

STD Fast Facts: Washington State 2019

DOH 347-350 May 2021

In Washington (WA), sexually transmitted diseases (STDs) are the most commonly reported of all communicable diseases. STDs comprised 75% of notifiable diseases or conditions reported to the Washington State Department of Health in 2019.

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 2018 to 2019. **Table 1** shows the number of STD cases reported in WA in 2018 and 2019.

Table 1: Reported STD Cases by Disease, Washington State, 2018 - 2019

Disease	2018	2019	Trend
Chlamydia (CT)	34,754	37,641	•
Gonorrhea (GC)	11,215	11,848	•
Primary & Secondary Syphilis	809	830	•
Early Non-Primary Non-Secondary Syphilis	601	736	•
Unknown Duration or Late Syphilis	509	635	•
Congenital Syphilis	6	17	•
Genital Herpes, adult initial infection	1,612	1,739	•
Neonatal Herpes	3	1	•
Lymphogranuloma Venereum	1	2	•
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.

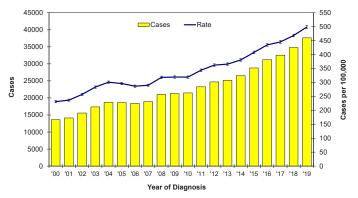
Chlamydia

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

The number of chlamydia cases and incidence rate estimates among persons in WA

State from 2000 to 2019 are presented in **Figure 1**. Washington reported 498.8 cases of CT per 100,000 persons in 2019, a 56% increase since 2010. Nationally, 552.8 cases of chlamydia were reported per 100,000 people in 2019.

Figure 1: Reported Chlamydia Cases and Rates, Washington State, 2000 - 2019



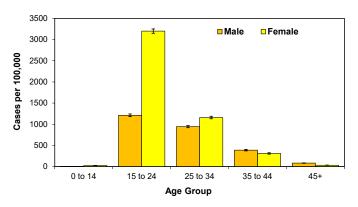
Chlamydia rates for 2019 are mapped by county in **Figure 2**. All counties, except for one (Garfield), reported one or more chlamydia cases in 2019.

Figure 2: Chlamydia Incidence Rate Estimates by County, Washington State Rate, 2019



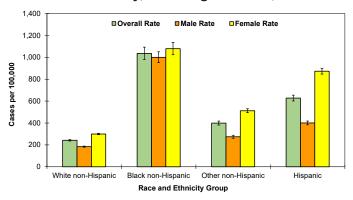
Statewide CT rates for 2019 are presented by gender and age group in **Figure 3**. Women 15 to 24 years of age have the highest rates of chlamydia, partially due to better detection and screening for CT among women of childbearing age. Transgender persons represented less than 1% of all chlamydia cases in 2019.

Figure 3: Chlamydia Rates by Gender and Age Group, Washington State, 2019



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

Figure 4: Chlamydia Rates by Gender and Race and Ethnicity, Washington State, 2019



Summary:

- Reported CT cases increased by 8% in 2019.
- Chlamydia rates were highest among women, specifically those 15-24 years of age and black non-Hispanic women.
- 52% of CT cases reported in 2019 were under the age of 24 years.

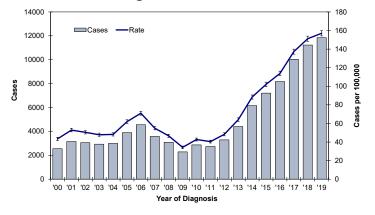
Gonorrhea

Infection with the bacterium *Neisseria gonorrhoe-ae* (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 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 STDs.

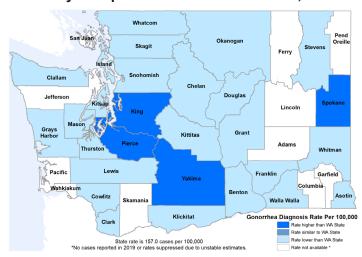
Statewide GC rates from 2000-2019 are presented in **Figure 5**. The rate of gonorrhea in Washington has increased every year since 2012. In 2019, there were 157.0 cases of gonorrhea per 100,000 people.

Figure 5: Reported Gonorrhea Cases and Rates, Washington State, 2000-2019



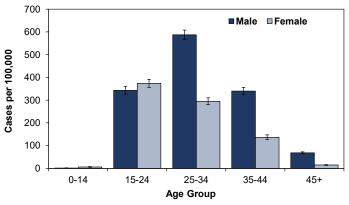
Gonorrhea rates for 2019 are mapped by county in **Figure 6**. All counties, except for one (Wahkiakum) reported one or more gonorrhea cases in 2019.

Figure 6: Gonorrhea Incidence Rate Estimates by County Compared to the WA State Rate, 2019



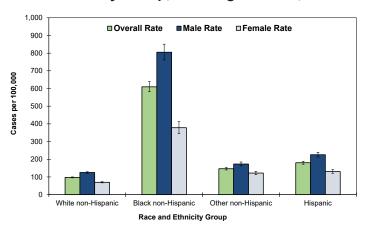
Gonorrhea cases by age and sex are shown in **Figure 7**. Rates were highest among males 25-34 years of age. Males have a higher rate of GC than females in most age groups, partly due to high rates among men who have sex with men (MSM). About 4% of men in Washington are MSM,ⁱⁱⁱ yet MSM represented 30% of male gonorrhea cases in 2019. Transgender persons represented less than 1% of all gonorrhea cases in 2019.

