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

<table>
<thead>
<tr>
<th>Disease</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia Infection (CT)</td>
<td>31,185</td>
<td>32,454</td>
<td>↑</td>
</tr>
<tr>
<td>Gonorrhea (GC)</td>
<td>8,165</td>
<td>10,022</td>
<td>↑</td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis</td>
<td>569</td>
<td>674</td>
<td>↑</td>
</tr>
<tr>
<td>Early Latent Syphilis</td>
<td>442</td>
<td>598</td>
<td>↑</td>
</tr>
<tr>
<td>Late Latent Syphilis</td>
<td>309</td>
<td>482</td>
<td>↑</td>
</tr>
<tr>
<td>Late Syphilis</td>
<td>2</td>
<td>0</td>
<td>↓</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>5</td>
<td>6</td>
<td>↑</td>
</tr>
<tr>
<td>Genital Herpes, adult initial infection</td>
<td>2,551</td>
<td>2,058</td>
<td>↓</td>
</tr>
<tr>
<td>Neonatal Herpes</td>
<td>2</td>
<td>6</td>
<td>↑</td>
</tr>
<tr>
<td>Lymphogranuloma Venereum</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Chancroid</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Granuloma Inguinale</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

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).
• 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.\(^i\)

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,\(^ii\) yet MSM represented 48% of male gonorrhea cases in 2017. Transgender persons represented less than 1% of all gonorrhea cases in 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).
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.

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).
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.

Notes


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).