Sexually Transmitted Infections
Los Angeles County, 2022

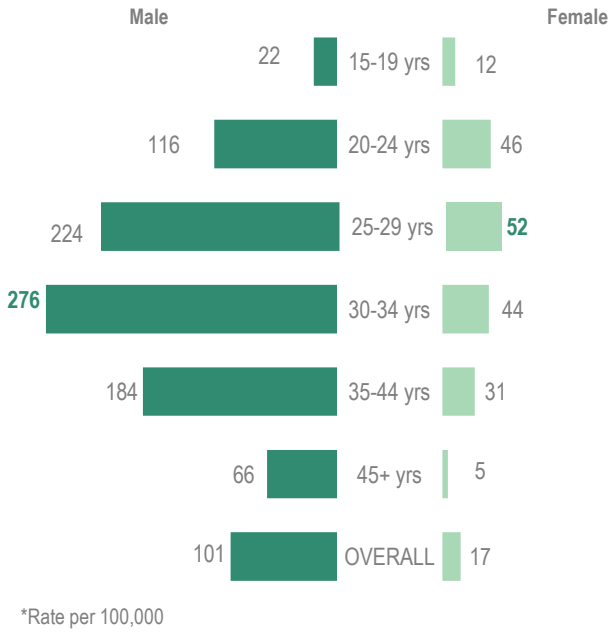
Over the past 10 years, Los Angeles County (LAC) has observed a steep rise in sexually transmitted infections (STIs) with rates increasing most for congenital syphilis (22.0-fold) followed by syphilis (2.8-fold), gonorrhea (2.2-fold), and chlamydia (1.2-fold). In 2022, a total of 90,051 STI cases were reported to the LAC Department of Public Health. Chlamydia accounted for more than half of the reported cases (59%), followed by gonorrhea (29%) and syphilis (11%). Fifty-five percent of all syphilis cases were early syphilis. ***These data do not include Long Beach and Pasadena.[1]***

EARLY SYPHILIS

Syphilis is a sexually transmitted infection caused by the bacterium, *Treponema pallidum* and is a known risk factor for HIV. If untreated it can cause significant health issues including damage to the brain, nerves, eyes, or heart. Early syphilis includes the infectious stages of syphilis infection.

In 2022, the overall rate of newly reported early syphilis cases in LAC was 61 per 100,000 (5,561 cases). Rates among males were almost 6 times greater than females (101 vs. 17 per 100,000, respectively). However, rates in females increased nearly 7-fold from 2013 to 2022 compared with a 2-fold increase among males. Males represented 82%, females 14% and transgender individuals 3% of all early syphilis cases.[2] Rates in males aged 30-34 years (276 per 100,000) and females aged 25-29 (52 per 100,000) were higher compared with all other age groups of the same gender. Among males, Blacks and Native Hawaiian and Pacific Islanders (NHPI) had the highest rates of early syphilis (227 and 215 per 100,000, respectively) and among females, Blacks had the highest rate (48 per 100,000). Syphilis rates were unstable for all American Indian and Alaska Natives (AIAN), and for NHPI and Asian females due to small numbers and therefore rates for these groups are not presented.

