NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STD EPIDEMIOLOGICAL PROFILE: 2019 - 2023

Sexually Transmitted Diseases (STD) Surveillance Program

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Division of Public and Behavioral Health
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Acknowledgements

This publication was supported by the Grant or Cooperative Agreement Number, 6 NH25PS005179-05-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily stand for the official views of the Centers for Disease Control and Prevention or the Department of Human Services.

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The Nevada Department of Human Services (DHS), Division of Public and Behavioral Health (DPBH), Office of State Epidemiology (OSE) would like to thank the following partners for their work and support: Carson City Health and Human Services, Central Nevada Health District, Community Health Services, Southern Nevada Health District, and Northern Nevada Public Health.

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Suggested Citation:

Office of State Epidemiology. Division of Public and Behavioral Health. Nevada STD Epidemiologic Profile: 2019-2023. Carson City, Nevada. [insert page numbers, tables, etc., if applicable]. Accessed [insert date].

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Executive Summary

This document provides a summary of statistics and trends for notifiable sexually transmitted disease (STD) and infection (STI) surveillance data in Nevada, including chlamydia, gonorrhea, syphilis, and congenital syphilis. It is meant to be descriptive, and the purpose is to present the data in multiple ways for use by local health agencies, healthcare professionals, non-profit organizations, and the public to aid in prevention planning, outcome monitoring, education, and identification of areas for public health interventions.

The data used for this profile include laboratory-confirmed cases of infection reported between January 1, 2019, to December 31, 2023. Data were provided from medical laboratories, private and public health providers, clinics, as well as through disease intervention specialist (DIS) investigations (state and local).

Key Findings

- Chlamydia remains the most frequently reported STI in Nevada with 15,766 cases reported in 2023, a decrease of 2.6% from 2022. The majority of cases were reported among females (58.0%). Rates were highest among those aged 20-24 years (2,145.0 per 100,000 population) and persons who identify as Black, non-Hispanic (980.9 per 100,000 population).
- Gonorrhea remains the second most frequently reported STI in Nevada with 6,538 cases reported in 2023, a decrease of 11.5% from 2022. The majority of cases were reported among males (68.9%). Rates were highest among those aged 20-24 years (590.5 per 100,000) and persons who identify as Black, non-Hispanic (606.4 per 100,000).
- In 2023, 725 primary and secondary syphilis cases were reported in Nevada, a decrease of 19.6% from 2022. The majority of cases were reported among males (77.5%). Rates were highest among those aged 30-34 years (54.3 per 100,000 population) and persons who identify as Black, non-Hispanic (72.2 per 100,000 population).
- Congenital syphilis continued to increase with 80 cases reported in 2023, a 95.1% increase since 2019 (n=41).

The Centers for Disease Control and Prevention (CDC) provides the ranking for state rates of reported cases. Nevada's 2023 rankings for reportable STIs were chlamydia (19th), gonorrhea (12th), primary and secondary syphilis (10th), and congenital syphilis (6th). For more information on national trends in 2023, please refer to the CDC 2023 STD Surveillance Report.

Introduction

Certain sexually transmitted conditions are reportable by law (NRS 441.A) to the Nevada Department of Human Services (DHS). Sexually transmitted diseases differ from sexually transmitted infections, as disease includes infection with signs and symptoms, where a person with an infection may not be experiencing any symptoms, despite the bacteria or virus being present. Surveillance for sexual health-related conditions primarily relies on laboratory reporting, therefore the report summarizes sexually transmitted infections (STIs) and will not be preferred to as sexually transmitted diseases (STDs). This report consists of sections for four STIs, chlamydia, gonorrhea, primary and secondary syphilis (combined), and congenital syphilis. Each disease-specific section contains text and figures summarizing data and trends. More information can be found on the Nevada Office of State Epidemiology website at nvose.org.

Overall Trends

From 2019 to 2020 rates of chlamydia, gonorrhea, and primary and secondary syphilis decreased, however this is likely due to the COVID-19 pandemic with limited access to providers as well as disruptions to healthcare systems and not a true reflection of infection burden. From 2020 to 2021 rates increased and stabilized or decreased through 2023. Rates of congenital syphilis continued to increase over the reporting period (2019-2023).

Trends of reported cases are influenced not only by the incidence of infection, but may be due to changes in diagnostic, screening, and reporting practices. Since many STIs are asymptomatic, the number of infections identified and reported can increase as more people are screened even when true incidence is stable or decreasing. The increased use of electronic laboratory reporting over the last decade has increased the number of diagnosed cases being reported, in addition to the use of more sensitive tests and more complete reporting.

Likewise, decreases in case rates may suggest decreases in the true incidence of infection or screening coverage. However, a downward trend may reflect a combination of factors, including changes in healthcare seeking behavior, reduced screening efforts post-pandemic, or a true decline in transmission.

Regions/Counties

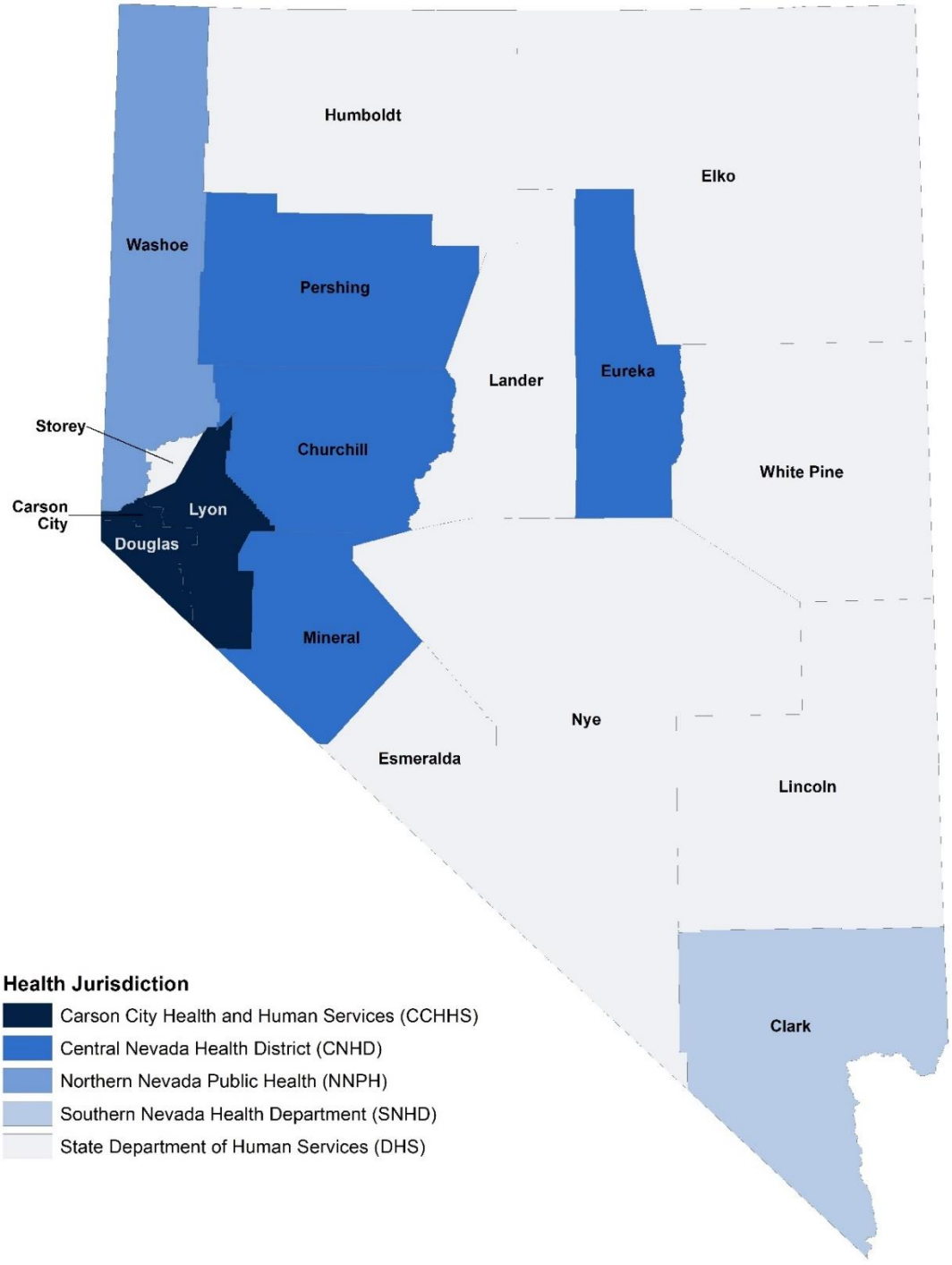
Nevada has three urban counties operating under local health authorities (LHA): Carson City Health and Human Services (CCHHS) which includes two counties, Douglas and Lyon, and a consolidated municipality (Carson City), Northern Nevada Public Health (Washoe County, NNPH), and Southern Nevada Health District (Clark County, SNHD) (Figure 1).

The 12 rural and frontier counties: Churchill, Humboldt, Elko, Esmeralda, Eureka, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine, historically did not have their own health authority; therefore, DPBH Office of State Epidemiology (OSE) and the DHS Chief Medical Officer serve as the health authority for those counties.

Central Nevada Health District (CNHD) was approved by the State of Nevada Board of Health in December 2022 and fully implemented services starting July 1, 2023. Counties currently served by Central Nevada Health District include Churchill, Eureka, Mineral, and Pershing counties. Figure 1 illustrates Nevada's counties with the corresponding LHA, however regional/county breakouts within each section reflect the LHA regions prior to the establishment of CNHD.

Clark and Washoe counties have higher rates of infection for all STIs included in this report when compared to the three counties (combined) in CCHHS's jurisdiction and the 12 rural and frontier counties (combined) in OSE's jurisdiction.

Figure 1. Map of Nevada's counties and corresponding Local Health Authority (LHA) as of 2023



Disparities

Disparities in reported rates of sexually transmitted infections vary by disease and are limited to sex, age, race, ethnicity and region of residence.

Rates for chlamydia were higher among females, however rates for gonorrhea and primary and secondary syphilis were higher among males. The pattern aligns with the national trends and rates reflect the combination of sexual behaviors, whether symptoms are present, access to healthcare, and provider recommended screenings.

Rates for the STIs in this report are typically higher among those aged 20 to 34 years, ranges vary depending on the condition. These age groups include many college-aged and early-career adults, who may be more likely to engage in high-risk sexual behaviors, have new or multiple partners, or experience barriers to consistent healthcare. This trend is especially relevant given that in Nevada, the two largest cities are home to major universities, where young adults make up a larger portion of the population.

Rates are typically higher in the most populated counties, Clark and Washoe, and lower in the rural and frontier counties. While previously mentioned, the urban counties have a higher proportion of the population in the young adult age groups which usually have the highest reported rates of infection. The lower rates in lesser populated regions of the state may reflect a combination of limited access to testing and sexual health services, underreporting, or lower overall transmission due to smaller population size and population density.

Rates among Black, non-Hispanic populations remained higher than all other race or ethnicities across all STIs in this report. These disparities are consistent with the national trends and are not solely due to differences in individual behaviors, but due to deeply rooted systematic factors such as limited access to healthcare, historical mistrust of the medical systems, stigma around testing, differences in health education, and structural racism.

Chlamydia

Chlamydia remains the most frequently reported STI in Nevada, with highest rates occurring among young adults aged 20–24 years, mirroring national trends.

