

STI Fast Facts: Washington State 2021

In Washington (WA), sexually transmitted infections (STIs) were the most commonly reported communicable diseases preceding the COVID-19 outbreak. STIs comprised over 80% of notifiable conditions in 2020, excluding COVID-19.ⁱ Healthcare providers and laboratories are required to report confirmed cases of chlamydia (CT), gonorrhea (GC), syphilis, herpes, lymphogranuloma venereum, chancroid, and granuloma inguinale to their local health departments.

From 2020 to 2021, reported cases of CT and GC decreased, while reported cases of primary and secondary syphilis increased. However, 2020 and 2021 data should be interpreted with caution due to presumed COVID-19 pandemic impacts on STI testing, treatment, and case reporting. All 2021 rates presented in this report are preliminary, as final 2021 population data has not been released at the time of publication. **Table 1** shows the number of STI cases reported in WA in 2020 and 2021.ⁱ

Table 1: Reported STI Cases by Disease, Washington State, 2020-2021

Disease	2020	2021	Trend
Chlamydia (CT)	31,423	30,352	↓
Gonorrhea (GC)	11,580	11,098	↓
Primary & Secondary Syphilis	837	1,488	↑
Early Non-Primary Non-Secondary Syphilis	606	860	↑
Unknown Duration or Late Syphilis	607	929	↑
Congenital Syphilis	10	52	↑
Genital Herpes, adult initial infection	1,375	1,189	↓
Neonatal Herpes	2	4	↑
Lymphogranuloma Venereum	0	0	-
Chancroid	0	0	-
Granuloma Inguinale	0	0	-

NOTE: Case counts in this table reflect reported cases only. Due to the COVID-19 pandemic's presumed ongoing impacts on STI testing, treatment, and case reporting, it remains unclear whether the observed decreases in case counts for certain conditions reflect true declines in infection.

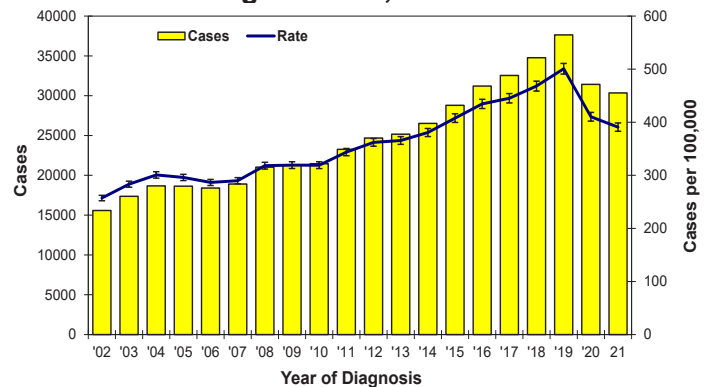
Chlamydia

Infection with the bacterium *Chlamydia trachomatis* (CT) is the most frequently reported STI 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 STIs.

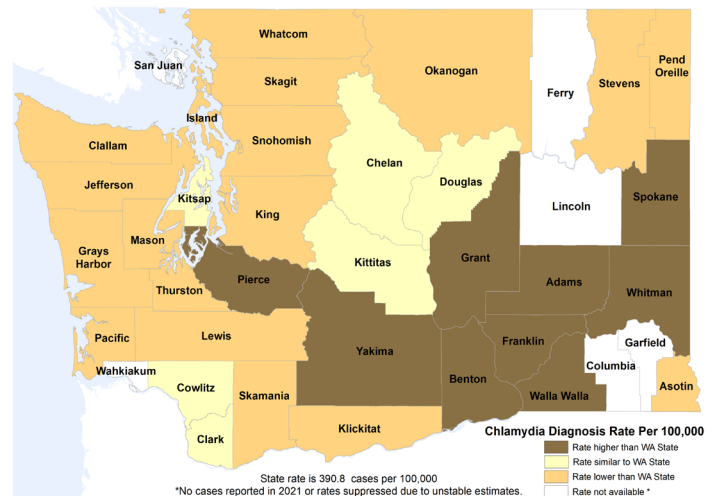
The number of chlamydia cases and incidence rate estimates among persons in WA State from 2002 to 2021 are presented in **Figure 1**. WA reported 390.8 cases of CT per 100,000 persons in 2021. National data for CT has not yet been released for 2021 by the Centers for Disease Control and Prevention (CDC) at the time of publication.ⁱⁱ

