

# STDs in Racial and Ethnic Minorities

## Public Health Impact

Surveillance data show higher rates of reported STDs among some minority racial or ethnic groups when compared with rates among whites. Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs. Acknowledging the disparity in STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

Surveillance data are based on cases of STDs reported to state and local health departments (see **Appendix**). In many areas, reporting from public sources, (for example, STD clinics) is more complete than reporting from private sources. Since minority populations may utilize public clinics more than whites, differences in rates between minorities and whites may be increased by this reporting bias.

## Observations

- Although chlamydia in women is a widely distributed STD among all racial and ethnic groups, trends in positivity in women screened in HHS Region X show consistently higher chlamydia positivity among minorities (Figure W).
- In 2003, the rate of chlamydia among African-American females in the United States was more than 7 times higher than the rate among white females (1,633.1 and 217.9 per 100,000, respectively) (Table 11B). The chlamydia rate among African-American males was 11 times higher than that among white males (584.2 and 52.9 per 100,000 respectively).
- In 2003, chlamydia positivity among sexually active 15- to 30-year-old women screened at clinics of the Indian Health Service (IHS) in two IHS areas was 11.0% (Figure X).
- In 2003, 70.7% of the total number of cases of gonorrhea reported to CDC occurred among African-Americans (Table 21A). In 2003, the rate of gonorrhea among African-Americans was 655.8 cases per 100,000 population, among American Indian/Alaska Natives the rate was 103.5, and among Hispanics the rate was 71.7. These rates are 20, 3, and 2 times higher, respectively, than the rate among whites in 2003 of 32.7 cases per 100,000 population. The rate of gonorrhea among Asian/Pacific Islanders in 2003 was 22.8 cases per 100,000 population (Figure 16, Table 21B).
- Gonorrhea rates in 2003 were highest for African-Americans aged 15-24 years among all racial, ethnic, and age categories. In 2003, African-American women aged 15-19 years had a gonorrhea rate of 2,947.8 cases per 100,000 females. This rate is 14 times greater than the 2003 rate among white females of similar age (204.8). African-American men in the 15- to 19-year-old age category had a 2003

gonorrhea rate of 1,464.1 cases per 100,000 males, which was 39 times higher than the rate among 15- to 19-year-old white males of 37.7 per 100,000. Among 20- to 24-year-olds in 2003, the gonorrhea rate among African-Americans was 18 times greater than that among whites (2,683.1 and 152.0 cases per 100,000 population, respectively) (Table 21B).

