

Section 7. Sexually Transmitted Diseases

Summary

This section provides an overview of the incidence and trends of sexually transmitted diseases – chlamydia, gonorrhea, and primary and secondary syphilis – in the District of Columbia. Sexually transmitted diseases (STDs) continue to have a major impact on the health of District residents, particularly adolescents and MSM.

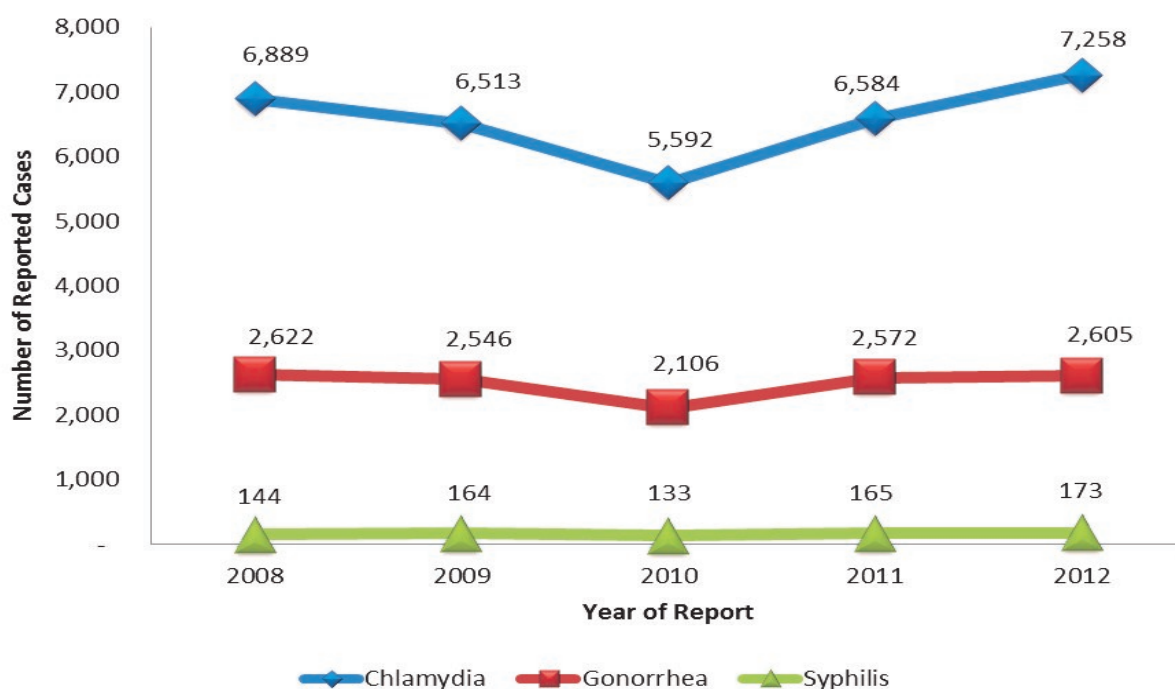
Between 2008 and 2012, the District received 32,836 reports of chlamydia infection, a 4% increase in the number of cases reported between 2007 and 2011 (31,590 cases). Approximately two-thirds of reported cases were among women (65.1%) and were within the black population (64.3%), and more than two-thirds (69.7%) were between 15 and 24 years of age. Geographically, the greatest number of chlamydia cases was reported among persons living in Wards 7 and 8 (39.9%). Please refer to Appendix Table B8 for more information on chlamydia infections reported between 2008 and 2012 in the District.

Between 2008 and 2012, the District received 12,451 reports of gonorrhea infection, a 2% increase in the number of cases reported between 2007 and 2011 (12,216 cases). Unlike chlamydia, the sex of reported cases was divided almost equally between men and women (52.8% and 47.1%, respectively). Over two-thirds of reported cases were among blacks (68.6%) and more than half (61.2%) were between 15 and 24 years of age. The greatest number of gonorrhea cases was also reported among persons living in Wards 7 and 8 (41.6%). Please refer to Appendix Table B9 for more information on gonorrhea infections reported between 2008 and 2012 in the District.

Between 2008 and 2012, the District received 779 reports of primary and secondary syphilis infection, also known as infectious syphilis, a 0.4% decrease in the number of cases reported between 2007 and 2011 (782 cases). Unlike chlamydia and gonorrhea, which predominately affected youth and young adults less than 25 years of age, almost two-thirds (62.2%) of primary and secondary syphilis cases were 30 years of age or older. Slightly more than half (58.4%) of reported primary and secondary syphilis cases were among blacks, and almost all cases (96.1%) were reported among men. In contrast to chlamydia and gonorrhea, the greatest number of primary and secondary syphilis cases were reported among persons living in Wards 1 and 2 (36.8%). Please refer to Appendix Table B10 for more information on primary and secondary syphilis infections reported between 2008 and 2012 in the District.

