Sexually transmitted infections Utah: Surveillance report 2014–2023

Utah Department of Health & Human Services

Acknowledgements

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DHHS recognizes the efforts of other reporting partners including laboratories, healthcare facilities, healthcare providers, and the public in providing communicable disease data which contributed to this report.

Sexually transmitted infection data for Utah are published by DHHS Office of Communicable Diseases. Disease and treatment information can be found on the websites listed below.

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Summary

Out of the more than 75 reportable communicable diseases, STIs are the most reported across the country and in Utah. Utah continues to be a low incidence state and has fewer STI cases reported than most other states. Out of the 50 states, Utah is 44th for chlamydia, 43rd for gonorrhea, 37th for primary and secondary syphilis, and 37th for congenital syphilis.

In 2023, 14,415 cases of STIs were reported in Utah. This includes 10,944 cases of chlamydia, 2,638 cases of gonorrhea, and 833 cases of syphilis, including 16 cases of congenital syphilis. Overall, STI rates decreased 5% from 2022 to 2023 (Table 1). While reported syphilis cases continued to increase, reported chlamydia and gonorrhea cases declined.

- Chlamydia decreased 3%.
- Gonorrhea decreased for a second year, declining 16% and falling below pre-COVID-19 pandemic levels.
- Syphilis (excluding congenital syphilis) increased 20%.
- Congenital syphilis (CS) had the steepest increase (133%). Steady increases in female syphilis rates have led to the rise in CS cases.

Utah's decline in chlamydia and gonorrhea rates mirror trends seen in U.S. rates. The chlamydia rates in the U.S. remain stable (<1% decrease). Utah had more than twice the decrease in gonorrhea cases as seen across the U.S (7.2%). However, given the drop in gonorrhea rates, the STI program will review the data to better understand if this signals a true decline in infections, or if this is related to changes in other factors, such as testing and screening.

Disparities in STIs continue to disproportionately affect Utahns. Contributing factors may include poverty, lower education levels, inadequate access to quality healthcare, or access to testing and treatment.

- 49% of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15 to 24 years.
- Individuals who reported as men who have sex with men (MSM) are disproportionately impacted by STIs, primarily gonorrhea, syphilis, and co-infection with HIV.

- Racial and ethnic minorities continue to be disproportionately affected. The highest rates occurred among individuals who identified as Black/African American, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander with a combined rate 3 times higher than other races and ethnicities.

STI screening and testing remains essential because many infections show no symptoms, allowing spread, and potentially causing other health issues. Testing allows for immediate treatment of the infection and is a key intervention to prevent and treat STIs.

- DHHS recommends treatment for syphilis while waiting for confirmatory testing
- Recognize the increased risk for other STIs. Anyone who tests positive for an STI should be screened for other STIs.
- Provider guidelines can be found in DHHS's disease plan or CDC STI Treatment Guidelines.

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Overview of STIs

A sexually transmitted infection (STI) can be caused by a virus, bacteria, fungus, or parasites that can be transmitted through vaginal, oral or anal sex. STIs often do not show symptoms, and screening is necessary for timely diagnosis and treatment. Testing is one of the most important prevention tools for maintaining personal health and preventing the spread of infections. Early detection allows for prompt treatment and prevents potential long-term health complications and reduces the risk of transmission to others. Other prevention strategies include using condoms consistently and correctly during all types of sexual activity, limiting the number of sexual partners, or practicing abstinence. Regular STI testing, and open communication with partners about STI status can also reduce transmission. PrEP should be considered for people who are at high risk of HIV.

In 2023, the rates of chlamydia, gonorrhea, and syphilis diagnosed and reported in Utah decreased 5% from 2022 to 2023 (Table 1), reflecting

- decreases in chlamydia (3%),
- decreases in gonorrhea (16%), and
- an increase in total syphilis (all stages including congenital syphilis) (23%).

For additional STI information and resources, visit https://epi.utah.gov/ptc-std/ and www.hivandme.com

Table 1. STI rates per 100,000 population with 5- and 1-year percent change, Utah, 2019–2023

STI rates per 100,000 population and percent change							
	Rates					Percent change	
Disease	2019	2020	2021	2022	2023	5 year	1 Year
Chlamydia	342.7	320.7	336.4	326.3	316.6	-7.6%	-2.9%
Gonorrhea	89.1	95.4	108.8	90.5	76.3	-14.3%	-15.6
Syphilis (all stages including congenital syphilis)	13.4	10.9	15.9	19.6	24.1	79.8%	22.9%

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

STI cases reported, 2023	STI cases per 100,000 population, 2023	STIs, Wasatch Front, 2023
14,415	**417.0** **5% decrease** from 2022	**84%** of STI cases are reported from the Wasatch Front (Appendix)

Groups most affected by STIs, Utah 2023

Most affected by age	Most affected by sex	Most affected races/ethnicities
15–24 years: **2302.0 cases** per 100,000 25–34 years: **873.8 cases** per 100,000	Females: **448.6 cases** per 100,000 Males: **375.4 cases** per 100,000	Black/African American, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander have a combined rate **3 times higher** than other races and ethnicities.

Disparities in STIs

As in past years, there were disparities in reported STIs. In 2023, almost half (49%) of reported cases of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15 to 24 years. Additionally, men who have sex with men (MSM) are disproportionately impacted by STIs, primarily gonorrhea, syphilis, and co-infection with HIV is higher among this population. Racial/ethnic minorities continued to be unevenly affected by STIs. In 2023, individuals who identified as American Indian or Alaska Native, Black or African American, and Native Hawaiian or Pacific Islander made up only 3% of Utah's population, but had combined rates of more than 5 times higher than those who identified as non-Hispanic, White and rates 2 times higher than individuals who identified as Hispanic.

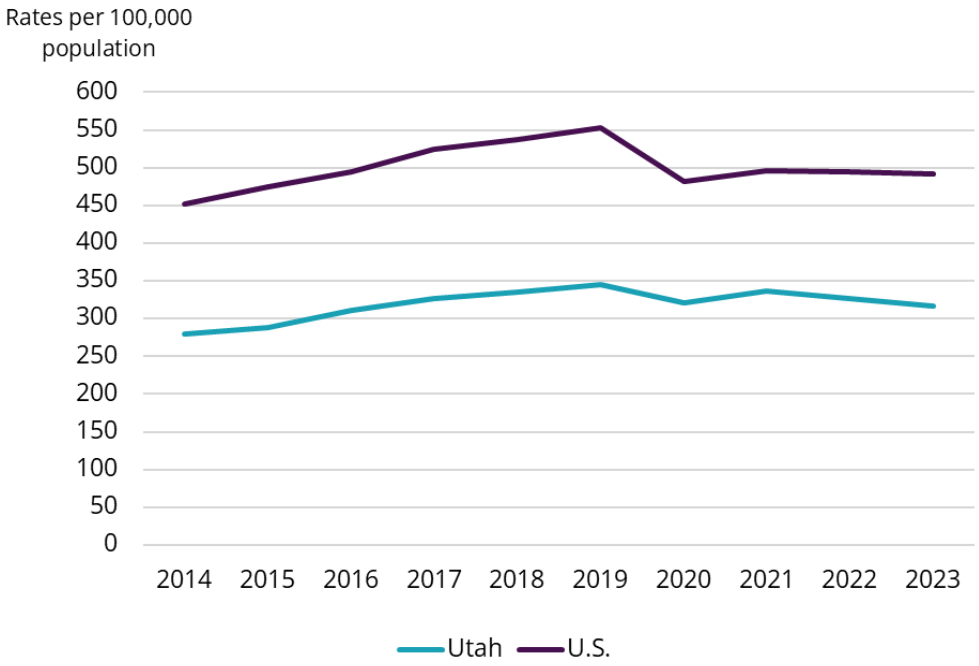
We need to consider that higher rates of STIs may be associated with factors such as poverty, employment, education levels, and access to healthcare. Areas with higher rates may be disproportionately affected by these factors. In communities with higher rates of STIs, individuals may be more likely to get an STI because they have greater odds of selecting a partner who is infected with an STI.

Chlamydia

Chlamydia is a common bacterial STI that can cause Infection in men and women. It can cause permanent damage to a woman's reproductive system that may make it difficult or impossible to get pregnant later. Pregnant women with chlamydia can pass the infection to their infant during delivery and may cause health effects in the infant.

Chlamydia is the most reported STI in both Utah and the U.S.[1] In 2023, a total of 10,944 cases were reported, making it the most common notifiable STI. Chlamydia rates have steadily increased from 2014, however in recent years slight declines have been noted. Chlamydia decreased 3% from 2022 to 2023 in Utah. This is in line with rates seen at the national level (Figure 1).[1]

Figure 1. Chlamydia rates, Utah and United States, 2014 to 2023



Chlamydia cases reported, 2023	Chlamydia cases per 100,000 population, 2023
10,944	**316.6**

Groups most affected by chlamydia, Utah 2023

Most affected by age	Most affected by sex	Most affected races/ethnicities
15–24 years: **1021.7 cases** per 100,000	Females: **391.8 cases** per 100,000	Black/African American, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander have a combined rate **5 times higher** than other races and ethnicities.

