases from this table and others in the report are due to different reporting formats. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

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Table 20A. Gonorrhea — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native			
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	
2001	10-14	855	57	798	4,646	715	3,932	440	80	360	53	6	47	46	3	43
	15-19	14,961	2,611	12,351	77,554	26,692	50,862	7,095	2,312	4,783	763	205	559	692	130	562
	20-24	16,997	5,390	11,607	89,154	44,621	44,533	8,416	4,024	4,393	881	354	526	778	231	547
	25-29	8,535	3,610	4,924	42,275	25,705	16,570	4,418	2,464	1,954	512	281	231	344	124	219
	30-34	6,106	3,461	2,645	23,242	15,644	7,597	2,636	1,646	990	327	205	122	220	93	127
	35-39	4,720	3,026	1,694	15,136	10,957	4,178	1,630	1,055	575	160	116	44	149	59	90
	40-44	2,882	1,924	958	9,749	7,496	2,253	759	513	246	111	92	19	101	46	55
	45-54	2,364	1,796	568	7,386	6,356	1,030	542	398	144	84	60	25	79	45	34
	55-64	583	510	73	1,510	1,374	136	124	90	33	23	16	7	14	12	2
	65+	207	163	44	554	443	111	57	29	28	17	11	6	7	3	4
TOTAL	58,323	22,585	35,738	271,871	140,235	131,636	26,190	12,624	13,566	2,935	1,348	1,588	2,439	751	1,689	
2002	10-14	786	50	736	4,181	665	3,516	412	57	355	28	4	24	41	7	34
	15-19	15,055	2,521	12,534	73,130	24,995	48,134	6,809	2,111	4,699	547	122	425	785	170	615
	20-24	18,044	5,714	12,330	84,159	41,703	42,456	8,648	4,176	4,473	772	304	468	843	244	599
	25-29	9,168	3,917	5,251	40,777	24,593	16,184	4,647	2,470	2,177	501	263	238	390	157	233
	30-34	6,450	3,628	2,822	22,223	14,951	7,271	2,820	1,656	1,164	322	207	115	260	117	143
	35-39	5,067	3,336	1,731	14,263	10,190	4,073	1,695	1,132	562	214	130	84	175	87	88
	40-44	3,386	2,393	993	9,226	7,098	2,128	957	637	320	109	66	44	109	58	51
	45-54	2,706	2,089	617	7,460	6,268	1,192	573	408	165	105	74	31	80	51	29
	55-64	664	574	90	1,467	1,336	132	125	95	29	23	10	13	4	3	2
	65+	196	155	41	523	428	95	50	35	15	18	11	7	3	3	0
TOTAL	61,671	24,429	37,243	257,986	132,498	125,488	26,829	12,822	14,007	2,646	1,196	1,450	2,704	905	1,800	
2003	10-14	789	51	739	3,662	594	3,068	390	71	320	31	3	28	55	7	49
	15-19	15,541	2,532	13,009	66,553	22,572	43,980	7,011	2,086	4,924	533	116	417	700	163	537
	20-24	19,132	6,097	13,035	77,129	37,552	39,577	9,080	4,085	4,994	840	270	570	767	229	539
	25-29	9,891	4,159	5,732	38,142	22,275	15,866	4,787	2,544	2,243	499	250	249	375	146	229
	30-34	6,648	3,512	3,136	20,459	13,498	6,961	2,821	1,704	1,117	381	206	175	214	83	131
	35-39	5,126	3,314	1,812	12,840	9,130	3,710	1,823	1,160	663	244	139	105	174	80	94
	40-44	3,835	2,634	1,201	8,642	6,626	2,016	981	654	327	145	95	49	118	70	48
	45-54	2,917	2,169	748	7,268	6,172	1,096	660	467	192	105	64	41	66	32	33
	55-64	713	588	125	1,439	1,301	138	123	98	25	31	19	13	8	7	2
	65+	239	196	43	443	379	64	44	29	15	11	7	4	8	6	2
TOTAL	64,961	25,288	39,673	237,038	120,266	116,771	27,793	12,922	14,872	2,823	1,171	1,652	2,489	823	1,666	
2004	10-14	678	44	634	3,336	526	2,811	366	48	318	28	5	23	38	7	31
	15-19	15,369	2,546	12,822	63,917	21,682	42,234	6,908	2,101	4,807	475	115	359	785	159	626
	20-24	19,129	5,909	13,220	73,374	35,351	38,023	8,891	4,017	4,874	868	329	538	939	319	620
	25-29	10,539	4,237	6,301	38,013	21,985	16,028	5,387	2,882	2,505	497	262	234	424	159	265
	30-34	6,751	3,459	3,293	20,027	13,180	6,847	2,956	1,726	1,230	384	200	184	249	99	150
	35-39	5,276	3,277	1,998	12,243	8,667	3,576	1,883	1,178	706	214	143	72	172	84	88
	40-44	4,021	2,713	1,307	8,710	6,653	2,058	1,060	736	324	116	75	40	116	40	76
	45-54	3,341	2,487	855	7,777	6,523	1,253	746	511	235	103	61	42	110	63	46
	55-64	831	695	136	1,615	1,457	158	159	116	43	35	12	23	12	7	5
	65+	219	174	45	472	404	68	42	29	14	3	1	2	8	6	2
TOTAL	66,250	25,585	40,665	229,843	116,537	113,306	28,455	13,360	15,096	2,726	1,205	1,521	2,858	946	1,912	
2005	10-14	691	35	655	3,154	549	2,604	355	52	304	25	1	23	45	8	37
	15-19	15,758	2,679	13,079	66,165	22,563	43,602	7,299	2,134	5,165	606	176	430	845	196	650
	20-24	20,892	6,509	14,383	73,365	35,373	37,991	9,742	4,438	5,303	960	418	542	1,012	344	668
	25-29	11,681	4,667	7,013	38,213	22,200	16,013	5,915	3,126	2,790	633	341	293	569	216	353
	30-34	6,790	3,405	3,385	19,172	12,540	6,632	3,248	1,830	1,418	405	281	124	314	137	177
	35-39	5,384	3,256	2,127	12,004	8,570	3,433	2,009	1,270	739	268	180	88	193	97	97
	40-44	4,255	2,863	1,392	8,606	6,593	2,012	1,153	776	377	146	93	53	119	44	75
	45-54	3,535	2,668	867	7,993	6,667	1,325	831	561	270	118	79	39	93	46	46
	55-64	853	721	132	1,653	1,490	163	191	134	57	44	28	16	24	17	6
	65+	242	203	39	452	386	66	55	36	19	8	4	4	3	1	2
TOTAL	70,209	27,050	43,159	231,076	117,025	114,050	30,845	14,374	16,471	3,214	1,602	1,612	3,225	1,112	2,113	

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 19 for age-specific cases and rates and Tables 12-14 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. In 2005, HI did not report age and/or race/ethnicity for most cases and their case data and population denominators were excluded. Differences between total cases from this table and others in the report are due to different reporting formats. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 20B. Gonorrhea — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
10-14	6.5	0.8	12.4	141.5	42.9	243.0	13.1	4.7	21.8	6.4	1.4	11.6	19.6	2.5	37.3
15-19	114.8	39.0	194.8	2,586.9	1,753.8	3,446.0	223.7	138.7	317.9	89.9	47.3	134.3	309.3	113.9	513.1
20-24	138.5	86.8	191.4	3,203.4	3,276.3	3,133.6	238.0	206.0	277.5	94.4	76.3	112.2	411.4	241.2	586.4
25-29	73.3	61.5	85.3	1,683.5	2,148.2	1,260.6	122.7	125.7	119.2	46.3	52.2	40.7	205.8	148.1	264.2
30-34	45.3	51.0	39.5	878.9	1,251.9	544.7	78.3	91.5	63.3	29.0	37.4	21.0	129.2	109.2	149.0
35-39	30.9	39.6	22.3	537.7	828.4	280.0	54.0	66.6	40.1	15.2	22.7	8.2	80.2	65.2	94.8
40-44	17.6	23.5	11.7	351.3	576.2	152.8	30.4	40.1	20.2	11.5	20.1	3.7	54.4	51.4	57.2
45-54	8.0	12.2	3.8	170.4	317.6	44.2	15.8	23.4	8.4	5.3	8.1	2.9	26.3	31.3	21.6
55-64	2.9	5.3	0.7	61.2	125.1	9.9	6.7	10.4	3.4	2.6	3.8	1.5	8.2	14.8	2.0
65+	0.7	1.3	0.3	19.2	40.3	6.2	3.1	3.8	2.6	1.8	2.9	1.0	4.6	5.0	4.3
TOTAL	29.4	23.3	35.3	762.0	826.8	703.3	70.3	65.8	75.2	24.6	23.4	25.8	102.6	64.0	140.0
10-14	6.0	0.7	11.5	124.9	39.1	213.2	11.6	3.1	20.6	3.4	1.0	5.9	17.4	5.9	29.2
15-19	115.2	37.5	197.3	2,410.6	1,621.2	3,226.2	213.0	126.8	306.6	64.2	28.1	101.6	346.9	147.5	555.1
20-24	143.4	89.7	198.3	2,927.7	2,942.8	2,913.0	239.8	209.6	277.0	81.4	64.7	97.9	427.4	244.0	616.6
25-29	80.1	67.9	92.6	1,631.8	2,062.7	1,238.6	123.8	119.9	128.5	45.1	49.0	41.5	233.3	186.1	281.2
30-34	48.4	54.1	42.6	834.8	1,187.4	518.3	78.8	86.3	70.2	26.6	35.3	18.4	152.3	137.3	167.3
35-39	34.4	45.3	23.6	514.3	781.9	277.1	53.7	68.2	37.6	19.5	24.4	14.9	96.9	97.9	96.0
40-44	20.7	29.3	12.1	329.1	540.7	142.7	36.1	46.7	24.9	10.9	13.7	8.3	58.0	64.4	52.0
45-54	9.0	14.1	4.1	165.7	301.7	49.2	15.7	22.4	9.0	6.3	9.6	3.4	26.0	34.4	18.1
55-64	3.2	5.6	0.8	57.2	116.9	9.2	6.3	10.2	2.8	2.3	2.1	2.5	2.4	3.2	1.7
65+	0.7	1.3	0.2	17.9	38.3	5.3	2.5	4.2	1.3	1.8	2.5	1.3	1.9	4.4	0.0
TOTAL	31.0	25.1	36.7	713.7	770.7	662.1	69.2	64.1	74.6	21.4	20.0	22.6	112.5	76.3	147.6
10-14	6.0	0.8	11.6	108.3	34.6	184.4	10.7	3.8	17.9	3.7	0.6	6.9	23.9	5.7	42.7
15-19	118.9	37.7	204.7	2,165.6	1,447.2	2,905.9	215.9	123.8	315.1	62.2	26.3	100.1	307.6	140.7	481.1
20-24	149.1	93.5	206.3	2,614.5	2,558.2	2,670.3	242.4	197.0	298.6	84.8	54.0	116.2	372.7	218.5	532.1
25-29	85.8	71.4	100.4	1,504.2	1,831.3	1,202.6	126.0	121.6	131.5	44.2	45.1	43.4	220.8	170.4	272.0
30-34	51.0	53.5	48.4	771.9	1,074.6	499.2	78.8	88.6	67.4	30.3	33.4	27.3	125.6	98.0	153.2
35-39	36.0	46.4	25.5	472.6	713.9	258.0	57.4	69.0	44.4	22.0	25.8	18.4	99.4	92.8	105.8
40-44	23.7	32.6	14.8	308.0	504.5	135.1	35.8	46.0	24.7	14.0	19.2	9.2	62.8	76.8	49.7
45-54	9.6	14.4	4.9	156.6	287.9	43.9	17.3	24.5	10.1	6.0	7.8	4.4	20.7	21.4	20.0
55-64	3.3	5.5	1.1	53.6	108.9	9.3	5.9	9.8	2.3	3.0	3.9	2.3	4.4	7.3	1.8
65+	0.8	1.6	0.2	15.0	33.5	3.5	2.2	3.4	1.3	1.1	1.6	0.6	4.6	8.1	2.0
TOTAL	32.6	25.9	39.1	649.3	691.8	610.6	69.7	62.7	77.1	22.1	18.9	25.2	102.5	68.8	135.2
10-14	5.3	0.7	10.1	98.8	30.7	169.2	9.7	2.5	17.2	3.3	1.2	5.5	16.6	5.8	27.7
15-19	116.8	37.7	200.4	2,032.9	1,360.8	2,723.6	207.3	122.0	298.4	54.7	25.8	85.3	342.3	136.3	556.1
20-24	147.1	89.3	207.1	2,449.7	2,357.1	2,542.6	236.2	193.8	288.0	87.2	65.4	109.4	440.7	295.1	590.4
25-29	89.9	71.6	108.6	1,457.9	1,748.9	1,187.0	137.6	132.9	143.4	43.7	47.0	40.5	243.5	180.3	308.0
30-34	53.3	54.2	52.3	761.0	1,056.8	494.6	79.9	86.6	72.0	29.5	31.4	27.7	147.4	117.7	177.0
35-39	38.2	47.3	29.1	460.3	690.9	254.4	57.6	67.7	46.1	18.6	25.4	12.1	101.3	100.0	102.5
40-44	25.0	33.8	16.2	308.0	502.7	136.7	36.7	49.1	23.3	10.7	14.5	7.2	61.5	44.2	77.7
45-54	10.9	16.3	5.5	163.2	296.5	48.9	18.5	25.3	11.7	5.7	7.2	4.3	33.8	40.8	27.3
55-64	3.7	6.3	1.2	57.4	116.2	10.1	7.2	11.0	3.7	3.1	2.3	3.9	5.7	6.8	4.7
65+	0.7	1.4	0.3	15.7	35.1	3.7	2.0	3.1	1.1	0.3	0.3	0.3	4.4	7.6	2.0
TOTAL	33.2	26.1	40.0	622.5	662.5	586.2	68.9	62.6	75.6	20.7	18.8	22.4	116.5	78.3	153.6
10-14	5.4	0.5	10.5	93.5	32.1	156.9	9.4	2.7	16.5	3.0	0.3	5.9	20.0	7.1	33.2
15-19	120.0	39.7	204.7	2,106.3	1,417.5	2,814.0	219.6	124.3	321.5	74.3	42.0	108.6	369.0	167.8	577.8
20-24	161.0	98.6	225.7	2,452.9	2,362.8	2,543.1	259.4	214.7	314.2	101.4	87.4	115.7	475.8	319.2	636.7
25-29	99.8	79.0	121.0	1,467.5	1,769.0	1,187.1	151.4	144.4	160.1	58.0	63.6	52.6	327.5	246.4	410.3
30-34	53.7	53.5	53.9	729.5	1,007.0	479.6	87.9	92.0	83.2	32.4	45.9	19.3	185.9	162.8	208.8
35-39	39.1	47.1	31.0	451.8	684.2	244.5	61.5	73.1	48.4	24.4	33.5	15.6	113.7	115.1	112.4
40-44	26.5	35.7	17.3	304.5	498.7	133.8	40.0	51.8	27.3	14.3	18.9	10.1	63.3	48.5	77.2
45-54	11.5	17.6	5.6	167.8	303.3	51.7	20.7	27.8	13.5	7.0	10.0	4.3	28.7	30.0	27.5
55-64	3.8	6.5	1.1	58.8	119.0	10.4	8.6	12.7	4.9	4.2	5.8	2.9	11.8	18.0	6.0
65+	0.8	1.6	0.2	15.1	33.6	3.6	2.6	3.9	1.6	0.8	1.0	0.7	1.9	1.9	2.0
TOTAL	35.2	27.7	42.5	626.4	666.0	590.4	74.8	67.5	82.7	25.9	26.6	25.3	131.7	92.2	170.0

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 19 for age-specific cases and rates and Tables 12-14 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. In 2005, HI did not report age and/or race/ethnicity for most cases and their case data and population denominators were excluded. Differences between total cases from this table and others in the report are due to different reporting formats. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 21. All stages of syphilis* — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	724	700	567	639	551	16.2	15.6	12.6	14.1	12.2
Alaska	9	9	8	15	22	1.4	1.4	1.2	2.3	3.4
Arizona	1,149	1,086	1,106	974	792	21.7	19.9	19.8	17.0	13.8
Arkansas	239	219	296	249	231	8.9	8.1	10.9	9.0	8.4
California	3,053	3,917	4,207	4,588	5,340	8.8	11.2	11.9	12.8	14.9
Colorado	149	174	144	179	144	3.4	3.9	3.2	3.9	3.1
Connecticut	165	188	207	169	166	4.8	5.4	5.9	4.8	4.7
Delaware	79	62	47	61	35	9.9	7.7	5.7	7.3	4.2
Florida	2,915	3,280	3,283	2,964	2,888	17.8	19.6	19.3	17.0	16.6
Georgia	1,988	1,896	2,152	1,589	1,924	23.7	22.1	24.8	18.0	21.8
Hawaii	41	59	61	36	57	3.3	4.7	4.9	2.9	4.5
Idaho	11	23	45	78	54	0.8	1.7	3.3	5.6	3.9
Illinois	1,547	1,593	1,377	1,348	1,608	12.4	12.6	10.9	10.6	12.6
Indiana	529	320	367	273	288	8.6	5.2	5.9	4.4	4.6
Iowa	44	54	46	36	28	1.5	1.8	1.6	1.2	0.9
Kansas	88	77	77	87	88	3.3	2.8	2.8	3.2	3.2
Kentucky	191	212	160	151	129	4.7	5.2	3.9	3.6	3.1
Louisiana	793	776	1,581	1,645	1,237	17.7	17.3	35.2	36.4	27.4
Maine	16	9	21	7	6	1.2	0.7	1.6	0.5	0.5
Maryland	938	843	975	1,002	1,005	17.4	15.4	17.7	18.0	18.1
Massachusetts	446	541	644	517	398	7.0	8.4	10.0	8.1	6.2
Michigan	1,170	1,184	860	806	488	11.7	11.8	8.5	8.0	4.8
Minnesota	132	148	195	145	206	2.6	2.9	3.9	2.8	4.0
Mississippi	654	451	435	404	371	22.9	15.7	15.1	13.9	12.8
Missouri	174	204	207	269	372	3.1	3.6	3.6	4.7	6.5
Montana	0	5	0	4	7	0.0	0.5	0.0	0.4	0.8
Nebraska	16	25	27	15	18	0.9	1.4	1.6	0.9	1.0
Nevada	62	113	149	253	343	3.0	5.2	6.6	10.8	14.7
New Hampshire	21	24	37	26	33	1.7	1.9	2.9	2.0	2.5
New Jersey	1,040	1,062	1,089	826	813	12.2	12.4	12.6	9.5	9.3
New Mexico	78	117	205	251	183	4.3	6.3	10.9	13.2	9.6
New York	3,610	3,885	4,360	4,472	3,851	18.9	20.3	22.7	23.3	20.0
North Carolina	1,422	1,051	850	747	712	17.3	12.6	10.1	8.7	8.3
North Dakota	2	0	2	0	1	0.3	0.0	0.3	0.0	0.2
Ohio	297	351	481	571	502	2.6	3.1	4.2	5.0	4.4
Oklahoma	288	287	353	168	159	8.3	8.2	10.1	4.8	4.5
Oregon	48	75	118	108	109	1.4	2.1	3.3	3.0	3.0
Pennsylvania	726	689	706	574	712	5.9	5.6	5.7	4.6	5.7
Rhode Island	39	67	90	104	64	3.7	6.3	8.4	9.6	5.9
South Carolina	916	620	552	524	549	22.5	15.1	13.3	12.5	13.1
South Dakota	1	0	5	0	4	0.1	0.0	0.7	0.0	0.5
Tennessee	1,478	1,082	881	804	916	25.7	18.7	15.1	13.6	15.5
Texas	3,662	4,109	3,996	4,205	4,287	17.1	18.9	18.1	18.7	19.1
Utah	25	71	72	78	50	1.1	3.1	3.1	3.3	2.1
Vermont	8	2	1	3	1	1.3	0.3	0.2	0.5	0.2
Virginia	525	528	552	610	655	7.3	7.2	7.5	8.2	8.8
Washington	174	158	239	336	359	2.9	2.6	3.9	5.4	5.8
West Virginia	7	5	11	18	18	0.4	0.3	0.6	1.0	1.0
Wisconsin	131	135	111	128	138	2.4	2.5	2.0	2.3	2.5
Wyoming	4	1	4	6	1	0.8	0.2	0.8	1.2	0.2
U.S. TOTAL†	32,283	32,918	34,289	33,419	33,278	11.3	11.4	11.8	11.4	11.3
Northeast	6,071	6,467	7,155	6,698	6,044	11.3	11.9	13.2	12.3	11.1
Midwest	4,131	4,091	3,755	3,678	3,741	6.4	6.3	5.7	5.6	5.7
South	17,278	16,552	17,021	16,137	16,032	16.9	16.0	16.3	15.2	15.1
West	4,803	5,808	6,358	6,906	7,461	7.4	8.8	9.6	10.2	11.1
Guam	30	19	16	13	19	18.9	11.8	9.8	7.8	11.4
Puerto Rico	1,268	1,394	1,357	1,154	1,223	33.0	36.1	35.0	29.6	31.4
Virgin Islands	9	4	14	17	13	8.2	3.6	12.9	15.6	12.0
OUTLYING AREAS	1,307	1,417	1,387	1,184	1,255	31.8	34.3	33.4	28.4	30.1
TOTAL	33,590	34,335	35,676	34,603	34,533	11.6	11.7	12.1	11.6	11.6

*See Appendix (Syphilis Morbidity Reporting) for definition.

