

STD Fast Facts: Washington State 2017

In Washington, sexually transmitted diseases (STDs) are the most commonly reported of all communicable diseases. STDs comprised 72% of notifiable diseases or conditions reported to the Washington State Department of Health in 2017.

Healthcare providers and laboratories are required to report confirmed cases of chlamydia, gonorrhea, syphilis, herpes, lymphogranuloma venereum, chancroid, and granuloma inguinale to their local health departments.

Reported cases of chlamydia, gonorrhea, and syphilis all increased from 2016 to 2017. See **Table 1** for the number of STD cases reported in Washington State in 2016 and 2017.

Table 1: Reported STD Cases by Disease, Washington State 2016-2017

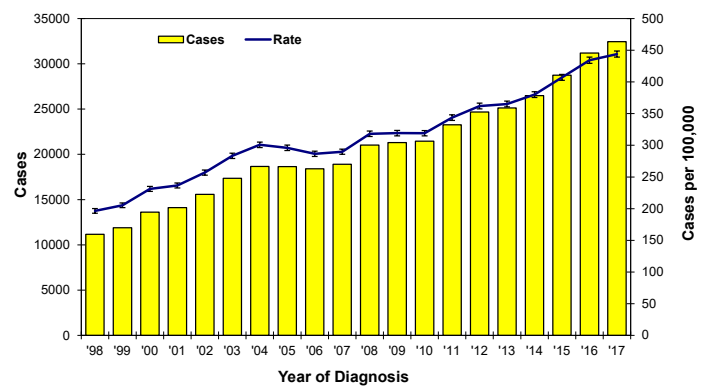
Disease	2016	2017	Trend
Chlamydia Infection (CT)	31,195	32,454	↑
Gonorrhea (GC)	8,165	10,022	↑
Primary & Secondary Syphilis	569	674	↑
Early Latent Syphilis	442	598	↑
Late Latent Syphilis	399	482	↑
Late Syphilis	2	0	↓
Congenital Syphilis	5	6	↑
Genital Herpes, adult initial infection	2,551	2,058	↓
Neonatal Herpes	2	6	↑
Lymphogranuloma Venereum	1	1	-
Chancroid	0	0	-
Granuloma Inguinale	0	0	-

Chlamydia

Infection with the bacterium *Chlamydia trachomatis* (CT) is the most frequently reported STD statewide and nationally. While many people with chlamydia experience minor discomfort and do not seek testing or treatment, untreated chlamydia in women can lead to pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and other reproductive health issues.

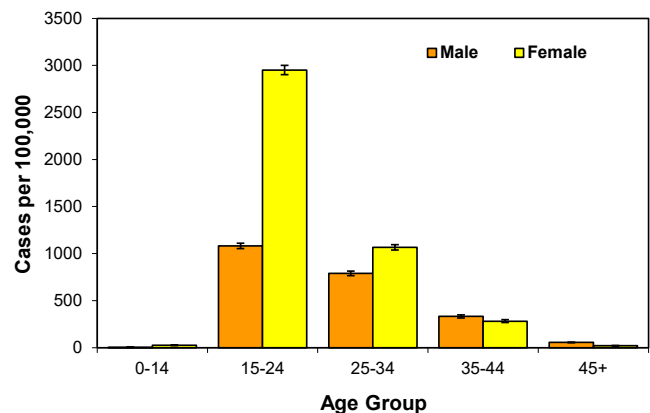
The number of chlamydial infection cases and incidence rate estimates among persons in Washington State from 1998 to 2017 are presented in **Figure 1**. Washington reported 443.9 cases of chlamydia per 100,000 persons in 2017, a 39% increase since 2009. In the United States, 528.8 cases of chlamydia were reported per 100,000 people in 2017.¹