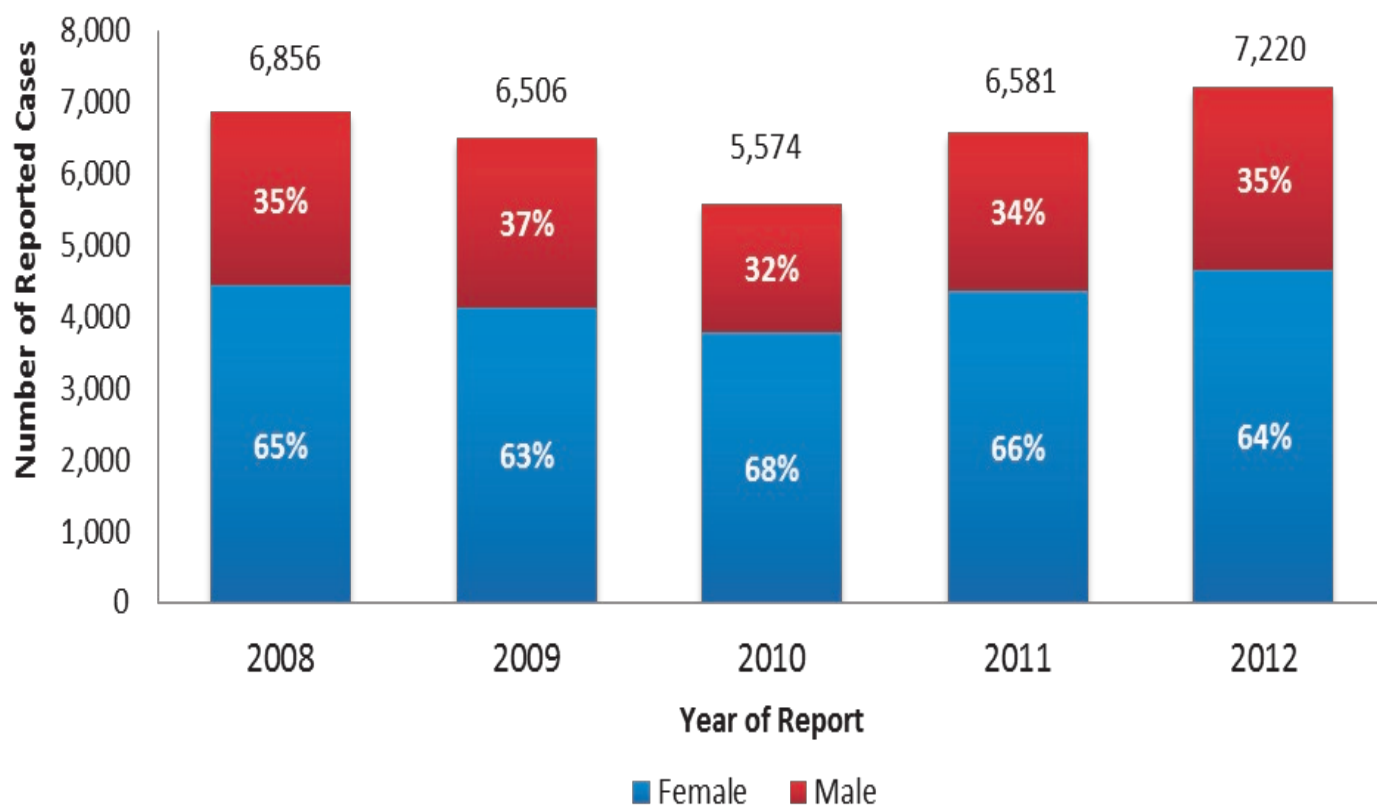
Chlamydia, Gonorrhea and Syphilis in the District of Columbia

Figure 24. Chlamydia, Gonorrhea and Syphilis (Primary & Secondary) Cases by Year of Report
District of Columbia, 2008-2012



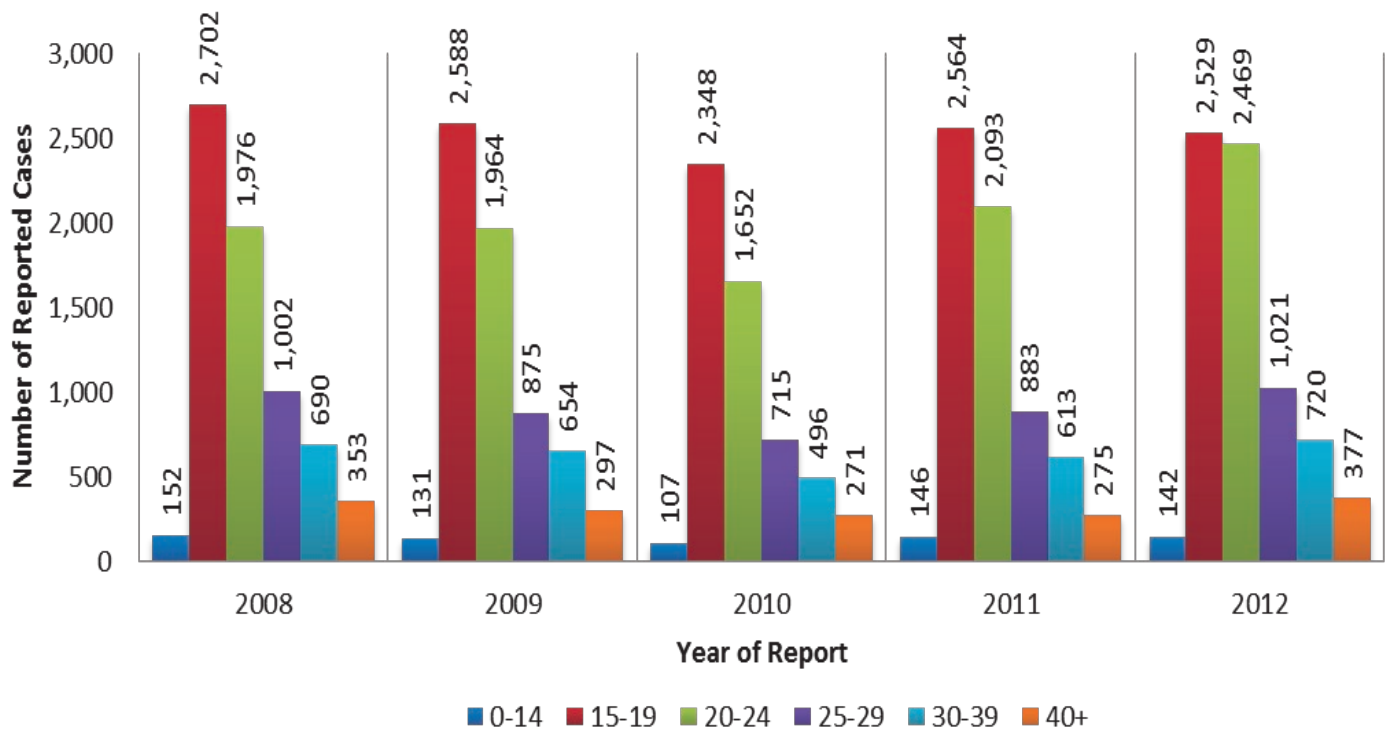
- Due to the availability of more sensitive testing technologies, an increase in youth-focused screening programs, and an increase in the non-genital (throat and rectum) screening of men who have sex with men, the number of reported chlamydia and gonorrhea cases gradually increased between 2008 and 2012.
- Chlamydia is often considered the “silent disease,” meaning infections may not have any symptoms and are usually detected during screening. That is, the “more you look for it” (i.e., screen for it) the “more you will find it.”
- Reported primary and secondary syphilis has remained steady in the 5-year period.