Figure 1: Reported Chlamydia Cases and Rates, Washington State, 2002 - 2021ⁱⁱⁱ



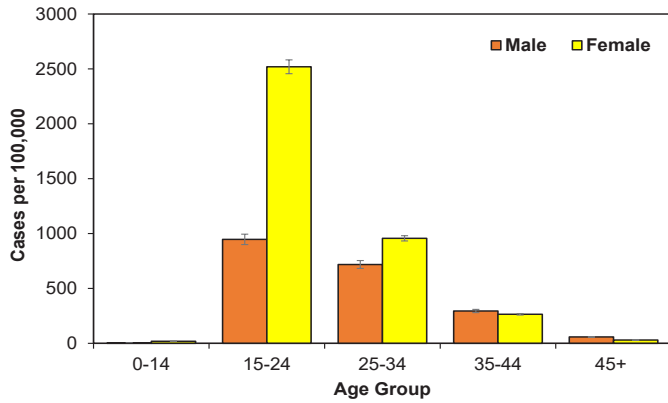
Chlamydia rates for 2021 are mapped by county in **Figure 2**. All counties reported one or more chlamydia cases in 2021.

Figure 2: Chlamydia Incidence Rate Estimates by County, Washington State Rate, 2021ⁱⁱⁱ



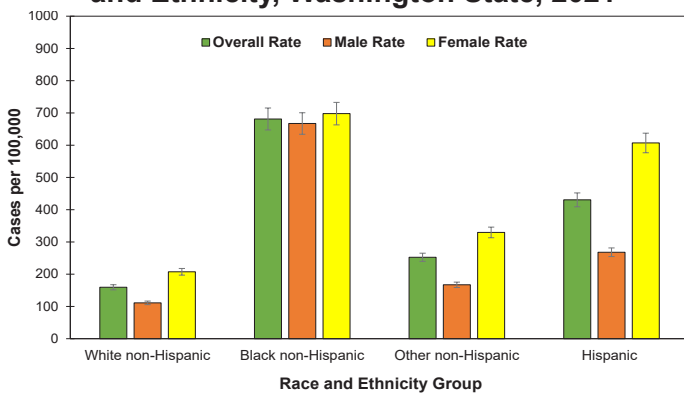
Statewide CT rates for 2021 are presented by gender and age group in **Figure 3**. Women 15 to 24 years of age have the highest rates of chlamydia, partially due to better detection and screening for CT among women of childbearing age. Transgender and nonbinary persons represented less than 1% of all chlamydia cases in 2021.

Figure 3: Chlamydia Rates by Gender and Age Group, Washington State, 2021ⁱⁱⁱ



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

Figure 4: Chlamydia Rates by Gender and Race and Ethnicity, Washington State, 2021^v



Summary:

- Reported CT cases decreased by over 3% in 2021, though it is unclear whether this reflects actual morbidity trends.
- Chlamydia rates were highest among women, specifically those 15-24 years of age and Black non-Hispanic women.
- 50% of CT cases reported in 2021 were under the age of 24 years.

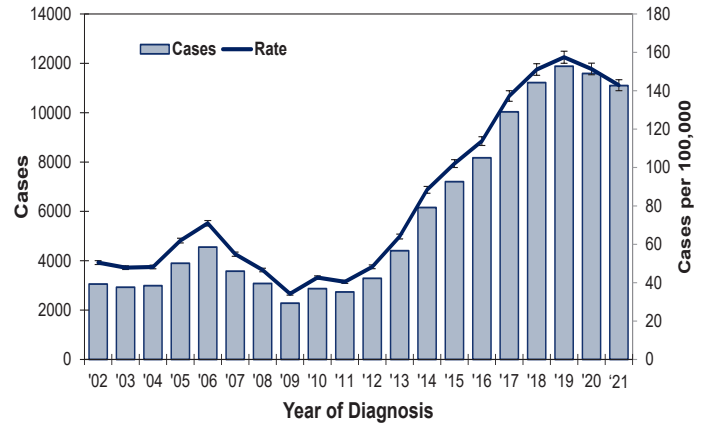
Gonorrhea

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. 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.

