Washington State Department of HEALTH

STI Fast Facts: Washington State 2024

DOH 347-350 October 2025

STIs in Washington Overview

In Washington state (WA), sexually transmitted infections (STIs) are the most commonly reported communicable diseases (excluding COVID-19). Healthcare providers and laboratories are required to report confirmed cases of chlamydia (CT), gonorrhea (GC), syphilis, herpes, lymphogranuloma venereum (LGV), chancroid, and granuloma inguinale to their local health departments.

From 2023 to 2024, reported cases of chlamydia and gonorrhea decreased. Reported cases of congenital syphilis increased, while reported cases for all other stages of syphilis decreased. All 2024 rates presented in this report are preliminary and based on 2024 population estimates, as final 2024 population data have not been released at the time of publication. Table 1 shows the number of STI cases reported in WA in 2023 and 2024.[i]

Table 1: Reported STI Cases by Infection Type, Washington State, 2023-2024[i]

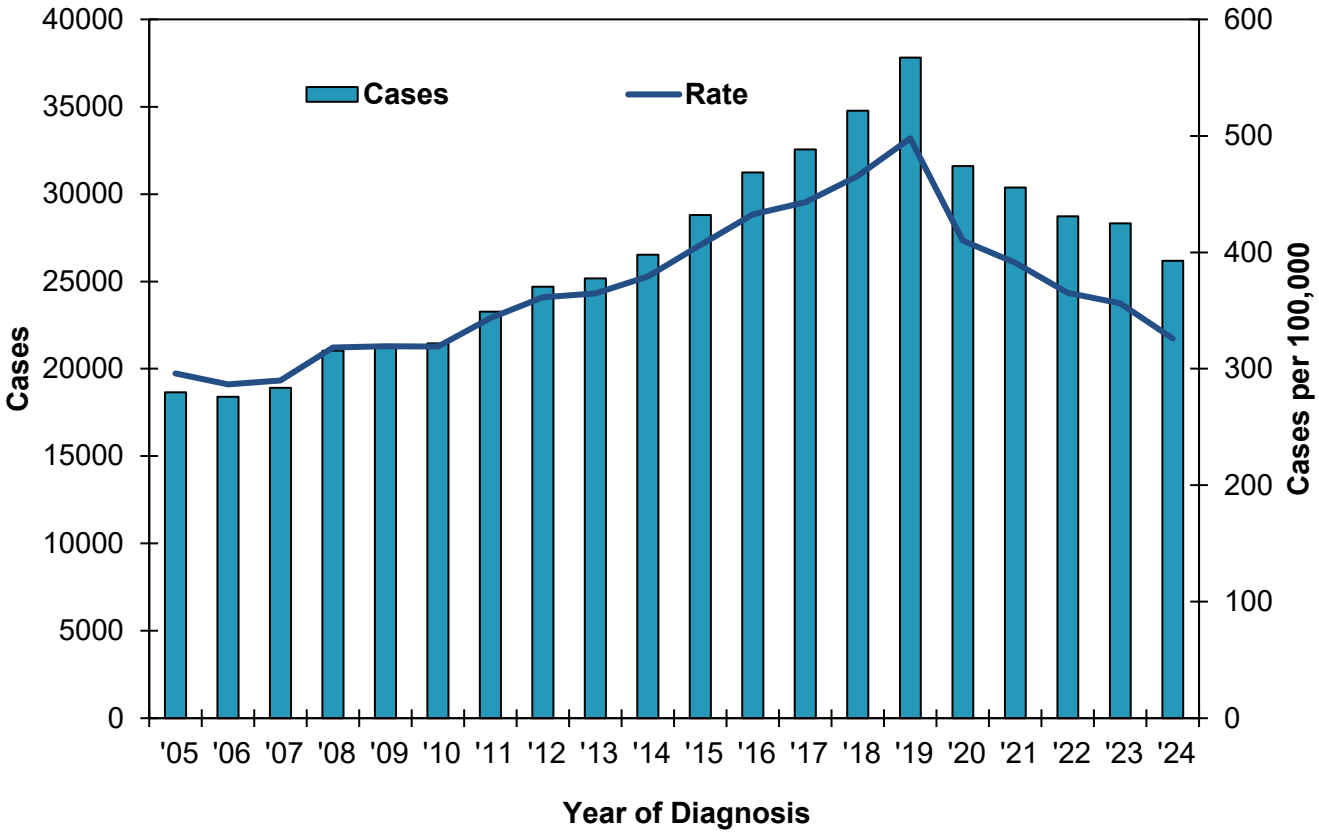
Disease	2023	2024	Trend
Chlamydia (CT)	28,301	26,183	↓
Gonorrhea (GC)	10,181	9,470	↓
Primary & Secondary Syphilis	1,661	1,083	↓
Early Latent (Early Non-Primary Non-Secondary Syphilis)	968	682	↓
Unknown Duration or Late Syphilis	1,791	1,785	↓
Congenital Syphilis	57	81	↑
Genital Herpes, adult initial infection	1,205	1,023	↓
Neonatal Herpes	1	3	↑
Lymphogranuloma Venereum	3	1	↓
Chancroid	0	0	-
Granuloma Inguinale	0	0	-
NOTE: Case counts in this table reflect reported cases only. Trends may be reflective of changes in reporting in addition to true changes in incidence.			

CHLAMYDIA

Infection with the bacterium *Chlamydia trachomatis* (CT) is the most common reportable STI statewide and nationally. While many people with CT experience minor discomfort and do not seek testing or treatment, untreated CT in females can lead to pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and other reproductive health issues. CT is possible in multiple sites, including the genitals/urogenital tract and the throat, so multisite screening may be recommended based upon reported sexual behaviors and exposure. Untreated CT may increase the likelihood of contracting or transmitting HIV and other STIs.

