

Sexually Transmitted Disease Surveillance 2003

**Division of STD Prevention
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This report is also available by Internet via the CDC home page at: <http://www.cdc.gov/std/stats/>

Related Websites

The following is a list of suggested websites related to information in this report:

- STD Surveillance 1993-2003: http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm
- STD Data on WONDER: <http://wonder.cdc.gov/sexu00.html>
- STD Fact Sheets: http://www.cdc.gov/std/healthcomm/fact_sheets.htm
- STD Treatment Guidelines: <http://www.cdc.gov/STD/treatment/>

Supplemental Reports

- 2002 Chlamydia Prevalence Monitoring Project: <http://www.cdc.gov/std/chlamydia2002/>
- 2002 Gonococcal Isolate Surveillance Project: <http://www.cdc.gov/std/gisp2002/>
- 2002 Syphilis Surveillance Project: <http://www.cdc.gov/std/syphilis2002/>

Foreword

“STDs are hidden epidemics of enormous health and economic consequence in the United States. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biologic and social characteristics of these diseases. All Americans have an interest in STD prevention because all communities are impacted by STDs and all individuals directly or indirectly pay for the costs of these diseases. STDs are public health problems that lack easy solutions because they are rooted in human behavior and fundamental societal problems. Indeed, there are many obstacles to effective prevention efforts. The first hurdle will be to confront the reluctance of American society to openly confront issues surrounding sexuality and STDs. Despite the barriers, there are existing individual- and community-based interventions that are effective and can be implemented immediately. That is why a multifaceted approach is necessary to both the individual and community levels.

To successfully prevent STDs, many stakeholders need to redefine their mission, refocus their efforts, modify how they deliver services, and accept new responsibilities. In this process, strong leadership, innovative thinking, partnerships, and adequate resources will be required. The additional investment required to effectively prevent STDs may be considerable, but it is negligible when compared with the likely return on the investment. The process of preventing STDs must be a collaborative one. No one agency, organization, or sector can effectively do it alone; all members of the community must do their part. A successful national initiative to confront and prevent STDs requires widespread public awareness and participation and bold national leadership from the highest levels.”¹

¹ Concluding statement from the Institute of Medicine’s Summary Report, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, National Academy Press, Washington, DC, 1997, p.43.

Preface

Sexually Transmitted Disease Surveillance, 2003 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2003. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. **The figures and tables in this edition supersede those in earlier publications of these data.**

The surveillance information in this report is based on the following sources of data: (1) case reports from state and local STD programs; (2) prevalence data from the Regional Infertility Prevention Projects, the National Job Training Program (formerly the Job Corps), the Jail STD Prevalence Monitoring Projects, the Adolescent Women Reproductive Health Monitoring Project, the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project, and the Indian Health Service; (3) sentinel surveillance of gonococcal antimicrobial resistance from the Gonococcal Isolate Surveillance Project (GISP); and (4) national surveys implemented by federal and private organizations.

The STD surveillance systems operated by state and local STD control programs, which provide the case report data for chlamydia, gonorrhea, syphilis and chancroid are the sources of many of the figures and all of the statistical tables in this publication. These systems are an integral part of program management at all levels of STD prevention and control in the United States. Because of incomplete diagnosis and reporting, the number of STD cases reported to CDC is less than the actual number of cases occurring in the United States population. Case report data for other STDs are not available because they are not nationally notifiable diseases.

Sexually Transmitted Disease Surveillance, 2003 consists of four parts. The **National Profile** contains figures that provide an overview of STD morbidity in the United States. The accompanying text identifies major findings and trends for selected STDs. The **Special Focus Profiles** contain figures and text describing STDs in selected subgroups and populations that are a focus of national and state prevention efforts. The **Detailed Tables** provide statistical information about STDs at the state, county, city, and national levels. The **Appendix** includes the sources and limitations of the data used to produce this report, Healthy People 2010 STD objectives, and STD surveillance case definitions.

Selected figures and tables in this document identify goals that reflect progress towards some of the Healthy People 2010 (HP2010) national health status objectives for STDs.¹ **Appendix** Table A1 displays progress made towards the HP2010 targets for STDs. These targets are used as reference points throughout this edition of *Sexually Transmitted Disease Surveillance, 2003*.

Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to Director, Division of STD Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop E-02, Atlanta, Georgia, 30333.

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

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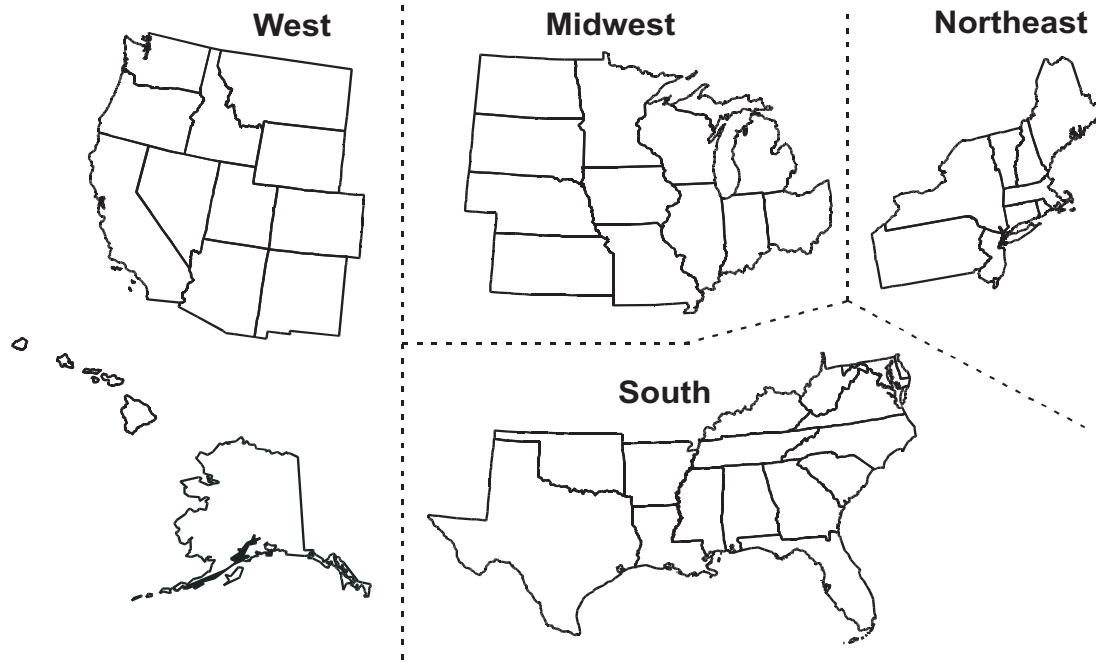
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Geographic Divisions of the United States



West

Alaska
 Arizona
 California
 Colorado
 Hawaii
 Idaho
 Montana
 Nevada
 New Mexico
 Oregon
 Utah
 Washington
 Wyoming

Midwest

Illinois
 Indiana
 Iowa
 Kansas
 Michigan
 Minnesota
 Missouri
 Nebraska
 North Dakota
 Ohio
 South Dakota
 Wisconsin

South

Alabama
 Arkansas
 Delaware
 District of Columbia
 Florida
 Georgia
 Kentucky
 Louisiana
 Maryland
 Mississippi
 North Carolina
 Oklahoma
 South Carolina
 Tennessee
 Texas
 Virginia
 West Virginia

Northeast

Connecticut
 Maine
 Massachusetts
 New Hampshire
 New Jersey
 New York
 Pennsylvania
 Rhode Island
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