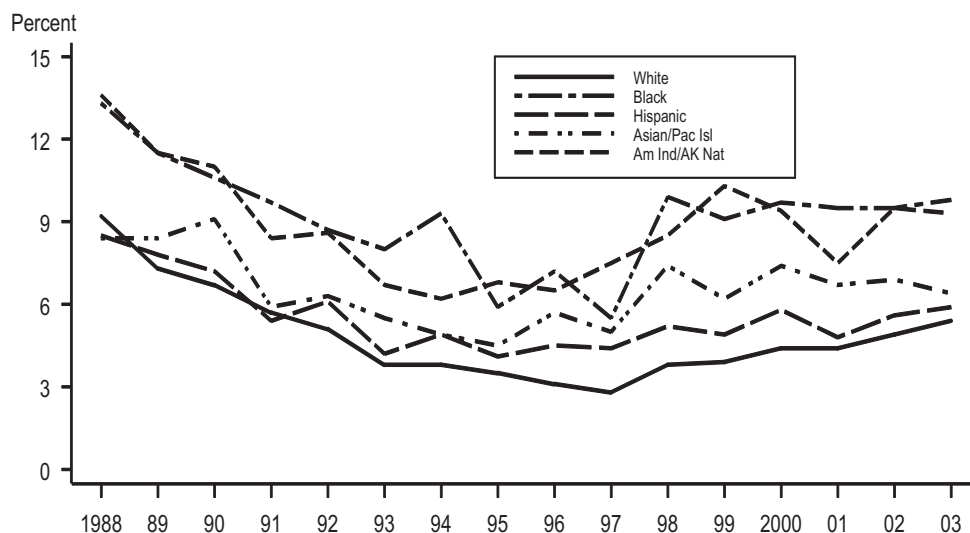
- Although gonorrhea rates declined for most age and race/ethnic groups during the 1980s, they did not decline for African-American adolescents. African-American females 15 to 19 years of age did not show a decline in rates until 1991 (Figure Y). Declines among African-American males aged 15-19 years did not begin until 1992 (Figure Z). From 1999 through 2003, gonorrhea rates among African-Americans declined by 18.9% (808.4 and 655.8 cases per 100,000 population, respectively). During the same period, gonorrhea rates increased by 22.5% among whites, 17.5% among Asian/Pacific Islanders, 11% among Hispanics, and 5.5% among American Indian/Alaska Natives (Table 21B).
- The syphilis epidemic in the late 1980s occurred primarily among heterosexual, minority populations.<sup>1</sup> During the 1990s, the rate of primary and secondary (P&S) syphilis declined among all racial and ethnic groups (Figure 30). During 2000-2003, the rate continued to decline among African-Americans, but the overall rate of P&S syphilis and rates among non-Hispanic whites, Hispanics, Asian/Pacific Islanders, and American Indian/Alaska Natives increased; increases in P&S syphilis occurred only among men and the most rapid rate of increase occurred among non-Hispanic white men during this time (Table 34B). Despite recent changes in the demographics of syphilis infection, the rates of P&S syphilis continue to be higher among African-Americans and Hispanics than among non-Hispanic whites.
- In 2003, 39.2% of all cases of P&S syphilis reported to CDC occurred among African-Americans and 41.9% of all cases occurred among non-Hispanic whites (Table 34A). Although the rate of P&S syphilis among African-Americans declined from 9.5 to 7.8 cases per 100,000 population between 2002 and 2003, the 2003 rate was 5.2 times greater than the rate among non-Hispanic whites (1.5 cases per 100,000 population).
- The incidence of P&S syphilis among African-Americans was highest among women aged 20-24 years (11.1 cases per 100,000 population) and among men aged 35 to 39 (25.7 cases per 100,000 population) in 2003 (Table 34B).
- Between 2002 and 2003, P&S syphilis rates for African-Americans aged 15-19 years declined 18.1%; rates declined 31.8% among African-American females but increased 3.4% among African-American males in this age group (Figures AA and BB, Table 34B). The P&S syphilis rate among young African-American adults aged 20-24 years declined 13.7% between 2002 and 2003; rates declined 30.6% among African-American females and 1.4% among African-American males in this age group (Table 34B).
- In 2003, 16.2% of all cases of P&S syphilis reported to CDC occurred among Hispanics (Table 34A). The rate of P&S syphilis among Hispanics increased 20.0% (from 2.5 to 3.0 cases per 100,000 population) between 2002 and 2003. The rate among Hispanics in 2003 was 2.0 times greater than the rate among non-Hispanic whites.

- The incidence of P&S syphilis among Hispanics was highest among women aged 15- to 24-years (2.3 cases per 100,000 population) and among men aged 35 to 39 (12.7 cases per 100,000 population) in 2003 (Table 34B).
- In 2003, the rate of congenital syphilis (based on the mother's race/ethnicity) was 33.9 cases per 100,000 live births among African-Americans and 18.1 cases per 100,000 live births among Hispanics. These rates are 26 and 14 times greater, respectively than the 2003 rate among non-Hispanic whites (1.3 cases per 100,000 live births), respectively (Figure CC, Table 44).

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<sup>1</sup> Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941 through 1993. *Sex Transm Dis* 1996;23:16-23.

**Figure W. Chlamydia — Positivity among women tested in family planning clinics by race and ethnicity: Region X, 1988–2003**



Note: Women who met screening criteria were tested. Trends not adjusted for changes in laboratory test method and associated increases in test sensitivity in 1994, and 1999–2003.

SOURCE: Regional Infertility Prevention Projects: Region X Chlamydia Project

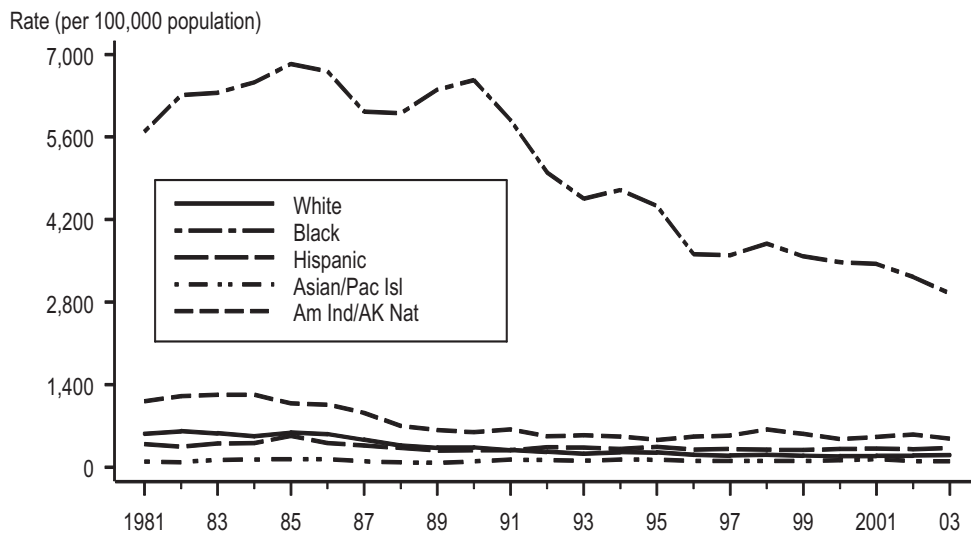
**Figure X. Chlamydia — Positivity among 15- to 30-year-old women tested in Indian Health Service (IHS) Clinics by IHS areas, 2003**