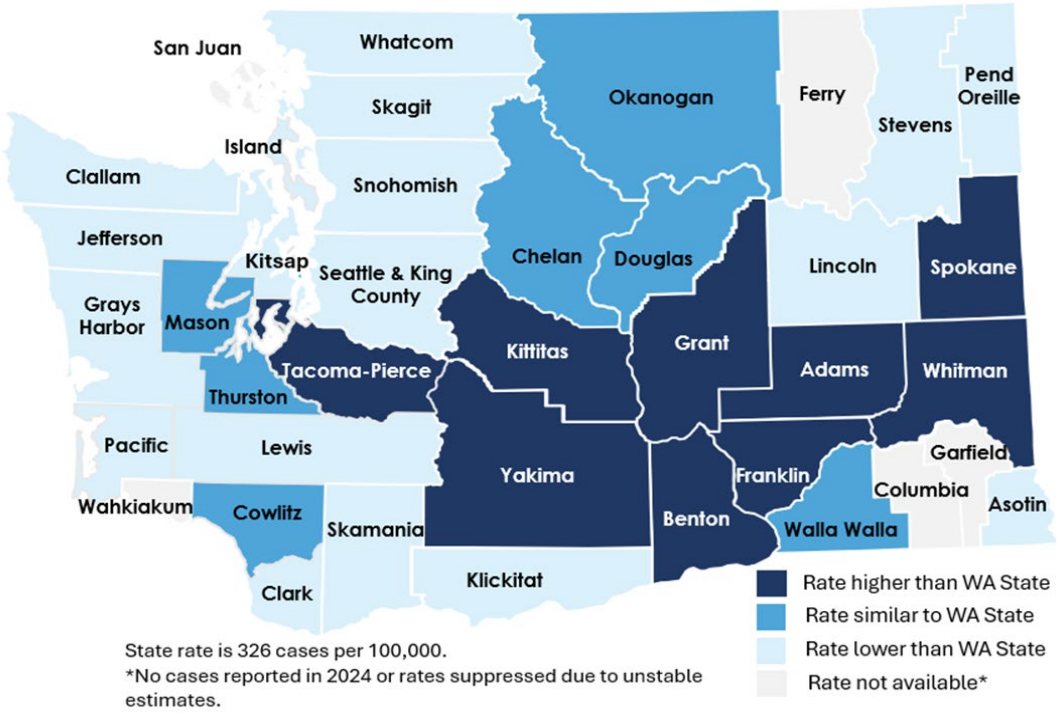
The number of chlamydia cases and incidence rate estimates among persons in WA State from 2005 to 2024 are presented in Figure 1. WA reported 326 cases of CT per 100,000 persons in 2024.[ii] Finalized national data for CT have not yet been released for 2024 by the Centers for Disease Control and Prevention (CDC) at the time of publication. However, provisional data suggest WA had a much lower CT rate than the national average, consistent with recent trends.[iii]

Figure 1: Reported Chlamydia Cases and Rates, WA State, 2005-2024[ii]



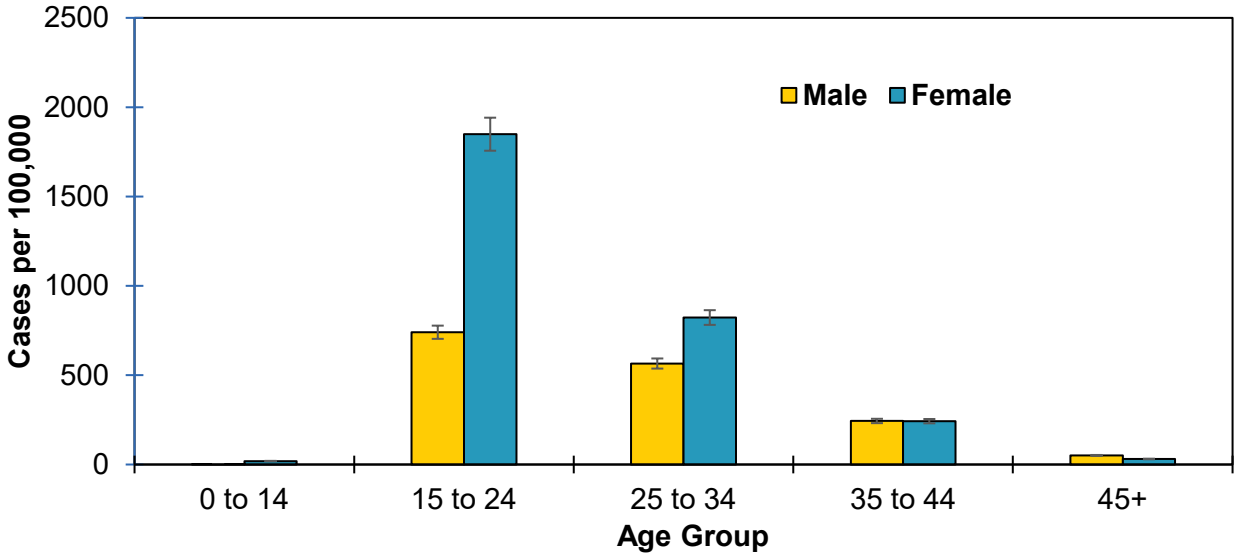
Chlamydia rates for 2024 are mapped by county in Figure 2. All counties except Garfield reported one or more chlamydia cases in 2024.