Figure 25. Number of Chlamydia Cases by Year of Report and Sex
District of Columbia, 2008-2012



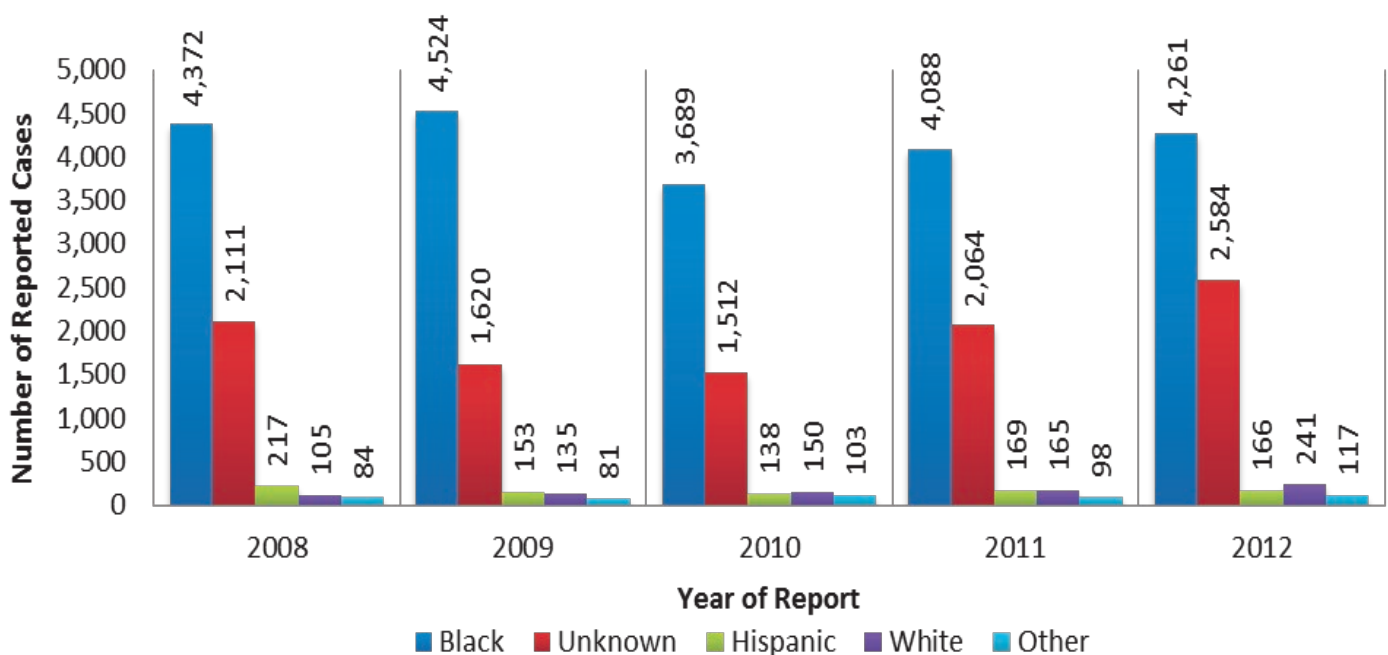
- Undetected and untreated chlamydial infection may lead to infertility and pelvic inflammatory disease. Therefore, national guidelines (U.S. Preventive Services Task Force) and most chlamydia screening programs target women of childbearing age.
- This is in large part why the percentage of chlamydia cases reported among women was higher than among men, ranging from a low of 63% (2009) to a high of 68% (2010).
- From 2010 to 2012, the percentage of cases reported among men gradually increased.

Figure 26. Number of Chlamydia Cases by Year of Report and Age at Diagnosis
District of Columbia, 2008-2012



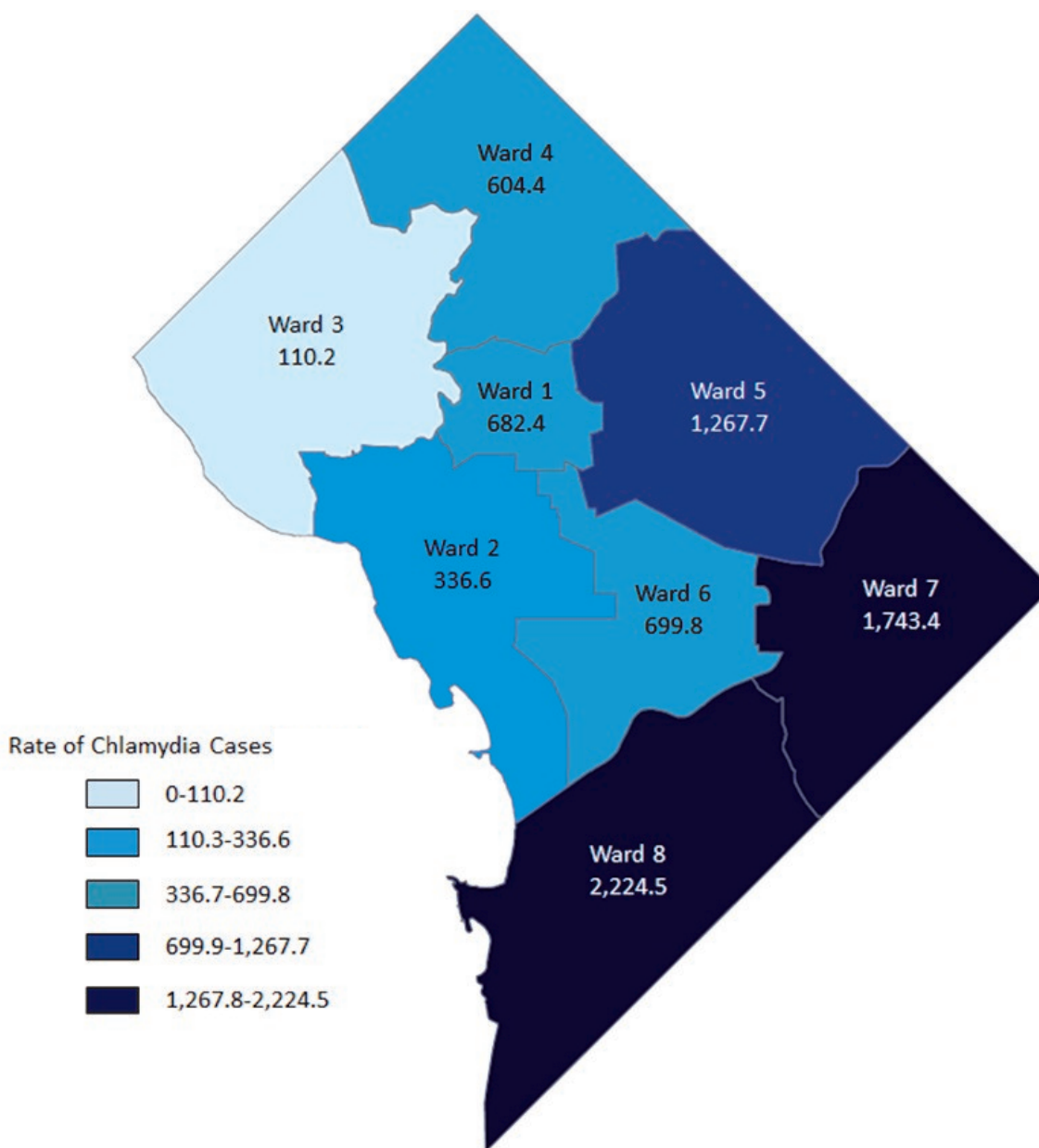
- Between 2008 and 2012, the majority of chlamydia cases were reported among 15- to 19-year-olds.
- In 2012, though youth still had the highest proportion of cases at 34.8%, the proportion of cases among 20- to 24-year-olds increased to 34.0%.