Chlamydia is an STI caused by the bacterium, *Chlamydia trachomatis,* and is the most commonly reported STI in Nevada and the United States.[1] Most people with chlamydia do not show symptoms, however, there can be serious health consequences if left untreated. In men, chlamydia can cause discharge from the penis, a burning sensation when urinating, and less commonly, pain and swelling in one or both testicles. In women, chlamydia can cause vaginal discharge, a burning sensation when urinating, and in rare cases pelvic inflammatory disease. If left untreated, chlamydia can damage the reproductive systems of both males and females, causing infertility.[1]

Table 1. Chlamydia Summary for 2023		
Number of Cases		15,766
Percent Change from 2022		-2.6%
Age Group with Highest Rate		20-24 years (2,145.0)
Sex	**Number (%)**	**Rate**
Male	6,597 (41.8%)	404.4
Female	9,151 (58.0%)	557.8
Unknown	18 (0.1%)	N/A
Race & Ethnicity	**Number (%)**	**Rate**
American Indian/Alaksa Native	50 (0.3%)	141.4
Asian/Hawaiian/Pacific Islander	648 (4.1%)	193.9
Black	2,962 (18.8%)	980.9
White	3,125 (19.8%)	197.1
Unknown/Other	5,386 (34.2%)	N/A
Hispanic	3,595 (22.8%)	354.1

Overall Trend

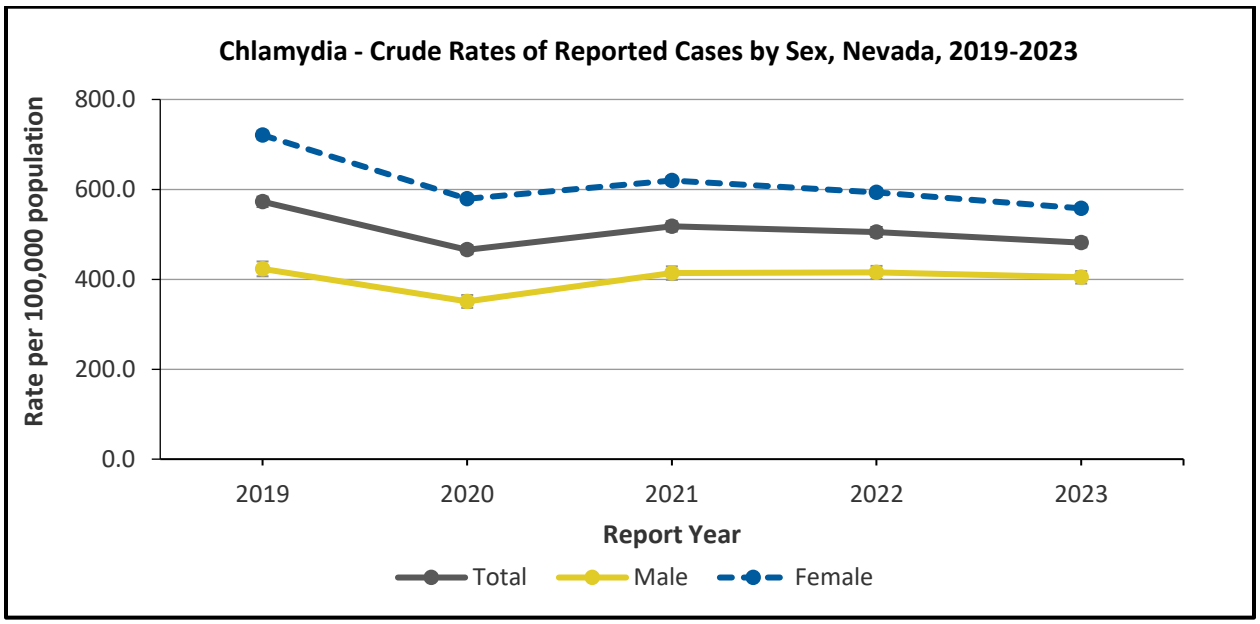
In 2023, there were 15,766 chlamydial infections reported among Nevada residents, at a rate of 481.9 cases per 100,000 population. Case rates declined from 2019 to 2020, increased in 2021 and slightly decreased through 2023.

Sex

From 2019-2023, the rate of reported chlamydia cases was consistently higher among females compared to males. Rates for both males and females decreased from 2019 to 2020, however after 2020 there was a slight increase in 2021, and rates only slightly decreased through 2023. (Figure 2)

Rates among males decreased from 423.3 per 100,000 in 2019 to 404.4 per 100,000 in 2023. Rates among females decreased from 720.8 per 100,000 in 2019 to 557.8 per 100,000 in 2023. (Figure 2)

Figure 2. Chlamydia – Rates of Reported Cases by Sex, Nevada, 2019-2023

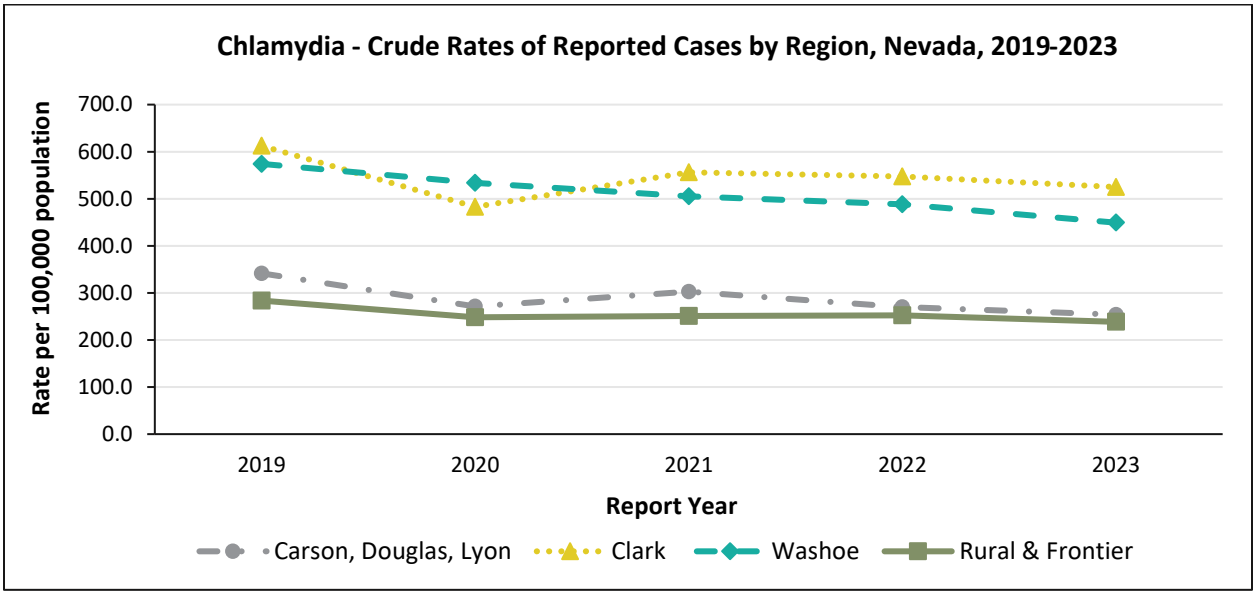


Region/County

From 2019 through 2023, the counties with the highest rates were the two most populated urban counties, Clark and Washoe. In 2023, Clark County had the highest rate at 525.2 cases per 100,000, followed by Washoe County at 449.2 per 100,000. (Figure 3)

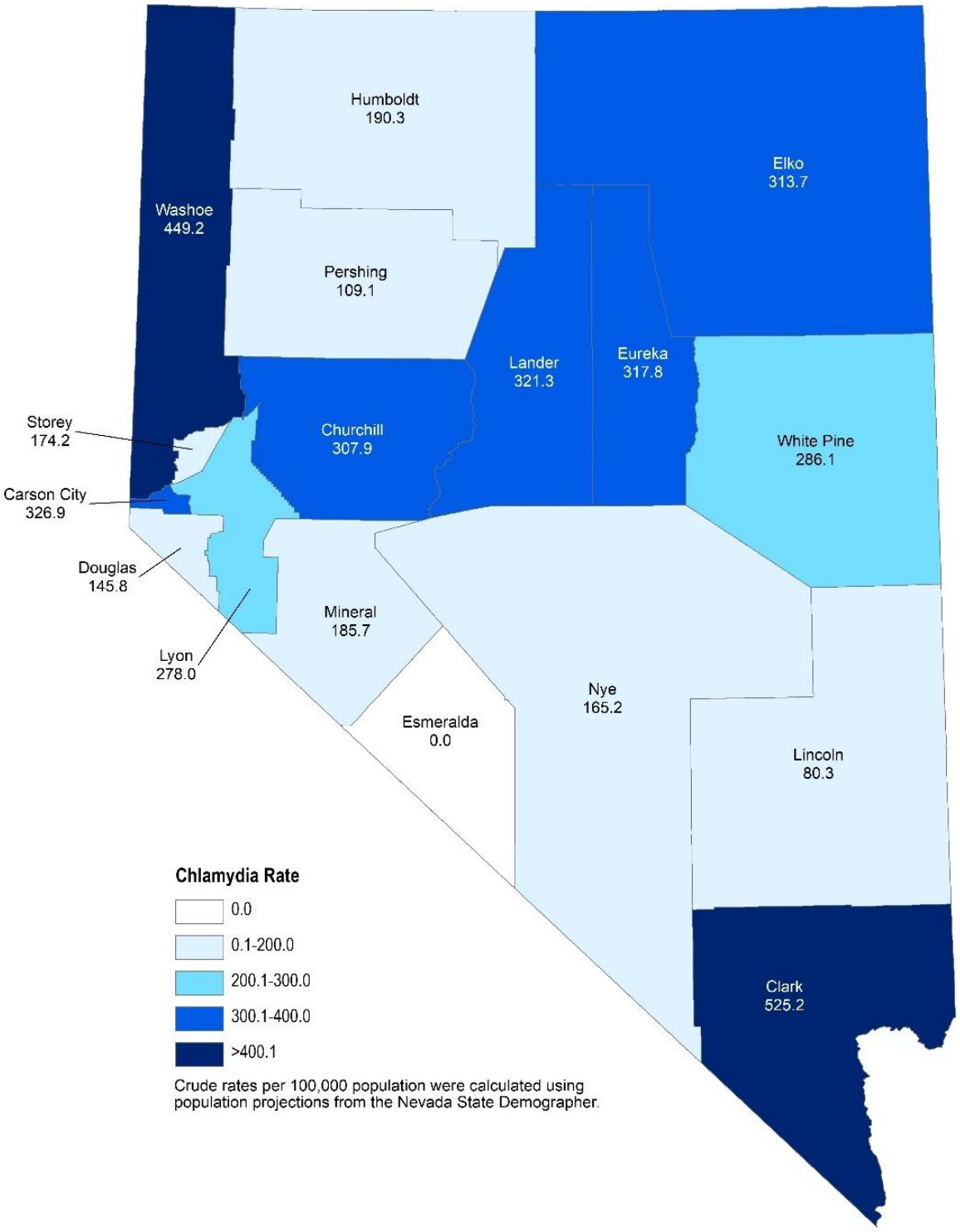
Rates for Carson, Douglas, and Lyon counties combined were lower than rates for the other rural and frontier counties combined from 2019 through 2023. (Figure 3)

Figure 3. Chlamydia – Rates of Reported Cases by Region, Nevada, 2019-2023



Note: Rural & Frontier includes Churchill, Humboldt, Elko, Esmeralda, Eureka, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine Counties

Figure 4. Chlamydia Rates of Reported Cases by County, Nevada, 2023

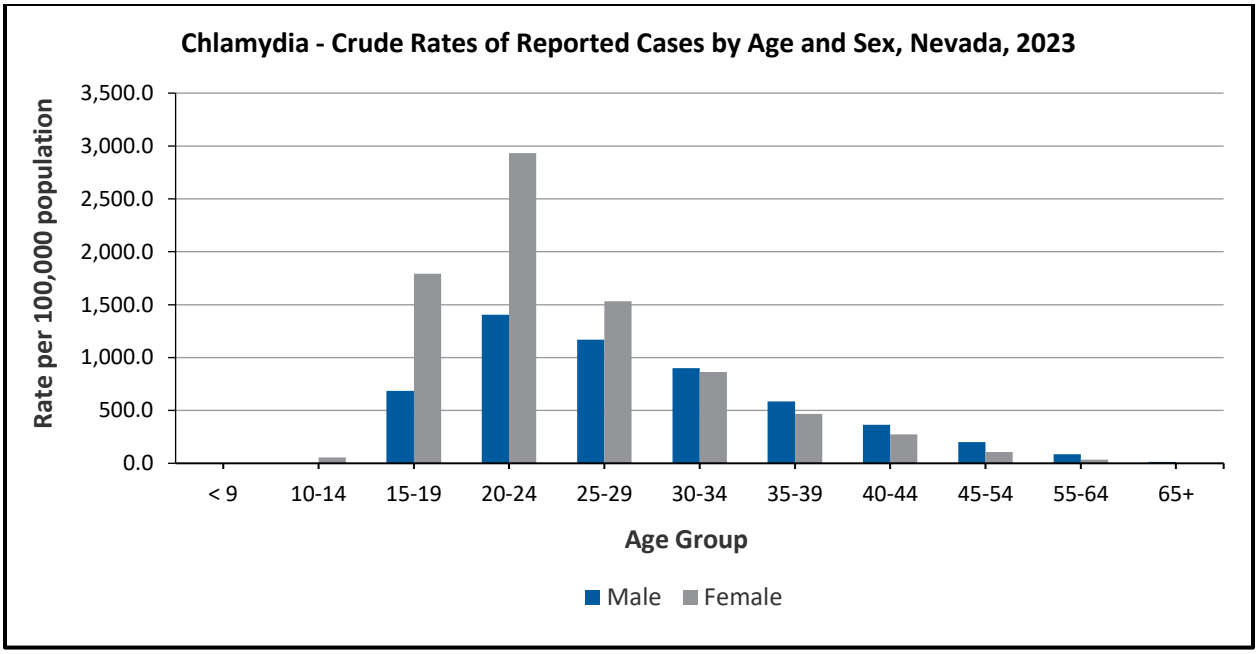


Age & Sex

From 2019 to 2023 chlamydia rates remained disproportionately higher among those aged 20-24 years, with a reported rate of 2,145.0 per 100,000 in 2023. The second highest rate in 2023 occurred among those aged 25-29 years, with a reported rate of 1,348.6 per 100,000. (Figure 5)

The highest age-specific rates of reported cases of chlamydia in 2023 were among females aged 20–24 years at a rate of 2,932.3 (per 100,000 females), followed by females aged 15-19 years at 1,792.7 (per 100,000 females). The age-specific rates of reported cases of chlamydia among males were overall lower, however also were highest among those aged 20–24 years at 1,405.8 cases (per 100,000 males), followed by those aged 25-29 years at 1,169.1 (per 100,000 males). (Figure 5)