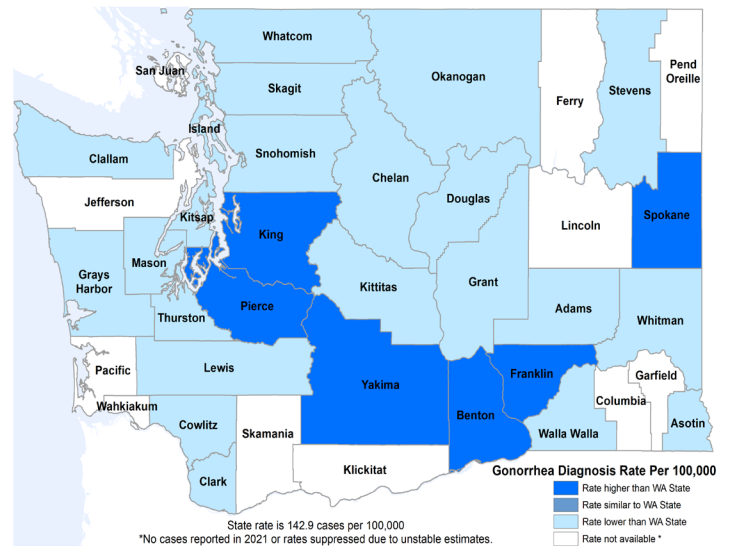
Statewide GC rates from 2002 to 2021 are presented in **Figure 5**. This is the second year the rate of reported gonorrhea in WA has decreased following consistent increases since 2012. In 2021, there were 142.9 cases of gonorrhea per 100,000 people.

Figure 5: Reported Gonorrhea Cases and Rates, Washington State, 2002-2021ⁱⁱⁱ



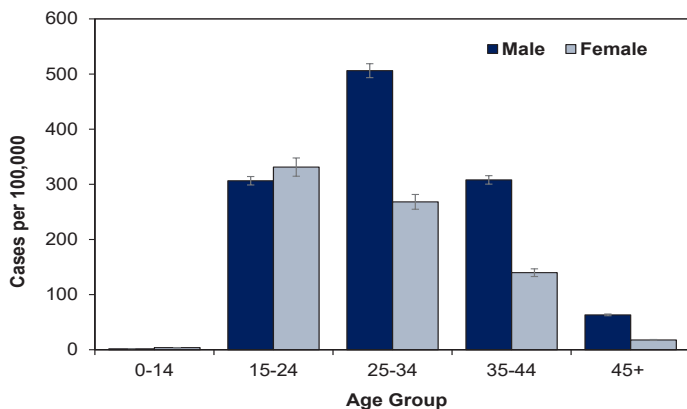
Gonorrhea rates for 2021 are mapped by county in **Figure 6**. All counties, except for one (Garfield) reported one or more gonorrhea cases in 2021.

Figure 6: Gonorrhea Incidence Rate Estimates by County Compared to the WA State Rate, 2021



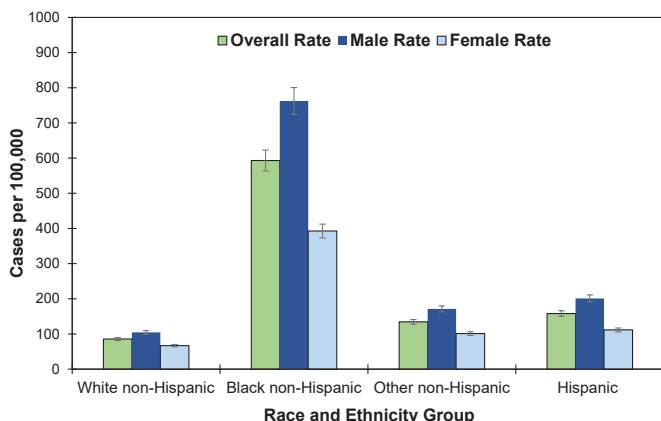
Gonorrhea cases by age and gender are shown in **Figure 7**. Rates were highest among males 25-34 years of age. Males have a higher rate of GC than females in most age groups, partly due to high rates among men who have sex with men (MSM). Over 4% of men in Washington are MSM,^{vi} yet MSM represented 44% of male gonorrhea cases in 2021. Transgender and nonbinary persons represented over 1% of all gonorrhea cases in 2021.

Figure 7: Gonorrhea Rates by Gender and Age Group, Washington State, 2021ⁱⁱⁱ



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 2021. National data for gonorrhea in 2021 has not yet been released by the CDC for comparison at the time of publication.ⁱⁱ

Figure 8: Gonorrhea Rates by Gender and Race and Ethnicity Group, Washington State, 2021^v



Summary:

- Reported GC cases decreased by 4% in 2021, although it is unclear whether this reflects actual morbidity trends.
- Rates were highest in males aged 25-34 years.