Figure 1: Chlamydia Cases and Rates, Washington State 1998-2017



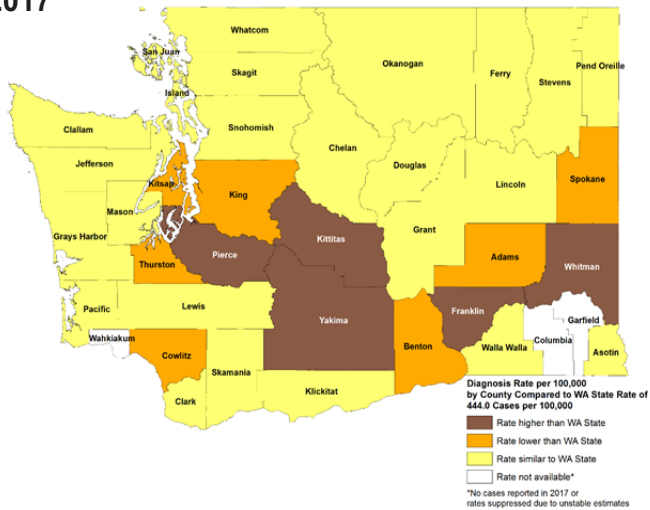
Statewide chlamydia rates for 2017 are presented by gender and age group in **Figure 2**. Women 15 to 24 years of age have the highest rates of chlamydia, partially due to better detection and screening of chlamydia among women of childbearing age. Transgender persons represented less than 1% of all chlamydia cases in 2017.

Figure 2: Chlamydia Rates by Gender and Age Group, Washington State 2017



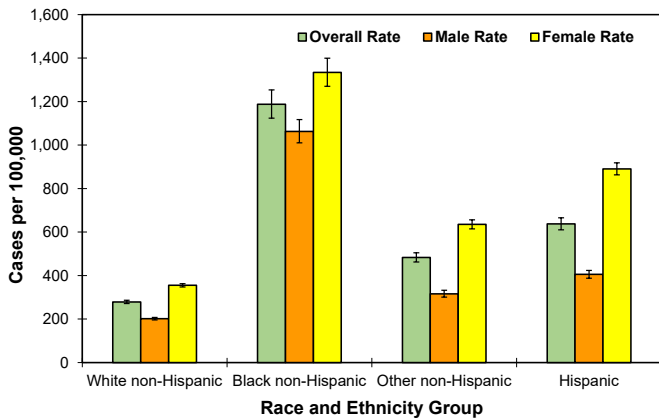
All Washington counties reported one or more chlamydial infections in 2017 (**Figure 3**).

Figure 3: Chlamydia Incidence Rate Estimates by County Compared to the Washington State Rate 2017



Rates by gender and race/ethnicity are presented in **Figure 4**. In Washington, rates of chlamydia were lowest among white non-Hispanic persons and highest among black persons, specifically among non-Hispanic black females. The overall rates of chlamydia for Hispanic, black non-Hispanic, and white non-Hispanic persons were higher in Washington than nationally.^{i,ii}

Figure 4: Chlamydia Rates by Gender and Race and Ethnicity, Washington State 2017



- Reported chlamydia cases increased by 4% in 2017.
- Chlamydia rates were highest among women, specifically those 15-24 years of age and black non-Hispanic women.
- 53% of chlamydia cases reported in 2017 were under the age of 24 years.

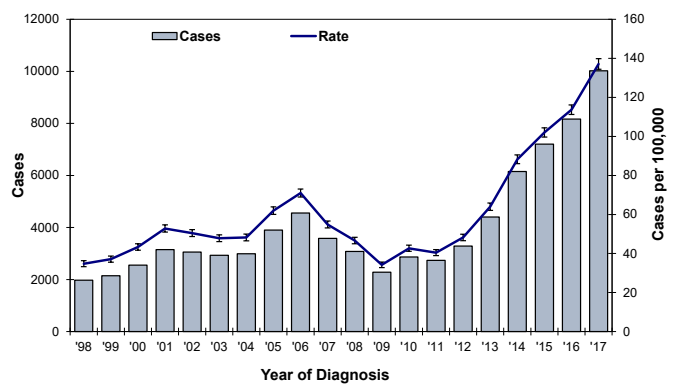
Gonorrhea

Infection with the bacterium *Neisseria gonorrhoeae* (GC) is the second most commonly reported STD in the United States. Symptoms include abnormal genital discharge and painful urination. Some people do

not notice any symptoms. Untreated gonorrhea may lead to PID or infertility, and the infection may spread to the joints or other parts of the body. Gonorrhea increases the likelihood of contracting HIV and other STDs.