Figure 5. Chlamydia Rates of Reported Cases by Age and Sex, Nevada, 2023



Race & Ethnicity

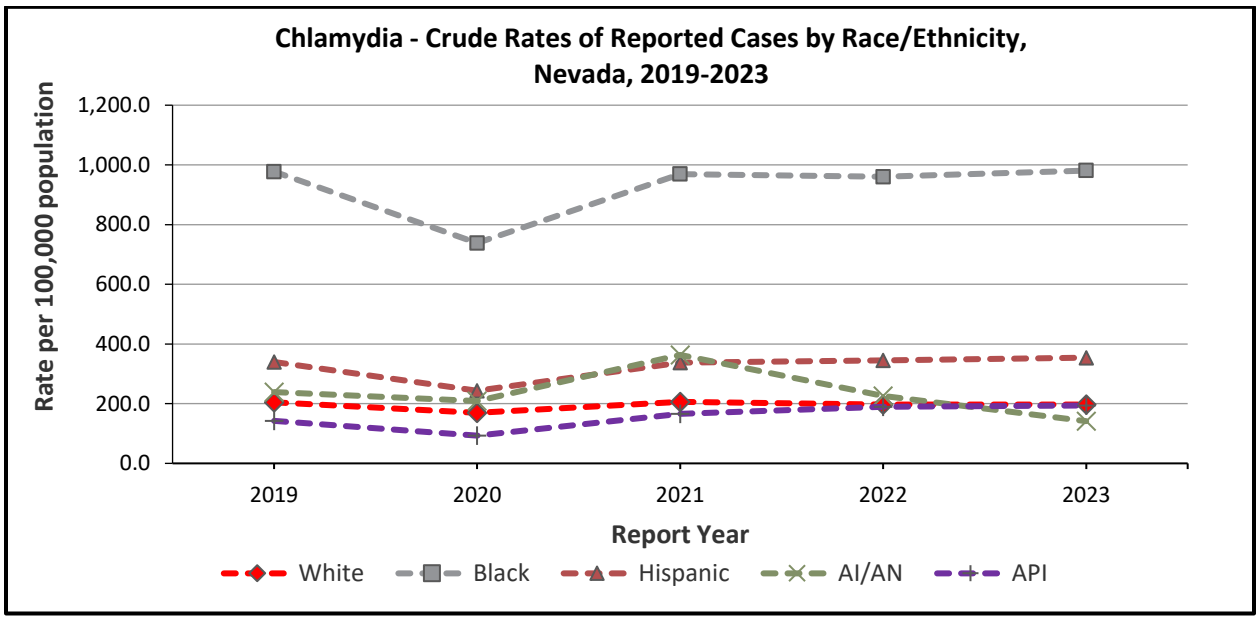
From 2019 to 2023, rates among Black, non-Hispanic, Hispanic, Asian/Hawaiian/Pacific Islanders increased slightly, however rates for American Indian/Alaska Native and White, non-Hispanic individuals slightly decreased. In 2023, Black, non-Hispanic individuals had the highest reported case rate, at 980.9 per 100,000. Hispanic/Latino populations also experienced elevated rates at 354.1 per 100,000. (Figure 6)

In 2023, the rate of reported chlamydia cases among Black, non-Hispanic females (1,019.5) was 4.3 times the rate of White, non-Hispanic females (235.1), while the rate of reported chlamydia cases among Hispanic females (406.1) was 1.7 times the rate among White, non-Hispanic females. (Figure 6)

In 2023, the rate of reported chlamydia cases among Black, non-Hispanic males (942.7) was 5.9 times the rate among White, non-Hispanic males (159.4), while the rate of reported chlamydia cases among Hispanic males (302.8) was 1.9 times the rate among White, non-Hispanic males. (Figure 6)

Note: Due to lack of resources, not all reported cases of chlamydia are investigated, therefore race and ethnicity were unknown or indicated as "other" for 34.2% of reported cases in 2023. (Figure 6)

Figure 6. Chlamydia Rates of Reported Cases by Race/Ethnicity, Nevada, 2019-2023



Note: AI/AN = American Indian/Alaska Native; API = Asian/Pacific Islander
Due to lack of resources, not all reported cases of chlamydia are investigated, therefore race and ethnicity were unknown or indicated as "other" for more than 30% of cases during the reporting period.

Gonorrhea

In 2023, gonorrhea rates increased in both Nevada and the U.S., with Nevada showing slightly higher case rates among men aged 25-29, consistent with national patterns of rising infections in young adults.

Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae* and is the second most commonly reported STI in Nevada and the United States.[2] Gonorrhea is curable but can have serious health implications if left untreated. In men, symptoms include discharge from the penis, and less commonly painful or swollen testicles. Women can also experience increased vaginal discharge, or vaginal bleeding between periods. Additionally, rectal infection in either men or women can result in a painful or burning sensation when urinating discharge, anal itching, soreness, bleeding, and painful bowel movements.[2]

Table 2. Gonorrhea Summary for 2023		
Number of Cases		6,538
Percent Change from 2022		-11.5%
Rate (per 100,000 population)		*199.8*
Age Group with the Highest Rate		20-24 years (590.5)
Sex	**Number (%)**	**Rate**
Male	4,510 (68.9%)	276.5
Female	2,022 (30.9%)	123.3
Unknown	0 (0.0%)	N/A
Race & Ethnicity	**Number (%)**	**Rate**
American Indian/Alaksa Native	21 (0.3%)	59.4
Asian/Hawaiian/Pacific Islander	235 (3.6%)	70.3
Black	1,831 (28.0%)	606.4
White	1,402 (21.4%)	88.4
Unknown/Other	1,658 (25.4%)	N/A
Hispanic	1,391 (21.3%)	137.0

Overall Trend

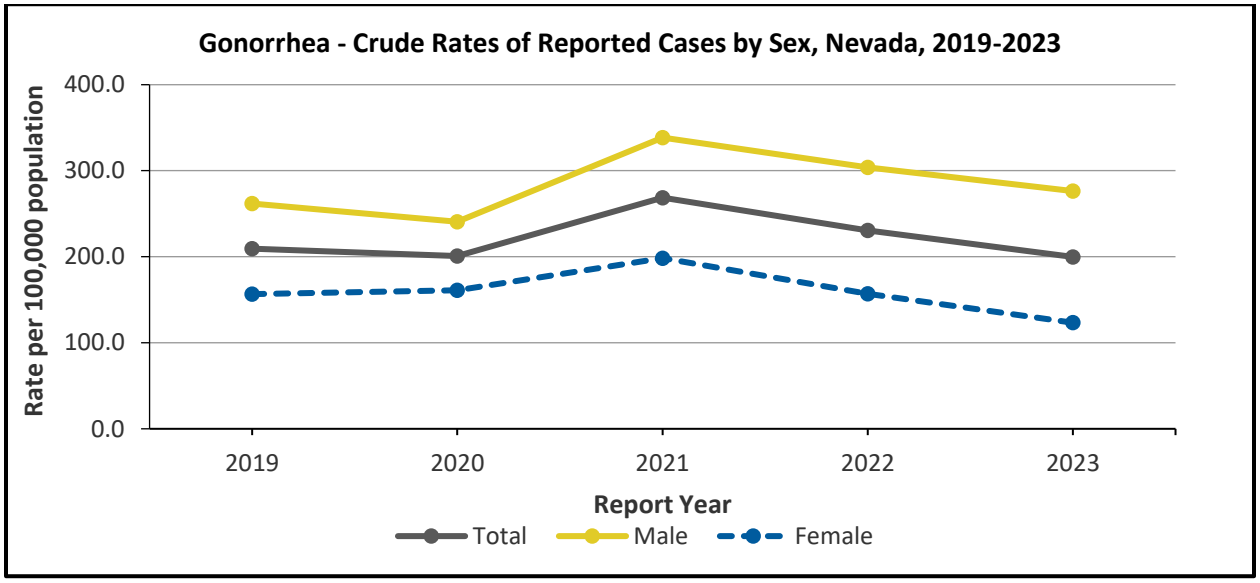
In 2023, there were 6,538 infections of gonorrhea reported among Nevada residents, a rate of 199.8 cases per 100,000 population. Case rates declined from 2019 to 2020, increased in 2021 and decreased through 2023.

Sex

From 2019-2023, the rate of reported gonorrhea cases was consistently higher among males compared to females. Rates for males and females decreased from 2019 to 2020, increased in 2021 and then declined each year through 2023. (Figure 7)

Overall, from 2019 to 2023 rates among males increased from 261.9 per 100,000 in 2019 to 276.5 per 100,000 in 2023. Rates among females decreased from 156.5 per 100,000 in 2019 to 123.3 per 100,000 in 2023. (Figure 7)

Figure 7. Gonorrhea – Rates of Reported Cases by Sex, Nevada, 2019-2023

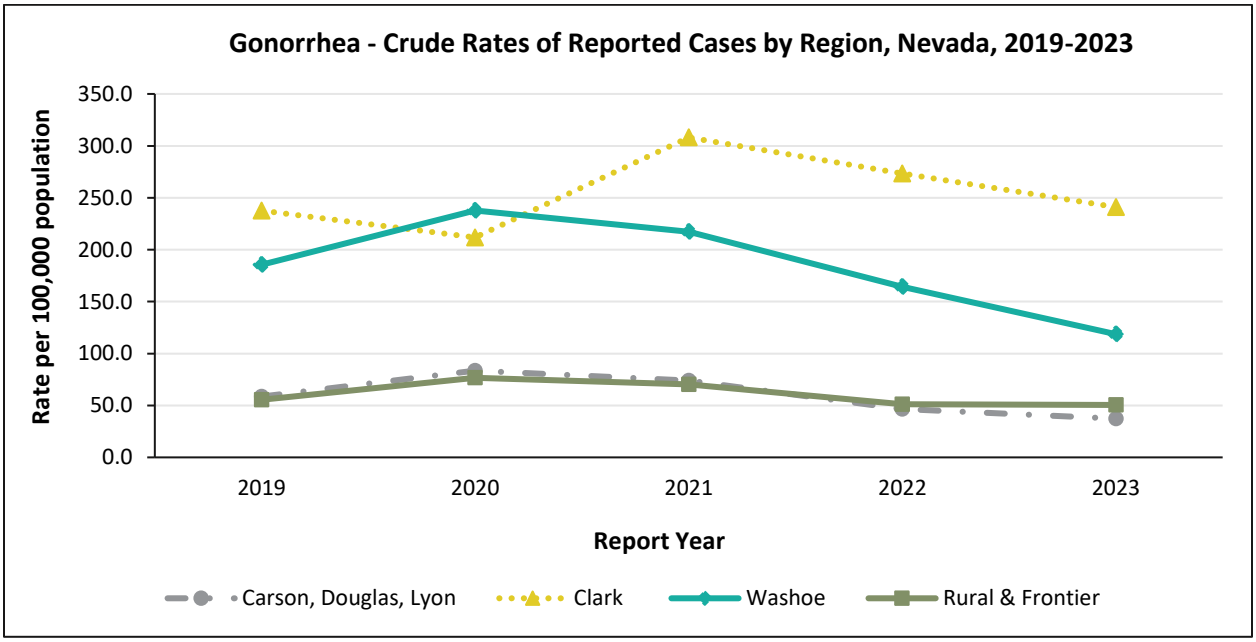


Region/County

From 2019 through 2023, with the exception of 2020, Clark County had the highest rate of gonorrhea, followed by Washoe County. In 2023, Clark County had a reported rate of 241.1 cases per 100,000, followed by Washoe County at 118.7 per 100,000. (Figure 8)