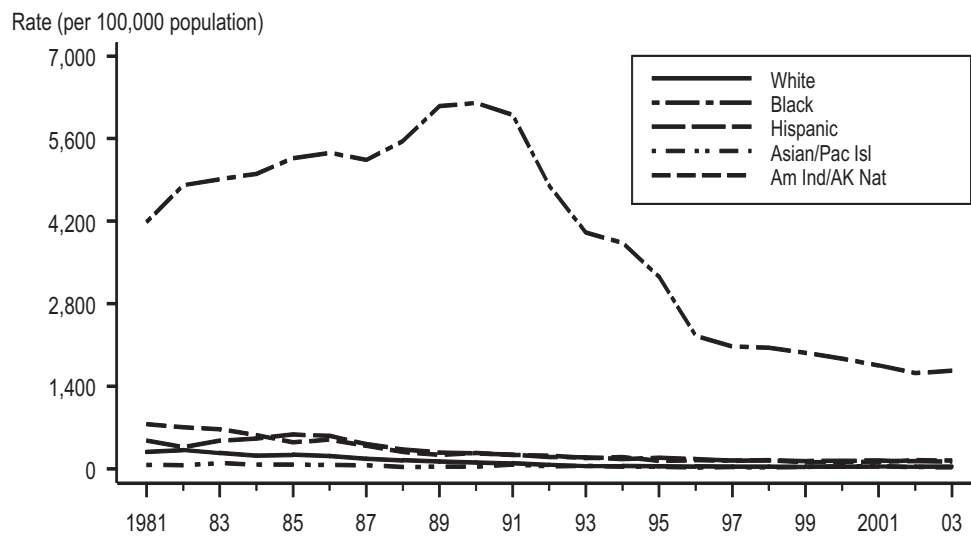
\*IHS areas not reporting chlamydia positivity data during 2003. See Appendix for definitions of IHS areas.

SOURCE: Indian Health Service

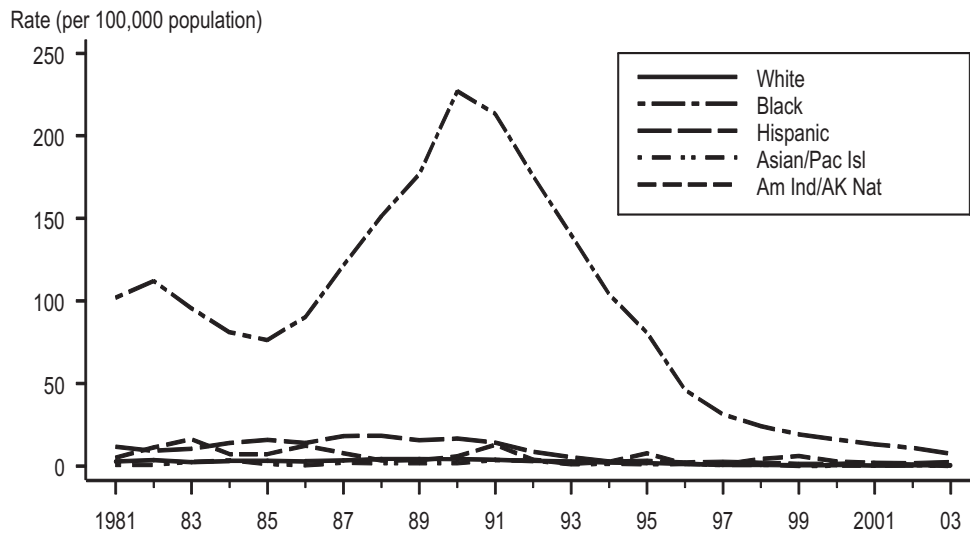
**Figure Y. Gonorrhea — Rates among 15- to 19-year-old females by race and ethnicity: United States, 1981–2003**



