



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 are easily diagnosed and treated, many have no noticeable symptoms, and people who are infected 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, like infertility. Also, people who have an STD are at least two to five times more likely to become infected with HIV, if exposed to a partner who has HIV, than people who do not have an STD.

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, especially young African American women and men. Blacks represent just 14 percent of the U.S. population, yet account for 34 percent of all reported chlamydia cases, nearly half of all syphilis cases, and almost three-quarters of all reported gonorrhea cases.

Range of Factors Place Some Populations at Greater Risk for STDs

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

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 if you lack resources or face challenging living conditions, the journey to health and wellness can be harder, and can lead to circumstances that increase your 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 untreated STDs are already more prevalent in African American communities than in others and because African Americans tend to choose sex partners within their own communities, they face a greater chance of infection with each sexual encounter. In fact, research suggests that a person in an African American community who has only one sex partner has greater risk of acquiring an STD than someone in the white population with multiple sex partners.¹
- ▶ Research shows that those 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 healthcare, making it difficult to receive STD testing and other prevention services.² Recent data show that one in five African Americans do not have health insurance.
- ▶ Higher rates of incarceration among African American men may lead to concurrent relationships in black communities, which can help fuel the spread of STDs.³
- ▶ African Americans tend to use medical services and treatments less than whites, which research suggests may be partly related to distrust of the medical system. This distrust can also make it more difficult for African American patients and their healthcare providers to communicate effectively, as can a lack of cultural competence among healthcare providers. In addition, research shows that lasting effects of social discrimination can impact the quality of STD care many African Americans experience.

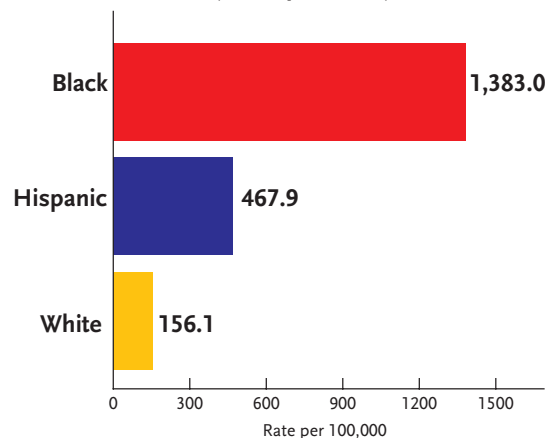


STDs By the Numbers: How the African American Community is Affected

Chlamydia: Major Differences by Race/Ethnicity

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.⁵ Still, chlamydia remains the most commonly reported infectious disease in the United States. Case reports have been steadily increasing for the past 20 years, reflecting an expansion in screening efforts. Blacks* remain the most affected of all racial/ethnic groups in the United States, with a chlamydia rate nine times as high as whites (1,383.0 vs. 156.1 per 100,000) and nearly three times as high as Hispanics (467.9). 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.

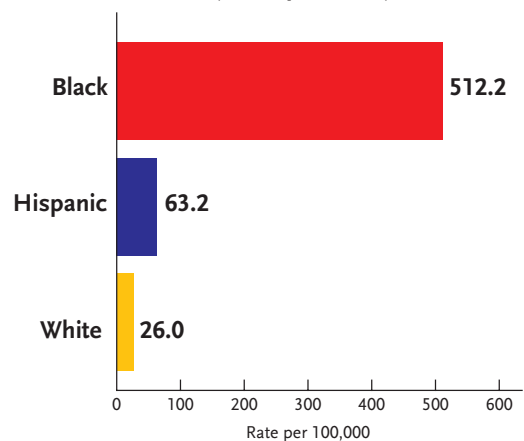
Figure 1. Reported Rate of New Chlamydia Infections, 2010, by Race/Ethnicity



Gonorrhea: Rates at Historic Lows; Yet African Americans Bear Far Greatest Burden

Reported gonorrhea rates have hit historically low levels in recent years, though the number of cases still remain unacceptably high in the United States. Overall, African Americans remain disproportionately affected by gonorrhea, accounting for the majority of infections (69 percent or 167,655 cases). The infection rate among blacks is 20 times as high as whites (512.2 v. 26.0 per 100,000) and 8 times as high as Hispanics (63.2). 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.

