**Massachusetts Department of Public Health**

**Bureau of Infectious Disease and Laboratory Sciences**

**Surveillance Data Overview of Sexually Transmitted Infections, Massachusetts, 2000-2022**

*Please note that while the content of this report is the same as the pdf version, the format and pagination have been modified significantly to optimize use with screen readers to ensure access for blind or visually impaired audiences.*

Massachusetts Department of Public Health

Bureau of Infectious Disease and Laboratory Sciences

Division of STD Prevention and HIV Surveillance

March 2024

**Bureau of Infectious Disease and Laboratory Sciences**

**Division of STD Prevention and HIV Surveillance**  
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**Slide Descriptions**

# **Slide 1** **(title page)** - Surveillance Data Overview of Sexually Transmitted Infections, Massachusetts, 2000-2022

# Slide 2 - Outline

Sexually Transmitted Infection (STI) Trends and Descriptions:

General STI Trends Through 2022

Chlamydia

Gonorrhea

Infectious syphilis

Descriptions of 2022 STI Cases

Social Vulnerability Index Trends (2022)

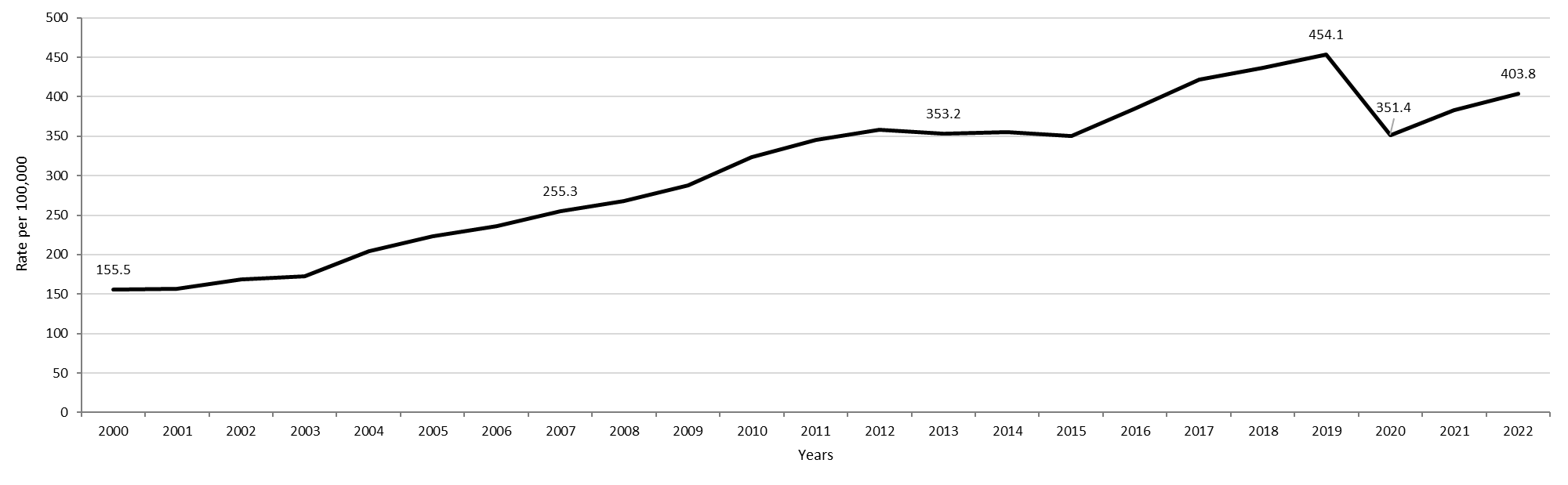
HIV/STI Co-infection and Sexual Risk (2022)

Summary

Technical Notes

# Slide 3 (title page) - Chlamydia, Gonorrhea, and Infectious Syphilis: Years 2000 to 2022

# Slide 4 - Rate of Confirmed Chlamydia Cases, Massachusetts, 2000 to 20221



**Table: Chlamydia Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2000 | 9,872 |
| 2001 | 9,969 |
| 2002 | 10,755 |
| 2003 | 11,041 |
| 2004 | 13,120 |
| 2005 | 14,386 |
| 2006 | 15,253 |
| 2007 | 16,566 |
| 2008 | 17,441 |
| 2009 | 18,796 |
| 2010 | 21,211 |
| 2011 | 22,851 |
| 2012 | 23,930 |
| 2013 | 23,789 |
| 2014 | 24,143 |
| 2015 | 23,944 |
| 2016 | 26,478 |
| 2017 | 29,177 |
| 2018 | 30,360 |
| 2019 | 31,633 |
| 2020 | 24,701 |
| 2021 | 26,912 |
| 2022 | 28,384 |

**Highlights:** Graph depicts the rate per 100,000 population of confirmed cases of chlamydia in Massachusetts between 2000 and 2022. It begins at a low of 155.5 in 2000 and then climbs to a high of 454.1 in 2019. It drops to 382.8 in 2021, followed by a rise to 403.8 in 2022.

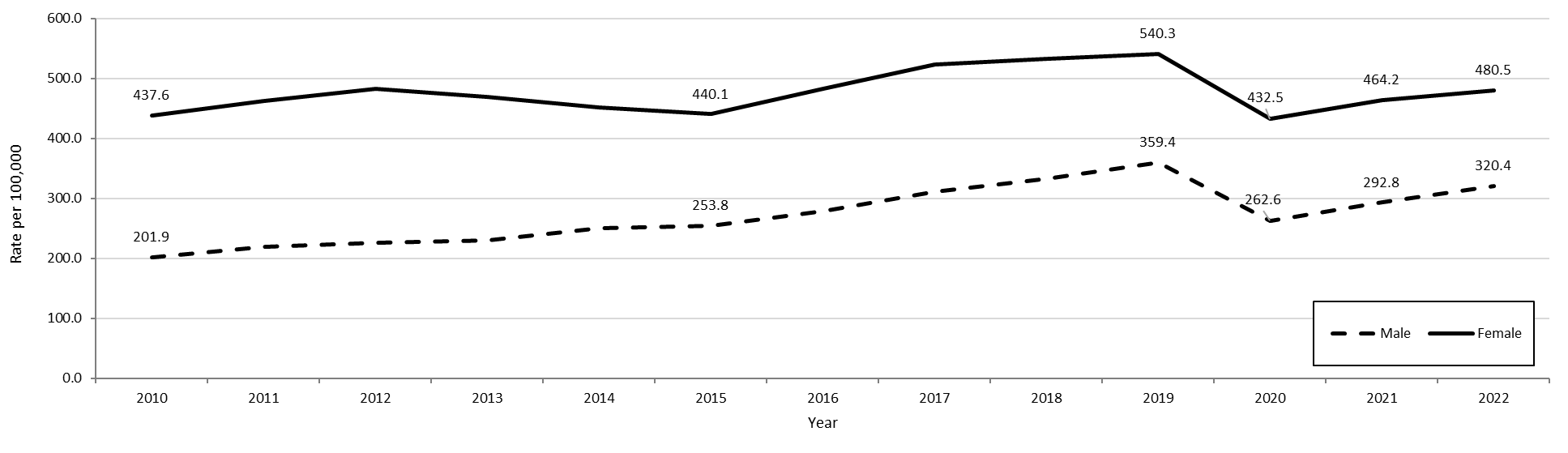
**Footnotes For Slide 4**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

Slide 5 - Confirmed Chlamydia Rates by Gender1, Massachusetts, 2010 to 20222

**Table: Chlamydia Annual Case Counts by Current Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2010 | 436 | 29 |
| 2011 | 454 | 46 |
| 2012 | 515 | 46 |
| 2013 | 656 | 55 |
| 2014 | 545 | 53 |
| 2015 | 732 | 65 |
| 2016 | 947 | 87 |
| 2017 | 1,040 | 67 |
| 2018 | 1,055 | 110 |
| 2019 | 1,102 | 139 |
| 2020 | 1,028 | 130 |
| 2021 | 1,201 | 150 |
| 2022 | 1,357 | 233 |

**Highlights:** Graph depicts the rate per 100,000 population of confirmed cases of chlamydia in Massachusetts between 2000 and 2022. It begins at a low of 155.5 in 2000 and then climbs to a high of 454.1 in 2019. It drops to 382.8 in 2021, followed by a rise to 403.8 in 2022.

**Footnotes For Slide 5**

Data are current as of 07/18/2023 and are subject to change.

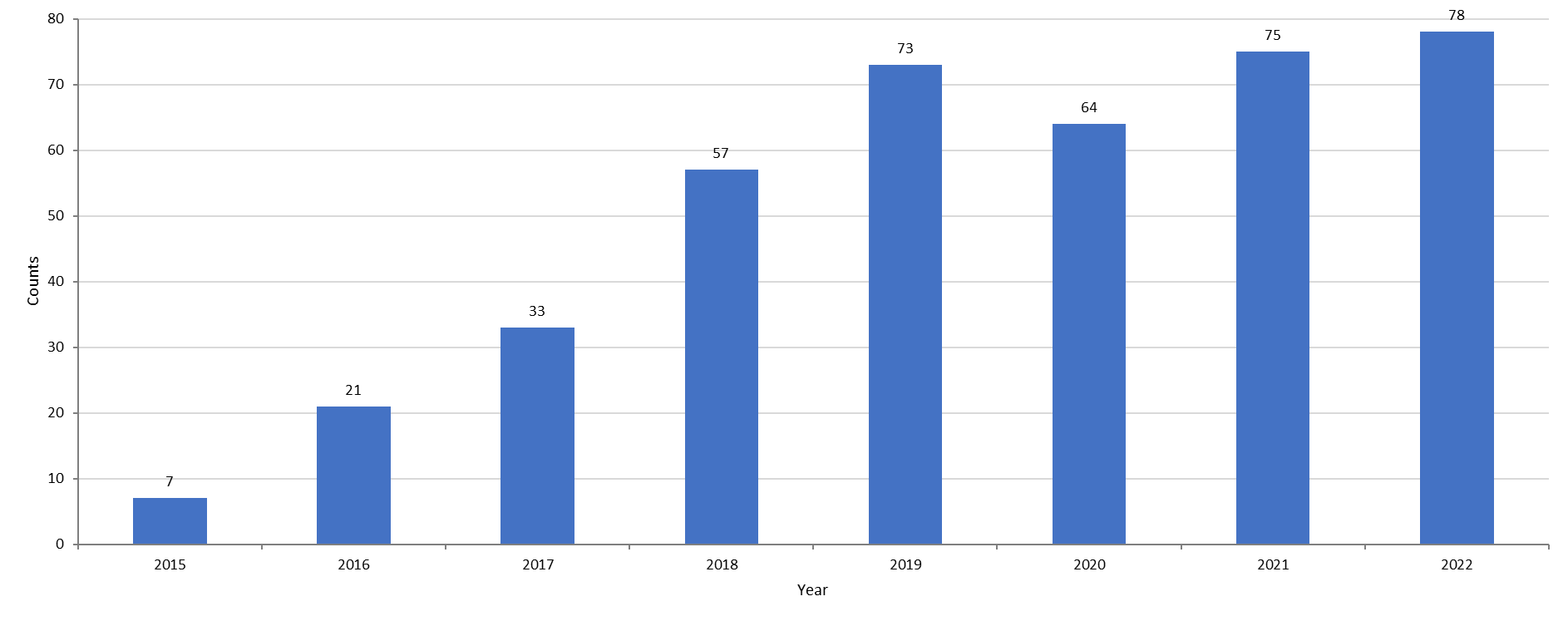
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. In 2022, there were 38 individuals of transgender experience reported in our data system who do not have current gender documented. These cases were excluded since population estimates for individuals of transgender experience are not available at this time.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 6 - Chlamydia among Individuals of Transgender Experience,1,2 Massachusetts, 2015 to 20223



**Highlights:** Graph depicts the rate per 100,000 population of confirmed cases of chlamydia in Massachusetts between 2000 and 2022. It begins at a low of 155.5 in 2000 and then climbs to a high of 454.1 in 2019. It drops to 382.8 in 2021, followed by a rise to 403.8 in 2022.

**Footnotes for Slide 6**

Data are current as of 07/18/2023 and are subject to change.

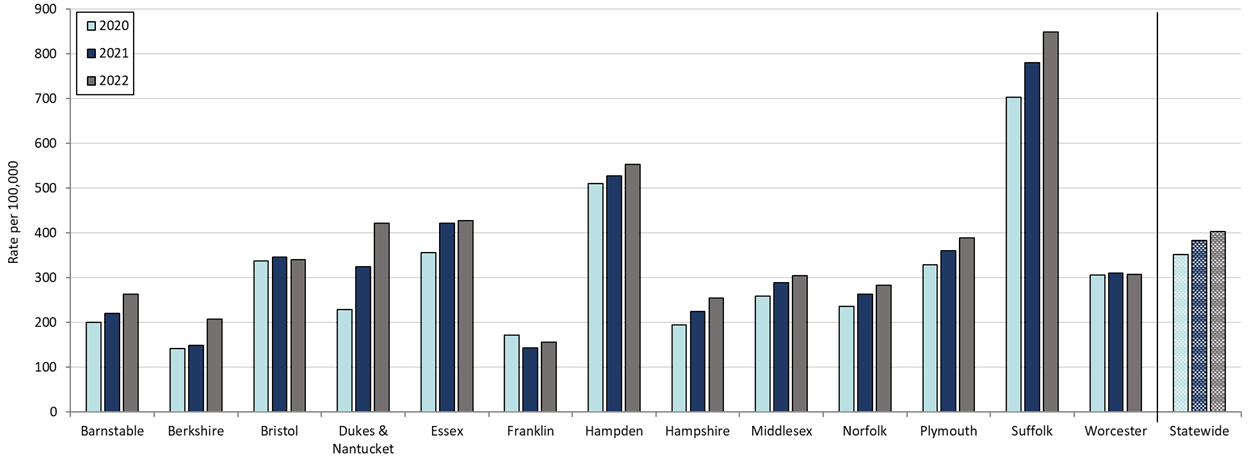
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Prior to 2015 MA DSTDP was not able to capture expanded gender identity including individuals of transgender experience within our data system.

2. All individuals of transgender experience are included in this graph regardless of current gender.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 7 - Confirmed Chlamydia Rates by County and Statewide,Massachusetts, 2020-20221



**Table: Rates of Chlamydia by County and Statewide**

|  |  |  |
| --- | --- | --- |
| **County** | **2020** | **2022** |
| Barnstable | 200.0 | 263.8 |
| Berkshire | 142.6 | 207.7 |
| Bristol | 336.8 | 339.8 |
| Dukes/Nantucket | 229.5 | 421.7 |
| Essex | 355.6 | 427.5 |
| Franklin | 171.8 | 156.3 |
| Hampden | 510.5 | 553.2 |
| Hampshire | 194.1 | 254.5 |
| Middlesex | 259.3 | 304.8 |
| Norfolk | 235.7 | 282.8 |
| Plymouth | 329.1 | 388.8 |
| Suffolk | 702.1 | 848.3 |
| Worcester | 306.0 | 308.2 |
| Statewide | 351.4 | 403.8 |

**Highlights:** Graph depicts rate per 100,000 population of chlamydia cases reported in Massachusetts by county comparing 2020 through 2022. The rate is highest in Suffolk County with a rate of 848.3 in 2022 followed by Hampden County with a rate of 553.2 in 2022. The lowest rates were in Franklin and Berkshire County.

