

Sexually Transmitted Disease Surveillance 2001 Supplement

Syphilis Surveillance Report

**Division of STD Prevention
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Introduction

The Syphilis Surveillance Report, 2001, presents syphilis statistics and trends in the United States through 2001. The surveillance information in this report is based on the following sources: case reports from the 65 sexually transmitted disease (STD) project areas and data on prevalence of reactive serologic tests for syphilis provided by the Jail STD Prevalence Monitoring Project and state and local health departments which voluntarily submitted correctional facility screening data to CDC. The STD surveillance systems operated by state and local STD control programs, which provide the case report data on adult and congenital syphilis, are the sources of most of the information in this publication. These systems are an integral part of program management at all levels of STD prevention and control in the United States.

The Syphilis Surveillance Report consists of two parts. The National Profile contains figures that provide an overview of syphilis morbidity in the United States. The State Profile contains figures of syphilis case report trends at the state and county level.

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.

Methods

Sources of Data

At present, STD case report data are submitted to CDC on a variety of hardcopy summary reports (monthly, quarterly, and annually) and electronically either in summary or individual case-listed formats via the National Electronic Telecommunications System for Surveillance (NETSS) – the system that provides notifiable disease information that is published in the *Morbidity and Mortality Weekly Report (MMWR)*. CDC is currently working with project areas on converting from hardcopy reporting of summary data to electronic submission of line-listed (i.e., case-specific) data through NETSS. Data on reported cases of syphilis in the primary and secondary (P&S) stages were analyzed for this report because these cases best represent incidence of syphilis (i.e., newly acquired infections within the evaluated time period). The data used in this report are based on a combination of aggregated NETSS data and summary hardcopy reports. Monthly reports include summary data for syphilis by county and state. Quarterly reports include summary data for syphilis by sex and source of report (STD clinic or non-STD clinic) for the 50 states, and outlying areas of the United States. Annual reports include summary data for P&S syphilis by age, race, and sex for the 50 states and 64 large cities. Reports and corrections sent to CDC on hardcopy forms and for NETSS electronic data through May 3, 2002, were used to create the line-graphs, bar charts, and county-level maps in this supplement. Hardcopy data received after this date will appear in subsequent issues.

Eight states reported syphilis data from persons entering adult correctional facilities and juvenile detention facilities as part of the Jail STD Prevalence Monitoring Project; five states reported syphilis

data from persons entering correctional facilities as part of the Syphilis Elimination Initiative, and three additional states voluntarily reported syphilis data from correctional facilities to CDC.

Reporting of Congenital Syphilis Cases

In 1988, a surveillance case definition for congenital syphilis was introduced. This case definition has greater sensitivity than the former definition. In addition, many areas greatly enhanced their active surveillance for congenital syphilis cases during this time. For these reasons, the number of reported congenital syphilis cases increased dramatically during 1989-1991. Following the change in case definition, there was a period of transition during which trends could not be clearly interpreted. However, all reporting areas implemented the surveillance case definition for reporting of congenital syphilis cases as of January 1, 1992. Therefore, it is expected that fluctuations in reporting stabilized after that date and that trends reported since then are reliable. In addition to changing the case definition, CDC revised the data collection form (CDC 73.126) in 1990, and this form has been used for reporting all cases of congenital syphilis since 1995. This form collects individual case information which allows more thorough analysis of cases. Congenital syphilis cases were reported by state and city of residence of the mother during 1995-2001.

Population Denominators and Rate Calculations

Crude incidence rates (new cases/population) were calculated on an annual basis per 100,000 population. In this report, the 2001 rates for all states, cities and outlying areas were calculated by dividing the number of cases reported from each area in 2001 by the estimated area-specific 2000 population. For the United States, rates were calculated using Bureau of the Census population estimates for 1981 through 1989 (Bureau of the Census; United States Population Estimates by Age, Sex and Race: 1980-1989 [Series P-25, No. 1045]; Washington: US Government Printing Office, 1990; and United States Population Estimates by Age, Sex and Race: 1989 [Series P-25, No. 1 057]; Washington: US Government Printing Office, 1990). Rates for states and counties were calculated using published intercensal estimates based on Bureau of the Census population estimates for 1980-1989 (Irwin R; 1980-1989 Intercensal Population Estimates by Race, Sex, and Age; Alexandria, [VA]: Demo-Detail, 1992; machine-readable data file). Rates for 1990 were calculated using population data from the 1990 census (Census of Population and Housing, 1990: Summary Tape File 1 (All States) [machine-readable file]; Washington: Bureau of the Census, 1991), which included information on area (county, state), age (5-year age groups), race (White, Black, Asian/Pacific Islander, American Indian/Alaska Native) and ethnicity (Hispanic or non-Hispanic). Rates for 1991-2001 were updated from previous issues of this report using postcensal population estimates based on the Bureau of the Census data (U.S. Bureau of the Census; 1991-2000 Estimates of the Population of Counties by Age, Sex and Race/Hispanic Origin: 1990 to 2000; machine-readable data files).

Rates of congenital syphilis for 1989-2001 were calculated using live births from the National Center for Health Statistics (NCHS) (Vital Statistics: Natality Tapes 1989-1999 or Vital Statistics Reports, United States 2000, Vol. 48 No.10-Natality). Race-specific rates for 1999-2001 were calculated using live births for 1999. Rates before 1989 were calculated using published live birth data (NCHS; Vital Statistics Report, United States, 1988 [Vol.1-Natality]).

