

# STI Fast Facts: Washington State 2023

DOH 347-350 October 2024

In Washington (WA), sexually transmitted infections (STIs) were the most commonly reported communicable diseases preceding the COVID-19 outbreak. STIs were the most reported notifiable conditions in 2023, excluding COVID-19.<sup>i</sup> 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 2022 to 2023, reported cases of CT and GC decreased, while reported cases of syphilis (all stages) slightly increased. All 2023 rates presented in this report are preliminary and based on 2022 population estimates, as final 2023 population data have not been released at the time of publication. **Table 1** shows the number of STI cases reported in WA in 2022 and 2023.<sup>i</sup>

**Table 1: Reported STI Cases by Infection Type, Washington State, 2022-2023**

Disease	2022	2023	Trend
Chlamydia (CT)	28,708	28,301	↓
Gonorrhea (GC)	11,392	10,181	↓
Primary & Secondary Syphilis	1,915	1,661	↓
Early Non-Primary Non-Secondary Syphilis	1,051	968	↓
Unknown Duration or Late Syphilis	1,399	1,791	↑
Congenital Syphilis	54	57	↑
Genital Herpes, adult initial infection	1,095	1,205	↑
Neonatal Herpes	6	1	↓
Lymphogranuloma Venereum	0	3	↑
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 practices, healthcare-seeking behavior, or other external factors in addition to changes in infection incidence.

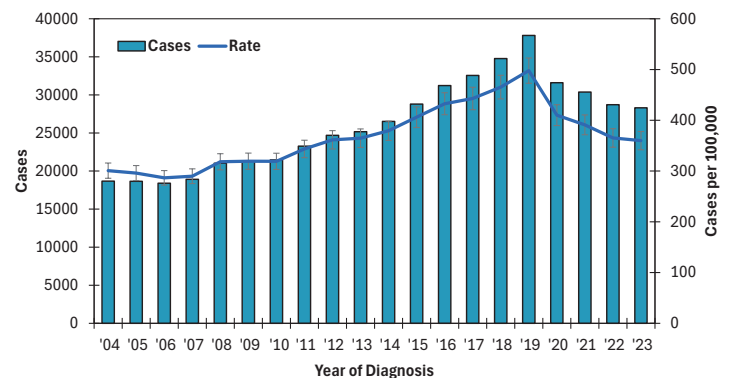
## Chlamydia

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 females 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.

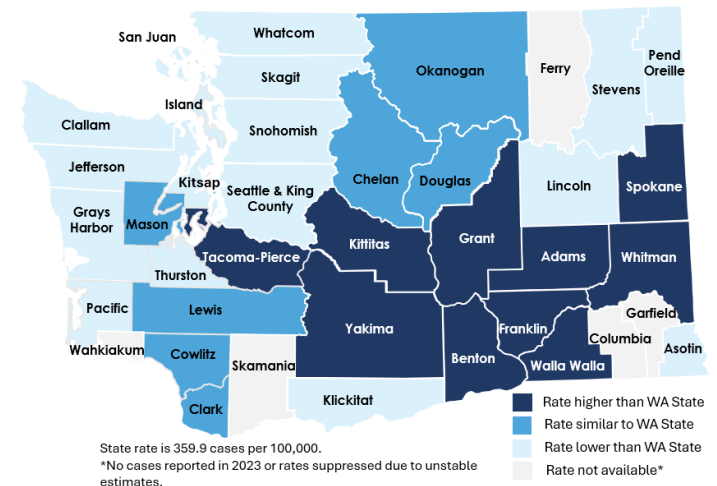
The number of chlamydia cases and incidence rate estimates among persons in WA State from 2004 to 2023 are presented in **Figure 1**. WA reported 360 cases of CT per 100,000 persons in 2023. National data for CT has not yet been released for 2023 by the Centers for Disease Control and Prevention (CDC) at the time of publication.<sup>ii</sup>