**Footnotes for Slide 7**

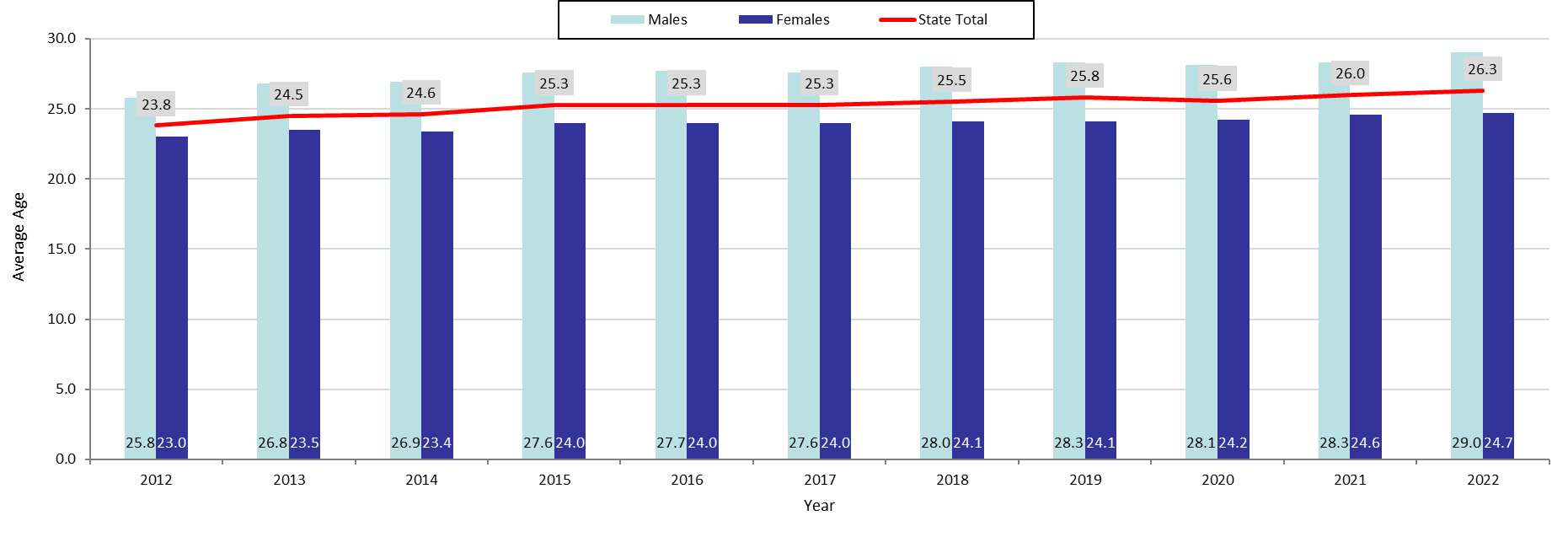
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 8 - Average Age of Confirmed Chlamydia Cases by Gender1, Massachusetts, 2012 to 20222



**Table: Chlamydia Annual Case Counts by Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Female** | **Male** |
| 2012 | 16,590 | 7,302 |
| 2013 | 16,275 | 7,494 |
| 2014 | 15,781 | 8,258 |
| 2015 | 15,489 | 8,414 |
| 2016 | 17,094 | 9,318 |
| 2017 | 18,644 | 10,463 |
| 2018 | 19,062 | 11,252 |
| 2019 | 19,408 | 12,155 |
| 2020 | 15,677 | 8,949 |
| 2021 | 16,799 | 9,989 |
| 2022 | 17,388 | 10,928 |

**Highlights:** Graph depicts the average age of confirmed chlamydia cases by year between 2012 and 2022. The lowest average age is 23.8 years old for the year 2012 and then rises to a high average age of 26.3 years old in 2022. In 2022, 56.1% of confirmed chlamydia cases were reported among individuals 15 - 24 years old.

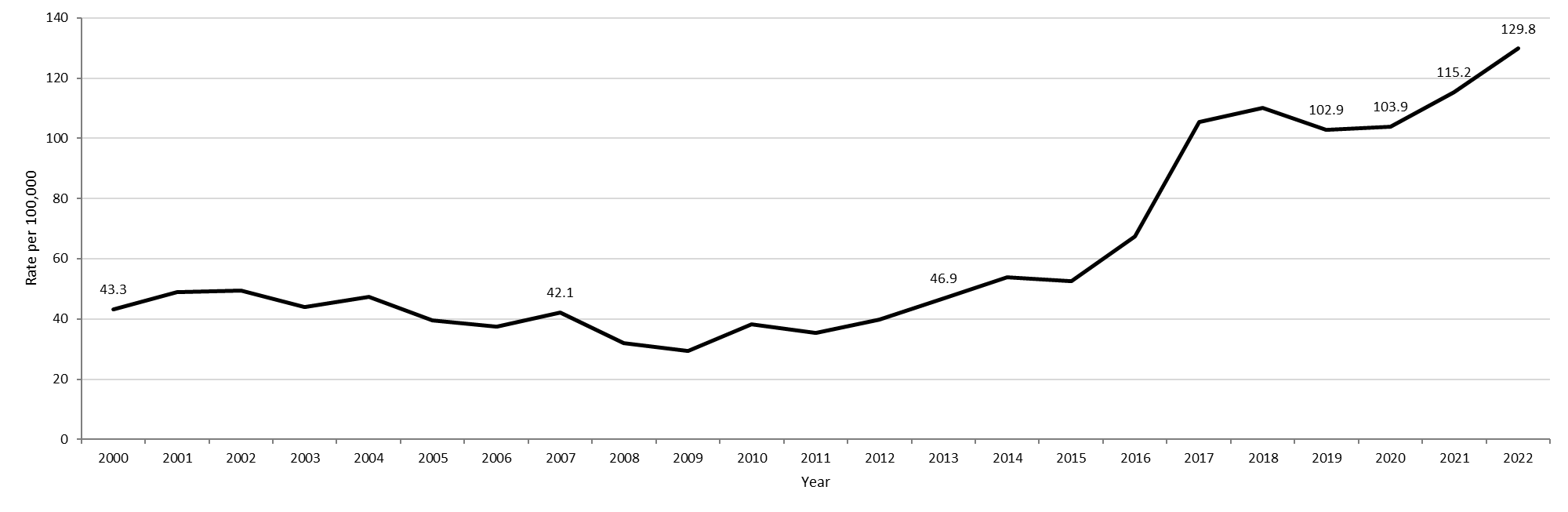
**Footnotes for Slide 8**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Individuals of transgender experience that did not have complete gender data as of 10/24/2022 may not be included within this slide.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

Slide 9 - Rate of Confirmed Gonorrhea Cases, Massachusetts, 2000 to 20221

**Table: Gonorrhea Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2000 | 2,748 |
| 2001 | 3,121 |
| 2002 | 3,156 |
| 2003 | 2,819 |
| 2004 | 3,038 |
| 2005 | 2,542 |
| 2006 | 2,429 |
| 2007 | 2,729 |
| 2008 | 2,077 |
| 2009 | 1,917 |
| 2010 | 2,495 |
| 2011 | 2,345 |
| 2012 | 2,665 |
| 2013 | 3,156 |
| 2014 | 3,657 |
| 2015 | 3,592 |
| 2016 | 4,638 |
| 2017 | 7,293 |
| 2018 | 7,660 |
| 2019 | 7,170 |
| 2020 | 7,303 |
| 2021 | 8,099 |
| 2022 | 9,218 |

**Highlights:** Graph depicts the rate per 100,000 population of confirmed cases of gonorrhea in Massachusetts between 2000 and 2022. It begins at 43.3 in 2000, drops to a low of 29.4 in 2009 and climbs to a high of 129.8 in 2022.

**Footnotes for Slide 9**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 10 - Confirmed Gonorrhea Rates by Gender1, Massachusetts, 2010 to 20222

Graph depicts the rates per 100,000 population of confirmed cases of gonorrhea in Massachusetts by gender identity between 2010 and 2022. There are two lines, one for females that begins at 29.9 in 2010 and climbs to 80.0 in 2022 and another for males that begins at 46.8 in 2010 and climbs to 181.6 in 2022. 
Note: There were cases reported among transgender individuals in 2014 through 2022. In 2022, there were 34 cases of gonorrhea among transgender identified individuals not included on this slide.


**Table: Gonorrhea Annual Case Counts by Current Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2010 | 1,012 | 1,483 |
| 2011 | 1,069 | 1,275 |
| 2012 | 1,085 | 1,579 |
| 2013 | 1,181 | 1,969 |
| 2014 | 1,144 | 2,500 |
| 2015 | 940 | 2,648 |
| 2016 | 1,283 | 3,344 |
| 2017 | 2,328 | 4,952 |
| 2018 | 2,293 | 5,347 |
| 2019 | 2,132 | 5,002 |
| 2020 | 2,526 | 4,741 |
| 2021 | 2,707 | 5,367 |
| 2022 | 2,894 | 6,196 |

**Highlights:** Graph depicts the rates per 100,000 population of confirmed cases of gonorrhea in Massachusetts by gender identity between 2010 and 2022. There are two lines, one for females that begins at 29.9 in 2010 and climbs to 80.0 in 2022 and another for males that begins at 46.8 in 2010 and climbs to 181.6 in 2022.

Note: There were cases reported among transgender individuals in 2014 through 2022. In 2022, there were 34 cases of gonorrhea among transgender identified individuals not included on this slide.

**Footnotes for Slide 10**

Data are current as of 07/18/2023 and are subject to change.

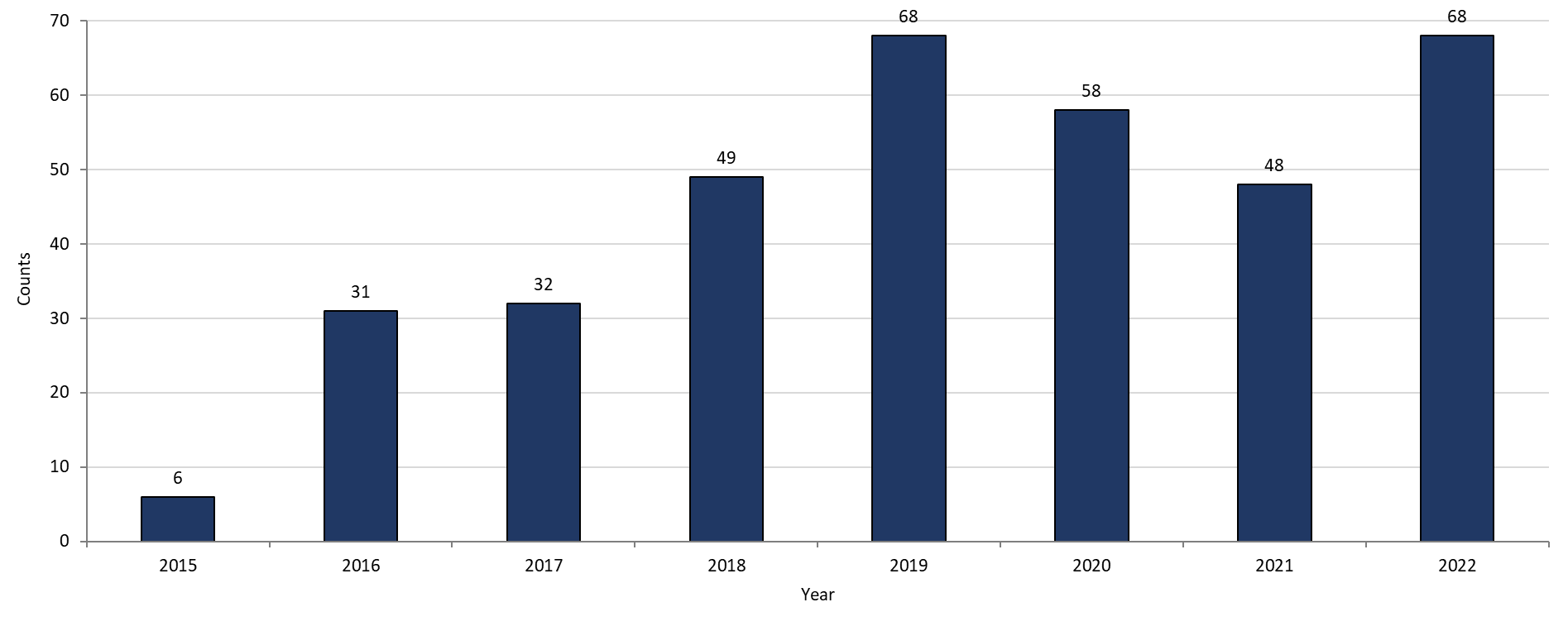
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. In 2022, there were 34 individuals of transgender experience reported in our data system who do not have current gender documented. These cases were excluded since population estimates for individuals of transgender experience are not available at this time. There were 4 individuals with unknown gender which are not included in this slide.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 11: Gonorrhea Among Individuals of Transgender Experience1, Massachusetts, 2015 to 20222



**Highlights:** Graph shows the number of confirmed gonorrhea cases among transgender individuals in Massachusetts between 2015 and 2022. The case counts are 6, 31, 32, 49, 68, 58, 48, and 68 for 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022, respectively.

