

# **Sexually Transmitted Disease Surveillance 2012**

**Division of STD Prevention  
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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND 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](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](http://www.cdc.gov/nchs/nsfg/abc_list_p.htm#pelvic)



# Foreword

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“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.”<sup>1</sup>

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<sup>1</sup> 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

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*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

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CDC	Centers for Disease Control and Prevention
CSF	cerebrospinal fluid
DSTD	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	<i>Healthy People 2020</i>
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 <i>Neisseria gonorrhoeae</i>
RPR	rapid plasma reagin
SSuN	STD Surveillance Network
STD	sexually transmitted disease
VDRL	Venereal Disease Research Laboratory





# Contents

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Acknowledgements.....	ii
Foreword.....	v
Preface.....	vi
Guide to Acronyms.....	vii
Figures in the National Profile.....	x
Figures in the Special Focus Profiles.....	xii
Tables in the National Profile.....	xiii
Census Regions of the United States.....	xvii
National Overview of Sexually Transmitted Diseases (STDs), 2012.....	1
<b>National Profile</b> .....	<b>3</b>
Chlamydia.....	5
Gonorrhea.....	14
Syphilis.....	28
Other Sexually Transmitted Diseases.....	40
<b>Special Focus Profiles</b> .....	<b>49</b>
STDs in Women and Infants.....	51
STDs in Adolescents and Young Adults.....	59
STDs in Racial and Ethnic Minorities.....	65
STDs in Men Who Have Sex with Men.....	73
<b>Tables</b> .....	
National Summary.....	79
Chlamydia.....	81
Gonorrhea.....	93
Syphilis.....	105
Chancroid.....	127
Selected STDs.....	128
<b>Appendix</b> .....	
Interpreting STD Surveillance Data.....	129
Table A1. Selected STDs—Percentage of Unknown, Missing, or Invalid Values for Selected Variables by State and by Nationally Notifiable STD, 2012.....	136
Table A2. Reported Cases of STDs by Reporting Source and Sex, United States, 2012.....	137
Table A3. <i>Healthy People 2020</i> (HP2020) Sexually Transmitted Diseases Objectives.....	138
Table A4. Government Performance and Results Act (GPRA) Sexually Transmitted Disease Goals, Measures, and Target.....	139
STD Surveillance Case Definitions.....	140
Contributors.....	148

# Figures in the National Profile

## Chlamydia

Figure 1.	Chlamydia—Rates by Sex, United States, 1992–2012.....	9
Figure 2.	Chlamydia—Rates by Region, United States, 2003–2012.....	9
Figure 3.	Chlamydia—Rates by State, United States and Outlying Areas, 2012 .....	10
Figure 4.	Chlamydia—Rates by County, United States, 2012 .....	10
Figure 5.	Chlamydia—Rates by Age and Sex, United States, 2012 .....	11
Figure 6.	Chlamydia—Rates by Race/Ethnicity, United States, 2008–2012 .....	11
Figure 7.	Chlamydia—Cases by Reporting Source and Sex, United States, 2003–2012.....	12
Figure 8.	Chlamydia—Percentage of Reported Cases by Sex and Selected Reporting Sources, United States, 2012 .....	12
Figure 9.	Chlamydia—Proportion of STD Clinic Patients Testing Positive by Age, Sex, and Sexual Behavior, STD Surveillance Network (SSuN), 2012.....	13
Figure 10.	Chlamydia—Prevalence Among Persons Aged 14–39 Years by Sex, Race/Ethnicity, or Age Group, National Health and Nutrition Examination Survey, 2005–2008.....	13

