Sexually Transmitted Disease Surveillance 2012

Division of STD Prevention
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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention
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Web Site

The online version of this report is available at http://www.cdc.gov/std/stats.

Selected STD Surveillance and Prevention References and Web Sites

STD Surveillance Reports 1993–2011
http://www.cdc.gov/std/stats/

STD Data in the NCHHSTP Atlas
http://www.cdc.gov/nchhstp/atlas/

STD Data on Wonder
http://wonder.cdc.gov/std.html

STD Data Management & Information Technology
http://www.cdc.gov/std/Program/data-mgmt.htm

STD Fact Sheets
http://www.cdc.gov/std/healthcomm/fact_sheets.htm

STD Treatment Guidelines
http://www.cdc.gov/STD/treatment/

STD Program Evaluation Guidelines
http://www.cdc.gov/std/program/pupestd.htm

STD Program Operation Guidelines
http://www.cdc.gov/std/program/GL-2001.htm

Recommendations for Public Health Surveillance of Syphilis in the United States
http://www.cdc.gov/std/SyphSurvReco.pdf

Behavioral Surveillance
Youth Risk Behavior Surveillance System: http://www.cdc.gov/HealthyYouth/yrbs/index.htm.

National Survey of Family Growth
http://www.cdc.gov/nchs/nsfg/abc_list_p.htm#pelvic

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. Many of the strongest predictors of health, including sexual health, are social, economic, and environmental. Providing information about personal health and health services can empower people to make healthier choices to protect their health. 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 at 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]

[1] Eng TR, Butler WT, editors; Institute of Medicine (US). Summary: The hidden epidemic: confronting sexually transmitted diseases. Washington (DC): National Academy Press; 1997. p. 43.

Preface

Sexually Transmitted Disease Surveillance 2012 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2012. 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) notifiable disease reporting from state and local STD programs; (2) projects that monitor STD positivity and prevalence in various settings, including the National Job Training Program, the STD Surveillance Network, and the Gonococcal Isolate Surveillance Project; and (3) other 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 the Centers for Disease Control and Prevention is less than the actual number of cases occurring in the U.S. population. National summary data of case reports for other STDs are not available because they are not nationally notifiable diseases.

Prior to the publication of *Sexually Transmitted Disease Surveillance 2010*, when the percentage of unknown, missing, or invalid values for age group, race/ethnicity, and sex exceeded 50% for any state, the state's incidence and population data were excluded from the tables that presented data stratified by one or more of these variables. For the states for which 50% or more of their data were valid for age group, race/ethnicity, and sex, the values for unknown, missing, or invalid data were redistributed on the basis of the state's distribution of known age group, race/ethnicity, and sex data. Beginning with the publication of *Sexually Transmitted Disease Surveillance 2010,* redistribution methodology is not applied to any of the data. The counts presented in this report are summations of all valid data reported in reporting year 2012. Because missing data are excluded from calculations of rates by age group, race/ethnicity, and sex, incidence rates by these characteristics, particularly by race/ethnicity for chlamydia and gonorrhea, appear somewhat lower than in reports before 2010.

The collection of information on race/ethnicity has been standardized since 1997 in the United States from the Office of Management and Budget (OMB). Following a revision in the National Electronic Telecommunication System for Surveillance (NETSS) implementation guide in April 2008, jurisdictions reporting STD data were to collect race according to the current standard categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White and multirace. Beginning with this publication, *Sexually Transmitted Disease Surveillance 2012*, data on race/ ethnicity are displayed in compliance with the OMB standards.While 48 jurisdictions (47 states and the District of Columbia) collect and report data in formats compliant with these standards as of 2012, some jurisdictions only recently adopted this standard and used previous standards to report their case data to CDC in past years. Subsequently, historical trend and rate data by race/ethnicity displayed in figures and interpreted in this report for 2008–2012 include only those jurisdictions (38 states plus the District of Columbia) reporting in the current standard consistently for 2008 through 2012.

Sexually Transmitted Disease Surveillance 2012 consists of four sections: the National Profile, the Special Focus Profiles, the Tables, and the Appendix. The National Profile section 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 section contains figures and text that describe STDs in selected populations that are a focus of national and state prevention efforts. The Tables section provides statistical information about STDs at county, metropolitan statistical area, regional, state, and national levels. The Appendix includes information on how to interpret the STD surveillance data used to produce this report, as well as information about *Healthy People 2020* STD objectives and progress toward meeting these objectives, Government Performance and Results Act goals and progress toward meeting these goals, and STD surveillance case definitions.