Figure 27. Number of Chlamydia Cases by Year of Report and Race
District of Columbia, 2008-2012



- From 2008 to 2012, information on race was unknown in 30.1% of cases.
- Among chlamydia cases where race was known, the proportion cases among blacks remained consistent at 93.8% in 2008 and 91.3% in 2012.

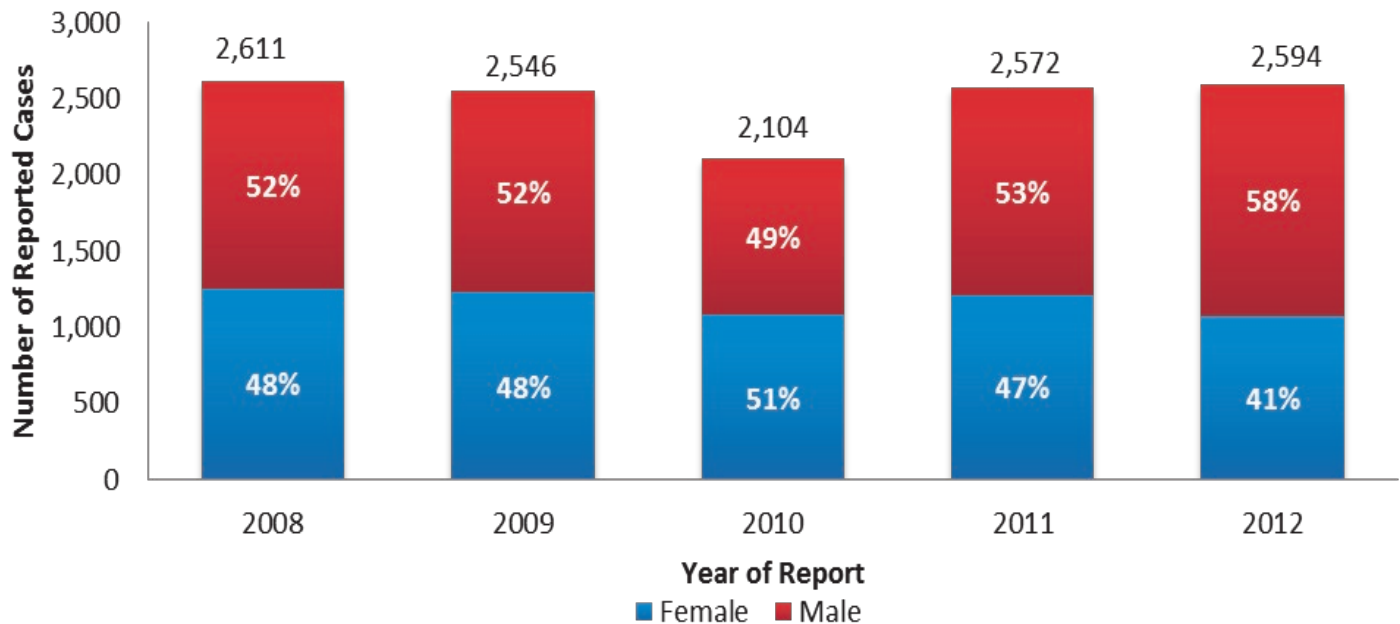
Map 3. Rate of Reported Cases of Chlamydia per 100,000 Persons by Ward
District of Columbia, 2012



- Ward information was available for 77.5% of chlamydia cases reported in 2012.
- In 2012, the highest rates of chlamydia were reported in Ward 8 (2,224.5 cases per 100,000 persons) and Ward 7 (1,743.4 cases per 100,000 persons).
- The lowest rate of chlamydia cases was reported in Ward 3 (110.2 per 100,000 persons)