**Figure 1: Reported Chlamydia Cases and Rates, WA State, 2004-2023<sup>iii</sup>**



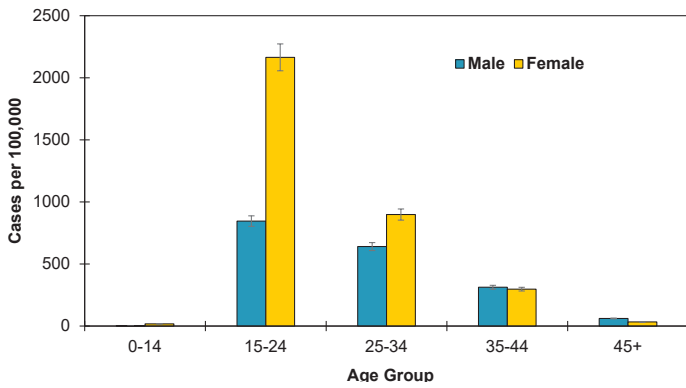
CT rates for 2023 are mapped by county in **Figure 2**. All counties reported one or more chlamydia cases in 2023.

**Figure 2: Chlamydia Incidence Rate Estimates by County Compared to the WA State Rate, 2023<sup>iii</sup>**



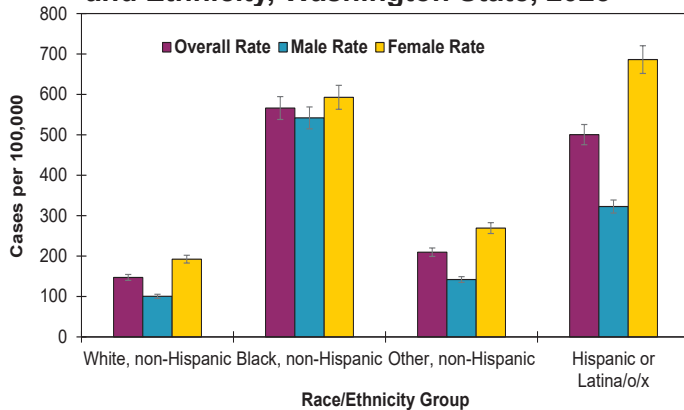
Statewide CT rates for 2023 are presented by gender and age group in **Figure 3**. Women 15-24 years of age have the highest rates of chlamydia, partially due to better detection and screening for CT among women of childbearing age. Transgender and nonbinary persons represented less than 1% of all chlamydia cases in 2023.

**Figure 3: Chlamydia Rates by Gender and Age Group, Washington State, 2023<sup>iii</sup>**



Rates by gender and race/ethnicity are presented in **Figure 4**.<sup>iv</sup> In WA, rates of CT were lowest among White non-Hispanic persons and highest among female Hispanic or Latina/o/x persons. National CT data for comparison has not yet been released by the CDC at the time of publication.<sup>ii</sup>

**Figure 4: Chlamydia Rates by Gender and Race and Ethnicity, Washington State, 2023<sup>v</sup>**



**Summary:**

- Reported CT cases decreased by 1.5% in 2023, though it is unclear whether this reflects actual morbidity trends or changes in reporting.
- Chlamydia rates were highest among women, specifically those 15-24 years of age.
- 61% of CT cases reported in 2023 were under the age of 24 years.

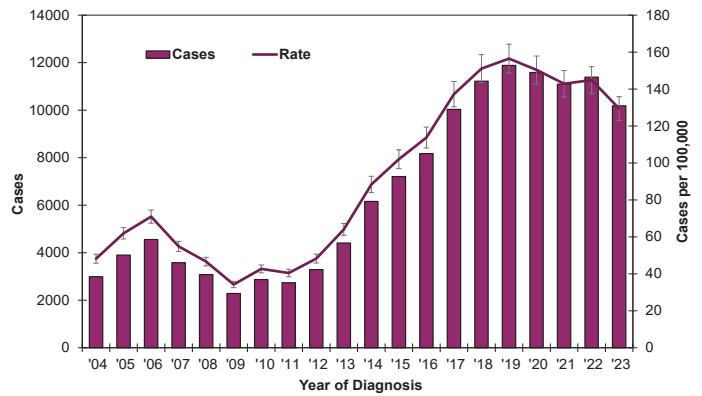
**Gonorrhea**

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.