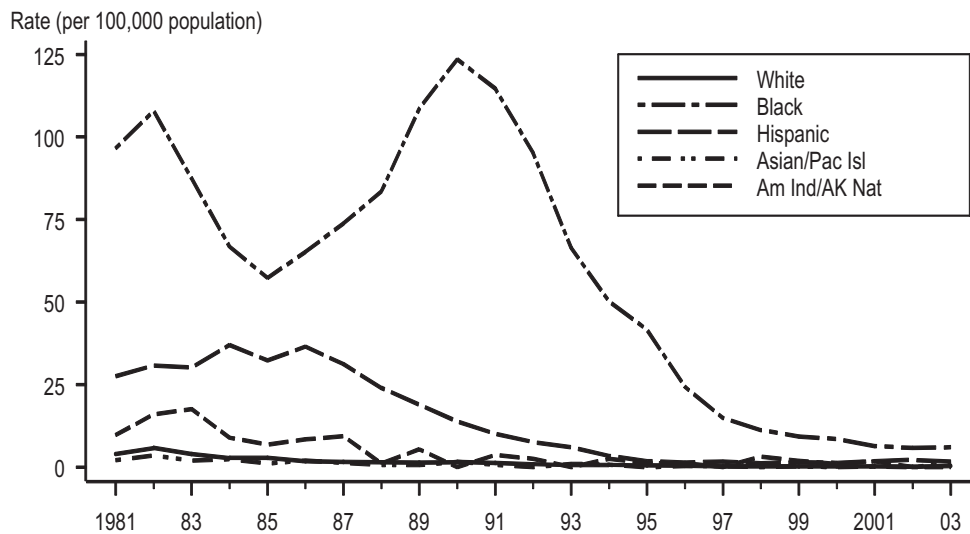
**Figure Z. Gonorrhea — Rates among 15- to 19-year-old males by race and ethnicity: United States, 1981–2003**



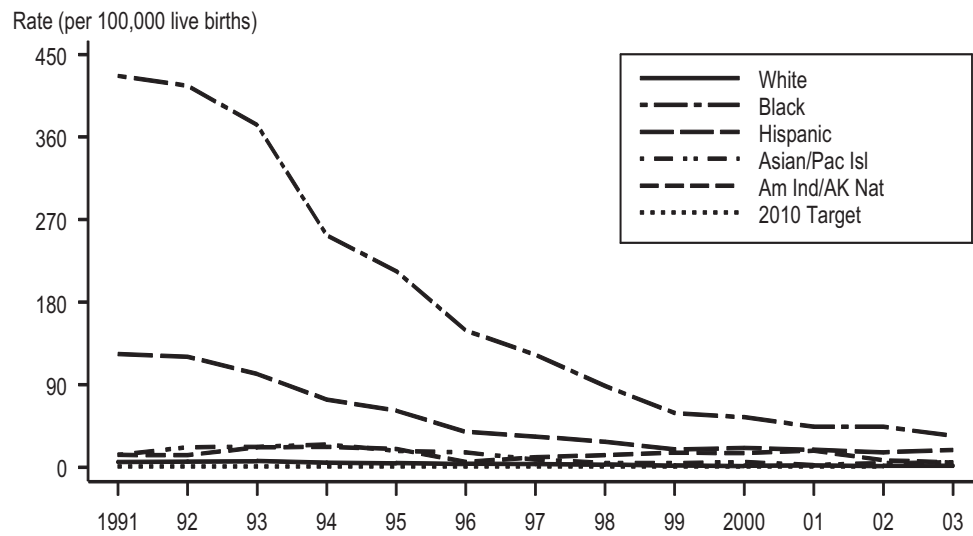
**Figure AA. Primary and secondary syphilis — Rates among 15- to 19-year-old females by race and ethnicity: United States, 1981–2003**



**Figure BB. Primary and secondary syphilis — Rates among 15- to 19-year-old males by race and ethnicity: United States, 1981–2003**



**Figure CC. Congenital syphilis — Rates among infants <1 year of age by mother's race and ethnicity: United States, 1991–2003 and the Healthy People 2010 target**



Note: The Healthy People 2010 target for congenital syphilis is 1.0 case per 100,000 live births. Less than 5% of cases had missing race/ethnicity information and were excluded. Case counts for congenital syphilis shown in this graph correspond to those listed in Table 44.