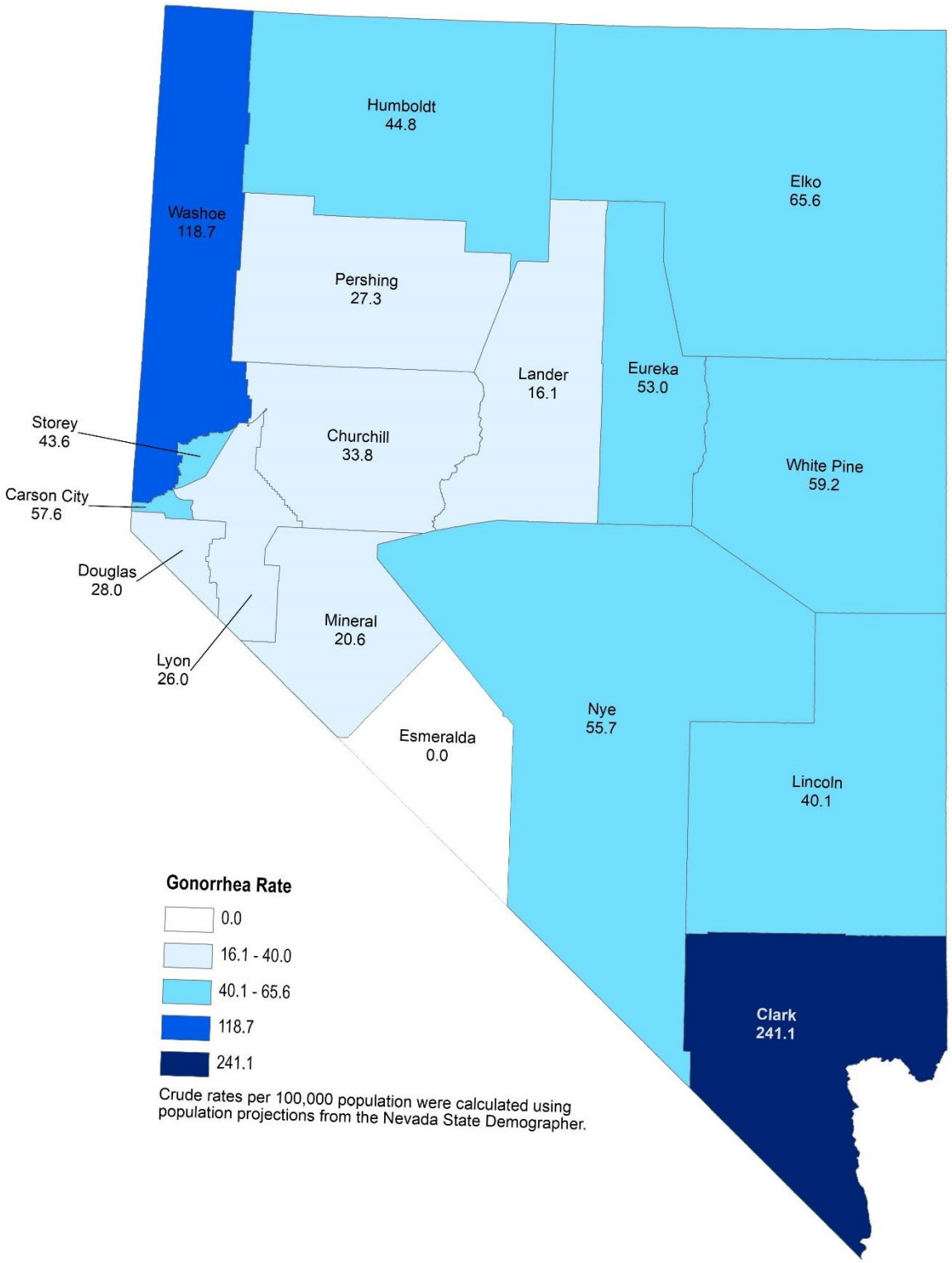
Rates for Carson, Douglas, and Lyon counties combined were similar to rates for the other rural and frontier counties combined from 2019 through 2023. (Figure 8)

Figure 8. Gonorrhea – Crude Rates of Reported Cases by Region, Nevada, 2019-2023



Note: Rural & Frontier includes Churchill, Humboldt, Elko, Esmeralda, Eureka, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine Counties

Figure 9. Gonorrhea Rates of Reported Cases by County, Nevada, 2023

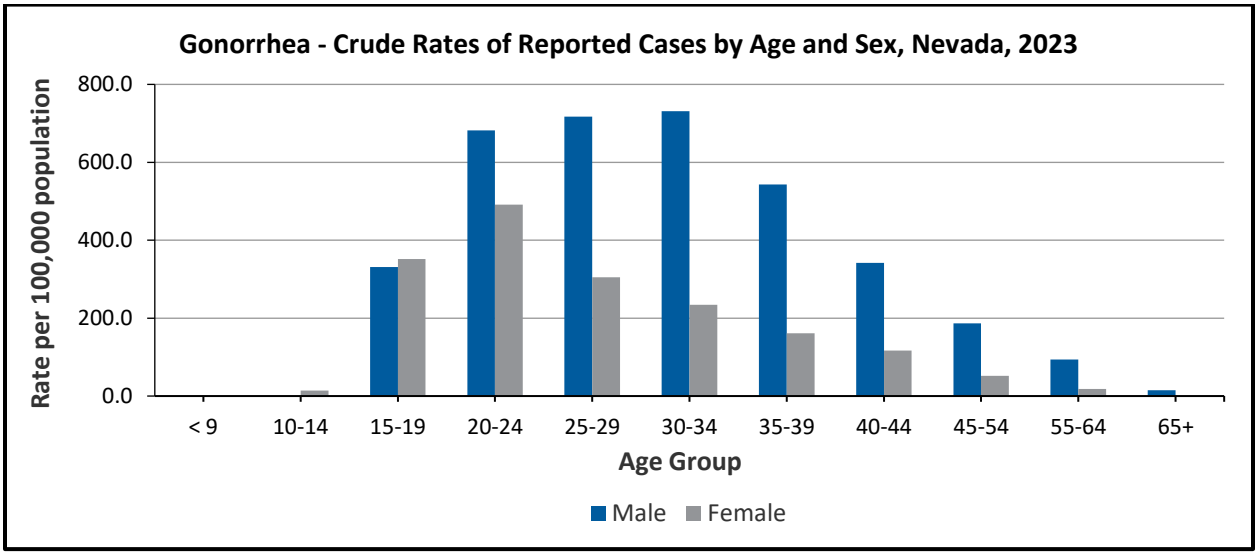

Humboldt
44.8
Elko
65.6
Washoe
118.7
Pershing
27.3
Lander
16.1
Eureka
53.0
Storey
43.6
Churchill
33.8
White Pine
59.2
Carson City
57.6
Douglas
28.0
Mineral
20.6
Lyon
26.0
Nye
55.7
Esmeralda
0.0
Lincoln
40.1
Clark
241.1
Gonorrhea Rate
0.0
16.1 - 40.0
40.1 - 65.6
118.7
241.1
Crude rates per 100,000 population were calculated using population projections from the Nevada State Demographer.

Age & Sex

From 2019 to 2023 gonorrhea rates remained disproportionately higher among those aged 20-24 years, with a reported rate of 590.5 per 100,000 in 2023. The second highest gonorrhea rate in 2023 was among those aged 25-29 years, with a rate of 515.8 per 100,000. (Figure 10)

The highest age-specific rates of reported cases of gonorrhea in 2023 were among males aged 30–34 years (731.5 per 100,000 males), followed by males aged 25-29 years (717.5 per 100,000 males). Overall, the age-specific rates of reported cases of gonorrhea among females were lower however occurred among younger age groups. Rates among females were highest among those aged 20–24 years (491.6 per 100,000 females), and those aged 15-19 years (351.7 per 100,000 females). (Figure 10)

Figure 10. Gonorrhea Rates of Reported Cases by Age and Sex, Nevada, 2023



Race & Ethnicity

From 2019 to 2023, rates among Black, non-Hispanic, Asian/Hawaiian/Pacific Islanders, and Hispanics, had the largest decreases, while rates among White, non-Hispanic only slightly decreased. However, rates among Black, non-Hispanic and American Indian/Alaska Native increased from 2019 to 2023. (Figure 11)

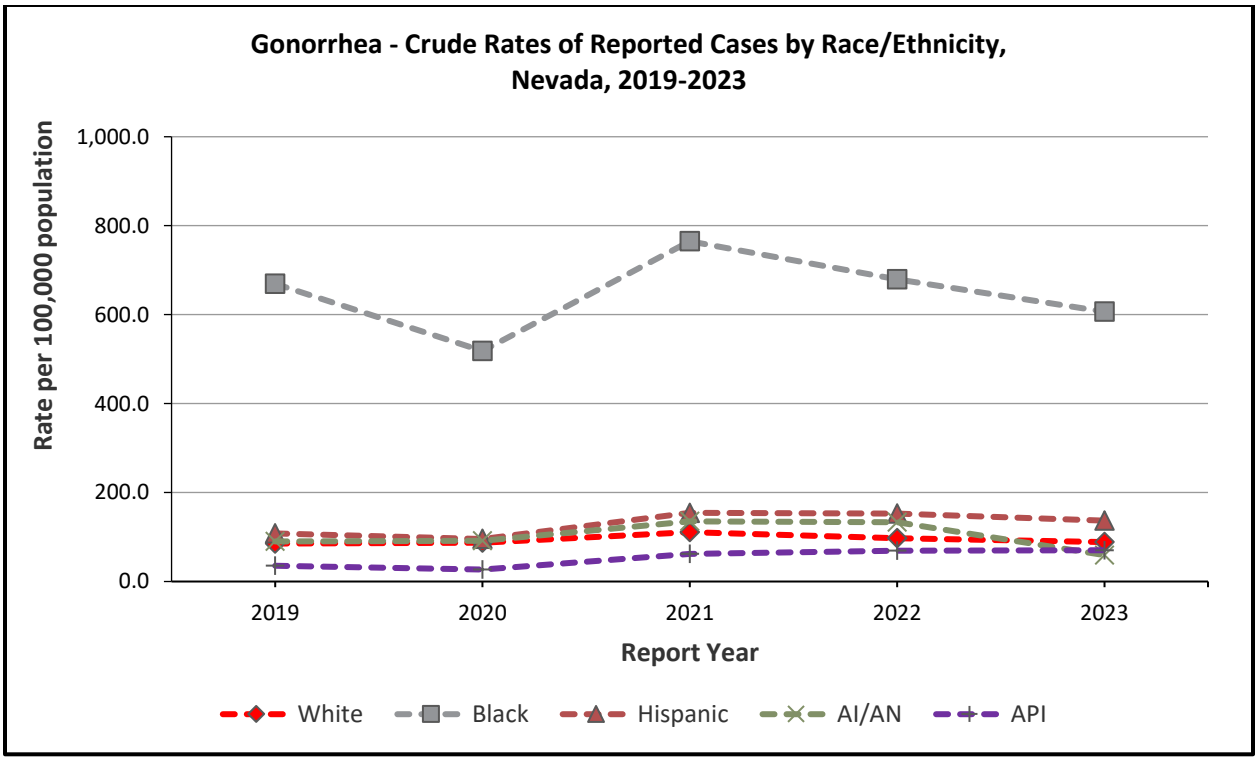
In 2023 Black, non-Hispanic individuals had the highest rate of gonorrhea, at 606.4 per 100,000, nearly 6 times higher than the next highest rate, reported among Hispanics (137.0 per 100,000). (Figure 11)

In 2023, the rate of reported gonorrhea cases among Black, non-Hispanic males (855.2) was 7.3 times the rate of White, non-Hispanic males (115.7), while the rate of

reported gonorrhea cases among Hispanic males (213.4) was 1.8 times the rate among White, non-Hispanic males. (Figure 11)

In 2023, the rate of reported gonorrhea cases among Black, non-Hispanic females (354.5) was 5.8 times the rate among White, non-Hispanic females (60.6). (Figure 11)

Figure 11. Gonorrhea Rates of Reported Cases by Race/Ethnicity, Nevada, 2019-2023



Note: AI/AN = American Indian/Alaska Native; API = Asian/Pacific Islander
Due to lack of resources, not all reported cases of gonorrhea are investigated, therefore race and ethnicity were unknown or indicated as "other" for more than 25% of cases during the reporting period.

Primary & Secondary Syphilis

Primary and secondary syphilis rates declined nationally for the first time in more than two decades, down 10% since 2022, and Nevada saw a 19.6% decrease from 2022 to 2023.

Syphilis is caused by the bacterium *Treponema pallidum* and the infection develops in stages: primary, secondary, latent, and tertiary.[3] During the primary stage, a person may notice a single or multiple sores at the location where the bacterium entered the body.[3] These sores are usually painless, firm, and round. During the secondary stage, a person can have a skin rash on one or more areas of the body and will appear rough and red to reddish-brown in color and is usually not itchy. Other symptoms may include swollen lymph nodes and fever.[4] In many cases, symptoms of primary and secondary (P&S) syphilis are so mild they go unnoticed. The late stage of syphilis can present as latent or tertiary forms. In the latent stages of the disease, there are no visible signs or symptoms of the disease, but the bacteria are still present in the body.[4] During the tertiary stage of illness, syphilis will infect the various organ systems of the body and begin to cause damage and even affect the neurological and ocular functions of the body.

Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis), the eye (ocular syphilis), and the ear (otosyphilis).[4] It is important to treat syphilis as soon as possible, if left untreated syphilis infection may go unnoticed for decades and can have serious long-term health effects.