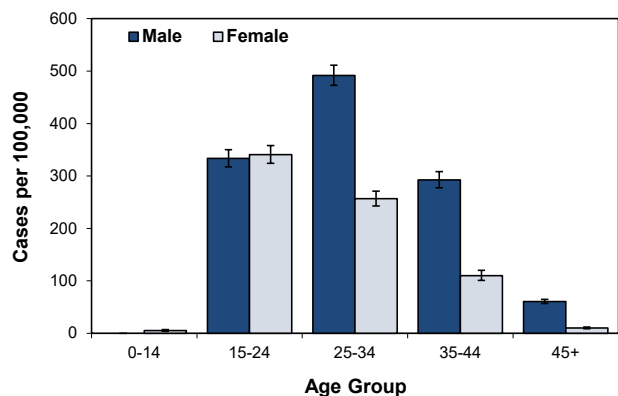
Statewide gonorrhea rates from 1998-2017 are presented in **Figure 5**. The rate of gonorrhea in Washington has increased every year since 2012. In 2017, there were 137.1 cases of gonorrhea per 100,000 people in Washington, a 301% increase since 2009. In the United States, there were 171.9 cases of gonorrhea per 100,000 people in 2017.ⁱ

Figure 5: Gonorrhea Cases and Rates, Washington State 1998-2017



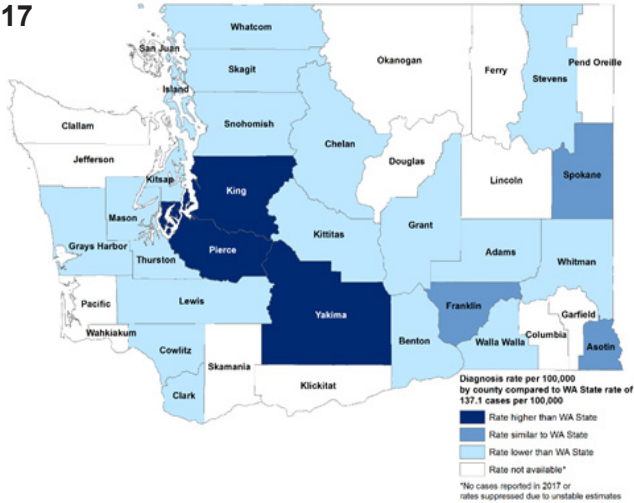
Gonorrhea cases by age and sex are shown in **Figure 6**. Rates were highest among males 25-34 years of age. Males have a higher rate of gonorrhea than females in most age groups, partly due to high rates among men who have sex with men (MSM). About 4% of men in Washington are MSM,ⁱⁱⁱ yet MSM represented 48% of male gonorrhea cases in 2017. Transgender persons represented less than 1% of all gonorrhea cases in 2017.

Figure 6: Gonorrhea Rates by Gender and Age Group, Washington State 2017



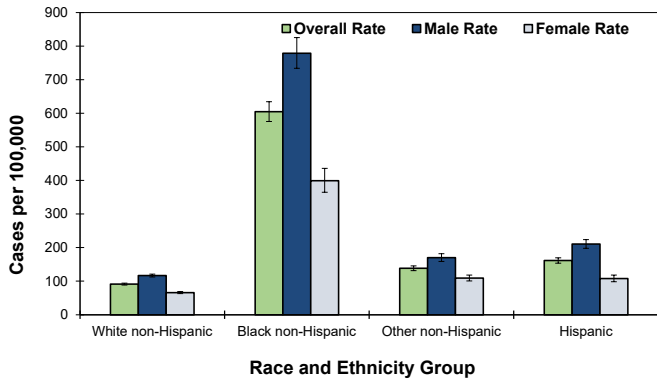
Gonorrhea rates for 2017 are mapped by county in **Figure 7**. One or more gonorrhea cases were reported in all but one county (Garfield).

Figure 7: Gonorrhea Incidence Rate Estimates by County Compared to the Washington State Rate 2017



Rates by gender and race/ethnicity are presented in **Figure 8**. Gonorrhea rates in Washington were highest among black non-Hispanic males and lowest for white non-Hispanic females in 2017. Rates for white non-Hispanic, black non-Hispanic, and Hispanic persons were higher in Washington than nationally.^{i,ii}

Figure 8: Gonorrhea Rates by Gender and Race and Ethnicity Group, Washington State 2017



- Gonorrhea cases reported increased by 23% in 2017.
- Gonorrhea rates were highest in males aged 25-34 years.
- 42% of cases in 2017 were from King County.