Figure 2. Chlamydia rates per 100,000 population by LHD, Utah, 2023

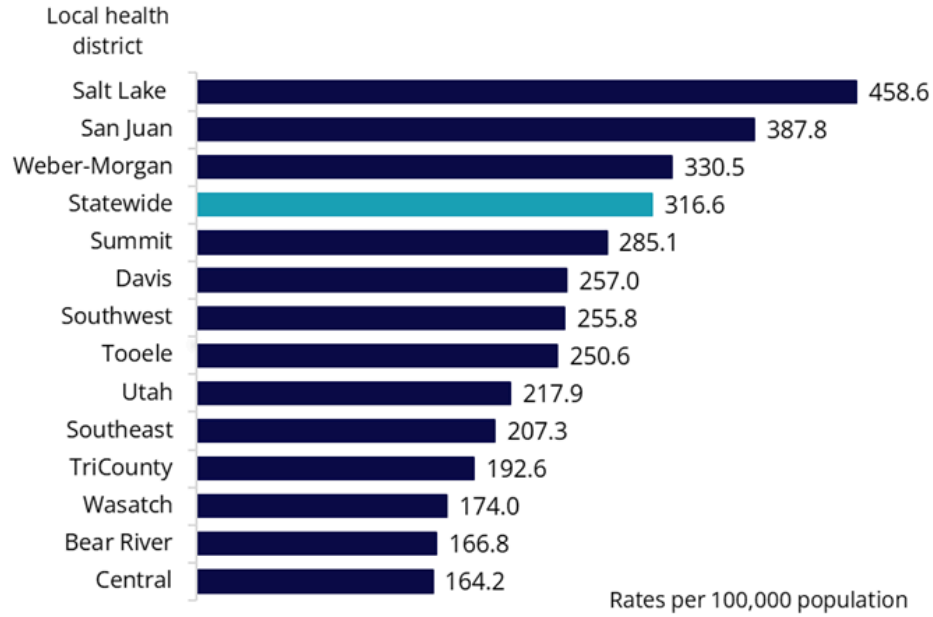


Figure 3. Chlamydia rates per 100,000 population by sex, Utah, 2014–2023

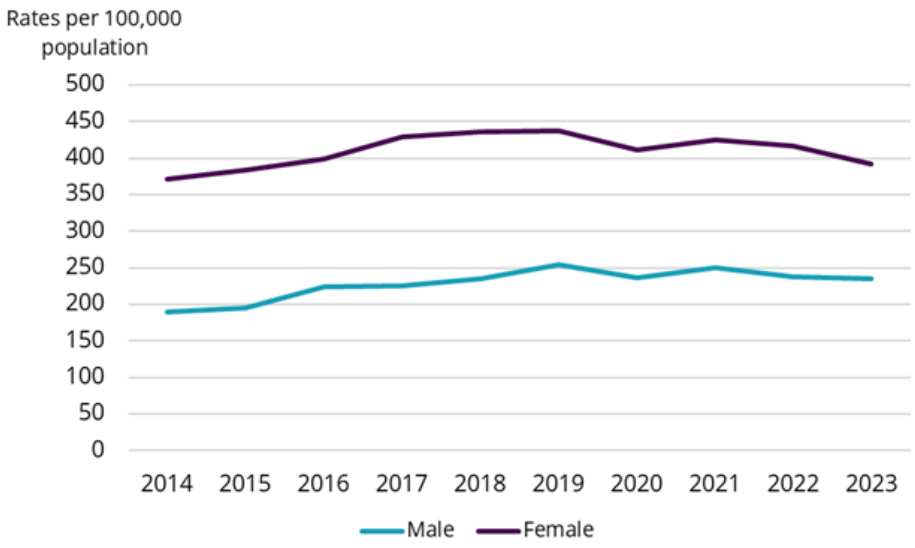


Figure 4. Chlamydia rates per 100,000 population by sex and age, Utah, 2023

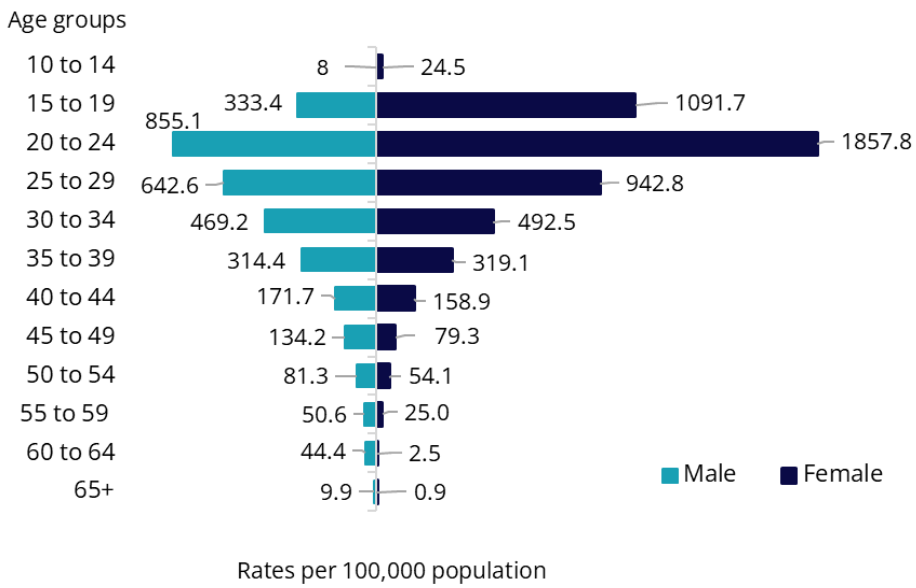


Figure 5. Chlamydia rates per 100,000 per population by age and sex in adolescents and young adults, Utah, 2023

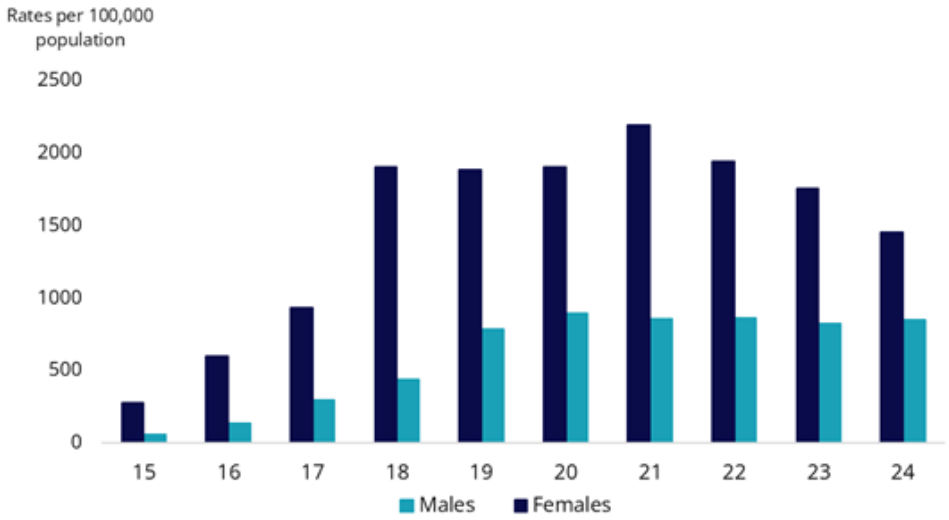
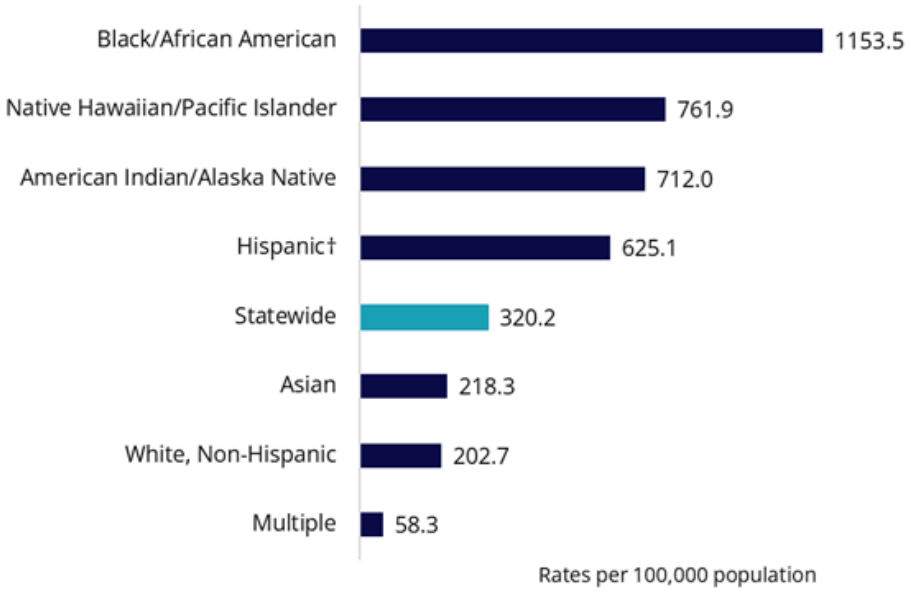


Figure 6. Chlamydia rates per 100,000 population by race/ethnicity, Utah, 2023



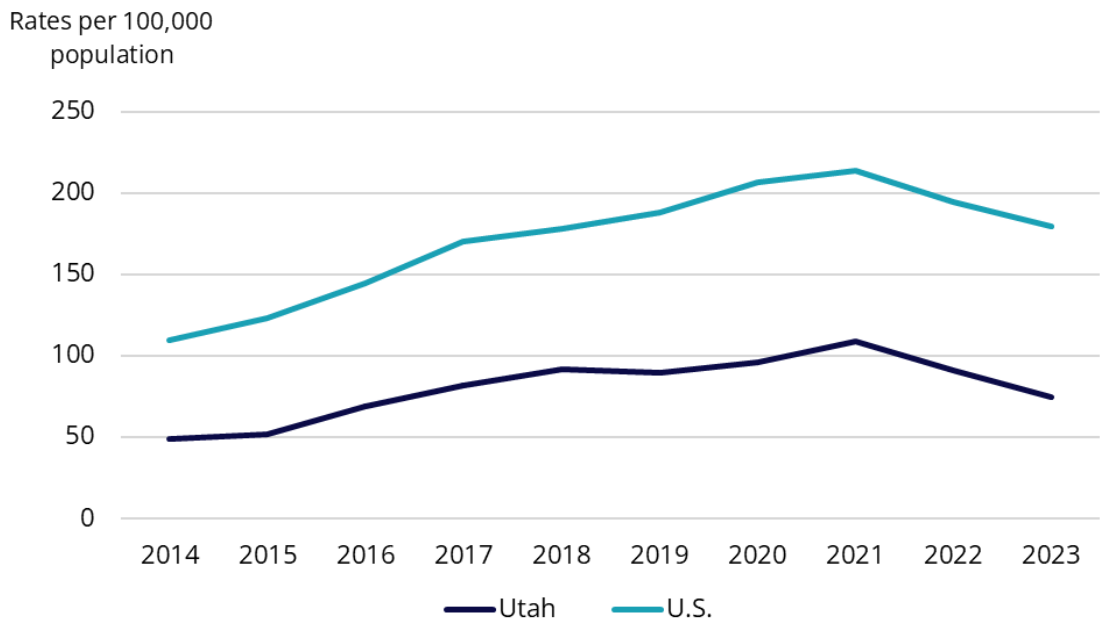
† Includes persons of Hispanic ethnicity regardless of race.