Primary and secondary syphilis are the most infectious stages, resulting in further spread, and therefore are the focus of the syphilis section of this report.[4]

Table 3. Primary & Secondary Syphilis Summary for 2023		
Number of Cases		725
Percent Change from 2022		-19.6%
Rate (per 100,000 population)		22.2
Age Group with Highest Rate		30-34 years (54.3)
Sex	**Number (%)**	**Rate**
Male	562 (77.5%)	34.5
Female	163 (22.5%)	9.9
Unknown	0 (0.0%)	N/A
Race & Ethnicity	**Number (%)**	**Rate**
American Indian/Alaksa Native	1 (0.1%)	2.8
Asian/Hawaiian/Pacific Islander	31 (4.3%)	9.3
Black, non-Hispanic	218 (30.1%)	72.2
White, non-Hispanic	239 (33.0%)	15.1
Unknown/Other	23 (3.2%)	N/A
Hispanic	213 (29.4%)	21.0

Overall Trend

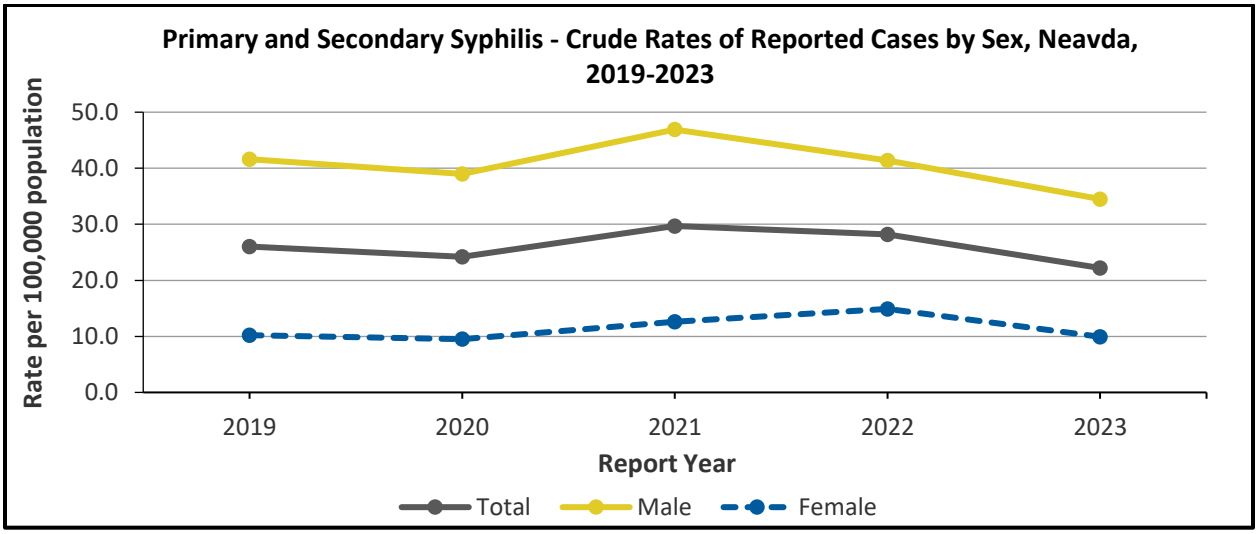
In 2023, there were 725 infections of primary and secondary syphilis reported among Nevada residents, for a rate of 22.2 cases per 100,000 population. Similar to chlamydia and gonorrhea, rates of primary and secondary syphilis decreased from 2019 to 2020, increased in 2021 to levels higher than 2019 and have decreased each year 2021 through 2023.

Sex

From 2019 to 2023, the rate of reported primary and secondary syphilis cases was consistently higher among males compared to females. Rates for males and females decreased from 2019 to 2020, rates for both sexes increased in 2021 and rates among males declined each year through 2023, rates for females increased in 2022 and declined in 2023. (Figure 12)

Overall, rates among males decreased from 41.6 per 100,000 in 2019 to 34.5 per 100,000 in 2023. Rates among females stayed relatively similar from 10.2 per 100,000 in 2019 to 9.9 per 100,000 in 2023. (Figure 12)

Figure 12. Primary and Secondary Syphilis Rates of Reported Cases by Sex, Nevada, 2019-2023

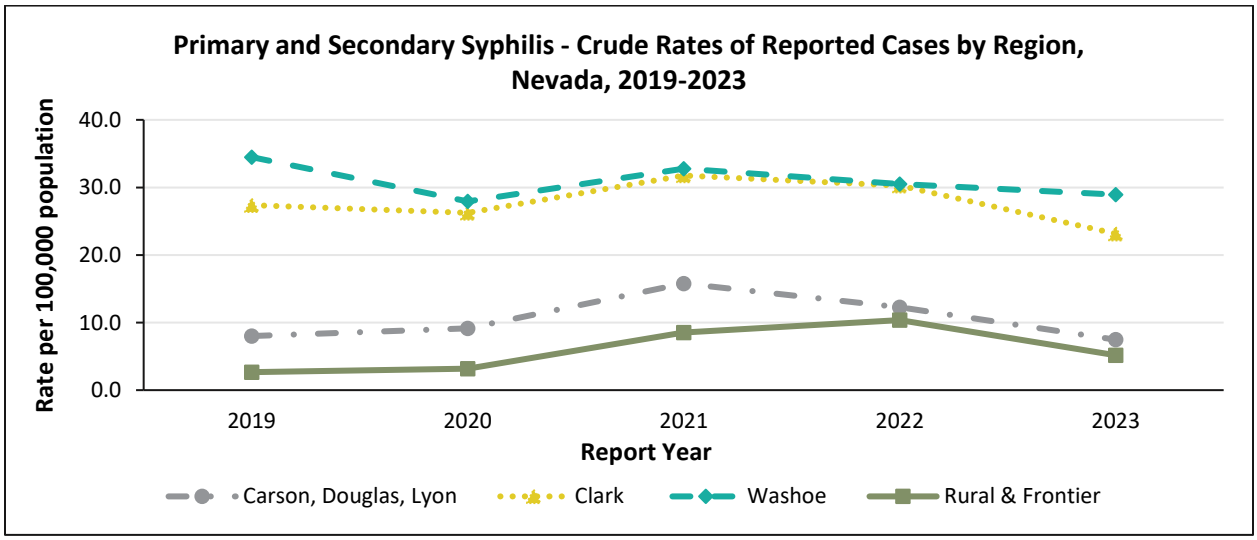


Region/County

From 2019 through 2023 Clark and Washoe counties had the highest rates of primary and secondary syphilis. As of 2023, Washoe County had the highest rate at 28.9 cases per 100,000 followed by Clark County at 23.2 per 100,000. (Figure 13)

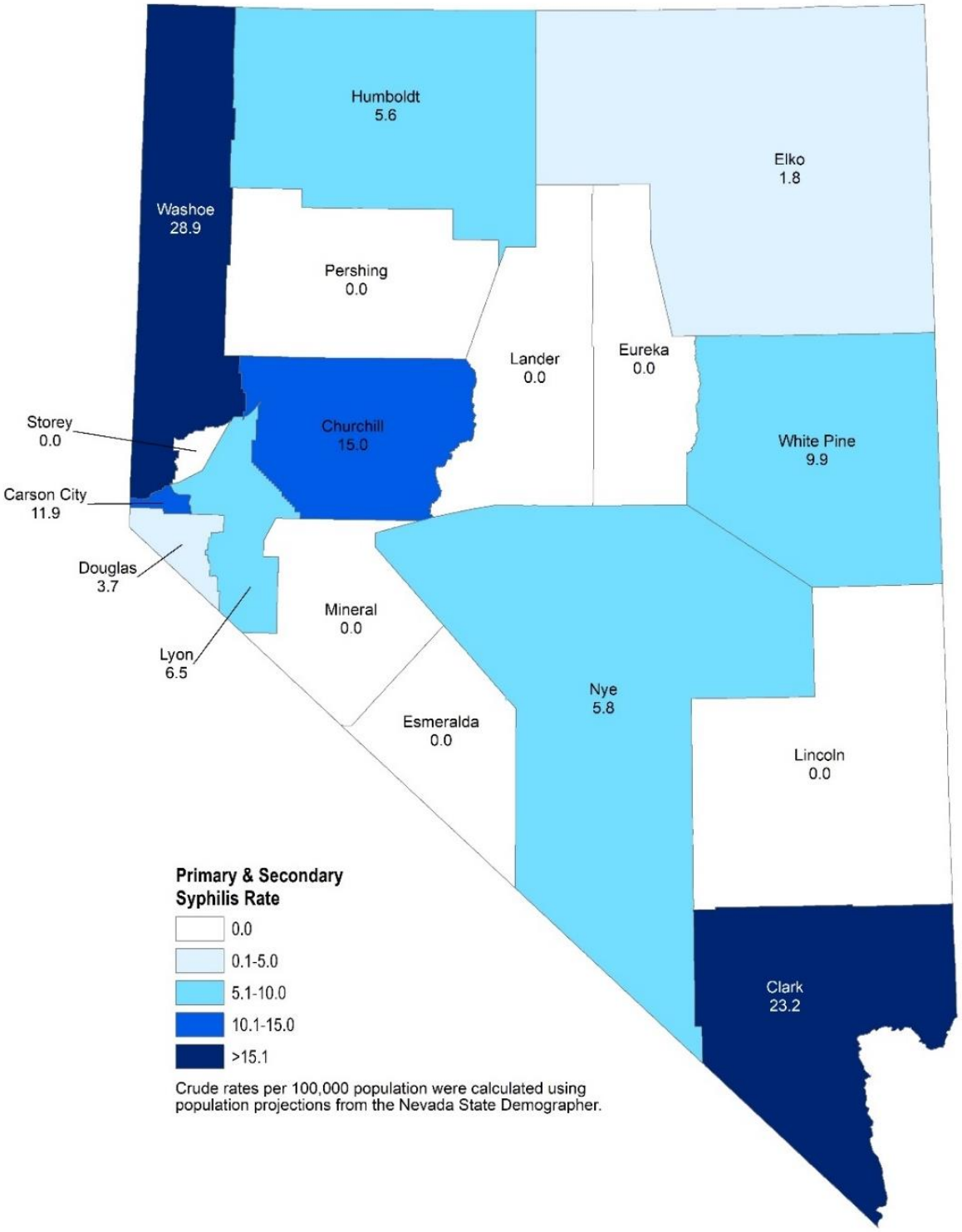
Combined rates for Carson, Douglas, and Lyon were higher than combined rates for the other rural and frontier counties from 2019 through 2023. (Figure 13)

Figure 13. Primary and Secondary Syphilis Crude Rates of Reported Cases by Region, Nevada, 2019-2023



Note: Rural & Frontier includes Churchill, Humboldt, Elko, Esmeralda, Eureka, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine Counties

Figure 14. Primary and Secondary Syphilis Rates of Reported Cases by County, Nevada, 2023

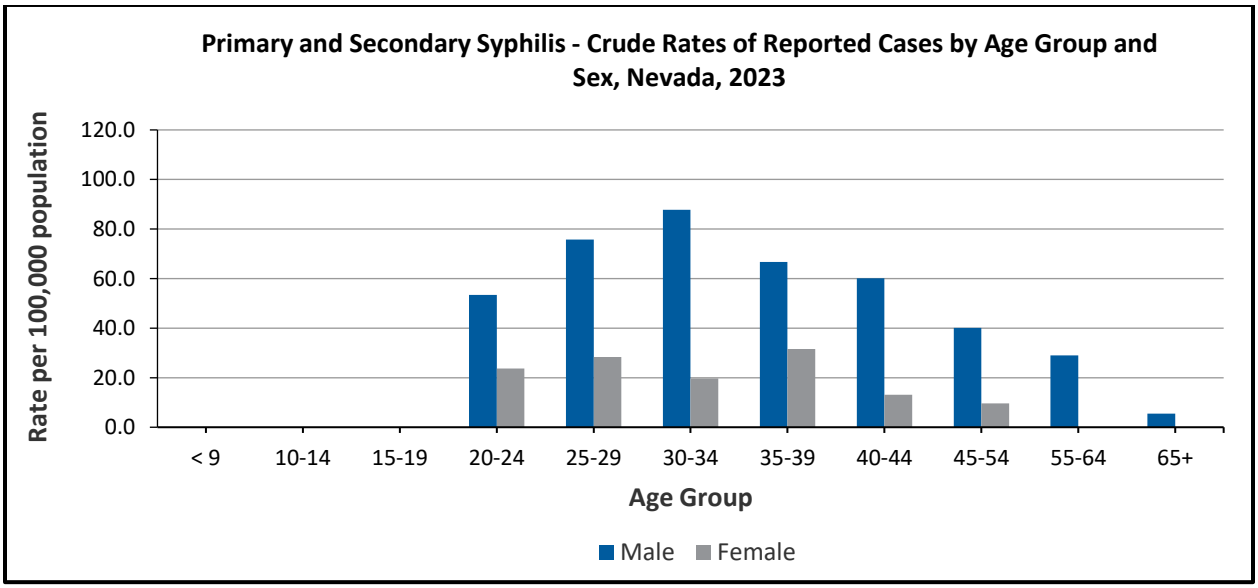

Humboldt
5.6
Elko
1.8
Washoe
28.9
Pershing
0.0
Lander
0.0
Eureka
0.0
Storey
0.0
Churchill
15.0
White Pine
9.9
Carson City
11.9
Douglas
3.7
Mineral
0.0
Lyon
6.5
Nye
5.8
Esmeralda
0.0
Lincoln
0.0
Clark
23.2
Primary & Secondary
Syphilis Rate
0.0
0.1-5.0
5.1-10.0
10.1-15.0
>15.1
Crude rates per 100,000 population were calculated using
population projections from the Nevada State Demographer.