Calculation of Proportion of Reactive Serologic Tests for Syphilis

Serologic test reactivity was calculated by dividing the number of persons with reactive serologic tests for syphilis by the total number of persons tested for syphilis (denominator only includes those with valid test results) and is expressed as a percentage. The denominator may include more than one test from the same individual if that individual was tested more than once in that setting.

Data Limitations

The interpretation of syphilis data is complicated by two factors. First, for syphilis, as for other STDs, differential reporting of cases from public and private sectors may magnify the differences in reported rates by race and ethnicity. Second, prevalence of reactive serology may not reflect the prevalence of infectious syphilis in many communities. Confirmatory tests were not available for the majority of reactive serologic tests for syphilis and so biologic false positive results were not excluded from the proportion of reactive tests.

Acknowledgements

Publication of this report would not have been possible without the contributions of the State and Territorial Health Departments and the Sexually Transmitted Disease Control Programs, who provided state and local surveillance data to the Centers for Disease Control and Prevention and to those participating agencies in the Jail STD Prevalence Monitoring Project and the Syphilis Elimination Initiative.

This report was prepared by the following staff members of the Surveillance and Special Studies Section of the Epidemiology and Surveillance Branch, and the Statistics and Data Management Branch, of the Division of STD Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention: Susan Bradley, Melinda Flock, James Heffelfinger, Rose Horsley, Kathleen Hutchins, Richard Kahn, Emmett Swint, and Hillard Weinstock.

National Summary of Syphilis Surveillance Data

Syphilis, a genital ulcerative disease, facilitates the transmission of HIV and may be important in contributing to HIV transmission in those parts of the country where, and in those populations in which, rates of both infections are high. Untreated early syphilis during pregnancy results in perinatal death in up to 40% of cases and, if acquired during the four years preceding pregnancy, may lead to infection of the fetus in over 70% of cases.¹

The rate of primary and secondary (P&S) syphilis reported in the United States decreased during the 1990s and in 2000 was the lowest since reporting began in 1941.² However, the number of cases of P&S syphilis increased 2.1% in 2001 compared with 2000, the first increase in the number of cases since 1990. This increase was observed only among men. This increase in syphilis cases among men is associated with reports in several cities of syphilis outbreaks among men who have sex with men (MSM)³⁻⁸ these outbreaks were characterized by high rates of human immunodeficiency virus co-infection and high-risk sexual behavior among involved MSM. The number of P&S syphilis cases among women and among African-Americans has decreased every

year since 1990. Between 2000 and 2001, the number of P&S syphilis cases among women declined 19.5% and the number of cases among African-Americans declined 9.9%.

Low rates of syphilis and the concentration of the majority of syphilis cases in a small number of geographic areas, particularly in the South, during the 1990s led to the development of the National Plan to Eliminate Syphilis from the United States, which was announced by the Surgeon General in October 1999.⁹ Despite continued national progress toward syphilis elimination among women and African-Americans, syphilis remains an important problem in the South and, increasingly, in urban areas of the country that have large populations of MSM.

- In 2001, P&S syphilis cases reported to CDC increased to 6,103 (4,134 cases among men, 1,967 among women, and 2 with missing information for sex) from 5,979 (3,532 cases among men, 2,445 among women, and 2 with missing information for sex) in 2000, an increase of 2.1 % (Figure 1).¹⁰ The reported rate of P&S syphilis in the United States in 2001 (2.2 cases per 100,000 persons) was slightly higher than the rate reported in 2000 (2.1 cases per 100,000).
- Early latent syphilis cases reported to CDC decreased 8.1 % (from 9,465 cases to 8,701 cases) between 2000 and 2001.¹⁰ However, the number of late and late latent syphilis cases reported to CDC increased 8.9% (from 15,594 cases to 16,976 cases).
- The reported rate of P &S syphilis increased 15.4% among men (from 2.6 cases to 3.0 cases per 100,000 men) between 2000 and 2001 (Figure 2). During this time, the rate declined 17.7% among women (from 1.7 to 1.4 cases per 100,000 women).¹⁰
- The male-to-female case ratio for P&S syphilis has risen steadily since 1996 when it was 1.1:1 (Figure 3). The male-to-female case ratio in 2000 was 1.4:1; in 2001, the case ratio was 2.1:1,¹⁰ suggesting an increase in syphilis among MSM. The increase in this ratio has been particularly marked in cities reporting outbreaks of syphilis among MSM (Table 1).
- Increases in male-to-female case ratios for P&S syphilis occurred in all racial/ethnic groups during 2000 to 2001.¹⁰ The male-to-female case ratio for P&S syphilis increased from 1.8:1 to 4.6:1 in whites, from 1.3:1 to 1.5:1 in African-Americans, from 2.5:1 to 4.2:1 in Hispanics, from 3.6:1 to 13:1 in Asian/Pacific Islanders, and from 1.0:1 to 1.2:1 in American Indian/Alaska Natives.
- During 2000-2001, there was an increase in the male-to-female case ratio for P&S syphilis in 26 of the 63 largest cities in the United States with >200,000 population that reported 25 or more cases in 2001 (Table 1).
- Between 2000 and 2001, the overall rate of congenital syphilis decreased by 20.7% in the U.S., from 14.0 to 11.1 cases per 100,000 live births.¹⁰
- The continuing decrease in the rate of congenital syphilis likely reflects the substantial reduction in the rate of P&S syphilis among women that has occurred in the last decade (Figure 4). During 1991-2001, the average yearly percentage decrease in the rate of P&S syphilis reported among women was 20.8% and the average yearly percentage decrease in the congenital syphilis rate was 19.8%.¹⁰