†Includes cases reported by Washington, D.C.

Table 22. All stages of syphilis* — Reported cases and rates in selected metropolitan statistical areas† (MSAs) listed in alphabetical order: United States, 2001–2005

Metropolitan Statistical Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	1,430	1,702	1,315	1,626	NA	31.6	36.9	27.9	34.5
Austin-Round Rock, TX	141	111	152	200	193	10.7	8.2	11.0	14.2	13.7
Baltimore-Towson, MD	NA	549	648	647	679	NA	21.1	24.8	24.5	25.7
Birmingham-Hoover, AL	172	147	122	117	243	16.2	13.8	11.4	10.8	22.5
Boston-Cambridge-Quincy, MA-NH	NA	478	568	410	339	NA	10.8	12.8	9.3	7.7
Buffalo-Cheektowaga-Tonawanda, NY	NA	12	11	24	14	NA	1.0	0.9	2.1	1.2
Charlotte-Gastonia-Concord, NC-SC	221	163	167	154	235	16.1	11.6	11.6	10.4	15.9
Chicago-Naperville-Joliet, IL-IN-WI	NA	1,493	1,341	1,296	1,541	NA	16.1	14.4	13.8	16.4
Cincinnati-Middletown, OH-KY-IN	30	35	18	54	55	1.5	1.7	0.9	2.6	2.7
Cleveland-Elyria-Mentor, OH	48	39	62	84	52	2.2	1.8	2.9	3.9	2.4
Columbus, OH	160	214	266	254	227	9.7	12.9	15.9	15.0	13.4
Dallas-Fort Worth-Arlington, TX	1,033	1,515	1,505	1,374	1,495	19.3	27.6	26.9	24.1	26.2
Denver-Aurora, CO	112	141	116	135	111	5.0	6.2	5.0	5.8	4.8
Detroit-Warren-Livonia, MI	1,080	1,083	751	679	390	24.1	24.2	16.7	15.1	8.7
Hartford-West Hartford-East Hartford, CT	57	68	70	46	57	4.9	5.8	5.9	3.9	4.8
Houston-Baytown-Sugar Land, TX	1,059	1,158	1,256	1,289	1,188	21.8	23.2	24.7	24.9	22.9
Indianapolis, IN	325	148	142	128	134	20.9	9.4	8.9	7.9	8.3
Jacksonville, FL	152	81	135	218	151	13.2	6.9	11.2	17.8	12.3
Kansas City, MO-KS	54	74	118	101	193	2.9	3.9	6.2	5.2	10.0
Las Vegas-Paradise, NV	34	81	123	224	300	2.3	5.3	7.8	13.6	18.2
Los Angeles-Long Beach-Santa Ana, CA	NA	2,104	2,166	2,482	3,159	NA	16.5	16.9	19.2	24.4
Louisville, KY-IN	115	161	126	115	102	9.8	13.6	10.6	9.6	8.5
Memphis, TN-MS-AR	1,003	632	547	519	584	82.4	51.4	44.1	41.5	46.7
Miami-Fort Lauderdale-Miami Beach, FL	1,541	1,933	1,911	1,687	1,444	30.0	36.9	36.1	31.5	26.9
Milwaukee-Waukesha-West Allis, WI	NA	100	74	85	77	NA	6.6	4.9	5.6	5.1
Minneapolis-St. Paul-Bloomington, MN-WI	NA	131	173	125	186	NA	4.3	5.6	4.0	6.0
Nashville-Davidson-Murfreesboro, TN	410	338	220	194	189	30.7	25.0	16.0	13.9	13.5
New Orleans-Metairie-Kenner, LA	NA	130	264	449	349	NA	9.9	20.0	34.0	26.4
New York-Newark-Edison, NY-NJ-PA	NA	4,672	5,101	4,918	4,316	NA	25.1	27.4	26.3	23.1
Oklahoma City, OK	207	210	253	110	87	18.7	18.7	22.3	9.6	7.6
Orlando, FL	452	402	318	267	413	26.5	22.9	17.6	14.3	22.2
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	721	785	678	583	NA	12.5	13.6	11.7	10.1
Phoenix-Mesa-Scottsdale, AZ	NA	NA	914	754	595	NA	NA	25.4	20.3	16.0
Pittsburgh, PA	NA	52	57	32	112	NA	2.2	2.4	1.3	4.7
Portland-Vancouver-Beaverton, OR-WA	43	66	103	84	94	2.2	3.3	5.0	4.1	4.6
Providence-New Bedford-Fall River, RI-MA	NA	90	127	137	75	NA	5.6	7.8	8.4	4.6
Richmond, VA	87	85	114	85	87	7.8	7.5	10.0	7.4	7.5
Riverside-San Bernardino-Ontario, CA	NA	275	313	319	399	NA	7.8	8.6	8.4	10.5
Rochester, NY	NA	19	33	41	36	NA	1.8	3.2	3.9	3.5
Sacramento-Arden-Arcade-Roseville, CA	NA	48	35	64	39	NA	2.5	1.8	3.2	1.9
Salt Lake City, UT	10	50	43	53	35	1.0	5.0	4.3	5.2	3.4
San Antonio, TX	377	322	231	361	458	21.5	18.0	12.7	19.5	24.7
San Diego-Carlsbad-San Marcos, CA	NA	162	299	356	448	NA	5.6	10.2	12.1	15.3
San Francisco-Oakland-Fremont, CA	NA	870	901	917	719	NA	20.8	21.7	22.1	17.3
San Jose-Sunnyvale-Santa Clara, CA	NA	94	137	113	121	NA	5.4	7.9	6.5	6.9
Seattle-Tacoma-Bellevue, WA	133	127	174	273	285	4.3	4.1	5.5	8.6	9.0
St. Louis, MO-IL	192	160	150	189	173	7.1	5.9	5.5	6.8	6.3
Tampa-St. Petersburg-Clearwater, FL	198	316	407	303	326	8.1	12.7	16.1	11.7	12.6
Virginia Beach-Norfolk-Newport News, VA-NC	202	185	148	198	246	12.7	11.5	9.0	12.0	15.0
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	871	836	896	894	NA	17.3	16.4	17.4	17.4
U.S. MSA TOTAL	9,648	24,346	26,233	25,553	25,854	15.8	16.1	16.8	16.2	16.4

*See Appendix (Reporting of Syphilis Cases) for definition.

†MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 23. Primary and secondary syphilis — Reported cases and rates by state/area, ranked by rates: United States, 2005

<i>Rank</i> [*]	<i>State/Area</i>	<i>Cases</i>	<i>Rate per 100,000 Population</i>
1	Georgia	645	7.3
2	Louisiana	278	6.2
3	Maryland	313	5.6
4	Nevada	109	4.7
5	California	1,585	4.4
6	Florida	724	4.2
7	Illinois	525	4.1
8	Texas	873	3.9
9	Alabama	169	3.7
10	Tennessee	217	3.7
11	New York	705	3.7
12	North Carolina	274	3.2
13	Arizona	175	3.0
	U.S. TOTAL[†]	8,724	3.0
14	New Mexico	56	2.9
15	Missouri	147	2.6
16	Washington	152	2.5
17	Rhode Island	24	2.2
18	South Carolina	84	2.0
19	Massachusetts	125	1.9
20	Virginia	143	1.9
21	Arkansas	52	1.9
22	Ohio	211	1.8
23	Mississippi	49	1.7
24	Connecticut	58	1.7
25	Pennsylvania	199	1.6
26	New Jersey	133	1.5
27	Idaho	20	1.4
28	Alaska	9	1.4
29	Minnesota	70	1.4
30	Delaware	11	1.3
31	Kentucky	52	1.3
32	Oklahoma	44	1.2
33	New Hampshire	16	1.2
34	Oregon	41	1.1
35	Michigan	105	1.0
36	Colorado	46	1.0
37	Indiana	62	1.0
38	Hawaii	11	0.9
39	Montana	7	0.8
40	Wisconsin	41	0.7
41	Kansas	19	0.7
42	Utah	10	0.4
43	Iowa	9	0.3
44	South Dakota	2	0.3
	YEAR 2010 TARGET		0.2
45	Nebraska	4	0.2
46	West Virginia	3	0.2
47	Vermont	1	0.2
48	North Dakota	1	0.2
49	Maine	1	0.1
	Wyoming	0	0.0

*States were ranked in descending order by rate, number of cases, and alphabetically by state. States with no cases were not ranked.

†Total includes cases reported by Washington, D.C., but excludes outlying areas (Guam with 2 cases and rate of 1.2, Puerto Rico with 226 cases and rate of 5.8, and Virgin Islands with 1 case and rate of 0.9).

Table 24. Primary and secondary syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	142	149	114	165	169	3.2	3.3	2.5	3.6	3.7
Alaska	0	0	1	8	9	0.0	0.0	0.2	1.2	1.4
Arizona	180	200	186	157	175	3.4	3.7	3.3	2.7	3.0
Arkansas	49	34	51	47	52	1.8	1.3	1.9	1.7	1.9
California	545	1,033	1,299	1,356	1,585	1.6	2.9	3.7	3.8	4.4
Colorado	23	64	39	63	46	0.5	1.4	0.9	1.4	1.0
Connecticut	12	28	30	45	58	0.3	0.8	0.9	1.3	1.7
Delaware	14	11	7	9	11	1.8	1.4	0.9	1.1	1.3
Florida	484	617	658	728	724	3.0	3.7	3.9	4.2	4.2
Georgia	414	439	585	549	645	4.9	5.1	6.7	6.2	7.3
Hawaii	12	11	14	8	11	1.0	0.9	1.1	0.6	0.9
Idaho	1	8	15	24	20	0.1	0.6	1.1	1.7	1.4
Illinois	409	479	374	386	525	3.3	3.8	3.0	3.0	4.1
Indiana	151	62	50	60	62	2.5	1.0	0.8	1.0	1.0
Iowa	5	8	12	5	9	0.2	0.3	0.4	0.2	0.3
Kansas	25	20	25	24	19	0.9	0.7	0.9	0.9	0.7
Kentucky	48	88	33	47	52	1.2	2.2	0.8	1.1	1.3
Louisiana	173	152	183	332	278	3.9	3.4	4.1	7.4	6.2
Maine	1	2	8	2	1	0.1	0.2	0.6	0.2	0.1
Maryland	266	228	312	380	313	4.9	4.2	5.7	6.8	5.6
Massachusetts	46	99	133	114	125	0.7	1.5	2.1	1.8	1.9
Michigan	428	486	249	192	105	4.3	4.8	2.5	1.9	1.0
Minnesota	33	59	47	27	70	0.7	1.2	0.9	0.5	1.4
Mississippi	140	49	40	59	49	4.9	1.7	1.4	2.0	1.7
Missouri	26	34	61	94	147	0.5	0.6	1.1	1.6	2.6
Montana	0	0	0	4	7	0.0	0.0	0.0	0.4	0.8
Nebraska	10	6	10	7	4	0.6	0.3	0.6	0.4	0.2
Nevada	8	15	12	40	109	0.4	0.7	0.5	1.7	4.7
New Hampshire	1	8	19	5	16	0.1	0.6	1.5	0.4	1.2
New Jersey	137	169	170	150	133	1.6	2.0	2.0	1.7	1.5
New Mexico	19	39	71	82	56	1.0	2.1	3.8	4.3	2.9
New York	304	478	584	727	705	1.6	2.5	3.0	3.8	3.7
North Carolina	445	279	152	192	274	5.4	3.4	1.8	2.2	3.2
North Dakota	0	0	2	0	1	0.0	0.0	0.3	0.0	0.2
Ohio	81	159	197	237	211	0.7	1.4	1.7	2.1	1.8
Oklahoma	60	72	64	25	44	1.7	2.1	1.8	0.7	1.2
Oregon	13	28	48	29	41	0.4	0.8	1.3	0.8	1.1
Pennsylvania	100	105	159	118	199	0.8	0.9	1.3	1.0	1.6
Rhode Island	9	13	33	26	24	0.8	1.2	3.1	2.4	2.2
South Carolina	235	134	94	116	84	5.8	3.3	2.3	2.8	2.0
South Dakota	1	0	2	0	2	0.1	0.0	0.3	0.0	0.3
Tennessee	331	168	135	130	217	5.8	2.9	2.3	2.2	3.7
Texas	478	589	654	827	873	2.2	2.7	3.0	3.7	3.9
Utah	11	7	14	13	10	0.5	0.3	0.6	0.5	0.4
Vermont	3	2	1	1	1	0.5	0.3	0.2	0.2	0.2
Virginia	102	71	82	116	143	1.4	1.0	1.1	1.6	1.9
Washington	57	70	82	150	152	1.0	1.2	1.3	2.4	2.5
West Virginia	5	2	2	3	3	0.3	0.1	0.1	0.2	0.2
Wisconsin	22	30	16	29	41	0.4	0.6	0.3	0.5	0.7
Wyoming	1	0	0	3	0	0.2	0.0	0.0	0.6	0.0
U.S. TOTAL*	6,103	6,862	7,177	7,980	8,724	2.1	2.4	2.5	2.7	3.0
Northeast	613	904	1,137	1,188	1,262	1.1	1.7	2.1	2.2	2.3
Midwest	1,191	1,343	1,045	1,061	1,196	1.8	2.1	1.6	1.6	1.8
South	3,429	3,140	3,214	3,794	4,045	3.4	3.0	3.1	3.6	3.8
West	870	1,475	1,781	1,937	2,221	1.3	2.2	2.7	2.9	3.3
Guam	12	6	1	0	2	7.6	3.7	0.6	0.0	1.2
Puerto Rico	244	270	202	182	226	6.4	7.0	5.2	4.7	5.8
Virgin Islands	0	1	3	5	1	0.0	0.9	2.8	4.6	0.9
OUTLYING AREAS	256	277	206	187	229	6.2	6.7	5.0	4.5	5.5
TOTAL	6,359	7,139	7,383	8,167	8,953	2.2	2.4	2.5	2.7	3.0

*Includes cases reported by Washington, D.C.

Table 25. Primary and secondary syphilis — Women – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	67	63	49	52	69	2.9	2.7	2.1	2.2	3.0
Alaska	0	0	0	0	1	0.0	0.0	0.0	0.0	0.3
Arizona	50	74	66	42	49	1.9	2.7	2.4	1.5	1.7
Arkansas	27	18	16	18	21	2.0	1.3	1.1	1.3	1.5
California	42	39	52	63	121	0.2	0.2	0.3	0.4	0.7
Colorado	5	2	5	7	2	0.2	0.1	0.2	0.3	0.1
Connecticut	2	3	3	3	2	0.1	0.2	0.2	0.2	0.1
Delaware	5	4	2	1	2	1.2	1.0	0.5	0.2	0.5
Florida	135	108	73	98	100	1.6	1.3	0.8	1.1	1.1
Georgia	129	98	68	45	47	3.0	2.3	1.5	1.0	1.1
Hawaii	0	2	0	0	0	0.0	0.3	0.0	0.0	0.0
Idaho	0	4	5	11	6	0.0	0.6	0.7	1.6	0.9
Illinois	91	81	48	55	47	1.4	1.3	0.7	0.9	0.7
Indiana	71	18	16	6	10	2.3	0.6	0.5	0.2	0.3
Iowa	1	4	2	1	1	0.1	0.3	0.1	0.1	0.1
Kansas	11	6	13	7	2	0.8	0.4	0.9	0.5	0.1
Kentucky	17	43	13	6	3	0.8	2.1	0.6	0.3	0.1
Louisiana	83	76	79	123	112	3.6	3.3	3.4	5.3	4.8
Maine	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Maryland	113	53	74	92	88	4.1	1.9	2.6	3.2	3.1
Massachusetts	4	12	3	5	4	0.1	0.4	0.1	0.2	0.1
Michigan	161	192	93	61	20	3.2	3.8	1.8	1.2	0.4
Minnesota	16	4	4	3	2	0.6	0.2	0.2	0.1	0.1
Mississippi	69	31	20	19	12	4.7	2.1	1.3	1.3	0.8
Missouri	8	10	14	12	12	0.3	0.3	0.5	0.4	0.4
Montana	0	0	0	1	1	0.0	0.0	0.0	0.2	0.2
Nebraska	8	2	1	4	0	0.9	0.2	0.1	0.5	0.0
Nevada	1	1	3	8	24	0.1	0.1	0.3	0.7	2.1
New Hampshire	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
New Jersey	44	48	49	38	17	1.0	1.1	1.1	0.9	0.4
New Mexico	6	12	23	36	16	0.6	1.3	2.4	3.7	1.7
New York	23	26	26	32	28	0.2	0.3	0.3	0.3	0.3
North Carolina	191	115	47	48	58	4.6	2.7	1.1	1.1	1.3
North Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ohio	26	27	40	61	40	0.4	0.5	0.7	1.0	0.7
Oklahoma	28	20	20	9	17	1.6	1.1	1.1	0.5	1.0
Oregon	2	8	3	1	2	0.1	0.5	0.2	0.1	0.1
Pennsylvania	28	22	33	16	34	0.4	0.3	0.5	0.3	0.5
Rhode Island	0	2	8	10	6	0.0	0.4	1.4	1.8	1.1
South Carolina	101	58	24	25	17	4.8	2.7	1.1	1.2	0.8
South Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tennessee	158	82	40	34	64	5.4	2.8	1.3	1.1	2.1
Texas	169	192	162	179	243	1.6	1.8	1.5	1.6	2.2
Utah	2	0	3	3	1	0.2	0.0	0.3	0.3	0.1
Vermont	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Virginia	43	17	7	6	19	1.2	0.5	0.2	0.2	0.5
Washington	7	1	4	6	5	0.2	0.0	0.1	0.2	0.2
West Virginia	1	1	2	1	0	0.1	0.1	0.2	0.1	0.0
Wisconsin	13	6	1	2	3	0.5	0.2	0.0	0.1	0.1
Wyoming	1	0	0	1	0	0.4	0.0	0.0	0.4	0.0
U.S. TOTAL*	1,967	1,594	1,217	1,255	1,339	1.4	1.1	0.8	0.8	0.9
Northeast	101	113	122	104	91	0.4	0.4	0.4	0.4	0.3
Midwest	406	350	232	212	137	1.2	1.1	0.7	0.6	0.4
South	1,344	988	699	760	883	2.6	1.9	1.3	1.4	1.6
West	116	143	164	179	228	0.4	0.4	0.5	0.5	0.7
Guam	5	2	0	0	1	6.5	2.5	0.0	0.0	1.2
Puerto Rico	130	123	93	62	82	6.5	6.1	4.6	3.1	4.1
Virgin Islands	0	0	2	3	0	0.0	0.0	3.5	5.3	0.0
OUTLYING AREAS	135	125	95	65	83	6.3	5.8	4.4	3.0	3.8
TOTAL	2,102	1,719	1,312	1,320	1,422	1.4	1.2	0.9	0.9	0.9

*Includes cases reported by Washington, D.C.

NOTE: Cases reported with unknown sex are not included in this table.