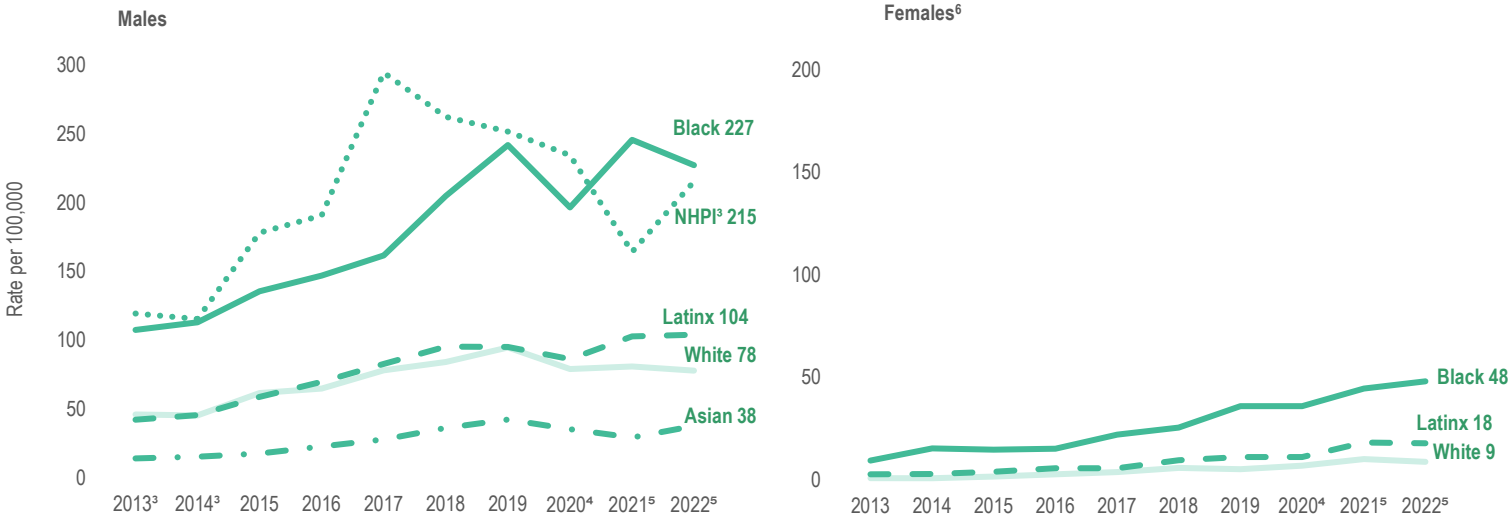
Early Syphilis Rates* by Gender and Age Group, 2022[2]



*Rate per 100,000

Blacks and Native Hawaiian and Pacific Islanders continue to be disproportionately impacted by early syphilis.

Early Syphilis Rates by Gender and Race/Ethnicity, 2013-2022



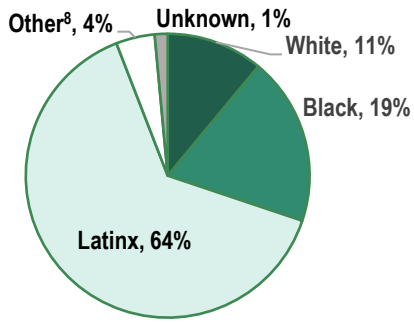
1. Data source: LAC Division of HIV and STD Programs. Data as of September 25, 2023.
2. Transgender rates cannot be calculated due to a lack of population size estimates.
3. Note that 2013 and 2014 rates for Native Hawaiian and Pacific Islander males are unstable due to small numbers. Rates in American Indian and Alaska Native males are not shown due to small numbers and unstable rates.
4. In 2020, there was a noted decrease in STD reporting due to decreased screening during the COVID-19 stay at home orders. All 2020 data presented in this snapshot should be viewed with caution.
5. 2021-2022 data are provisional due to reporting delays.
6. Native Hawaiian and Pacific Islander and American Indian and Alaska Native female rates are not shown due to small numbers and unstable rates.

CONGENITAL SYPHILIS

Congenital syphilis is caused by the bacterium *Treponema pallidum*. It occurs when this bacterium is transmitted from mother to fetus during pregnancy, resulting in a wide array of clinical presentations including preterm birth, miscarriage, stillbirth and serious birth defects in infants.

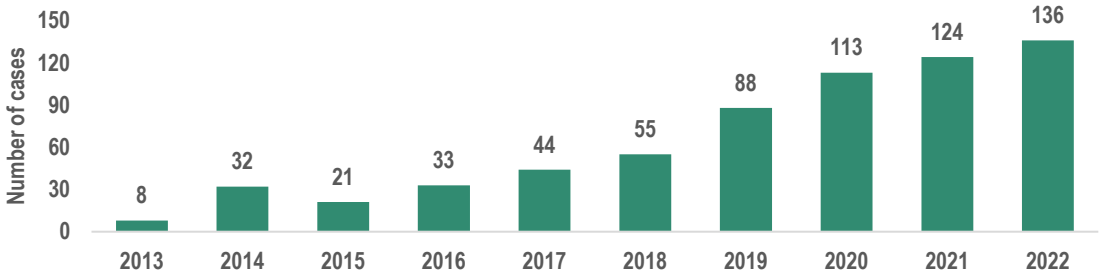
A total of 136 cases of congenital syphilis were reported in 2022, reflecting a rate of 153 cases per 100,000 live births. Since 2013, reported congenital syphilis cases have increased more than 17-fold. Latinx represented more than half of all congenital syphilis birthing parents (64%) while Blacks, Whites and Other[8] racial/ethnic groups represented 19%, 11% and 4% of birthing parents, respectively.