Age & Sex

From 2019 to 2020 primary and secondary syphilis rates were higher among those in the 25-29-year age group, however as of 2021 rates remained consistently higher in the 30–34-year age group. (Figure 15)

The highest age-specific rates of reported cases of primary and secondary syphilis in 2023 were among males aged 30–34 years (87.8 per 100,000 males), followed by males aged 25-29 years (75.8 per 100,000 males). Overall, the age-specific rates of reported cases of primary and secondary syphilis among females were lower across most age groups. Rates among females were highest among those aged 35-39 years (31.6 per 100,000 females), followed by those aged 25-29 years (28.4 per 100,000 females). (Figure 15)

Figure 15. Primary and Secondary Syphilis Rates of Reported Cases by Age Group and Sex, Nevada, 2023



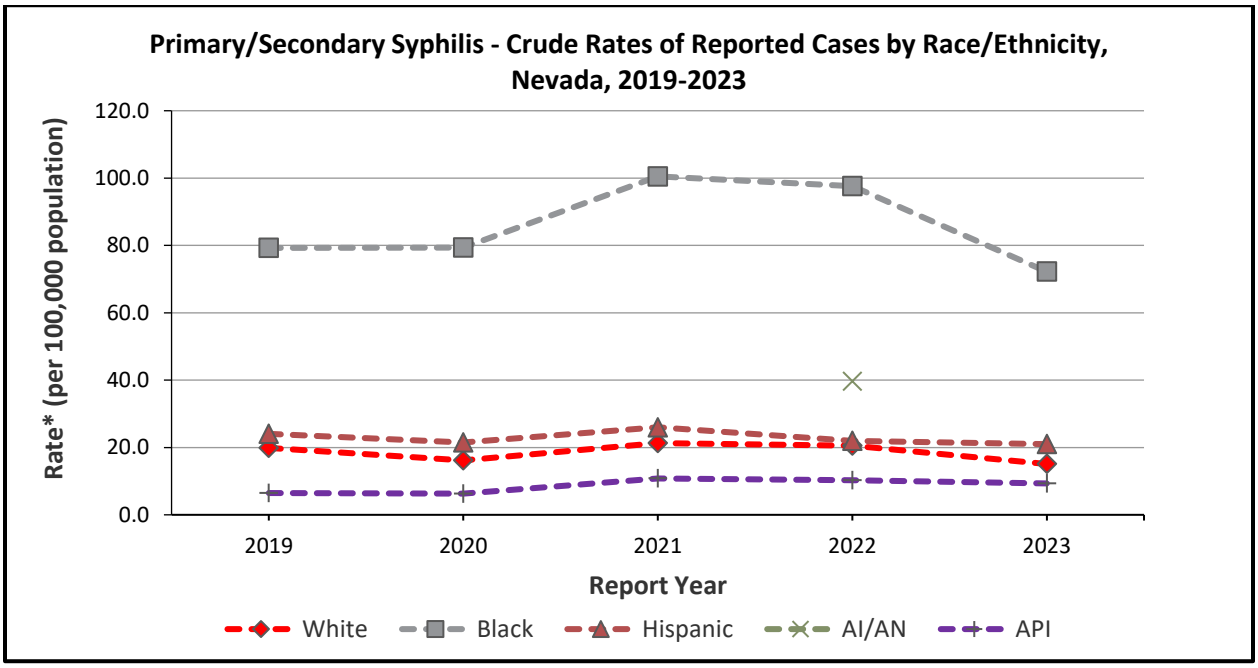
Race & Ethnicity

From 2019 to 2023, rates of primary and secondary syphilis among White, non-Hispanic, Black, non-Hispanic, American Indian/Alaska Native, and Hispanics, experienced moderate decreases, while rates among Asian/Hawaiian/Pacific Islanders slightly increased. In 2023 Black, non-Hispanic individuals had the highest rate of gonorrhea, at 606.4 per 100,000, nearly 6 times higher than the next highest rate, reported among Hispanics (137.0 per 100,000). (Figure 16)

In 2023, the rate of reported primary and secondary syphilis cases among Black, non-Hispanic males (95.5) was 5.4 times the rate of White, non-Hispanic males (17.5). (Figure 16)

In 2023, the rate of reported primary and secondary syphilis cases among Black, non-Hispanic females (34.7) was 4.8 times the rate among White, non-Hispanic females (7.1). (Figure 16)

Figure 16. P&S Syphilis of Reported Cases by Race/Ethnicity, Nevada, 2019-2023



Congenital Syphilis

In 2023, Nevada ranked 6th among states for reported cases and rates of reported cases of congenital syphilis

Congenital syphilis occurs when a mother with syphilis passes the infection to her baby during pregnancy.[5] Congenital syphilis can cause miscarriage, stillbirth, prematurity, or death shortly after birth.[5] Babies born with congenital syphilis may experience deformed bones, severe anemia, enlarged liver and spleen, jaundice, brain and nerve problems (such as blindness or deafness), meningitis, and skin rashes.[5]

Between 2019-2023, the total number of congenital syphilis cases reported in Nevada increased from 41 in 2019 to 80 in 2023, a 95.1% increase over the last five-year period.

In 2023, the highest congenital syphilis rates occurred in Washoe County (4.3 cases per 100,000 live births) followed by Clark (2.2 cases per 100,000 live births). Carson, Douglas, and Lyon counties combined (1.7 cases per 100,000 live births). There were no congenital syphilis cases in 2023 from other counties. (Table 9).

Table 4. Congenital Syphilis Summary for 2023		
Number of Cases		80
Percent Change from 2022		+23.1%
Rate (per 100,000 population)		2.4
Race & Ethnicity	**Number (%)**	**Rate**
American Indian/Alaksa Native	0 (0.0%)	0
Asian/Hawaiian/Pacific Islander	2 (2.5%)	0.6
Black, non-Hispanic	19 (23.8%)	6.3
White, non-Hispanic	26 (32.5%)	1.6
Unknown/Other	9 (11.3%)	N/A
Hispanic	24 (30.0%)	2.4

Tables

Table 5. STI Cases in Nevada, 2023

	Nevada Division of Public and Behavioral Health, STD Prevention and Control Program STI Cases in Nevada, 2023											
	Chlamydia			Gonorrhea			P&S Syphilis[1]			EL Syphilis[2]		
	N	%	Nevada Rate*	N	%	Nevada Rate*	N	%	Nevada Rate*	N	%	Nevada Rate*
Race/Ethnicity												
White, non-Hispanic	3,125	19.8%	197.1	1,402	21.4%	88.4	239	33.0%	15.1	196	28.2%	12.4
Black, non-Hispanic	2,962	18.8%	980.9	1,831	28.0%	606.4	218	30.1%	72.2	197	28.3%	65.2
Hispanic	3,595	22.8%	354.1	1,391	21.3%	137.0	213	29.4%	21.0	247	35.5%	24.3
American Indian/Alaska Native	50	0.3%	141.4	21	0.3%	59.4	1	0.1%	2.8	3	0.4%	8.5
Asian/Hawaiian/Pacific Islander	648	4.1%	193.9	235	3.6%	70.3	31	4.3%	9.3	36	5.2%	10.8
Unknown/Other	5,386	34.2%	-	1,658	25.4%	-	23	3.2%	-	17	2.4%	-
Total	**15,766**	**100.0%**	**481.9**	**6,538**	**100.0%**	**199.8**	**725**	**100.0%**	**22.2**	**696**	**100.0%**	**21.3**
Resident County												
Carson City	193	1.2%	326.9	34	0.5%	57.6	7	1.0%	11.9	2	0.3%	3.4
Churchill	82	0.5%	307.9	9	0.1%	33.8	4	0.6%	15.0	0	0.0%	0.0
Clark	12,563	79.7%	525.2	5,768	88.2%	241.1	554	76.4%	23.2	631	90.7%	26.4
Douglas	78	0.5%	145.8	15	0.2%	28.0	2	0.3%	3.7	0	0.0%	0.0
Elko	177	1.1%	313.7	37	0.6%	65.6	1	0.1%	1.8	0	0.0%	0.0
Esmeralda	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Eureka	6	0.0%	317.8	1	0.0%	53.0	0	0.0%	0.0	0	0.0%	0.0
Humboldt	34	0.2%	190.3	8	0.1%	44.8	1	0.1%	5.6	0	0.0%	0.0
Lander	20	0.1%	321.3	1	0.0%	16.1	0	0.0%	0.0	0	0.0%	0.0
Lincoln	4	0.0%	80.3	2	0.0%	40.1	0	0.0%	0.0	0	0.0%	0.0
Lyon	171	1.1%	278.0	16	0.2%	26.0	4	0.6%	6.5	2	0.3%	3.3
Mineral	9	0.1%	185.7	1	0.0%	20.6	0	0.0%	0.0	0	0.0%	0.0
Nye	86	0.5%	165.1	29	0.4%	55.7	3	0.4%	5.8	0	0.0%	0.0
Pershing	8	0.1%	109.1	2	0.0%	27.3	0	0.0%	0.0	0	0.0%	0.0
Storey	8	0.1%	174.2	2	0.0%	43.6	0	0.0%	0.0	0	0.0%	0.0
Washoe	2,298	14.6%	449.2	607	9.3%	118.7	148	20.4%	28.9	61	8.8%	11.9
White Pine	29	0.2%	286.1	6	0.1%	59.2	1	0.1%	9.9	0	0.0%	0.0
Total	**15,766**	**100.0%**	**481.9**	**6,538**	**100.0%**	**199.8**	**725**	**100.0%**	**22.2**	**696**	**1**	**21.3**
Age												
<9	2	0.0%	0.5	2	0.0%	0.5	0	0.0%	0.0	0	0.0%	0.0
10-14	65	0.4%	31.9	17	0.3%	8.3	0	0.0%	0.0	2	0.3%	1.0
15-19	2,848	18.1%	1,229.5	790	12.1%	341.1	19	2.6%	8.2	11	1.6%	4.7
20-24	4,886	31.0%	2,145.0	1,345	20.6%	590.5	89	12.3%	39.1	69	9.9%	30.3
25-29	3,101	19.7%	1,348.6	1,186	18.1%	515.8	121	16.7%	52.6	99	14.2%	43.1
30-34	2,102	13.3%	884.1	1,159	17.7%	487.5	129	17.8%	54.3	134	19.3%	56.4
35-39	1,151	7.3%	526.8	777	11.9%	355.6	108	14.9%	49.4	129	18.5%	59.0
40-44	677	4.3%	317.2	489	7.5%	229.1	78	10.8%	36.5	82	11.8%	38.4
45-54	650	4.1%	154.7	506	7.7%	120.4	105	14.5%	25.0	104	14.9%	24.8
55-64	232	1.5%	58.8	221	3.4%	56.0	63	8.7%	16.0	57	8.2%	14.4
65+	38	0.2%	7.3	43	0.7%	8.3	13	1.8%	2.5	9	1.3%	1.7
Unknown	14	0.1%	-	3	0.0%	-	0	0.0%	-	0	0.0%	-
Total	**15,766**	**100.0%**	**481.9**	**6,538**	**100.0%**	**199.8**	**725**	**100.0%**	**22.2**	**696**	**100.0%**	**21.3**

Table 6. Chlamydia Cases in Nevada, 2019-2023

Division of Public and Behavioral Health, STD Prevention and Control Program
Chlamydia Cases in Nevada, 2019-2023