Figure 2: Chlamydia Incidence Rate Estimates by County Compared to the WA State Rate, 2024[iv]



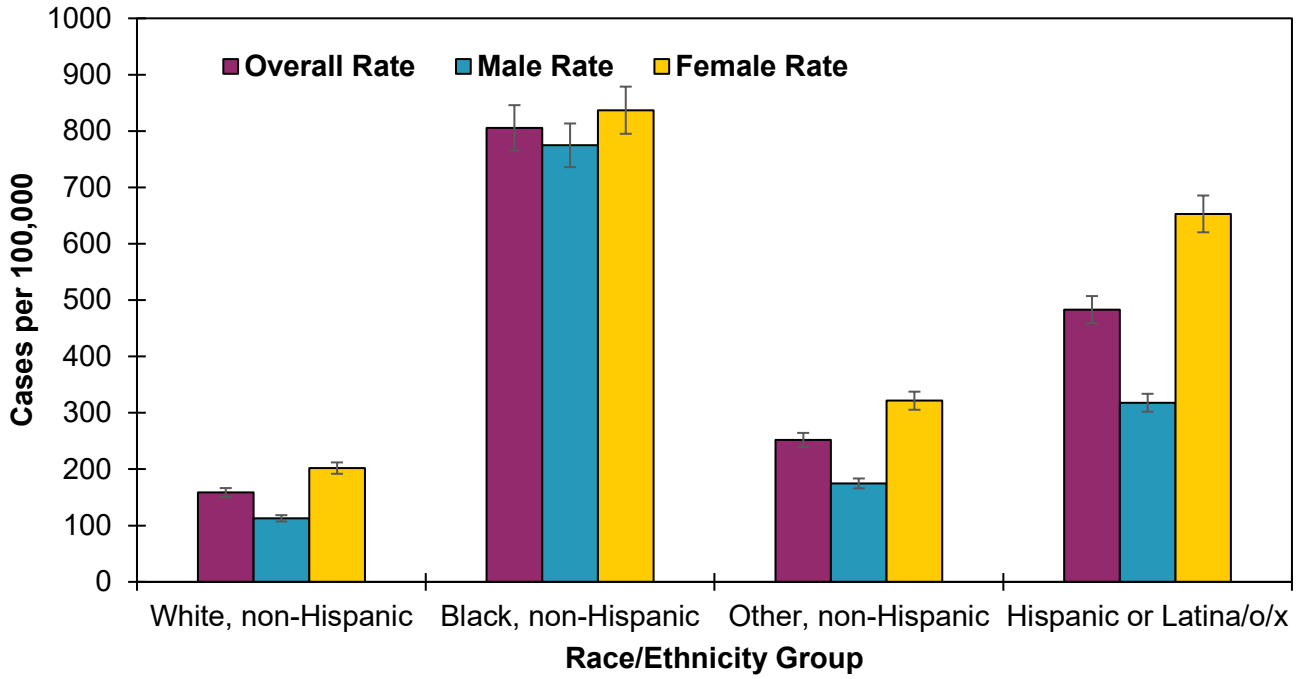
Statewide CT rates for 2024 are presented by gender and age group in Figure 3. Women 15-24 years of age had the highest rates of chlamydia, partially due to better detection and screening for CT among women of childbearing age. Transgender and nonbinary persons represented fewer than 1% of all chlamydia cases in 2024.

Figure 3: Chlamydia Rates by Gender and Age Group, Washington State, 2024[ii]



Rates by gender and race/ethnicity are presented in Figure 4. In WA, rates of CT were lowest among White non-Hispanic persons and highest among non-Hispanic Black persons, specifically females. National CT data for comparison have not yet been released by the CDC at the time of publication.

Figure 4: Chlamydia Rates by Gender and Race and Ethnicity, Washington State, 2024[iv]



Chlamydia Summary:

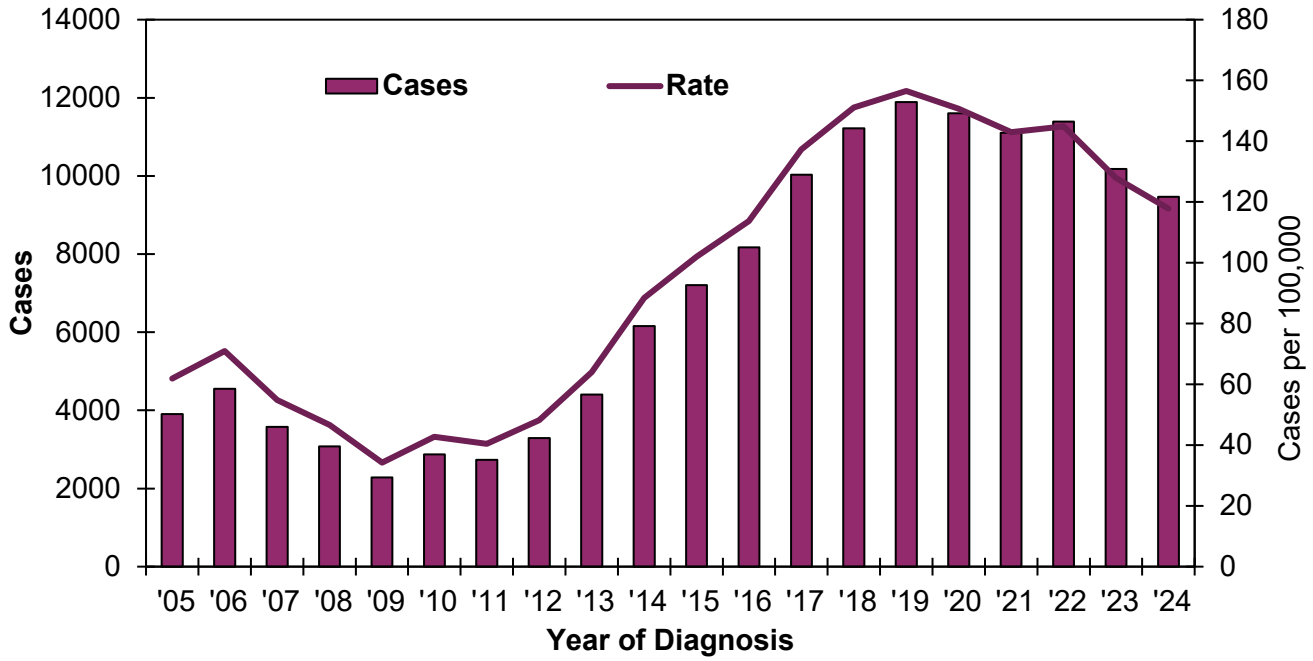
- Reported CT cases decreased by 7.5% in 2024, though it is unclear whether this reflects actual morbidity trends or changes in screening and reporting.
- Chlamydia rates were highest among women, specifically those 15-24 years of age.
- More than half (52%) of CT cases reported in 2024 were among people under the age of 25 years.

