

SEXUALLY TRANSMITTED DISEASES
IN THE UNITED STATES

More than 25 diseases are primarily spread through sexual activity. The trends for each disease vary considerably, but together these infections comprise a significant public health problem.¹

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year, roughly half of whom contract lifelong infections. Yet, STDs are one of the least recognized health problems in the country today.²

While extremely common, STDs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These “hidden” epidemics are magnified with each new infection that goes unrecognized and untreated.³

INCIDENCE AND PREVALENCE

- In 2000, 14,707 adult and adolescent males from the 36 areas of the country with confidential HIV-infection reporting were diagnosed as HIV positive. In total, 97,712 cases among adult and adolescent males have been reported through December 2000.⁴
- In 2000, 6,769 adult and adolescent females from the 36 areas of the country with confidential HIV-infection reporting were diagnosed as HIV positive. In total, 38,154 cases among adult and adolescent females have been reported through December 2000.⁵
- In 2000, 31,501 adult and adolescent males were diagnosed with AIDS. In total, 635,451 cases among adult and adolescent males have been reported through December 2000.⁶
- In 2000, 10,459 adult and adolescent females were diagnosed with AIDS. In total, 130,104 cases among adult and adolescent females have been reported through December 2000.⁷
- Not including HIV, the most common STDs are chlamydia, gonorrhea, syphilis, genital herpes, human papilloma virus (HPV), hepatitis B, trichomoniasis, and bacterial vaginosis. While bacterial vaginosis is a genital infection that is not sexually transmitted, it is associated with sexual intercourse.⁸
- Chlamydia is the most commonly reported infectious disease in the United States. Reported chlamydia rates in women greatly exceed those in men, largely because screening programs have been primarily directed at women. True rates are probably far more similar for women and men.⁹
- An estimated three million people become infected with chlamydia each year in the United States and an estimated two million Americans are currently infected.¹⁰
- In 1999, 659,441 chlamydial infections were reported to the Centers for Disease Control and Prevention (CDC) from 49 states, the District of Columbia, and New York City (for the state of New York, only cases in New York City were reported).¹¹
- In 1999, the overall rates of chlamydial infection among women in the United States was four times higher than the reported rate among men, reflecting the large number of women screened for this disease.¹²
- For women, the highest age-specific reported rates of chlamydia in 1999 occurred among 15- to 19-year-olds and 20- to 24-year-olds.¹³
- 75 percent of women and 50 percent of men with chlamydia have no symptoms. The majority of cases therefore go undiagnosed and unreported.¹⁴
- An estimated 650,000 people become infected with gonorrhea each year in the United States.¹⁵
- In 1999, 360,076 cases of gonorrhea were reported in the United States.¹⁶
- In 1999, among women, 15- to 19-year-olds had the highest reported rate of gonorrhea, while among men, those 20 to 24 years of age had the highest rate.¹⁷
- The reported gonorrhea rate in the United States remains the highest of any industrialized country: roughly 50 times that of Sweden and eight times that of Canada.¹⁸
- Ten to 20 percent of women with gonorrhea and chlamydia develop one of the most serious complications, pelvic inflammatory disease (PID).¹⁹
- An estimated 70,000 people become infected with syphilis each year in the United States.²⁰
- In 1999, 6,657 cases of primary and secondary syphilis were reported to the CDC, a decline of 22.2 percent from 1997, when 8,556 cases were reported.²¹