**Footnotes for Slide 11**

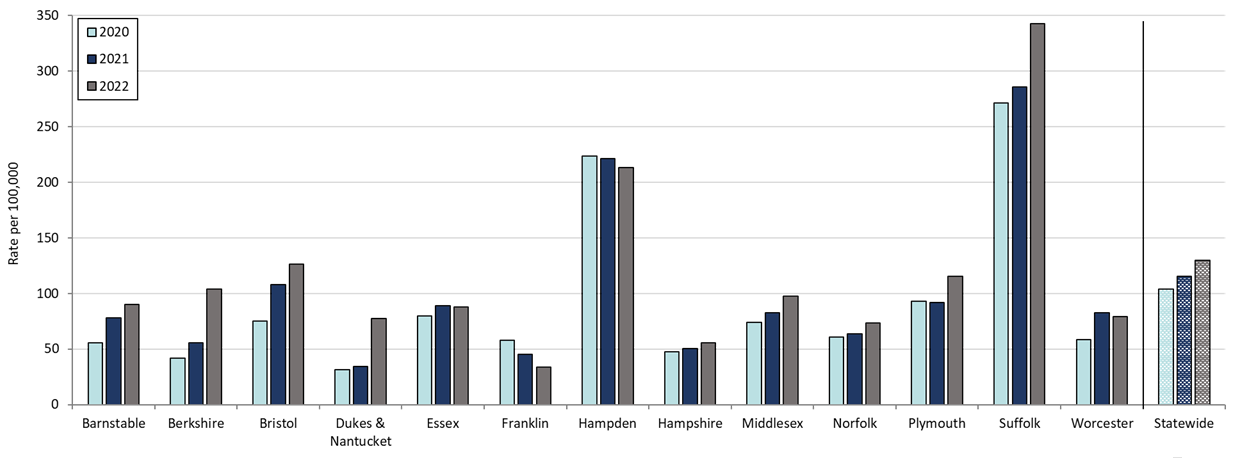
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. All individuals of transgender experience are included in this graph regardless of current gender.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 12: Confirmed Gonorrhea Rates by County and Statewide,Massachusetts, 2020-20221



**Table: Rates of Gonorrhea by County and Statewide**

|  |  |  |
| --- | --- | --- |
| **County** | **2020** | **2022** |
| Barnstable | 55.5 | 90.4 |
| Berkshire | 41.9 | 103.9 |
| Bristol | 75.1 | 126.2 |
| Dukes/Nantucket | 31.6 | 77.5 |
| Essex | 79.8 | 87.8 |
| Franklin | 57.7 | 33.8 |
| Hampden | 223.9 | 213.4 |
| Hampshire | 47.4 | 55.5 |
| Middlesex | 74.0 | 97.6 |
| Norfolk | 60.9 | 73.4 |
| Plymouth | 92.9 | 115.7 |
| Suffolk | 271.3 | 343.0 |
| Worcester | 58.2 | 79.3 |
| Statewide | 103.9 | 129.8 |

**Highlights:** Graph depicts rate per 100,000 population of gonorrhea cases reported in Massachusetts by county comparing 2020 through 2022. The rate is highest in Suffolk County with a rate of 343.0 in 2022 followed by Hampden County with a rate of 213.4 in 2022. The lowest rates were in Hampshire and Franklin counties.

**Footnotes for Slide 12**

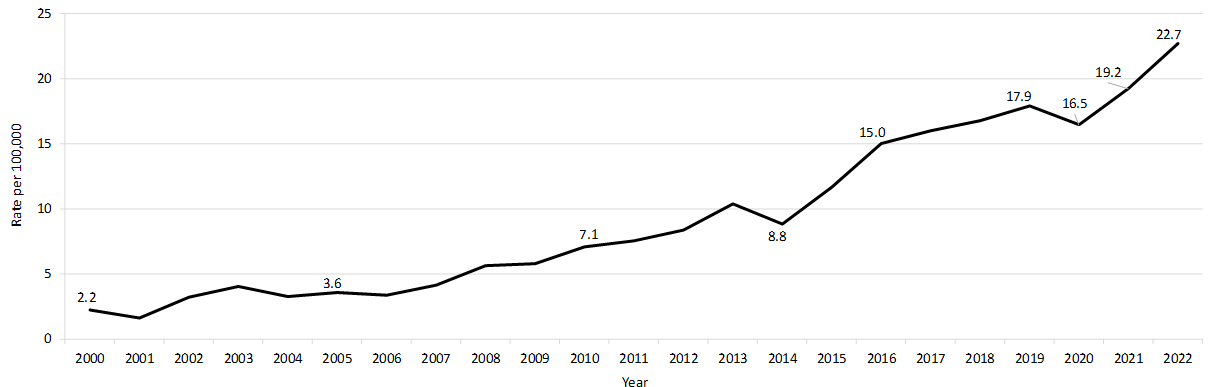
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

# Slide 13: Confirmed and Probable Infectious Syphilis1 Rates, Massachusetts, 2000 to 20222



**Table: Infectious Syphilis Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2000 | 141 |
| 2001 | 105 |
| 2002 | 207 |
| 2003 | 258 |
| 2004 | 209 |
| 2005 | 231 |
| 2006 | 217 |
| 2007 | 268 |
| 2008 | 367 |
| 2009 | 379 |
| 2010 | 465 |
| 2011 | 500 |
| 2012 | 561 |
| 2013 | 701 |
| 2014 | 600 |
| 2015 | 798 |
| 2016 | 1,034 |
| 2017 | 1,107 |
| 2018 | 1,167 |
| 2019 | 1,244 |
| 2020 | 1,159 |
| 2021 | 1,352 |
| 2022 | 1,593 |

**Highlight:** Graph depicts the rate per 100,000 population of confirmed and probable cases of infectious syphilis in Massachusetts between 2000 and 2022. It begins at 2.2 in 2000, drops to a low of 1.6 in 2001, and climbs to a high of 22.7 in 2022.

**Footnotes for Slide 13**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 14: Confirmed and Probable Infectious Syphilis1 Rates by Gender2, Massachusetts, 2010 to 20223

Graph depicts the rates per 100,000 population of confirmed and probable cases of syphilis in Massachusetts by gender identity between 2010 and 2022. There are two lines, one for females that begins at 0.9 in 2010 and remains relatively stable with a high of 6.4 in 2022. Another line is for males that begins at 13.8 in 2010 and climbs to a high of 39.8 in 2022. 
Note: Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.
There were cases reported among transgender individuals in 2014 through 2022. They are classified on this slide based on their current gender. In 2022, there were 3 cases of infectious syphilis among transgender identified individuals not included on this slide as MA DSTDP does not have current gender information for those individuals.
**Table: Infectious Syphilis Annual Case Counts by Current Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2010 | 436 | 29 |
| 2011 | 454 | 46 |
| 2012 | 515 | 46 |
| 2013 | 656 | 55 |
| 2014 | 545 | 53 |
| 2015 | 732 | 65 |
| 2016 | 947 | 87 |
| 2017 | 1,040 | 67 |
| 2018 | 1,055 | 110 |
| 2019 | 1,102 | 139 |
| 2020 | 1,028 | 130 |
| 2021 | 1,201 | 150 |
| 2022 | 1,357 | 233 |

**Highlights:** Graph depicts the rates per 100,000 population of confirmed and probable cases of syphilis in Massachusetts by gender identity between 2010 and 2022. There are two lines, one for females that begins at 0.9 in 2010 and remains relatively stable with a high of 6.4 in 2022. Another line is for males that begins at 13.8 in 2010 and climbs to a high of 39.8 in 2022.

Note: Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

There were cases reported among transgender individuals in 2014 through 2022. They are classified on this slide based on their current gender. In 2022, there were 3 cases of infectious syphilis among transgender identified individuals not included on this slide as MA DSTDP does not have current gender information for those individuals.

**Footnotes for Slide 14**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. In 2022, there were 3 individuals of transgender experience reported in our data system who do not have current gender documented. These cases were excluded since population estimates for individuals of transgender experience are not available at this time.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 15: Infectious Syphilis1 Reported Cases by Race/Ethnicity2, Massachusetts, 2015-20223

Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by race/ethnicity for the years 2015 through 2022. The highest percentage of cases for each year identified as Non-Hispanic White making up a high of 50.1% of cases in 2017 and a resulting 38.1% of cases in 2022. In total, over the seven year period, the proportion of cases by race/ethnicity were from highest to lowest: Non-Hispanic White, Hispanic, Non-Hispanic Black, Non-Hispanic Other, and Unknown.
Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.


**Table: Infectious Syphilis Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2015 | 789 |
| 2016 | 1,034 |
| 2017 | 1,107 |
| 2018 | 1,167 |
| 2019 | 1,244 |
| 2020 | 1,159 |
| 2021 | 1,352 |
| 2022 | 1,593 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by race/ethnicity for the years 2015 through 2022. The highest percentage of cases for each year identified as Non-Hispanic White making up a high of 50.1% of cases in 2017 and a resulting 38.1% of cases in 2022. In total, over the seven year period, the proportion of cases by race/ethnicity were from highest to lowest: Non-Hispanic White, Hispanic, Non-Hispanic Black, Non-Hispanic Other, and Unknown.

Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.

**Footnotes for Slide 15**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Note: National Notifiable Diseases Surveillance System (NNDSS) Congenital Syphilis case definition was updated in 2014.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Other Race/Ethnicity includes individuals who identify as American Indian/ Pacific Islander/ Alaskan Native.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

Slide 16: Confirmed and Probable Infectious Syphilis1 Among Individuals of Transgender Experience2, Massachusetts, 2015 to 20223, 4Graph shows the number of confirmed and probable infectious syphilis cases among transgender individuals in Massachusetts between 2015 and 2022. The case counts are 10, 11, 10, 27, 19, 23, 33, and 58 for 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022 respectively. 
*Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.


**Highlights:** Graph shows the number of confirmed and probable infectious syphilis cases among transgender individuals in Massachusetts between 2015 and 2022. The case counts are 10, 11, 10, 27, 19, 23, 33, and 58 for 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022 respectively.

\*Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

**Footnotes for Slide 16**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

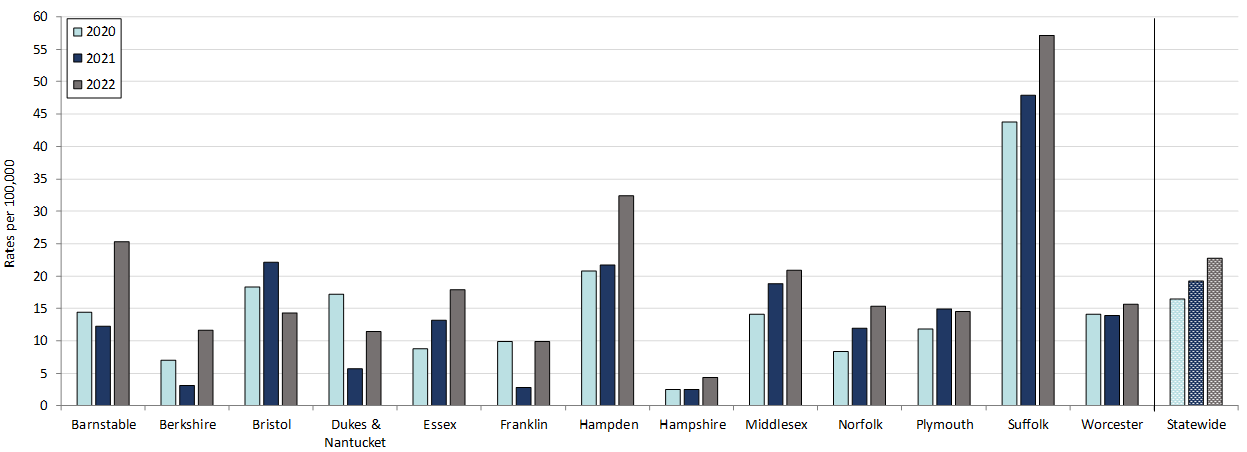
1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. All individuals of transgender experience are included in this graph regardless of current gender.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

4. In 2022, a retrospective verification project was conducted to improve data quality in capturing current gender information.

## Slide 17: Confirmed and Probable Infectious Syphilis1 Rates by County and Statewide,Massachusetts, 2020-20222



**Table: Confirmed and Probable Infectious Syphilis Rates by County and Statewide**

|  |  |  |
| --- | --- | --- |
| **County** | **2020** | **2022** |
| Barnstable | 14.4 | 25.3 |
| Berkshire | 7.0 | 11.6 |
| Bristol | 18.3 | 14.3 |
| Dukes/Nantucket | 17.2 | 11.5 |
| Essex | 8.8 | 17.9 |
| Franklin | 9.9 | 9.9 |
| Hampden | 20.8 | 32.4 |
| Hampshire | 2.5 | 4.3 |
| Middlesex | 14.2 | 20.9 |
| Norfolk | 8.4 | 15.3 |
| Plymouth | 11.9 | 14.5 |
| Suffolk | 43.7 | 57.1 |
| Worcester | 14.2 | 15.7 |
| Statewide | 16.5 | 22.7 |

**Highlights:** Graph depicts rate per 100,000 population of infectious syphilis cases reported in Massachusetts by county comparing 2020 through 2022. The rate is highest in Suffolk County with a rate of 57.1 in 2022 followed by Hampden County with a rate of 32.4 in 2022. The lowest rates were in Hampshire and Franklin County.

**Footnotes for Slide 17**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 18 – Confirmed and Probable Infectious Syphilis1 Rates by Stage of Infection, Massachusetts, 2010–20222

Graph depicts the differences between the rate of infectious syphilis diagnosed in the primary and secondary stage compared to those cases diagnosed in the early non-primary and non-secondary stages reported in Massachusetts from 2010 to 2022. There are three lines on the graph. One line for primary and secondary cases starting with a rate of 4.2 per 100,000 in 2010 and peaking with a rate of 11.7 in 2022. Another line for non-primary non-secondary cases starting with a rate of 2.9 in 2010, peaking with a rate of 11.0 in 2012. The final line shows the total infectious syphilis starting with a rate of 7.1 in 2010 and peaking at a rate of 22.7 in 2022. 
Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.


**Table: Infectious Syphilis Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2010 | 465 |
| 2011 | 500 |
| 2012 | 561 |
| 2013 | 701 |
| 2014 | 600 |
| 2015 | 798 |
| 2016 | 1,034 |
| 2017 | 1,107 |
| 2018 | 1,167 |
| 2019 | 1,244 |
| 2020 | 1,159 |
| 2021 | 1,352 |
| 2022 | 1,593 |

**Highlights:** Graph depicts the differences between the rate of infectious syphilis diagnosed in the primary and secondary stage compared to those cases diagnosed in the early non-primary and non-secondary stages reported in Massachusetts from 2010 to 2022. There are three lines on the graph. One line for primary and secondary cases starting with a rate of 4.2 per 100,000 in 2010 and peaking with a rate of 11.7 in 2022. Another line for non-primary non-secondary cases starting with a rate of 2.9 in 2010, peaking with a rate of 11.0 in 2012. The final line shows the total infectious syphilis starting with a rate of 7.1 in 2010 and peaking at a rate of 22.7 in 2022.

Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.

**Footnotes for Slide 18**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

## Slide 19 – Infectious Syphilis1 Reported Cases by Gender of Sex Partners, Massachusetts, 2015-20222

Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by gender of sex partners for the years 2015 through 2022. The highest percentage of cases for each year reported male sex partners and are classified as MSM (men who have sex with men) making up a high of 77% of cases in 2017 and a resulting 63% of cases in 2022. In total, over the seven-year period, the proportion of cases by gender of sex partners were from highest to lowest: MSM, MSW (men who have sex with women), unknown males, women, and transgender individuals. For 2022, the order in frequency from highest to lowest is: MSM, MSW, women, unknown males, and individuals of transgender experience.
Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.

**Table: Infectious Syphilis Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2015 | 798 |
| 2016 | 1,034 |
| 2017 | 1,107 |
| 2018 | 1,167 |
| 2019 | 1,244 |
| 2020 | 1,159 |
| 2021 | 1,352 |
| 2022 | 1,593 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by gender of sex partners for the years 2015 through 2022. The highest percentage of cases for each year reported male sex partners and are classified as MSM (men who have sex with men) making up a high of 77% of cases in 2017 and a resulting 63% of cases in 2022. In total, over the seven-year period, the proportion of cases by gender of sex partners were from highest to lowest: MSM, MSW (men who have sex with women), unknown males, women, and transgender individuals. For 2022, the order in frequency from highest to lowest is: MSM, MSW, women, unknown males, and individuals of transgender experience.

Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.

**Footnotes for Slide 19**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Note: National Notifiable Diseases Surveillance System (NNDSS) Congenital Syphilis case definition was updated in 2014.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

3. The MSM (men who have sex with men) category includes MSMT, MSMW, MSMWT, and MST with “W” referring to women and “T” referring to individuals of transgender experience.

# Slide 20 - Congenital Syphilis Cases and Rate of Confirmed and Probable Infectious Syphilis1 Among Individuals Thought to be Capable of Pregnancy Ages 15 to 49 Years, Massachusetts, 2010-20222

Graph depicts the case count for confirmed and probable congenital syphilis cases reported in Massachusetts between 2010 and 2022. The case counts are 1, 0, 1, 4, 3, 4, 4, 0, 0, 9, 10, 9, 11 for 2010, 2022, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022, respectively. Additionally, the graph shows a line depicting the rate per 100,000 population of confirmed and probable infectious syphilis among individuals thought to be capable of pregnancy ages 15 to 49 years which starts with a rate of 1.7 in 2010, peaks in 2022 with a rate of 10.5.
Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.


**Table: Infectious Syphilis Cases Among Individuals Biologically Capable of Pregnancy**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2010 | 28 |
| 2011 | 42 |
| 2012 | 43 |
| 2013 | 46 |
| 2014 | 50 |
| 2015 | 50 |
| 2016 | 74 |
| 2017 | 55 |
| 2018 | 85 |
| 2019 | 114 |
| 2020 | 101 |
| 2021 | 105 |
| 2022 | 173 |

**Highlights:** Graph depicts the case count for confirmed and probable congenital syphilis cases reported in Massachusetts between 2010 and 2022. The case counts are 1, 0, 1, 4, 3, 4, 4, 0, 0, 9, 10, 9, 11 for 2010, 2022, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022, respectively. Additionally, the graph shows a line depicting the rate per 100,000 population of confirmed and probable infectious syphilis among individuals thought to be capable of pregnancy ages 15 to 49 years which starts with a rate of 1.7 in 2010, peaks in 2022 with a rate of 10.5.

Note: Infectious syphilis is defined as primary, secondary and early latent (non-primary/non-secondary) stages of syphilis within one year of infection.

**Footnotes for Slide 20**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

Note: National Notifiable Diseases Surveillance System (NNDSS) Congenital Syphilis case definition was updated in 2014.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020-2022 data.

3. Count refers to individuals thought to be capable of pregnancy ages 15 to 49 years, the denominator for the yearly calculated congenital syphilis rate.

# Slide 21 (title page) - Chlamydia, Gonorrhea, and Infectious Syphilis: Years 2018 to 2022

# Slide 22 - Social Vulnerability Index

Patient addresses were manually cleaned and geocoded utilizing SAS 9.4

Social Vulnerability Index (SVI) was based on the patient’s home address.

It characterizes community resilience/ability to withstand external hazards.

SVI incorporates 15 demographic and socioeconomic variables from the US census.

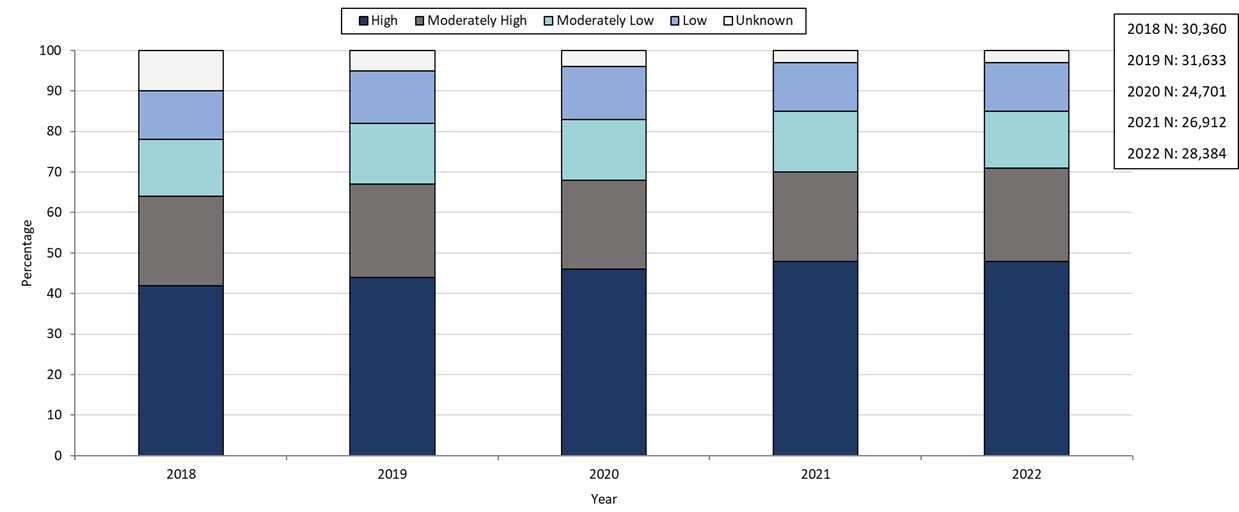
Patients’ census tracts are given a percentile rank and grouped as low, moderately low, moderately high, and high.

 Higher percentile scores represent greater community vulnerability.

The CDC/ATSDR SVI database from 2018 was matched to cases from 2018-2019.

The CDC/ATSDR SVI database from 2020 was matched to cases from 2020-2022.

## Slide 23 - Confirmed Chlamydia Case Percentages by Social Vulnerability Index, Massachusetts, 2018-20221



**Table: Chlamydia Annual Case Counts**

|  |  |
| --- | --- |
| Year | Count |
| 2018 | 30,369 |
| 2019 | 31,634 |
| 2020 | 24,705 |
| 2021 | 26,912 |
| 2022 | 28,384 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed chlamydia cases broken down by SVI quartile for the years 2018 through 2022. The High SVI group is largest for each year, making up 41 to 48% of cases each year. Each year, the order in frequency from highest to lowest is: High, Moderately High, Moderately Low, Low, and Unknown SVI.

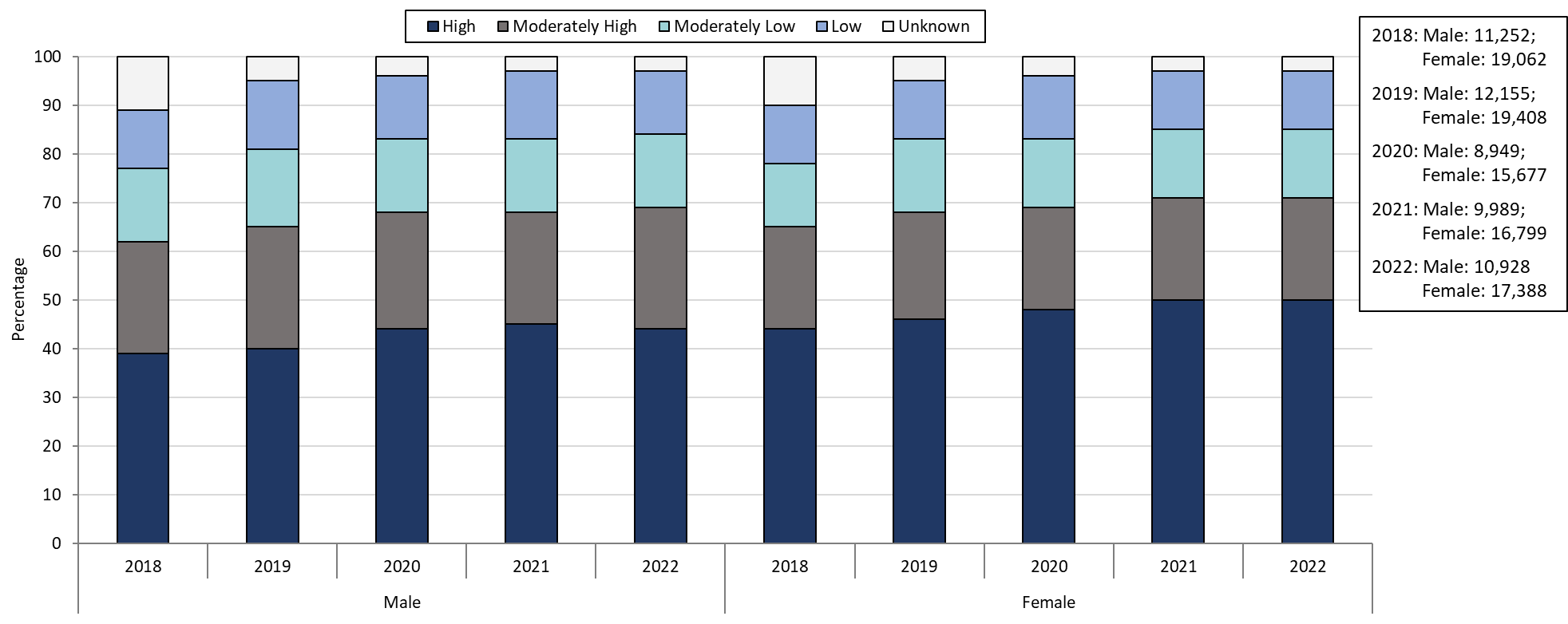
**Footnotes for Slide 23**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

## Slides 24 - Confirmed Chlamydia Case Percentages by Social Vulnerability Index and Gender, Massachusetts, 2018- 20221,2



**Table: Chlamydia Case Couts by Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2018 | 19,062 | 11,252 |
| 2019 | 19,408 | 12,155 |
| 2020 | 15,677 | 8,949 |
| 2021 | 16,799 | 9,989 |
| 2022 | 17,388 | 10,928 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed chlamydia cases broken down by SVI quartile and gender for the years 2018 through 2022. In 2022, 50% of female cases are High SVI, compared to 44% in males. 21% of female cases in 2022 are Moderately High SVI, 14% are Moderately Low SVI, 12% are Low SVI, and 3% are Unknown SVI. 25% of male cases in 2022 are Moderately High SVI, 15% are Moderately Low SVI, 13% are Low SVI, and 3% are Unknown SVI.

**Footnotes for Slide 24**

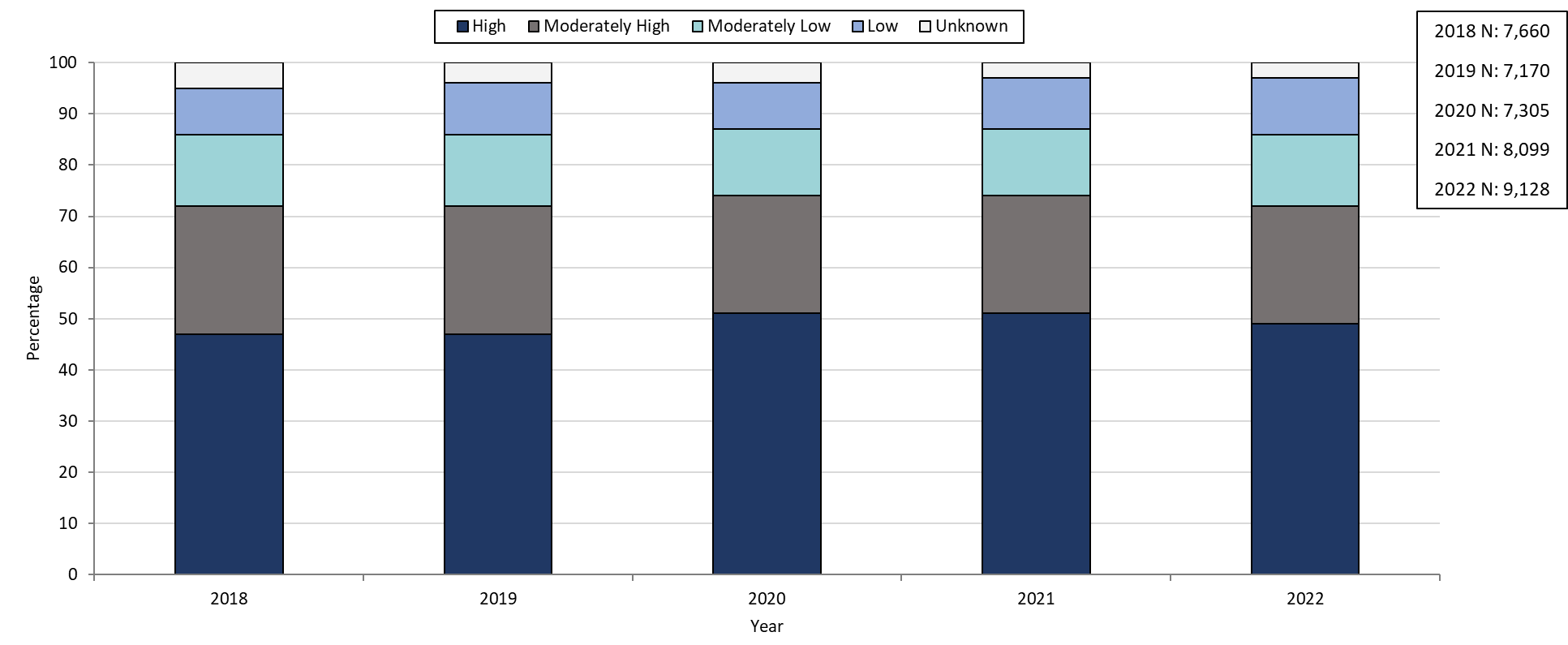
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

2. Individuals of transgender experience that do not have complete gender data may not be included within this slide.

## Slide 25: Confirmed Gonorrhea Case Percentages by Social Vulnerability Index, Massachusetts, 2018-20221



**Table: Gonorrhea Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2018 | 7,660 |
| 2019 | 7,170 |
| 2020 | 7,303 |
| 2021 | 8,099 |
| 2022 | 9,218 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed gonorrhea cases broken down by SVI quartile for the years 2018 through 2022. The High SVI group is largest for each year, making up 47 to 51% of cases each year. Each year, the order in frequency from highest to lowest is: High, Moderately High, Moderately Low, Low, and Unknown SVI.