CDC Gonorrhea treatment guidelines

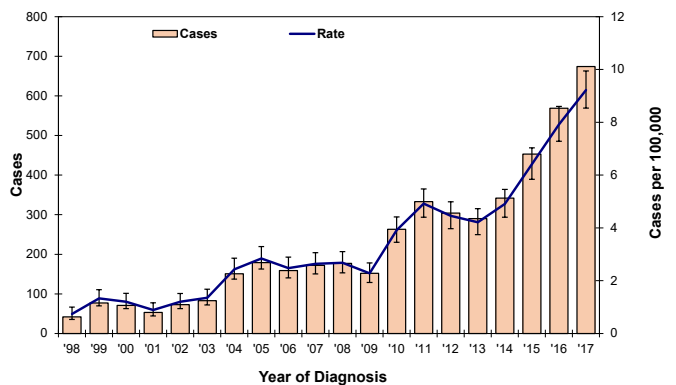
- Treat with ceftriaxone (250mg IM) in combination with azithromycin (1g).
- Alternatively, ceftriaxone may be substituted with cefixime (400mg).
- Treat persons allergic to cephalosporins with azithromycin (2g) in combination with either gentamicin (240mg) or gemifloxacin (320 mg).
- Persons suspected of having gonorrhea should be treated presumptively at the time of their initial evaluation, before test results are available.

Syphilis

Syphilis is caused by the bacterium *Treponema pallidum*. Syphilis progresses through stages of primary, secondary, latent, and late. Primary and secondary (P&S) syphilis are the first stages of the disease when persons are most contagious. P&S syphilis symptoms include painless lesions, rashes, and flu-like symptoms. Untreated syphilis can cause internal organ damage, dementia, and blindness.

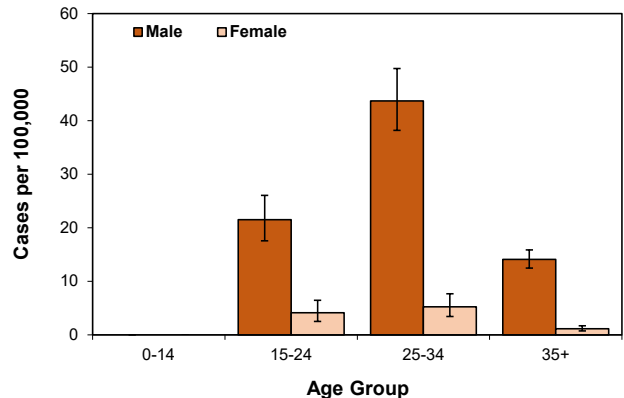
Annual rates of P&S syphilis from 1998-2017 are shown in **Figure 9**. There were 9.2 cases of P&S syphilis reported per 100,000 people in Washington, a 300% increase since 2009. Washington’s 2017 P&S syphilis rate is lower than the 2017 national rate of 9.5 cases per 100,000 people.ⁱ

Figure 9: Primary and Secondary Syphilis Cases and Rates, Washington State 1998-2017



Men had higher rates of P&S syphilis than women in 2017, with the highest rates by age and gender being among 25-34-year-old males (**Figure 10**). MSM represented 79% of male P&S syphilis cases. Less than 1% of all cases were among transgender persons.

Figure 10: Primary and Secondary Syphilis Rates by Gender and Age Group, Washington State 2017



In 2017, 65% of P&S syphilis cases lived in Snohomish, King, and Pierce Counties (**Figure 11**).

Figure 11: Primary and Secondary Syphilis Cases Reported by County, Washington State 2017