- In 1999, the reported rate of primary and secondary syphilis among men was 1.5 times greater than the rate among women.²²
- In the United States, the reported rate of syphilis is at the lowest level since reporting began in 1941. The unprecedented low rate of syphilis overall, combined with cases concentrated in only 20 percent of U.S. counties, has created a unique but narrow window of opportunity to eliminate syphilis in the United States.²³
- An estimated 1 million people become infected with herpes each year in the United States, and an estimated 45 million Americans are currently infected.²⁴
- An estimated 5.5 million people become infected with HPV each year in the United States, and an estimated 20 million Americans are currently infected.²⁵
- There are 30 distinct types of HPV that can infect the genital area. Of these, some types cause genital warts and others cause subclinical infections.²⁶
- An estimated 120,000 people become infected with hepatitis B each year in the United States, and an estimated 417,000 Americans are currently infected.²⁷
- Hepatitis B vaccinations have been recommended for people with risk factors since the vaccine became available in 1981.²⁸
- An estimated 5 million people become infected with trichomoniasis each year in the United States.²⁹
- No recent surveys of the estimated number of people currently infected with gonorrhea, syphilis, trichomoniasis, or bacterial vaginosis have been conducted.³⁰
- Approximately 25 percent of all new STD infections are in teenagers.³¹
- Young women are biologically more susceptible to chlamydia, gonorrhea, and HIV.³²
- An estimated 75 percent of the reproductive-age population have been infected with sexually transmitted HPV.³³
- Infection with certain types of HPV place women at increased risk for cervical cancer.³⁴
- Research indicates that approximately one percent of sexually active adults in the United States have genital warts.³⁵
- More than one in five Americans—45 million people—are infected with genital herpes.³⁶
- Herpes is more common in women, infecting approximately one out of four, versus one out of five men.³⁷
- Women who are infected with an STD while pregnant can have early onset of labor, premature rupture of the membranes, or uterine infections before and after delivery.³⁸
- Researchers estimate that men who have sex with men (MSM) still account for 42 percent of new HIV infec-

tions annually in the United States and for 60 percent of all new HIV infections among men.³⁹

- 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.⁴⁰
- Multiple studies and surveillance projects have demonstrated a high prevalence of STDs in persons entering jails and juvenile detention facilities.⁴¹
- Compared to older adults, adolescents 10 to 19 years of age and young adults 20 to 24 years of age are at higher risk for acquiring STDs: they may be more likely to have multiple (sequential or concurrent) sexual partners rather than a single, long-term relationship; they may be more likely to engage in unprotected intercourse; and they may select partners at higher risk.⁴²

ATTITUDES

The Kaiser Family Foundation and *Seventeen Magazine* conducted a national survey of over 500 teens to examine their knowledge and attitudes about STDs.⁴³ Findings included:

- Among young people 12 to 17 years of age, 56 percent say that STDs and 50 percent say HIV/AIDS are a big problem facing people their age.
- Among young people 15 to 17 years of age, more than two thirds are personally worried about becoming infected with HIV/AIDS and other STDs, like herpes or gonorrhea.
- Twenty percent of all young people surveyed know someone who has an STD, and one in 10 knows someone that is HIV positive.
- Among those young people who are sexually active, half say they know someone with an STD.
- Among teens who have had sexual intercourse, 50 percent realize their risk.

CRITICAL COMPONENTS OF STD PREVENTION AND CONTROL**

Communities need critical prevention and control services to help reduce costly complications of STDs. They should include both these patient-based and population-based approaches:

- **Screening high-risk populations for prevalent STDs.** Because the prevalence of STD infections varies from place to place, private sector providers may benefit from consulting with public health professionals on disease prevalence in their community in order to select cost-effective strategies for providing relevant STD-screening services.

- **Treating individuals with diagnosed and presumptive infections.** Recommendations of STD experts on treatment regimens for STDs should be readily available to health care providers. Quality assurance programs should be implemented to ensure that STD treatment is consistent with state-of-the-art medicine.
- **Providing prevention counseling and education.** Both public and private sources are needed to provide STD-prevention counseling and education to individual patients to reach those affected by STDs. Such services are essential to reach sexual partners, to address future infections, and to ensure that medication is taken properly and patients return for followup care. Community education about STD prevention is also important for changing risky behavior before infection occurs.
- **Notifying, treating, and educating partners of persons diagnosed with STDs.** A sexual partner who has been exposed to an STD should be informed of his or her potential infection by the infected person, his or her health care provider, the provider's staff, or public health staff trained in partner notification. In most states, the law protects public health personnel in the notification process but does not protect other persons. Private providers and public health personnel may work together to provide sexual contacts with information on all aspects of needed care. Notification is a key step to prevent reinfection and further spread of STDs.
- **Reporting STD cases to assist in planning, evaluating, resource allocating, and coordinating efforts.** Health departments monitor and analyze reported STDs to identify problems in specific communities, to evaluate the effects of control measures, and to detect changes in trends. Complete and accurate reporting is essential so that the partnership of private providers and public health personnel can appropriately address STD problems. Laws in every state require providers to report some STDs. Most states require reporting of gonorrhea, syphilis, chlamydia, and AIDS. Several require reporting of herpes, HIV infection, or STD complications such as PID. Under-reporting of STDs results in failure to note disease trends and inadequate planning to address STD problems.