Race/Ethnicity of Congenital Syphilis by Birthing Parent, 2022



Congenital syphilis cases continue to increase in Los Angeles County.

Number of Congenital Syphilis Cases, 2013-2022

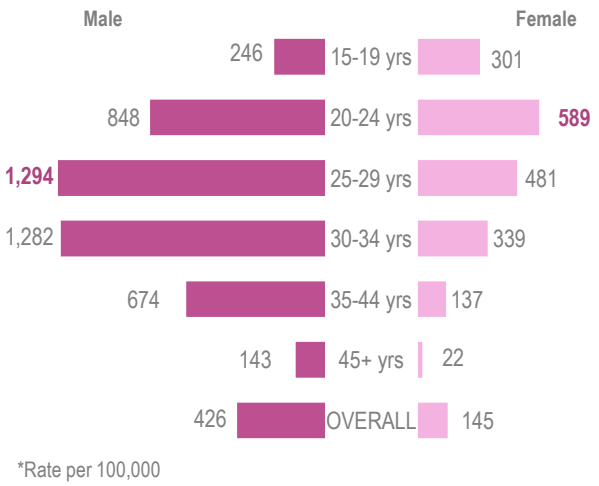


GONORRHEA

Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae* and is one of the most reported sexually transmitted infections in Los Angeles County. It can cause infection in the genitals, rectum, and throat. If untreated, gonorrhea can cause serious health problems including infertility for men and women. It may also increase the risk of HIV infection. Though gonorrhea is treatable, it has progressively developed resistance to the antibiotic drugs prescribed for treatment.

In 2022, 26,334 gonorrhea cases were reported in LAC, reflecting a rate of 287 per 100,000. Rates among males were almost three times greater than rates among females in 2022 (426 vs. 145 per 100,000, respectively). Males represented 73%, females 26% and transgender individuals represented 1% of the gonorrhea cases.[2] By age, rates were highest among males aged 25-29 years and females aged 20-24 years (1,294 and 589 per 100,000, respectively). Black males and females had the highest rates compared with other race/ethnicities (1,019 and 371 per 100,000, respectively). Gonorrhea rates were unstable for AIAN females due to small numbers and therefore these rates are not presented in the figure.

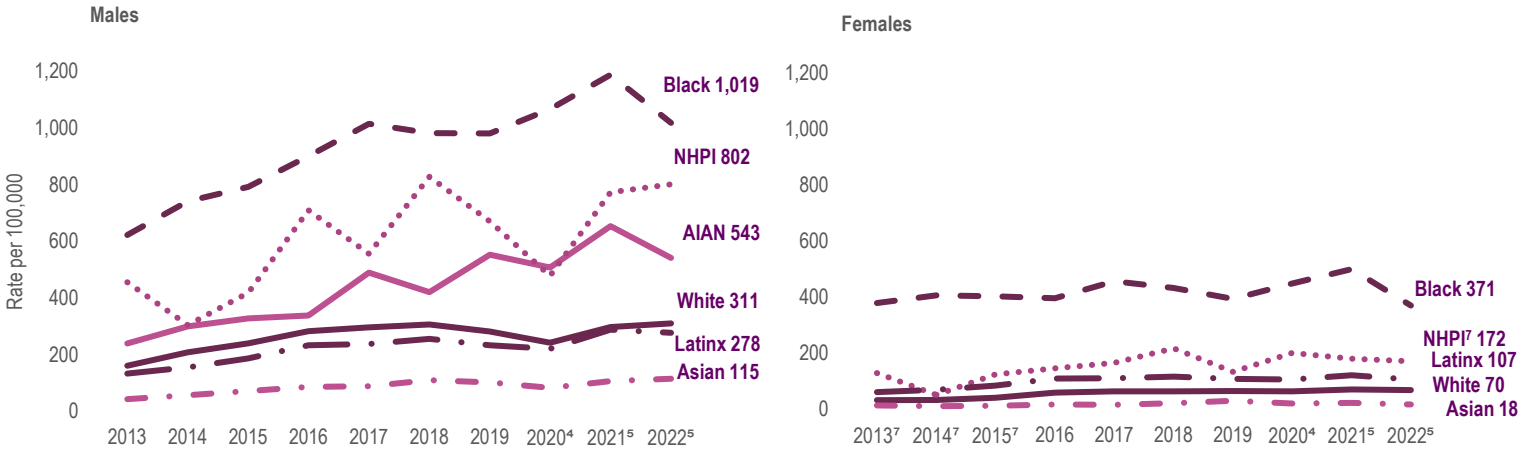
Gonorrhea Rates* by Gender and Age Group, 2022



*Rate per 100,000

Gonorrhea rates have been consistently highest among Black males and females.