GONORRHEA

Infection with the bacterium *Neisseria gonorrhoeae* (GC) is the second most commonly reported STI in the United States. Symptoms include abnormal genital discharge and painful urination. Some people do not notice any symptoms. Similarly to chlamydia, gonorrhea is possible in multiple sites, including the genitals/urogenital tract and the throat. Multisite screening for GC may be recommended based upon reported sexual behaviors and exposure**.** Untreated GC may lead to PID or infertility, and the infection may spread to the joints or other parts of the body. Untreated GC may also increase the likelihood of contracting or transmitting HIV and other STIs.

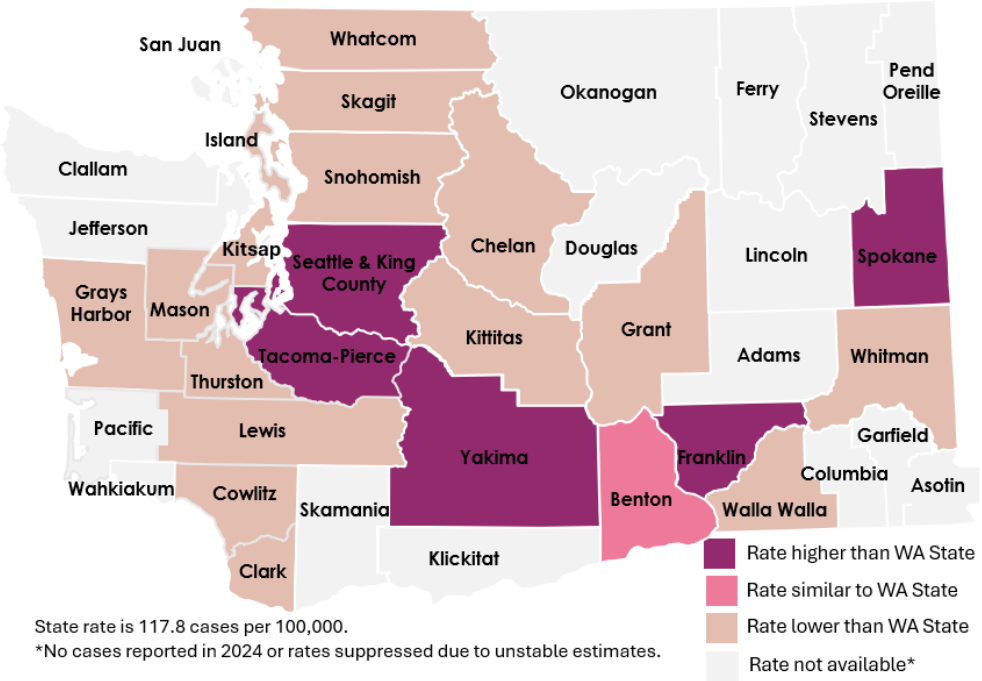
Figure 5 presents statewide GC cases and rates from 2005 to 2024. Reported GC case counts decreased from 2023 to 2024, although it is unclear whether those are true decreases or due to changes in screening and reporting. In 2024, there were 117.8 cases of gonorrhea per 100,000 people. WA had a lower rate as compared to the provisional 2024 national gonorrhea rate.[iii]

Figure 5: Reported Gonorrhea Cases and Rates, Washington State, 2005-2024[ii]



Gonorrhea rates for 2024 are mapped by county in Figure 6. All counties, excluding Garfield, reported one or more gonorrhea cases in 2024.