Table 26. Primary and secondary syphilis — Men – Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	75	86	65	113	100	3.5	4.0	3.0	5.1	4.6
Alaska	0	0	1	8	8	0.0	0.0	0.3	2.4	2.4
Arizona	130	126	120	115	125	4.9	4.6	4.3	4.0	4.3
Arkansas	22	16	35	29	31	1.7	1.2	2.6	2.2	2.3
California	501	994	1,245	1,291	1,463	2.9	5.7	7.0	7.2	8.2
Colorado	18	62	34	56	44	0.8	2.7	1.5	2.4	1.9
Connecticut	10	25	27	42	56	0.6	1.5	1.6	2.5	3.3
Delaware	9	7	5	8	9	2.3	1.8	1.3	2.0	2.2
Florida	349	509	585	630	624	4.4	6.2	7.0	7.4	7.3
Georgia	285	340	517	504	598	6.9	8.1	12.1	11.5	13.7
Hawaii	12	9	14	8	11	1.9	1.4	2.2	1.3	1.7
Idaho	1	4	10	13	14	0.2	0.6	1.5	1.9	2.0
Illinois	318	398	326	331	478	5.2	6.4	5.2	5.3	7.7
Indiana	80	44	34	54	52	2.7	1.5	1.1	1.8	1.7
Iowa	4	4	10	3	8	0.3	0.3	0.7	0.2	0.6
Kansas	14	14	12	17	17	1.0	1.0	0.9	1.3	1.3
Kentucky	31	45	19	41	49	1.6	2.2	0.9	2.0	2.4
Louisiana	90	76	104	209	166	4.2	3.5	4.8	9.5	7.6
Maine	1	2	8	2	1	0.2	0.3	1.3	0.3	0.2
Maryland	153	175	238	288	225	5.9	6.6	8.9	10.7	8.4
Massachusetts	42	87	129	109	121	1.4	2.8	4.1	3.5	3.9
Michigan	267	294	156	131	85	5.4	6.0	3.2	2.6	1.7
Minnesota	17	55	43	24	68	0.7	2.2	1.7	0.9	2.7
Mississippi	71	18	20	40	37	5.1	1.3	1.4	2.8	2.6
Missouri	18	24	47	82	135	0.7	0.9	1.7	2.9	4.8
Montana	0	0	0	3	6	0.0	0.0	0.0	0.6	1.3
Nebraska	2	4	9	3	4	0.2	0.5	1.0	0.3	0.5
Nevada	7	14	9	32	85	0.7	1.3	0.8	2.7	7.2
New Hampshire	1	8	19	5	16	0.2	1.3	3.0	0.8	2.5
New Jersey	93	121	121	112	116	2.3	2.9	2.9	2.6	2.7
New Mexico	13	27	48	46	40	1.4	3.0	5.2	4.9	4.3
New York	281	452	558	695	677	3.1	4.9	6.0	7.5	7.3
North Carolina	254	164	105	144	216	6.3	4.0	2.5	3.4	5.1
North Dakota	0	0	2	0	1	0.0	0.0	0.6	0.0	0.3
Ohio	55	132	157	176	171	1.0	2.4	2.8	3.2	3.1
Oklahoma	32	52	44	16	27	1.9	3.0	2.5	0.9	1.6
Oregon	11	20	45	28	39	0.6	1.1	2.5	1.6	2.2
Pennsylvania	72	83	126	102	165	1.2	1.4	2.1	1.7	2.7
Rhode Island	9	11	25	16	18	1.8	2.1	4.8	3.1	3.5
South Carolina	134	76	70	91	67	6.8	3.8	3.5	4.4	3.3
South Dakota	1	0	2	0	2	0.3	0.0	0.5	0.0	0.5
Tennessee	173	86	95	96	153	6.2	3.0	3.3	3.3	5.3
Texas	309	397	492	648	630	2.9	3.7	4.5	5.8	5.6
Utah	9	7	11	10	9	0.8	0.6	0.9	0.8	0.8
Vermont	3	2	1	1	1	1.0	0.7	0.3	0.3	0.3
Virginia	59	54	75	110	124	1.7	1.5	2.1	3.0	3.4
Washington	50	69	78	144	147	1.7	2.3	2.6	4.7	4.8
West Virginia	4	1	0	2	3	0.5	0.1	0.0	0.2	0.3
Wisconsin	9	24	15	27	38	0.3	0.9	0.6	1.0	1.4
Wyoming	0	0	0	2	0	0.0	0.0	0.0	0.8	0.0
U.S. TOTAL*	4,134	5,267	5,956	6,722	7,383	3.0	3.7	4.2	4.7	5.1
Northeast	512	791	1,014	1,084	1,171	2.0	3.0	3.8	4.1	4.4
Midwest	785	993	813	848	1,059	2.5	3.1	2.5	2.6	3.3
South	2,085	2,151	2,514	3,034	3,162	4.2	4.2	4.9	5.8	6.1
West	752	1,332	1,615	1,756	1,991	2.3	4.1	4.9	5.2	5.9
Guam	7	4	1	0	1	8.7	4.9	1.2	0.0	1.2
Puerto Rico	114	147	109	120	144	6.2	7.9	5.8	6.4	7.7
Virgin Islands	0	1	1	2	1	0.0	2.0	1.9	3.9	1.9
OUTLYING AREAS	121	152	111	122	146	6.1	7.6	5.5	6.1	7.3
TOTAL	4,255	5,419	6,067	6,844	7,529	3.0	3.8	4.2	4.7	5.1

*Includes cases reported by Washington, D.C.

NOTE: Cases reported with unknown sex are not included in this table.

Table 27. Primary and secondary syphilis — Counties and independent cities* ranked by number of reported cases: United States, 2005

<i>Rank[†]</i>	<i>County/Independent City</i>	<i>Cases</i>	<i>Rate per 100,000 Population</i>	<i>Cumulative Percent</i>
1	Los Angeles County, CA	709	7.1	8
2	Cook County, IL	462	8.7	13
3	Fulton County, GA	293	36.0	16
4	New York County, NY	277	17.7	19
5	Harris County, TX	252	6.9	22
6	San Francisco County, CA	249	33.5	25
7	Broward County, FL	196	11.2	27
8	Baltimore (City), MD	195	30.6	30
9	San Diego County, CA	194	6.6	32
10	Kings County, NY	182	7.4	34
11	De Kalb County, GA	177	26.2	36
12	Dallas County, TX	172	7.5	38
13	Dade County, FL	168	7.1	40
14	Shelby County, TN	130	14.3	41
15	Bexar County, TX	127	8.5	43
16	King County, WA	119	6.7	44
17	Washington, DC	114	20.6	46
18	Maricopa County, AZ	110	3.1	47
19	East Baton Rouge County, LA	108	26.2	48
20	Riverside County, CA	107	5.7	49
21	Tarrant County, TX	104	6.5	50
22	Franklin County, OH	103	9.5	52
23	Clark County, NV	103	6.2	53
24	Orange County, FL	98	9.9	54
25	Orange County, CA	97	3.2	55
26	Jefferson County, AL	95	14.4	56
27	Philadelphia County, PA	86	5.8	57
28	Mecklenburg County, NC	85	11.0	58
29	Queens County, NY	83	3.7	59
30	Orleans County, LA	68	14.7	60
31	Bronx County, NY	67	4.9	61
32	Suffolk County, MA	64	9.6	61
33	Wayne County, MI	64	3.2	62
34	Allegheny County, PA	61	4.9	63
35	Jackson County, MO	59	8.9	63
36	Cobb County, GA	56	8.6	64
37	Pima County, AZ	54	6.0	65
38	Hennepin County, MN	50	4.5	65
39	Duval County, FL	49	6.0	66
40	Prince George's County, MD	49	5.8	66
41	Alameda County, CA	49	3.4	67
42	Santa Clara County, CA	43	2.6	67
43	Pinellas County, FL	42	4.5	68
44	Wake County, NC	41	5.7	68
45	Hillsborough County, FL	41	3.7	69
46	Jefferson County, KY	39	5.6	69
47	Travis County, TX	37	4.3	70
48	McLennan County, TX	36	16.2	70
49	Hudson County, NJ	35	5.8	71
50	Essex County, NJ	35	4.4	71
51	St Louis (City), MO	34	9.9	71
52	Guilford County, NC	33	7.5	72
53	Marion County, IN	31	3.6	72
54	Palm Beach County, FL	31	2.5	72
55	Denver County, CO	28	5.0	73
56	Bernalillo County, NM	28	4.7	73
57	New Haven County, CT	28	3.3	73
58	Middlesex County, MA	28	1.9	74
59	Multnomah County, OR	27	4.0	74
60	Gwinnett County, GA	27	3.9	74
61	Knox County, TN	25	6.2	75
62	Tangipahoa County, LA	24	22.8	75
63	Davidson County, TN	24	4.2	75
64	Richland County, SC	23	6.9	75

*Accounting for 75% of reported primary and secondary syphilis cases.

†Counties and independent cities were ranked in descending order by number of cases reported in 2005.

Table 28. Primary and secondary syphilis — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	378	516	508	598	NA	8.3	11.2	10.8	12.7
Austin-Round Rock, TX	21	23	31	56	44	1.6	1.7	2.3	4.0	3.1
Baltimore-Towson, MD	NA	163	224	276	244	NA	6.3	8.6	10.5	9.2
Birmingham-Hoover, AL	16	13	23	33	101	1.5	1.2	2.1	3.0	9.3
Boston-Cambridge-Quincy, MA-NH	NA	84	121	84	106	NA	1.9	2.7	1.9	2.4
Buffalo-Cheektowaga-Tonawanda, NY	NA	3	2	9	7	NA	0.3	0.2	0.8	0.6
Charlotte-Gastonia-Concord, NC-SC	59	45	23	46	103	4.3	3.2	1.6	3.1	7.0
Chicago-Naperville-Joliet, IL-IN-WI	NA	433	346	373	510	NA	4.7	3.7	4.0	5.4
Cincinnati-Middletown, OH-KY-IN	5	7	2	22	24	0.2	0.3	0.1	1.1	1.2
Cleveland-Elyria-Mentor, OH	3	14	32	40	22	0.1	0.7	1.5	1.9	1.0
Columbus, OH	64	107	120	109	109	3.9	6.4	7.2	6.4	6.4
Dallas-Fort Worth-Arlington, TX	166	309	265	279	305	3.1	5.6	4.7	4.9	5.4
Denver-Aurora, CO	19	55	32	55	38	0.8	2.4	1.4	2.4	1.6
Detroit-Warren-Livonia, MI	408	466	218	153	77	9.1	10.4	4.9	3.4	1.7
Hartford-West Hartford-East Hartford, CT	3	11	16	13	14	0.3	0.9	1.4	1.1	1.2
Houston-Baytown-Sugar Land, TX	114	124	227	235	279	2.3	2.5	4.5	4.5	5.4
Indianapolis, IN	128	39	25	34	35	8.2	2.5	1.6	2.1	2.2
Jacksonville, FL	40	18	21	72	50	3.5	1.5	1.7	5.9	4.1
Kansas City, MO-KS	10	17	43	35	89	0.5	0.9	2.3	1.8	4.6
Las Vegas-Paradise, NV	4	7	8	38	103	0.3	0.5	0.5	2.3	6.2
Los Angeles-Long Beach-Santa Ana, CA	NA	433	562	551	806	NA	3.4	4.4	4.3	6.2
Louisville, KY-IN	23	83	28	38	46	2.0	7.0	2.4	3.2	3.8
Memphis, TN-MS-AR	250	111	90	99	138	20.5	9.0	7.3	7.9	11.0
Miami-Fort Lauderdale-Miami Beach, FL	259	391	409	434	395	5.0	7.5	7.7	8.1	7.4
Milwaukee-Waukesha-West Allis, WI	NA	23	11	19	22	NA	1.5	0.7	1.3	1.5
Minneapolis-St. Paul-Bloomington, MN-WI	NA	55	43	26	68	NA	1.8	1.4	0.8	2.2
Nashville-Davidson-Murfreesboro, TN	80	33	26	17	34	6.0	2.4	1.9	1.2	2.4
New Orleans-Metairie-Kenner, LA	NA	13	28	101	88	NA	1.0	2.1	7.7	6.7
New York-Newark-Edison, NY-NJ-PA	NA	602	709	816	773	NA	3.2	3.8	4.4	4.1
Oklahoma City, OK	46	65	56	20	23	4.2	5.8	4.9	1.7	2.0
Orlando, FL	61	67	70	69	106	3.6	3.8	3.9	3.7	5.7
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	103	135	95	127	NA	1.8	2.3	1.6	2.2
Phoenix-Mesa-Scottsdale, AZ	NA	NA	134	106	113	NA	NA	3.7	2.9	3.0
Pittsburgh, PA	NA	24	38	22	69	NA	1.0	1.6	0.9	2.9
Portland-Vancouver-Beaverton, OR-WA	10	28	47	26	39	0.5	1.4	2.3	1.3	1.9
Providence-New Bedford-Fall River, RI-MA	NA	20	42	30	28	NA	1.2	2.6	1.8	1.7
Richmond, VA	11	9	12	11	13	1.0	0.8	1.1	1.0	1.1
Riverside-San Bernardino-Ontario, CA	NA	64	91	103	121	NA	1.8	2.5	2.7	3.2
Rochester, NY	NA	6	7	12	6	NA	0.6	0.7	1.2	0.6
Sacramento-Arden-Arcade-Roseville, CA	NA	14	19	19	16	NA	0.7	1.0	0.9	0.8
Salt Lake City, UT	4	7	6	5	9	0.4	0.7	0.6	0.5	0.9
San Antonio, TX	73	48	52	116	129	4.2	2.7	2.9	6.3	7.0
San Diego-Carlsbad-San Marcos, CA	NA	37	111	138	194	NA	1.3	3.8	4.7	6.6
San Francisco-Oakland-Fremont, CA	NA	399	406	422	331	NA	9.5	9.8	10.2	8.0
San Jose-Sunnyvale-Santa Clara, CA	NA	30	56	56	44	NA	1.7	3.2	3.2	2.5
Seattle-Tacoma-Bellevue, WA	48	59	70	138	125	1.6	1.9	2.2	4.4	3.9
St. Louis, MO-IL	41	32	51	71	50	1.5	1.2	1.9	2.6	1.8
Tampa-St. Petersburg-Clearwater, FL	28	57	96	89	85	1.1	2.3	3.8	3.4	3.3
Virginia Beach-Norfolk-Newport News, VA-NC	53	31	23	50	60	3.3	1.9	1.4	3.0	3.6
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	139	168	199	233	NA	2.8	3.3	3.9	4.5
U.S. MSA TOTAL	2,047	5,299	5,891	6,368	7,149	3.4	3.5	3.8	4.0	4.5

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 29. Primary and secondary syphilis — Women – Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

Metropolitan Statistical Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	74	57	36	36	NA	3.2	2.5	1.5	1.5
Austin-Round Rock, TX	4	3	2	3	3	0.6	0.5	0.3	0.4	0.4
Baltimore-Towson, MD	NA	47	63	70	84	NA	3.5	4.6	5.1	6.1
Birmingham-Hoover, AL	9	7	4	11	35	1.6	1.3	0.7	2.0	6.2
Boston-Cambridge-Quincy, MA-NH	NA	8	2	5	1	NA	0.3	0.1	0.2	0.0
Buffalo-Cheektowaga-Tonawanda, NY	NA	0	1	1	0	NA	0.0	0.2	0.2	0.0
Charlotte-Gastonia-Concord, NC-SC	20	22	3	12	20	2.9	3.1	0.4	1.6	2.7
Chicago-Naperville-Joliet, IL-IN-WI	NA	62	44	55	50	NA	1.3	0.9	1.1	1.0
Cincinnati-Middletown, OH-KY-IN	2	2	0	2	0	0.2	0.2	0.0	0.2	0.0
Cleveland-Elyria-Mentor, OH	2	4	13	3	1	0.2	0.4	1.2	0.3	0.1
Columbus, OH	20	11	17	31	22	2.4	1.3	2.0	3.6	2.6
Dallas-Fort Worth-Arlington, TX	68	123	99	73	100	2.5	4.5	3.5	2.6	3.5
Denver-Aurora, CO	3	0	3	6	1	0.3	0.0	0.3	0.5	0.1
Detroit-Warren-Livonia, MI	158	188	81	49	17	6.9	8.2	3.5	2.1	0.7
Hartford-West Hartford-East Hartford, CT	0	1	3	0	0	0.0	0.2	0.5	0.0	0.0
Houston-Baytown-Sugar Land, TX	33	19	26	39	61	1.4	0.8	1.0	1.5	2.4
Indianapolis, IN	60	11	7	2	4	7.6	1.4	0.9	0.2	0.5
Jacksonville, FL	18	8	9	32	20	3.1	1.3	1.5	5.1	3.2
Kansas City, MO-KS	3	3	20	5	5	0.3	0.3	2.1	0.5	0.5
Las Vegas-Paradise, NV	0	0	1	8	21	0.0	0.0	0.1	1.0	2.6
Los Angeles-Long Beach-Santa Ana, CA	NA	19	28	40	63	NA	0.3	0.4	0.6	1.0
Louisville, KY-IN	10	42	13	6	3	1.7	6.9	2.1	1.0	0.5
Memphis, TN-MS-AR	123	62	30	33	50	19.5	9.7	4.7	5.1	7.7
Miami-Fort Lauderdale-Miami Beach, FL	55	48	33	41	43	2.1	1.8	1.2	1.5	1.6
Milwaukee-Waukesha-West Allis, WI	NA	5	1	1	1	NA	0.6	0.1	0.1	0.1
Minneapolis-St. Paul-Bloomington, MN-WI	NA	3	3	3	3	NA	0.2	0.2	0.2	0.2
Nashville-Davidson-Murfreesboro, TN	32	13	6	2	2	4.7	1.9	0.9	0.3	0.3
New Orleans-Metairie-Kenner, LA	NA	4	10	27	23	NA	0.6	1.5	3.9	3.4
New York-Newark-Edison, NY-NJ-PA	NA	65	65	58	37	NA	0.7	0.7	0.6	0.4
Oklahoma City, OK	24	15	19	7	9	4.3	2.6	3.3	1.2	1.6
Orlando, FL	17	22	17	10	14	2.0	2.5	1.9	1.1	1.5
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	22	23	16	13	NA	0.7	0.8	0.5	0.4
Phoenix-Mesa-Scottsdale, AZ	NA	NA	45	25	23	NA	NA	2.5	1.4	1.2
Pittsburgh, PA	NA	8	17	7	25	NA	0.6	1.4	0.6	2.0
Portland-Vancouver-Beaverton, OR-WA	1	8	2	0	0	0.1	0.8	0.2	0.0	0.0
Providence-New Bedford-Fall River, RI-MA	NA	5	9	10	7	NA	0.6	1.1	1.2	0.8
Richmond, VA	4	2	2	1	1	0.7	0.3	0.3	0.2	0.2
Riverside-San Bernardino-Ontario, CA	NA	2	5	1	12	NA	0.1	0.3	0.1	0.6
Rochester, NY	NA	1	1	0	1	NA	0.2	0.2	0.0	0.2
Sacramento-Arden-Arcade-Roseville, CA	NA	0	1	0	0	NA	0.0	0.1	0.0	0.0
Salt Lake City, UT	1	0	1	1	1	0.2	0.0	0.2	0.2	0.2
San Antonio, TX	26	12	6	20	34	2.9	1.3	0.6	2.1	3.6
San Diego-Carlsbad-San Marcos, CA	NA	6	4	10	25	NA	0.4	0.3	0.7	1.7
San Francisco-Oakland-Fremont, CA	NA	6	4	2	8	NA	0.3	0.2	0.1	0.4
San Jose-Sunnyvale-Santa Clara, CA	NA	1	4	4	2	NA	0.1	0.5	0.5	0.2
Seattle-Tacoma-Bellevue, WA	1	0	2	6	4	0.1	0.0	0.1	0.4	0.3
St. Louis, MO-IL	18	12	12	9	5	1.3	0.8	0.8	0.6	0.4
Tampa-St. Petersburg-Clearwater, FL	9	10	6	3	8	0.7	0.8	0.5	0.2	0.6
Virginia Beach-Norfolk-Newport News, VA-NC	28	12	3	4	15	3.5	1.5	0.4	0.5	1.8
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	15	13	16	13	NA	0.6	0.5	0.6	0.5
U.S. MSA TOTAL	749	1,013	840	806	926	2.4	1.3	1.1	1.0	1.2