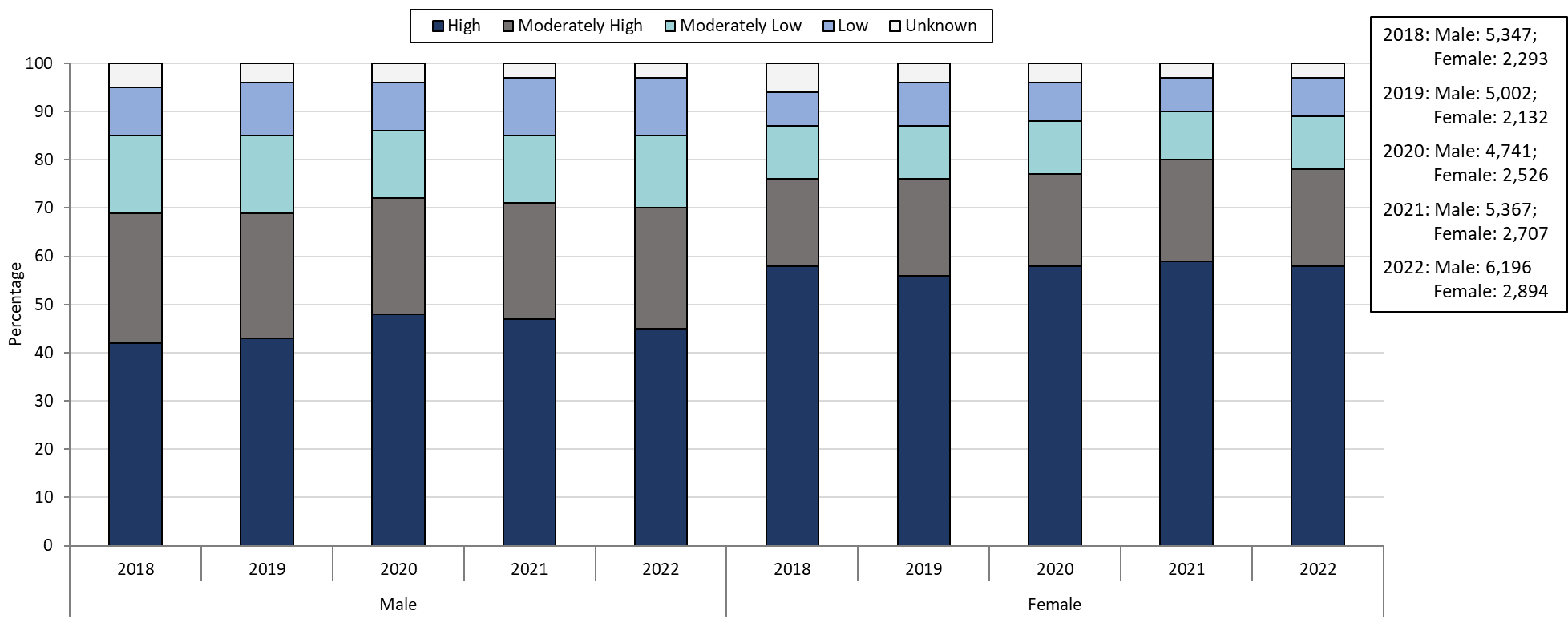
**Footnotes for Slide 25**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

## Slide 26: Confirmed Gonorrhea Case Percentages by Social Vulnerability Index and Gender, Massachusetts, 2018-20221,2



**Table: Gonorrhea Annual Case Counts by Current Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2018 | 2,293 | 5,347 |
| 2019 | 2,132 | 5,002 |
| 2020 | 2,526 | 4,741 |
| 2021 | 2,707 | 5,367 |
| 2022 | 2,894 | 6,196 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed gonorrhea cases broken down by SVI quartile and gender for the years 2018 through 2022. In 2022, 58% of female cases are High SVI, compared to 45% in males. 20% of female cases in 2022 are Moderately High SVI, 11% are Moderately Low SVI, 8% are Low SVI, and 3% are Unknown SVI. 25% of male cases in 2022 are Moderately High SVI, 15% are Moderately Low SVI, 12% are Low SVI, and 3% are Unknown SVI.

**Footnotes for Slide 26**

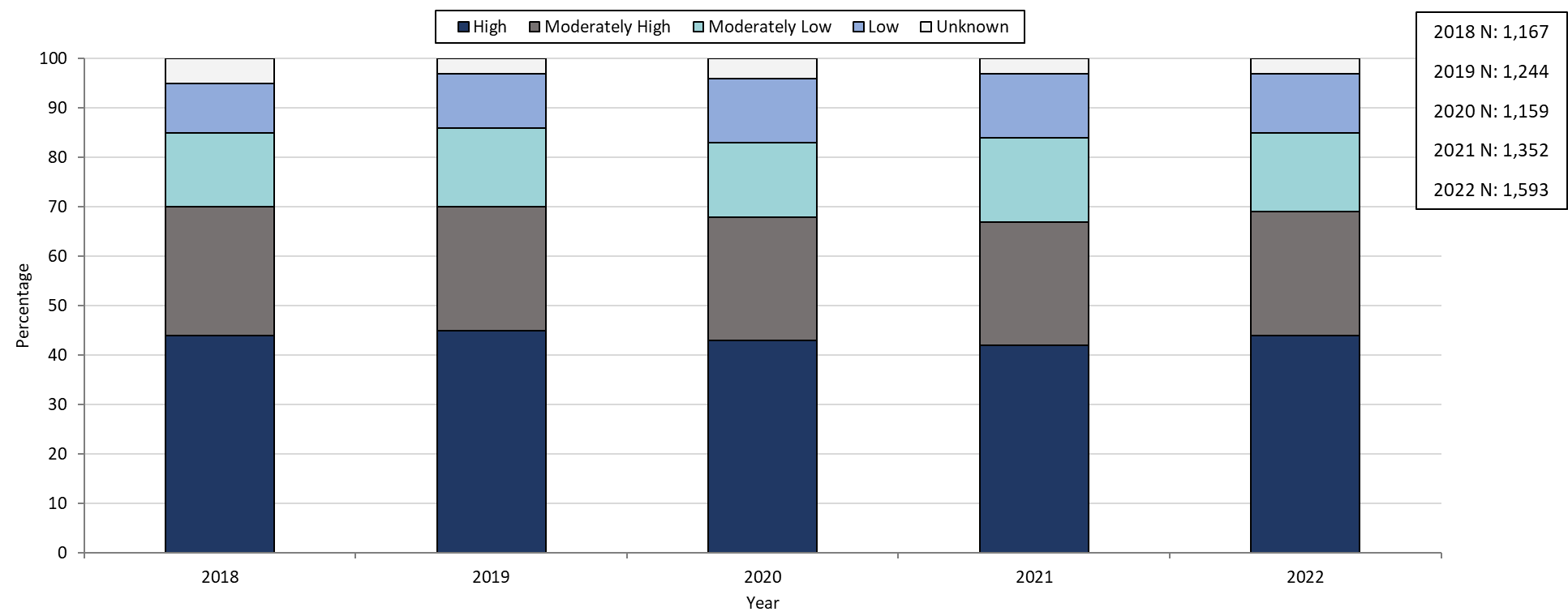
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

2. Individuals of transgender experience that do not have complete gender data may not be included within this slide.

## Slide 27: Confirmed and Probably Infectious Syphilis1 Case Percentages by Social Vulnerability Index, Massachusetts, 2018- 20222



**Table: Infectious Syphilis Annual Case Counts**

|  |  |
| --- | --- |
| **Year** | **Count** |
| 2018 | 1,167 |
| 2019 | 1,244 |
| 2020 | 1,159 |
| 2021 | 1,352 |
| 2022 | 1,593 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by SVI quartile for the years 2018 through 2022. The High SVI group is largest for each year, making up 42 to 45% of cases each year. Each year, the order in frequency from highest to lowest is: High, Moderately High, Moderately Low, Low, and Unknown SVI.

**Footnotes for Slide 27**

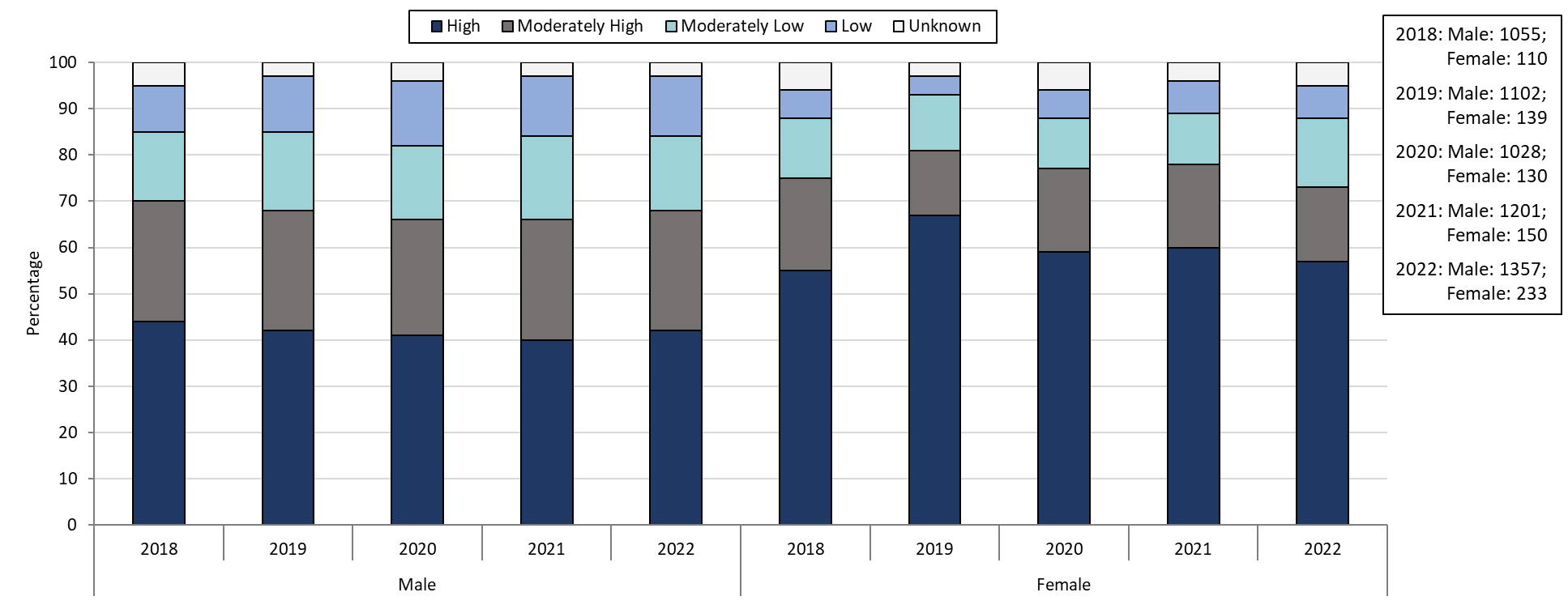
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data

# Slide 28: Confirmed and Probable Infectious Syphilis1 Case Percentages by Social Vulnerability Index and Gender2, Massachusetts, 2018-20223



**Table: Infectious Syphilis Annual Case Counts by Current Gender**

|  |  |  |
| --- | --- | --- |
| **Year** | **Females** | **Males** |
| 2018 | 1,055 | 110 |
| 2019 | 1,102 | 139 |
| 2020 | 1,028 | 130 |
| 2021 | 1,201 | 150 |
| 2022 | 1,357 | 233 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by SVI quartile and gender for the years 2018 through 2022. In 2022, 57% of female cases are High SVI, compared to 42% in males. 16% of female cases in 2022 are Moderately High SVI, 15% are Moderately Low SVI, 7% are Low SVI, and 5% are Unknown SVI. 26% of male cases in 2022 are Moderately High SVI, 16% are Moderately Low SVI, 13% are Low SVI, and 3% are Unknown SVI.

**Footnotes for Slide 28**

Data are current as of 07/18/2023 and are subject to change.

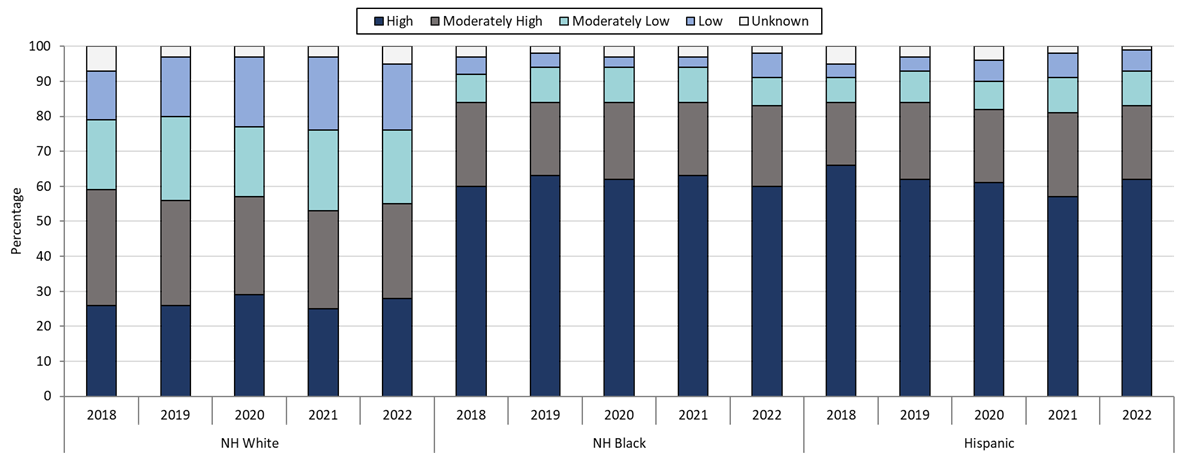
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Individuals of transgender experience that do not have complete gender data may not be included within this slide.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

## Slide 29: Confirmed and Probable Infectious Syphilis1 Case Percentages by Social Vulnerability Index and Race, Massachusetts, 2018- 20222



**Table:** **Infectious Syphilis Annual Case Counts by Selected Race and Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| Year(N) | NH White | NH Black | Hispanic |
| 2018 | 469 | 196 | 314 |
| 2019 | 518 | 207 | 347 |
| 2020 | 532 | 169 | 308 |
| 2021 | 554 | 197 | 356 |
| 2022 | 607 | 270 | 493 |

**Highlights:** Graph depicts the proportion of Massachusetts reported confirmed and probable infectious syphilis cases broken down by SVI quartile and race for the years 2018 through 2022. Each year, NH White cases have a lower proportion of High SVI cases compared to NH Black and Hispanic cases. In 2022, 28% of NH White cases are High SVI, compared to 60% of NH Black cases and 62% of Hispanic cases.

**Footnotes for Slide 29**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2020, 2021, and 2022 data.

# Slide 30: Section Break, Description of 2022 STI Cases

Geographic Distribution by Age, Gender, Sexual Risk Categories, and Race-Ethnicity

## Slide 31: Incident Rate of Confirmed Chlamydia Cases, per 100,000 Persons1 by City/Town2, Massachusetts, 20223



**Highlights:** Map of Massachusetts cities and towns color-coded to indicate the areas of the state with the highest chlamydia case rates in 2022. The cities that have the highest rates (greater than 600 per 100,000 persons) are Provincetown, Brockton, Lawrence, Springfield, Boston, Chelsea, Lynn, Everett, Holyoke, Randolph, Revere, New Bedford, Avon, and Lowell.

**Footnotes for Slide 31**

Data are current as of 07/18/2023 and are subject to change.