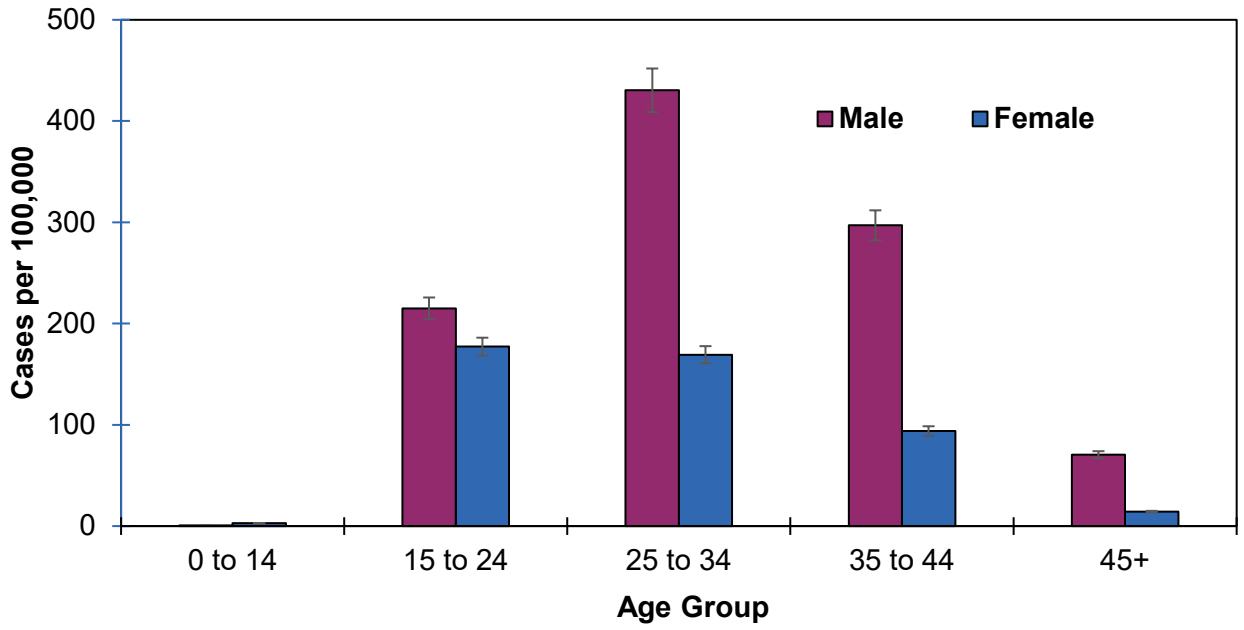
Figure 6: Gonorrhea Incidence Rate Estimates by County Compared to the WA State Rate, 2024



Gonorrhea cases by age and gender are shown in Figure 7. Rates were highest among males 25-34 years of age. Males generally had a higher rate of GC than females, partly due to high rates among gay, bisexual and other men who have sex with men (GBMSM). Some GBMSM test more frequently than other men do, in part due to regular testing for maintenance on PrEP (Pre-exposure prophylaxis, a medication to reduce chances for acquiring HIV) and regular screening during HIV care. Although GBMSM comprise about 4% of men in Washington[v], they accounted for 56% of male gonorrhea cases in 2024, a proportion which has risen in recent years. Among GBMSM diagnosed with gonorrhea in 2024, 64% were on PrEP and 21% were living with HIV, levels which have remained stable since 2022.

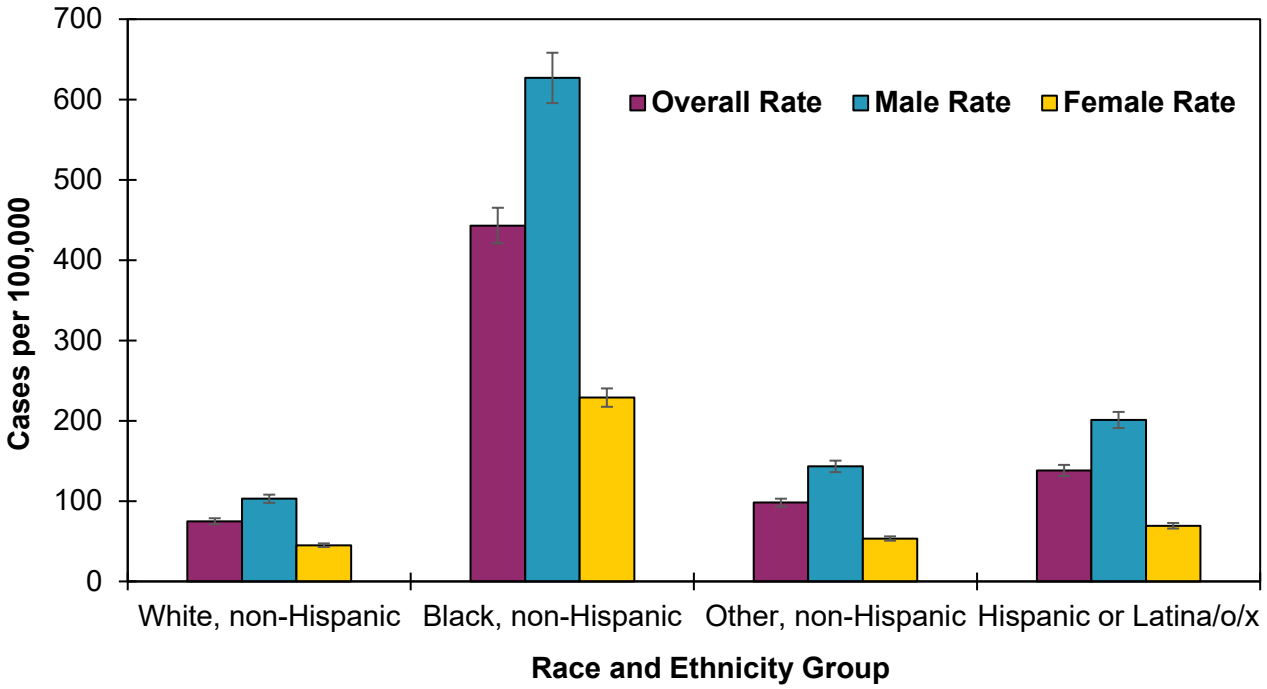
Gonorrhea among GBMSM is also diagnosed more frequently from routine visits as compared to men who have sex with women (MSW). In 2024, 53% of GBMSM diagnoses were from routine exams and 32% were because the patient was symptomatic; for MSW, only 12% of diagnoses were from routine exams and 76% were due to the patient experiencing symptoms. Transgender and nonbinary persons represented approximately 3% of all gonorrhea cases in 2024.