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 30. Primary and secondary syphilis — Men – Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Atlanta-Sandy Springs-Marietta, GA	NA	303	459	472	562	NA	13.5	20.1	20.2	24.0
Austin-Round Rock, TX	17	20	29	53	41	2.5	2.9	4.1	7.4	5.7
Baltimore-Towson, MD	NA	116	161	206	160	NA	9.3	12.8	16.2	12.6
Birmingham-Hoover, AL	7	6	19	22	66	1.4	1.2	3.7	4.2	12.6
Boston-Cambridge-Quincy, MA-NH	NA	76	119	79	105	NA	3.5	5.5	3.7	4.9
Buffalo-Cheektowaga-Tonawanda, NY	NA	3	1	8	7	NA	0.5	0.2	1.4	1.3
Charlotte-Gastonia-Concord, NC-SC	39	23	20	34	83	5.8	3.3	2.8	4.7	11.4
Chicago-Naperville-Joliet, IL-IN-WI	NA	371	302	318	460	NA	8.2	6.6	6.9	10.0
Cincinnati-Middletown, OH-KY-IN	3	5	2	20	24	0.3	0.5	0.2	2.0	2.4
Cleveland-Elyria-Mentor, OH	1	10	19	37	21	0.1	1.0	1.9	3.6	2.0
Columbus, OH	44	96	103	78	87	5.5	11.8	12.5	9.3	10.4
Dallas-Fort Worth-Arlington, TX	98	186	166	206	205	3.7	6.8	5.9	7.2	7.2
Denver-Aurora, CO	16	55	29	49	37	1.4	4.8	2.5	4.2	3.2
Detroit-Warren-Livonia, MI	250	278	137	104	60	11.5	12.7	6.3	4.8	2.7
Hartford-West Hartford-East Hartford, CT	3	10	13	13	14	0.5	1.8	2.3	2.3	2.4
Houston-Baytown-Sugar Land, TX	81	105	201	196	218	3.3	4.2	7.9	7.6	8.4
Indianapolis, IN	68	28	18	32	31	8.9	3.6	2.3	4.0	3.9
Jacksonville, FL	22	10	12	40	30	3.9	1.7	2.0	6.7	5.0
Kansas City, MO-KS	7	14	23	30	84	0.8	1.5	2.5	3.2	8.9
Las Vegas-Paradise, NV	4	7	7	30	82	0.5	0.9	0.9	3.6	9.8
Los Angeles-Long Beach-Santa Ana, CA	NA	414	533	511	743	NA	6.6	8.4	8.0	11.6
Louisville, KY-IN	13	41	14	32	43	2.3	7.1	2.4	5.5	7.3
Memphis, TN-MS-AR	127	49	60	66	88	21.7	8.3	10.0	10.9	14.6
Miami-Fort Lauderdale-Miami Beach, FL	204	343	376	393	352	8.2	13.5	14.7	15.1	13.5
Milwaukee-Waukesha-West Allis, WI	NA	18	10	18	21	NA	2.5	1.4	2.4	2.8
Minneapolis-St. Paul-Bloomington, MN-WI	NA	52	40	23	65	NA	3.4	2.6	1.5	4.2
Nashville-Davidson-Murfreesboro, TN	48	20	20	15	32	7.3	3.0	3.0	2.2	4.6
New Orleans-Metairie-Kenner, LA	NA	9	18	74	65	NA	1.4	2.8	11.7	10.3
New York-Newark-Edison, NY-NJ-PA	NA	537	644	758	736	NA	6.0	7.2	8.4	8.2
Oklahoma City, OK	22	50	37	13	14	4.0	9.1	6.6	2.3	2.5
Orlando, FL	44	45	53	59	92	5.2	5.2	6.0	6.4	10.0
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	81	112	79	114	NA	2.9	4.0	2.8	4.1
Phoenix-Mesa-Scottsdale, AZ	NA	NA	89	81	89	NA	NA	4.9	4.3	4.8
Pittsburgh, PA	NA	16	21	15	44	NA	1.4	1.8	1.3	3.8
Portland-Vancouver-Beaverton, OR-WA	9	20	45	26	39	0.9	2.0	4.4	2.5	3.8
Providence-New Bedford-Fall River, RI-MA	NA	15	33	20	21	NA	1.9	4.2	2.5	2.7
Richmond, VA	7	7	10	10	12	1.3	1.3	1.8	1.8	2.1
Riverside-San Bernardino-Ontario, CA	NA	62	86	102	108	NA	3.5	4.7	5.4	5.7
Rochester, NY	NA	5	6	12	5	NA	1.0	1.2	2.4	1.0
Sacramento-Arden-Arcade-Roseville, CA	NA	14	18	19	16	NA	1.5	1.9	1.9	1.6
Salt Lake City, UT	3	7	5	4	8	0.6	1.4	1.0	0.8	1.6
San Antonio, TX	47	36	46	96	95	5.5	4.1	5.2	10.6	10.5
San Diego-Carlsbad-San Marcos, CA	NA	31	107	128	169	NA	2.1	7.3	8.7	11.5
San Francisco-Oakland-Fremont, CA	NA	393	401	419	323	NA	19.0	19.5	20.4	15.7
San Jose-Sunnyvale-Santa Clara, CA	NA	29	52	52	42	NA	3.3	5.9	5.9	4.7
Seattle-Tacoma-Bellevue, WA	47	59	68	132	121	3.0	3.8	4.3	8.3	7.7
St. Louis, MO-IL	23	20	39	62	45	1.8	1.5	3.0	4.6	3.4
Tampa-St. Petersburg-Clearwater, FL	19	47	90	86	77	1.6	3.9	7.3	6.9	6.1
Virginia Beach-Norfolk-Newport News, VA-NC	25	19	20	46	45	3.2	2.4	2.5	5.7	5.5
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	124	155	183	220	NA	5.1	6.2	7.3	8.8
U.S. MSA TOTAL	1,298	4,285	5,048	5,561	6,221	4.3	5.8	6.6	7.2	8.0

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 31. Primary and secondary syphilis — Reported cases and rates per 100,000 population by age group and sex: United States, 2001–2005

Year	Age Group	Cases			Rates		
		Total	Male	Female	Total	Male	Female
2001	10-14	19	2	17	0.1	0.0	0.2
	15-19	387	142	245	1.9	1.4	2.5
	20-24	836	482	354	4.2	4.8	3.7
	25-29	876	583	293	4.6	6.0	3.1
	30-34	964	660	304	4.6	6.3	2.9
	35-39	1,146	818	328	5.1	7.3	2.9
	40-44	808	587	221	3.5	5.2	1.9
	45-54	805	632	173	2.1	3.3	0.9
	55-64	193	167	26	0.8	1.4	0.2
	65+	64	57	7	0.2	0.4	0.0
	TOTAL	6,100	4,132	1,968	2.1	2.9	1.4
2002	10-14	15	4	11	0.1	0.0	0.1
	15-19	351	135	216	1.7	1.3	2.2
	20-24	842	533	309	4.2	5.2	3.1
	25-29	895	668	227	4.7	6.9	2.4
	30-34	1,097	877	220	5.2	8.3	2.1
	35-39	1,367	1,121	246	6.2	10.2	2.2
	40-44	1,023	845	178	4.4	7.4	1.5
	45-54	982	825	157	2.5	4.2	0.8
	55-64	217	196	21	0.8	1.5	0.2
	65+	67	59	8	0.2	0.4	0.0
	TOTAL	6,862	5,268	1,594	2.4	3.7	1.1
2003	10-14	11	1	10	0.1	0.0	0.1
	15-19	322	150	172	1.6	1.4	1.7
	20-24	860	620	240	4.2	5.8	2.4
	25-29	941	760	181	4.9	7.8	1.9
	30-34	1,187	1,023	164	5.7	9.8	1.6
	35-39	1,460	1,290	170	6.8	12.0	1.6
	40-44	1,157	1,021	136	5.0	8.9	1.2
	45-54	991	871	119	2.4	4.3	0.6
	55-64	205	187	18	0.7	1.4	0.1
	65+	42	36	6	0.1	0.2	0.0
	TOTAL	7,177	5,959	1,218	2.5	4.2	0.8
2004	10-14	9	2	7	0.0	0.0	0.1
	15-19	339	191	148	1.7	1.8	1.5
	20-24	1,029	735	294	5.0	6.9	2.9
	25-29	1,125	943	182	5.8	9.5	1.9
	30-34	1,282	1,116	166	6.3	10.9	1.7
	35-39	1,467	1,313	154	7.0	12.5	1.5
	40-44	1,344	1,198	146	5.9	10.6	1.3
	45-54	1,035	915	120	2.5	4.5	0.6
	55-64	281	249	32	1.0	1.8	0.2
	65+	55	54	1	0.2	0.4	0.0
	TOTAL	7,975	6,721	1,254	2.7	4.7	0.8
2005	10-14	10	2	8	0.0	0.0	0.1
	15-19	443	251	192	2.1	2.4	1.9
	20-24	1,181	875	306	5.6	8.1	3.0
	25-29	1,214	1,008	206	6.2	10.1	2.1
	30-34	1,329	1,178	150	6.5	11.4	1.5
	35-39	1,574	1,394	179	7.5	13.2	1.7
	40-44	1,418	1,253	164	6.1	10.9	1.4
	45-54	1,192	1,080	111	2.9	5.3	0.5
	55-64	304	284	20	1.0	2.0	0.1
	65+	59	57	2	0.2	0.4	0.0
	TOTAL	8,724	7,385	1,339	3.0	5.1	0.9

NOTE: This table should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known. Differences between total cases from this table and others in the report are due to different reporting formats. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

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Table 32A. Primary and secondary syphilis — Reported cases by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
2001	10-14	0	0	0	17	1	16	2	1	1	0	0	0	0	0
	15-19	32	13	19	290	97	193	59	29	29	2	1	1	4	2
	20-24	114	72	42	562	296	266	138	105	34	6	5	1	15	4
	25-29	152	121	31	554	323	231	140	115	26	13	13	0	18	11
	30-34	236	192	44	563	330	233	137	117	20	12	12	0	17	9
	35-39	332	281	51	653	397	255	134	120	13	15	14	1	13	5
	40-44	227	193	34	505	335	170	59	48	11	2	2	0	15	10
	45-54	220	196	24	513	377	137	61	52	9	4	3	1	6	4
	55-64	51	48	3	121	100	21	18	16	2	2	2	0	2	2
	65+	23	22	1	36	30	6	4	4	0	0	0	0	1	1
	TOTAL	1,387	1,138	249	3,813	2,286	1,527	754	607	146	55	51	4	90	49
2002	10-14	2	1	1	10	2	8	2	1	1	1	0	1	0	0
	15-19	33	9	24	253	89	164	62	37	25	2	0	2	1	0
	20-24	129	89	40	546	313	233	146	117	29	13	9	4	8	5
	25-29	224	189	36	485	323	163	165	138	26	17	16	1	4	3
	30-34	404	373	31	476	310	166	192	172	20	22	21	1	3	1
	35-39	576	541	35	568	385	183	200	178	22	15	14	1	8	3
	40-44	452	429	23	448	305	142	102	93	8	15	14	1	7	4
	45-54	393	370	23	482	370	112	83	69	15	8	8	0	16	8
	55-64	95	91	4	110	94	16	10	10	0	0	0	0	2	1
	65+	15	15	0	42	35	7	9	8	1	0	0	0	1	1
	TOTAL	2,325	2,108	217	3,421	2,226	1,195	971	823	147	94	83	11	51	27
2003	10-14	0	0	0	5	1	4	5	0	5	0	0	0	1	0
	15-19	48	24	24	205	93	112	63	28	35	6	5	1	0	0
	20-24	195	154	41	471	309	161	178	142	36	13	11	2	3	3
	25-29	301	265	36	408	293	115	195	173	23	28	25	3	8	4
	30-34	524	485	39	416	316	100	213	190	23	20	20	0	14	12
	35-39	743	703	40	451	335	116	222	211	11	28	28	0	16	14
	40-44	588	563	26	382	288	94	158	146	12	20	19	1	9	5
	45-54	489	472	17	373	287	86	107	97	9	10	8	1	13	6
	55-64	104	100	4	81	68	13	13	12	1	2	2	0	4	4
	65+	17	16	1	18	16	2	5	2	3	0	0	0	1	1
	TOTAL	3,010	2,783	227	2,811	2,005	805	1,160	1,001	159	127	119	8	69	50
2004	10-14	0	0	0	8	2	6	1	0	1	0	0	0	0	0
	15-19	56	33	23	211	113	98	55	33	22	11	9	2	6	3
	20-24	242	185	57	573	375	198	188	156	32	19	16	3	8	4
	25-29	317	281	36	534	421	113	237	213	24	28	25	3	11	5
	30-34	512	470	41	496	402	95	238	215	23	29	28	1	10	3
	35-39	675	640	35	489	392	98	249	235	14	36	35	1	18	12
	40-44	684	655	29	455	353	102	179	169	9	18	18	0	10	4
	45-54	525	503	23	379	295	84	110	98	12	11	11	0	10	9
	55-64	155	145	10	101	83	18	20	20	0	2	1	1	4	1
	65+	36	35	1	16	16	0	3	3	0	0	0	0	0	0
	TOTAL	3,203	2,947	256	3,266	2,452	814	1,280	1,142	138	153	142	11	77	42
2005	10-14	0	0	0	9	1	8	1	1	0	0	0	0	0	0
	15-19	67	36	30	304	173	131	62	36	26	5	4	1	5	1
	20-24	281	230	51	660	459	201	216	167	49	15	11	4	8	7
	25-29	331	299	32	612	480	132	236	198	38	27	25	2	8	6
	30-34	491	456	35	554	455	99	230	216	14	43	42	1	12	10
	35-39	761	712	49	518	415	103	268	244	24	19	19	0	8	4
	40-44	741	700	40	446	350	97	193	172	21	26	24	2	12	7
	45-54	660	631	29	385	320	65	126	111	14	15	14	1	6	4
	55-64	167	162	5	102	90	13	30	28	2	4	4	0	0	0
	65+	26	26	0	23	21	2	8	8	0	2	2	0	0	0
	TOTAL	3,524	3,254	270	3,615	2,764	850	1,370	1,182	188	156	145	11	60	40

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 31 for age-specific cases and rates and Tables 24-26 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. Differences between total cases from this table and others in the report are due to different reporting formats and above listed exclusion. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 32B. Primary and secondary syphilis — Rates per 100,000 population by race/ethnicity, age group and sex: United States, 2001–2005

Age Group	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian/ Alaska Native		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
10-14	0.0	0.0	0.0	0.5	0.1	1.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.2	0.2	0.3	9.7	6.4	13.1	1.8	1.8	1.9	0.2	0.2	0.2	1.8	1.8	1.8
20-24	0.9	1.2	0.7	20.2	21.8	18.7	3.9	5.4	2.1	0.7	1.1	0.2	8.1	4.2	12.1
25-29	1.3	2.1	0.5	22.1	27.0	17.6	3.9	5.8	1.6	1.1	2.3	0.0	10.6	13.7	7.4
30-34	1.8	2.8	0.7	21.3	26.4	16.7	4.1	6.5	1.3	1.0	2.1	0.0	9.8	11.2	8.4
35-39	2.2	3.7	0.7	23.2	30.0	17.1	4.4	7.6	0.9	1.4	2.7	0.2	6.7	5.9	7.6
40-44	1.4	2.4	0.4	18.2	25.7	11.6	2.4	3.7	0.9	0.2	0.5	0.0	7.9	10.6	5.3
45-54	0.7	1.3	0.2	11.8	18.8	5.9	1.8	3.1	0.5	0.3	0.4	0.1	2.1	2.9	1.3
55-64	0.3	0.5	0.0	4.9	9.1	1.5	0.9	1.8	0.2	0.2	0.5	0.0	1.2	2.5	0.0
65+	0.1	0.2	0.0	1.2	2.7	0.3	0.2	0.5	0.0	0.0	0.0	0.0	0.7	1.5	0.0
TOTAL	0.7	1.2	0.2	10.7	13.5	8.2	2.0	3.2	0.8	0.5	0.9	0.1	3.8	4.2	3.4
10-14	0.0	0.0	0.0	0.3	0.1	0.5	0.1	0.1	0.1	0.1	0.0	0.2	0.0	0.0	0.0
15-19	0.3	0.1	0.4	8.3	5.8	11.0	1.9	2.2	1.6	0.2	0.0	0.5	0.4	0.0	0.9
20-24	1.0	1.4	0.6	19.0	22.1	16.0	4.0	5.9	1.8	1.4	2.0	0.9	4.2	5.2	3.2
25-29	2.0	3.3	0.6	19.4	27.1	12.5	4.4	6.7	1.6	1.5	2.9	0.2	2.5	3.8	1.2
30-34	3.0	5.6	0.5	17.9	24.6	11.8	5.4	9.0	1.2	1.8	3.5	0.2	1.9	1.3	2.4
35-39	3.9	7.3	0.5	20.5	29.5	12.5	6.3	10.7	1.5	1.4	2.7	0.2	4.6	3.7	5.5
40-44	2.8	5.3	0.3	16.0	23.2	9.6	3.8	6.8	0.7	1.5	2.8	0.2	3.9	4.6	3.2
45-54	1.3	2.5	0.2	10.7	17.8	4.6	2.3	3.8	0.8	0.5	1.1	0.0	5.1	5.7	4.5
55-64	0.5	0.9	0.0	4.3	8.2	1.1	0.5	1.1	0.0	0.0	0.0	0.0	1.1	1.2	1.1
65+	0.0	0.1	0.0	1.4	3.1	0.4	0.5	1.0	0.1	0.0	0.0	0.0	0.7	1.5	0.0
TOTAL	1.2	2.2	0.2	9.5	13.0	6.3	2.5	4.1	0.8	0.8	1.4	0.2	2.1	2.3	1.9
10-14	0.0	0.0	0.0	0.1	0.1	0.2	0.1	0.0	0.3	0.0	0.0	0.0	0.4	0.0	0.9
15-19	0.4	0.4	0.4	6.7	5.9	7.4	1.9	1.7	2.2	0.7	1.2	0.2	0.0	0.0	0.0
20-24	1.5	2.4	0.6	16.0	21.1	10.9	4.8	6.8	2.2	1.4	2.3	0.4	1.5	3.0	0.0
25-29	2.6	4.6	0.6	16.1	24.1	8.7	5.1	8.3	1.3	2.5	4.4	0.5	4.9	5.0	4.9
30-34	4.0	7.4	0.6	15.7	25.2	7.2	5.9	9.9	1.4	1.6	3.3	0.0	8.1	13.8	2.4
35-39	5.2	9.8	0.6	16.6	26.2	8.1	7.0	12.5	0.8	2.6	5.3	0.0	9.0	15.9	2.3
40-44	3.6	7.0	0.3	13.6	21.9	6.3	5.8	10.3	0.9	1.9	3.7	0.2	4.5	6.0	3.2
45-54	1.6	3.1	0.1	8.0	13.4	3.4	2.8	5.1	0.5	0.5	1.0	0.1	4.0	4.2	3.8
55-64	0.5	0.9	0.0	3.0	5.7	0.9	0.6	1.2	0.1	0.2	0.5	0.0	2.3	4.8	0.0
65+	0.1	0.1	0.0	0.6	1.4	0.1	0.3	0.3	0.3	0.0	0.0	0.0	0.7	1.5	0.0
TOTAL	1.5	2.8	0.2	7.7	11.5	4.2	2.9	4.9	0.8	1.0	1.9	0.1	2.8	4.2	1.5
10-14	0.0	0.0	0.0	0.2	0.1	0.4	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.4	0.5	0.4	6.7	7.1	6.3	1.6	1.9	1.3	1.2	1.9	0.5	2.7	2.7	2.8
20-24	1.9	2.8	0.9	19.1	25.0	13.2	5.0	7.5	1.9	1.9	3.1	0.6	3.9	3.9	3.9
25-29	2.7	4.7	0.6	20.5	33.5	8.4	6.1	9.8	1.4	2.4	4.4	0.5	6.1	6.1	6.0
30-34	4.0	7.4	0.7	18.9	32.2	6.8	6.4	10.8	1.4	2.3	4.4	0.2	5.7	3.9	7.5
35-39	4.9	9.2	0.5	18.4	31.2	6.9	7.6	13.5	0.9	3.1	6.2	0.2	10.6	14.1	7.1
40-44	4.3	8.2	0.4	16.1	26.7	6.8	6.2	11.3	0.7	1.7	3.6	0.0	5.1	4.7	5.4
45-54	1.7	3.3	0.1	8.0	13.4	3.3	2.7	4.8	0.6	0.6	1.3	0.0	3.0	5.6	0.6
55-64	0.7	1.3	0.1	3.6	6.6	1.2	0.9	1.9	0.0	0.2	0.2	0.2	2.0	1.1	2.9
65+	0.1	0.3	0.0	0.5	1.4	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	1.6	3.0	0.3	8.8	13.9	4.2	3.1	5.4	0.7	1.2	2.2	0.2	3.1	3.5	2.8
10-14	0.0	0.0	0.0	0.3	0.1	0.5	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.5	0.5	0.5	9.7	10.9	8.4	1.9	2.1	1.6	0.6	0.9	0.2	2.3	0.9	3.7
20-24	2.2	3.5	0.8	22.0	30.6	13.5	5.7	8.1	2.9	1.6	2.3	0.8	3.9	6.7	1.0
25-29	2.8	5.0	0.5	23.5	38.2	9.8	6.0	9.1	2.2	2.4	4.5	0.4	4.8	6.8	2.7
30-34	3.9	7.1	0.6	21.0	36.5	7.1	6.2	10.8	0.8	3.3	6.6	0.2	6.9	11.4	2.5
35-39	5.5	10.3	0.7	19.5	33.1	7.3	8.2	14.0	1.5	1.6	3.3	0.0	5.0	5.2	4.7
40-44	4.6	8.7	0.5	15.8	26.4	6.4	6.7	11.5	1.5	2.4	4.5	0.4	6.1	8.2	4.2
45-54	2.2	4.1	0.2	8.1	14.5	2.5	3.1	5.5	0.7	0.8	1.6	0.1	1.9	2.7	1.2
55-64	0.7	1.5	0.0	3.6	7.1	0.8	1.4	2.7	0.2	0.4	0.8	0.0	0.0	0.0	0.0
65+	0.1	0.2	0.0	0.8	1.8	0.1	0.4	0.9	0.0	0.2	0.4	0.0	0.0	0.0	0.0
TOTAL	1.8	3.3	0.3	9.8	15.7	4.4	3.3	5.5	0.9	1.2	2.3	0.2	2.4	3.3	1.6

NOTE: These tables should be used only for race/ethnicity comparisons. See Table 31 for age-specific cases and rates and Tables 24-26 for total and sex-specific cases and rates. If age or race/ethnicity was not specified, cases were prorated according to the distribution of cases for which these variables were specified. Differences between total rates from this table and others in the report are due to different reporting formats and above listed exclusion. The 0 to 9 year age group is not shown because some of these cases may not be due to sexual transmission; however, they are included in the totals.