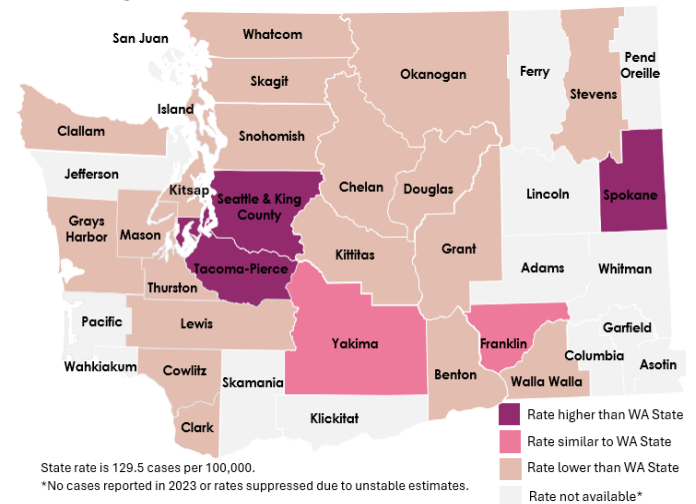
**Figure 5** presents statewide GC cases and rates from 2004 to 2023. Reported GC case counts decreased from 2022 to 2023, although it is unclear whether those are true decreases or due to changes in reporting. In 2023, there were 129.5 cases of gonorrhea per 100,000 people.

**Figure 5: Reported Gonorrhea Cases and Rates, Washington State, 2004-2023<sup>iii</sup>**



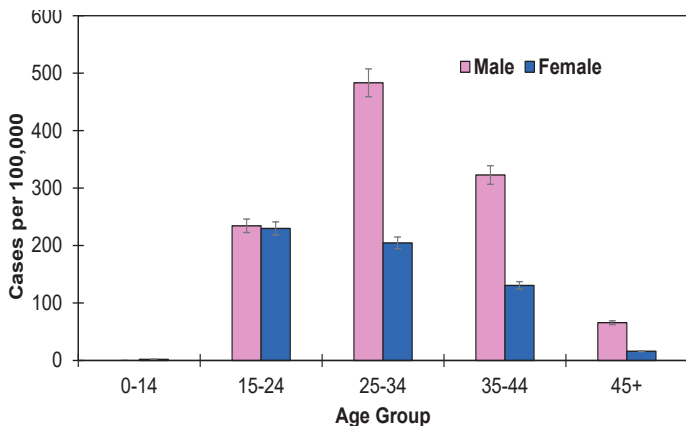
Gonorrhea rates for 2023 are mapped by county in **Figure 6**. All counties, excluding Garfield, reported one or more gonorrhea cases in 2023.

**Figure 6: Gonorrhea Incidence Rate Estimates by County Compared to the WA State Rate, 2023**



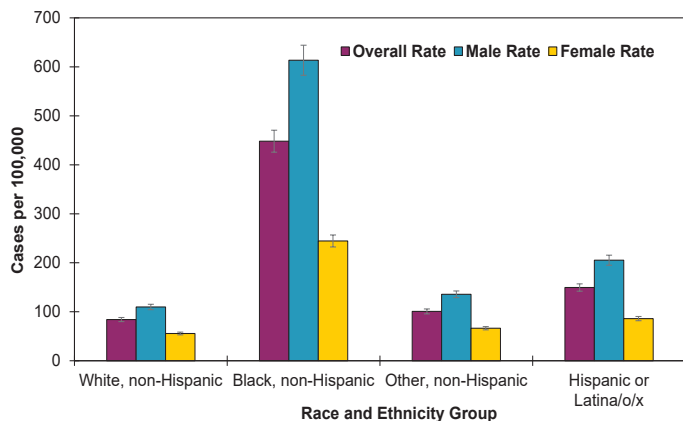
Gonorrhea cases by age and gender are shown in **Figure 7**. Rates were highest among males 25-34 years of age. Males have a higher rate of GC than females in most age groups, partly due to high rates among gay, bisexual and other men who have sex with men (GBMSM). Over 4% of men in Washington are GBMSM,<sup>vi</sup> yet GBMSM represented 53% of male gonorrhea cases in 2023. Transgender and nonbinary persons represented over 2% of all 2023 gonorrhea cases.

**Figure 7: Gonorrhea Rates by Gender and Age Group, Washington State, 2023<sup>iii</sup>**



Rates by gender and race/ethnicity are presented in **Figure 8**.<sup>iv</sup> Gonorrhea rates in Washington were highest among Black non-Hispanic males and lowest for White non-Hispanic females in 2023. National data for gonorrhea in 2023 has not yet been released by the CDC for comparison at the time of publication.<sup>ii</sup>

**Figure 8: Gonorrhea Rates by Gender and Race and Ethnicity Group, Washington State, 2023<sup>v</sup>**



**Summary:**

- Reported GC cases decreased by 11% in 2023.
- Rates were highest in males aged 25-34 years and Black non-Hispanic persons.
- 44% of cases in 2023 were from King County.