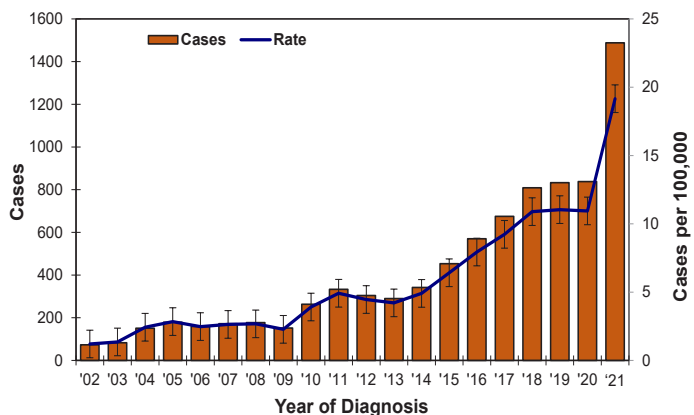
Syphilis

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 pain-

less 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.

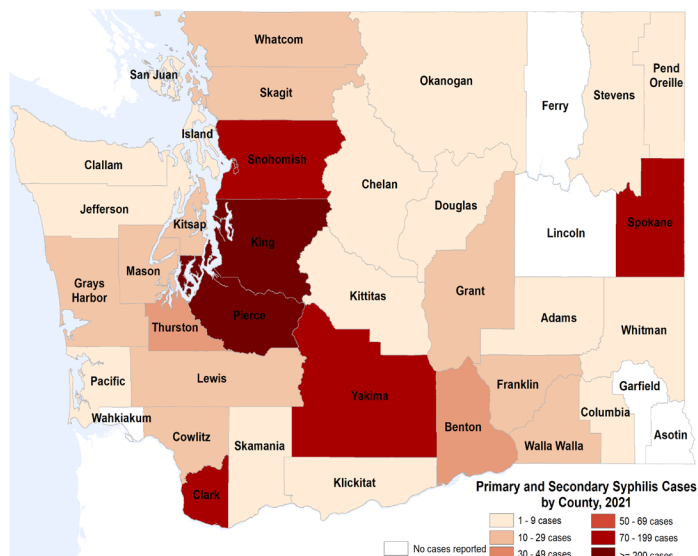
Annual rates of P&S syphilis from 2002 to 2021 are shown in **Figure 9**. Washington State reported a higher rate of P&S in 2021 than in all previous years. Further information regarding shifts in syphilis trends is available in this report's "Special Focus" section below. There were 19.2 cases of P&S syphilis reported per 100,000 people in WA State in 2021. National data for P&S syphilis in 2021 has not yet been released by the CDC at the time of publication.ⁱⁱ

Figure 9: Reported Primary and Secondary Syphilis Cases and Rates, WA State, 2002 - 2021ⁱⁱⁱ



In 2021, over 75% of P&S syphilis cases lived in five counties: King, Pierce, Spokane, Snohomish, and Yakima (**Figure 10**).

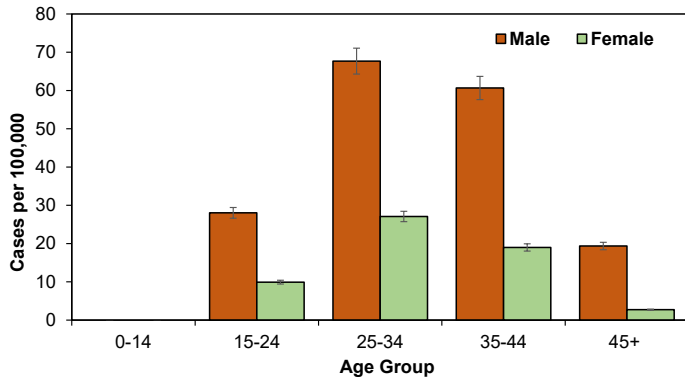
Figure 10: Primary and Secondary Syphilis Cases Reported by County, WA State, 2021



Special Focus: Shifts in Syphilis Population Trends Over Time

Men had higher rates of P&S syphilis than women in 2021. Syphilis disparately affects gay, bi, and other MSM (56% of male cases in 2021). The highest rates by age and gender were among 25-34-year-old males (**Figure 11**). Almost 2% of all P&S syphilis cases were among transgender and nonbinary persons.