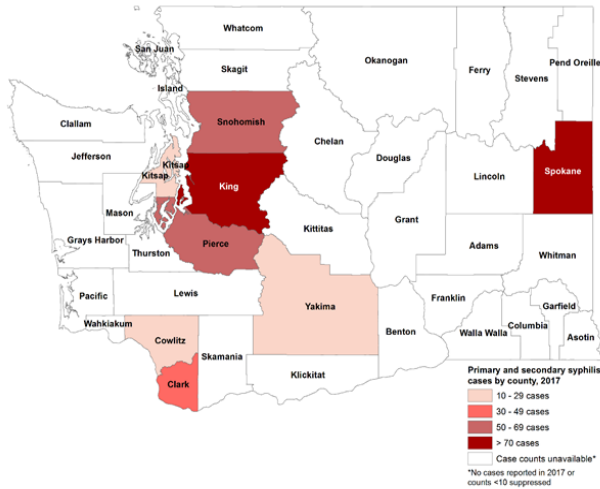
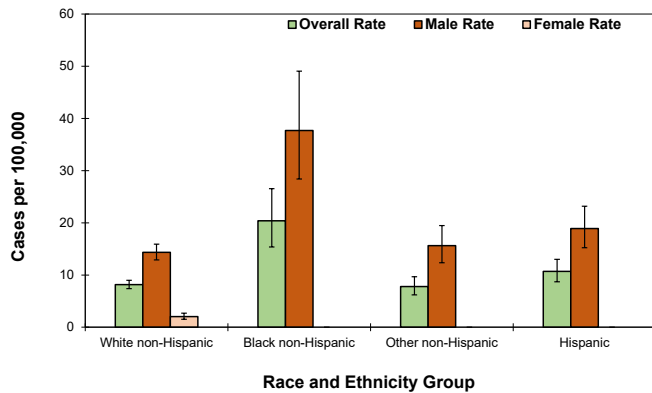


Figure 12 shows rates by race and ethnicity group and gender. Both overall and among males, rates of P&S syphilis were highest for black, non-Hispanic persons and lowest for white, non-Hispanic persons in 2017. There were not enough female syphilis cases to reliably compare rates by race/ethnicity. The rate of P&S syphilis among white persons was higher in Washington than nationally.^{i,ii}

Figure 12: Primary and Secondary Syphilis Rates by Gender and Race and Ethnicity Group, Washington State 2017



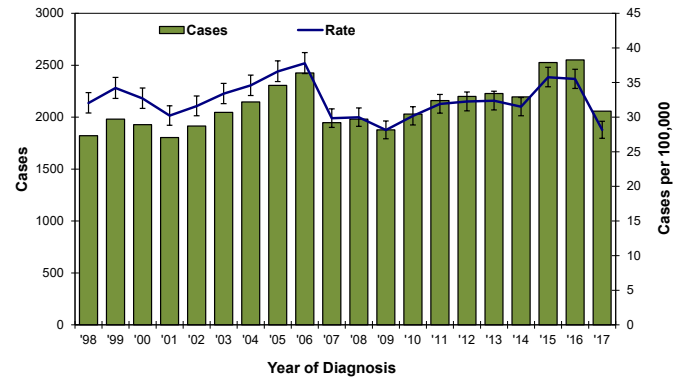
- P&S syphilis case counts increased 18% from 2016 to 2017.
- 71% of 2017 all P&S syphilis cases were MSM.
- 23% of 2017 P&S syphilis cases were among people living with HIV.
- There were 6 congenital syphilis cases in 2017.

Other STDs

Washington State requires reporting of genital herpes initial infections and other serious but uncommon STDs. In 2017, 2,058 cases of genital herpes initial infection were reported, or 28.2 cases per 100,000 persons (Figure 13). Six cases of neonatal herpes, one case of

lymphogranuloma venereum, and no cases of chancroid or granuloma inguinale were reported in 2017.

Figure 13: Adult Initial Infection Herpes Cases and Rates, Washington State 1998-2017



Notes

i National estimates of STD rates by year: <https://www.cdc.gov/std/stats17/tables.htm>.

ii For race and ethnicity, categories of white non-Hispanic, black non-Hispanic, Hispanic, and all other races non-Hispanic were used. 'Other races' includes persons of non-Hispanic ethnicity reporting a race other than white or black, including multiple races and missing race. Other race, non-Hispanic estimates cannot be directly compared to national estimates.

iii See MSM population estimates at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4873305/>.

For More Information

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

U.S. Centers for Disease Control & Prevention:
www.cdc.gov/std/

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Assessment Unit
Office of Infectious Disease
Disease Control and Health Statistics
Washington State Dept. of Health
P.O. Box 47838
Olympia, WA 98504-7838
Telephone: 360-236-3445
Fax: 360-236-3470
Email: STD_Surveillance@doh.wa.gov