WHY COMPONENTS ARE NEEDED

These components are needed because:

- **Screening and treatment will prevent significant future complications.** When left untreated, STDs can result in severe consequences, including infertility, tubal pregnancy, chronic pain, cancer, premature births, low birth weight, congenital infections in newborns, and even death. In addition, HIV transmission is much more likely when other STDs are present, making STD treatment an important intervention for prevention of HIV infection.

- **Screening and early treatment are cost-effective.** The cost of untreated STDs far exceeds the cost of prevention services.
- **These approaches will result in a healthier population.** STDs are strongly linked to long-term health complications and are one of the most important preventable causes of adverse outcomes of pregnancy, including low birth weight/prematurity, congenital infection, stillbirth, and postpartum infection. The two leading causes of preventable infertility are chlamydia and gonorrhea.

Women, adolescents, and people of color are disproportionately affected by STDs and their consequences. STD prevention services could dramatically lower the incidence of STDs, their long-term consequences, and their significant cost.

The overall health of Americans would improve with the routine availability of these components of STD prevention.

RESOURCES

Alan Guttmacher Institute (AGI)

This organization's mission is to protect the reproductive choices of women and men in the United States and around the world. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies.

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Phone: 212/248-1111

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Web site: <http://www.agi-usa.org>

American Social Health Association

This organization is dedicated to stopping STDs and their harmful consequences to individuals, families, and communities.

P.O. Box 13827

Research Triangle Park, NC 27709

Phone: 919/361-8400

Fax: 919/361-8425

Web site: <http://www.ashastd.org>

Centers for Disease Control (CDC)

National STD/AIDS Hotline

This hotline provides anonymous, confidential information on STDs and how to prevent them. It also provides referrals to clinical and other services. Service is available in English 24 hours a day, seven days a week; in Spanish 8 A.M. until 2 A.M., Eastern Time, seven days a week; and via TTY for the Deaf and Hard of Hearing 10 A.M. until 10 P.M., Eastern Time, Monday through Friday.

Phone: 800/342-AIDS (English)
800/344-7432 (Spanish)
800/243-7889 (TTY)

CDC National Prevention Information Network (NPIN)

This is the U.S. reference, referral, and distribution service for information on HIV/AIDS, STDs, and tuberculosis (TB).
P.O. Box 6003
Rockville, MD 20849-6003
Phone: 800/458-5231; International: 301/562-1098
Fax: 888/282-7681; International Fax: 301/562-1050
E-mail: info@cdcnpin.org

The Henry J. Kaiser Family Foundation

This foundation is an independent philanthropy focusing on the major health care issues facing the nation. The Foundation is an independent voice and source of facts and analysis for policymakers, the media, the health care community, and the general public. It publishes fact sheets, issue updates, and research.
2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650/854-9400
Fax: 650/854-4800
Web site: <http://www.kff.org>

National Herpes Hotline (NHH)

This hotline provides information and referrals to anyone concerned about herpes. Trained Health Communication Specialists are available to address questions related to transmission, prevention, and treatment of herpes simplex virus (HSV). The NHH also provides support for emotional issues surrounding herpes, such as self-esteem and partner communication. The hotline is open from 9 A.M. to 7 P.M., Eastern Time, Monday through Friday.
Phone: 919/361-8488

National HPV and Cervical Cancer Prevention Hotline

This hotline provides up-to-date information on the virus and its link to cancer through free information to the public about risk reduction, diagnosis and treatment of HPV, and the prevention of cervical cancer, including the most up-to-date FDA-approved technologies. The hotline is open from 2 P.M. to 7 P.M., Eastern Time, Monday through Friday.
Phone: 919/361-4848

Sexuality Information and Education Council of the United States (SIECUS)

SIECUS' mission is to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about

sexuality; and to advocate the right of individuals to make responsible sexual choices.
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- ★★ *Critical Components of STD Prevention & Control* is a document published by the STD Prevention Partnership, a group of national organizations with shared concern about the continuing spread of STDs, including HIV, and with a mission to support and encourage partnerships among the private, voluntary, and public sectors in developing and implementing strategies to reduce the incidence and impact of STDs. Detailed references for *Critical Components of STD Prevention & Control* are available from the Division of STD Prevention of the U.S. Centers for Disease Control and Prevention.



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