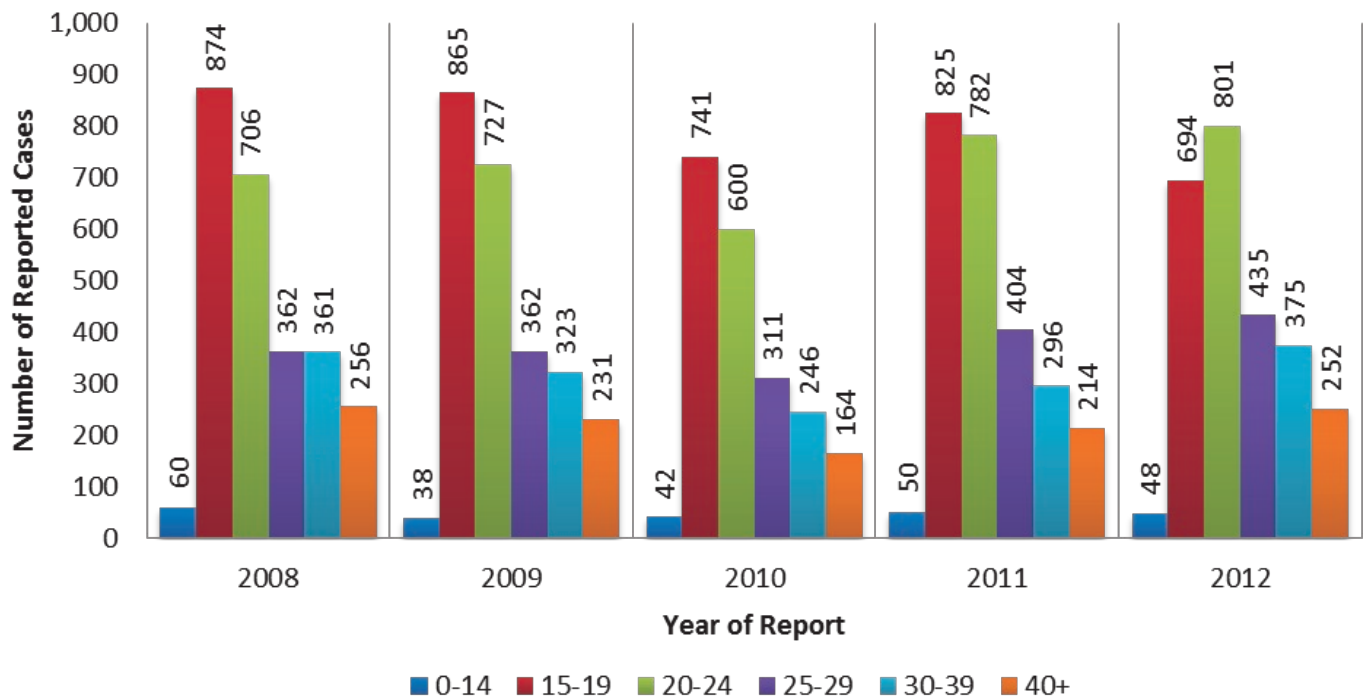
While chlamydia is known as the “silent disease,” gonorrhea is usually symptomatic and is identified through diagnostic testing, rather than screening.

Figure 28. Number of Gonorrhea Cases by Year of Report and Sex
District of Columbia, 2008-2012



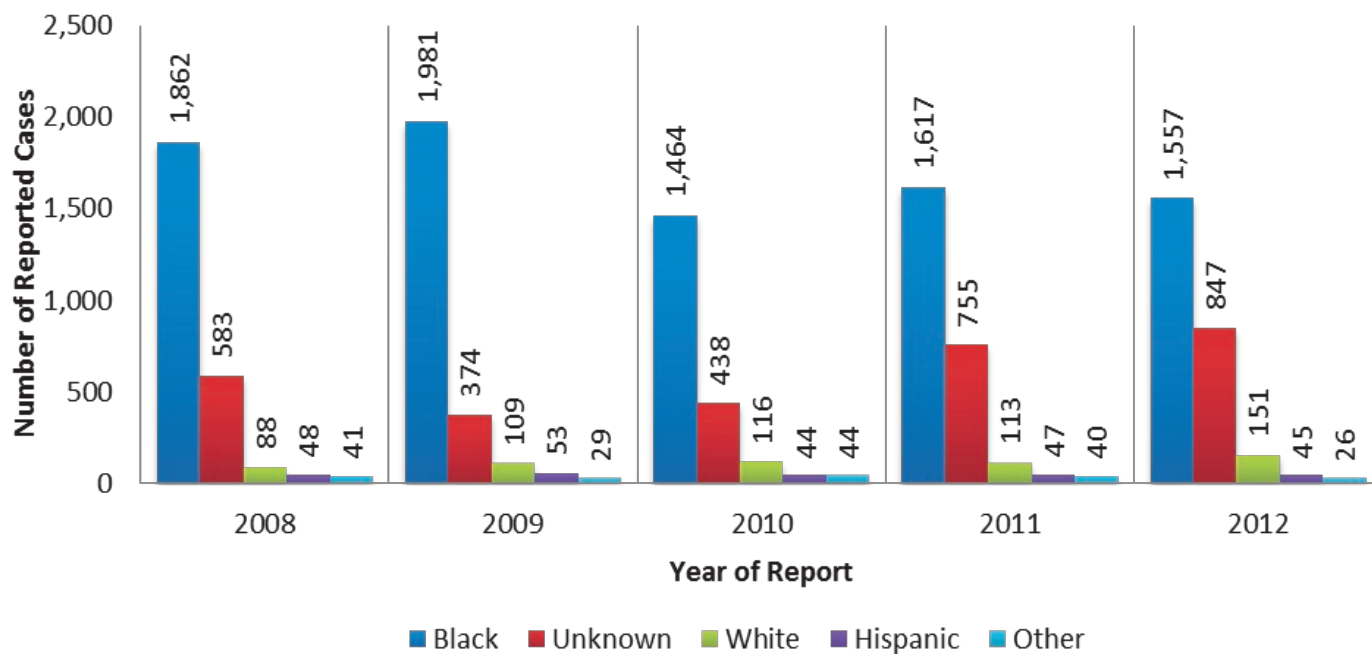
- Unlike chlamydia, almost equal proportions of men and women were reported with gonorrhea.

Figure 29. Number of Gonorrhea Cases by Year of Report and Age at Diagnosis
District of Columbia, 2008-2012



- From 2008 to 2011, the largest proportion of reported gonorrhea cases were among 15- to 19-year-olds, followed by 20- to 24-year-olds .
- In 2012, 20- to 24-year-olds had the largest proportion of gonorrhea cases reported (30.8%).