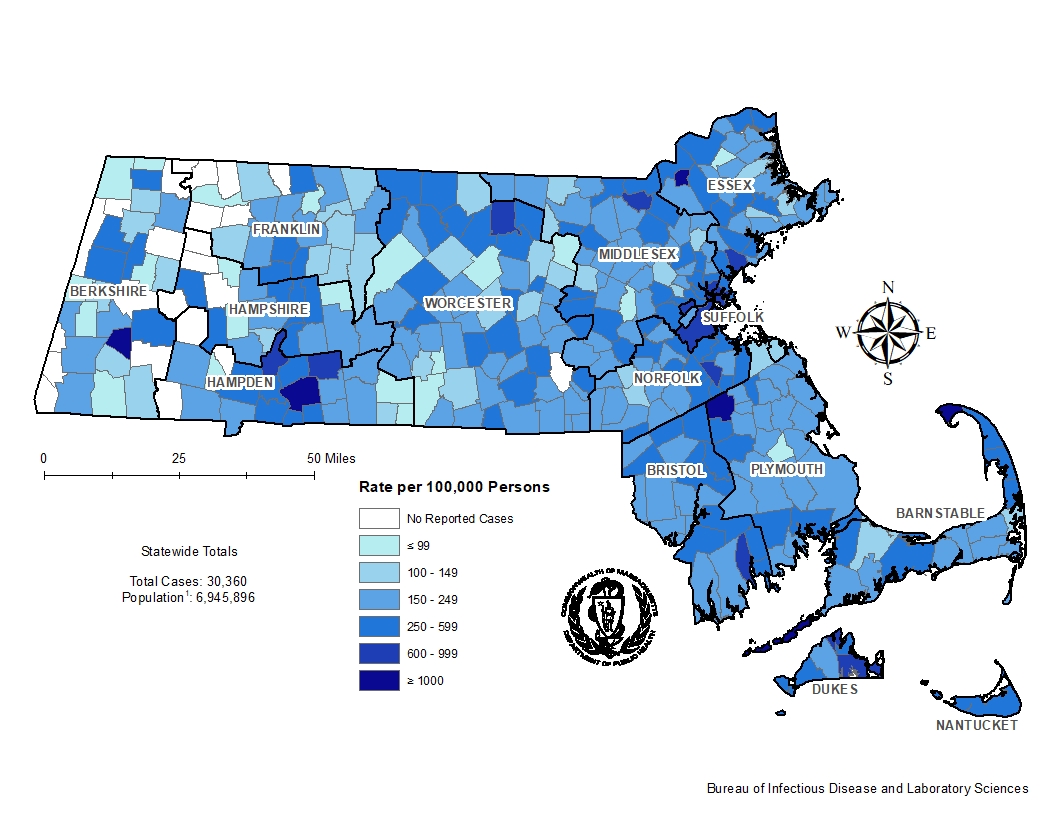
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

2. There are no city/towns with <10 cases of chlamydia that fall within the top two rate categories (≥600 cases per 100,000).

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

## Slide 32: Incident Rate of Confirmed Chlamydia Cases, per 100,000 Persons1 by City/Town2, Massachusetts, 2018



**Highlights:** Map of Massachusetts cities and towns color-coded to indicate the areas of the state with the highest chlamydia case rates in 2018. The cities that have the highest rates (greater than 600 per 100,000 persons) are Tyringham, Provincetown, Gosnold, Brockton, Lawrence, Springfield, Boston, Chelsea, Everett, Holyoke, Edgartown, Lynn, Randolph, Tisbury, Lowell, Fitchburg, New Bedford, and Ludlow.

**Footnotes for Slide 32**

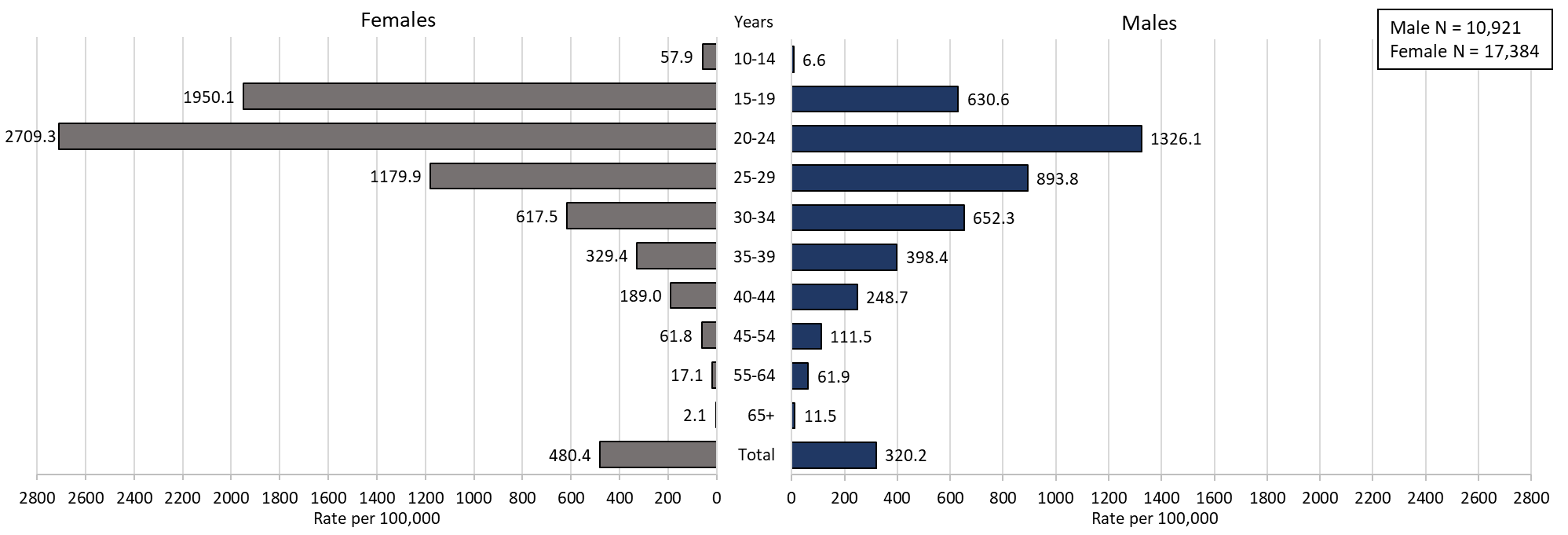
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

2. There are no city/towns with <10 cases of chlamydia that fall within the top two rate categories (≥600 cases per 100,000).

## Slide 33: Confirmed Chlamydia Case Rates per 100,000 Population by Gender1 and Age, Massachusetts, 20222



**Highlights:** Graph depicts chlamydia case rates per 100,000 population by age categories for the overall state, males, and females. For the overall state, the highest rate is among those 20-24 years. When looking at the gender specific rates, the age categories with the highest rates are 20-24 years for both males and females.

**Footnotes for Slide 33**

Data are current as of 07/18/2023 and are subject to change.

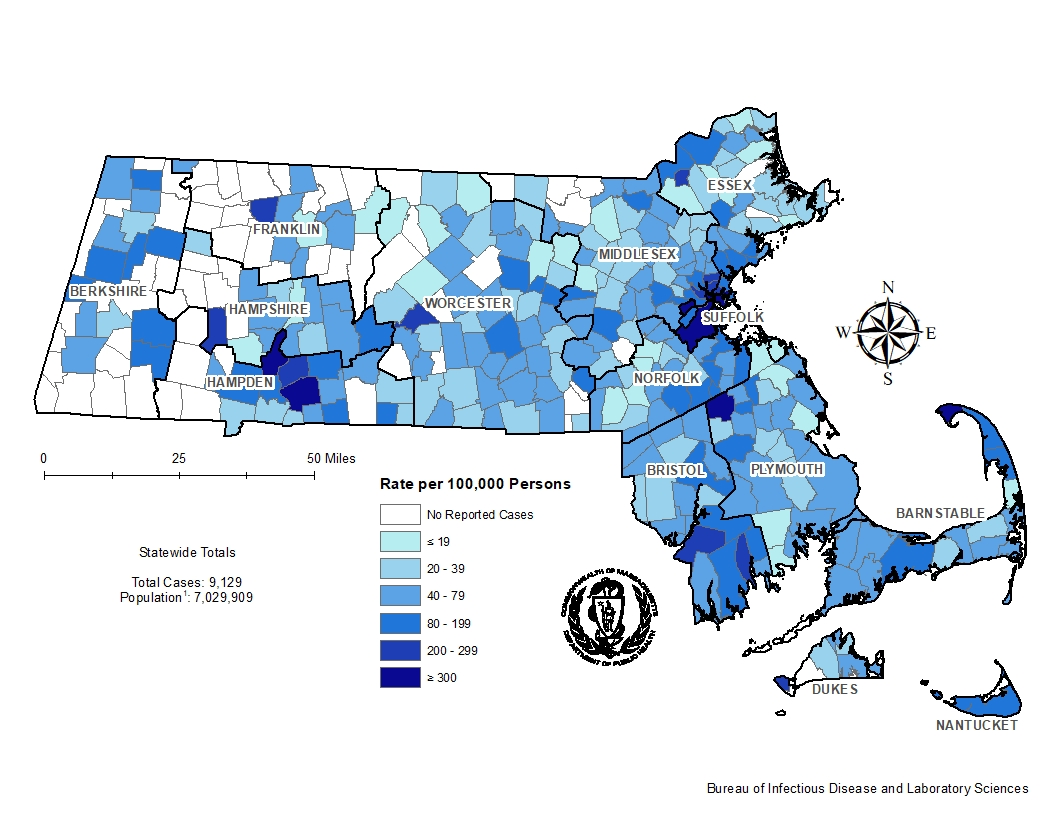
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. In 2022, there were 38 individuals of transgender experience documented in our data system and MA DSTDP does not have current gender information for those individuals and 3 individuals had unknown age. These cases were excluded since rate for this population cannot be calculated at this time.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

## Slide 34: Incident Rate of Confirmed Gonorrhea Cases, per 100,000 Persons1 by City/Town2, Massachusetts, 20223



**Highlights:** Map of Massachusetts cities and towns color-coded to indicate the areas of the state with the highest gonorrhea case rates in 2022. The city with the highest rate (>500 per 100,000 persons) is Provincetown. Other cities that have the high rates (>300 per 100,000 persons) are Springfield, Brockton, Boston, and Holyoke.

**Footnotes for Slide 34**

Data are current as of 07/18/2023 and are subject to change.

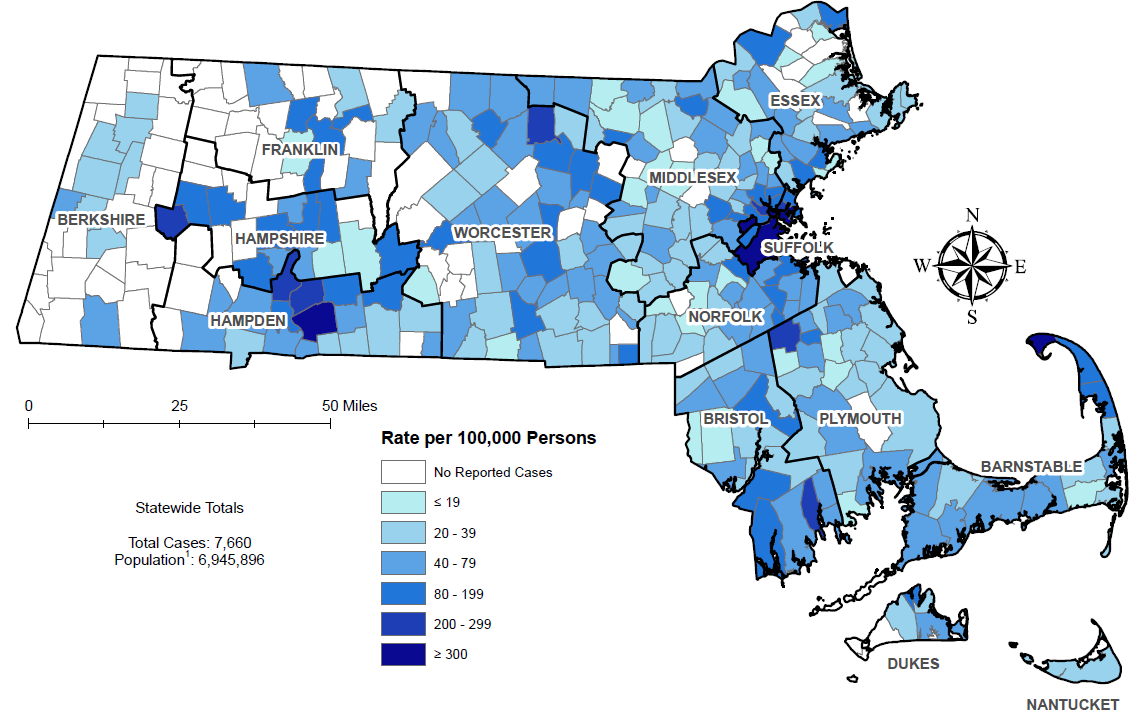
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

2. There are four city/towns with <10 cases of gonorrhea that fall within the top two rate categories (≥200 cases per 100,000): Shelburne, Huntington, Aquinnah, and New Braintree.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

## Slide 35: Incident Rate of Confirmed Gonorrhea Cases, per 100,000 Persons1 by City/Town2, Massachusetts, 2018



**Highlights:** Map of Massachusetts cities and towns color-coded to indicate the areas of the state with the highest gonorrhea case rates in 2018. The city with the highest rate (>500 per 100,000 persons) is Provincetown. Other cities that have the high rates (>300 per 100,000 persons) are Springfield and Brockton.

**Footnotes for Slide 35**

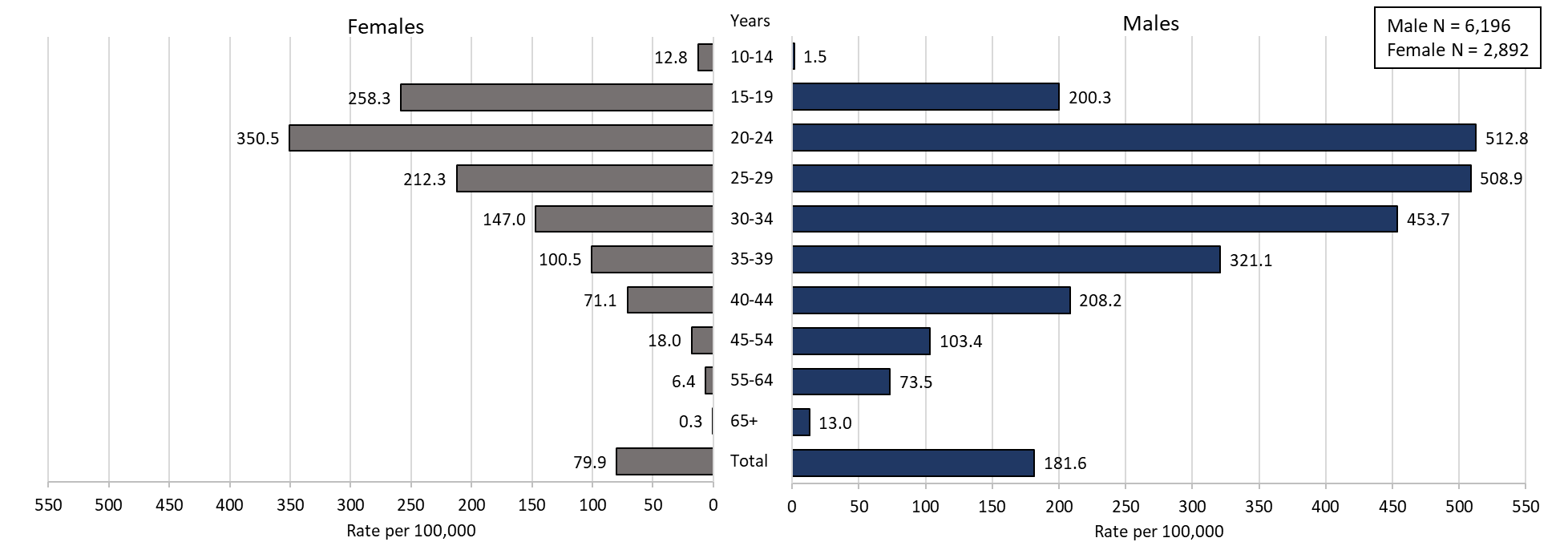
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

2. There is one city/town with <10 cases of gonorrhea that fall within the top two rate categories (≥200 cases per 100,000): Middlefield.