Gonorrhea

Although less common than chlamydia infections, gonorrhea, caused by the bacterium *Neisseria* gonorrhoeae, is a priority public health concern in Utah. Untreated gonorrhea infections can damage the reproductive systems of both males and females and both may become infertile as a result of untreated infections. Gonorrhea increases the risk of infections such as HIV. Pregnant women with gonorrhea can pass the infection to their infant during delivery and can cause complications to the infant. Gonorrhea can spread to the blood stream and settle in the joints, brain, and heart or throughout the body, this is called disseminated gonorrhea.

Gonorrhea is the second most commonly reported STI in both Utah and the U.S.[1] In 2023, a total of 2,638 cases were reported in Utah. Over the past 10 years, gonorrhea has steadily increased with a peak of 108.8 cases per 100,000 in 2021. For the second year in a row, Utah has seen a 16% decrease in rates. The U.S. has also experienced decreases the last 2 years with an 8% decrease from 2022 to 2023 (Figure 7).[1]

Figure 7. Gonorrhea rates per 100,000 population, Utah and United States, 2014–2023

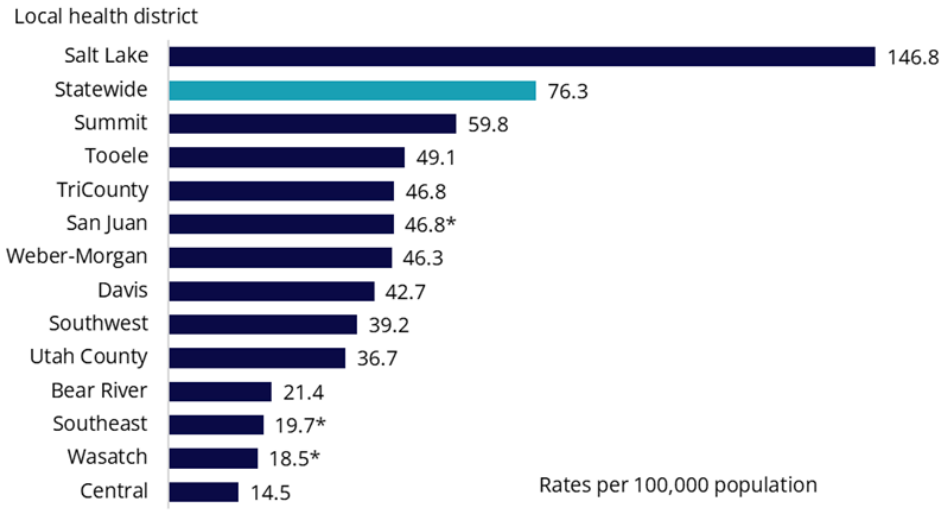


Gonorrhea cases reported, 2023	Gonorrhea cases per 100,000 population, 2023
2,638	**76.3**

Groups most affected by gonorrhea, Utah 2023

Most affected ages	Most affected by sex	Most affected races/ethnicities
20–29 years: **197.1 cases** per 100,000	Males: **104.1 cases** per 100,000 **47%** of cases are among **MSM**	Black/African American, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander have combined rates **3.5 times higher** than other races and ethnicities.

Figure 8. Gonorrhea rates per 100,000 population by LHD, Utah, 2023



* Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Figure 9. Gonorrhea rates per 100,000 population by sex, Utah, 2014–2023

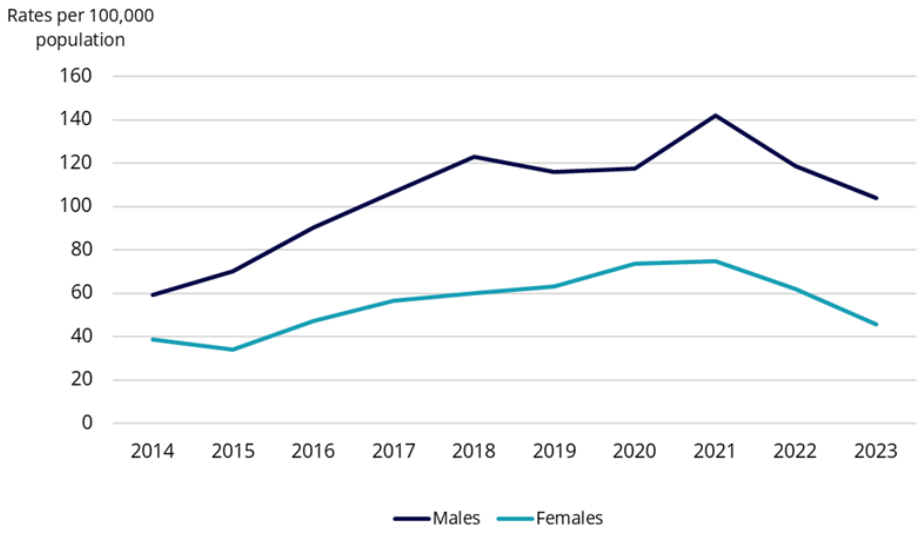
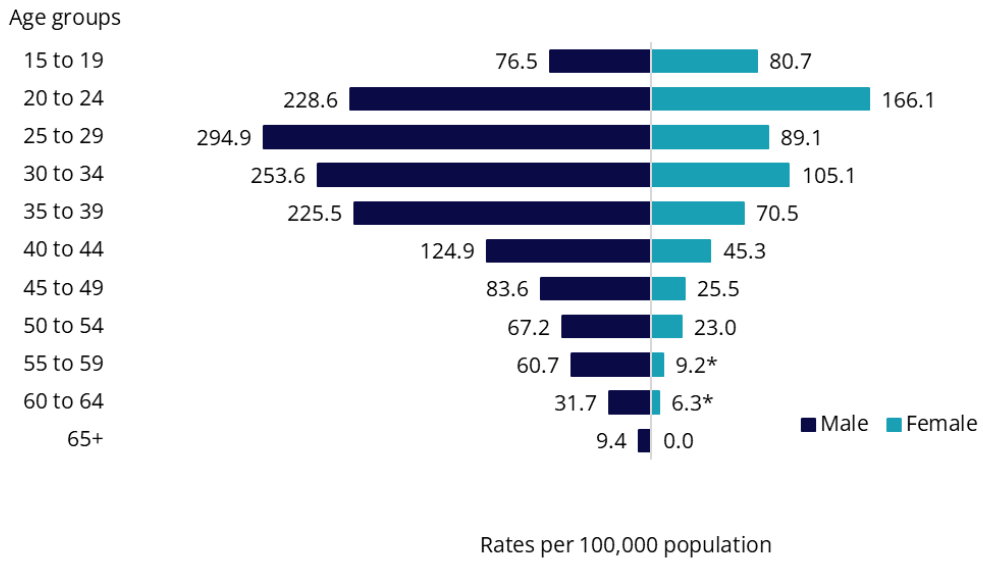


Figure 10. Gonorrhea rates per 100,000 population by sex and age, Utah, 2023



* Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Figure 11. Gonorrhea rates per 100,000 per population by age and sex in adolescents and young adults, Utah, 2023