Figure 30. Number of Gonorrhea Cases by Year of Report and Race
District of Columbia, 2008-2012



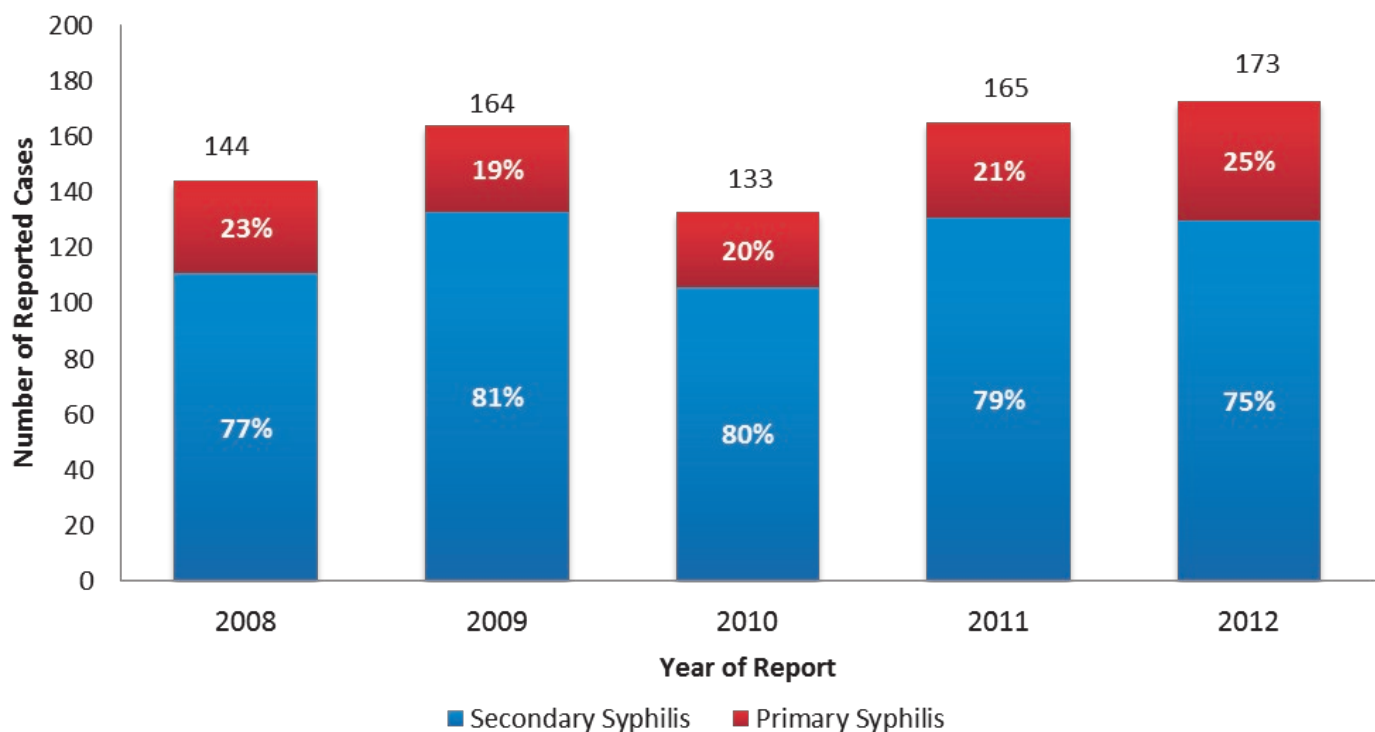
- Between 2008 and 2012, information on race was unknown in 24.1% of cases.
- More than two-thirds of gonorrhea cases reported between 2008 and 2012 were among blacks.
- Among cases with known race, the proportion reported among blacks ranged from 92.5% in 2008 to 88.6% in 2012.

Map 4. Gonorrhea Rate per 100,000 population by Ward
District of Columbia, 2012

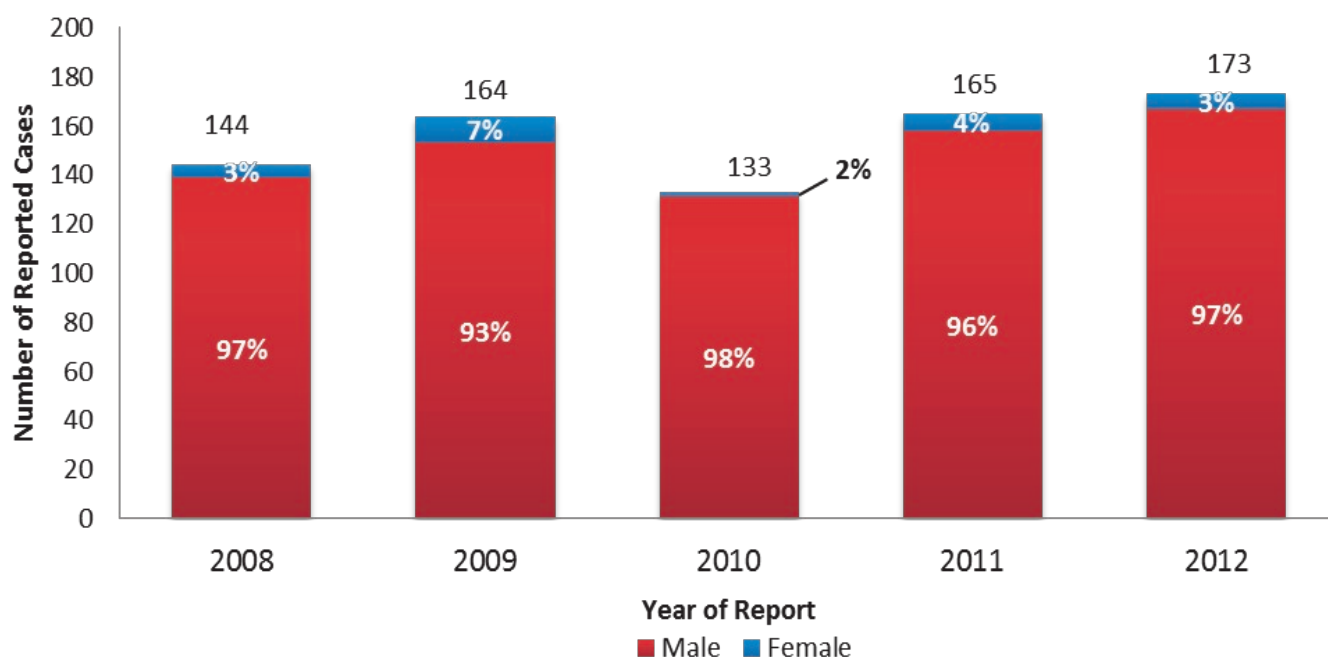
- Ward information was available for 77.1% of gonorrhea cases reported in 2012.
- In 2012, the highest rates of gonorrhea were reported in Ward 8 (762.2 cases per 100,000 persons) and Ward 7 (585.4 cases per 100,000 persons).
- The lowest rate of gonorrhea cases was reported in Ward 3 (23.3 per 100,000 persons).