	2019			2020			2021			2022			2023		
	Total			Total			Total			Total			Total		
	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*
Resident County at Diagnosis															
Clark	14,045	78.8%	612.4	11,286	76.6%	482.8	12,899	78.9%	555.9	12,791	79.0%	547.1	12,563	79.7%	525.2
Washoe	2,697	15.1%	574.1	2,542	17.2%	533.9	2,452	15.0%	505.4	2,448	15.1%	488.0	2,298	14.6%	449.2
Carson City, Douglas, Lyon	554	3.1%	341.6	445	3.0%	271.2	499	3.1%	302.8	463	2.9%	270.1	442	2.8%	253.9
All Other Counties**	532	3.0%	283.6	466	3.2%	248.1	471	2.9%	250.4	487	3.0%	252.5	463	2.9%	238.5
Unknown	11	0.1%	N/A	3	0.0%	N/A	27	0.2%	N/A	0	0.0%	N/A	0	0.0%	N/A
Sex															
Male	6,596	37.0%	423.2	5,555	37.7%	350.8	6,531	39.9%	413.8	6,639	41.0%	415.2	6,597	41.8%	404.4
Female	11,205	62.9%	720.8	9,163	62.2%	579.2	9,791	59.9%	619.6	9,526	58.8%	593.5	9,151	58.0%	557.8
Unknown	27	0.2%	N/A	21	0.1%	N/A	26	0.2%	N/A	24	0.1%	N/A	18	0.1%	N/A
Race/Ethnicity															
White, non-Hispanic	3,207	18.0%	205.0	2,663	18.1%	169.5	3,219	19.7%	206.1	3,100	19.1%	196.9	3,125	19.8%	197.1
Black, non-Hispanic	2,698	15.1%	977.4	2,091	14.2%	738.2	2,788	17.1%	969.3	2,805	17.3%	960.2	2,962	18.8%	980.9
Hispanic	3,162	17.7%	339.7	2,335	15.8%	243.4	3,240	19.8%	337.8	3,391	20.9%	345.4	3,595	22.8%	354.1
American Indian/Alaska Native	85	0.5%	238.9	75	0.5%	208.7	129	0.8%	363.3	80	0.5%	226.3	50	0.3%	141.4
Asian/Hawaiian/Pacific Islander	436	2.4%	142.4	294	2.0%	93.0	523	3.2%	166.3	607	3.7%	189.3	648	4.1%	193.9
Unknown/Other	8,240	46.2%	N/A	7,281	49.4%	N/A	6,449	39.4%	N/A	6,206	38.3%	N/A	5,386	34.2%	N/A
Age Group															
< 9	4	0.0%	1.0	3	0.0%	0.8	0	0.0%	0.0	8	0.0%	2.2	2	0.0%	0.5
10-14	63	0.4%	29.0	64	0.4%	29.5	63	0.4%	29.9	70	0.4%	33.9	65	0.4%	31.9
15-19	3,967	22.3%	1,891.2	3,041	20.6%	1,418.2	3,036	18.6%	1,384.7	2,845	17.6%	1,251.1	2,848	18.1%	1,229.5
20-24	6,064	34.0%	2,931.6	4,955	33.6%	2,348.8	5,444	33.3%	2,577.7	5,168	31.9%	2,375.0	4,886	31.0%	2,145.0
25-29	3,550	19.9%	1,551.3	3,040	20.6%	1,312.6	3,325	20.3%	1,476.4	3,311	20.5%	1,476.9	3,101	19.7%	1,348.6
30-34	1,904	10.7%	895.1	1,670	11.3%	758.4	2,062	12.6%	910.5	2,143	13.2%	917.2	2,102	13.3%	884.1
35-39	980	5.5%	474.3	891	6.0%	432.2	1,098	6.7%	533.4	1,162	7.2%	551.8	1,151	7.3%	526.8
40-44	550	3.1%	260.7	475	3.2%	220.0	587	3.6%	270.7	630	3.9%	292.8	677	4.3%	317.2
45-54	552	3.1%	137.0	442	3.0%	108.7	524	3.2%	129.0	594	3.7%	144.8	650	4.1%	154.7
55-64	167	0.9%	44.6	128	0.9%	33.7	180	1.1%	47.3	220	1.4%	56.9	232	1.5%	58.8
65+	27	0.2%	5.9	28	0.2%	6.0	26	0.2%	5.4	32	0.2%	6.4	38	0.2%	7.3
Unknown	0	0.0%	NA	2	0.0%	N/A	3	0.0%	N/A	6	0.0%	N/A	14	0.1%	N/A
Total	**17,828**	**100.0%**	**572.7**	**14,739**	**100.0%**	**465.6**	**16,348**	**100.0%**	**517.6**	**16,189**	**100.0%**	**505.3**	**15,766**	**100.0%**	**481.9**

Table 7. Gonorrhea Cases in Nevada, 2019-2023

Division of Public and Behavioral Health, STD Prevention and Control Program

Gonorrhea Cases in Nevada 2019-2023

	2019			2020			2021			2022			2023		
	Total			Total			Total			Total			Total		
	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*
Resident County at Diagnosis															
Clark	5,448	83.6%	237.6	4,951	77.8%	211.8	7,149	84.2%	308.1	6,389	86.4%	273.3	5,768	88.2%	241.1
Washoe	872	13.4%	185.6	1,132	17.8%	237.7	1,054	12.4%	217.3	824	11.1%	164.3	607	9.3%	118.7
Carson City, Douglas, Lyon	95	1.5%	58.6	137	2.2%	83.5	122	1.4%	74.0	80	1.1%	46.7	65	1.0%	37.3
All Other Counties**	104	1.6%	55.4	144	2.3%	76.7	129	1.5%	68.6	99	1.3%	51.3	98	1.5%	50.5
Unknown	0	0.0%	NA	0	0.0%	NA	34	0.4%	NA	0	0.0%	NA	0	0.0%	NA
Sex															
Male	4,082	62.6%	261.9	3,812	59.9%	240.7	5,343	62.9%	338.5	4,859	65.7%	303.8	4,510	69.0%	276.5
Female	2,432	37.3%	156.5	2,546	40.0%	160.9	3,135	36.9%	198.4	2,516	34.0%	156.8	2,022	30.9%	123.3
Unknown	5	0.1%	NA	6	0.1%	NA	10	0.1%	NA	17	0.2%	NA	6	0.1%	NA
Race/Ethnicity															
White, non-Hispanic	1,334	20.5%	85.3	1,365	21.4%	86.9	1,732	20.4%	110.9	1,536	20.8%	97.6	1,402	21.4%	88.4
Black, non-Hispanic	1,847	28.3%	669.1	1,468	23.1%	518.3	2,200	25.9%	764.9	1,985	26.9%	679.5	1,831	28.0%	606.4
Hispanic	1,008	15.5%	108.3	916	14.4%	95.5	1,481	17.4%	154.4	1,499	20.3%	152.7	1,391	21.3%	137.0
American Indian/Alaska Native	32	0.5%	90.0	33	0.5%	91.8	48	0.6%	135.2	47	0.6%	132.9	21	0.3%	59.4
Asian/Hawaiian/Pacific Islander	108	1.7%	35.3	85	1.3%	26.9	195	2.3%	62.0	222	3.0%	69.2	235	3.6%	70.3
Unknown/Other	2,190	33.6%	NA	2,497	39.2%	NA	2,832	33.4%	NA	2,103	28.4%	NA	1,658	25.4%	NA
Age Group															
< 9	5	0.1%	1.3	3	0.0%	0.8	6	0.1%	1.6	4	0.1%	1.1	2	0.0%	0.5
10-14	20	0.3%	9.2	17	0.3%	7.8	23	0.3%	10.9	27	0.4%	13.1	17	0.3%	8.3
15-19	928	14.2%	442.4	704	11.1%	328.3	931	11.0%	424.6	808	10.9%	355.3	790	12.1%	341.1
20-24	1,412	21.7%	682.6	1,464	23.0%	694.0	1,882	22.2%	891.1	1,591	21.5%	731.2	1,345	20.6%	590.5
25-29	1,381	21.2%	603.5	1,401	22.0%	604.9	1,729	20.4%	767.7	1,441	19.5%	642.8	1,186	18.1%	515.8
30-34	1,026	15.7%	482.3	1,062	16.7%	482.3	1,460	17.2%	644.7	1,311	17.7%	561.1	1,159	17.7%	487.5
35-39	659	10.1%	318.9	669	10.5%	324.5	968	11.4%	470.2	859	11.6%	407.9	777	11.9%	355.6
40-44	431	6.6%	204.3	447	7.0%	207.0	596	7.0%	274.9	555	7.5%	258.0	489	7.5%	229.1
45-54	469	7.2%	116.4	417	6.6%	102.5	615	7.2%	151.4	546	7.4%	133.1	506	7.7%	120.4
55-64	161	2.5%	43.0	148	2.3%	39.0	233	2.7%	61.2	213	2.9%	55.1	221	3.4%	56.0
65+	27	0.4%	5.9	32	0.5%	6.8	45	0.5%	9.3	35	0.5%	7.0	43	0.7%	8.3
Unknown	0	0.0%	NA	0	0.0%	NA	0	0.0%	NA	2	0.0%	NA	3	0.0%	NA
Total	**6,519**	**100.0%**	**209.4**	**6,364**	**100.0%**	**201.0**	**8,488**	**100.0%**	**268.7**	**7,392**	**100.0%**	**230.7**	**6,538**	**100.0%**	**199.8**

Table 8. Primary and Secondary Syphilis Cases in Nevada, 2019-2023

Division of Public and Behavioral Health, STD Prevention and Control Program
Primary/Secondary Syphilis Cases in Nevada, 2019-2023

	2019			2020			2021			2022			2023		
	Total			Total			Total			Total			Total		
	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*
Resident County at Diagnosis															
Clark	628	77.7%	27.4	613	79.9%	26.2	737	78.5%	31.8	708	78.5%	30.3	554	76.4%	23.2
Washoe	162	20.0%	34.5	133	17.3%	27.9	159	16.9%	32.8	153	17.0%	30.5	148	20.4%	28.9
Carson City, Douglas, Lyon	13	1.6%	8.0	15	2.0%	9.1	26	2.8%	15.8	21	2.3%	12.2	13	1.8%	7.5
All Other Counties**	5	0.6%	2.7	6	0.8%	3.2	16	1.7%	8.5	20	2.2%	10.4	10	1.4%	5.2
Unknown	0	0.0%	NA	0	0.0%	NA	1	0.1%	NA	0	0.0%	NA	0	0.0%	NA
Sex															
Male	649	80.3%	41.6	617	80.4%	39.0	740	78.8%	46.9	662	73.4%	41.4	562	77.5%	34.5
Female	159	19.7%	10.2	150	19.6%	9.5	199	21.2%	12.6	239	26.5%	14.9	163	22.5%	9.9
Race/Ethnicity															
White, non-Hispanic	311	38.5%	19.9	255	33.2%	16.2	333	35.5%	21.3	322	35.7%	20.5	239	33.0%	15.1
Black, non-Hispanic	219	27.1%	79.3	225	29.3%	79.4	289	30.8%	100.5	285	31.6%	97.6	218	30.1%	72.2
Hispanic	224	27.7%	24.1	206	26.9%	21.5	249	26.5%	26.0	216	23.9%	22.0	213	29.4%	21.0
American Indian/Alaska Native	2	0.2%	5.6	3	0.4%	8.3	3	0.3%	8.4	14	1.6%	39.6	1	0.1%	2.8
Asian/Hawaiian/Pacific Islander	20	2.5%	6.5	20	2.6%	6.3	34	3.6%	10.8	33	3.7%	10.3	31	4.3%	9.3
Unknown/Other	32	4.0%	NA	58	7.6%	NA	31	3.3%	NA	32	3.5%	NA	23	3.2%	NA
Age Group															
< 9	0	0.0%	0.0	0	0.0%	0.0	1	0.1%	0.3	1	0.1%	0.3	0	0.0%	0.0
10-14	1	0.1%	0.5	0	0.0%	0.0	2	0.2%	0.9	0	0.0%	0.0	0	0.0%	0.0
15-19	16	2.0%	7.6	23	3.0%	10.7	39	4.2%	17.8	26	2.9%	11.4	19	2.6%	8.2
20-24	105	13.0%	50.8	83	10.8%	39.3	120	12.8%	56.8	111	12.3%	51.0	89	12.3%	39.1
25-29	184	22.8%	80.4	173	22.6%	74.7	156	16.6%	69.3	162	18.0%	72.3	121	16.7%	52.6
30-34	151	18.7%	71.0	144	18.8%	65.4	187	19.9%	82.6	181	20.1%	77.5	129	17.8%	54.3
35-39	107	13.2%	51.8	93	12.1%	45.1	131	14.0%	63.6	129	14.3%	61.3	108	14.9%	49.4
40-44	80	9.9%	37.9	69	9.0%	32.0	96	10.2%	44.3	98	10.9%	45.6	78	10.8%	36.5
45-54	108	13.4%	26.8	122	15.9%	30.0	129	13.7%	31.8	111	12.3%	27.1	105	14.5%	25.0
55-64	44	5.4%	11.7	52	6.8%	13.7	58	6.2%	15.2	64	7.1%	16.6	63	8.7%	16.0
65+	12	1.5%	2.6	8	1.0%	1.7	20	2.1%	4.1	18	2.0%	3.6	13	1.8%	2.5
Unknown	0	0.0%	NA	0	0.0%	NA	0	0.0%	NA	1	0.1%	NA	0	0.0%	NA
Total	**808**	**100.0%**	**26.0**	**767**	**100.0%**	**24.2**	**939**	**100.0%**	**29.7**	**902**	**100.0%**	**28.2**	**725**	**100.0%**	**22.2**

Table 9. Congenital Syphilis Cases in Nevada, 2019-2023

Division of Public and Behavioral Health, STD Prevention and Control Program

Congenital Syphilis, 2019-2023

	2019			2020			2021			2022			2023		
	Total			Total			Total			Total			Total		
	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*	n	%	Rate*
Resident County at Diagnosis															
Clark	35	85.4%	1.5	38	82.6%	1.6	35	77.8%	1.5	50	76.9%	2.1	55	68.8%	2.2
Washoe	5	12.2%	1.1	6	13.0%	1.3	8	17.8%	1.6	13	20.0%	2.6	22	27.5%	4.3
Carson City, Douglas, Lyon	1	2.4%	0.6	1	2.2%	0.6	0	0.0%	0.0	1	1.5%	0.6	3	3.8%	1.7
All Other Counties**	0	0.0%	0.0	1	2.2%	0.5	1	2.2%	0.5	1	1.5%	0.5	0	0.0%	0.0
Unknown	0	0.0%	NA	0	0.0%	NA	1	2.2%	NA	0	0.0%	NA	0	0.0%	NA
Sex															
Male	23	56.1%	1.5	23	50.0%	1.5	20	44.4%	1.3	31	47.7%	1.9	38	47.5%	2.3
Female	18	43.9%	1.2	23	50.0%	1.5	25	55.6%	1.6	34	52.3%	2.1	40	50.0%	2.4
Unknown	0	0.0%	NA	0	0.0%	NA	0	0.0%	NA	0	0.0%	NA	2	2.5%	NA
Race/Ethnicity															
White, non-Hispanic	15	36.6%	1.0	15	32.6%	1.0	16	35.6%	1.0	20	30.8%	1.3	26	32.5%	1.6
Black, non-Hispanic	6	14.6%	2.2	19	41.3%	6.7	18	40.0%	6.3	23	35.4%	7.9	19	23.8%	6.3
Hispanic	12	29.3%	1.3	7	15.2%	0.7	10	22.2%	1.0	18	27.7%	1.8	24	30.0%	2.4
American Indian/Alaska Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Hawaiian/Pacific Islander	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	2	2.5%	0.6
Unknown/Other	8	19.5%	NA	5	10.9%	NA	1	2.2%	NA	4	6.2%	NA	9	11.3%	NA