- In 2001, the rate of P&S syphilis among women was highest in the 20-24 year age group (3.8 cases per 100,000 population) and the rate among men was highest in the 35-39 year age group (7.2 cases per 100,000 population) (Figure 5).¹⁰ The median ages of men and women with P&S syphilis did not change appreciably between 2000 and 2001 (men: 35 years vs. 36 years; women: 30 years vs. 31 years).
- From 1990 to 1996, overall rates of P&S syphilis declined among all racial and ethnic groups (Figure 6). From 1997 to 2000, rates of P&S syphilis were fairly stable in all racial and ethnic groups except African-Americans, among whom rates steadily declined.¹⁰ Although rates among African-Americans continued to decline in 2001, rates for all other racial and ethnic groups increased. These rate increases occurred primarily among men.
- Between 2000 and 2001, the rates of P&S syphilis declined 9.8% among African-Americans (from 12.2 to 11.0 cases per 100,000 population), but increased 40% among whites (from 0.5 to 0.6 cases per 100,000 population), 31% among Hispanics (from 1.6 to 2.1 cases per 100,000 population), 67% among Asian/Pacific Islanders (from 0.3 to 0.5 cases per 100,000 population), and 75% among American Indian/Alaska Natives (from 2.4 to 4.2 cases per 100,000 population) (Figure 6).¹⁰
- Rates for African-Americans and Hispanics continue to be higher than for non-Hispanic whites.¹⁰ In 2001, 62% of all cases of P&S syphilis reported to CDC occurred among African-Americans and the rate of P&S syphilis in African-Americans was 16 times greater than the rate reported in whites. In 2000, 71% of reported P&S syphilis cases occurred among African-Americans and the rate of P&S syphilis among African-Americans was 24 times that among whites.
- In 2001, the South continued to have a higher rate of P&S syphilis (3.4 cases per 100,000 population) than any other region of the country, accounting for 56% of reported cases. From 2000 to 2001, rates declined 8% in the South (from 3.7 to 3.4 cases per 100,000 persons) and 10% in the Midwest (2.0 to 1.8 cases per 100,000 persons), but increased 40% in the West (1.0 to 1.4 cases per 100,000 persons) and 57% in the Northeast (0.7 to 1.1 cases per 100,000 persons).¹⁰ The 2001 reported rates in all regions were greater than the Healthy People 2010 objective of 0.2 case per 100,000 persons (Figure 7).¹¹
- In 2001, P&S syphilis rates in 9 states and one outlying area were less than or equal to the Healthy People 2010 national objective of 0.2 case per 100,000 persons (Figure 8). P&S syphilis rates were less than or equal to the Healthy People 2010 national objective in 14 states in 2000.²
- In 2001, 2,516 (80.2%) of 3,139 counties in the United States reported no cases of P&S syphilis compared with 2,520 (80.3%) counties reporting no cases in 2000.¹⁰ Of 623 counties reporting at least one case of P&S syphilis in 2001, 17 (2.7%) reported rates at or below the Healthy People 2010 objective of 0.2 case per 100,000 persons. Rates of P&S syphilis were above the Healthy People 2010 objective for 606 counties in 2001 (Figure 9). In 2001, 20 counties and one independent city accounted for 50% of all reported P&S syphilis cases in the United States.¹⁰
- Among persons in adult correctional facilities who were tested serologically for syphilis, the median percentage of reactive tests by facility was 8.7% (range, 2.1% to 22.2%) among

women (Figure 10; Table 2) and 2.7% (range, 0.3% to 10.7%) among men (Figure 11; Table 2).¹⁰ The median percentage of reactive syphilis tests was higher among women than men in all 16 adult corrections facilities reporting syphilis test results for both sexes. Among persons in juvenile correctional facilities, the median percentage of reactive syphilis tests also was higher among women than men (women: 0.8% [range, 0.4% to 1.6%]); men: 0.1% [0.0% to 0.3%]) (Figures 10 and 11 and Table 3).

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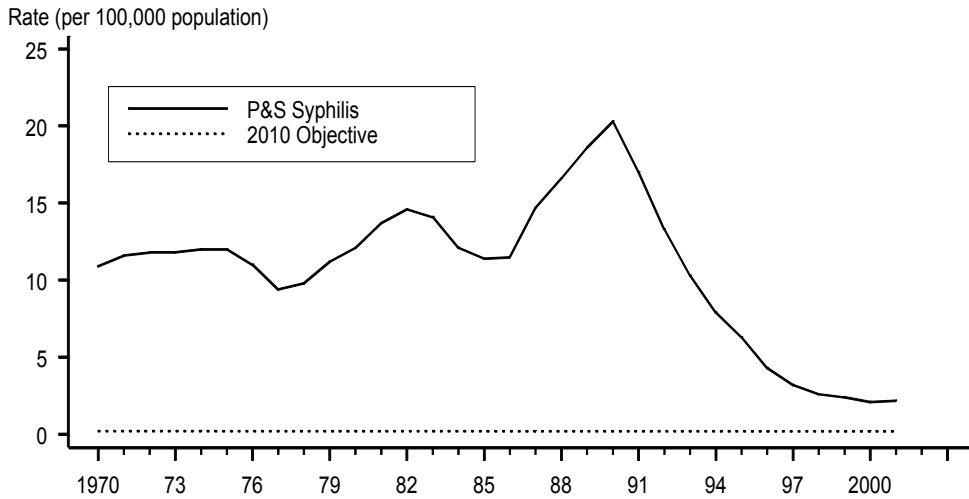
⁸Chen SY, Gibson S, Katz MH, et al. Continuing increases in sexual risk behavior and sexually transmitted diseases among men who have sex with men: San Francisco, California, 1999-2001 [Letter]. *Am J Public Health* 2002;92:1387-8.