Table 33. Early latent syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	192	211	140	231	184	4.3	4.7	3.1	5.1	4.1
Alaska	0	1	0	1	8	0.0	0.2	0.0	0.2	1.2
Arizona	266	200	232	219	134	5.0	3.7	4.2	3.8	2.3
Arkansas	60	51	71	56	48	2.2	1.9	2.6	2.0	1.7
California	408	716	820	873	1,153	1.2	2.0	2.3	2.4	3.2
Colorado	14	22	20	24	27	0.3	0.5	0.4	0.5	0.6
Connecticut	20	13	13	16	19	0.6	0.4	0.4	0.5	0.5
Delaware	18	9	11	25	9	2.3	1.1	1.3	3.0	1.1
Florida	947	949	988	856	726	5.8	5.7	5.8	4.9	4.2
Georgia	703	701	720	333	380	8.4	8.2	8.3	3.8	4.3
Hawaii	7	21	6	3	4	0.6	1.7	0.5	0.2	0.3
Idaho	0	4	8	26	13	0.0	0.3	0.6	1.9	0.9
Illinois	386	528	350	322	397	3.1	4.2	2.8	2.5	3.1
Indiana	120	53	58	45	42	2.0	0.9	0.9	0.7	0.7
Iowa	6	8	5	12	6	0.2	0.3	0.2	0.4	0.2
Kansas	18	13	19	12	18	0.7	0.5	0.7	0.4	0.7
Kentucky	38	49	43	24	23	0.9	1.2	1.0	0.6	0.6
Louisiana	194	183	197	316	252	4.3	4.1	4.4	7.0	5.6
Maine	3	1	7	0	2	0.2	0.1	0.5	0.0	0.2
Maryland	362	181	211	213	289	6.7	3.3	3.8	3.8	5.2
Massachusetts	64	95	136	96	105	1.0	1.5	2.1	1.5	1.6
Michigan	368	255	122	121	69	3.7	2.5	1.2	1.2	0.7
Minnesota	16	23	45	21	46	0.3	0.5	0.9	0.4	0.9
Mississippi	329	149	173	130	162	11.5	5.2	6.0	4.5	5.6
Missouri	33	51	46	58	108	0.6	0.9	0.8	1.0	1.9
Montana	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Nebraska	1	0	1	0	2	0.1	0.0	0.1	0.0	0.1
Nevada	7	12	35	24	64	0.3	0.6	1.6	1.0	2.7
New Hampshire	2	1	4	0	0	0.2	0.1	0.3	0.0	0.0
New Jersey	234	220	326	344	289	2.7	2.6	3.8	4.0	3.3
New Mexico	18	23	53	69	53	1.0	1.2	2.8	3.6	2.8
New York	566	756	1,019	744	1,084	3.0	3.9	5.3	3.9	5.6
North Carolina	483	333	261	261	215	5.9	4.0	3.1	3.1	2.5
North Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ohio	100	84	92	184	136	0.9	0.7	0.8	1.6	1.2
Oklahoma	121	124	77	62	64	3.5	3.5	2.2	1.8	1.8
Oregon	9	18	27	29	16	0.3	0.5	0.8	0.8	0.4
Pennsylvania	260	237	216	183	204	2.1	1.9	1.7	1.5	1.6
Rhode Island	1	9	7	15	5	0.1	0.8	0.7	1.4	0.5
South Carolina	394	202	180	204	222	9.7	4.9	4.3	4.9	5.3
South Dakota	0	0	3	0	0	0.0	0.0	0.4	0.0	0.0
Tennessee	553	390	228	206	203	9.6	6.7	3.9	3.5	3.4
Texas	964	1,149	1,065	1,069	1,013	4.5	5.3	4.8	4.8	4.5
Utah	0	8	7	5	7	0.0	0.3	0.3	0.2	0.3
Vermont	1	0	0	0	0	0.2	0.0	0.0	0.0	0.0
Virginia	133	94	74	108	148	1.8	1.3	1.0	1.4	2.0
Washington	19	23	36	51	63	0.3	0.4	0.6	0.8	1.0
West Virginia	1	1	2	9	3	0.1	0.1	0.1	0.5	0.2
Wisconsin	43	66	54	55	58	0.8	1.2	1.0	1.0	1.1
Wyoming	0	0	1	0	0	0.0	0.0	0.2	0.0	0.0
U.S. TOTAL*	8,701	8,429	8,361	7,768	8,176	3.0	2.9	2.9	2.6	2.8
Northeast	1,151	1,332	1,728	1,398	1,708	2.1	2.5	3.2	2.6	3.1
Midwest	1,091	1,081	795	830	882	1.7	1.7	1.2	1.3	1.3
South	5,711	4,968	4,593	4,216	4,044	5.6	4.8	4.4	4.0	3.8
West	748	1,048	1,245	1,324	1,542	1.2	1.6	1.9	2.0	2.3
Guam	2	3	1	0	0	1.3	1.9	0.6	0.0	0.0
Puerto Rico	600	702	748	353	435	15.6	18.2	19.3	9.1	11.2
Virgin Islands	8	1	6	8	7	7.3	0.9	5.5	7.4	6.4
OUTLYING AREAS	610	706	755	361	442	14.9	17.1	18.2	8.7	10.6
TOTAL	9,311	9,135	9,116	8,129	8,618	3.2	3.1	3.1	2.7	2.9

*Includes cases reported by Washington, D.C.

Table 34. Early latent syphilis — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Atlanta-Sandy Springs-Marietta, GA	NA	585	614	281	314	NA	12.9	13.3	6.0	6.7
Austin-Round Rock, TX	38	25	42	59	59	2.9	1.9	3.0	4.2	4.2
Baltimore-Towson, MD	NA	151	189	167	211	NA	5.8	7.2	6.3	8.0
Birmingham-Hoover, AL	45	33	24	42	82	4.2	3.1	2.2	3.9	7.6
Boston-Cambridge-Quincy, MA-NH	NA	81	117	70	84	NA	1.8	2.6	1.6	1.9
Buffalo-Cheektowaga-Tonawanda, NY	NA	2	2	4	3	NA	0.2	0.2	0.3	0.3
Charlotte-Gastonia-Concord, NC-SC	100	49	51	58	71	7.3	3.5	3.5	3.9	4.8
Chicago-Naperville-Joliet, IL-IN-WI	NA	510	344	322	395	NA	5.5	3.7	3.4	4.2
Cincinnati-Middletown, OH-KY-IN	2	1	0	8	13	0.1	0.0	0.0	0.4	0.6
Cleveland-Elyria-Mentor, OH	39	13	7	33	21	1.8	0.6	0.3	1.5	1.0
Columbus, OH	35	55	44	72	41	2.1	3.3	2.6	4.3	2.4
Dallas-Fort Worth-Arlington, TX	334	508	488	380	381	6.2	9.3	8.7	6.7	6.7
Denver-Aurora, CO	13	19	17	22	22	0.6	0.8	0.7	0.9	0.9
Detroit-Warren-Livonia, MI	350	228	112	103	59	7.8	5.1	2.5	2.3	1.3
Hartford-West Hartford-East Hartford, CT	7	7	2	5	7	0.6	0.6	0.2	0.4	0.6
Houston-Baytown-Sugar Land, TX	212	198	237	246	207	4.4	4.0	4.7	4.7	4.0
Indianapolis, IN	85	31	23	24	19	5.5	2.0	1.4	1.5	1.2
Jacksonville, FL	55	27	40	75	56	4.8	2.3	3.3	6.1	4.6
Kansas City, MO-KS	4	12	31	23	51	0.2	0.6	1.6	1.2	2.6
Las Vegas-Paradise, NV	6	7	28	19	57	0.4	0.5	1.8	1.2	3.5
Los Angeles-Long Beach-Santa Ana, CA	NA	390	434	445	666	NA	3.1	3.4	3.4	5.2
Louisville, KY-IN	24	36	34	16	16	2.0	3.0	2.9	1.3	1.3
Memphis, TN-MS-AR	401	239	177	170	171	32.9	19.4	14.3	13.6	13.7
Miami-Fort Lauderdale-Miami Beach, FL	393	516	578	477	302	7.7	9.9	10.9	8.9	5.6
Milwaukee-Waukesha-West Allis, WI	NA	53	41	37	36	NA	3.5	2.7	2.4	2.4
Minneapolis-St. Paul-Bloomington, MN-WI	NA	23	41	19	43	NA	0.8	1.3	0.6	1.4
Nashville-Davidson-Murfreesboro, TN	150	127	31	30	29	11.2	9.4	2.3	2.1	2.1
New Orleans-Metairie-Kenner, LA	NA	45	48	85	68	NA	3.4	3.6	6.4	5.2
New York-Newark-Edison, NY-NJ-PA	NA	903	1,259	1,012	1,281	NA	4.9	6.8	5.4	6.8
Oklahoma City, OK	90	81	62	47	36	8.1	7.2	5.5	4.1	3.1
Orlando, FL	269	172	117	90	124	15.8	9.8	6.5	4.8	6.7
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	263	256	220	171	NA	4.6	4.4	3.8	2.9
Phoenix-Mesa-Scottsdale, AZ	NA	NA	165	165	97	NA	NA	4.6	4.4	2.6
Pittsburgh, PA	NA	15	11	8	28	NA	0.6	0.5	0.3	1.2
Portland-Vancouver-Beaverton, OR-WA	8	19	22	23	12	0.4	0.9	1.1	1.1	0.6
Providence-New Bedford-Fall River, RI-MA	NA	12	11	25	10	NA	0.7	0.7	1.5	0.6
Richmond, VA	38	17	24	18	24	3.4	1.5	2.1	1.6	2.1
Riverside-San Bernardino-Ontario, CA	NA	43	34	40	64	NA	1.2	0.9	1.1	1.7
Rochester, NY	NA	2	8	4	13	NA	0.2	0.8	0.4	1.2
Sacramento-Arden-Arcade-Roseville, CA	NA	8	5	11	11	NA	0.4	0.3	0.5	0.5
Salt Lake City, UT	0	7	4	5	3	0.0	0.7	0.4	0.5	0.3
San Antonio, TX	123	108	66	79	144	7.0	6.0	3.6	4.3	7.8
San Diego-Carlsbad-San Marcos, CA	NA	34	41	84	117	NA	1.2	1.4	2.9	4.0
San Francisco-Oakland-Fremont, CA	NA	203	230	235	220	NA	4.9	5.5	5.7	5.3
San Jose-Sunnyvale-Santa Clara, CA	NA	11	20	13	18	NA	0.6	1.2	0.7	1.0
Seattle-Tacoma-Bellevue, WA	15	18	30	42	60	0.5	0.6	1.0	1.3	1.9
St. Louis, MO-IL	36	40	28	31	34	1.3	1.5	1.0	1.1	1.2
Tampa-St. Petersburg-Clearwater, FL	58	80	142	103	101	2.4	3.2	5.6	4.0	3.9
Virginia Beach-Norfolk-Newport News, VA-NC	47	35	21	45	78	3.0	2.2	1.3	2.7	4.7
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	243	195	182	208	NA	4.8	3.8	3.5	4.0
U.S. MSA TOTAL	2,977	6,285	6,547	5,774	6,338	4.9	4.2	4.2	3.7	4.0

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 35. Late and late latent syphilis — Reported cases and rates by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	380	334	309	232	193	8.5	7.4	6.9	5.1	4.3
Alaska	9	8	7	6	5	1.4	1.2	1.1	0.9	0.8
Arizona	672	666	659	572	455	12.7	12.2	11.8	10.0	7.9
Arkansas	124	124	172	142	124	4.6	4.6	6.3	5.2	4.5
California	2,038	2,107	2,024	2,293	2,527	5.9	6.0	5.7	6.4	7.0
Colorado	111	86	82	90	70	2.5	1.9	1.8	2.0	1.5
Connecticut	131	147	163	108	88	3.8	4.2	4.7	3.1	2.5
Delaware	47	42	29	26	15	5.9	5.2	3.5	3.1	1.8
Florida	1,446	1,686	1,610	1,364	1,422	8.8	10.1	9.5	7.8	8.2
Georgia	850	743	836	701	898	10.1	8.7	9.6	7.9	10.2
Hawaii	22	27	39	25	42	1.8	2.2	3.1	2.0	3.3
Idaho	10	11	18	25	21	0.8	0.8	1.3	1.8	1.5
Illinois	706	546	633	614	663	5.6	4.3	5.0	4.8	5.2
Indiana	245	196	252	164	182	4.0	3.2	4.1	2.6	2.9
Iowa	33	38	29	19	13	1.1	1.3	1.0	0.6	0.4
Kansas	43	44	32	49	51	1.6	1.6	1.2	1.8	1.9
Kentucky	104	72	83	79	54	2.6	1.8	2.0	1.9	1.3
Louisiana	426	439	1,195	979	696	9.5	9.8	26.6	21.7	15.4
Maine	12	6	6	5	3	0.9	0.5	0.5	0.4	0.2
Maryland	305	415	443	399	387	5.7	7.6	8.0	7.2	7.0
Massachusetts	334	346	375	307	168	5.2	5.4	5.8	4.8	2.6
Michigan	347	408	451	470	297	3.5	4.1	4.5	4.6	2.9
Minnesota	83	65	103	96	89	1.7	1.3	2.0	1.9	1.7
Mississippi	175	247	220	212	160	6.1	8.6	7.6	7.3	5.5
Missouri	110	118	96	114	114	2.0	2.1	1.7	2.0	2.0
Montana	0	4	0	0	0	0.0	0.4	0.0	0.0	0.0
Nebraska	5	19	15	8	12	0.3	1.1	0.9	0.5	0.7
Nevada	47	86	102	189	169	2.2	4.0	4.6	8.1	7.2
New Hampshire	17	15	14	21	17	1.3	1.2	1.1	1.6	1.3
New Jersey	637	637	572	319	375	7.5	7.4	6.6	3.7	4.3
New Mexico	36	48	75	97	68	2.0	2.6	4.0	5.1	3.6
New York	2,701	2,620	2,715	2,979	2,054	14.2	13.7	14.1	15.5	10.7
North Carolina	475	424	417	285	213	5.8	5.1	5.0	3.3	2.5
North Dakota	2	0	0	0	0	0.3	0.0	0.0	0.0	0.0
Ohio	115	105	189	148	153	1.0	0.9	1.7	1.3	1.3
Oklahoma	102	89	211	79	50	2.9	2.5	6.0	2.2	1.4
Oregon	26	29	43	50	52	0.7	0.8	1.2	1.4	1.4
Pennsylvania	362	342	329	273	308	2.9	2.8	2.7	2.2	2.5
Rhode Island	29	45	50	62	35	2.7	4.2	4.6	5.7	3.2
South Carolina	268	269	263	194	239	6.6	6.5	6.3	4.6	5.7
South Dakota	0	0	0	0	2	0.0	0.0	0.0	0.0	0.3
Tennessee	580	514	511	459	493	10.1	8.9	8.7	7.8	8.4
Texas	2,145	2,299	2,200	2,244	2,336	10.0	10.6	9.9	10.0	10.4
Utah	14	56	51	59	33	0.6	2.4	2.2	2.5	1.4
Vermont	4	0	0	2	0	0.7	0.0	0.0	0.3	0.0
Virginia	287	362	395	380	361	4.0	5.0	5.3	5.1	4.8
Washington	98	63	121	135	144	1.6	1.0	2.0	2.2	2.3
West Virginia	1	2	7	6	12	0.1	0.1	0.4	0.3	0.7
Wisconsin	64	38	41	43	37	1.2	0.7	0.7	0.8	0.7
Wyoming	3	1	3	3	1	0.6	0.2	0.6	0.6	0.2
U.S. TOTAL*	16,976	17,168	18,319	17,300	16,049	5.9	6.0	6.3	5.9	5.5
Northeast	4,227	4,158	4,224	4,076	3,048	7.8	7.7	7.8	7.5	5.6
Midwest	1,753	1,577	1,841	1,725	1,613	2.7	2.4	2.8	2.6	2.5
South	7,910	8,241	9,030	7,955	7,801	7.8	8.0	8.6	7.5	7.4
West	3,086	3,192	3,224	3,544	3,587	4.8	4.9	4.9	5.3	5.3
Guam	15	9	13	13	16	9.5	5.6	7.9	7.8	9.6
Puerto Rico	402	398	390	608	551	10.5	10.3	10.1	15.6	14.1
Virgin Islands	0	2	5	4	5	0.0	1.8	4.6	3.7	4.6
OUTLYING AREAS	417	409	408	625	572	10.2	9.9	9.8	15.0	13.7
TOTAL	17,393	17,577	18,727	17,925	16,621	6.0	6.0	6.3	6.0	5.6

*Includes cases reported by Washington, D.C.

Table 36. Late and late latent syphilis — Reported cases and rates in selected metropolitan statistical areas* (MSAs) listed in alphabetical order: United States, 2001–2005

<i>Metropolitan Statistical Area</i>	<i>Cases</i>					<i>Rates per 100,000 Population</i>				
	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>
Atlanta-Sandy Springs-Marietta, GA	NA	460	566	522	714	NA	10.2	12.3	11.1	15.2
Austin-Round Rock, TX	79	59	78	85	89	6.0	4.4	5.7	6.0	6.3
Baltimore-Towson, MD	NA	222	229	195	209	NA	8.5	8.8	7.4	7.9
Birmingham-Hoover, AL	108	99	74	40	57	10.2	9.3	6.9	3.7	5.3
Boston-Cambridge-Quincy, MA-NH	NA	312	330	256	149	NA	7.0	7.4	5.8	3.4
Buffalo-Cheektowaga-Tonawanda, NY	NA	7	7	11	4	NA	0.6	0.6	1.0	0.3
Charlotte-Gastonia-Concord, NC-SC	61	66	87	45	61	4.4	4.7	6.1	3.1	4.1
Chicago-Naperville-Joliet, IL-IN-WI	NA	512	630	576	611	NA	5.5	6.7	6.1	6.5
Cincinnati-Middletown, OH-KY-IN	23	24	16	24	18	1.1	1.2	0.8	1.2	0.9
Cleveland-Elyria-Mentor, OH	6	10	23	11	9	0.3	0.5	1.1	0.5	0.4
Columbus, OH	60	52	102	72	76	3.7	3.1	6.1	4.3	4.5
Dallas-Fort Worth-Arlington, TX	516	683	735	701	792	9.6	12.5	13.1	12.3	13.9
Denver-Aurora, CO	79	66	64	56	51	3.5	2.9	2.8	2.4	2.2
Detroit-Warren-Livonia, MI	296	356	383	400	238	6.6	7.9	8.5	8.9	5.3
Hartford-West Hartford-East Hartford, CT	47	50	52	28	35	4.1	4.3	4.4	2.4	3.0
Houston-Baytown-Sugar Land, TX	712	796	768	783	685	14.7	16.0	15.1	15.1	13.2
Indianapolis, IN	103	74	93	68	80	6.6	4.7	5.8	4.2	4.9
Jacksonville, FL	57	36	73	70	41	5.0	3.1	6.1	5.7	3.3
Kansas City, MO-KS	40	45	41	40	53	2.1	2.4	2.2	2.1	2.8
Las Vegas-Paradise, NV	24	67	87	167	139	1.6	4.4	5.5	10.1	8.4
Los Angeles-Long Beach-Santa Ana, CA	NA	1,245	1,137	1,451	1,649	NA	9.8	8.9	11.2	12.8
Louisville, KY-IN	68	42	63	60	40	5.8	3.6	5.3	5.0	3.3
Memphis, TN-MS-AR	343	276	278	242	272	28.2	22.4	22.4	19.4	21.8
Miami-Fort Lauderdale-Miami Beach, FL	870	1,012	909	769	742	17.0	19.3	17.2	14.3	13.8
Milwaukee-Waukesha-West Allis, WI	NA	24	22	28	18	NA	1.6	1.5	1.8	1.2
Minneapolis-St. Paul-Bloomington, MN-WI	NA	52	89	79	74	NA	1.7	2.9	2.5	2.4
Nashville-Davidson-Murfreesboro, TN	176	172	158	145	126	13.2	12.7	11.5	10.4	9.0
New Orleans-Metairie-Kenner, LA	NA	71	187	259	190	NA	5.4	14.2	19.6	14.4
New York-Newark-Edison, NY-NJ-PA	NA	3,111	3,077	3,058	2,241	NA	16.7	16.5	16.3	12.0
Oklahoma City, OK	67	63	135	42	28	6.0	5.6	11.9	3.7	2.4
Orlando, FL	117	159	129	106	183	6.9	9.1	7.2	5.7	9.8
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	NA	345	392	361	284	NA	6.0	6.8	6.2	4.9
Phoenix-Mesa-Scottsdale, AZ	NA	NA	589	468	363	NA	NA	16.4	12.6	9.8
Pittsburgh, PA	NA	13	8	2	15	NA	0.5	0.3	0.1	0.6
Portland-Vancouver-Beaverton, OR-WA	25	19	34	35	43	1.3	0.9	1.7	1.7	2.1
Providence-New Bedford-Fall River, RI-MA	NA	58	74	81	37	NA	3.6	4.6	5.0	2.3
Richmond, VA	37	59	77	56	50	3.3	5.2	6.8	4.9	4.3
Riverside-San Bernardino-Ontario, CA	NA	166	184	174	208	NA	4.7	5.1	4.6	5.5
Rochester, NY	NA	10	18	25	17	NA	1.0	1.7	2.4	1.6
Sacramento-Arden-Arcade-Roseville, CA	NA	26	11	33	8	NA	1.3	0.6	1.6	0.4
Salt Lake City, UT	6	36	33	42	23	0.6	3.6	3.3	4.1	2.3
San Antonio, TX	175	165	109	164	178	10.0	9.2	6.0	8.8	9.6
San Diego-Carlsbad-San Marcos, CA	NA	87	139	124	133	NA	3.0	4.7	4.2	4.5
San Francisco-Oakland-Fremont, CA	NA	266	260	258	165	NA	6.4	6.3	6.2	4.0
San Jose-Sunnyvale-Santa Clara, CA	NA	48	57	39	56	NA	2.8	3.3	2.2	3.2
Seattle-Tacoma-Bellevue, WA	70	50	74	93	100	2.3	1.6	2.4	2.9	3.2
St. Louis, MO-IL	107	84	69	85	86	3.9	3.1	2.5	3.1	3.1
Tampa-St. Petersburg-Clearwater, FL	106	177	166	110	139	4.3	7.1	6.6	4.3	5.4
Virginia Beach-Norfolk-Newport News, VA-NC	101	118	104	100	105	6.3	7.3	6.4	6.1	6.4
Washington-Arlington-Alexandria, DC-VA-MD-WV	NA	483	470	511	453	NA	9.6	9.2	9.9	8.8
U.S. MSA TOTAL	4,479	12,433	13,490	13,150	12,137	7.3	8.2	8.6	8.3	7.7

*MSAs selected based on largest population in 2000 U.S. census. NA = Not available. STD morbidity reporting methods do not allow MSA-specific case counts and rates to be determined for some jurisdictions for some years.