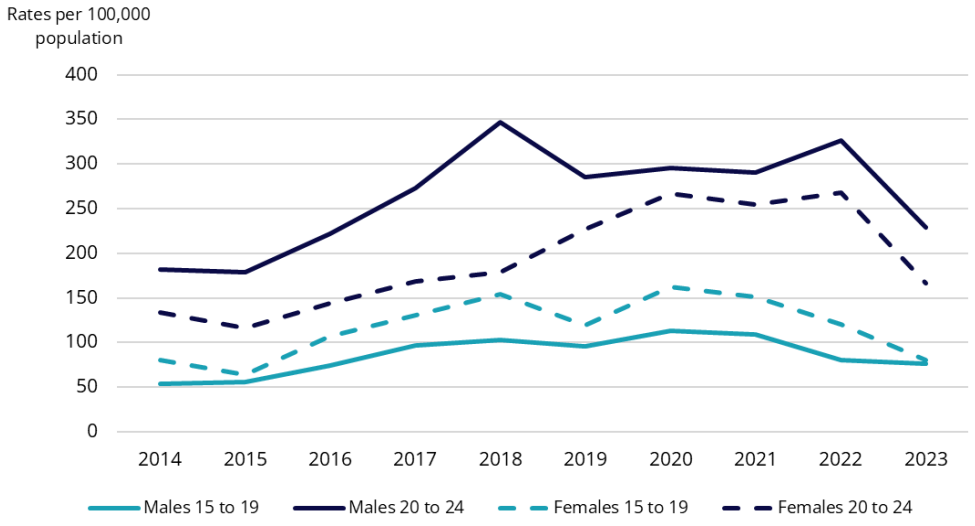


Figure 12. Gonorrhea cases by sexual orientation, Utah, 2014–2023

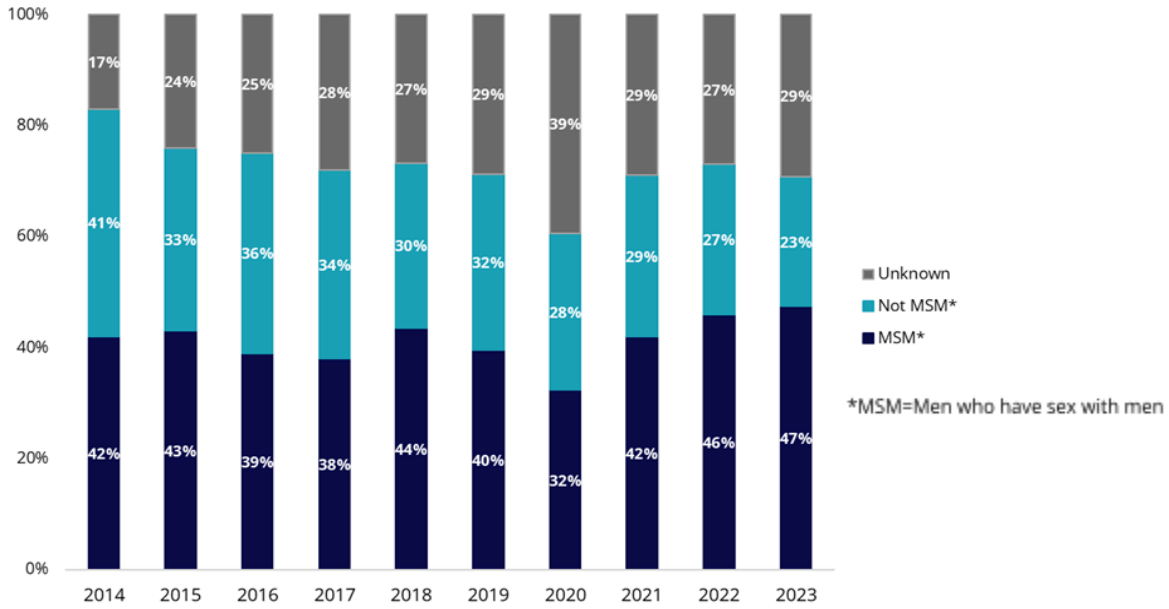
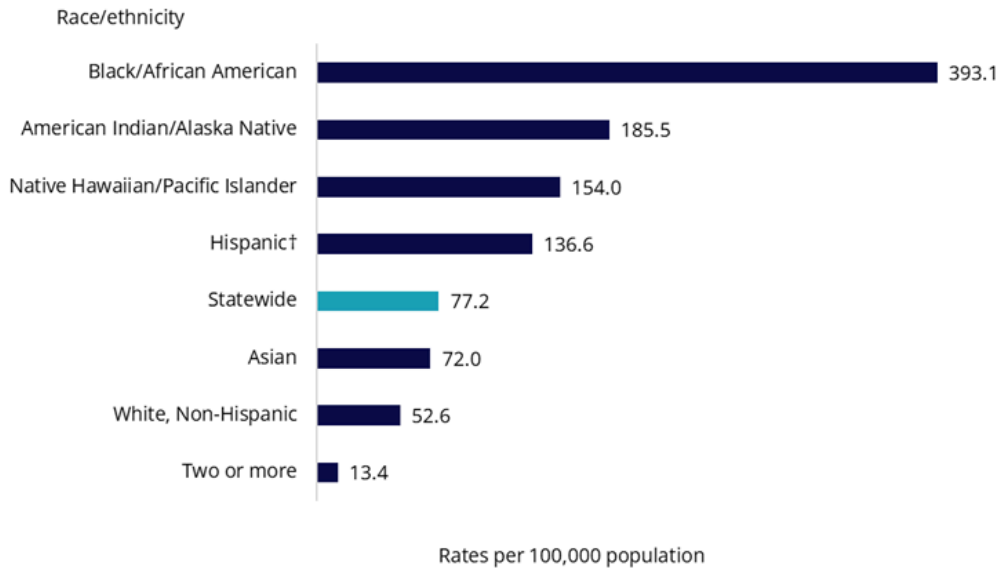


Figure 13. Gonorrhea rates per 100,000 population by race/ethnicity, Utah, 2023



† Includes persons of Hispanic ethnicity regardless of race.

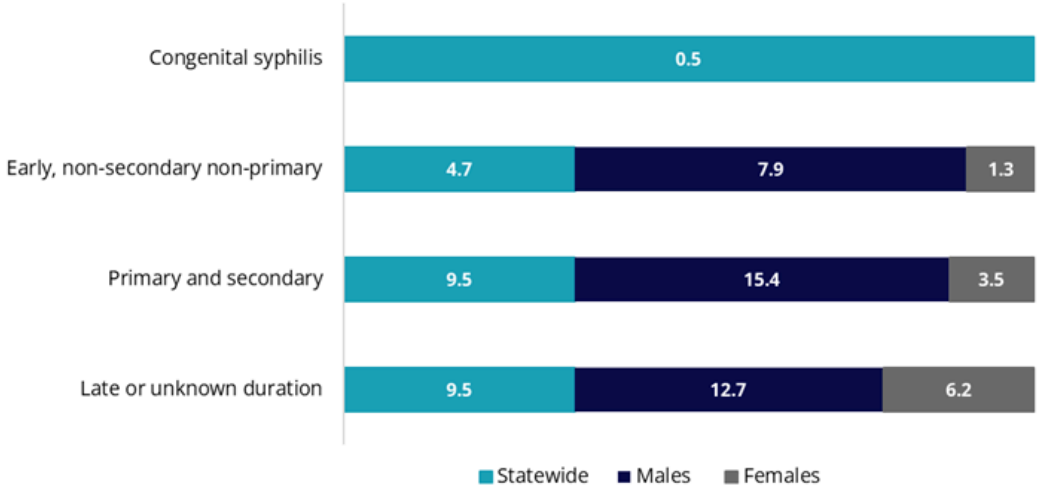
Syphilis

Syphilis is a complex sexually transmitted infection made up of several stages: primary, secondary (P&S), early, non-primary non-secondary, and late or unknown duration. Each stage has its own signs and symptoms. If there is no clear onset of symptoms, the case will be classified as unknown syphilis. Untreated syphilis may affect the cardiovascular system, nervous system, skin, bone, and other tissues. More detailed disease and syphilis staging information can be found in the disease plan.

In 2023, 833 cases of syphilis (all stages including congenital syphilis) were reported in Utah.

- 328 cases of P&S syphilis (38% increase compared to 2022),
- 163 cases of early non-primary non-secondary syphilis (11% decrease compared to 2022),
- 326 cases of late or unknown duration syphilis (35% increase compared to 2022), and
- 16 cases of congenital syphilis (129% increase compared to 2022).

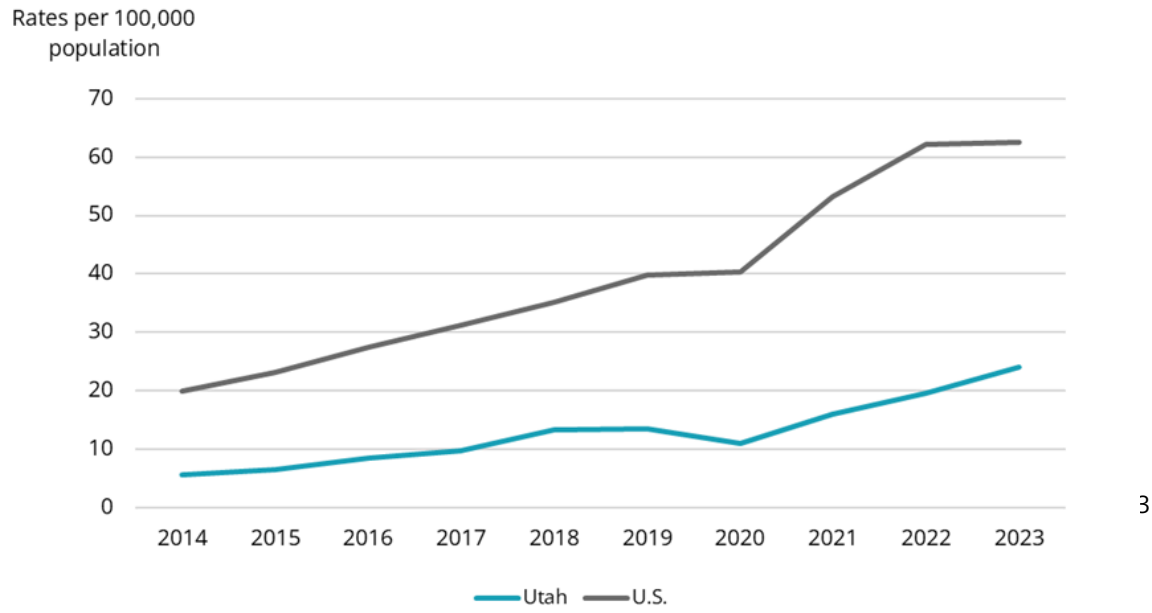
Figure 14. Syphilis rates per 100,000 population by stage and sex, Utah, 2023



Utah continues to experience a sharp rise in syphilis rates for all stages, except early non-primary non-secondary syphilis. From 2014 to 2023 there has been almost 4 times the increase in rates and a 23% increase from 2022 to 2023. In comparison, the U.S. experienced a <1% decrease from 2022 to 2023 (Figure 15 & 16).[1]

Figure 15. Syphilis (all stages including congenital syphilis) rates per 100,000 population, Utah, 2014–2023

Figure 16. Syphilis (all stages including congenital syphilis) rates per 100,000 population, Utah and United States, 2014–2023

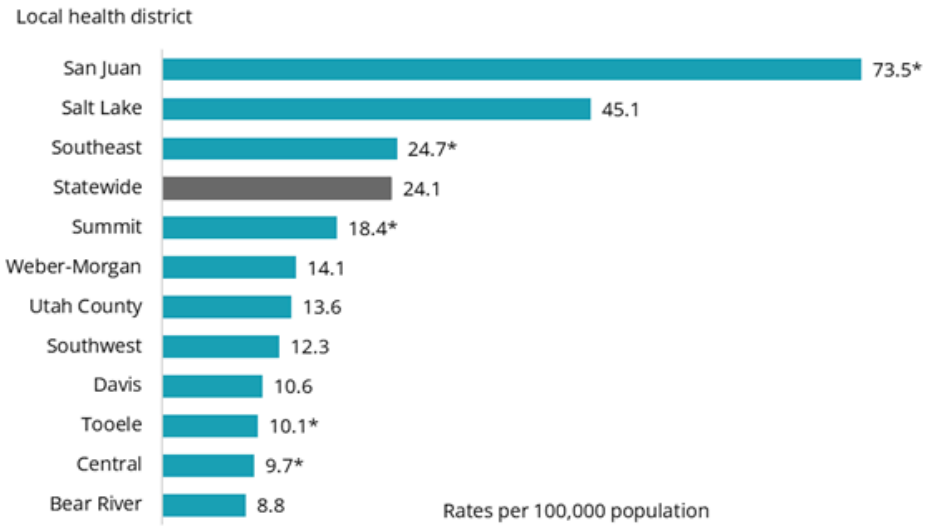


Syphilis (all stages including congenital syphilis) cases reported, 2023	Syphilis (all stages including congenital syphilis) cases per 100,000 population, 2023
833	**24.1**

Groups most affected by syphilis, Utah 2023

Most affected by age	Most affected by sex	Most affected by races/ethnicities
25–34 years: **62.9 cases** per 100,000	Males: **36.0 cases** per 100,000 **67%** of cases are among **MSM**	American Indian/Alaska Native, Black/African American, and Native Hawaiian/Pacific Islander have combined rates nearly **3.5 times higher** than other races and ethnicities.

