



# African Americans and Sexually Transmitted Diseases

## The Health Consequences of Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) pose a serious and widespread health threat in the United States. Though most STDs can be easily diagnosed and treated, many have no noticeable symptoms, and infected individuals may not seek testing or treatment. As a result, many infections go undetected. Without treatment, individuals with STDs are at risk of serious health problems, such as infertility. Also, individuals who are already infected with STDs are at least two to five times more likely than those who are uninfected to acquire HIV infection.

STDs affect people of all races, ages, and sexual orientations, though some individuals experience greater challenges in protecting their health. STDs take an especially heavy toll on African Americans, particularly young African American women and men. For example, blacks represent just 14 percent of the U.S. population, yet account for approximately half of all reported chlamydia and syphilis cases and almost three-quarters of all reported gonorrhea cases.

## Range of Factors Contribute to Disproportionate Impact of STDs among African Americans

Despite recent success in the prevention and control of STDs, some Americans are at greater risk of infection than others. When risk behaviors are combined with barriers to quality health information and STD prevention services, the risk of infection increases. To ensure that individuals have the opportunity to make healthy decisions, it is essential to address both the individual and social dynamics that contribute to their risk for STDs.

While everyone should have the opportunity to make choices that allow them to live healthy lives regardless of their income, education, or racial/ethnic background, the reality is that inadequate resources and challenging living conditions make the journey to health and wellness harder for some, and can lead to circumstances that increase a person's risk for STDs. African Americans sometimes face barriers that contribute to increased rates of STDs:

- ▶ A person's social environment can determine the availability of healthy sexual partners. Because STD prevalence is already higher in African American communities than in others, even the individual in this community who has only one sex partner can be at increased risk of infection,<sup>1</sup> and individuals within these communities face a greater chance of infection with each sexual encounter.
- ▶ People who struggle financially may end up in circumstances that increase their risk for STDs. For example, those who can't afford the basic necessities may have trouble accessing and affording quality health care, making it difficult to receive STD testing and other prevention services.<sup>2</sup> Recent data show that nearly one-fifth of African Americans do not have health insurance and a quarter of African American families live in poverty.
- ▶ Higher rates of incarceration among African American men have led to imbalanced ratios of men to women in black communities, which can help fuel the spread of STDs.<sup>3</sup>
- ▶ The quality and consistency of STD care can also be affected by the fact that African Americans tend to use medical care services and treatments less than whites, which research suggests may be partly related to mistrust of the medical system. Mistrust can also negatively affect communication between health care providers and African American patients, as can lack of cultural competence among health care providers. In addition, research shows that the legacy effects of social discrimination can impact the quality of STD care many African Americans experience.<sup>4</sup>

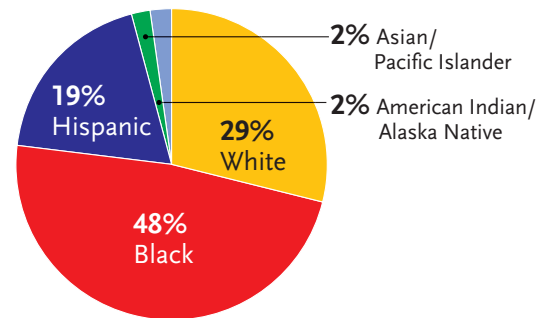


# STDs By the Numbers: How the African American Community is Affected

## Chlamydia: Almost Half of Reported Cases among Blacks

It is estimated that 2.8 million new chlamydia cases occur in the United States each year, but more than half remain undiagnosed and unreported.<sup>5</sup> Still, chlamydia remains the most commonly reported infectious disease in the United States. It affects blacks,\* who account for nearly half of the more than 1.2 million reported chlamydia cases (48 percent or 593,428 cases), more than other racial/ethnic groups of the United States. Women bear a heavier chlamydia burden than men, which is especially concerning, given that untreated chlamydia can lead to infertility in women. Because chlamydia is so common and can cause infertility, CDC recommends annual screening for sexually active young women.