## Gonorrhea

Figure 11.	Gonorrhea—Rates by Year, United States, 1941–2012.....	19
Figure 12.	Gonorrhea—Rates by Sex, United States, 1992–2012.....	19
Figure 13.	Gonorrhea—Rates by Region, United States, 2003–2012 .....	20
Figure 14.	Gonorrhea—Rates by State, United States and Outlying Areas, 2012 .....	20
Figure 15.	Gonorrhea—Rates by County, United States, 2012 .....	21
Figure 16.	Gonorrhea—Rates by Age and Sex, United States, 2012 .....	21
Figure 17.	Gonorrhea—Rates by Age Among Women Aged 15–44 Years, United States, 2003–2012.....	22
Figure 18.	Gonorrhea—Rates by Age Among Men Aged 15–44 Years, United States, 2003–2012.....	22
Figure 19.	Gonorrhea—Rates by Race/Ethnicity, United States, 2008–2012 .....	23
Figure 20.	Gonorrhea—Cases by Reporting Source and Sex, United States, 2003–2012.....	23
Figure 21.	Gonorrhea—Percentage of Reported Cases by Sex and Selected Reporting Sources, United States, 2012 .....	24
Figure 22.	Estimated Proportion of MSM, MSW, and Women Among Interviewed Gonorrhea Cases by Site, STD Surveillance Network (SSuN), 2012 .....	24
Figure 23.	Location of Participating Sentinel Sites and Regional Laboratories, Gonococcal Isolate Surveillance Project (GISP), United States, 2012.....	25
Figure 24.	Percentage of <i>Neisseria gonorrhoeae</i> Isolates with Elevated Ceftriaxone Minimum Inhibitory Concentrations (MICs) ( $\geq 0.125$ $\mu\text{g/ml}$ ), Gonococcal Isolate Surveillance Project (GISP), 2005–2012 .....	25
Figure 25.	Percentage of <i>Neisseria gonorrhoeae</i> Isolates with Elevated Cefixime Minimum Inhibitory Concentrations (MICs) ( $\geq 0.25$ $\mu\text{g/ml}$ ), Gonococcal Isolate Surveillance Project (GISP), 2005–2012 .....	26
Figure 26.	Percentage of <i>Neisseria gonorrhoeae</i> Isolates with Elevated Azithromycin Minimum Inhibitory Concentrations (MICs) ( $\geq 2.0$ $\mu\text{g/ml}$ ), Gonococcal Isolate Surveillance Project (GISP), 2005–2012 .....	26
Figure 27.	Penicillin, Tetracycline, and Ciprofloxacin Resistance Among <i>Neisseria gonorrhoeae</i> Isolates, Gonococcal Isolate Surveillance Project (GISP), 2012 .....	27
Figure 28.	Antimicrobial Drugs Used to Treat Gonorrhea Among Participants, Gonococcal Isolate Surveillance Project (GISP), 1988–2012 .....	27

## Syphilis

Figure 29.	Syphilis—Reported Cases by Stage of Infection, United States, 1941–2012 .....	32
Figure 30.	Primary and Secondary Syphilis—by Sex and Sexual Behavior, 33 areas, 2007–2012 .....	32
Figure 31.	Primary and Secondary Syphilis—Rates by Sex and Male-to-Female Rate Ratios, United States, 1990–2012 .....	33
Figure 32.	Primary and Secondary Syphilis—Rates by Region, United States, 2003–2012 .....	33
Figure 33.	Primary and Secondary Syphilis—Rates by State, United States and Outlying Areas, 2012 .....	34
Figure 34.	Primary and Secondary Syphilis—Rates by County, United States, 2012 .....	34
Figure 35.	Primary and Secondary Syphilis—Rates by Age and Sex, United States, 2012 .....	35
Figure 36.	Primary and Secondary Syphilis—Rates by Age Among Women Aged 15–44 Years, United States, 2003–2012 .....	35
Figure 37.	Primary and Secondary Syphilis—Rates by Age Among Men Aged 15–44 Years, United States, 2003–2012 .....	36
Figure 38.	Primary and Secondary Syphilis—Rates by Race/Ethnicity, United States, 2008–2012 ....	36
Figure 39.	Primary and Secondary Syphilis—Reported Cases by Stage, Sex, and Sexual Behavior, 2012 .....	37
Figure 40.	Primary and Secondary Syphilis—Reported Cases by Sex, Sexual Behavior, and Race/Ethnicity, United States, 2012 .....	37
Figure 41.	Primary and Secondary Syphilis—Reported Cases by Reporting Source and Sex, United States, 2003–2012 .....	38
Figure 42.	Primary and Secondary Syphilis—Percentage of Reported Cases by Sex, Sexual Behavior, and Selected Reporting Sources, 2012 .....	38
Figure 43.	Congenital Syphilis—Reported Cases Among Infants by Year of Birth and Rates of Primary and Secondary Syphilis Among Women, United States, 2003–2012 .....	39