Primary syphilis is defined as the stage of syphilis characterized by a large painless lesion (chancre) where the bacteria entered the body. This lesion can be on or in the mouth, rectum, vagina, or penis. The time from exposure/infection to the onset of symptoms ranges from 10 to 90 days, with an average of 21 days. The chancre tends to be painless and thus often goes unnoticed, which results in people not seeking medical care. Secondary syphilis is characterized by rashes that can appear anywhere on the body, but typically involve the hands (palm) and feet (plantar), prompting people to seek care. Other secondary syphilis symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Primary and secondary syphilis surveillance data are used as a measure of incident (new cases) syphilis.

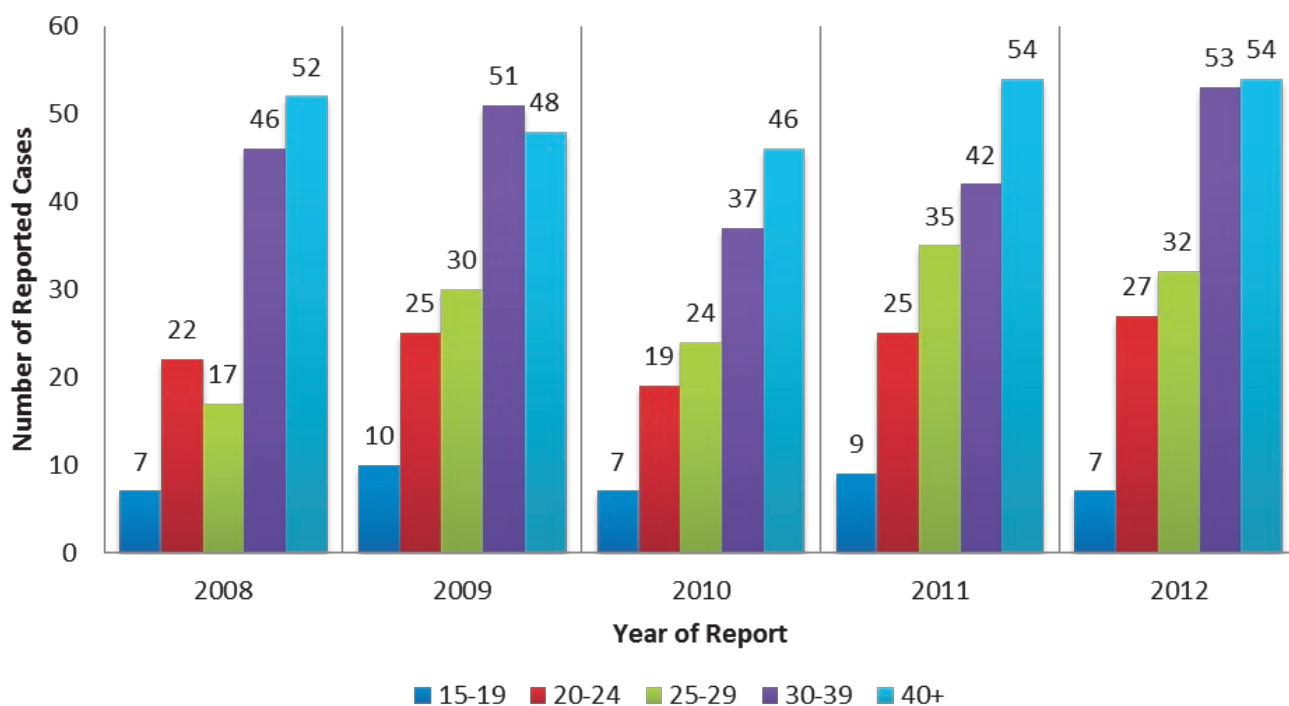
Figure 31. Number of Syphilis Cases by Year of Report
District of Columbia, 2008-2012



- Consistent with national surveillance data, there has been a reemergence of syphilis in the District of Columbia since 2000.
- In 2000, there were fewer than 40 cases of infectious syphilis reported, while in 2012 there were 173 cases reported.
- Between 2008 and 2012, secondary syphilis represented over 75% of infectious syphilis cases diagnosed each year.

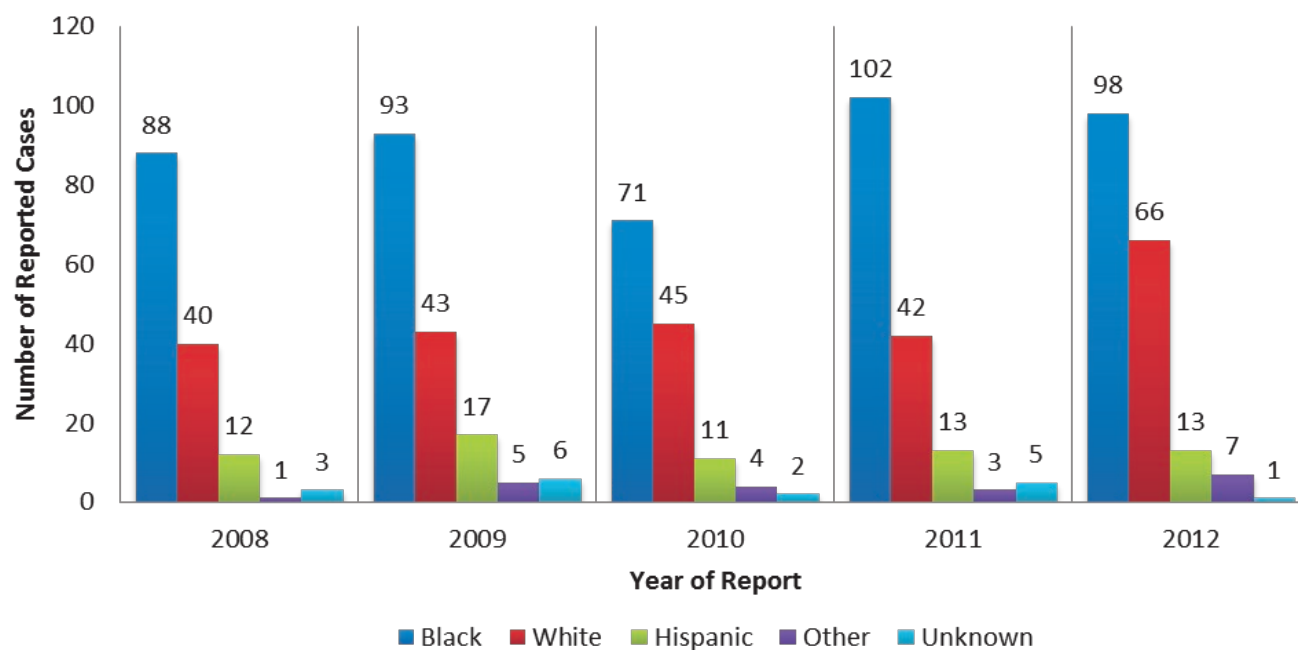
Figure 32. Number of Syphilis Cases by Year of Report and Sex, District of Columbia, 2008-2012