Table 37. Congenital syphilis — Reported cases and rates in infants < 1 year of age: United States (excluding outlying areas), 1963–2005

<i>Year</i>	<i>Cases</i>	<i>Rate per 100,000 Live Births</i>
1963*	367	9.2
1964*	336	8.7
1965*	335	8.9
1966*	333	8.8
1967	156	4.1
1968	274	7.3
1969	264	7.0
1970	323	8.6
1971	422	11.9
1972	360	11.0
1973	295	9.4
1974	250	7.9
1975	169	5.3
1976	160	5.1
1977	134	4.0
1978	104	3.0
1979	123	3.5
1980	107	3.0
1981	160	4.4
1982	159	4.3
1983	158	4.3
1984	247	6.7
1985	266	7.1
1986	357	9.5
1987	444	11.7
1988	658	16.8
1989	1,807	44.7
1990	3,816	91.8
1991	4,410	107.3
1992	4,024	99.0
1993	3,395	84.9
1994	2,435	61.6
1995	1,862	47.7
1996	1,282	32.9
1997	1,081	27.9
1998	844	21.4
1999	579	14.6
2000	580	14.3
2001	503	12.5
2002	459	11.4
2003	432	10.6
2004	371	9.1
2005	329	8.0

*For 1963 to 1966 data were reported for the federal fiscal year ending June 30 of the year indicated.

NOTE: The surveillance case definition for congenital syphilis changed in 1988. As of 1995, cases of congenital syphilis < 1 year of age are obtained using case reporting form CDC 73.126. For the period 1995 through 2005, yearly case counts in this table correspond to confirmed diagnoses of congenital syphilis among those known to be less than one year of age. As a result, the case counts in this table are a subset of those listed in Table 1 for the years prior to 1995.

Table 38. Congenital syphilis — Reported cases and rates in infants < 1 year of age by state, ranked by rates: United States, 2005

<i>Rank*</i>	<i>State†</i>	<i>Cases</i>	<i>Rate per 100,000 Live Births</i>
1	Arizona	28	30.8
2	New Mexico	6	21.6
3	Maryland	16	21.4
4	Arkansas	7	18.5
5	Texas	65	17.2
6	Louisiana	11	16.9
7	California	75	13.9
8	New Jersey	16	13.7
9	Michigan	17	13.0
10	Illinois	23	12.6
11	North Carolina	10	8.5
12	Alabama	5	8.4
	U.S. TOTAL[§]	329	8.0
13	Florida	16	7.5
14	South Carolina	4	7.2
15	Missouri	3	3.9
16	Tennessee	3	3.8
17	New York	8	3.2
18	Nevada	1	3.0
19	Virginia	3	3.0
20	Wisconsin	2	2.9
21	Connecticut	1	2.3
22	Indiana	2	2.3
23	Oklahoma	1	2.0
24	Colorado	1	1.4
25	Minnesota	1	1.4
26	Ohio	2	1.3
	YEAR 2010 TARGET		1.0
27	Georgia	1	0.7
28	Pennsylvania	1	0.7
	Alaska	0	0.0
	Delaware	0	0.0
	Hawaii	0	0.0
	Idaho	0	0.0
	Iowa	0	0.0
	Kansas	0	0.0
	Kentucky	0	0.0
	Maine	0	0.0
	Massachusetts	0	0.0
	Mississippi	0	0.0
	Montana	0	0.0
	Nebraska	0	0.0
	New Hampshire	0	0.0
	North Dakota	0	0.0
	Oregon	0	0.0
	Rhode Island	0	0.0
	South Dakota	0	0.0
	Utah	0	0.0
	Vermont	0	0.0
	Washington	0	0.0
	West Virginia	0	0.0
	Wyoming	0	0.0

*States were ranked in descending order by rate, number of cases, and alphabetically by state. States with no cases were not ranked.

†Mother's state of residence used to assign case.

§Total includes cases reported by Washington, D.C. but excludes outlying areas (Guam with 1 case and rate of 30.5, Puerto Rico with 11 cases and rate of 21.7, and Virgin Islands with 0 cases and rate of 0.0).

Table 39. Congenital syphilis — Reported cases and rates in infants < 1 year of age by state/area and region listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area*	Cases					Rates per 100,000 Live Births				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	10	6	4	11	5	16.5	10.2	6.7	18.5	8.4
Alaska	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Arizona	31	20	29	26	28	36.2	22.8	31.9	28.6	30.8
Arkansas	6	10	2	4	7	16.2	26.7	5.3	10.6	18.5
California	62	61	64	66	75	11.7	11.5	11.8	12.2	13.9
Colorado	1	2	3	2	1	1.5	2.9	4.3	2.9	1.4
Connecticut	2	0	1	0	1	4.7	0.0	2.3	0.0	2.3
Delaware	0	0	0	1	0	0.0	0.0	0.0	8.8	0.0
Florida	38	28	27	16	16	18.5	13.6	12.7	7.5	7.5
Georgia	21	13	11	6	1	15.7	9.8	8.1	4.4	0.7
Hawaii	0	0	2	0	0	0.0	0.0	11.0	0.0	0.0
Idaho	0	0	4	3	0	0.0	0.0	18.3	13.8	0.0
Illinois	46	40	20	26	23	25.0	22.1	11.0	14.2	12.6
Indiana	13	9	7	4	2	15.0	10.6	8.1	4.6	2.3
Iowa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Kansas	2	0	1	2	0	5.1	0.0	2.5	5.1	0.0
Kentucky	1	3	1	1	0	1.8	5.5	1.8	1.8	0.0
Louisiana	0	2	6	18	11	0.0	3.1	9.2	27.7	16.9
Maine	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Maryland	5	19	9	10	16	6.8	25.9	12.0	13.3	21.4
Massachusetts	2	1	0	0	0	2.5	1.2	0.0	0.0	0.0
Michigan	27	35	38	23	17	20.2	26.9	29.0	17.5	13.0
Minnesota	0	1	0	1	1	0.0	1.5	0.0	1.4	1.4
Mississippi	10	6	2	3	0	23.7	14.5	4.7	7.1	0.0
Missouri	5	1	4	3	3	6.6	1.3	5.2	3.9	3.9
Montana	0	1	0	0	0	0.0	9.1	0.0	0.0	0.0
Nebraska	0	0	1	0	0	0.0	0.0	3.9	0.0	0.0
Nevada	0	0	0	0	1	0.0	0.0	0.0	0.0	3.0
New Hampshire	1	0	0	0	0	6.8	0.0	0.0	0.0	0.0
New Jersey	32	36	21	13	16	27.6	31.4	18.0	11.1	13.7
New Mexico	5	7	6	3	6	18.4	25.2	21.6	10.8	21.6
New York	39	31	42	22	8	15.4	12.3	16.6	8.7	3.2
North Carolina	19	15	20	9	10	16.1	12.8	16.9	7.6	8.5
North Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ohio	1	3	3	2	2	0.7	2.0	2.0	1.3	1.3
Oklahoma	5	2	1	2	1	10.0	4.0	2.0	3.9	2.0
Oregon	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Pennsylvania	4	5	2	0	1	2.8	3.5	1.4	0.0	0.7
Rhode Island	0	0	0	1	0	0.0	0.0	0.0	7.6	0.0
South Carolina	19	15	15	10	4	34.1	27.5	27.0	18.0	7.2
South Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tennessee	14	10	7	9	3	17.9	12.9	8.9	11.4	3.8
Texas	75	72	77	65	65	20.5	19.3	20.4	17.2	17.2
Utah	0	0	0	1	0	0.0	0.0	0.0	2.0	0.0
Vermont	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Virginia	3	1	1	6	3	3.0	1.0	1.0	5.9	3.0
Washington	0	2	0	0	0	0.0	2.5	0.0	0.0	0.0
West Virginia	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Wisconsin	2	1	0	1	2	2.9	1.5	0.0	1.4	2.9
Wyoming	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
U.S. TOTAL†	503	459	432	371	329	12.5	11.4	10.6	9.1	8.0
Northeast	80	73	66	36	26	11.7	10.8	9.6	5.2	3.8
Midwest	96	90	74	62	50	10.8	10.3	8.3	7.0	5.6
South	228	203	184	172	142	15.4	13.7	12.2	11.4	9.4
West	99	93	108	101	111	10.1	9.4	10.7	10.0	11.0
Guam	1	1	1	0	1	28.1	31.1	30.5	0.0	30.5
Puerto Rico	22	24	17	11	11	39.4	45.5	33.5	21.7	21.7
Virgin Islands	1	0	0	0	0	59.9	0.0	0.0	0.0	0.0
OUTLYING AREAS	24	25	18	11	12	39.3	43.4	32.4	19.8	21.6
TOTAL	527	484	450	382	341	12.9	11.9	10.9	9.2	8.2

*Mother's state of residence used to assign case.

†Includes cases reported by Washington, D.C.

Table 40. Congenital syphilis — Reported cases and rates in infants < 1 year of age by race/ethnicity of mother: United States, 2001–2005

<i>Year of Birth</i>	<i>Race/Ethnicity</i>	<i>Cases</i>	<i>Rate per 100,000 Live Births</i>
2001	White/Non-Hispanic	49	2.1
	Black/Non-Hispanic	262	44.2
	Hispanic	164	19.3
	Asian/Pacific Islander	5	2.5
	Native American/Alaskan Native	8	20.5
	Other	2	NA
	Unknown	13	NA
	Total	503	12.5
2002	White/Non-Hispanic	36	1.6
	Black/Non-Hispanic	257	44.2
	Hispanic	145	16.5
	Asian/Pacific Islander	10	4.8
	Native American/Alaskan Native	3	7.6
	Other	1	NA
	Unknown	7	NA
	Total	459	11.4
2003	White/Non-Hispanic	35	1.5
	Black/Non-Hispanic	201	34.7
	Hispanic	166	18.2
	Asian/Pacific Islander	14	6.5
	Native American/Alaskan Native	2	5.1
	Other	3	NA
	Unknown	11	NA
	Total	432	10.6
2004	White/Non-Hispanic	40	1.7
	Black/Non-Hispanic	167	28.8
	Hispanic	144	15.8
	Asian/Pacific Islander	6	2.8
	Native American/Alaskan Native	2	5.1
	Other	1	NA
	Unknown	11	NA
	Total	371	9.1
2005	White/Non-Hispanic	31	1.3
	Black/Non-Hispanic	150	25.9
	Hispanic	122	13.4
	Asian/Pacific Islander	15	7.0
	Native American/Alaskan Native	5	12.7
	Other	2	NA
	Unknown	4	NA
	Total	329	8.0

NA = Not applicable

Table 41. Chancroid — Reported cases and rates by state/area listed in alphabetical order: United States and outlying areas, 2001–2005

State/Area	Cases					Rates per 100,000 Population				
	2001	2002	2003	2004	2005	2001	2002	2003	2004	2005
Alabama	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Alaska	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Arizona	0	0	2	2	1	0.0	0.0	0.0	0.0	0.0
Arkansas	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
California	2	2	0	1	1	0.0	0.0	0.0	0.0	0.0
Colorado	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Connecticut	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Delaware	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Florida	2	7	2	1	1	0.0	0.0	0.0	0.0	0.0
Georgia	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Hawaii	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Idaho	0	0	0	2	0	0.0	0.0	0.0	0.1	0.0
Illinois	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Indiana	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Iowa	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Kansas	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Kentucky	0	0	1	0	0	0.0	0.0	0.0	0.0	0.0
Louisiana	0	2	0	2	4	0.0	0.0	0.0	0.0	0.1
Maine	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Maryland	0	0	1	0	0	0.0	0.0	0.0	0.0	0.0
Massachusetts	2	3	3	3	1	0.0	0.0	0.0	0.0	0.0
Michigan	0	0	0	2	0	0.0	0.0	0.0	0.0	0.0
Minnesota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mississippi	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Missouri	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Montana	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Nebraska	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Nevada	0	0	0	1	0	0.0	0.0	0.0	0.0	0.0
New Hampshire	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
New Jersey	4	0	0	0	0	0.0	0.0	0.0	0.0	0.0
New Mexico	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
New York	3	2	10	4	1	0.0	0.0	0.1	0.0	0.0
North Carolina	3	0	2	1	5	0.0	0.0	0.0	0.0	0.1
North Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ohio	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0
Oklahoma	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Oregon	0	0	2	1	0	0.0	0.0	0.1	0.0	0.0
Pennsylvania	0	0	1	1	0	0.0	0.0	0.0	0.0	0.0
Rhode Island	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
South Carolina	15	24	24	4	0	0.4	0.6	0.6	0.1	0.0
South Dakota	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tennessee	0	0	0	1	0	0.0	0.0	0.0	0.0	0.0
Texas	6	5	3	3	1	0.0	0.0	0.0	0.0	0.0
Utah	1	0	2	1	0	0.0	0.0	0.1	0.0	0.0
Vermont	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Virginia	0	1	0	0	0	0.0	0.0	0.0	0.0	0.0
Washington	0	1	0	0	0	0.0	0.0	0.0	0.0	0.0
West Virginia	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Wisconsin	0	1	0	0	0	0.0	0.0	0.0	0.0	0.0
Wyoming	0	0	1	0	1	0.0	0.0	0.2	0.0	0.2
U.S. TOTAL*	38	48	54	30	17	0.0	0.0	0.0	0.0	0.0
Guam	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Puerto Rico	4	2	4	1	3	0.1	0.1	0.1	0.0	0.1
Virgin Islands	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
OUTLYING AREAS	4	2	4	1	3	0.1	0.0	0.1	0.0	0.1
TOTAL	42	50	58	31	20	0.0	0.0	0.0	0.0	0.0

*Includes cases reported by Washington, D.C.

Table 42. Selected STDs and complications — Initial visits to physicians' offices, National Disease and Therapeutic Index: United States, 1966–2005

<i>Year</i>	<i>Genital Herpes</i>	<i>Genital Warts</i>	<i>Vaginal Trichomoniasis*</i>	<i>Other Vaginitis*</i>	<i>Pelvic Inflammatory Disease†</i>
1966	19,000	56,000	579,000	1,155,000	NA
1967	15,000	72,000	515,000	1,277,000	NA
1968	16,000	87,000	463,000	1,460,000	NA
1969	15,000	61,000	421,000	1,390,000	NA
1970	17,000	119,000	529,000	1,500,000	NA
1971	49,000	128,000	484,000	1,281,000	NA
1972	26,000	165,000	574,000	1,810,000	NA
1973	51,000	198,000	466,000	1,858,000	NA
1974	75,000	202,000	427,000	1,907,000	NA
1975	36,000	181,000	500,000	1,919,000	NA
1976	57,000	217,000	473,000	1,690,000	NA
1977	116,000	221,000	324,000	1,713,000	NA
1978	76,000	269,000	329,000	2,149,000	NA
1979	83,000	200,000	363,000	1,662,000	NA
1980	57,000	218,000	358,000	1,670,000	423,000
1981	133,000	191,000	369,000	1,742,000	283,000
1982	134,000	256,000	268,000	1,859,000	374,000
1983	106,000	203,000	424,000	1,932,000	424,000
1984	157,000	224,000	381,000	2,450,000	381,000
1985	124,000	263,000	291,000	2,728,000	425,000
1986	136,000	275,000	338,000	3,118,000	457,000
1987	102,000	351,000	293,000	3,087,000	403,000
1988	163,000	290,000	191,000	3,583,000	431,000
1989	148,000	220,000	165,000	3,374,000	413,000
1990	172,000	275,000	213,000	4,474,000	358,000
1991	235,000	282,000	198,000	3,822,000	377,000
1992	139,000	218,000	182,000	3,428,000	335,000
1993	172,000	167,000	207,000	3,755,000	407,000
1994	142,000	239,000	199,000	4,123,000	332,000
1995	160,000	253,000	141,000	3,927,000	262,000
1996	208,000	191,000	245,000	3,472,000	286,000
1997	176,000	145,000	176,000	3,100,000	260,000
1998	188,000	211,000	164,000	3,200,000	233,000
1999	224,000	240,000	171,000	3,077,000	250,000
2000	179,000	220,000	222,000	3,470,000	254,000
2001	157,000	233,000	210,000	3,365,000	244,000
2002	216,000	266,000	150,000	3,315,000	197,000
2003	203,000	264,000	179,000	3,516,000	123,000
2004	269,000	316,000	221,000	3,602,000	132,000
2005	266,000	357,000	165,000	4,071,000	176,000

*Women only.

†Women 15–44 only. NA = Not available.

NOTE: Standard errors for estimates under 100,000 are not available. The relative standard error for estimates 100,000–300,000 are between 20% and 30%; 300,000–600,000 are between 16% and 20%; 600,000–1,000,000 are 13% and 15%; and 1,000,000–5,000,000 are between 9% and 13%.

SOURCE: National Disease and Therapeutic Index (IMS Health). See Appendix (Other Data Sources) for more information.

APPENDIX

APPENDIX

Interpreting STD Surveillance Data

Sexually Transmitted Disease Surveillance, 2005 presents surveillance information derived from the official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national health care services surveys.

Nationally Notifiable STD Surveillance

Nationally notifiable STD surveillance data are collected and compiled from reports sent by the STD control programs and health departments in the 50 states, the District of Columbia, selected cities, U.S. dependencies and possessions, and independent nations in free association with the United States to the Division of STD Prevention (DSTDP), National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). Included among the dependencies, possessions, and independent nations are Guam, Puerto Rico, and the Virgin Islands. These entities are identified as “outlying areas” of the United States in selected figures and tables.

Reporting Formats

STD morbidity data presented in this report are compiled from a combination of data reported on standardized hardcopy report forms and electronic data received via the National Electronic Telecommunications System for Surveillance (NETSS).

Summary Report Forms (hardcopy format)

The following hardcopy forms were used to report national STD morbidity data:

1. FORM CDC 73.998: *Monthly Surveillance Report of Early Syphilis*. This monthly hardcopy reporting form was used from 1984 to 2002 to report summary data for P&S syphilis and early latent syphilis by county and state.

2. FORM CDC 73.688: *Sexually Transmitted Disease Morbidity Report*. This quarterly hardcopy reporting form was used from 1963 to 2002 to report summary data for all stages of syphilis, congenital syphilis, gonorrhea, chancroid, chlamydia, and other STDs by sex and source of report (private vs. public) for the 50 states, Washington, D.C., and 64 selected cities (including San Juan, PR) and outlying areas of the United States. Note: Genital Chlamydia infection became a nationally notifiable condition in 1996, and the form was modified to support reporting of chlamydia that year. Congenital syphilis was dropped from this aggregate form in 1995 and replaced by the case-specific CDC 73.126 form listed below.

3. 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 hardcopy form was used from 1981 to 2002 to report summary data for P&S syphilis, gonorrhea, and chlamydia by age, race, sex and source (public vs. private) for all states and seven large cities (Baltimore, Chicago, New York City, Los Angeles, Philadelphia, San

Francisco, and Washington, D.C.), and outlying areas of the United States. Note: Genital Chlamydia infection became a nationally notifiable condition in 1996 and the form was modified to support reporting of chlamydia that year.