## Other Sexually Transmitted Diseases

Figure 44.	Chancroid—Reported Cases by Year, United States, 1981–2012 .....	43
Figure 45.	Human Papillomavirus—Prevalence of High-risk and Low-risk Types Among Females Aged 14–59 Years, National Health and Nutrition Examination Survey, 2003–2006 .....	43
Figure 46.	Genital Warts—Initial Visits to Physicians’ Offices, United States, 1966–2012 .....	44
Figure 47.	Genital Warts—Prevalence Among STD Clinic Patients by Sex, Sex of Partners, and Site, STD Surveillance Network (SSuN), 2012 .....	44
Figure 48.	Genital Herpes—Initial Visits to Physicians’ Offices, United States, 1966–2012 .....	45
Figure 49.	Herpes Simplex Virus Type 2—Seroprevalence Among Non-Hispanic Whites and Non-Hispanic Blacks by Age Group, National Health and Nutrition Examination Survey, 1976–1980, 1988–1994, 1999–2004, 2005–2008 .....	46
Figure 50.	Trichomoniasis and Other Vaginal Infections—Women—Initial Visits to Physicians’ Offices, United States, 1966–2012 .....	47

# Figures in the Special Focus Profiles

## STDs in Women and Infants

Figure A.	Chlamydia—Women—Rates by State, United States and Outlying Areas, 2012 .....	55
Figure B.	Gonorrhea—Women—Rates by State, United States and Outlying Areas, 2012 .....	55
Figure C.	Primary and Secondary Syphilis—Women—Rates by State, United States and Outlying Areas, 2012 .....	56
Figure D.	Congenital Syphilis—Infants—Rates by Year of Birth and State, United States and Outlying Areas, 2012 .....	56
Figure E.	Pelvic Inflammatory Disease—Hospitalizations of Women Aged 15–44 Years, United States, 2001–2010 .....	57
Figure F.	Pelvic Inflammatory Disease—Initial Visits to Physicians’ Offices by Women Aged 15–44 Years, United States, 2003–2012 .....	57
Figure G.	Ectopic Pregnancy—Hospitalizations of Women Aged 15–44 Years, United States, 2001–2010.....	58

## STDs in Adolescents and Young Adults

Figure H.	Chlamydia—Prevalence Among Women Aged 16–24 Years Entering the National Job Training Program, by State of Residence, United States and Outlying Areas, 2012.....	62
Figure I.	Chlamydia—Prevalence Among Men Aged 16–24 Years Entering the National Job Training Program, by State of Residence, United States and Outlying Areas, 2012.....	62
Figure J.	Gonorrhea—Prevalence Among Women Aged 16–24 Years Entering the National Job Training Program, by State of Residence, United States and Outlying Areas, 2012.....	63
Figure K.	Gonorrhea—Prevalence Among Men Aged 16–24 Years Entering the National Job Training Program, by State of Residence, United States and Outlying Areas, 2012.....	63

## STDs in Racial and Ethnic Minorities

Figure L.	Chlamydia—Rates by Race/Ethnicity and Sex, 2012.....	69
Figure M.	Gonorrhea—Rate Ratios by Race/Ethnicity, United States, 2008–2012 .....	69
Figure N.	Gonorrhea—Rates by Race/Ethnicity and Sex, United States, 2012 .....	70
Figure O.	Gonorrhea—Rate Ratios by Race/Ethnicity and Region, United States, 2012.....	70
Figure P.	Primary and Secondary Syphilis—Rates by Race/Ethnicity and Sex, United States, 2012 ....	71
Figure Q.	Primary and Secondary Syphilis—Rates Among Females Aged 15–19 Years by Race/Ethnicity, United States, 2008–2012 .....	71
Figure R.	Primary and Secondary Syphilis—Rates Among Males Aged 15–19 Years by Race/Ethnicity, United States, 2008–2012 .....	72
Figure S.	Congenital Syphilis—Infants—Rates by Year of Birth and Mother’s Race/Ethnicity, United States, 2003–2012.....	72

## STDs in Men Who Have Sex with Men

Figure T.	Gonorrhea and Chlamydia—Proportion of MSM Attending STD Clinics Testing Positive for Gonorrhea and Chlamydia, STD Surveillance Network (SSuN), 2012 .....	76
Figure U.	Primary and Secondary Syphilis and HIV—Proportion of MSM Attending STD Clinics with Primary and Secondary Syphilis Who are Co-infected with HIV, STD Surveillance Network (SSuN), 2012 .....	76
Figure V.	Proportion of MSM Attending STD Clinics with Primary and Secondary Syphilis, Gonorrhea or Chlamydia by HIV Status, STD Surveillance Network (SSuN), 2012.....	77
Figure W.	Percentage of Urethral <i>Neisseria gonorrhoeae</i> Isolates Obtained from MSM Attending STD Clinics, Gonococcal Isolate Surveillance Project (GISP), 1990–2012 .....	77
Figure X.	Percentage of Urethral <i>Neisseria gonorrhoeae</i> Isolates Obtained from MSM Attending STD Clinics, by Site, Gonococcal Isolate Surveillance Project (GISP), 2009–2012 .....	78

