

SEXUALLY TRANSMITTED DISEASES FACT SHEET

STATISTICS

Sexually transmitted disease (STD) is one of the most common causes of illness throughout the world. The World Health Organization (WHO) has estimated that 340 million cases of curable STDs occur every year.¹

Estimated New Cases of Curable STDs Worldwide in 1999¹

Trichomoniasis	173 million
Chlamydia	92 million
Gonorrhea	62 million
Syphilis	12 million

With the exception of HIV, WHO has not estimated the incidence of viral (incurable) STDs in the last sixteen years. However, in 1990 it was estimated that there were 30 million new cases of human papillomavirus (HPV) and 20 million new cases of genital herpes annually worldwide.² WHO believes that 4.9 million people were newly infected with HIV in 2005 and an estimated 40.3 million people are living with HIV/AIDS.³

The Centers for Disease Control and Prevention (CDC) estimate that approximately 15 million new cases of STDs occurred in the United States in 1999.⁴

Estimated Cases of STDs in the U.S. in 1999⁴

STI	Incidence (# of new cases)	Prevalence (# currently infected)
Chlamydia	3 million	2 million
Trichomoniasis	5 million	n.a.
Gonorrhea	650,000	n.a.
HPV	5.5 million	20 million
Herpes	1 million	45 million
Hepatitis B	120,000	417,000
Syphilis	70,000	n.a.
HIV	40,000	900,000

Reported New Cases of STDs in Indiana in 2005⁵

Chlamydia	20,183
Gonorrhea	8,166
Hepatitis B	60
HIV	404
Primary & Secondary Syphilis	63

Chlamydia is the most commonly reported infectious disease in the United States. Chlamydia causes no symptoms in up to 75% of women and 50% of men who are infected, resulting in many cases not receiving prompt diagnosis and treatment.⁴ The chlamydia rate in the U.S. has increased from 6.5 per 100,000 people in 1984 to 319.6 per 100,000 people in 2004.⁷

From 1975 to 2004 gonorrhea rates in the U.S. decreased 76% and in 2004 was 113.5 cases per 100,000 people, the lowest recorded level since reporting began in 1941.⁷

There are 30 distinct types of human papillomavirus (HPV) that can infect the genital area. While some cause genital warts, those that cause subclinical infections are far more common. Most HPV infections appear to be temporary and are probably cleared by the body's immune system. An estimated 75% of the reproductive-age population has been infected with HPV and an estimated 15% are currently infected.⁴

In the United States the reported rate of primary and secondary syphilis in 2000 reached the lowest level since reporting began in 1941. Since 2000 syphilis rates have increased in men and it is thought that men who have sex with men are largely responsible for this increase.⁷ However, between 2000 and 2004 there were significant declines in syphilis rates among populations most at risk: African Americans, women, and newborns. During that period syphilis rates among blacks decreased 37%, rates among women fell 60%, and rates of congenital syphilis fell 39%.⁶

More than 20% of Americans (45 million people) are infected with genital herpes. Herpes is often asymptomatic and a recent survey showed that fewer than 10% of those who tested positive for herpes knew they were infected. While the incidence of herpes increased through the 1970s and 1980s, the rate of infection remained relatively stable through much of the 1990s,⁴ and a recent study has shown a decline in genital herpes infection in the last several years.¹⁰

Worldwide AIDS has killed more than 25 million people since 1981. The number of people living with HIV is at the highest level ever at 40.3 million. Almost 5 million people were newly infected with HIV in 2005.³ Over 500,000 Americans have been killed by AIDS. More than 1 million are currently living with HIV and a quarter of those do not know they are infected. African American men and women are the hardest hit groups, accounting for one-half of all new HIV infections and one-third of all deaths from AIDS since 1981.⁸

Of the 200,000 cases of hepatitis B that occur in the United States each year, approximately 40% are acquired through heterosexual practices and 18% are acquired through homosexual activity. While hepatitis B vaccinations have been recommended since 1981, many high risk young adults have not been immunized.⁴

STDs have important implications for women. Women are more likely than men to be asymptomatic and infections tend to be more difficult to diagnose in women. In addition STDs in women are more likely to result in serious, long-term consequences. If not adequately treated, 20% to 40% of women infected with chlamydia and 10% to 40% of women infected with gonorrhea develop pelvic inflammatory disease (PID). Among women with PID, 20% have resulting infertility, 9% have an ectopic pregnancy, and 18% experience chronic pelvic pain. HPV infections in women are associated with cervical cancer. Pregnant women with syphilis and herpes may pass these infections on to their infants.⁷ During heterosexual intercourse women are

more likely than men to contract most STDs from an infected partner.⁹

**Following One Act of Unprotected Intercourse with an Infected Person
Estimated Percent Becoming Infected⁹**

STD	Women by Men	Men by Women
Chlamydia	40%	20%
Gonorrhea	50%	25%
HPV	10%	10%
Herpes	30%	30%
Hepatitis B	10%	5%
Syphilis	30%	20%
Chancroid	30%	15%
HIV	1%	0.9%

Young people are especially hard hit by STDs. Nearly half of all new cases occur in persons between the ages of 15 and 24. In the United States 3 million teenagers contract an STD each year.⁷