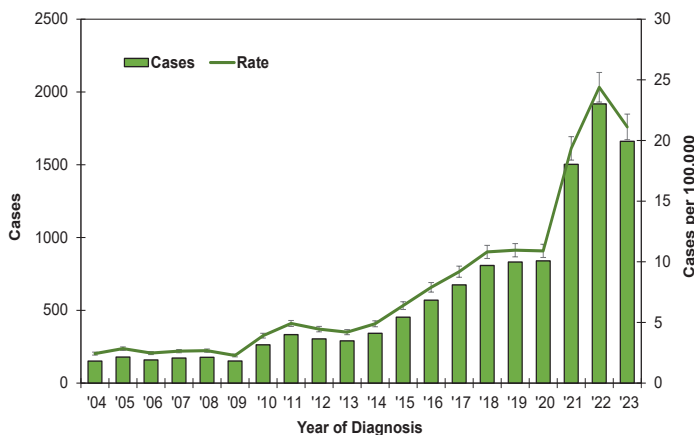
**Syphilis**

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 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.

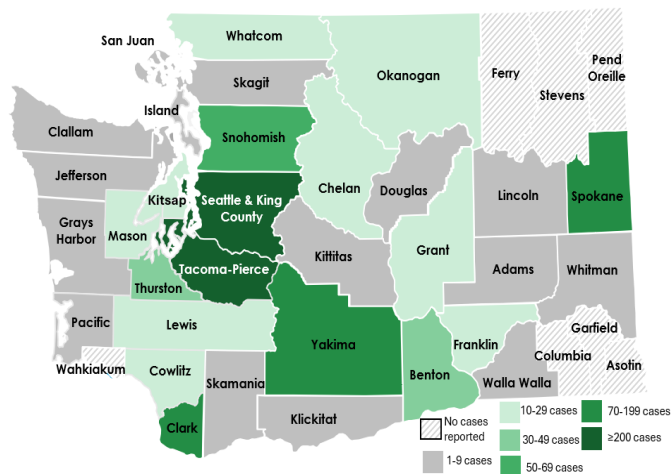
Annual rates of P&S syphilis from 2004 to 2023 are shown in **Figure 9**. Washington State reported a lower rate of P&S in 2023 than in 2022, yet P&S syphilis rates remain at a historically high level. There were 21 cases of P&S syphilis reported per 100,000 people in WA State in 2023. National data for P&S syphilis in 2023 has not yet been released by the CDC at the time of publication.<sup>ii</sup>

**Figure 9: Reported Primary and Secondary Syphilis Cases and Rates, WA State, 2004 - 2023<sup>iii</sup>**



In 2023, over 77% of P&S syphilis cases lived in five counties: King, Pierce, Spokane, Yakima, and Clark (**Figure 10**).

**Figure 10: Primary and Secondary Syphilis Cases Reported by County, WA State, 2023**

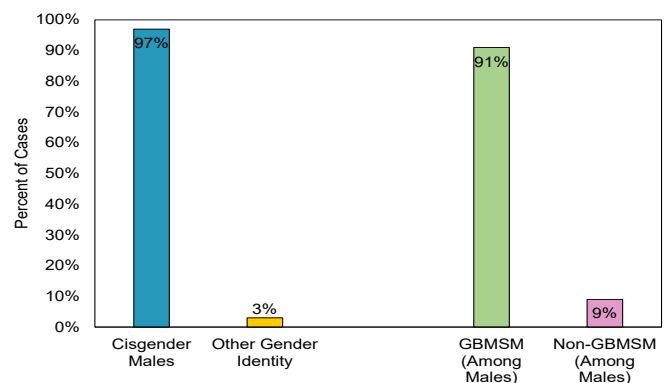


## Special Focus: STI & Mpox Infections, 2022-2023

In May 2022, the World Health Organization reported an outbreak of mpox (formerly called monkeypox), which had primarily spread through sexual and intimate contact, and disproportionately, but not exclusively, impacted gay, bisexual, and other men who have sex with men (GBMSM). The first case of mpox reported in Washington was in May 2022 in King County. Since then, local health jurisdictions (LHJs) and DOH implemented public health responses, including case investigations, connecting contacts to post-exposure vaccination, and expanding vaccination criteria to communities disproportionately affected by the outbreak. Through these efforts and those undertaken by the LGBTQ+ community, mpox cases have remained low since 2022. A more detailed overview on mpox in Washington can be found here: [Mpox in WA](#). Prevention and symptom information is found here: [Mpox Overview](#). An interactive data dashboard is available here: [Mpox Data Dashboard](#).