# Tables in the National Profile

## National Summary

Table 1.	Cases of Sexually Transmitted Diseases Reported by State Health Departments and Rates per 100,000 Population, United States, 1941–2012 .....	79
----------	--	----

## Chlamydia

Table 2.	Chlamydia—Reported Cases and Rates by State, Ranked by Rates, United States, 2012..	81
Table 3.	Chlamydia—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012.....	82
Table 4.	Chlamydia—Women—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	83
Table 5.	Chlamydia—Men—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	84
Table 6.	Chlamydia—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	85
Table 7.	Chlamydia—Women—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	86
Table 8.	Chlamydia—Men—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	87
Table 9.	Chlamydia—Reported Cases and Rates in Counties and Independent Cities Ranked by Number of Reported Cases, United States, 2012 .....	88
Table 10.	Chlamydia—Reported Cases and Rates per 100,000 Population by Age Group and Sex, United States, 2008–2012 .....	89
Table 11A.	Chlamydia—Reported Cases by Race/Ethnicity, Age Group, and Sex, United States, 2012.....	90
Table 11B.	Chlamydia—Rates per 100,000 Population by Race/Ethnicity, Age Group, and Sex, United States, 2012.....	91
Table 12.	Chlamydia—Reported Cases and Rates for Women 15–25 Years of Age, United States, 2008–2012.....	92

## Gonorrhea

Table 13.	Gonorrhea—Reported Cases and Rates by State, Ranked by Rates, United States, 2012 .....	93
Table 14.	Gonorrhea—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012.....	94
Table 15.	Gonorrhea—Women—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	95
Table 16.	Gonorrhea—Men—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	96
Table 17.	Gonorrhea—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	97
Table 18.	Gonorrhea—Women—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	98
Table 19.	Gonorrhea—Men—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	99
Table 20.	Gonorrhea—Reported Cases and Rates in Counties and Independent Cities Ranked by Number of Reported Cases, United States, 2012 .....	100
Table 21.	Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex, United States, 2008–2012.....	101
Table 22A.	Gonorrhea—Reported Cases by Race/Ethnicity, Age Group, and Sex, United States, 2012.....	102

Table 22B.	Gonorrhea—Rates per 100,000 Population by Race/Ethnicity, Age Group, and Sex, United States, 2012 .....	103
Table 23.	Gonorrhea—Reported Cases and Rates for Women 15–25 Years of Age, United States, 2008–2012 .....	104

## Syphilis

Table 24.	All Stages of Syphilis—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	105
Table 25.	All Stages of Syphilis—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	106
Table 26.	Primary and Secondary Syphilis—Reported Cases and Rates by State, Ranked by Rates, United States, 2012 .....	107
Table 27.	Primary and Secondary Syphilis—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	108
Table 28.	Primary and Secondary Syphilis—Women—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012.....	109
Table 29.	Primary and Secondary Syphilis—Men—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012.....	110
Table 30.	Primary and Secondary Syphilis—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	111
Table 31.	Primary and Secondary Syphilis—Women—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	112
Table 32.	Primary and Secondary Syphilis—Men—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	113
Table 33.	Primary and Secondary Syphilis—Reported Cases and Rates in Counties and Independent Cities Ranked by Number of Reported Cases, United States, 2012.....	114
Table 34.	Primary and Secondary Syphilis—Reported Cases and Rates Among Men and Women and Male-To-Female Rate Ratios in the Counties and Independent Cities Ranked in the Top 30 for Cases in 2012, United States, 2011–2012 .....	115
Table 35.	Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex, United States, 2008–2012 .....	116
Table 36A.	Primary and Secondary Syphilis—Reported Cases by Race/Ethnicity, Age Group, and Sex, United States, 2012 .....	118
Table 36B.	Primary and Secondary Syphilis—Rates per 100,000 Population by Race/Ethnicity, Age Group, and Sex, United States, 2012 .....	119
Table 37.	Early Latent Syphilis—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	120
Table 38.	Early Latent Syphilis—Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	121
Table 39.	Late and Late Latent Syphilis—Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2008–2012 .....	122
Table 40.	Late and Late Latent Syphilis—Reported Cases and Rates in Selected Metropolitan Areas (MSAs) in Alphabetical Order, United States, 2008–2012 .....	123
Table 41.	Congenital Syphilis—Reported Cases and Rates in Infants by Year of Birth, by State, Ranked by Rates, United States, 2012.....	124
Table 42.	Congenital Syphilis—Reported Cases and Rates in Infants by Year of Birth, by State/Area and Region in Alphabetical Order, United States, 2008–2012 .....	125
Table 43.	Congenital Syphilis—Reported Cases and Rates per 100,000 Live Births in Infants by Year of Birth and Race/Ethnicity of Mother, United States, 2008–2012 ....	126