Figure 17. Syphilis (all stages including congenital syphilis) rates per 100,000 population, by LHD, Utah, 2023



* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Figure 18. Syphilis (all stages including congenital syphilis) rates per 100,000 population by sex, Utah, 2014–2023

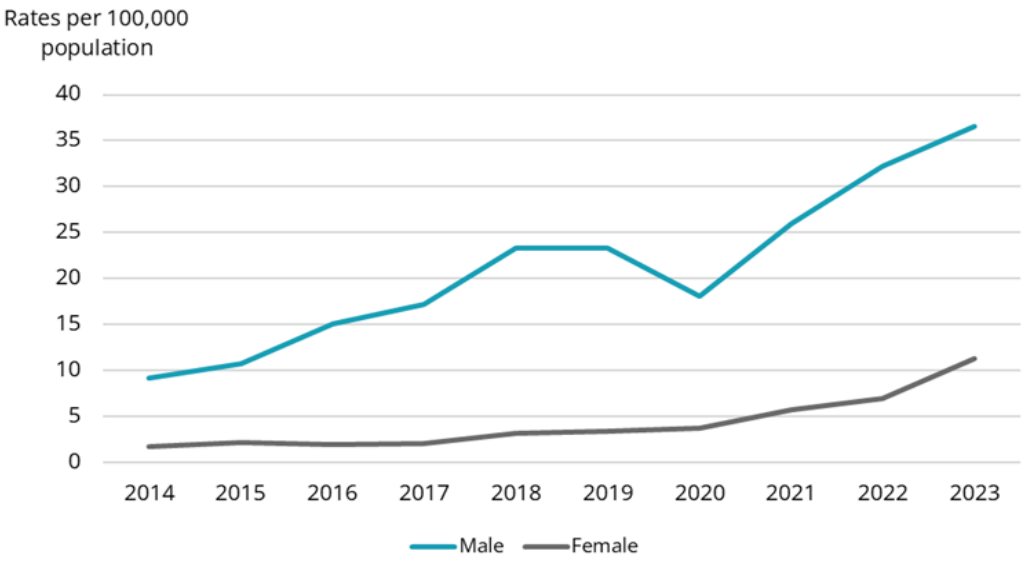
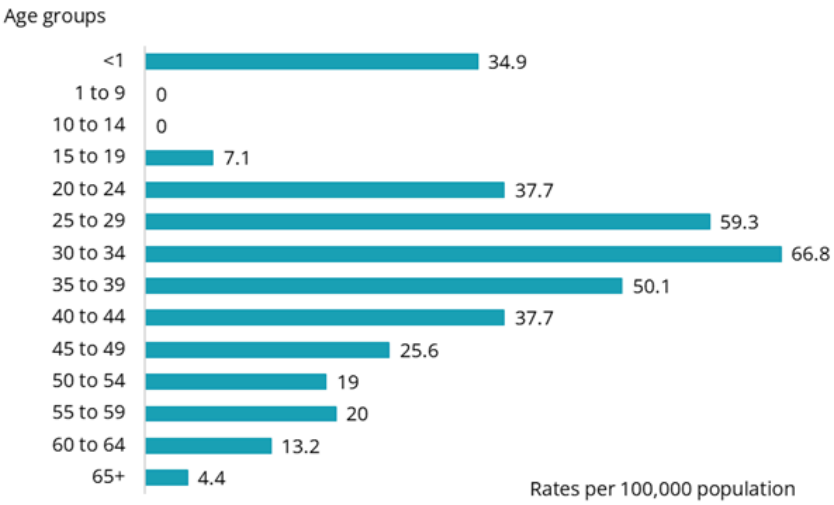


Figure 19. Syphilis (all stages including congenital syphilis) rates per 100,000 population by sex and age, Utah, 2023



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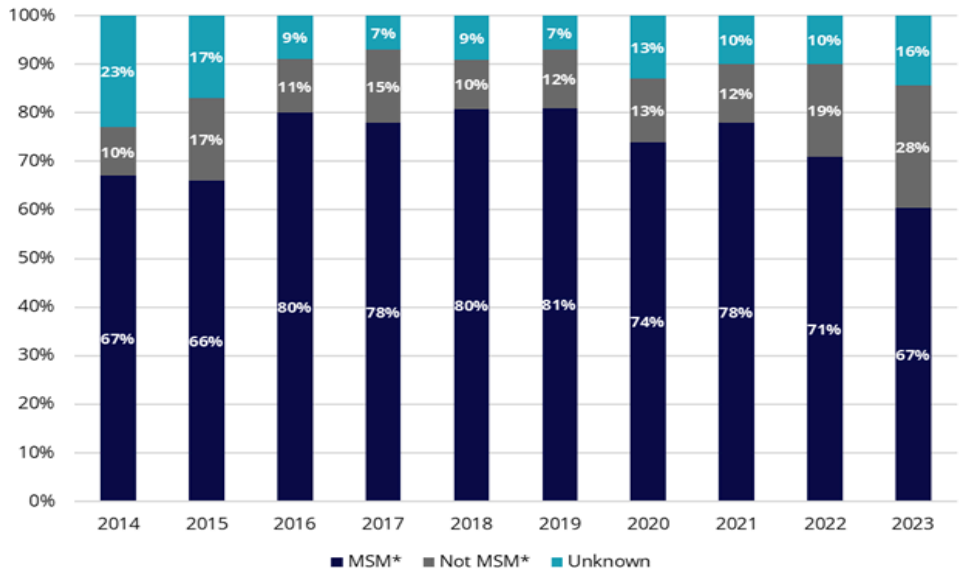
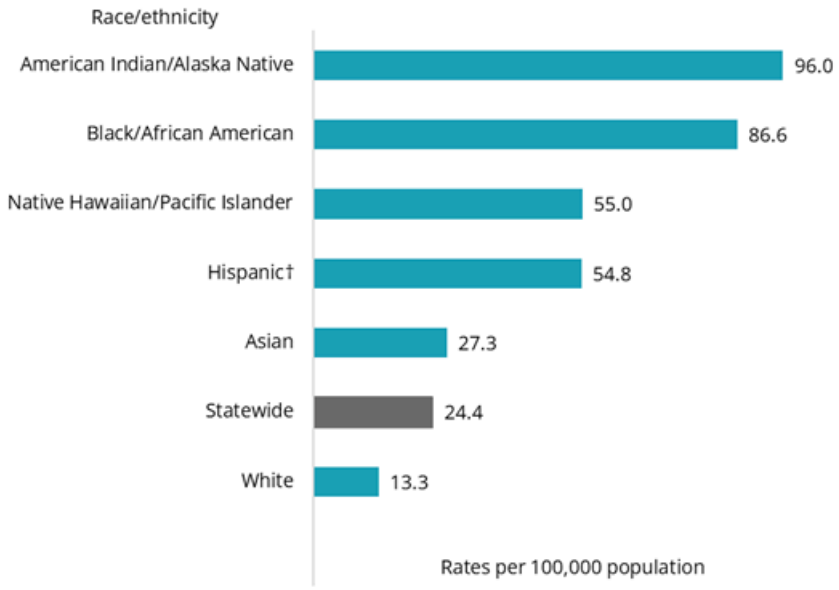
Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Figure 20. Percent of male all stages of syphilis cases by sexual orientation, Utah, 2014–2023



*MSM=Men who have sex with men.

Figure 21. All stages of syphilis rates per 100,000 population by race/ethnicity, Utah, 2023



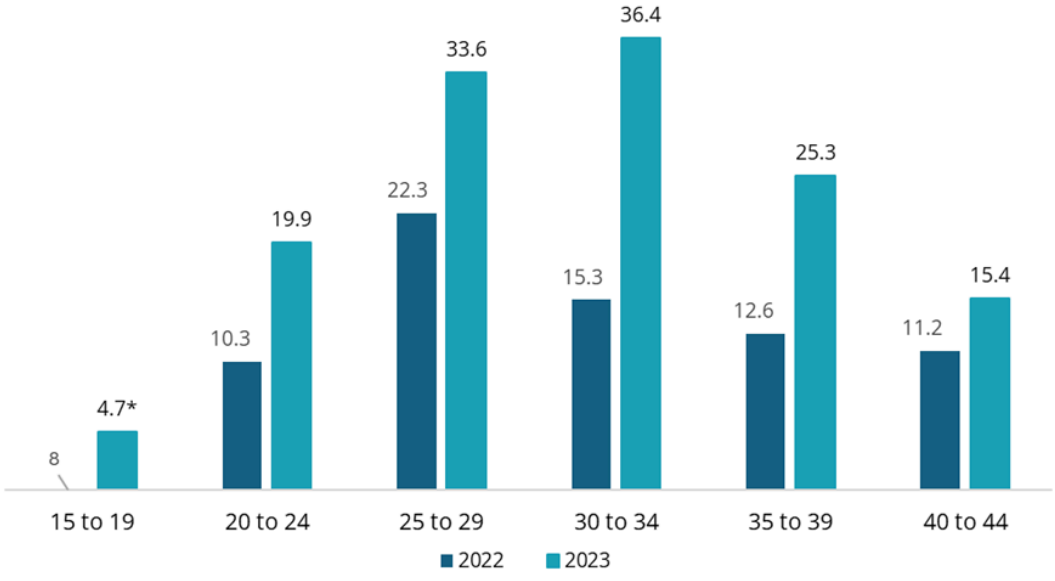
† Includes persons of Hispanic ethnicity regardless of race.

