In 2017, a record 300,000 STD cases were reported – nearly double what they were just five years ago.

There are many underlying drivers of STD increases; thus, there is no simple solution. STD risk is fueled by poverty, homelessness, substance use, the exchange of sex for money/housing/other resources, and other changes in sexual behaviors. State and local public health health staff are actively engaged with clients, medical providers, community partners, and others working to stem the rising tide of STDs.

Syphilis is a major public health problem in California and has increased in all regions of the state, and among both males and females.

Persons with syphilis might have mild symptoms or no symptoms and be unaware of their infection, so syphilis testing is essential. Left untreated, syphilis can affect the heart, brain and other organs of the body.

Persons with syphilis were predominantly male, with most male cases among men who have sex with men (MSM). The rate of early syphilis* among HIV-positive MSM is: 10 times higher than the rate among HIV-negative MSM, 207 times higher than the rate among other males, and 486 times higher than the rate among females.

Women account for the greatest increases in syphilis cases. Over the past five years, the number of early syphilis cases doubled overall, but quadrupled among women. Congenital syphilis is an infection transmitted from mother to child during pregnancy.

The number of infants born with congenital syphilis increased for the 5th year in a row.

- Congenital syphilis can cause severe illness in babies including premature birth, low birth weight, birth defects, blindness, and hearing loss. It can also lead to stillbirth and infant death.

- In 2017 alone, there were 30 infant stillbirths, 6 neonatal deaths, and 14 infants born with other symptoms or complications from syphilis.

- Congenital syphilis is preventable with testing and treatment during pregnancy.
Chlamydia and gonorrhea are the most commonly reported STDs in California. Although these STDs are curable, they often don’t show symptoms and go undetected, which can lead to serious complications, like infertility.

Chlamydia and gonorrhea disproportionately impact people in their teens and twenties:

- Less than 2 out of every 10 people in California is between the ages of 15-24
- BUT people ages 15-24 make up over 5 out of every 10 chlamydia cases in California
- AND they make up over 3 out of every 10 gonorrhea cases in California

Emerging antibiotic resistance among gonorrhea is a concern. Gonorrhea is among CDC’s top three urgent threats for developing drug resistance.

Striking disparities exist with STDs in California.

- African-Americans face a disproportionate burden of STDs compared to other groups, which may reflect unequal access to quality STD care and other intersecting factors.

Compared to their white counterparts, the rate of disease† among African Americans in California is:

- nearly 5X higher for chlamydia
- nearly 5X higher for gonorrhea
- over 2X higher for early syphilis

How can we fight rising STD rates in California?

- Normalize STD testing and treatment among all Californians and especially within priority populations.
- Encourage open communication between patients and providers as well as among individuals and their partners.
- Change systems to support screening and treatment.
- Utilize public health staff to monitor high priority infections. This includes: following up of persons diagnosed with STDs such as syphilis and ensuring they are adequately treated, facilitating testing and treatment of their sexual and needle sharing partners, and developing partnerships with stakeholders who can support both screening and treatment and public awareness of STDs.

*Early syphilis includes the primary, secondary, and early latent stages of the infection.
†Rate of disease = cases per 100,000 Californians