⁹Division of STD Prevention. The National Plan to Eliminate Syphilis from the United States. National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1999.

¹⁰Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2001. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, September 2002.

¹¹U.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.

Figure 1. Primary and secondary syphilis — Reported rates: United States, 1970–2001 and the Healthy People year 2010 objective



Note: The Healthy People 2010 (HP2010) objective for primary and secondary syphilis is 0.2 case per 100,000 population.

Figure 2. Primary and secondary syphilis — Rates by sex: United States, 1981–2001 and the Healthy People year 2010 objective

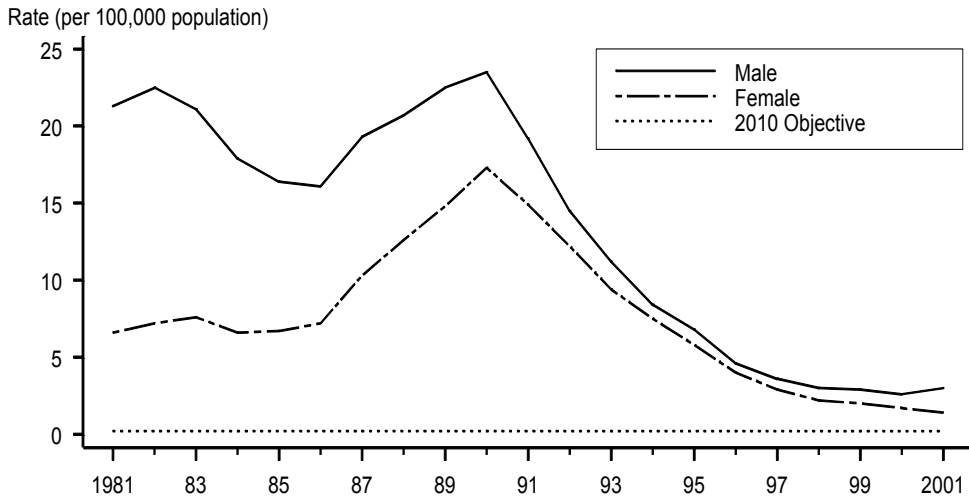
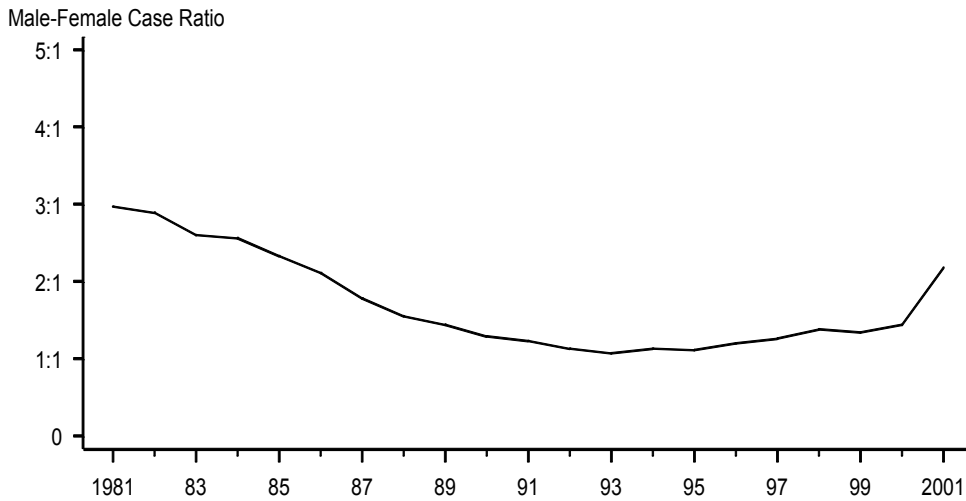
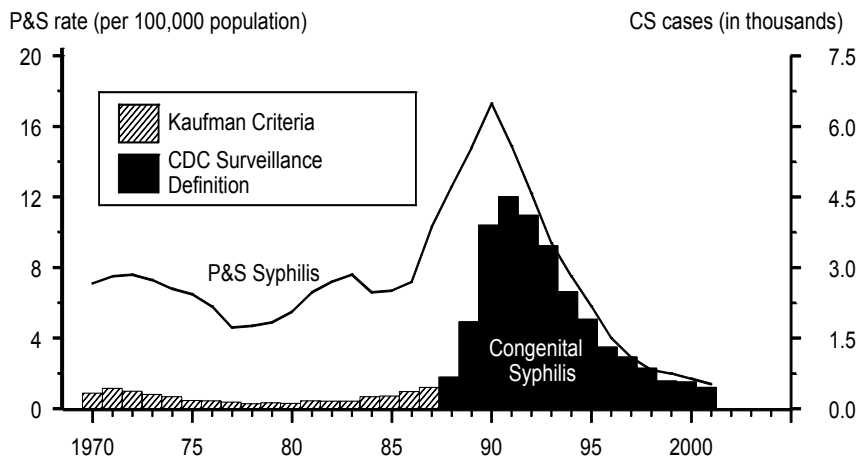


Figure 3. Primary and secondary syphilis — Male-to-female case ratios: United States, 1981–2001



Note: Male-to-female syphilis case ratios are ratios of the annual number of cases of syphilis reported among men and women. A male-to-female case ratio of one means that for every case of syphilis reported among men, one case is reported among women.