Figure 2. Reported Rate of New Gonorrhea Infections, 2010, by Race/Ethnicity



Where do CDC's STD statistics come from?

The data for 2010 are published in CDC's latest annual report, *Sexually Transmitted Disease Surveillance, 2010* (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.

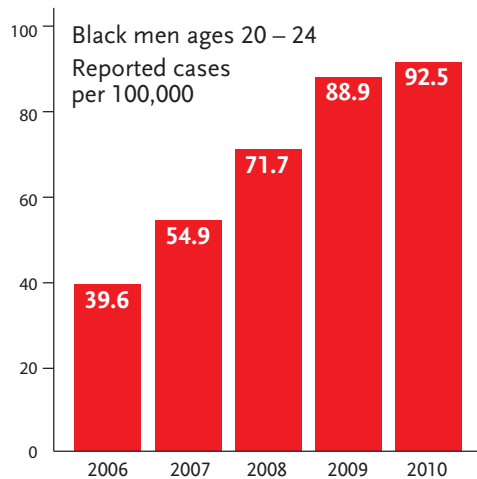
2 * Because nationally reported STD data include cases among black Americans whose ethnic origin is other than African (e.g., Caribbean nations), CDC uses the term "black" when referring to specific data cited from the report.



Syphilis: Young Black Men Hardest Hit

Overall, the number of new syphilis cases in the United States decreased for the first time in 10 years in 2010, though it is too soon to tell if this is the start of a new trend. CDC’s new surveillance report shows that the rate of primary and secondary (P&S) syphilis cases (the early and most infectious stages of the disease) among blacks decreased by 8.5 percent from 2009 to 2010. However, blacks still account for nearly half of all reported cases (47 percent or 6,530 cases).

Figure 3. Syphilis Rate Rising Sharply among Young Black Men



In 2010, the P&S rate for black women was 25 times higher than the rate for white women, and the congenital syphilis rate for black infants (syphilis passed on in utero or during childbirth to the infants of women with untreated syphilis) was approximately 12.3 times higher than the rate for white infants. Moreover, P&S syphilis cases among black men 20 to 24 years of age continued to increase significantly; over the last five years, syphilis cases increased 134 percent among this population.

The majority of P&S syphilis cases occur among men who have sex with men (67 percent of all reported cases). Other CDC data show an increase in syphilis of 167 percent among young black men who have sex with men from 2005 to 2008, indicating that new infections among men who have sex with men are driving the overall increase in syphilis among young black men. The finding is particularly concerning as there has also been a sharp increase in HIV among this population. CDC recommends

that sexually active men who have sex with men be tested at least annually for syphilis, with more frequent testing recommended for men at high risk for infection. This is especially important because research shows that people with untreated 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 age 25 and under, 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., 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 (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3 to 6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.
- ▶ CDC recommends that all adults and adolescents be tested for HIV. 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.



Community-Level Efforts

It is also critical to address the social and environmental factors, such as poverty, stigma and discrimination, incarceration, and low access to quality care, that are fueling the STD epidemic in communities across the nation. CDC is actively working with several communities and federal agencies to tackle the complex issues that contribute to high STD rates. These efforts include collaborating with the Health Resources Services Administration (HRSA) and the Department of Housing and Urban Development (HUD), developing a comprehensive plan to reduce health inequities related to STDs and other related diseases, and focusing prevention efforts in communities at greatest risk for STDs.

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/std 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. It is important to have an open and honest conversation with your partner.

- ▶ **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 to 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 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).

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, Leichliter 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