In the United States some minority racial and ethnic groups suffer from higher rates of many STDs than do non-Hispanic whites. In 2004 African American women had chlamydia rates 7 times higher and rates of gonorrhea 15 times higher than white women. The chlamydia rates for African American men were 11 times higher and the gonorrhea rates were 26 times higher than for white men. In 2004, of all cases of primary and secondary syphilis reported to the CDC, 41% occurred among African Americans and 16% occurred among Hispanics. The rates of congenital syphilis were 16 times higher among African Americans and 10 times higher among Hispanics than among non-Hispanic whites.⁷

The financial impact of STDs is high. Direct annual medical costs for STD treatment in the United States are estimated at \$13 billion.⁷ The direct medical costs for HIV are \$4.5 billion, for HPV \$1.6 billion, for PID \$1.1 billion, and for trichomoniasis and chlamydia \$375 million each.¹¹ When the indirect costs, such as lost wages, are added to the direct medical costs for STDs, the total is nearly \$17 billion annually.⁴

Estimated Cost of STDs in the United States⁴

STD	Total Cost (\$ millions)
Chlamydia	2,013
Gonorrhea	1,051
PID	4,148
Syphilis	106
Chancroid	1
Herpes	237
HPV	3,827
Hepatitis B	156
Cervical cancer	737
Sexually transmitted HIV	6,683

LAWS

Incidences of the following sexually transmitted diseases must be reported to the Indiana State Department of Health and to the CDC: AIDS, chancroid, chlamydia, gonorrhea, hepatitis (A, B, and C), HIV infection, and syphilis. All information remains confidential and may not be released without the written consent of the identified individual, except for statistical purposes if collected in a manner that does not identify the patient, or for the enforcement of public health laws, or to protect the life or health of the named party. (IC 16-41-8-1)

Each school corporation in Indiana is required to establish an AIDS advisory council to do the following: identify and study educational materials on AIDS, determine which of these materials are based on sound medical principles and reflect the attitude of the community, and recommend to the school corporation resources on AIDS that reflect the standards of the community. (IC 20-34-1-13)

Each school corporation in Indiana is also required to provide instruction on AIDS, which, to the extent possible, is integrated with instruction on other dangerous communicable diseases. The corporations consider the recommendations of their AIDS advisory councils concerning community standards on the content of the instruction, the manner in which the information is presented, and the grades in which the information is taught. (IC 20-30-5-12). All literature distributed by the schools must include information stressing the moral aspects of abstinence from sexual activity. It must state that the best way to avoid AIDS is to refrain from sexual activity until ready to establish, in the context of marriage, a mutually faithful monogamous relationship. (IC 20-34-3-17)

Any time instruction on human sexuality or sexually transmitted diseases occurs in an accredited school, the instructor must teach that abstinence from sexual activity outside of marriage is the expected standard for all school age children, that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems, and that the best way to avoid STDs is to establish a mutually faithful monogamous relationship in the context of marriage. (IC 20-30-5-13)

The clerk of the circuit court must provide written or videotaped information concerning HIV and other sexually transmitted infections to all marriage license applicants. This information must include the etiology of HIV and other STDs, behaviors that create a high risk of transmission, precautionary measures that reduce the risk of contracting STDs, and the necessity for consulting a medical specialist if an infection is suspected. The clerk must also inform the applicants that they may be tested voluntarily for HIV by a private physician or at another testing site and provide them with a list of local testing sites. (IC 31-11-4-5)

Persons with HIV/AIDS or hepatitis B, who know of their status, have a duty to warn past and present sexual or needle sharing partners of their disease status and of the need to seek health care, such as counseling and testing. Carriers are considered a serious and present danger to the health of others if they engage repeatedly in behavior that has been shown to transmit the disease, if they indicate a careless disregard for the transmission of the disease to others, or if they indicate they will engage in the future in behavior that has been shown to transmit the disease. If a court decides that a person presents a serious and present danger to public health and that irreparable harm may result to others, the court shall order the least restrictive limitations that are necessary to eliminate the threat. These restrictions may include taking the person into custody for observation, examination, testing, diagnosis, treatment, or detention. (IC 16-41-7) It is also a felony in Indiana to knowingly sell, donate, or transfer blood or blood components or semen for artificial insemination that contain HIV. (IC 35-42-1-7)

In Indiana, as in most states, a minor can give consent to medical care for the purpose of diagnosing or treating a sexually transmitted disease. The minor's parents are not required to consent to such care, nor do

they need to be notified. (IC 16-36-1-3)

PLANNED PARENTHOOD POLICIES AND SERVICES

Planned Parenthood supports the right of all individuals to confidential reproductive health care services, which include the prevention and treatment of sexually transmitted diseases. Planned Parenthood of Indiana provides screening and treatment services for STDs for both men and women at all their health centers located throughout Indiana.

In 2005 Planned Parenthood of Indiana health centers screened 43,355 patients for chlamydia, of which 3132 tested positive and screened 43,303 patients for gonorrhea, of which 561 tested positive. HIV testing was provided for 4907 patients.

SOURCES

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