Figure 4. Congenital syphilis — Reported cases for infants <1 year of age and rates of primary and secondary syphilis among women: United States, 1970–2001



Note: The surveillance case definition for congenital syphilis changed in 1988.

Figure 5. Primary and secondary syphilis — Age- and gender-specific rates: United States, 2001

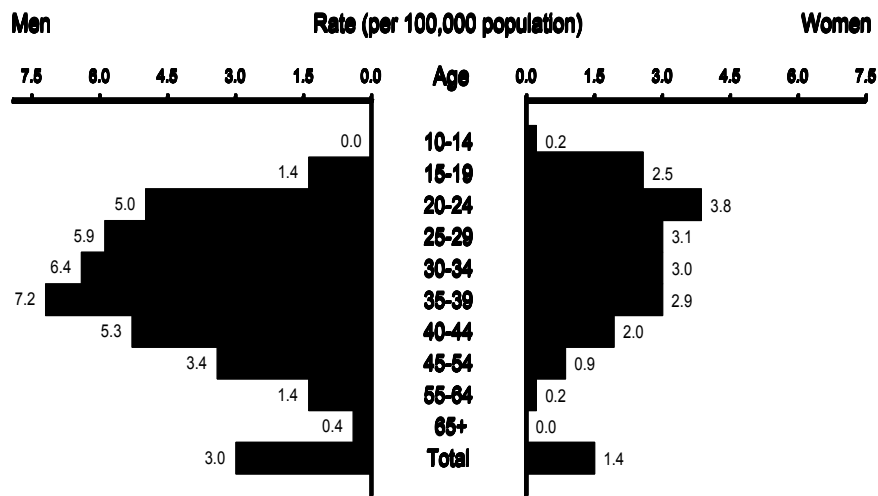


Figure 6. Primary and secondary syphilis — Rates by race and ethnicity: United States, 1981–2001 and the Healthy People year 2010 objective

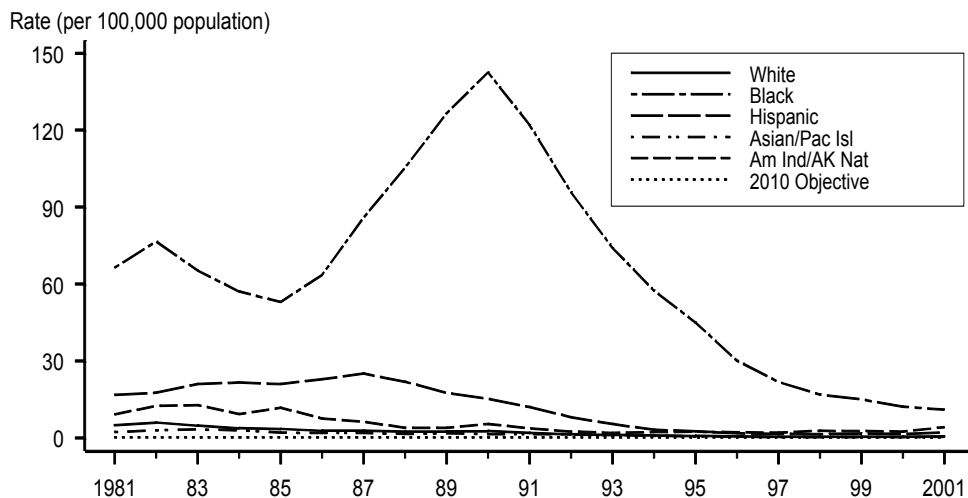


Figure 7. Primary and secondary syphilis — Rates by region: United States, 1981–2001 and the Healthy People year 2010 objective