- In 2000, the male-to-female ratio of reported infectious syphilis cases was approximately 2.8-to-1. In 2012, it was 28-to-1.
- This trend is consistent with national surveillance data.
- This trend indicates predominately male-to-male transmission of syphilis in the District of Columbia.

Figure 33. Reported Number of Syphilis Cases by Year of Report and Age at Diagnosis District of Columbia, 2008-2012

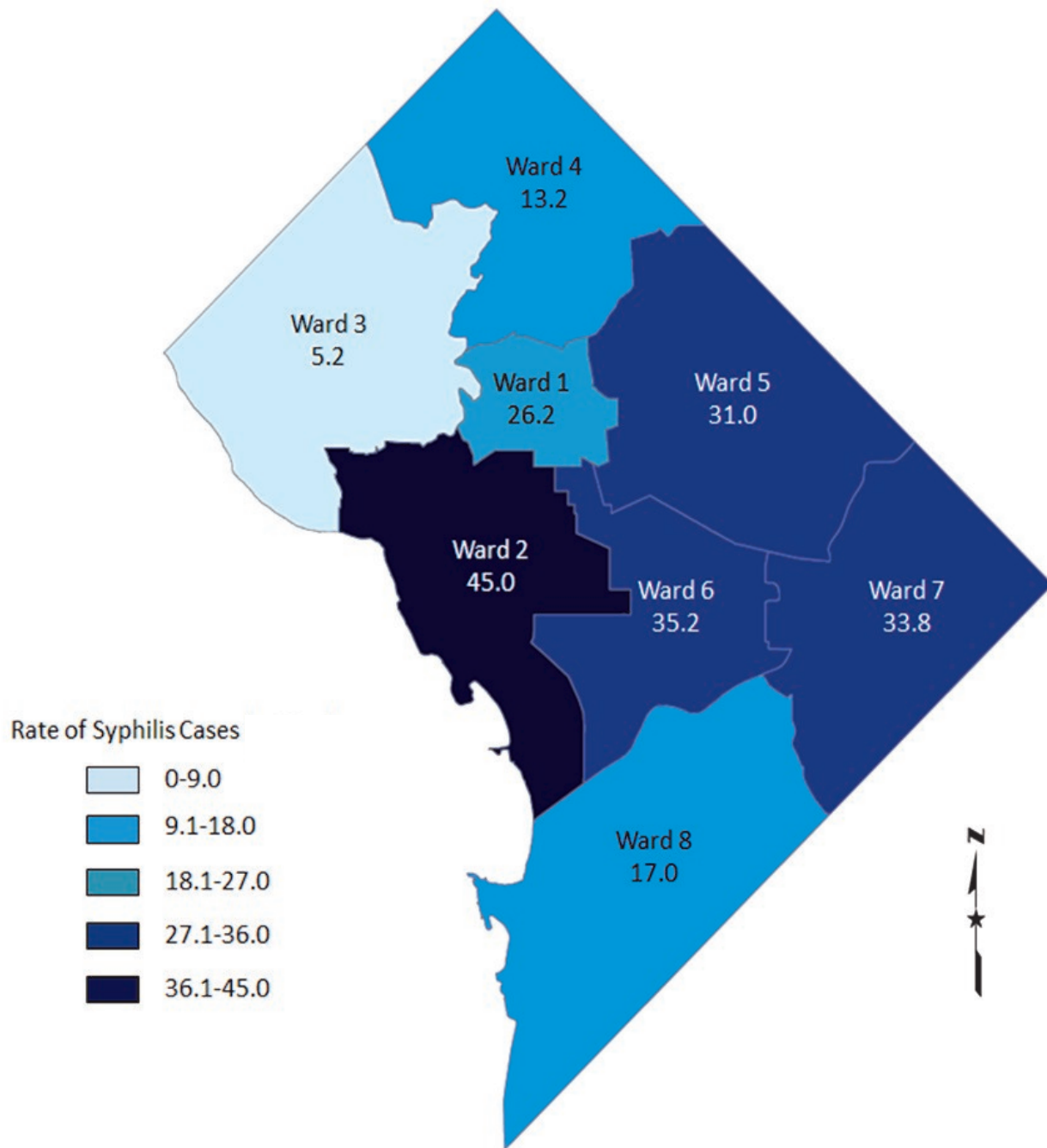
- Regardless of report year, and unlike chlamydia and gonorrhea (in which the majority of cases were reported among people 15 to 24 years of age), the largest number of primary and secondary syphilis cases was reported among those 30 years of age and older.
- In 2012, 61.8% of infectious syphilis cases were reported among people age 30 and older, compared with 68.1% in 2008.

Figure 34. Number of Syphilis Cases by Year of Report and Race
District of Columbia, 2008-2012



- Between 2008 and 2012, information for race was unknown for 2.4% of cases.
- From 2008 through 2012, blacks represented 58.4% of all reported cases of infectious syphilis. This is lower than what is reported for chlamydia (64.4%) and gonorrhea (68.6%).
- Whites accounted for 2.8% of all syphilis cases from 2008 to 2012, with the highest proportion of cases reported in 2012 at 3.3%.

Map 5. Primary and Secondary Syphilis Rates per 100,000 Population by Ward
District of Columbia, 2012



- Ward information was available for 77.1% of syphilis cases reported in 2012.
- In 2012, the highest rate of syphilis was reported in Wards 2 (45.0 cases per 100,000 persons).
- The lowest rate of syphilis was reported in Ward 3 (5.2 per 100,000 persons).