Figure 1. Reported Chlamydia Cases by Race/Ethnicity, 2009

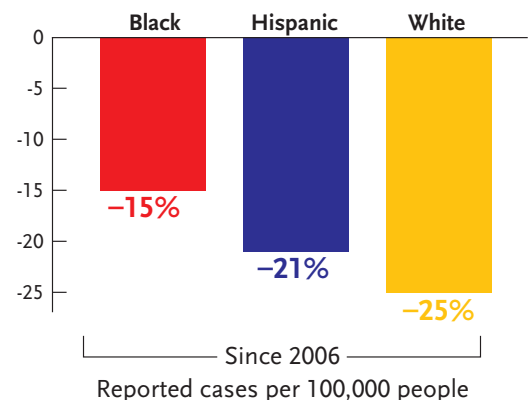


Total Cases: 1,218,155

## Gonorrhea: Lowest National Rate Ever Recorded; Yet Major Differences Remain by Race/Ethnicity

Reported gonorrhea cases have declined steadily in recent years. There was a 10 percent overall decrease in 2009 which puts gonorrhea rates at their lowest level since CDC began tracking the disease in 1941. While gonorrhea rates are declining for all races and ethnicities, since 2006, the decrease has been smaller for blacks (15 percent) than for Hispanics (21 percent) or whites (25 percent).

Figure 2. Gonorrhea Declining at Slower Pace Among Minorities



Like chlamydia, gonorrhea is substantially under-diagnosed and under-reported. It is estimated that about twice as many new gonorrhea infections occur each year than are actually reported to CDC. Also like chlamydia, undiagnosed and untreated gonorrhea can lead to infertility in women. CDC recommends annual gonorrhea testing for high-risk sexually active women.

## Where do CDC's STD statistics come from?

The data for 2009 are published in CDC's latest annual report, *Sexually Transmitted Disease Surveillance 2009* (available at <http://www.cdc.gov/std/stats>). The surveillance report data are based on notifiable disease reporting to CDC from state and local STD programs. Data are from a variety of private and public sources, the majority of which come from non-STD clinic settings, such as private physicians and health maintenance organizations.

The available data only represents a portion of the true national burden of all STDs, since these surveillance reports can only include reportable STDs, such as chlamydia, gonorrhea and syphilis, and do not include common viral infections, such as human papillomavirus (HPV) and genital herpes, which are not reported to CDC.

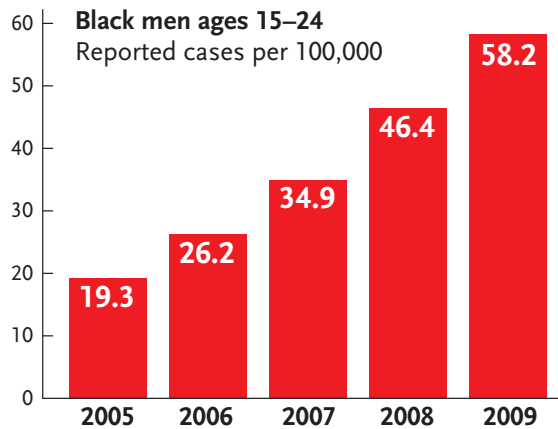
2 \* Because nationally reported STD data include cases among black Americans whose ethnic origin is other than African (e.g., Caribbean nations), CDC uses the term "black" when referring to specific data cited from the report.



## Syphilis: Concerning Increase among Young Black Men

Syphilis has been on the rise since 2001. New reports show that more than half of all reported primary and secondary (P&S) syphilis cases (the early and most infectious stages of the disease) are among blacks

**Figure 3. Syphilis Rate Rising Sharply Among Young Black Men**



(7,278 cases). In 2009, the P&S rate for black women was more than 20 times higher than the rate for white women, and the congenital syphilis rate for black infants was approximately 13 times higher than the rate for white infants. Moreover, P&S syphilis cases among black men 15 to 24 years of age continue to increase significantly; over the last five years, syphilis cases increased more than 150% among young black men.

The majority of P&S syphilis cases occur among men who have sex with men (62 percent of all reported cases). CDC recommends that sexually active men who have sex with men be tested at least annually for syphilis. This is especially important because research shows that people with syphilis are at an increased risk of acquiring HIV.