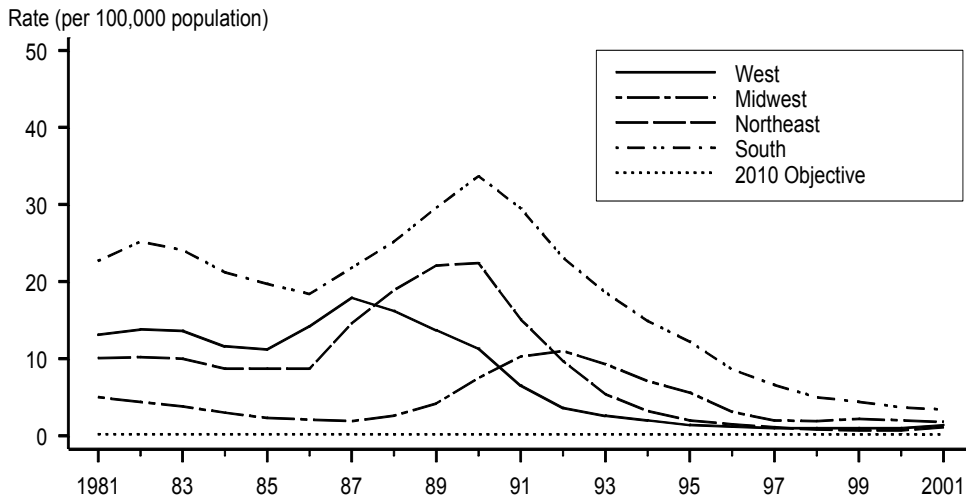
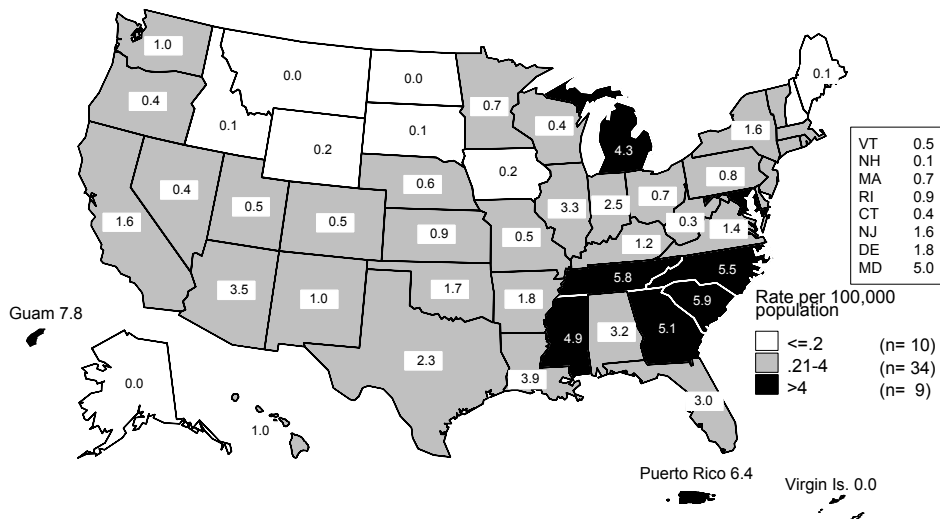
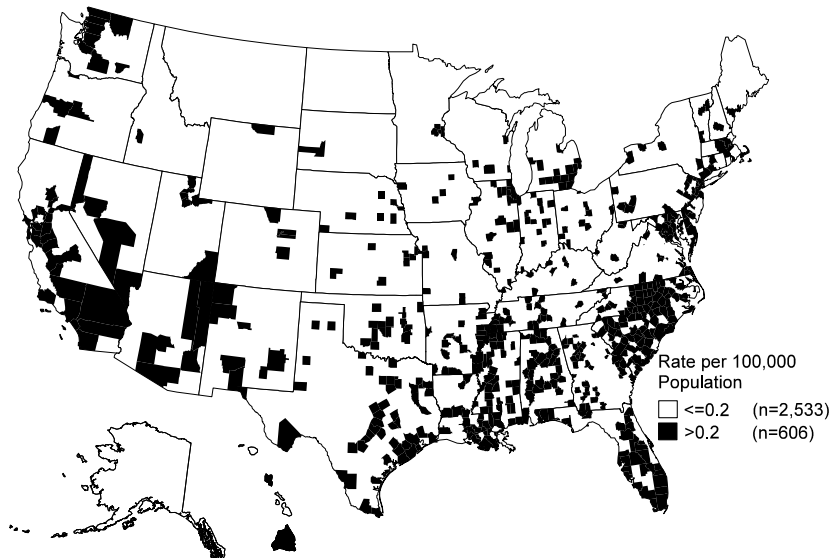


Figure 8. Primary and secondary syphilis — Rates by state: United States and outlying areas, 2001



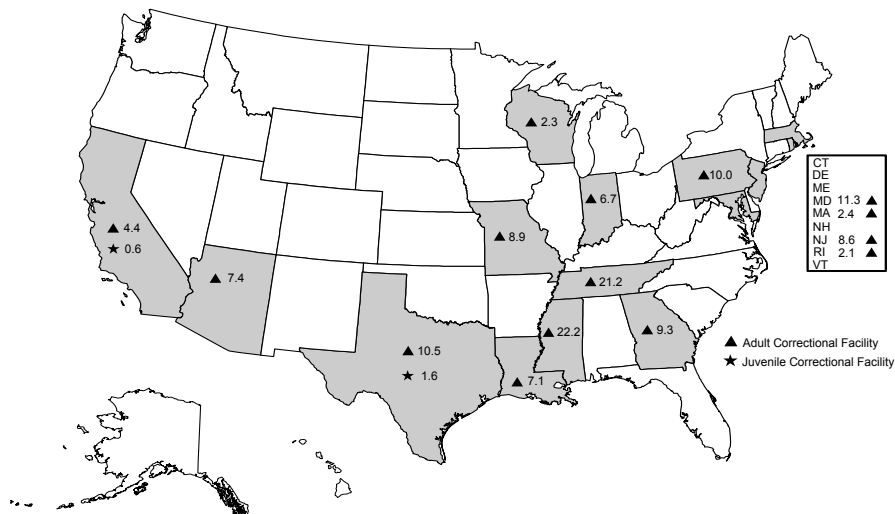
Note: The total rate of primary and secondary syphilis for the United States and outlying areas (including Guam, Puerto Rico and Virgin Islands) was 2.2 per 100,000 population. The Healthy People year 2010 objective is 0.2 per 100,000 population.