Congenital syphilis (CS)

A pregnant individual can transmit syphilis to their baby during any stage of syphilis and any trimester of pregnancy. However, the risk of transmission is highest if the person has acquired syphilis recently. Syphilis during pregnancy can cause tragic outcomes, such as miscarriage, stillbirth, infant death, and lifelong medical issues. Newborn syphilis occurs when mothers do not receive timely testing and treatment during pregnancy. Testing for syphilis should occur for all pregnant women at the first prenatal visit, in the third trimester, and again at delivery. [3]

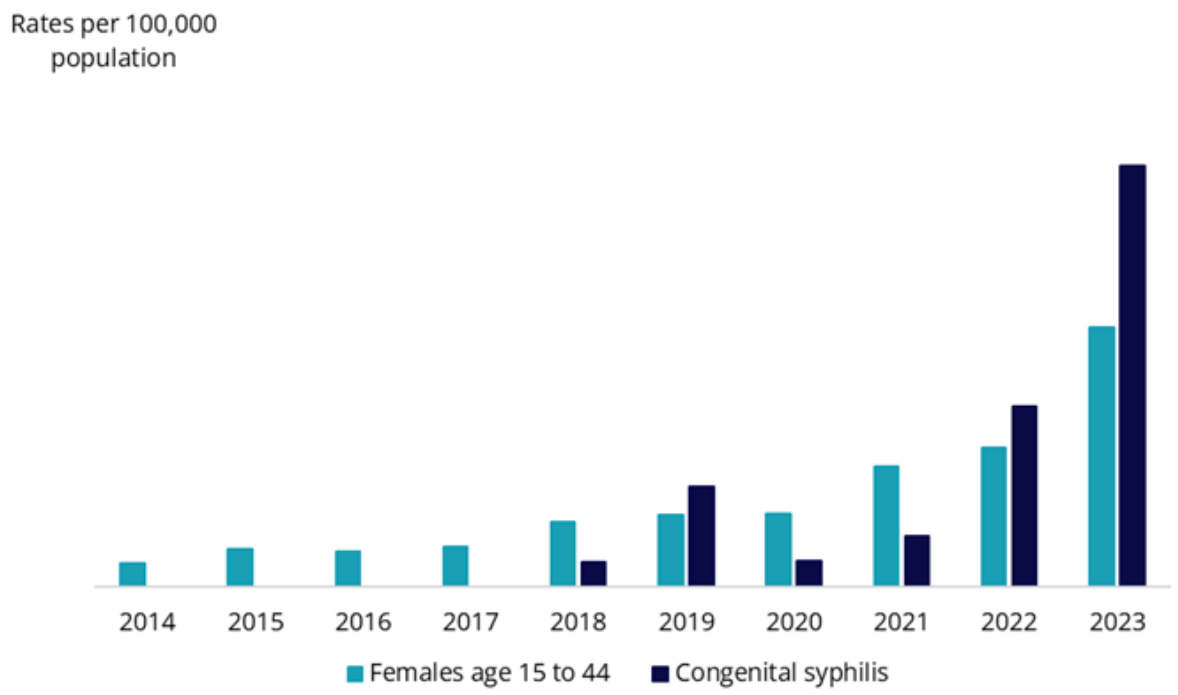
After more than a decade of extremely low case rates, syphilis rates in females have increased more than 3.5 times since 2019. From 2022 to 2023, rates increased 86%, with the highest rates in females aged 30 to 34. Rates in this age group nearly doubled (Figure 22).

Figure 22. All stages of syphilis rates per 100,000 population in females 15–44, Utah, 2022 and 2023



The steep increase in syphilis among females aged 15 to 44 is particularly concerning as infections in this population are the most likely to result in infants with congenital syphilis (Figure 23). The trend of CS tends to follow the trend of infections in this population. In 2023, CS cases in Utah continued to rise. Cases were 4 times higher in 2023 than in 2019. From 2022, cases more than doubled. There were no stillborn or fetal deaths reported.

Figure 23. Syphilis in females aged 15–44 in comparison to congenital syphilis rates per 100,000 population, Utah, 2014–2023



Note: The axis has been suppressed in accordance with DHHS data suppression rules. Rate estimates with relative standard errors greater than 50% are suppressed.

Congenital syphilis cases reported, 2023	Congenital syphilis cases per 100,000 population, 2023
16	35.6

Figure 24. Map of congenital cases, Utah, 2023

Local Health Department	Counties in Service Area
Bear River Health Department	Box Elder, Cache, Rich
Central Utah Public Health Department	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Davis County Health Department	Davis
Salt Lake Valley Health Department	Salt Lake
San Juan Public Health Department	San Juan
Southeastern Utah District Health Department	Carbon, Emery, Grand
Southwest Utah Public Health Department	Beaver, Garfield, Iron, Kane, Washington
Summit County Health Department	Summit
Tooele County Health Department	Tooele
TriCounty Health Department	Daggett, Duchesne, Uintah
Utah County Health Department	Utah
Wasatch County Health Department	Wasatch
Weber-Morgan Health Department	Morgan, Weber

Indicates a LHD with one or more CS case.

Recommendations for prevention

In order for Utah to continue to see decreases in STI rates the following steps are recommended.

All STIs

- Screening is key:
  - STD testing guide offers access to chlamydia, gonorrhea, and syphilis testing and prevention counseling for free or low cost.
- Recognize the increased risk for other STIs. Anyone who tests positive for an STI should:
  - Be screened for other STIs (HIV, chlamydia, gonorrhea, and syphilis).
  - Be offered HIV PrEP if HIV negative MSM if positive for gonorrhea or syphilis.
  - See below for disease specific recommendations.
- Provider guidelines can be found in DHHS's chlamydia disease plan or CDC STI Treatment Guidelines.

Chlamydia

- Yearly testing should be performed for:
  - All sexually active women who are younger than 25 years of age.
  - Women who have sex with more than one partner, have a new partner, and/or use barrier contraceptives inconsistently.
  - MSM who report rectal exposure should receive rectal testing.
- All pregnant people should be tested during their first prenatal visit.
  - All pregnant people should be screened for syphilis at their first prenatal visit and again in the third trimester or at delivery, as recommended by the CDC and the American College of Obstetrics and Gynecologists.
  - People who did not receive prenatal care should be screened at delivery.

Gonorrhea

- Expedited partner therapy (EPT) is highly recommended by public health officials to treat partners of those diagnosed with gonorrhea.
- EPT is legal in Utah. For details, see Utah's EPT law.

- Yearly testing should be performed for:
    - All sexually active women who are younger than 25 years of age.
    - Women who have sex with more than one partner, have a new partner, and/or use barrier contraceptives inconsistently.
    - MSM who should be screened at all sites of exposure (urethral, pharyngeal, and rectal) every 3 to 6 months.
- All pregnant people should be tested during their first prenatal visit.
    - Any pregnant people younger than 25 years of age, at increased risk for gonorrhea (people who have a new or more than one sex partner), and/or are found to have chlamydial infection during the first trimester should be retested during the third trimester.
    - People who did not receive prenatal care should be screened at delivery.

Syphilis

- DHHS recommends treating for syphilis while waiting for confirmatory testing, particularly if the likelihood of successful patient follow-up is uncertain, the patient is linked to a positive partner, or the patient has symptoms.
- Yearly testing should be performed for:
    - Women and men who have sex with women who are at an increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) of syphilis.
    - MSM and transgender individuals at least annually or every 3 to 6 months if at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and younger than 29 years) of syphilis.
    - Persons with HIV.
- All pregnant people should be tested three times during pregnancy.
    - At the first prenatal visit.
    - Early in the third trimester at approximately 28 weeks gestation or as soon as possible after that.
    - At delivery.
    - In addition, emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons before discharge if results are not available for their current pregnancy.
    - Screen any person who delivers a stillborn infant after 20 weeks gestation.

Tables

Table 2. Chlamydia cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Chlamydia cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	8218	279.7	452.2
2015	8611	288.6	475.0
2016	9460	308.9	494.7
2017	10135	324.6	524.6
2018	10558	332.4	537.5
2019	11072	342.7	552.8
2020	10492	320.7	481.3
2021	11230	336.4	495.5
2022	11110	326.3	495.0
2023	10944	316.6	492.2

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 3. Gonorrhea cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Gonorrhea cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	1440	49.0	109.8
2015	1560	52.3	123.0
2016	2100	68.6	145.0
2017	2541	81.4	170.6
2018	2895	91.1	178.3
2019	2878	89.1	188.4
2020	3121	95.4	206.5
2021	3632	108.8	214.0
2022	3082	90.5	194.4
2023	2638	76.3	179.5

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 4. Syphilis (all stages including congenital syphilis) cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Syphilis (all stages including congenital syphilis) cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	161	5.5	19.9
2015	193	6.5	23.2
2016	260	8.5	27.4
2017	301	9.6	31.2
2018	421	13.3	35.2
2019	432	13.4	39.7
2020	357	10.9	40.4
2021	532	15.9	53.2
2022	669	19.6	62.2
2023	833	24.1	62.5

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.
Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Table 5. Primary and secondary syphilis cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Primary and secondary syphilis cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	53	1.8	6.4
2015	66	2.2	7.5
2016	93	3.0	8.7
2017	117	3.7	9.4
2018	168	5.3	10.7
2019	138	4.3	11.9
2020	133	4.1	12.6
2021	207	6.2	16.2
2022	237	7.0	17.7
2023	328	9.5	15.8

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 6. Early non-primary non-secondary syphilis cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Early non-primary non-secondary syphilis cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	42	1.4	6.1
2015	36	1.2	7.5
2016	61	2.0	9.0
2017	87	2.8	10.4
2018	106	3.3	11.8
2019	120	3.7	12.7
2020	82	2.5	13.0
2021	133	4.0	15.6
2022	183	5.4	17.1
2023	163	4.7	16.0

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 7. Late or unknown duration syphilis cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Late or unknown duration syphilis cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	66	2.2	7.4
2015	91	3.0	8.1
2016	106	3.5	9.5
2017	97	3.1	11.1
2018	146	4.6	12.3
2019	170	5.3	14.4
2020	141	4.3	14.2
2021	190	5.7	20.6
2022	242	7.1	26.3
2023	326	9.4	29.5