Figure 7: Gonorrhea Rates by Gender and Age Group, Washington State, 2019



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 2019. 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, 2019



Summary:

- Reported GC cases increased by 5% in 2019.
- Rates were highest in males aged 25-34 years.
- 40% of cases in 2019 were from King County.

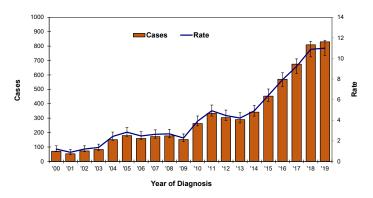
Syphilis

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. 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, demen-

tia, hearing loss, and blindness. Syphilis may increase the likelihood of contracting or transmitting HIV and other STDs.

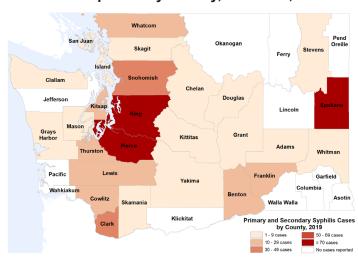
Annual rates of P&S syphilis from 2000 - 2019 are shown in **Figure 9**. The rate of P&S in Washington State has increased every year since 2013. There were 11.0 cases of P&S syphilis reported per 100,000 people in WA State in 2019. Washington's 2019 P&S syphilis rate was slightly lower than the 2019 national P&S rate of 11.9 cases per 100,000 people.

Figure 9: Reported Primary and Secondary Syphilis Cases and Rates, WA State, 2000 - 2019



In 2019, 58% of P&S syphilis cases lived in Snohomish, King, and Pierce Counties (**Figure 10**). Spokane county residents accounted for 16% of cases.

Figure 10: Primary and Secondary Syphilis Cases Reported by County, WA State, 2019



Men had higher rates of P&S syphilis than women in 2019, with the highest rates by age and gender being among 25-34-year-old males (**Figure 11**). MSM represented 72% of male P&S syphilis cases. Slightly over 1% of all cases were among transgender persons.

Figure 11: Primary and Secondary Syphilis Rates by Gender and Age Group, Washington State, 2019

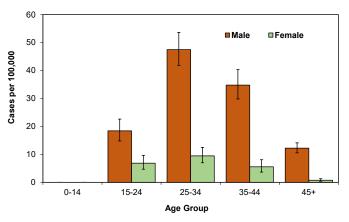
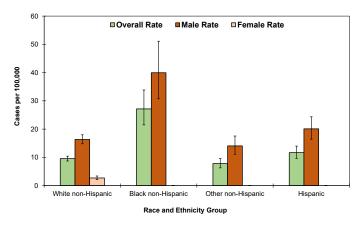


Figure 12 shows rates by race and ethnicity group and gender. Both overall and among males, rates of P&S syphilis were highest for black non-Hispanic persons and lowest for other non-Hispanic persons in 2019. There were not enough female syphilis cases to reliably compare rates by race/ethnicity. Overall, the rate of P&S syphilis among white persons was higher in Washington than nationally. He is the compare of the compa

Figure 12: P&S Syphilis Rates by Gender and Race and Ethnicity Group, WA State, 2019



Summary:

- Reported primary and secondary syphilis case counts increased 3% from 2018 to 2019.
- 22% of P&S syphilis cases in 2019 were people living with HIV.

Special Focus: Congenital Syphilis

Reported cases of congenital syphilis increased 183% in 2019, from 6 in 2018 to 17 in 2019. This represents a new all-time high for diagnosed congenital syphilis cases in a year in Washington State; historically, diagnoses have ranged from 0-2

yearly until 2015, when that number began to rise. Most reported cases were not symptomatic, many were born to mothers late to or lacking prenatal care, and several were linked to documented maternal substance use history during pregnancy. As spotlighted in the 2018 STD Fast Facts, syphilis rates continue to rise among women and heterosexual men statewide. The rise in syphilis cases within these groups is likely linked to the observed congenital trends. Please refer to the <u>Statewide Syphilis Health Advisory</u> for recommended health care provider actions to help prevent congenital syphilis through comprehensive screening and prompt treatment of syphilis in heterosexual people.

Notes

- ⁱ National STD rate estimates: https://www.cdc.gov/std/statistics/2019/default.htm.
- " '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.
- **MSM** population estimates: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4873305/.

For More Information

Washington State Department of Health: http://www.doh.wa.gov/YouandYourFamily/lllnes-sandDisease/SexuallyTransmittedDisease

U.S. Centers for Disease Control & Prevention:

www.cdc.gov/std/

To request this document in another format, call 1-800-525-0127. Deaf or hard-of-hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Contact Information

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 Email: STD Surveillance@doh.wa.gov