4. FORM CDC 73.126: *Congenital Syphilis (CS) Case Investigation and Report*. This case-specific hardcopy form was first used in 1983 and continues to be used to report detailed case-specific data for congenital syphilis.

National Electronic Telecommunications System for Surveillance (NETSS, electronic format)

Notifiable STD data reported electronically through NETSS comprise the nationally notifiable disease information that is published in the *Morbidity and Mortality Weekly Report (MMWR)*.

As of December 31, 2003, all 50 states and Washington, D.C. had converted from summary hardcopy reporting to electronic submission of line-listed (i.e., case-specific) STD data via NETSS. Guam, Puerto Rico and the Virgin Islands continue to report using summary hardcopy forms.

Jurisdictions differ in their ability to resolve differences in total cases derived from summary hardcopy monthly, quarterly, and annual reports (as well as electronically submitted line-listed data). Thus, depending on the database used, there may be discrepancies in the total number of cases among the figures and tables for earlier years. In most instances, these discrepancies are less than 5% of total reported cases and have minimal impact on national case totals and rates. However, for a specific jurisdiction, the discrepancies may be larger.

Reports and corrections sent to CDC on hardcopy forms and for NETSS electronic data through May 6, 2006

have been included in this report. Data received after this date will appear in subsequent annual Surveillance Reports. The data presented in the figures and tables in this document supersede those in all earlier publications.

Population Denominators and Rate Calculations

2000–2005 Rates and Population

Crude incidence rates (new cases/population) were calculated on an annual basis per 100,000 population. In this report, the 2005 rates for the United States, all states, counties, MSAs, and outlying areas were calculated by dividing the number of cases reported from each area in 2005 by the estimated area-specific 2004 population (the most current detailed population file available at time of publication).

The National Center for Health Statistics released bridged race population counts for 2000–2004 resident population based on the Census 2000 counts. These estimates resulted from bridging the 31 race categories used in Census 2000, as specified in the 1997 Office of Management and Budget (OMB) standards, to the five race/ethnicity groups specified under the 1977 OMB standards.

From 2001 to 2002, population estimates for Guam were obtained from the Guam Bureau of Statistics and Plans; estimates for Puerto Rico were obtained from the Bureau of Census; and estimates for the Virgin Islands were obtained from the University of the Virgin Islands. After 2002, population estimates for all outlying areas were obtained from the Bureau of Census web site <http://www.census.gov/ipc/www/idbprint.html>. The 2004–2005 rates for outlying areas were calculated using the 2004 population estimates.

Due to use of the updated population data, rates for the period 2000–2004 may be different from prior *Surveillance Reports*.

1990–1999 Rates and Population

The population counts for 1990–1999 incorporated the bridged single-race estimates of the April 1, 2000 resident population. These files were prepared by the U.S. Census Bureau with support from the National Cancer Institute.

1981–1989 Rates and Population

For the United States, rates were calculated using Bureau of the Census population estimates for 1981 through 1989 (Bureau of the Census; United States Population Estimates by Age, Sex and Race: 1980–1989 [Series P-25, No. 1045]; Washington: U.S. Government Printing Office, 1990; and United States Population Estimates by Age, Sex and Race: 1989 [Series P-25, No. 1057]; Washington: U.S. Government Printing Office, 1990.

1941–1980 Rates and Population

Rates for 1941–1980 are based on population estimates from the Bureau of Census and currently maintained by the Division of STD Prevention.

1963–2005 Congenital Syphilis Rates and Live Births

Rates of congenital syphilis for 1963–1988 were calculated using published live birth data (NCHS; Vital Statistics Report, United States, 1988 [Vol.1-Natality]). Congenital syphilis rates for 1989–2003 were calculated using live births from the National Center for Health Statistics (NCHS) (Vital Statistics: Natality Tapes 1989–2002 or Vital Statistics Reports, United States 1999, Vol. 48 No.10-Natality). Race-specific rates for 2004–2005 were calculated using live birth data for 2003.

Reporting Practices

Although most areas generally adhere to the national notifiable STD case definitions collaboratively developed by the Council of State and Territorial Epidemiologists (CSTE) and CDC, there may be differences in the policies and systems for collecting surveillance data. Thus, comparisons of case numbers and rates between jurisdictions should be interpreted with caution. However, since case definitions and surveillance activities within a given area remain relatively stable over time, trends should be minimally affected by these differences. In many areas, the reporting from publicly supported institutions (e.g., STD clinics) has been more complete than from other sources (e.g., private practitioners). Thus, trends may not be representative of all segments of the population.

Reporting of Metropolitan Statistical Area-specific Surveillance Data

Sexually Transmitted Disease Surveillance, 2005 introduces the presentation of STD incidence data and rates for the fifty Metropolitan Statistical Areas (MSAs) with the largest populations based on 2000 U.S. Census data. Prior *Sexually Transmitted Disease Surveillance* reports presented data by selected cities which estimated city-specific morbidity and were derived from county data. Since county data were used to estimate city-specific morbidity and current STD project areas' reporting practices do not support direct identification of city-specific morbidity reports, MSAs (described below) were chosen as a geographic unit smaller than a state or territory for presentation of STD morbidity data.

Metropolitan Statistical Areas are defined by the Office of Management and Budget to provide nationally consistent definitions for collecting, tabulating, and publishing federal statistics for a set of geographic

areas.¹ An MSA is associated with at least one urbanized area that has a population of at least 50,000. The MSA comprises the central county or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting. The title of an MSA includes the name of its principal city with the largest Census 2000 population. If there are multiple principal cities, the names of the second largest and third largest principal cities appear in the title in order of descending population size.

The MSA concept has been used as a statistical representation of the social and economic linkages between urban cores and outlying, integrated areas. However, MSAs do not equate to an urban-rural classification; all counties included in MSAs and many other counties contain both urban and rural territory and populations. Programs that treat all parts of an MSA as if they were as urban as the densely settled core ignore the rural conditions that may exist in some parts of the area. In short, MSAs are not designed as a general purpose geographic framework for nonstatistical activities or for use in program funding formulas.

Management of Unknown, Missing or Invalid Age Group, Race/Ethnicity, and Sex Data

The percentage of unknown, missing or invalid data for age group, race/ethnicity, and sex varies from year to year, state to state, and by disease for reported STDs (Table A1). When the percentage of unknown, missing, or invalid data for the variables - age group, race/ethnicity, and sex - exceeds 50% for any state, the state's incidence data and population data are excluded from the tables presenting data stratified by one or more of these variables (e.g. Table A1). For those states reporting > 50% valid data for these variables, unknown, missing or invalid data are redistributed based on the state's

distribution of known age group, race/ethnicity, and sex data, respectively. As a result of this procedure, incidence and rate data stratified by one or more of the variables - age group, race/ethnicity, and sex - may not accurately reflect total national incidence or rates.

Classification of STD Morbidity Reporting Sources

Prior to 1996, states classified the source of case reports as either private source (including private physicians, and private hospitals and institutions) or public (clinic) 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/HMOs, hospitals (inpatient), emergency rooms, correctional facilities, laboratories, blood banks, National Job Training Program, school-based clinics, mental health providers, military, and other unspecified sources. Limited data analysis of the data reported electronically after 1996 confirmed that the new STD clinic source of report data corresponded to the earlier reporting source category, public (clinic) source. Therefore, source of case report data for the period 1984–2005 are presented as STD clinic or non-STD clinic only (Table A2).

Definition of DHHS Regions

The ten U.S. Department of Health and Human Services (DHHS) regions referred to in the text and figures include the following jurisdictions: Region I = Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region II = New Jersey, New York, Puerto Rico, and U.S. Virgin Islands; Region III = Delaware, District of Columbia, Maryland,

Pennsylvania, Virginia, and West Virginia; Region IV = Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; Region V = Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; Region VI = Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; Region VII = Iowa, Kansas, Missouri, and Nebraska; Region VIII = Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; Region IX = Arizona, California, Guam, Hawaii, and Nevada; and Region X = Alaska, Idaho, Oregon, and Washington.

Chlamydia Morbidity Reporting

Trends in chlamydia morbidity reporting from many areas are more reflective of changes in diagnosis, screening, and reporting practices than of actual trends in disease incidence. As areas develop chlamydia prevention and control programs, including improved surveillance systems to monitor trends, the data should improve and become more representative of true trends in disease.

Syphilis Morbidity Reporting

“Total syphilis” or “all stages of syphilis” includes primary, secondary, early latent, late, late latent (including neurosyphilis, late latent, late with clinical manifestations, and latent syphilis of unknown duration), and congenital syphilis.

In 1996, the syphilis stage, “late syphilis with clinical manifestations other than neurosyphilis (late benign and cardiovascular syphilis)”, was added to the syphilis case definition (see STD Case Definitions in this **Appendix**).

Congenital Syphilis Morbidity Reporting

In 1988, the surveillance case definition for congenital syphilis was changed. This case definition has greater sensitivity than the

former definition.² In addition, many areas have greatly enhanced active case finding for congenital syphilis since 1988. For these reasons, the number of reported cases increased dramatically during 1989–1991. All reporting areas had implemented the new case definition for reporting congenital syphilis by January 1, 1992.

In addition to changing the case definition for congenital syphilis, CDC introduced a new data collection form (CDC 73.126) in 1990 (revised October 2003). Since 1995, the data collected on this form have been used for congenital syphilis reported cases and associated rates. This form is used to collect individual case information which allows more thorough analysis of case characteristics. For the purpose of analyses by race/ethnicity, if either the race or ethnicity question was answered, the case was included. For example, if “white” race was marked, but ethnicity was left blank, the individual was counted as “non-Hispanic white”. Congenital syphilis cases were reported by state and city of residence of the mother for the period 1995 through 2005.

Chlamydia, Gonorrhea, and Syphilis Prevalence Monitoring

Chlamydia and gonorrhea test positivity and syphilis seroreactivity were calculated for the following: women attending family planning clinics and prenatal clinics, men and women entering the National Job Training Program, men attending STD clinics and primary care clinics participating in the MSM Prevalence Monitoring Project, and men and women entering corrections facilities. Positivity was calculated by dividing the number of positive tests for chlamydia, gonorrhea, or syphilis (numerator) by the total number of positive and negative tests for each disease (denominator) and was expressed as a percentage. Except for the National Job Training Program screening data, these data sources may include more than one

test from the same individual if that person was tested more than once during a year.

To increase the stability of the annual National Job Training Program prevalence estimates, chlamydia or gonorrhea prevalence data are presented when valid test results for 100 or more students per year are available for the population subgroup and state. The majority of the National Job Training Program's chlamydia screening tests are tested by a single national contract laboratory which provides those data to CDC. Gonorrhea screening tests for male and female students in many training centers are tested by local laboratories; these data are not available to CDC. To insure that state-specific gonorrhea screening data presented here are representative of all students entering training centers, gonorrhea tests results for students at centers submitting specimens to the national contract laboratory are included only if the number of gonorrhea tests submitted is greater than 90% of the number of chlamydia tests submitted from the same center for the same time period.

Various laboratory test methods were used for all of these data sources except the National Job Training Program. For most of the figures presenting test positivity or prevalence data, no adjustments of test positivity based on laboratory test type and sensitivity were made. However, for Figure 10 and Figure J, the chlamydia test results for each test type were weighted to reflect the sensitivity of the test used.³ The weights used in this adjustment are the reciprocals of the sensitivities of the laboratory test methods used. These test type-specific sensitivities were estimates derived from published evaluations of chlamydia screening tests.^{4,5} Limitations of this adjustment include: unknown dates when laboratories changed tests, missing information on the test method, variation of test sensitivity within a technology type, and no adjustment for supplemental testing such as negative zone testing.

For more details on chlamydia prevalence, refer to the following annual publication: Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2005 Supplement: Chlamydia Prevalence Monitoring Project Annual Report 2005*. Atlanta, GA: U.S. Department of Health and Human Services (available first quarter 2007).

In the MSM Prevalence Monitoring Project the syphilis seroreactivity data in most instances do not reflect confirmatory testing and thus biologic false positive test results were not systematically excluded. The extent to which these data reflect prevalence of active syphilis infection varies by site. Similarly, in the Corrections Prevalence Monitoring Project, syphilis seroreactivity test results were not confirmed. Only a few juvenile corrections sites submitted data to CDC, making overall interpretation difficult due to the small sample size. Because only selected corrections facilities participated in the Corrections Prevalence Monitoring Project, state-specific positivity for syphilis, chlamydia, and gonorrhea may not be representative of all corrections facilities in the state.

Prevalence data for region- and state-specific figures were published with permission from the Regional Infertility Prevention Program, selected state STD prevention programs, and the National Job Training Program.

Gonococcal Isolate Surveillance Project (GISP)

Data on antimicrobial susceptibility in *Neisseria gonorrhoeae* were collected through the Gonococcal Isolate Surveillance Project (GISP), a sentinel system of 27 STD clinics and five regional laboratories located throughout the United States. For more details on findings from GISP gonorrhea surveillance activities, refer to the following annual publication: Centers

for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2005 Supplement: Gonococcal Isolate Surveillance Project (GISP) Annual Report 2005*. Atlanta, GA: U.S. Department of Health and Human Services (available first quarter 2007).

Other Surveillance Data Sources

National Disease and Therapeutic Index (NDTI)

The information on the number of initial visits to private physicians' offices for sexually transmitted diseases was based on analysis of data from the National Disease and Therapeutic Index (NDTI) (machine-readable files or summary statistics for the period 1966 through 2005). The NDTI is a probability sample survey of private physicians' clinical management practices. For more information on this database, contact IMS Health, 660 W. Germantown Pike, Plymouth Meeting, PA 19462; Telephone: (800) 523-5333.

National Hospital Discharge Survey (NHDS)

The information on patients hospitalized for pelvic inflammatory disease or ectopic pregnancy was based on analysis of data from the National Hospital Discharge Survey (machine-readable files for years 1980–2004), an ongoing nationwide sample survey of medical records of patients discharged from acute care hospitals in the United States, conducted by the National Center for Health Statistics. For more information, see *Graves EJ; 1988 Summary: National Hospital Discharge Survey; Advance data No. 185; Hyattsville (MD): National Center for Health Statistics, 1990*.

National Hospital Ambulatory Medical Care Survey (NHAMCS-ER)

The National Hospital Ambulatory Medical Care Survey (NHAMCS-ER) (machine-readable files for 1995–2004) was used to obtain estimates of the number of emergency room visits for pelvic inflammatory disease among women ages 15 to 44 years. The estimates generated using these data sources (NHDS and NHAMCS-ER) are based on statistical surveys and therefore have sampling variability associated with the estimates.

Healthy People 2010 Objectives

*Healthy People 2010*⁶ is a set of health objectives for the U.S. to achieve over the first decade of the new century. It is used by people, States, communities, professional organizations, and others to help develop programs to improve health. *Healthy People 2010 (HP2010)* builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* established national health objectives and served as the basis for the development of State and community plans. Like its predecessors, *Healthy People 2010* was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. *Healthy People 2010* is organized into 28 focus areas, each with objectives and measures designed to drive action that will support two overarching goals: 1) increasing the quality and years of healthy life and 2) eliminating health disparities.

Focus area 25 of *Healthy People 2010* - Sexually Transmitted Diseases, - contains objectives and measures related to STDs. The baselines, *HP2010* targets and annual progress toward the targets are reported in Table A3. The year 2010 targets for the diseases addressed in this report are:

primary and secondary syphilis—0.2 case per 100,000 population; congenital syphilis—1.0 case per 100,000 live births; and gonorrhea—19.0 cases per 100,000 population. An additional target established in the HP2010 objectives is to reduce the *Chlamydia trachomatis* test positivity to 3% among females aged 15-24 years who attend family planning and STD clinics and among males aged 15- 24 who attend STD clinics.

Each of these goals has measures. The long-term goals and measures of progress are reported in Table A4.

Government Performance and Results Act of 1993 (GPRA) Goals

The Government Performance and Results Act of 1993 (GPRA) was enacted by Congress to increase the confidence of citizens in the capability of the federal government, to increase the effectiveness and accountability of federal programs, to improve service delivery, to provide agencies a uniform tool for internal management and to assist Congressional decision making. GPRA requires each agency to have a performance plan with long-term outcomes and annual, measurable performance goals and to report on these plans annually, comparing results with annual goals. There are two STD GPRA goals: 1) reduction in pelvic inflammatory disease (PID) and 2) elimination of syphilis.

¹ Office of Management and Budget. Standards for Defining Metropolitan and Micropolitan Statistical Areas: Notice Federal Register December 27, 2000; 65(249): 82228-38

² Kaufman RE, Jones OG, Blount JH, Wiesner PJ. Questionnaire survey of reported early congenital syphilis: problems in diagnosis, prevention, and treatment. *Sexually Transmitted Diseases* 1977;4:135-9.

³ Webster Dicker L, Mosure DJ, Levine WC, Black CM, Berman SM. The impact of switching laboratory tests on reported trends in *Chlamydia trachomatis* infections. *Am J Epidemiol* 2000;151:430-435.

⁴ Newhall WJ, DeLisle S, Fine D, et al. Head-to-head evaluation of five different non-culture chlamydia tests relative to a quality-assured culture standard. *Sexually Transmitted Diseases* 1994;21:S165-6.

⁵ Black CM, Marrazzo J, Johnson RE, et al. Head-to-head multicenter comparison of DNA probe and nucleic acid amplification tests for *Chlamydia trachomatis* infection in women performed with an improved reference standard. *J Clin Micro* 2002;40:3757-3763.

⁶ U.S. Department of Health and Human Services. *Healthy People 2010* 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

Table A1. Selected STDs — Percentage of unknown, missing, or invalid values for selected demographic variables by state and by nationally notifiable STD, 2005

State	Primary and Secondary Syphilis			Gonorrhea			Chlamydia		
	Percent Unknown Race/Ethnicity	Percent Unknown Age	Percent Unknown Sex	Percent Unknown Race/Ethnicity	Percent Unknown Age	Percent Unknown Sex	Percent Unknown Race/Ethnicity	Percent Unknown Age	Percent Unknown Sex
Alabama	3.0	0.6	0.0	23.4	0.8	0.2	31.3	0.7	0.4
Alaska*	0.0	0.0	0.0	0.2	0.0	0.0	0.3	0.0	0.0
Arizona	0.0	0.0	0.6	21.0	0.0	0.1	23.9	0.0	0.0
Arkansas	0.0	0.0	0.0	3.6	0.8	0.0	1.9	0.6	0.0
California	2.3	0.0	0.1	32.5	0.6	0.5	32.8	0.6	0.5
Colorado	8.7	0.0	0.0	30.4	0.1	0.0	54.1	0.7	0.0
Connecticut	0.0	0.0	0.0	28.5	0.8	0.0	35.3	1.2	0.0
Delaware	0.0	0.0	0.0	1.4	0.0	0.0	2.1	0.0	0.0
Florida	2.1	0.0	0.0	4.4	0.2	0.0	6.1	0.1	0.0
Georgia	2.5	0.2	0.0	38.1	1.5	1.0	50.5	1.2	1.3
Hawaii	0.0	0.0	0.0	50.7	0.2	0.0	52.0	0.1	0.0
Idaho	15.0	0.0	0.0	24.4	0.0	1.7	24.9	0.3	0.8
Illinois	3.6	0.0	0.0	15.6	0.1	0.0	18.2	0.1	0.0
Indiana	8.1	0.0	0.0	13.0	0.4	0.3	15.8	0.6	0.5
Iowa*	11.1	0.0	0.0	17.4	0.4	0.0	24.0	0.6	0.0
Kansas	0.0	0.0	0.0	21.9	0.1	0.0	29.2	0.1	0.0
Kentucky	0.0	1.9	0.0	18.2	0.2	0.2	23.7	0.3	0.3
Louisiana	2.2	0.0	0.0	10.9	0.5	0.7	17.8	0.6	1.4
Maine*	0.0	0.0	0.0	9.2	0.0	0.0	19.7	0.4	0.2
Maryland	0.3	0.0	0.0	24.4	0.3	0.1	43.0	0.4	0.1
Massachusetts	0.8	0.0	0.0	31.4	0.4	0.0	37.2	0.4	0.1
Michigan	1.9	1.0	0.0	48.7	0.4	0.3	47.4	0.5	0.3
Minnesota	1.4	0.0	0.0	17.8	0.0	0.0	19.2	0.0	0.0
Mississippi	2.0	0.0	0.0	14.3	0.3	0.0	14.8	0.2	0.0
Missouri	0.0	0.0	0.0	18.9	0.1	0.0	24.0	0.1	0.0
Montana*	28.6	0.0	0.0	19.6	0.6	0.0	17.3	0.5	0.2
Nebraska*	0.0	0.0	0.0	18.8	2.2	0.3	19.7	2.8	0.1
Nevada	9.2	0.0	0.0	31.5	0.2	0.1	36.8	0.2	0.1
New Hampshire	12.5	0.0	0.0	15.3	0.0	0.0	10.2	0.0	0.0
New Jersey	4.5	0.0	0.0	44.1	1.2	0.0	50.1	1.1	0.0
New Mexico	1.8	0.0	0.0	4.0	1.0	0.0	4.9	2.1	0.0
New York	36.3	0.0	0.0	41.2	0.6	0.0	44.7	0.5	0.0
North Carolina	0.4	0.0	0.0	1.0	0.0	0.0	1.1	0.0	0.0
North Dakota*	0.0	0.0	0.0	11.7	0.0	0.0	13.0	0.7	0.1
Ohio	1.4	0.5	0.0	34.4	1.5	1.7	41.3	1.7	3.1
Oklahoma	0.0	0.0	0.0	1.0	0.0	0.0	1.7	0.0	0.0
Oregon	4.9	0.0	0.0	15.1	0.0	0.0	14.1	0.0	0.0
Pennsylvania	8.5	0.0	0.0	22.1	0.4	0.0	23.4	0.3	0.0
Rhode Island	0.0	0.0	0.0	3.4	0.2	0.0	25.6	0.1	0.2
South Carolina	0.0	0.0	0.0	24.6	1.0	0.4	31.8	0.7	0.2
South Dakota*	0.0	0.0	0.0	0.0	1.4	0.0	0.2	0.9	0.1
Tennessee	0.0	0.0	0.0	14.6	0.2	0.0	19.2	0.1	0.1
Texas	0.0	0.0	0.0	8.2	0.2	0.1	8.6	0.2	0.1
Utah	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vermont*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Virginia	0.7	0.0	0.0	7.5	0.1	0.1	11.8	0.2	0.2
Washington	2.0	0.0	0.0	18.9	0.7	0.0	18.7	1.3	0.0
West Virginia*	0.0	0.0	0.0	9.1	0.4	0.0	10.6	0.6	0.0
Wisconsin	0.0	0.0	0.0	25.9	0.0	0.1	28.0	0.0	0.1
Wyoming*	0.0	0.0	0.0	5.7	1.1	0.0	3.4	1.4	0.0
U.S. TOTAL [†]	4.8	0.1	0.0	22.2	0.5	0.3	26.3	0.5	0.3

*Percentages for P&S syphilis are based on less than 10 cases.