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 8. Congenital syphilis cases and rates per 100,000 population, Utah and United States (U.S.), 2014–2023

Congenital syphilis cases and rates			
	Utah		U.S.
Year	Cases	Rate	Rate
2014	0	0.0	11.5
2015	0	0.0	12.4
2016	0	0.0	16.2
2017	0	0.0	24.4
2018	<11	—	—
2019	<11	—	—
2020	<11	—	—
2021	<11	—	—
2022	<11	15.3*	102.5*
2023	16	35.6	105.8

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
* Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.
Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Table 9. Chlamydia cases by local health district, Utah, 2014–2023

Chlamydia cases										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	267	348	354	353	394	391	381	428	407	343
Central	110	91	89	106	123	135	118	146	141	136
Davis	954	891	968	1142	1145	1154	956	965	975	970
Salt Lake	4279	4579	5107	5328	5289	5709	5458	5834	5762	5597
San Juan	N/A	55	54	59	43	55	15	42	47	58
Southeast	126	69	69	70	100	91	69	81	97	84
Southwest	432	410	461	556	653	701	651	672	720	730
Summit	91	89	120	118	116	132	129	111	141	124
Tooele	143	164	159	194	187	188	176	197	170	199
TriCounty	139	118	124	111	147	97	108	127	91	111
Utah	940	974	1021	1180	1270	1362	1411	1603	1587	1586
Wasatch	35	29	46	42	46	57	52	51	69	66
Weber-Morgan	702	794	885	876	1043	1000	968	970	902	935
Unknown	0	0	<11	0	<11	0	0	<11	<11	<11
State total	**8218**	**8611**	**9460**	**10135**	**10558**	**11072**	**10492**	**11230**	**11110**	**10944**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 10. Chlamydia rates per 100,000 population by local health district, Utah, 2014–2023

Chlamydia rates										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	155.6	200.1	199.3	195.2	214.3	209.4	201.1	214.3	199.8	166.8
Central	144.4	118.3	113.8	133.4	152.4	164.8	142.4	181.6	172.5	164.2
Davis	290.1	266.1	283.7	329.2	326.1	324.8	266.1	262.7	260.9	257.0
Salt Lake	392.4	415.3	455.7	468.5	460.3	492.8	468.3	491.7	477.2	458.6
San Juan	N/A	360.6	351.9	386.0	280.4	361.2	98.2	289.9	314.9	387.8
Southeast	225.7	171.3	171.7	175.9	250.0	225.8	169.5	202.5	240.1	207.3
Southwest	199.2	185.2	202.2	235.5	267.3	277.3	249.0	247.0	258.8	255.8
Summit	232.5	224.3	295.8	285.2	277.0	308.4	303.5	257.6	325.9	285.1
Tooele	232.6	261.7	246.0	287.4	267.3	260.7	236.2	257.0	218.8	250.6
TriCounty	238.6	197.8	215.4	197.9	261.1	171.2	189.8	222.9	158.3	192.6
Utah	167.5	169.9	172.7	194.2	204.2	214.3	216.7	234.0	224.3	217.9
Wasatch	125.8	99.6	151.2	131.1	138.2	166.6	147.3	141.0	185.3	174.0
Weber-Morgan	279.9	312.6	342.3	332.7	390.0	367.9	351.8	346.8	320.5	330.3
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	**279.7**	**288.6**	**310.8**	**326.6**	**334.6**	**345.6**	**322.8**	**336.4**	**326.3**	**316.6**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 11. Chlamydia cases by age and sex in adolescents and young adults, Utah, 2023

Adolescents and young adults chlamydia cases						
	Males		Females		Total	
Age	Cases	Rates	Cases	Rates	Cases	Rates
15	18	58.9	79	279.1	91	164.8
16	43	140.0	168	597.8	211	358.7
17	90	298.9	260	934.7	350	604.3
18	137	441.3	496	1572.5	633	1011.4
19	209	784.7	620	1884.4	829	1392.4
20	234	892.4	604	1904.0	838	1446.2
21	264	853.5	633	2190.2	897	1499.2
22	292	865.9	524	1942.4	816	1344.3
23	270	823.0	481	1755.2	751	1247.3
24	253	847.3	376	1451.1	629	1127.8

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 12. Gonorrhea cases by local health district, Utah, 2014–2023

Gonorrhea cases										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	35	17	27	49	53	39	58	62	70	44
Central	7	8	10	9	24	11	12	28	22	12
Davis	105	93	138	184	217	228	244	254	236	161
Salt Lake	1001	1048	1436	1653	1909	1895	1990	2349	1999	1792
San Juan	0	4	6	5	7	16	5	13	9	7
Southeast	7	6	6	19	21	15	12	15	10	8
Southwest	23	55	56	88	65	84	96	153	104	112
Summit	9	10	11	7	22	24	25	23	22	26
Tooele	22	28	29	42	26	47	53	76	51	39
TriCounty	7	12	6	14	28	25	20	23	18	27
Utah	97	129	159	201	229	244	328	349	325	267
Wasatch	2	3	9	8	4	7	17	19	14	7
Weber-Morgan	124	147	206	262	290	243	261	268	201	131
Unknown	1	0	1	0	0	0	0	0	1	5
State total	**1440**	**1560**	**2100**	**2541**	**2895**	**2878**	**3121**	**3632**	**3082**	**2638**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 13. Gonorrhea rates per 100,000 population by local health district, Utah, 2014–2023

Gonorrhea rates										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	20.4	9.8	15.2	27.1	28.8	20.9	30.6	31.0	34.4	21.4
Central	9.2	10.4	12.8	11.3	29.7	13.4	14.5	34.8	26.9	14.5
Davis	31.9	27.8	40.4	53.0	61.8	64.2	67.9	69.2	63.2	42.7
Salt Lake	91.8	95.0	128.1	145.3	166.2	163.6	170.7	198.0	165.5	146.8
San Juan	N/A	26.2	39.1	32.7	45.6	105.1	32.7	89.7	60.3	46.8
Southeast	12.5	14.9	14.9	47.8	52.5	37.2	29.5	37.5	24.8	19.7
Southwest	10.6	24.8	24.6	37.3	26.6	33.2	36.7	56.2	37.4	39.2
Summit	23.0	25.2	27.1	16.9	52.5	56.1	58.8	53.4	50.8	59.8
Tooele	35.8	44.7	44.9	62.2	37.2	65.2	71.1	99.2	65.7	49.1
TriCounty	12.0	20.1	10.4	25.0	49.7	44.1	35.2	40.4	31.3	46.8
Utah	17.3	22.5	26.9	33.1	36.8	38.4	50.4	50.9	45.9	36.7
Wasatch	7.2	10.3	29.6	25.0	12.0	20.5	48.2	52.5	37.6	18.5
Weber-Morgan	49.4	57.9	79.7	99.5	108.4	89.4	94.9	95.8	71.4	46.3.
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	**49.0**	**52.3**	**69.0**	**81.9**	**91.8**	**89.8**	**96.0**	**108.8**	**90.5**	**76.3**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 14. Gonorrhea cases by age and sex in adolescents and young adults, Utah, 2023

Adolescent and young adult gonorrhea cases						
	Males		Females		Total	
Age	Cases	Rates	Cases	Rates	Cases	Rates
15	<11	19.6*	<11	17.7*	<11	18.7*
16	<11	19.5*	13	46.3	19	32.3
17	18	59.8	13	46.7	31	53.5
18	26	83.8	31	98.3	57	91.1
19	58	217.8	58	176.3	116	194.8
20	59	225.0	57	179.7	116	200.2
21	63	203.7	51	176.5	114	190.5
22	72	213.5	51	189.0	123	202.6
23	76	231.7	46	167.9	122	202.6
24	81	271.3	29	111.9	110	197.2

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.
Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 15. Gonorrhea cases and percent among MSM, Utah, 2014–2023

Gonorrhea cases among MSM							
	MSM*		Not MSM*		Unknown		Total male
Year	Cases	Percent	Cases	Percent	Cases	Percent	Cases
2014	362	41.9%	352	40.8%	149	17.3%	863
2015	450	42.9%	344	32.8%	254	24.2%	1049
2016	537	38.8%	499	36.1%	348	25.1%	1384
2017	635	38.0%	568	34.0%	468	28.0%	1671
2018	850	43.5%	586	30.0%	518	26.5%	1954
2019	740	39.6%	595	31.9%	532	28.5%	1868
2020	617	32.3%	541	28.3%	754	39.4%	1912
2021	1006	42.1%	699	29.2%	687	28.7%	2392
2022	940	46.3%	553	27.2%	538	26.5%	2031
2023	877	47.4%	422	22.8%	544	29.4%	1849

*MSM=Men who have sex with men

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 16. Syphilis (all stages including congenital syphilis) by local health district, Utah, 2014–2023

Syphilis (all stages including congenital syphilis) cases										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	<11	<11	<11	<11	<11	<11	<11	12	19	18
Central	0	0	0	<11	<11	<11	<11	<11	<11	<11
Davis	15	16	18	23	37	44	25	39	48	40
Salt Lake	112	130	188	203	270	271	213	301	432	550
San Juan	N/A	<11	<11	<11	<11	<11	<11	<11	<11	<11
Southeast	<11	<11	<11	<11	0	<11	<11	<11	<11	<11
Southwest	<11	<11	<11	19	21	15	16	27	28	35
Summit	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
Tooele	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
TriCounty	0	0	0	<11	<11	<11	<11	<11	<11	<11
Utah	15	14	20	22	36	48	40	72	66	99
Wasatch	<11	<11	0	<11	<11	0	0	0	<11	<11
Weber-Morgan	<11	<11	<11	20	38	29	34	47	41	40
Unknown	0	<11	0	0	0	0	0	0	0	0
State total	**161**	**193**	**260**	**301**	**421**	**432**	**357**	**532**	**669**	**833**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD. *Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 17. Syphilis (all stages including congenital syphilis) rates per 100,000 population by local health district, Utah, 2014–2023