Given that mpox may be spread through sexual and intimate contact, patients vulnerable to mpox infection may also be vulnerable to STIs. Although mpox cases declined in 2023, they are still occurring. Through understanding the population of patients with mpox and STI diagnoses, we can improve prevention and treatment efforts. In 2022-2023, there were nearly 700 STI case reports in which the patient had a recorded mpox diagnosis within one year of their STI diagnosis. Among this group, 97% identified as cisgender men, and 91% identified as GBMSM (Figure 13). This is similar when comparing to mpox cases overall, which has disproportionately affected men and GBMSM.

**Figure 13: Distribution of Patients with STI & Mpox Diagnoses Within Same Year, WA State, 2022-2023**



Men had higher rates of P&S syphilis than women in 2023, with the highest rates by age and gender being among 25-34-year-old males (Figure 11). GBMSM represented 45% of male P&S syphilis cases. 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, 2023<sup>iii</sup>**

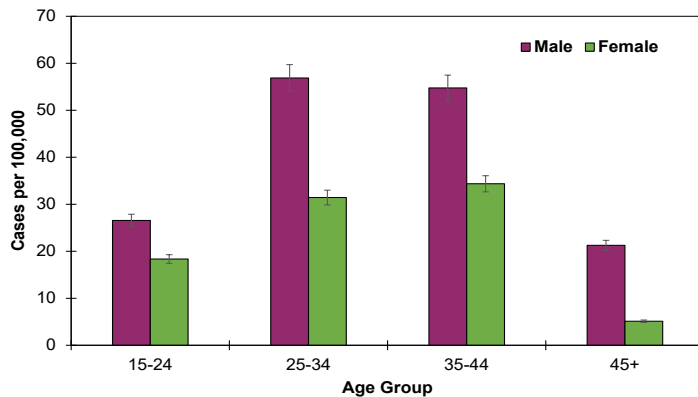
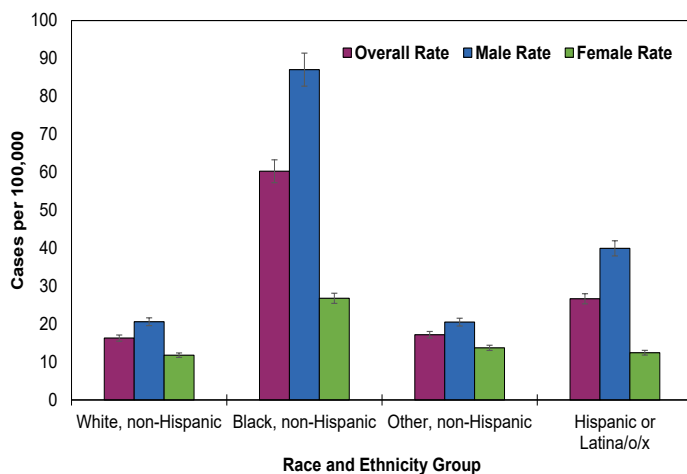


Figure 12 shows rates by race and ethnicity group and gender.<sup>iv</sup> Both overall and among males, rates of P&S syphilis were highest for Black non-Hispanic persons, and rates were lowest for White and Other non-Hispanic persons in 2023. National data for P&S syphilis in 2023 has not yet been released for comparison at the time of publication.<sup>ii</sup>