[†]Includes cases reported by Washington, D.C.

NOTE: "Unknown" includes unknown, missing, or invalid data values.

Table A2. Reported cases of sexually transmitted disease reporting source and by sex: United States, 2005

<i>Disease</i>	<i>Non-STD Clinic</i>			<i>STD Clinic</i>			<i>Total*</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Chlamydia	143,882	602,607	748,193	78,677	92,229	171,092	232,781	740,371	976,445
Gonorrhea	87,386	133,818	221,673	65,058	30,152	95,311	161,117	177,537	339,593
Primary Syphilis	1,220	129	1,350	817	114	931	2,073	250	2,324
Secondary Syphilis	3,811	724	4,535	1,405	349	1,755	5,310	1,089	6,400
Early Latent Syphilis	4,070	1,509	5,579	1,753	703	2,456	5,934	2,242	8,176
Late and Late Latent Syphilis [†]	7,253	4,586	11,848	2,304	1,648	3,953	9,710	6,329	16,049
Neurosyphilis	527	168	695	77	37	114	617	211	828
Chancroid	5	5	11	5	0	5	11	5	17

*Totals include unknown sex and reporting source.

[†]Late and late latent syphilis includes cases of unknown duration, late syphilis with clinical manifestations, and neurosyphilis.

See Appendix (Classification of STD Morbidity Reporting Source).

Table A3. Healthy People 2010 Sexually Transmitted Diseases Objective Status

<i>HP 2010 Objectives</i>		<i>Baseline Year</i>	<i>Baseline</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>HP 2010 Target</i>
25-1	Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections								
	a. Females aged 15 to 24 years attending family planning clinics	1997	5.0%	5.8%*	6.0%*	6.4%*	6.9%*	6.9%*	3.0%
	b. Females aged 15 to 24 years attending STD clinics	1997	12.2%	13.3%*	13.5%*	14.1%*	15.3%*	15.4%*	3.0%
	c. Males aged 15 to 24 years attending STD clinics	1997	15.7%	17.0%*	17.5%*	19.3%*	20.8%*	20.5%*	3.0%
25-2	Reduce gonorrhea (cases per 100,000 population)	1997	123.0	126.8	122.0	115.2	112.4	115.6	19.0
25-3	Eliminate sustained domestic transmission of primary and secondary syphilis (cases per 100,000 population)	1997	3.2	2.1	2.4	2.5	2.7	3.0	0.2
25-4	Reduce the proportion of adults aged 20 to 29 years with genital herpes infection	1988-94	17.0%	NA	11.0%	NA	NA	NA	14.0%
25-6	Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID)	1995	8.0%	NA	5.0%	NA	NA	NA	5.0%
25-7	Reduce the proportion of childless females with fertility problems who have had a sexually transmitted disease or who have required treatment for pelvic inflammatory disease (PID)	1995	27.0%	NA	22.0%	NA	NA	NA	15.0%
25-9	Reduce congenital syphilis (cases per 100,000 live births)	1997	27.0	12.5	11.4	10.6	9.1	8.0	1.0

<i>HP 2010 Objective</i>	<i>Data Source</i>
25-1	STD Surveillance System (STDSS), CDC, NCHSTP.
25-2	STD Surveillance System (STDSS), CDC, NCHSTP.
25-3	STD Surveillance System (STDSS), CDC, NCHSTP.
25-4	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
25-6	National Survey of Family Growth (NSFG), CDC, NCHS.
25-7	National Survey of Family Growth (NSFG), CDC, NCHS.
25-9	STD Surveillance System (STDSS), CDC, NCHSTP.

*Overall positivity not adjusted for changes in laboratory test method and associated increases in test sensitivity.

NOTE: Healthy People 2010 developmental objectives are not addressed in this report.

NA=Not available.

Table A4. Government Performance Results Act (GPRA) Sexually Transmitted Diseases Goals and Measures

<i>GPRA Goals</i>	<i>Baseline</i>	<i>Actual Performance</i>		<i>Long-Term Goal</i>
	<i>2002</i>	<i>2004</i>	<i>2005</i>	<i>2010</i>
Goal 1: Reduction in PID (as measured by initial visits to physicians in women 15-44 years of age)	197,000	132,000	176,000	168,000
a. Prevalence of Chlamydia in high-risk women ≤ 25 years	10.1%*	9.7%*	9.2%*	8.6%*
b. Prevalence of Chlamydia in women ≤ 25 years in family planning clinics	5.6%*	6.3%*	6.3%*	4.9%*
c. Incidence of Gonorrhea/100,000 population in women 15-44 years of age	279	267	276	237
Goal 2: Elimination of Syphilis (as measured by incidence of P&S Syphilis/100,000 population)	2.4	2.7	3.0	2.2
a. Incidence of P&S Syphilis/100,000 population - men	3.8	4.7	5.1	4.2
b. Incidence of P&S Syphilis/100,000 population - women	1.1	0.8	0.9	0.38
c. Incidence of Congenital Syphilis/100,000 live births	10.2	9.1	8.0	3.9
d. Black:white rate ratio of P&S Syphilis	8:1	5.5:1	5.4:1	3:1

<i>GPRA Goals</i>	<i>Data Source</i>
1	National Disease and Therapeutic Index (IMS Health).
1-a	National Job Training Program.
1-b	STD Surveillance System (STDSS), CDC, NCHSTP.
1-c	STD Surveillance System (STDSS), CDC, NCHSTP.
2	STD Surveillance System (STDSS), CDC, NCHSTP.
2-a	STD Surveillance System (STDSS), CDC, NCHSTP.
2-b	STD Surveillance System (STDSS), CDC, NCHSTP.
2-c	STD Surveillance System (STDSS), CDC, NCHSTP.
2-d	STD Surveillance System (STDSS), CDC, NCHSTP.

*Median state-specific chlamydia prevalence among women was not adjusted for changes in laboratory test method and associated increases in test sensitivity.

STD Surveillance Case Definitions

PART 1. CASE DEFINITIONS¹ FOR NATIONALLY NOTIFIABLE INFECTIOUS DISEASES

Chancroid (Revised 9/96)

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 ≥ 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

Chlamydia trachomatis, Genital Infections (Revised 9/96)

Clinical description

Infection with *Chlamydia trachomatis* may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic in women. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum (see Lymphogranuloma Venereum) and trachoma.

Laboratory criteria for diagnosis

- Isolation of *C. trachomatis* by culture or
- Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid

Case classification

Confirmed: a case that is laboratory confirmed

Gonorrhea (Revised 9/96)

Clinical description

A sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection may be asymptomatic.

Laboratory criteria for diagnosis

- Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, or

- Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, or
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male

Case classification

Probable: a) demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a female or b) a written morbidity report of gonorrhea submitted by a physician

Confirmed: a case that is laboratory confirmed

Syphilis (All Definitions Revised 9/96)

Syphilis is a complex sexually transmitted disease that has a highly variable clinical course. Classification by a clinician with expertise in syphilis may take precedence over the following case definitions developed for surveillance purposes.

Syphilis, primary

Clinical description

A stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance.

Laboratory criteria for diagnosis

- Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods

Case classification

Probable: a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP])

Confirmed: a clinically compatible case that is laboratory confirmed

Syphilis, secondary

Clinical description

A stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy. The primary chancre may still be present.

Laboratory criteria for diagnosis

- Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, DFATP, or equivalent methods

Case classification

Probable: a clinically compatible case with a nontreponemal (VDRL or RPR) titer ≥ 4

Confirmed: a clinically compatible case that is laboratory confirmed

Syphilis, latent

Clinical description

A stage of infection caused by *T. pallidum* in which organisms persist in the body of the infected person without causing symptoms or signs. Latent syphilis is subdivided into early, late, and unknown categories based on the duration of infection.

Case classification

Probable: no clinical signs or symptoms of syphilis and the presence of one of the following:

- No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and a reactive treponemal test (i.e., FTA-ABS or MHA-TP)
- A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer

Syphilis, early latent

Clinical description

A subcategory of latent syphilis. When initial infection has occurred within the previous 12 months, latent syphilis is classified as early latent.

Case classification

Probable: latent syphilis (see Syphilis, latent) in a person who has 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
- A history of symptoms consistent with primary or secondary syphilis during the previous 12 months
- A history of sexual exposure to a partner who had confirmed or probable primary or secondary syphilis or probable early latent syphilis (documented independently as duration < 1 year)
- Reactive nontreponemal and treponemal tests from a person whose only possible exposure occurred within the preceding 12 months

Syphilis, late latent

Clinical description

A subcategory of latent syphilis. When initial infection has occurred > 1 year previously, latent syphilis is classified as late latent.

Case classification

Probable: latent syphilis (see Syphilis, latent) in a patient who has no evidence of having acquired the disease within the preceding 12 months (see Syphilis, early latent) and whose age and titer do not meet the criteria specified for latent syphilis of unknown duration.

Syphilis, latent, of unknown duration

Clinical description

A subcategory of latent syphilis. When the date of initial infection cannot be established as having occurred within the previous year and the patient's age and titer meet criteria described below, latent syphilis is classified as latent syphilis of unknown duration.

Case classification

Probable: latent syphilis (see Syphilis, latent) that does not meet the criteria for early latent syphilis, and the patient is aged 13–35 years and has a nontreponemal titer ≥ 32

Neurosyphilis

Clinical description

Evidence of central nervous system infection with *T. pallidum*

Laboratory criteria for diagnosis

- A reactive serologic test for syphilis and reactive VDRL in cerebrospinal fluid (CSF)
- Case classification

Case classification

Probable: syphilis of any stage, a negative VDRL in CSF, and both the following:

- Elevated CSF protein or leukocyte count in the absence of other known causes of these abnormalities
- Clinical symptoms or signs consistent with neurosyphilis without other known causes for these clinical abnormalities

Confirmed: syphilis of any stage that meets the laboratory criteria for neurosyphilis

Syphilis, late, with clinical manifestations other than neurosyphilis (late benign syphilis and cardiovascular syphilis)

Clinical description

Clinical manifestations of late syphilis other than neurosyphilis may include inflammatory lesions of the cardiovascular system, skin, and bone. 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. Late syphilis usually becomes clinically manifest only after a period of 15–30 years of untreated infection.

Laboratory criteria for diagnosis

Demonstration of *T. pallidum* in late lesions by fluorescent antibody or special stains (although organisms are rarely visualized in late lesions)

Case classification

Probable: characteristic abnormalities or lesions of the cardiovascular system, skin, bone, or other structures with a reactive treponemal test, in the absence of other known causes of these abnormalities, and without CSF abnormalities and clinical symptoms or signs consistent with neurosyphilis

Confirmed: a clinically compatible case that is laboratory confirmed

Comment

Analysis of CSF for evidence of neurosyphilis is necessary in the evaluation of late syphilis with clinical manifestations.

Syphilitic Stillbirth

Clinical description

A fetal death that occurs after a 20-week gestation or in which the fetus weighs > 500 g and the mother had untreated or inadequately treated* syphilis at delivery

Comment

For reporting purposes, syphilitic stillbirths should be reported as cases of congenital syphilis.

Syphilis, Congenital (Revised 9/96)

Clinical description

A condition caused by infection in utero with *Treponema pallidum*. A wide spectrum of severity exists, and only severe cases are clinically apparent at birth. An infant or child (aged < 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, fluorescent antibody, or other specific stains in 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 treponemal test for syphilis and any one of the following:

- Any evidence of congenital syphilis on physical examination
- Any evidence of congenital syphilis on radiographs of long bones
- A reactive cerebrospinal fluid (CSF) venereal disease research laboratory (VDRL)
- An elevated CSF cell count or protein (without other cause)
- A reactive fluorescent treponemal antibody absorbed—19S-IgM antibody test or IgM enzyme-linked immunosorbent assay

Confirmed: a case that is laboratory confirmed

Comment

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, cell count, and protein, as well as IgM antibodies, 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. 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.

*Inadequate treatment consists of any nonpenicillin therapy or penicillin administered < 30 days before delivery.

PART 2. CASE DEFINITIONS¹ FOR NON-NOTIFIABLE INFECTIOUS DISEASES

Genital Herpes (Herpes Simplex Virus) (Revised 9/96)

Clinical description

A condition characterized by visible, painful genital or anal lesions

Laboratory criteria for diagnosis

- Isolation of herpes simplex virus from cervix, urethra, or anogenital lesion, or
- Demonstration of virus by antigen detection technique in clinical specimens from cervix, urethra, or anogenital lesion, or
- Demonstration of multinucleated giant cells on a Tzanck smear of scrapings from an anogenital lesion

Case classification

Probable: a clinically compatible case (in which primary and secondary syphilis have been excluded by appropriate serologic tests and darkfield microscopy, when available) with either a diagnosis of genital herpes based on clinical presentation (without laboratory confirmation) or a history of one or more previous episodes of similar genital lesions

Confirmed: a clinically compatible case that is laboratory confirmed

Comment

Genital herpes should be reported only once per patient. The first diagnosis for a patient with no previous diagnosis should be reported.

Genital Warts (Revised 9/96)

Clinical description

An infection characterized by the presence of visible, exophytic (raised) growths on the internal or external genitalia, perineum, or perianal region

Laboratory criteria for diagnosis

- Histopathologic changes characteristic of human papillomavirus infection in specimens obtained by biopsy or exfoliative cytology or
- Demonstration of virus by antigen or nucleic acid detection in a lesion biopsy

Case classification

Probable: a clinically compatible case without histopathologic diagnosis and without microscopic or serologic evidence that the growth is the result of secondary syphilis

Confirmed: a clinically compatible case that is laboratory confirmed

Comment

Genital warts should be reported only once per patient. The first diagnosis for a patient with no previous diagnosis should be reported.

Granuloma Inguinale

Clinical description

A slowly progressive ulcerative disease of the skin and lymphatics of the genital and perianal area caused by infection with *Calymmatobacterium granulomatis*. A clinically compatible case would have one or more painless or minimally painful granulomatous lesions in the anogenital area.

Laboratory criteria for diagnosis

- Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue

Case classification

Confirmed: a clinically compatible case that is laboratory confirmed

Lymphogranuloma Venereum**Clinical description**

Infection with L1, L2, or, L3 serovars of *Chlamydia trachomatis* may result in a disease characterized by genital lesions, suppurative regional lymphadenopathy, or hemorrhagic proctitis. The infection is usually sexually transmitted.

Laboratory criteria for diagnosis

- Isolation of *C. trachomatis*, serotype L1, L2, or L3 from clinical specimen, or
- Demonstration by immunofluorescence of inclusion bodies in leukocytes of an inguinal lymph node (bubo) aspirate, or
- Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis*

Case classification

Probable: a clinically compatible case with one or more tender fluctuant inguinal lymph nodes or characteristic proctogenital lesions with supportive laboratory findings of a single *C. trachomatis* complement fixation titer of > 64

Confirmed: a clinically compatible case that is laboratory confirmed

Mucopurulent Cervicitis (Revised 9/96)**Clinical description**

Cervical inflammation that is not the result of infection with *Neisseria gonorrhoeae* or *Trichomonas vaginalis*. Cervical inflammation is defined by the presence of one of the following criteria:

- Mucopurulent secretion (from the endocervix) that is yellow or green when viewed on a white, cotton-tipped swab (positive swab test)
- Induced endocervical bleeding (bleeding when the first swab is placed in the endocervix)

Laboratory criteria for diagnosis

- No evidence of *N. gonorrhoeae* by culture, Gram stain, or antigen or nucleic acid detection, and no evidence of *T. vaginalis* on wet mount

Case classification

Confirmed: a clinically compatible case in a female who does not have either gonorrhea or trichomoniasis

Comment

Mucopurulent cervicitis (MPC) is a clinical diagnosis of exclusion. The syndrome may result from infection with any of several agents (see *Chlamydia trachomatis*, Genital Infections). If gonorrhea, trichomoniasis, and chlamydia are excluded, a clinically compatible illness should be classified as

MPC. An illness in a female that meets the case definition of MPC and *C. trachomatis* infection should be classified as chlamydia.

Nongonococcal Urethritis (Revised 9/96)

Clinical description

Urethral inflammation that is not the result of infection with *Neisseria gonorrhoeae*. Urethral inflammation may be diagnosed by the presence of one of the following criteria:

- A visible abnormal urethral discharge, or
- A positive leukocyte esterase test from a male aged < 60 years who does not have a history of kidney disease or bladder infection, prostate enlargement, urogenital anatomic anomaly, or recent urinary tract instrumentation, or
- Microscopic evidence of urethritis (≥ 5 white blood cells per high-power field) on a Gram stain of a urethral smear

Laboratory criteria for diagnosis

- No evidence of *N. gonorrhoeae* infection by culture, Gram stain, or antigen or nucleic acid detection

Case classification

Confirmed: a clinically compatible case in a male in whom gonorrhea is not found, either by culture, Gram stain, or antigen or nucleic acid detection

Comment

Nongonococcal urethritis (NGU) is a clinical diagnosis of exclusion. The syndrome may result from infection with any of several agents (see *Chlamydia trachomatis*, Genital Infection). If gonorrhea and chlamydia are excluded, a clinically compatible illness should be classified as NGU. An illness in a male that meets the case definition of NGU and *C. trachomatis* infection should be classified as chlamydia.

Pelvic Inflammatory Disease (Revised 9/96)

Clinical case definition

A clinical syndrome resulting from the ascending spread of microorganisms from the vagina and endocervix to the endometrium, fallopian tubes, and/or contiguous structures. In a female who has lower abdominal pain and who has not been diagnosed as having an established cause other than pelvic inflammatory disease (PID) (e.g., ectopic pregnancy, acute appendicitis, and functional pain), all the following clinical criteria must be present:

- Lower abdominal tenderness, and
- Tenderness with motion of the cervix, and
- Adnexal tenderness

In addition to the preceding criteria, at least one of the following findings must also be present:

- Meets the surveillance case definition of *C. trachomatis* infection or gonorrhea
- Temperature > 100.4 F (> 38.0 C)
- Leukocytosis > 10,000 white blood cells/mm³
- Purulent material in the peritoneal cavity obtained by culdocentesis or laparoscopy

- Pelvic abscess or inflammatory complex detected by bimanual examination or by sonography
- Patient is a sexual contact of a person known to have gonorrhea, chlamydia, or nongonococcal urethritis

Case classification

Confirmed: a case that meets the clinical case definition

Comment

For reporting purposes, a clinician's report of PID should be counted as a case.

¹ Centers for Disease Control and Prevention.
Case definitions for infectious conditions under
public health surveillance, 1997. *MMWR*
1997;46(No. RR-10;1).

STD Project Directors, STD Program Managers, and State and Territorial Epidemiologists

We gratefully acknowledge the contributions of state STD project directors, STD program managers, and state and territorial epidemiologists to this report. The persons listed were in the positions shown as of August 24, 2006.

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