## Slide 36: Confirmed Gonorrhea Case Rates per 100,000 Population by Gender1 and Age, Massachusetts, 20222



**Highlights:** Graph depicts gonorrhea case rates per 100,000 population by age categories for the overall state, males, and females. For the overall state, the highest rate is among those 20-24 years. When looking at the gender specific rates, the age categories with the highest rates are 20 to 24 years for both males and females.

**Footnotes for Slide 36**

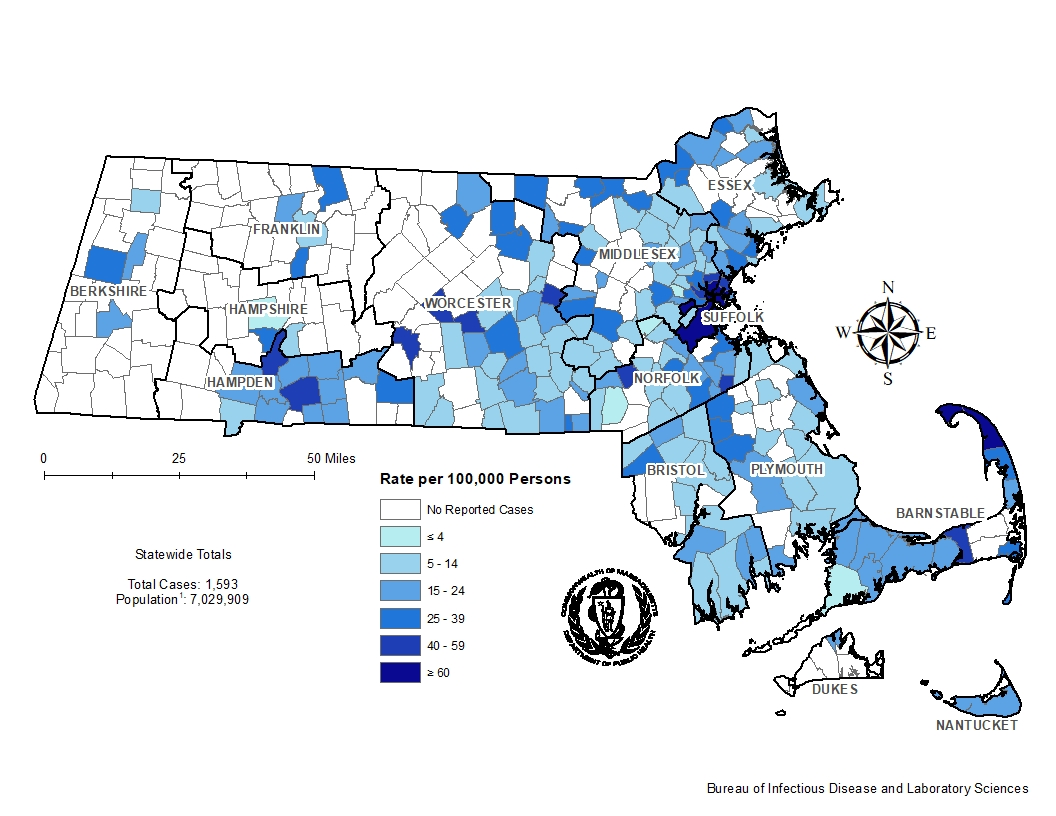
Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. In 2022, there were 34 individuals of transgender experience documented in our data system and MA DSTDP does not have current gender information for those individuals and 4 other individuals had unknown gender. 2 individuals had unknown age. These cases were excluded since rate for this population cannot be calculated at this time.

2. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

Slide 37: Incident Rate of Infectious Syphilis1 Cases, per 100,000 Persons2 by City/Town, Massachusetts, 20223

**Highlights:** Map of Massachusetts counties color-coded to indicate the areas of the state with the highest infectious syphilis case rates in 2022. The cities that have the highest rates (greater than 40 per 100,000 persons) are Provincetown, Truro, Chelsea, Everett, Boston, Springfield, Oakham, West Brookfield, Revere, Berlin, Somerville, Millis, Holbrook, Malden, and Dennis.

**Footnotes for Slide 37**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

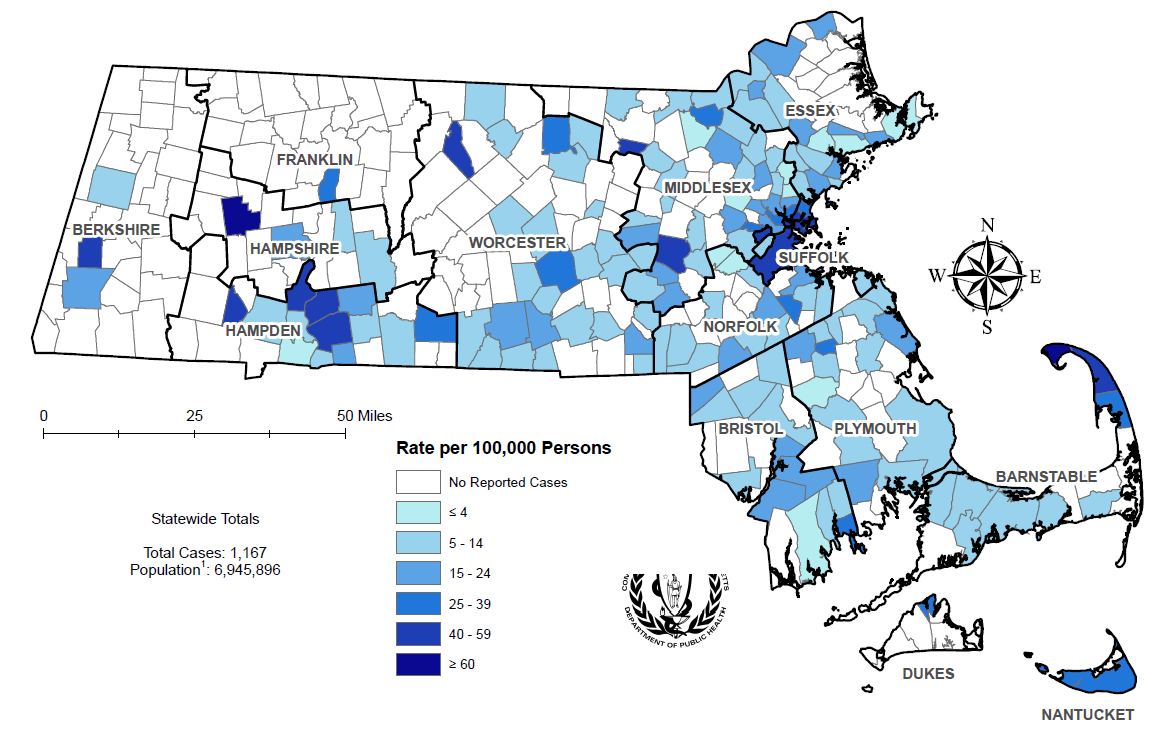
1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

3. There are seven city/towns with <10 cases of syphilis that fall within the top two rate categories (≥40 cases per 100,000): Truro, Oakham, West Brookfield, Berlin, Millis, Holbrook, and Dennis.

4. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

## Slide 38: Incident Rate of Infectious Syphilis1 Cases, per 100,000 Persons2 by City/Town, Massachusetts, 2018



**Highlights:** Map of Massachusetts counties color-coded to indicate the areas of the state with the highest infectious syphilis case rates in 2018. The cities that have the highest rates (greater than 40 per 100,000 persons) are Provincetown, Chesterfield, Winthrop, Phillipston, Strockbridge, Russell, Truro, Springfield, Ayer, Holyoke, Framingham, Boston, Chicopee, and Chelsea.

**Footnotes for Slide 38**

Data are current as of 07/18/2023 and are subject to change.

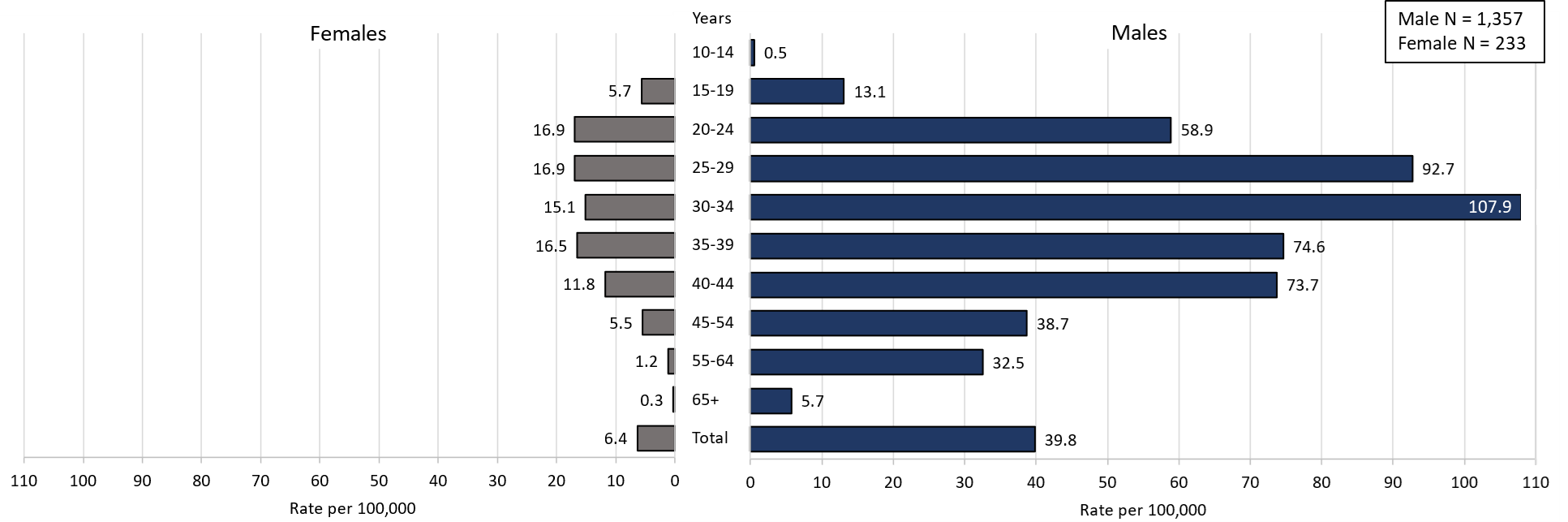
Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

3. There are eight city/towns with <10 cases of syphilis that fall within the top two rate categories (≥40 cases per 100,000): Chesterfield, Winthrop, Phillipston, Strockbridge, Russell, Truro, Springfield, and Ayer.

## Slide 39: Confirmed and Probable Infectious Syphilis1 Cases per 100,000 Population by Gender2 and Age, Massachusetts, 20223



**Highlights:** Graph depicts infectious syphilis rates per 100,000 population by age categories for the overall state, males, and females. For the overall state, the highest rate is among those 30-34 years. When looking at the gender specific rates, the age categories with the highest rates are 25 to 29 years for females and 30 to 34 years for males.

**Footnotes for Slide 39**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

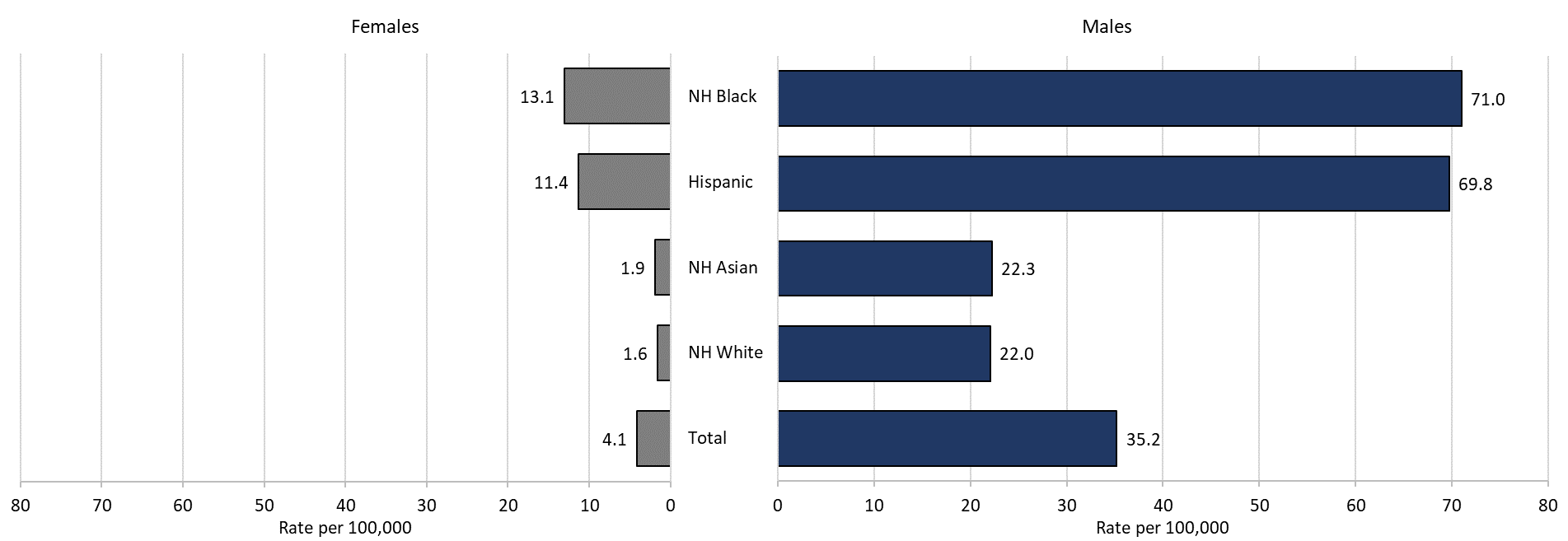
Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. In 2022, there were 3 individuals of transgender experience documented in our data system and MA DSTDP does not have current gender information for those individuals. These cases were excluded since rate for this population cannot be calculated at this time.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

# Slide 40: Comparison of the Rate of Confirmed and Probable Infectious Syphilis1 Cases by Gender2 and Race and Ethnicity3, Massachusetts, 20224



**Table: Infectious syphilis 2022 case counts by race and ethnicity and gender**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Males | Females | Total |
| Total | 1357 | 233 | 1590 |
| NH White | 532 | 74 | 606 |
| NH Asian | 59 | 6 | 65 |
| Hispanic | 416 | 77 | 493 |
| NH Black | 219 | 51 | 270 |

**Highlights:** Graph depicts infectious syphilis rates per 100,000 population by age and race/ethnicity categories for the overall state, males, and females. For all infectious syphilis cases, the highest rate is among Non-Hispanic/Latinx Black and Hispanic/Latinx for both male and females.