**Figure 12: P&S Syphilis Rates by Gender and Race and Ethnicity Group, WA State, 2023<sup>v</sup>**



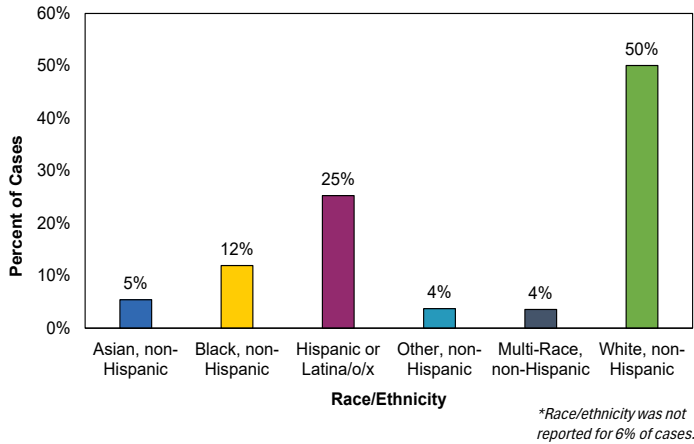
### Summary:

- Reported P&S syphilis case counts decreased by 13% from 2022 to 2023, and unknown or late duration cases increased by 28%.
- 10% of P&S syphilis cases in 2023 were among people living with HIV.
- From 2022 to 2023, syphilis cases (all stages) among pregnancy-capable persons increased by 17%, and pregnant cases increased by 9%. Congenital cases increased from 54 to 57.



Mpox & STI diagnoses also disproportionately affect people of color in WA. Despite comprising 38% of the state population, non-White patients comprised 50% of cases (Figure 14).

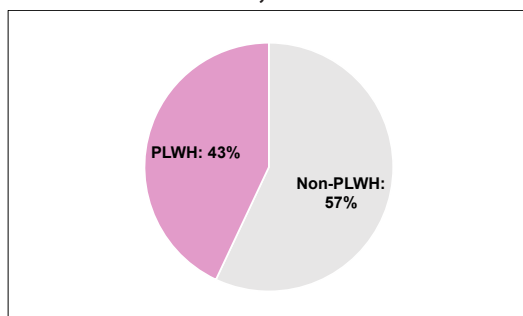
**Figure 14: Patients with STI & Mpox Diagnoses Within Same Year by Race/Ethnicity\*, WA State, 2022-2023**



The majority of STI cases with an mpox diagnosis occurred in King County (76%), followed by Pierce County (12%). Cases occurred most commonly among people ages 25 to 44 years, with 74% reported in that age category. This is very similar to trends seen in overall mpox data, with 77% of cases occurring in King County and 69% aged 25-44.

Of mpox cases with an STI diagnosis, 72% had gonorrhea, 26% had syphilis, and 22% had chlamydia. The similar risk factors that may increase one's vulnerability to acquiring mpox and an STI are also risk factors for acquiring HIV. Among patients with mpox and STI diagnoses, 43% were people living with HIV (PLWH), shown in Figure 15. This supports the importance of using a 'syndemic' approach to support the sexual health of PLWH and tailor prevention efforts based on an individual's risk factors.

**Figure 15: Distribution of PLWH Among Patients with STI & Mpox Diagnoses Within Same Year in WA State, 2022-2023**



Given the overlap in populations affected by STIs, HIV, and mpox, DOH was able to enrich mpox data through patient matching with our STI and HIV data surveillance systems (PHIMS-STD and eHARS). Improving data completeness has been valuable to better understand populations at high risk of mpox and to tailor public health efforts.

## Notes

<sup>i</sup> 2023 STI counts include cases reported to PHIMS-STD between 01/01/2023 to 12/31/2023, in addition to CT and GC cases reported to WELRS by CDC MMWR year (01/01/2023 to 12/30/2023). The 2023 data for non-STI notifiable conditions is not available at the time of publication; this will be updated when it is available.

<sup>ii</sup> National STI rate estimates are expected to be released by the CDC in 2024. This publication will be updated at that time to provide comparisons of national and WA state data.

<sup>iii</sup> 2023 rate calculations used 2022 population estimates for the denominator, as final 2023 population data was not yet available at the time of publication. This publication will be updated if and when this data is available.

<sup>iv</sup> 'Other races' includes persons of non-Hispanic ethnicity reporting a race other than white or black, including multiple races. Other race, non-Hispanic estimates cannot be directly compared to national estimates.

<sup>v</sup> 2023 rate calculations for race and ethnicity by gender used 2022 population data for the denominator, as neither final nor estimated 2023 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.

<sup>vi</sup> Washington State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2020

## 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/](http://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](mailto: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](mailto:STD_Surveillance@doh.wa.gov)**