Figure 9. Primary and secondary syphilis — Counties with rates above and counties with rates below the Healthy People year 2010 objective: United States, 2001



Note: The total rate of primary and secondary syphilis for the United States and outlying areas (including Guam, Puerto Rico and Virgin Islands) was 2.2 per 100,000 population. The Healthy People year 2010 objective is 0.2 per 100,000 population.

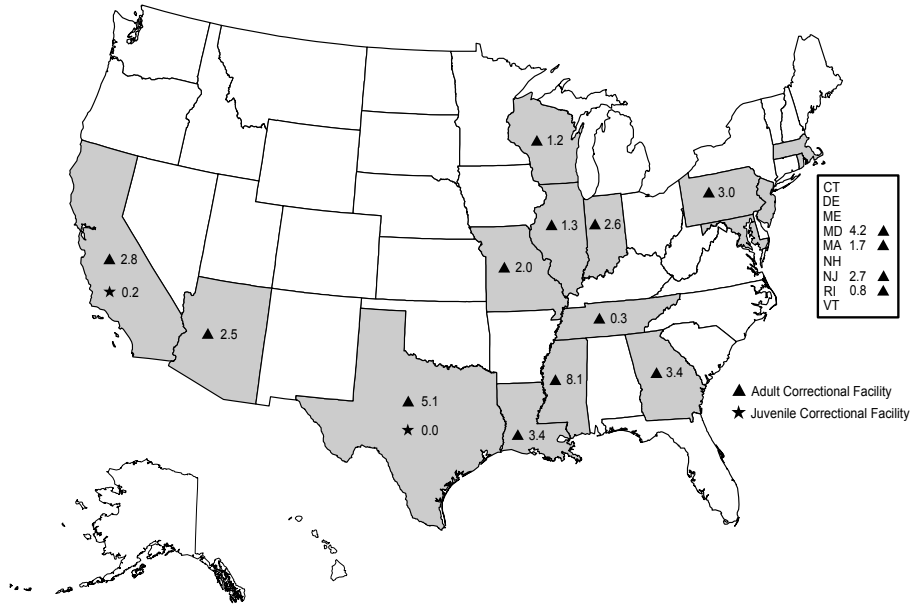
Figure 10. Syphilis serologic tests — Percent seroreactivity in women entering juvenile and adult corrections facilities, 2001



Note: The median percentage of reactive tests is presented from facilities reporting >100 test results. Texas submitted data from more than one adult corrections facility. California submitted data from more than one juvenile corrections facility.

SOURCE: Jail STD Prevalence Monitoring Project; Local and State STD Control Programs; Centers for Disease Control and Prevention

Figure 11. Syphilis serologic tests — Percent seroreactivity in men entering juvenile and adult corrections facilities, 2001



Note: The median percentage of reactive tests is presented from facilities reporting >100 test results. Mississippi and Texas submitted data from more than one adult corrections facility. California submitted data from more than one juvenile corrections facility.

SOURCE: Jail STD Prevalence Monitoring Project; Local and State STD Control Programs; Centers for Disease Control and Prevention

Table 1. Primary and secondary syphilis – Reported cases among men and women and male-to-female case ratios in selected cities of >200,000 population reporting at least 25 cases in 2001: United States, 1999-2001.

