

3B.

SEXUALLY TRANSMITTED DISEASES

All states require that certain sexually transmitted diseases (STDs) be reported by physicians and other health care providers when they suspect that a case has occurred or they have laboratory confirmation.

It is important to note that disease reporting is likely incomplete and completeness may vary depending on the disease. Moreover, changes in methods for public health surveillance, or implementation of new diagnostic tests can cause changes in disease reporting that are independent of the true incidence of disease.^{*} In this section, STD rates were calculated using denominators from the CDC for years prior to 2018. In the current report, the Arizona Department of Health Services denominators were used to compute the STD rates.

*Centers for Disease Control and Prevention. Summary of notifiable diseases – United States, 2008. Published June 25, 2010, for 2008; Vol. 57 (No. 54). Available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5754a1.htm



Neisseria gonorrhoeae infection is the second most commonly reported notifiable disease in the United (Figure 3B-1). States. The consistent steady increase in the incidence rate of gonorrhea since 2010 likely resulted from а combination of factors, such as changes in surveillance, increases in the number of tests performed, and increases disease actual in occurrence (Figure 3B-1).

Note: * Number of reported cases per 100,000 population.



The 2021 incidence rate for gonorrhea was 503.4 per 100,000 for Arizona females aged 15-44 years. Additionally, in 2021 the gonorrhea incidence rate in Arizona females 15-44 years of age was less than incidence rate of females 15-24 years old, which was 724.0 per 100,000.

Notes: ^a Number of reported cases per 100,000 females



Figure 3B-3 Trends in the Incidence Rates^a of Chlamydia among Females 15-24 and 15-44 Years, Arizona, 2011-2021

Chlamydia trachomatis is the most bacterial nrevalent sexually transmitted disease in the United States (1,644,416 cases in 2021*) with the highest rates reported among adolescents and young adults (Table 3B-4). Recent availability of sensitive tests for chlamydia using DNA amplification technology undoubtedly contributed to the increase in the number of reported cases in Arizona over the last decade (Figure 3B-3, Table 3B-1).

The incidence rate of chlamydia among females 15-44 has increased from 1,628 per 100,000 females to 1,830 per 100,000 females within the age group.

*Most publication recent https://www.cdc.gov/std/statistics/2021/overview. htm#Chlamydia

Congenital syphilis is an infection caused by the spirochete Treponema pallidum, which can be passed from the mother to child during fetal development or birth. Not all infants born to infected women will be infected.

In 1988, CDC implemented a new Congenital syphilis case definition. It no longer relies on documentation of infection in the infant; rather, it presumes that an infant is infected if it cannot be proven that an infected mother was adequately treated for syphilis before or during pregnancy.

The Arizona incidence rates of congenital syphilis were for the most part below 20 cases per 100,000 infants from 2010-2016. In 2017, a sharp increase in the incidence was recorded (36.7/100,000), in 2018, the than doubled rate more at 75.7/100,000 and in 2021, the rate was the highest recorded during the 11-year period at 232.5/100,000. (Figure 3B-4, Table 6A-2).

Notes: ^a Number of reported cases per 100,000 females



Figure 3B-4 Trends in the Incidence Rates^a of Congenital Syphilis by Year,

Notes: ^a Number of reported cases per 100,000 births.