**Footnotes for Slide 40**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

Population denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020 report, Oct 2016).

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. In 2022, there were 3 individuals of transgender experience documented in our data system and MA DSTDP does not have current gender information for those individuals. These cases were excluded since rate for this population cannot be calculated at this time.

3. Those cases reported among non-Hispanic/Latinx individuals with other race categories were excluded based on small counts (6.4% of cases). Cases with unknown race and ethnicity were excluded because rates could not be calculated (3.8% of cases).

4. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

# Slide 41: Section Break, HIV Co-infection

# Slide 42: 20221 HIV2 Co-Infection with Chlamydia and Gonorrhea

Chlamydia with HIV Co-Infection

* + 2.2% of chlamydia cases were HIV co-infection (N = 28,384)
  + As age increases the proportion of HIV co-infection increases
    - <1% of cases in their 20s are HIV co-infected
    - 20% of cases 50+ are HIV co-infected

Gonorrhea with HIV Co-Infection

* + 7.7% of gonorrhea cases were HIV co-infection (N = 9,128)
  + As age increases the proportion of HIV co-infection increases
    - 3% of cases in their 20s are HIV co-infected
    - 23% of cases 50+ are HIV co-infected

**Footnotes for Slide 42**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

2. HIV status is based on a full year match with HIV Surveillance data.

# Slide 43: 20221 HIV2 Co-Infection with Infectious Syphilis3

25% of infectious syphilis cases were co-infected with HIV (N = 1,593)

As age increases the proportion of HIV co-infection increases

* + 12.8% of cases in their 20s are HIV co-infected
  + 53.9% of cases 50+ are HIV co-infected

Of individuals co-infected with HIV and infectious syphilis, 81.9% were MSM4 (N = 397), compared with 56.4% for those with no known HIV diagnosis (N = 1196).

Of known MSM individuals infected with infectious syphilis (N = 1000), 32.5% were co-infected with HIV.

8.1% of co-infected individuals were newly diagnosed with HIV within 30 days of infectious syphilis event date; 91.7% had a prior HIV diagnosis.

**Footnotes for Slide 43**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

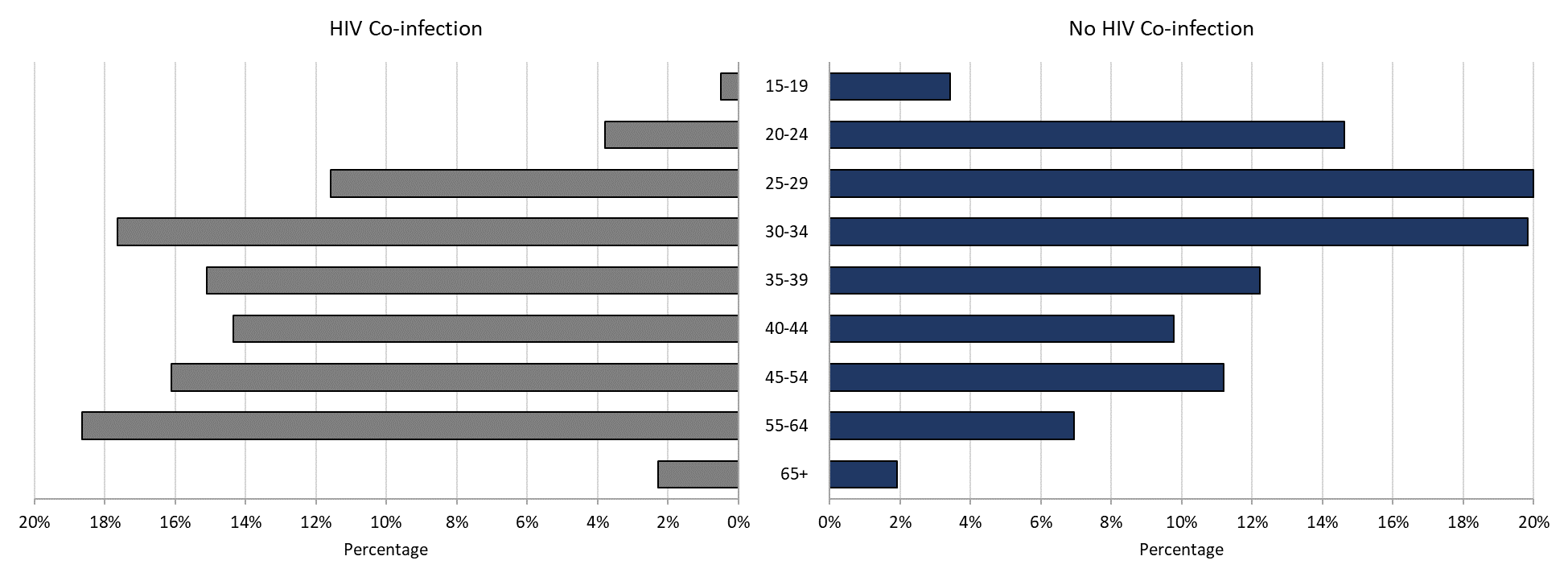
1. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

2. HIV status is based on a full year match with HIV Surveillance data.

3. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

4. The MSM (men who have sex with men) category includes MSMT,  MSMW, and MSMWT with “W” referring to women and “T” referring to individuals of transgender experience.

# Slide 44: Comparison of Infectious Syphilis1 Cases by HIV2 Co-Infection and Age3, Massachusetts, 20224

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**Highlights:** Graph depicts infectious syphilis case percentages for age categories by HIV co-infection status. The proportion of infectious syphilis cases with HIV co-infection were highest among those age 55 to 64 as well as those age 30 to 34. The proportion of cases with HIV co-infection were lowest among those 15 to 19 years followed by those over the age of 65 years.

**Footnotes for Slide 44**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention and STD-HIV Surveillance.

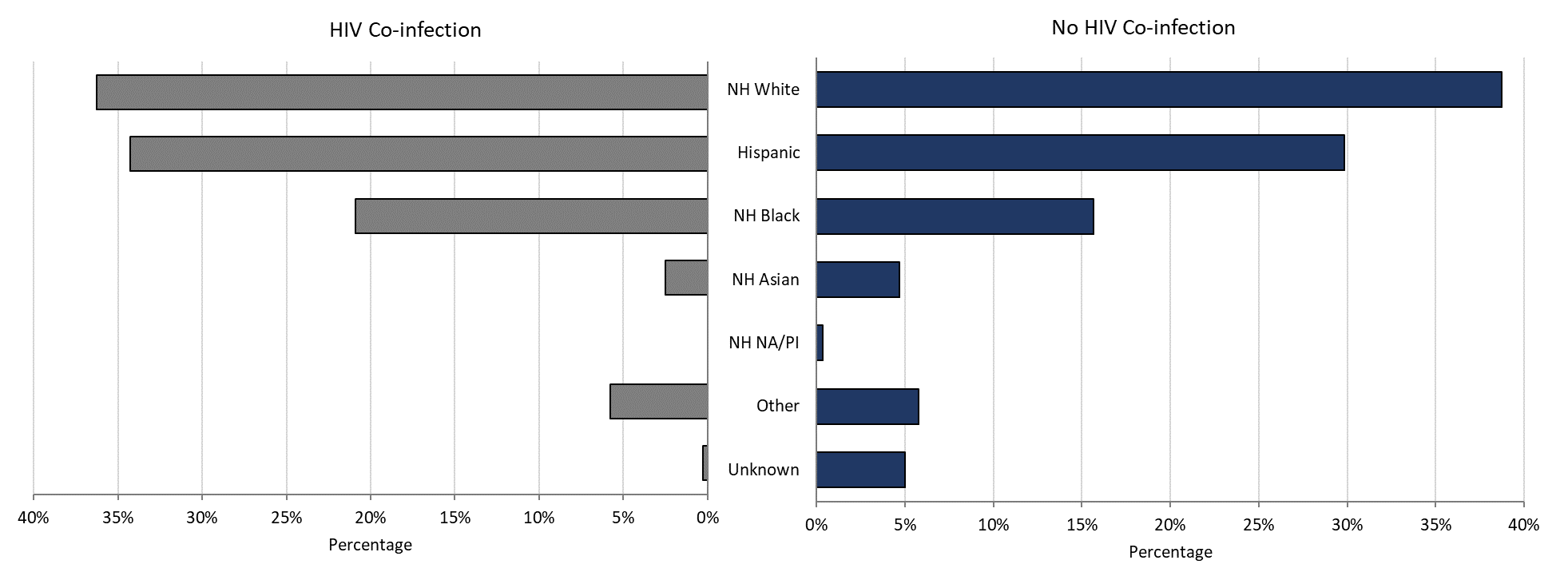
1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. HIV status is based on a full year match with HIV Surveillance data.

3. Individuals younger than 15 years are not included within this slide due to low case counts.

4. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

# Slide 45: Comparison of Infectious Syphilis1 Cases by HIV2 Co-Infection and Race/Ethnicity, Massachusetts, 20223

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**Highlights:** Graph depicts infectious syphilis case percentages for race/ethnicity categories by HIV co-infection status. The proportion of infectious syphilis cases with HIV co-infection is highest among Non-Hispanic Whites followed by Hispanic and then Non-Hispanic Black individuals.

**Footnotes for Slide 45**

Data are current as of 07/18/2023 and are subject to change.

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention.

1. Infectious syphilis is defined as primary, secondary and early latent stages of syphilis within one year of infection.

2. HIV status is based on a full year match with HIV Surveillance data.

3. Please consider the impact of the COVID-19 pandemic on infectious disease screening, treatment and surveillance in the interpretation of 2022 data.

# Slide 46: 2022 Summary Slide

Chlamydia: The 2022 Massachusetts state rate was 403.8 per 100,000

* + The highest rate of chlamydia cases was among females 20 to 24 years with a rate of 2,709.3 cases per 100,000 population\*
  + Gonorrhea: The 2022 Massachusetts state rate was 129.8 per 100,000
  + The highest rate of gonorrhea cases was among males 20 to 24 years with a rate of 512.8 cases per 100,000 population
  + Infectious Syphilis: The 2022 Massachusetts state rate was 22.7 per 100,000
  + The highest rate of infectious syphilis cases was among males 30 to 34 years with a rate of 107.9 cases per 100,000 population
* Congenital syphilis cases maintained the increased number of reportable cases seen from 2019 to 2022
  + The overall increases in infectious syphilis rates in individuals believed to be biologically capable of pregnancy and the increase in reportable congenital syphilis cases led to a recommendation for universal third trimester screening in 2020, on top of routine screening for syphilis upon entry into prenatal care in Massachusetts.

**Footnotes for Slide 46**

Data Source: Massachusetts Department of Public Health/Bureau of Infectious Disease and Laboratory Sciences/Division of STD Prevention.

Data are current as of 07/18/2023 and are subject to change

\* Population based on 2019 University of Massachusetts Donahue Institute Estimates

# Slide 47: Technical Data Notes

* STI and HIV specific laboratory and case management information are reported directly to the Department of Public Health and maintained in the Massachusetts integrated disease surveillance and case management system, MAVEN
  + The majority (>90%) of laboratory test results are reported via electronic laboratory reporting
  + Case management information is reported via electronic medical record feeds, case reporting forms and collected by epidemiologists
  + Data are routinely reviewed, cleaned, and analyzed by surveillance epidemiologists
  + Routine reports are shared with internal and external stakeholders
  + All data are collected and maintained according to strict confidentiality and security requirements

Slide 48: Technical Data Notes (Continued)

* Case classifications (confirmed, probable or suspect) are based on CSTE/CDC case definitions for nationally notifiable infectious diseases.
  + For full STI case classifications, see: <https://www.cdc.gov/std/statistics/2019/case-definitions.htm>
  + All data in this report are accurate as of their analysis date and are subject to change. Common reasons for data changes include amendments to reporting and routine data cleaning.
* Transgender individuals are included in current gender identity categories, except where noted due to incomplete information on current gender identity. Nonbinary gender identity is captured but suppressed according to Massachusetts privacy and confidentiality rules. Collection of transgender data categories began in mid-2014.
* Gender of sex partners categories for this report include: MSM = men who have sex with men, MSW = men who have sex with women, WSM = women who have sex with men, Other = include transgender sexual risk categories and females who have sex with females or both male and female partners, and Unknown are cases reported without sexual risk. These categories are based on patient and provider report and do not necessarily reflect an individual’s sexual identity in relation to gender (i.e. gay, bisexual, heterosexual, etc).

# Slide 49: Coronavirus 2019 (COVID-19): Impact of Other Reportable Infections

When reviewing 2020-2022 data for Massachusetts, please note the impact of the coronavirus 2019 (COVID-19) pandemic on infectious disease screening, treatment, and surveillance. Nationally, CDC observed a sharp decline in reported STD cases from March-April 2020, compared to March-April 2019.

Three factors were cited as likely contributing to the initial decrease in reported cases:

* + Reduced screening – many health care clinics limited in-person visits to symptomatic cases or closed
  + Limited resources – many state and local health department STD staff were redirected from routine STD responsibilities to COVID-19 activities, which affected STD tracking capacity and reporting
  + Stay-at-home orders (March 24 through April 7th, 2020) – which were intended to reduce COVID-19 spread may have influenced sexual behaviors and reduced STD transmission1

As the impact of the COVID-19 pandemic continues, it’s full effect on case reporting and efforts to control the spread of infectious disease in the Commonwealth has yet to be determined. As such, please interpret 2020 infectious disease data with caution.

**Footnotes for Slide 49**

CDC Press Release, July 16, 2021: Trends in STD case reports during the U.S. COVID-19 pandemic, January-December 2020 available at: <https://www.cdc.gov/nchhstp/newsroom/2021/2020-std-trend-report.html>”

# Slide 50: Closing Slide

If you have questions or to request more information: call the Massachusetts Department of Public Health, Division of STD Prevention, at 617-983-6940

1. Providers may use this number to report individuals newly diagnosed with a notifiable sexually transmitted infection, including HIV, or request partner services. Partner services is a free and confidential service for individuals recently diagnosed with a priority infection. The client-centered program offers counseling, linkage to other health and social services, anonymous notification of partners who were exposed and assistance with getting testing and treatment. For more information, see: <https://www.mass.gov/service-details/partner-services-program-information-for-healthcare-providers>) [↑](#footnote-ref-2)