| <i>Primary and Secondary Syphilis</i> | | | | | | | | | |
|---------------------------------------|-------------------|-------------|-------------|---------------------|-------------|-------------|-----------------------------------|-------------|-------------|
| <i>City</i> | <i>Male Cases</i> | | | <i>Female Cases</i> | | | <i>Male-to-Female Case Ratios</i> | | |
| | <i>1999</i> | <i>2000</i> | <i>2001</i> | <i>1999</i> | <i>2000</i> | <i>2001</i> | <i>1999</i> | <i>2000</i> | <i>2001</i> |
| Atlanta, GA | 128 | 79 | 157 | 85 | 37 | 67 | 1.5:1 | 2.1:1 | 2.3:1 |
| Baltimore, MD | 134 | 126 | 84 | 112 | 92 | 77 | 1.2:1 | 1.4:1 | 1.1:1 |
| Charlotte, NC | 35 | 21 | 17 | 18 | 24 | 12 | 1.9:1 | 0.9:1 | 1.4:1 |
| Chicago, IL | 166 | 163 | 256 | 116 | 129 | 61 | 1.4:1 | 1.3:1 | 4.2:1 |
| Columbus, OH | 22 | 26 | 37 | 21 | 14 | 17 | 1.0:1 | 1.9:1 | 2.2:1 |
| Dallas, TX | 94 | 64 | 72 | 57 | 36 | 49 | 1.6:1 | 1.8:1 | 1.5:1 |
| Detroit, MI | 115 | 153 | 215 | 74 | 121 | 136 | 1.6:1 | 1.3:1 | 1.6:1 |
| Fort Worth, TX | 18 | 15 | 24 | 4 | 7 | 16 | 4.5:1 | 2.1:1 | 1.5:1 |
| Houston, TX | 47 | 43 | 75 | 30 | 27 | 28 | 1.6:1 | 1.6:1 | 2.7:1 |
| Indianapolis, IN | 203 | 131 | 68 | 204 | 170 | 60 | 1.0:1 | 0.8:1 | 1.1:1 |
| Jacksonville, FL | 4 | 13 | 20 | 3 | 11 | 18 | 1.3:1 | 1.2:1 | 1.1:1 |
| Los Angeles, CA | 57 | 112 | 175 | 25 | 19 | 9 | 2.3:1 | 5.9:1 | 19.4:1 |
| Memphis, TN | 132 | 123 | 102 | 126 | 123 | 106 | 1.0:1 | 1.0:1 | 1.0:1 |
| Miami, FL | 58 | 86 | 145 | 24 | 40 | 40 | 2.4:1 | 2.2:1 | 3.6:1 |
| Nashville, TN | 148 | 117 | 47 | 102 | 83 | 29 | 1.5:1 | 1.4:1 | 1.6:1 |
| New York City, NY | 102 | 107 | 263 | 28 | 10 | 19 | 3.6:1 | 10.7:1 | 13.8:1 |
| Newark, NJ | 12 | 19 | 37 | 10 | 9 | 21 | 1.2:1 | 2.1:1 | 1.8:1 |
| Norfolk, VA | 13 | 23 | 15 | 7 | 14 | 20 | 1.9:1 | 1.6:1 | 0.8:1 |
| Oklahoma City, OK | 72 | 43 | 17 | 42 | 39 | 18 | 1.7:1 | 1.1:1 | 0.9:1 |
| Philadelphia, PA | 48 | 42 | 55 | 21 | 25 | 24 | 2.3:1 | 1.7:1 | 2.3:1 |
| Phoenix, AZ | 133 | 97 | 109 | 62 | 75 | 39 | 2.1:1 | 1.3:1 | 2.8:1 |
| San Antonio, TX | 20 | 44 | 47 | 10 | 23 | 24 | 2.0:1 | 1.9:1 | 2.0:1 |
| San Diego, CA | 19 | 21 | 21 | 6 | 6 | 6 | 3.2:1 | 3.5:1 | 3.5:1 |
| San Francisco, CA | 28 | 48 | 137 | 1 | 5 | 2 | 28.0:1 | 9.6:1 | 68.5:1 |
| Seattle, WA | 63 | 46 | 40 | 2 | 4 | 1 | 31.5:1 | 11.5:1 | 40.0:1 |
| Washington, DC | 21 | 27 | 35 | 24 | 10 | 8 | 0.9:1 | 2.7:1 | 4.4:1 |

Table 2. Syphilis Serology among Men and Women in Adult Corrections Facilities, 2001

| <i>State</i> | <i>Men</i> | | | <i>Women</i> | | |
|---------------|---------------------|---------------------|----------------------------------|---------------------|---------------------|----------------------------------|
| | <i>No. of Sites</i> | <i>No. of Tests</i> | <i>Median % Reactive (Range)</i> | <i>No. of Sites</i> | <i>No. of Tests</i> | <i>Median % Reactive (Range)</i> |
| Arizona | 1 | 20,255 | 2.5 | 1 | 2,807 | 7.4 |
| California | 1 | 4,563 | 2.8 | 1 | 1,302 | 4.4 |
| Georgia | 1 | 1,665 | 3.4 | 1 | 258 | 9.3 |
| Illinois | 1 | 82,480 | 1.3 | 0 | | |
| Indiana | 1 | 4,632 | 2.6 | 1 | 2,123 | 6.7 |
| Louisiana | 1 | 8,726 | 3.4 | 1 | 1,591 | 7.1 |
| Maryland | 1 | 14,764 | 4.2 | 1 | 6,600 | 11.3 |
| Massachusetts | 1 | 2,015 | 1.7 | 1 | 292 | 2.4 |
| Mississippi | 2 | 1,431 | 9.1 (7.5-10.7) | 1 | 158 | 22.2 |
| Missouri | 1 | 1,235 | 2.0 | 1 | 157 | 8.9 |
| New Jersey | 1 | 6,741 | 2.7 | 1 | 821 | 8.6 |
| Pennsylvania | 1 | 21,361 | 3.0 | 1 | 4,669 | 10.0 |
| Rhode Island | 1 | 3,654 | 0.8 | 1 | 522 | 2.1 |
| Tennessee | 1 | 48,211 | 0.3 | 1 | 1,490 | 21.2 |
| Texas | 2 | 26,653 | 5.1 (5.0-5.2) | 2 | 8,928 | 10.5 (10.4-10.6) |
| Wisconsin | 1 | 2,805 | 1.2 | 1 | 1,083 | 2.9 |
| Total | 18 | 251,191 | 2.7 (0.3-10.7) | 16 | 32,801 | 8.7 (2.1-22.2) |

Table 3. Syphilis Serology among Males and Females in Juvenile Corrections Facilities, 2001

| <i>State</i> | <i>Males</i> | | | <i>Females</i> | | |
|--------------|---------------------|---------------------|----------------------------------|---------------------|---------------------|----------------------------------|
| | <i>No. of Sites</i> | <i>No. of Tests</i> | <i>Median % Reactive (Range)</i> | <i>No. of Sites</i> | <i>No. of Tests</i> | <i>Median % Reactive (Range)</i> |
| California | 2 | 7,422 | 0.2 (0.1-0.3) | 3 | 2,019 | 0.6 (0.4-1.1) |
| Texas | 1 | 490 | 0.0 | 1 | 190 | 1.6 |
| Total | 3 | 7,912 | 0.1 (0.0-0.3) | 4 | 2,209 | 0.8 (0.4-1.6) |