Gonorrhea Rates by Gender and Race/Ethnicity, 2013-2022



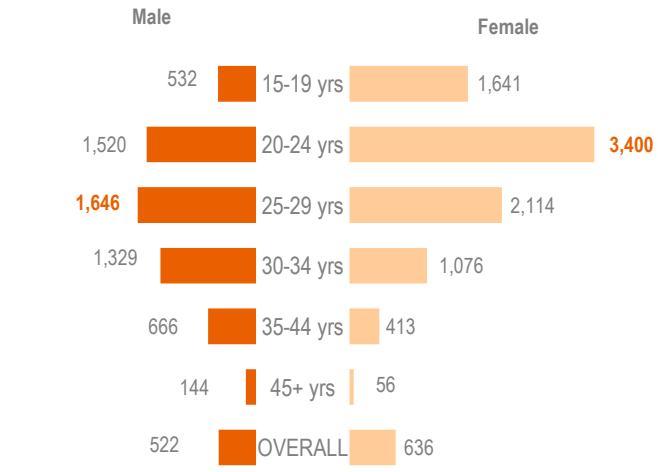
7. Note that 2013-2015 rates for Native Hawaiian and other Pacific Islander females are unstable due to small numbers.
8. "Other" category includes Asian, NHPI, AIAN and multirace birthing parents.

CHLAMYDIA

Chlamydia is caused by the bacterium *Chlamydia trachomatis* and is the most frequently reported sexually transmitted infection in Los Angeles County. Chlamydia can be transmitted via vaginal, rectal, or oral sex. Chlamydia can cause epididymitis in men and pelvic inflammatory disease (PID) in women. Severe outcomes may include infertility in women.

In 2022, 53,565 chlamydia cases were reported in LAC, reflecting a case rate of 583 per 100,000. Rates among females were 1.2 times greater than males (636 vs. 522 per 100,000). Males represented 44%, females 55% and transgender individuals represented <1% of all chlamydia cases.[2] Chlamydia was most prevalent among males 25-29 years of age and females 20-24 years of age (1,646 and 3,400 per 100,000, respectively). *Note that health care providers in the State of California are no longer required to report chlamydia cases but the reporting requirement for laboratories continues. Consequently, Chlamydia data in this report reflect data reported by laboratories only and may be underreported. Since providers are no longer reporting chlamydia cases, race/ethnicity information are not complete and therefore rates cannot be calculated for racial/ethnic categories.*

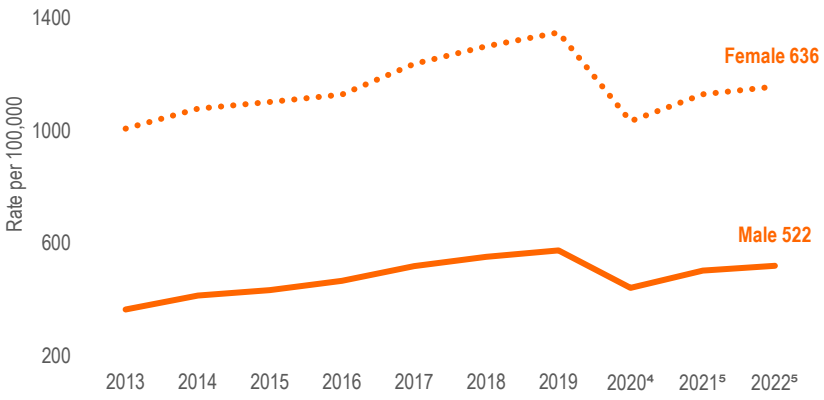
Chlamydia Rates* by Age Group and Gender, 2022



*Rate per 100,000

Rates among females have been consistently higher than males.

Chlamydia Rates by Gender, 2013-2022



Additional Data:

- For more current STI Surveillance trends, see the Los Angeles County HIV and STD Surveillance Dashboards at: http://publichealth.lacounty.gov/dhsp/Dashboard.htm
- For STI surveillance data at the State level, see the California Department of Public Health, Sexually Transmitted Infection Control Branch at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
- For STI surveillance data at the National level, see the Centers for Disease Control and Prevention at: https://www.cdc.gov/std/statistics/default.htm

Suggested Citation:

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