## STD Testing Recommendations

Testing is an effective way to reduce the spread of STDs. Following is an overview of CDC’s current testing guidelines.

- ▶ Annual chlamydia screening for all sexually active women under age 26, as well as older women with risk factors such as new or multiple sex partners.
- ▶ Yearly gonorrhea screening for at-risk sexually active women (e.g., women age 25 and younger, those with new or multiple sex partners, and women who live in communities with a high burden of disease).
- ▶ Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women at the first prenatal visit, to protect the health of mothers and their infants.
- ▶ Screening at least once a year for syphilis, chlamydia, gonorrhea, and HIV for all sexually active gay men, bisexual men, and other men who have sex with men.
- ▶ HIV screening for everyone between the ages of 13 and 64. Those at high risk for HIV infection (e.g., injection drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and heterosexuals or men who have sex with men who themselves or whose sex partners have had more than one sex partner since their most recent HIV test) should be screened for HIV at least annually.



## Resources for Readers

Below are tips about STD prevention, testing, and resources that you can share with your readers to help them be smart about STDs:

**Get the facts** — Arm yourself with basic information: How are STDs spread? How can you protect yourself? Visit [www.cdc.gov/stds](http://www.cdc.gov/stds) to learn more.

**Take control** — You have the facts; now protect yourself and your sexual partners. Effective strategies for reducing STD risk include:

- ▶ **Abstinence:** The most reliable way to avoid infection is to not have sex (i.e., anal, vaginal or oral).
- ▶ **Vaccination:** Vaccines are safe, effective, and recommended ways to prevent hepatitis B and HPV. HPV vaccines for males and females can protect against some of the most common types of HPV. It is best to get all three doses (shots) before becoming sexually active. You should also get vaccinated for hepatitis B if you were not vaccinated when you were younger.
- ▶ **Mutual monogamy:** Mutual monogamy means that you agree to be sexually active with only one person, who has agreed to be sexually active only with you. Being in a long-term mutually monogamous relationship with an

uninfected partner is one of the most reliable ways to avoid STDs. But you must both be certain you are not infected with STDs.

- ▶ **Reduced number of sex partners:** Reducing your number of sex partners can decrease your risk for STDs. It is still important that you and your partner get tested, and that you share your test results with one another.
- ▶ **Condoms:** Correct and consistent use of the male latex condom is highly effective in reducing STD transmission. Use a condom every time you have anal, vaginal or oral sex.

**Put yourself to the test** — Knowing your STD status is a critical step toward stopping STD transmission. If you know you are infected you can take steps to protect yourself and your partners.

- ▶ Be sure to ask your healthcare provider to test you for STDs — asking is the only way to know whether you are receiving the right tests. And don't forget to tell your partner to ask a healthcare provider about STD testing as well.
- ▶ Many STDs can be easily diagnosed and treated. If either you or your partner is infected, both of you need to receive treatment at the same time to avoid getting re-infected.

If you are a member of the news media and need more information, please visit [www.cdc.gov/nchhstp/Newsroom](http://www.cdc.gov/nchhstp/Newsroom) or contact the News Media Line at CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (404-639-8895 or [NCHHSTPMediaTeam@cdc.gov](mailto:NCHHSTPMediaTeam@cdc.gov)).

### References

- 1 Laumann EO., et al. Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: a network explanation. *Sexually Transmitted Diseases*. 1999 May;26(5):250-61.
- 2 Institute of Medicine. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press; 1997.
- 3 Hogben M, Leichter JS. Social determinants and sexually transmitted disease disparities. *Sexually Transmitted Diseases*. 2008 Dec;35(12 Suppl):S13-8.
- 4 Wiehe SE., et al. Chlamydia screening among young women: individual- and provider-level differences in testing. *Pediatrics*. 2011 Feb;127(2):e336-44.
- 5 Screening data are from the Healthcare Effectiveness Data and Information Set (HEDIS), which assesses the proportion of sexually active females between the ages of 15 and 25 screened for chlamydia. Available at [www.ncqa.org](http://www.ncqa.org)