## Chancroid

Table 44.	Chancroid—Reported Cases and Rates by State/Area in Alphabetical Order, United States and Outlying Areas, 2008–2012.....	127
-----------	--	-----

## Selected STDs

Table 45.	Selected STDs and Complications—Initial Visits to Physicians’ Offices, National Disease and Therapeutic Index, United States, 1966–2012.....	128
-----------	--	-----

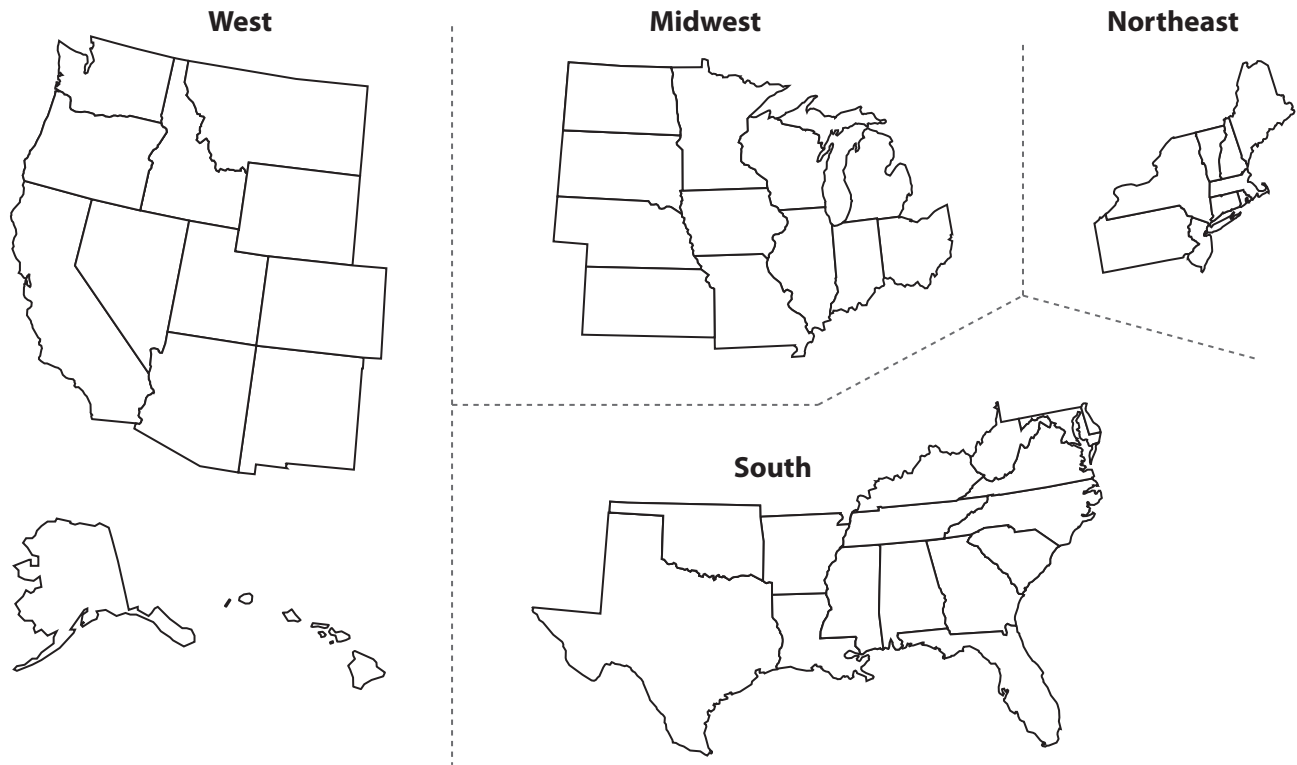
## Interpreting STD Surveillance Data

Table A1.	Selected STDs—Percentage of Unknown, Missing, or Invalid Values for Selected Variables by State and by Nationally Notifiable STD, 2012.....	136
Table A2.	Reported Cases of STDs by Reporting Source and Sex, United States, 2012 .....	137
Table A3.	<i>Healthy People 2020</i> (HP2020) Sexually Transmitted Diseases Objectives.....	138
Table A4.	Government Performance and Results Act (GPRA) Sexually Transmitted Diseases Goals, Measures, and Target .....	139





## Census Regions 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

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