Figure 7: Gonorrhea Rates by Gender and Age Group, Washington State, 2024[ii]



Rates by gender and race/ethnicity are presented in Figure 8.[iv] Gonorrhea rates in Washington were highest among Black non-Hispanic males and lowest for White non-Hispanic females in 2024. National data for gonorrhea in 2024 have not yet been released by the CDC for comparison at the time of publication.

Figure 8: Gonorrhea Rates by Gender and Race and Ethnicity Group, Washington State, 2024[iv]



Gonorrhea Summary:

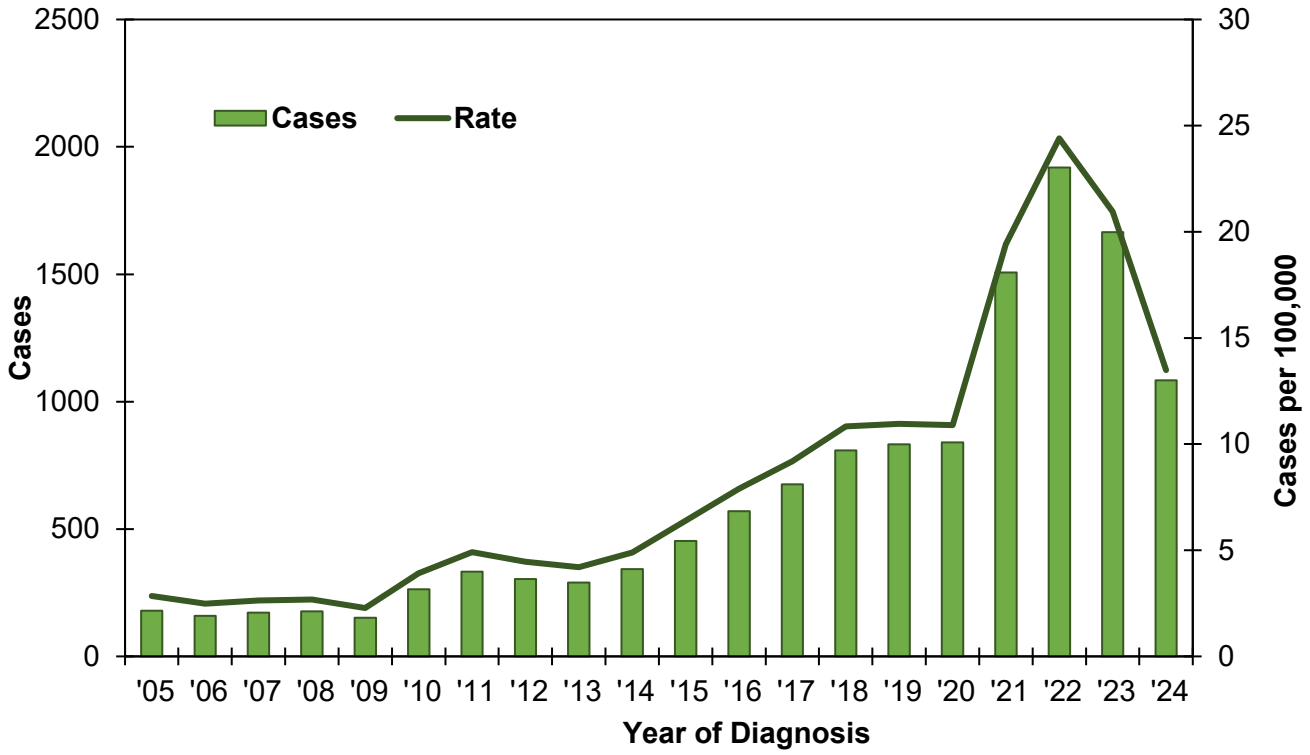
- Reported GC cases decreased by 7% in 2024.
- Rates were highest in males aged 25-34 years and among Black non-Hispanic persons.
- Nearly half (47%) of cases in 2024 were from King County.

SYPHILIS

Syphilis is caused by the bacterium *Treponema pallidum*. Syphilis progresses through stages of primary, secondary, early non-primary non-secondary, and unknown duration or late. Syphilis has a more systemic nature in the body as compared to chlamydia and gonorrhea, which are primarily localized infections. Primary and secondary (P&S) syphilis are the first stages of the disease during which persons are most contagious. P&S syphilis symptoms include painless lesions, rashes, and flu-like symptoms. Untreated syphilis can cause internal organ damage, dementia, hearing loss, and blindness. Syphilis may increase the likelihood of contracting or transmitting HIV and other STIs.