Figure 11: Primary and Secondary Syphilis Rates by Gender and Age Group, WA State, 2021ⁱⁱⁱ



Reported cases of syphilis of all stages showed a dramatic increase between 2020 to 2021. With syphilis cases on the rise, it is especially important to examine which populations are disproportionately impacted and how this has shifted in Washington over recent years.

Historically, the majority of syphilis cases in WA have been among men who report having sex with men (MSM). Although the number of cases among MSM rose 38% from 2020 to 2021, the majority of cases are now among people who report partners of the opposite sex, rather than among MSM. **Figure 13** shows the proportion of syphilis cases among MSM versus non-MSM from 2012 to 2021, along with the number of cases among MSM.

Figure 12 shows rates by race and ethnicity group and gender.^{iv} 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 2021. National data for P&S syphilis in 2021 has not yet been released for comparison at the time of publication.ⁱⁱ

Figure 12: P&S Syphilis Rates by Gender and Race and Ethnicity Group, WA State, 2021^v

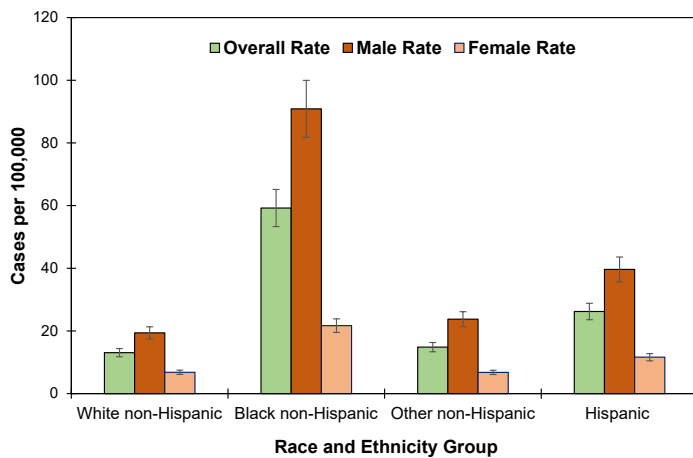
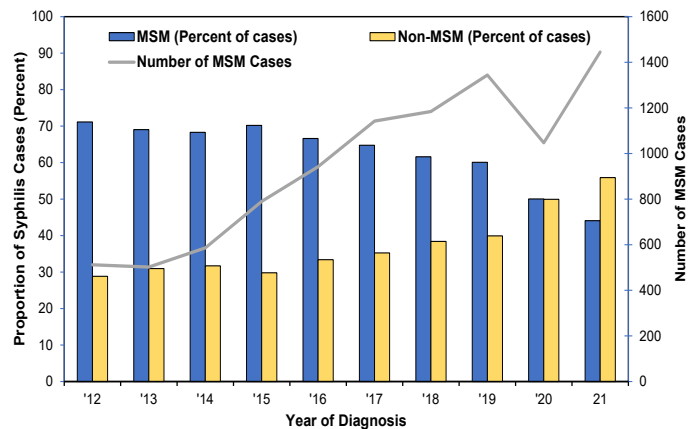
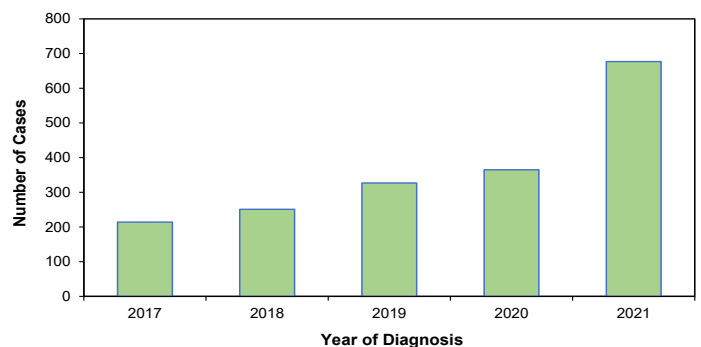


Figure 13: Proportion of Syphilis Cases (All Stages) Among MSM versus non-MSM, WA, 2012-2021



As syphilis cases have increased among non-MSM populations, they have also grown among pregnancy-capable persons, defined as persons with vaginas aged 15 to 44 years. **Figure 14** shows the rise in cases from 2017 to 2021.