Any comments and suggestions that would improve future publications are appreciated and should be sent to

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Guide to Acronyms

CDC	Centers for Disease Control and Prevention
CSF	cerebrospinal fluid
DSTDP	Division of STD Prevention
GISP	Gonococcal Isolate Surveillance Project
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
HMOs	health maintenance organizations
HIV	human immunodeficiency virus
HP2020	*Healthy People 2020*
HPV	human papillomavirus
HSV	herpes simplex virus
MICs	minimum inhibitory concentrations
MPC	mucopurulent cervicitis
MSA	metropolitan statistical area
MSM	men who have sex with men
MSW	men who have sex with women only
NAATs	nucleic acid amplification tests
NDTI	National Disease and Therapeutic Index
NGU	nongonococcal urethritis
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NJTP	National Job Training Program
OMB	Office of Management and Budget
P&S	primary and secondary
PID	pelvic inflammatory disease
QRNG	quinolone-resistant *Neisseria gonorrhoeae*
RPR	rapid plasma reagin
SSuN	STD Surveillance Network
STD	sexually transmitted disease
VDRL	Venereal Disease Research Laboratory

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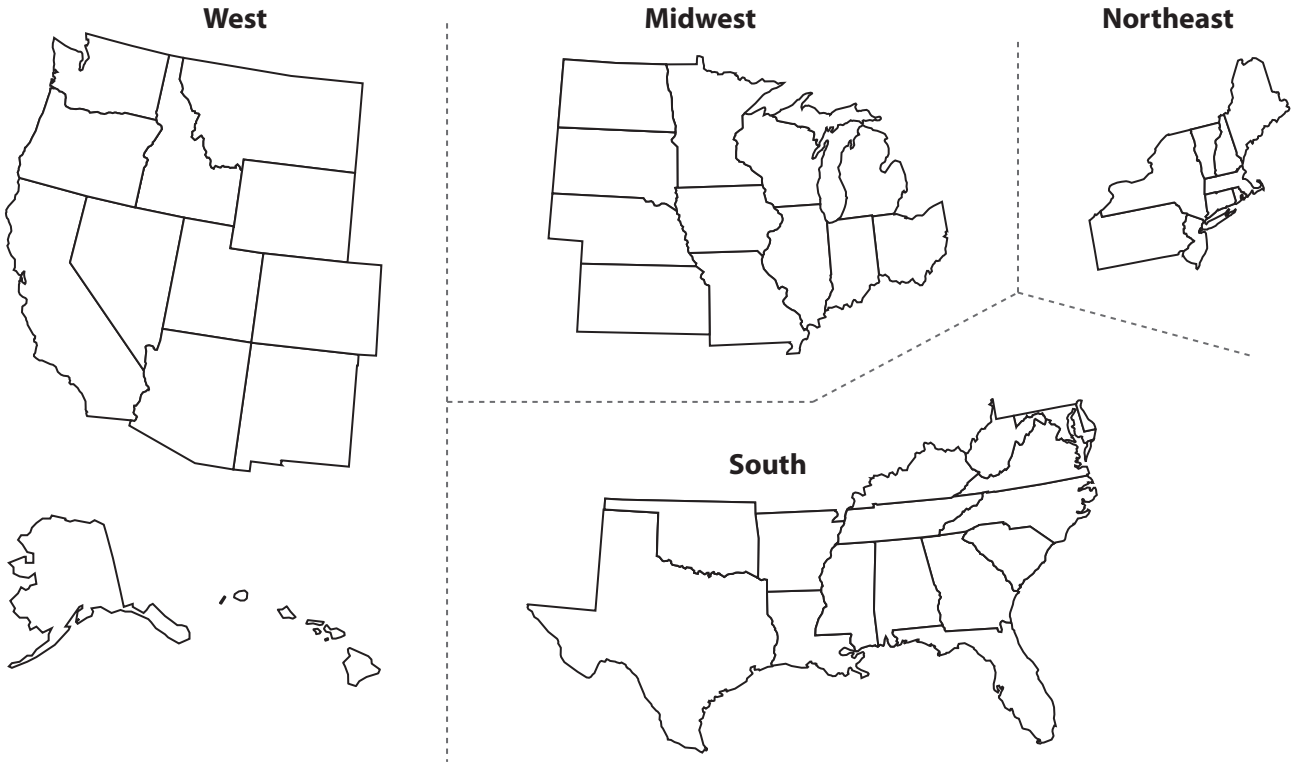

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