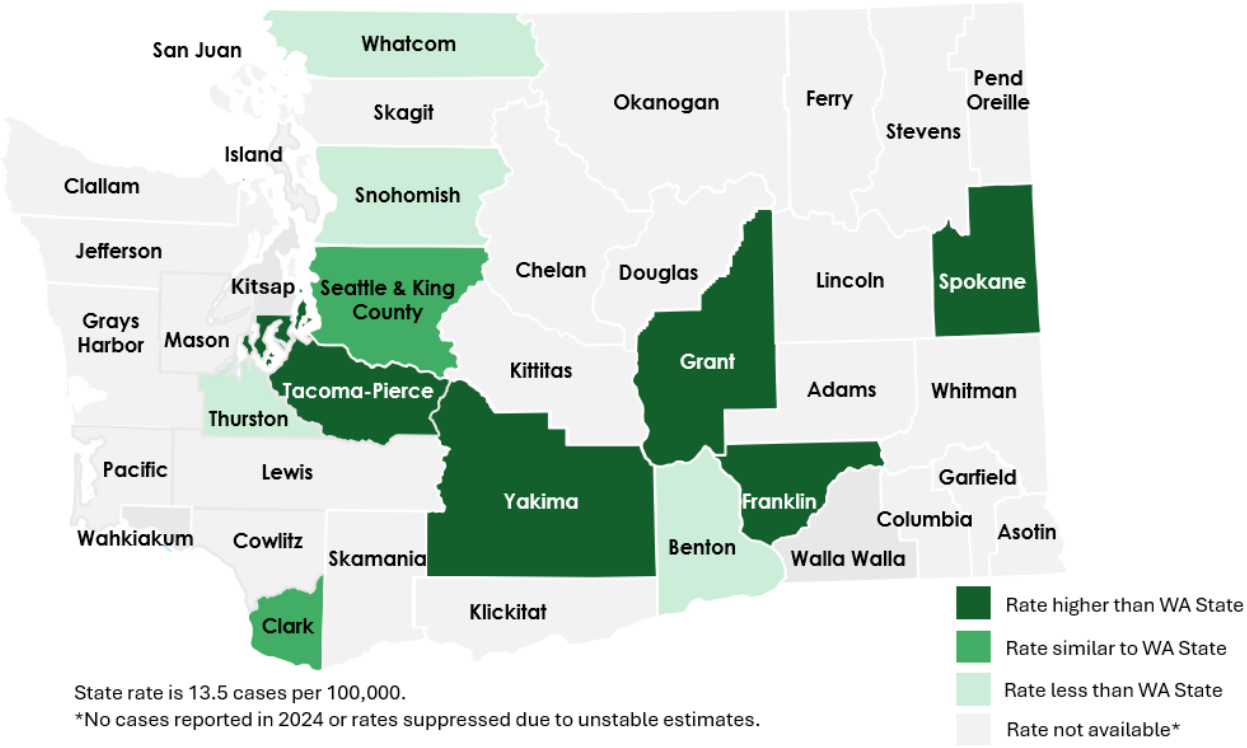
Annual rates of P&S syphilis from 2005 to 2024 are shown in **Figure 9**. Washington State reported a lower rate of P&S syphilis in 2024 than in 2023, though P&S syphilis rates remain at a high level. There were 13.5 cases of P&S syphilis reported per 100,000 people in WA in 2024. This is comparable to the provisional 2024 national rate of P&S syphilis released by CDC.[ii]

Figure 9: Reported Primary and Secondary Syphilis Cases and Rates, WA State, 2005 - 2024[ii]



In 2024, over 74% of P&S syphilis cases occurred in five counties: King, Spokane, Pierce, Yakima, and Clark (**Figure 10**).

Figure 10: Primary and Secondary Syphilis Cases Reported by County, WA State, 2024



Men had higher rates of P&S syphilis than women in 2024, with the highest rates by age and gender being among 25-34-year-old males (Figure 11). GBMSM represented 42% of male P&S syphilis cases. Approximately 3% of all P&S syphilis cases were among transgender or nonbinary persons. The majority of syphilis cases among people living with HIV were among males (91% in 2024), which has decreased slightly from 97% in 2020.

Figure 11: Primary and Secondary Syphilis Rates by Gender and Age Group, WA State, 2024[ii]