Figure 14: Syphilis Cases (All Stages) Among Pregnancy-Capable Persons, WA, 2017-2021

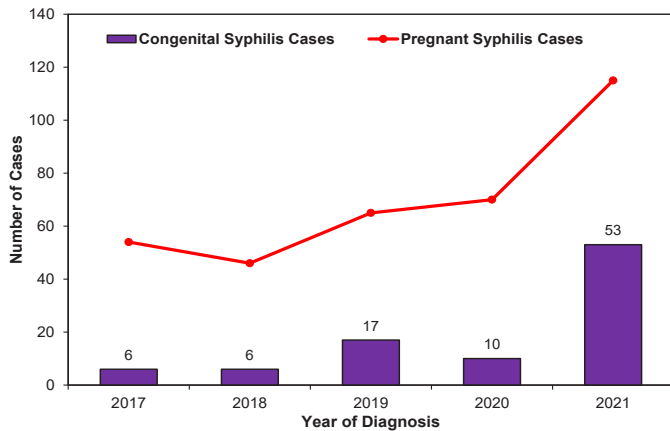


Summary:

- Reported P&S syphilis case counts increased by 78% in 2021.
- 17% of P&S syphilis cases in 2021 were among people living with HIV.
- P&S cases among pregnancy-capable persons doubled from 2020 to 2021.

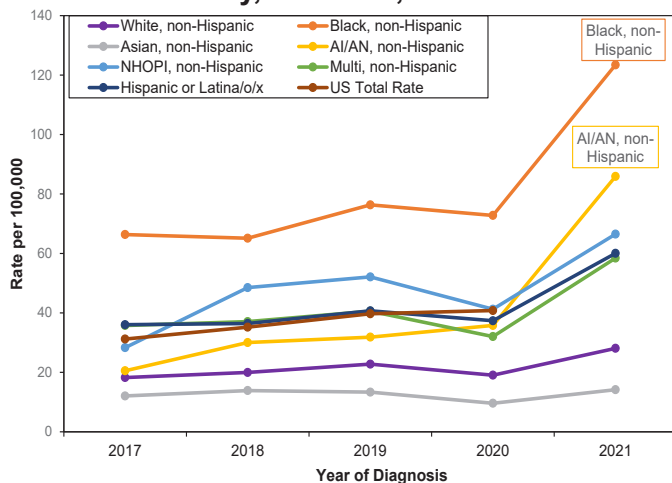
With this rise in cases among pregnancy-capable people, there has also been an increase in syphilis cases among pregnant persons. Without screening and treatment, pregnant persons can transfer syphilis to their newborn. Congenital syphilis can result in serious health consequences for the newborn or even death. **Figure 15** shows the increase WA State has seen in congenital syphilis cases in recent years, with the reported number of cases reaching a record-high of 53 cases in 2021.

Figure 15: Pregnant Syphilis Cases (All Stages) and Congenital Syphilis Cases, WA, 2017-2021



Alongside the shifts in populations impacted by syphilis, disparities created by systemic racism persist and have widened in 2021. **Figure 16** presents the rates of syphilis (all stages) per 100,000 people by race/ethnicity. Black non-Hispanic persons have had the highest rate over the past five years. As highlighted, the greatest increase in rates from 2020 to 2021 were among non-Hispanic Black persons and non-Hispanic American Indian/Alaska Native persons.

Figure 16: Syphilis (All Stages) Rates by Race/Ethnicity, WA State, 2017-2021ⁱⁱⁱ



Although the burden of syphilis is not distributed equally among Washingtonians, anyone who is sexually active is still at risk of syphilis infection. Detailed screening recommendations for syphilis and other STIs can be found on the [CDC website](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm).^{vii}

Notes

ⁱ 2021 STI counts include cases reported to PHIMS-STD between 01/01/2021 to 12/31/2021, in addition to CT cases reported to WELRS by CDC MMWR year (1/3/2021 to 1/1/2022). The 2021 data for non-STI notifiable conditions is not available at the time of publication; this will be updated when it is available.

ⁱⁱ National STI rate estimates are expected to be released by the CDC in early 2023. This publication will be updated at that time to provide comparisons of national and WA state data.

ⁱⁱⁱ 2021 rate calculations used 2021 population estimates for the denominator, as final 2021 population data was not yet available at the time of publication. This publication will be updated if and when this data is available.

^{iv} '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.

^v 2021 rate calculations for race and ethnicity by gender used 2020 population data for the denominator, as neither final nor estimated 2021 population data for race and ethnicity by gender was available at the time of publication. This publication will be updated if and when this data is available.

^{vi} Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the CDC, Cooperative Agreement NU58/DP006865 (2020).

^{vii} Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

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/

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