Syphilis cases (all stages including congenital syphilis) rates										
Local health district	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Bear River	—	3.4*	3.4*	—	3.3*	—	3.7*	6.0	9.3	8.8
Central	0.0	0.0	0.0	—	—	—	—	7.5*	—	9.7*
Davis	4.6	4.8	5.3	6.6	10.5	12.4	7.0	10.6	12.8	10.6
Salt Lake	10.3	11.8	16.8	17.8	23.5	23.4	18.3	25.4	35.8	45.1
San Juan	N/A	—	—	—	—	—	32.7*	55.2*	33.5*	73.5*
Southeast	—	—	—	—	0.0	12.4*	—	—	17.3*	24.7*
Southwest	—	3.6*	4.8*	8.0	8.6	5.9	6.1	9.9	10.1	12.3
Summit	—	—	—	—	—	18.7*	—	16.2*	13.9*	18.4*
Tooele	—	—	—	7.4*	—	—	8.1*	9.1*	9.0*	10.1*
TriCounty	0.0	0.0	0.0	—	—	—	—	—	—	—
Utah	2.7	2.4	3.4	3.6	5.8	7.6	6.1	10.5	9.3	13.6
Wasatch	—	—	0.0	—	—	0.0	0.0	0.0	—	—
Weber-Morgan	4.4*	2.8*	3.9*	7.6	14.2	10.7	12.4	16.8	14.6	14.1
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	**5.5**	**6.5**	**8.5**	**9.7**	**13.3**	**13.5**	**11.0**	**15.9**	**19.6**	**24.1**

Note: Cases were classified by Morbidity and Mortality Weekly Report *(MMWR)* year.
*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed. Data sources: Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 18. Syphilis cases and percent among MSM, Utah, 2014–2023

Syphilis cases among MSM							
	MSM*		Not MSM*		Unknown		Total male
Year	Cases	Percent	Cases	Percent	Cases	Percent	Cases
2014	91	66.9%	14	10.3%	31	22.8%	136
2015	106	64.2%	28	17.0%	27	16.4%	165
2016	185	76.8%	25	10.4%	22	9.1%	241
2017	210	74.7%	40	14.2%	19	6.8%	281
2018	294	80.8%	39	10.7%	37	10.2%	364
2019	304	80.2%	44	11.6%	27	7.1%	379
2020	220	76.4%	37	12.8%	39	13.5%	288
2021	342	80.7%	51	12.0%	44	10.4%	424
2022	390	74.1%	105	20.0%	56	10.6%	526
2023	381	67.1%	156	27.5%	93	16.4%	568

*MSM=Men who have sex with men

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 19. Syphilis (all stages) cases by females of reproductive age, Utah, 20142–2023

Syphilis (all stages) female cases										
Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
15 to 19	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
20 to 24	<11	<11	<11	<11	<11	16	<11	16	14	28
25 to 29	<11	<11	<11	<11	<11	<11	16	16	28	43
30 to 34	<11	<11	<11	<11	<11	<11	<11	14	18	44
35 to 39	<11	<11	<11	<11	<11	<11	<11	15	14	28
40 to 44	<11	<11	<11	<11	<11	<11	<11	<11	13	18
Total	**13**	**21**	**20**	**23**	**38**	**43**	**44**	**75**	**89**	**168**

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute. Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Table 20. Syphilis (all stages) rates per 100,000 population by females of reproductive age, Utah, 20142–2023

Syphilis (all stages) female rates										
Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
15 to 19	—	—	—	—	—	—	4.0*	4.3*	—	4.7*
20 to 24	—	7.3*	4.9*	4.0*	7.1*	12.4	7.6*	11.9	10.3	19.9
25 to 29	4.7*	—	4.4*	—	5.8*	7.4*	13.0	13.0	22.3	33.6
30 to 34	—	—	—	5.6*	10.2*	6.4*	5.4*	12.3	15.3	36.4
35 to 39	—	—	4.5*	6.2*	—	—	—	13.3	12.6	25.3
40 to 44	—	—	0.0	0.0	—	4.8*	—	7.1*	11.2	15.4
Total	**2.0**	**3.2**	**3.0**	**3.4**	**5.5**	**6.1**	**6.2**	**10.2**	**11.8**	**21.9**

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute. Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Table 21. Congenital syphilis cases, Utah, 20142–2023

Congenital syphilis cases										
Age group (years)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<1	0	0	0	0	<11	<11	<11	<11	<11	16

Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute. Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Table 22. Congenital syphilis rates per 100,000 population, Utah, 20142–2023

Congenital syphilis rates										
Age group (year)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<1	0.0	0.0	0.0	0.0	—	—	—	—	15.3*	35.6

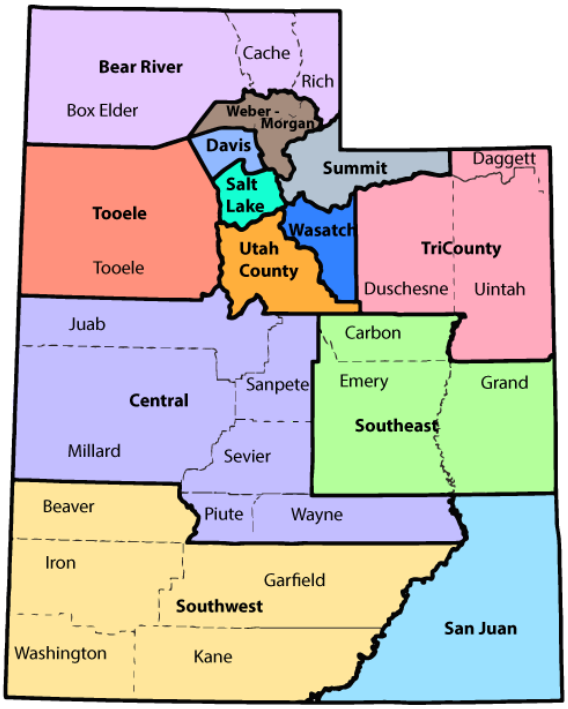
Note: Cases were classified by Morbidity and Mortality Weekly Report (*MMWR)* year.

*Use caution in interpreting. The estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system), and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute. Data for congenital syphilis uses live births to calculate the rate. Utah data comes from the Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. National data comes from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Appendix

Map of Utah's 13 local health districts and population, 2023



Local Health Department	Counties in Service Area	Population (%), 2023
Bear River	Box Elder, Cache, Rich	205,674 (6)
Central	Juab, Millard, Piute, Sanpete, Sevier, Wayne	82,848 (2)
Davis*	Davis	377,381 (11)
Salt Lake*	Salt Lake	1,220,570 (35)
San Juan	San Juan	14,956 (<1)
Southeast	Carbon, Emery, Grand	40,530 (1)
Southwest	Beaver, Garfield, Iron, Kane, Washington	285,420 (8)
Summit	Summit	43,492 (1)
Tooele	Tooele	79,409 (2)
TriCounty	Daggett, Duchesne, Uintah	57,638 (2)
Utah*	Utah	727,756 (21)
Wasatch	Wasatch	37,934 (1)
Weber-Morgan*	Morgan, Weber	282,875 (8)
Total		**3,456,483 (100)**

* LHDs that comprise the Wasatch Front.

Data source: LHD map from "Local Health Districts" by The Utah Department of Health and Human Services, Division of Data, Systems, and Evaluation, 2022, Public Health Indicator Based Information System (IBIS), "Map of Utah's 13 local health districts: (https://ibis.utah.gov/ibisph-view/about/LocalHealth.html).

Data notes

DHHS' HIV/STI Elimination Analysis Response and Treatment (HEART) Program's STI Program manages and, with the support of LHDs, conducts surveillance for STI cases, which are reportable conditions in Utah through the Utah Communicable Disease Rule (CD rule). The CD rule requires healthcare providers and laboratories to report cases of chlamydia, gonorrhea, and syphilis to their LHD or DHHS Office of Communicable Diseases within 3 working days of identification. Upon receipt, these reports are entered into Utah-National Electronic Disease Surveillance System (UT-NEDSS), a secure statewide disease surveillance system. Case reports for these reportable diseases are determined by case definitions developed by the Council of State and Territorial Epidemiologists (CSTE) and CDC. The cases in this report are classified by CDC and *Morbidity and Mortality Weekly Report (MMWR)* year unless otherwise noted. For complete disease plans and reporting information see Office of Communicable Diseases' official website.

Data from multiple systems was used to compile this report, including STI surveillance data from UT-NEDSS (EpiTrax); Utah Public Health Laboratory (UPHL); population data from

IBIS-PH (Utah's Indicator Based Information System for Public Health), Utah Birth Certificate Database, and the Office of Vital Records and Statistics, DHHS.

Population estimates are provided by Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

In this report, missing and unknown age group, sex, and race/ethnicity data were not redistributed, therefore, incidence rates may be underestimated, particularly rates by race/ethnicity. Redistributing data involves using statistical methods which can make data more consistent, accurate, and/or useful to the reader.

During 2020, the COVID-19 pandemic led to disruptions in STI-related prevention and care activities, including decreased screening during the initial shelter-in-place orders due to clinical closures, and lack of resources, including a vaccine. STI program resources, including STI case investigators, were redirected to COVID-19 activities which further

delayed nonemergent disease investigations. STIs often do not show symptoms, making screening necessary for adequate diagnosis and treatment. Changes in access to healthcare affected the number of infectious diseases being diagnosed and reported.

The COVID-19 pandemic significantly affected trends in STIs—potentially resulting in underreporting of infections and possible increased STI transmission. It's likely these effects will persist for several years, and it may be difficult to understand the full impact of the pandemic on STIs. As a result, STI surveillance data collected during 2020 and 2021 should be interpreted cautiously.

Figures and data tables in this report highlight current trends for chlamydia, gonorrhea, and syphilis, and supersede those in earlier publications of these data.

References

1. Centers for Disease Control and Prevention. (2025, January 30). About Syphilis. https://www.cdc.gov/syphilis/about/index.html

2. Spach, D.H., Ramchandani, M.S., & Ghanem, K.G. (2025). Syphilis. National STD Curriculum. https://www.std.uw.edu/go/comprehensive-study/syphilis/core-concept/all

3. Centers for Disease Control and Prevention. (2025, January 31). About Congenital Syphilis. https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html