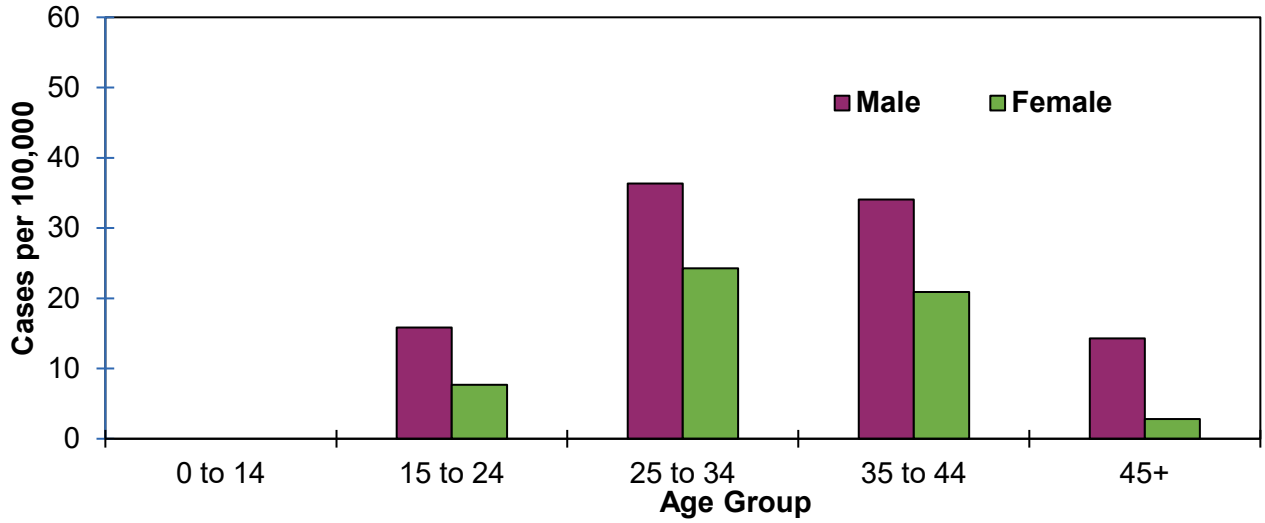
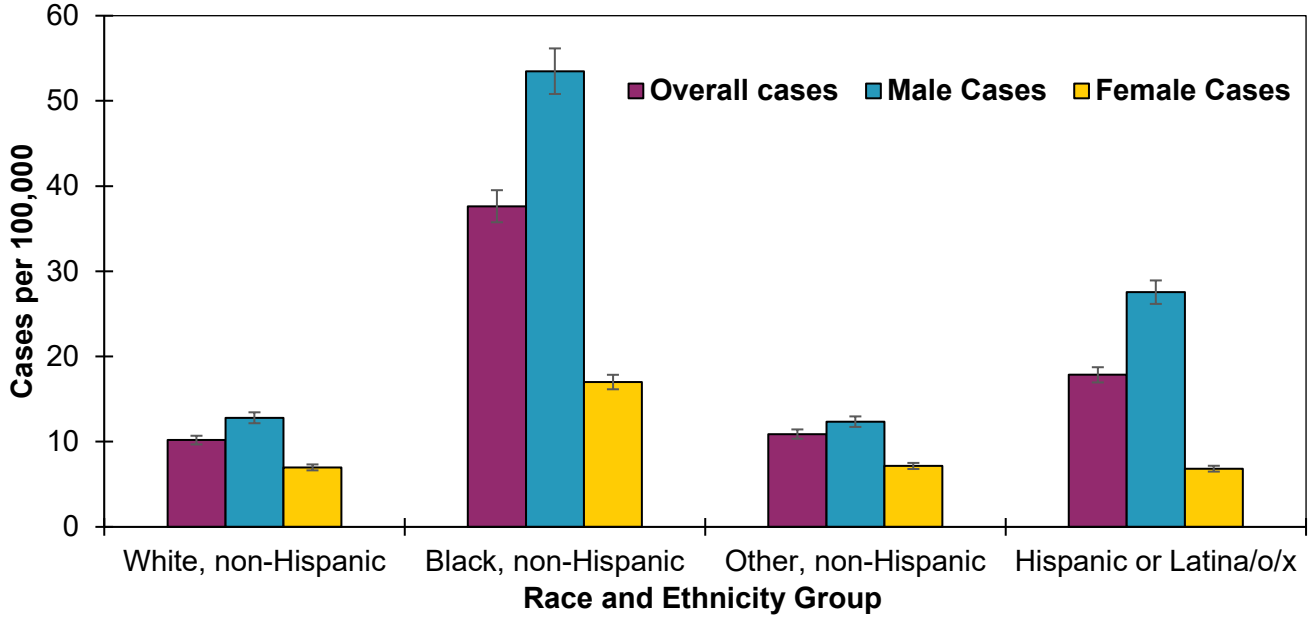


Figure 12 shows rates by race and ethnicity group and gender. Both overall and among males, rates of P&S syphilis were highest for Black non-Hispanic persons, and rates were lowest for White and Other non-Hispanic persons in 2024. Rates for males were higher partially due to GBMSM receiving more screening from maintenance of PrEP and HIV care. In 2024, 34% of GBMSM with syphilis were on PrEP. National data for P&S syphilis in 2024 have not yet been released for comparison at the time of publication.

Figure 12: P&S Syphilis Rates by Gender and Race and Ethnicity Group, WA State, 2024[iv]



Syphilis Summary:

- Reported P&S syphilis case counts decreased by 35% from 2023 to 2024, and unknown or late duration cases decreased by 32%. This is partly due to the uptake of DoxyPEP to prevent syphilis, primarily in GBMSM. DoxyPEP is approved for use by men to prevent STI infection, but not in women due to potential teratogenic effects which may impact pregnancy and birth outcomes. Public health disease intervention efforts also contributed to reductions in P&S syphilis.
- About 10% of P&S syphilis cases in 2024 occurred among people living with HIV.
- From 2023 to 2024, syphilis cases (all stages) among pregnancy-capable persons decreased by 12%, and pregnant cases increased by 8%. Congenital cases increased from 57 to 81.

Technical notes, definitions, and references

i. **Cases** (e.g., chlamydia case reporting, investigation, count) refer to persons diagnosed with a specific disease, condition, or health event. 2024 STI counts include cases reported to PHIMS-STD between 01/01/2024 to 12/31/2024, in addition to CT and GC cases reported to the Washington Electronic Lab Reporting System (WELRS) by CDC Morbidity and Mortality Weekly Report (MMWR) year (01/02/2024 to 12/31/2024).

ii. **Rates per 100,000 persons** are calculated by dividing the number of events (e.g., chlamydia case reports) by the population (e.g., WA state) for a given time period (e.g., one year) and then multiplying by 100,000. A rate provides a measure of how often an event occurs in a population within a given time period. All 2024 rates presented in this report are preliminary and based on 2024 population estimates, as final 2024 population data have not been released at the time of publication. Future published rates may change slightly after 2024 population data are finalized.

iii. Sexually Transmitted Infections Surveillance, 2024 (Provisional) | STI Statistics | CDC

iv. 'Other races' includes persons of non-Hispanic ethnicity reporting a race other than White or Black, including multiple races. Other race, non-Hispanic estimates cannot be directly compared to national estimates.

v. Source: Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2020

For More Information:

Washington State Department of Health:
http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease

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