Table 10. Percent Change of STD cases in Nevada, 2022-2023

	Nevada Division of Public and Behavioral Health, STD Prevention and Control Program Percent Change in STD Cases in Nevada, 2022 to 2023															
	Chlamydia				Gonorrhea				P & S Syphilis[1]				EL Syphilis[2]			
	2022	2023	% Change	Rate Change	2022	2023	% Change	Rate Change	2022	2023	% Change	Rate Change	2022	2023	% Change	Rate Change
Race/Ethnicity																
White, non-Hispanic	3,100	3,125	0.8%	1.6	1,536	1,402	-8.7%	-8.5	322	239	-25.8%	-5.2	243	196	-19.3%	-3.0
Black, non-Hispanic	2,805	2,962	5.6%	52.0	1,985	1,831	-7.8%	-51.0	285	218	-23.5%	-22.2	262	197	-24.8%	-21.5
Hispanic	3,391	3,595	6.0%	20.1	1,499	1,391	-7.2%	-10.6	216	213	-1.4%	-0.3	268	247	-7.8%	-2.1
American Indian/Alaska Native	80	50	-37.5%	-84.8	47	21	-55.3%	-73.5	14	1	-92.9%	-36.8	9	3	-66.7%	-17.0
Asian/Hawaiian/Pacific Islander	607	648	6.8%	12.3	222	235	5.9%	3.9	33	31	-6.1%	-0.6	36	36	0.0%	0.0
Unknown/Other	6,206	5,386	-13.2%	-	2,103	1,658	-21.2%	-	32	23	-28.1%	-	11	17	54.5%	-
Total	**16,189**	**15,766**	**-2.6%**	**-12.9**	**7,392**	**6,538**	**-11.6%**	**-26.1**	**902**	**725**	**-19.6%**	**-5.4**	**829**	**696**	**-16.0%**	**-4.1**
Resident County																
Carson City	238	193	-18.9%	-76.2	35	34	-2.9%	-1.7	11	7	-36.4%	-6.8	3	2	-33.3%	-1.7
Churchill	89	82	-7.9%	-26.3	19	9	-52.6%	-37.5	2	4	0.0%	7.5	0	0	0.0%	0.0
Clark	12,791	12,563	-1.8%	-9.5	6,389	5,768	-9.7%	-26.0	708	554	-21.8%	-6.4	729	631	-13.4%	-4.1
Douglas	80	78	-2.5%	-3.7	11	15	36.4%	7.5	4	2	-50.0%	-3.7	0	0	0.0%	0.0
Elko	193	177	-8.3%	-28.4	34	37	8.8%	5.3	5	1	-80.0%	-7.1	0	0	0.0%	0.0
Esmeralda	0	0	0.0%	0.0	0	0	0.0%	0.0	0	0	0.0%	0.0	0	0	0.0%	0.0
Eureka	2	6	200.0%	211.9	0	1	#DIV/0!	53.0	0	0	0.0%	0.0	0	0	0.0%	0.0
Humboldt	47	34	-27.7%	-72.8	8	8	0.0%	0.0	0	1	#DIV/0!	5.6	0	0	0.0%	0.0
Lander	16	20	25.0%	64.3	8	1	-87.5%	-112.4	0	0	0.0%	0.0	0	0	0.0%	0.0
Lincoln	5	4	-20.0%	-20.1	3	2	0.0%	-20.1	0	0	0.0%	0.0	0	0	0.0%	0.0
Lyon	145	171	17.9%	42.3	34	16	-52.9%	-29.3	6	4	-33.3%	-3.3	0	2	#DIV/0!	3.3
Mineral	15	9	-40.0%	-123.8	4	1	-75.0%	-61.9	1	0	-100.0%	-20.6	0	0	0.0%	0.0
Nye	81	86	6.2%	9.6	20	29	45.0%	17.3	9	3	-66.7%	-11.5	0	0	#DIV/0!	0.0
Pershing	10	8	-20.0%	-27.3	2	2	0.0%	0.0	1	0	0.0%	-13.6	0	0	0.0%	0.0
Storey	6	8	33.3%	43.6	1	2	100.0%	21.8	1	0	-100.0%	-21.8	0	0	0.0%	0.0
Washoe	2,448	2,298	-6.1%	-29.3	824	607	-26.3%	-42.4	153	148	-3.3%	-1.0	97	61	-37.1%	-7.0
White Pine	23	29	26.1%	59.2	0	6	#DIV/0!	59.2	1	1	0.0%	0.0	0	0	0.0%	0.0
Total	**16,189**	**15,766**	**-2.6%**	**-12.9**	**7,392**	**6,538**	**-11.6%**	**-26.1**	**902**	**725**	**-19.6%**	**-5.4**	**829**	**696**	**-16.0%**	**-4.1**
Age																
<9	8	2	-75.0%	-1.6	5	2	-60.0%	-0.8	1	0	0.0%	-0.3	0	0	0.0%	0.0
10-14	70	65	-7.1%	-2.5	27	17	-37.0%	-4.9	0	0	0.0%	0.0	0	2	0.0%	1.0
15-19	2,845	2,848	0.1%	1.3	808	790	-2.2%	-7.8	26	19	-26.9%	-3.0	20	11	-45.0%	-3.9
20-24	5,168	4,886	-5.5%	-123.8	1,591	1,345	-15.5%	-108.0	111	89	-19.8%	-9.7	80	69	-13.8%	-4.8
25-29	3,311	3,101	-6.3%	-91.3	1,440	1,186	-17.6%	-110.5	162	121	-25.3%	-17.8	144	99	-31.3%	-19.6
30-34	2,143	2,102	-1.9%	-17.2	1,311	1,159	-11.6%	-63.9	181	129	-28.7%	-21.9	188	134	-28.7%	-22.7
35-39	1,162	1,151	-0.9%	-5.0	859	777	-9.5%	-37.5	129	108	-16.3%	-9.6	133	129	-3.0%	-1.8
40-44	630	677	7.5%	22.0	555	489	-11.9%	-30.9	98	78	-20.4%	-9.4	82	82	0.0%	0.0
45-54	594	650	9.4%	13.3	546	506	-7.3%	-9.5	111	105	-5.4%	-1.4	108	104	-3.7%	-1.0
55-64	220	232	5.5%	3.0	213	221	3.8%	2.0	64	63	-1.6%	-0.3	60	57	-5.0%	-0.8
65+	32	38	18.8%	1.2	35	43	22.9%	1.5	18	13	-27.8%	-1.0	14	9	-35.7%	-1.0
Unknown	6	14	133.3%	-	2	3	0.0%	-	1	0	0.0%	-	0	0	0.0%	-
Total	**16,189**	**15,766**	**-2.6%**	-12.9	**7,392**	**6,538**	**-11.6%**	-26.1	**902**	**725**	**-19.6%**	-5.4	**829**	**696**	**-16.0%**	-4.1

Technical Notes

Surveillance Methods

The data includes trends in the reported diagnosis of four STIs: chlamydia, gonorrhea, and syphilis, and congenital syphilis. It is essential to recognize that these data only capture a subset of STIs. There are over thirty pathogens that can be sexually transmitted, including common STIs such as herpes simplex virus (causing genital herpes) and human papillomavirus (associated with genital warts and cervical cancer).

National Notifiable Diseases Surveillance System (NNDSS)

In Nevada, six STIs are designated as notifiable conditions: chlamydia, gonorrhea, HIV, syphilis, congenital syphilis, and chancroid. State and local health departments, often referred to as health authorities, administer STI control programs and gather case reports for these conditions. The case definitions used for this reporting are developed by the Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC).

Data collection for gonorrhea, syphilis and chancroid in Nevada began in 1992 under Nevada Revised Statutes 441A [3] and Nevada Administrative Code 441A [4].

Chlamydia and Gonorrhea Reporting

Trends in the rates of reported cases of chlamydia and gonorrhea are influenced by various factors, including changes in the incidence of infection and modifications in diagnostic, screening, and reporting practices. Since both chlamydial and gonococcal infections can be asymptomatic, the identification and reporting of infections may increase with expanded screening efforts, even if the actual incidence still is stable or decreases. The introduction of testing at extragenital (rectal and pharyngeal) anatomic sites is likely to contribute to the identification of more infections.

The increased adoption of electronic laboratory reporting over the past decade is another factor that enhances the proportion of diagnosed infections reported. Rising case rates over time may show more comprehensive reporting, as well as increases in the incidence of infection, screening coverage, and the use of more sensitive diagnostic tests. Conversely, decreases in case rates may suggest a reduction in the incidence of infection or changes in screening coverage. It is crucial to consider these multifaceted influences when interpreting trends in reported STI cases.

Syphilis Reporting

This report presents data on trends in primary and secondary syphilis, which signify incident infections. However, the report also includes trends for other syphilis stages, as well as trends in "syphilis (all stages)" encompassing all stages of non-congenital syphilis, and trends in "total syphilis" covering all stages of non-congenital syphilis and congenital syphilis, including syphilitic stillbirths.

It is essential to note that the surveillance case definition for syphilis has undergone changes over time. Since 2018, the category of "total syphilis" includes primary, secondary, early non-primary non-secondary, unknown duration or late, congenital syphilis, and syphilitic stillbirth. In previous years, the classification for "total syphilis" varied. For instance, in the 1990 syphilis case definition, "total syphilis" or "all stages of syphilis" encompassed primary, secondary, latent, early latent, late latent, latent unknown duration, neurosyphilis, syphilitic stillbirth, and congenital syphilis. These changes in case definitions should be considered when analyzing trends over different time periods.

Congenital Syphilis Reporting

The congenital syphilis case definition has remained consistent since 1989, marking a shift from the clinical Kaufman criteria to a more sensitive definition. This updated definition includes asymptomatic infants born to women with untreated or inadequately treated syphilis. By January 1, 1992, all reporting areas had fully implemented this new congenital syphilis case definition.

Since 1995, congenital syphilis cases have been reported based on the state and city of residence of the mother, along with the reported race and Hispanic ethnicity of the mother. Diagnosis of congenital syphilis typically occurs at birth, but cases may be found years later. Consequently, cases are sent to the Centers for Disease Control and Prevention (CDC) upon reporting to local public health officials, categorized according to the infant's year of birth.

Race/Hispanic Ethnicity

Race/Hispanic Ethnicity data collection conforms to the Office of Management and Budget's (OMB) current government-wide standard for collection and reporting of race/Hispanic ethnicity data. Most race/Hispanic ethnicity data are presented according to the current OMB standard categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White. Due to the low case incidence and morbidity Asian and Native Hawaiian or Other Pacific Islanders have been combined. Cases reported as Hispanic are classified as Hispanic, regardless of their race, and include cases of unknown race. Cases reported as non-Hispanic or of unknown Hispanic ethnicity are considered non-Hispanic and categorized based on race.

Given the substantial number of these infections diagnosed, case data are primarily based on information received on the laboratory report which may not contain information about race/Hispanic ethnicity. Cases missing race and/or Hispanic ethnicity are not included in the calculation of rates by race/Hispanic ethnicity. As a consequence, rate data presented in this report underestimate actual case incidence in these population categories and caution should be used in interpreting specific rate data points.

Population Denominators and Rate Calculations

Nevada rates per 100,000 population were calculated using 2022 population projections from the Nevada State Demographer vintage 2023 data.

Nevada rates per 100,000 births were calculated using total birth counts.

Note that 2020 data should be interpreted with caution due to the impact of the COVID-19 pandemic on accessing testing, treatment, and overall surveillance activities in Nevada.

Not applicable is denoted as N/A when the data may not meet the criteria for reliability, data quality, or confidentiality due to small data counts or the inability to calculate data rates based on an equivalent population.

Case Definitions

All health authorities utilize the Council of State and Territorial Epidemiologists (CSTE) case definitions, as approved by CDC. Case definitions are periodically revised through CSTE's Position Statements and provide uniform criteria of nationally notifiable conditions for surveillance purposes. See the National Notifiable Disease Surveillance System (NNDSS) website for historical case definitions and the case definitions in use for each respective calendar year.

References

[1] Center for Disease Control and Prevention, "About Chlamydia," 31 January 2025. [Online]. Available: https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm. [Accessed July 2025].

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[4] The Office of State Epidemiology, "Nevada Office of State Epidemiology - Syphilis Fact Sheet," 2023. [Online]. Available: https://nvose.org/wp-content/uploads/2025/01/Syphilis-Fact-Sheet-7924.pdf. [Accessed July 2025].

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Abbreviations

A/PI	Asian/Native Hawaiian/Pacific Islander
AI/AN	American Indian/Alaskan Native
CCHHS	Carson City Health and Human Services
CDC	Centers for Disease Control and Prevention
CNHD	Central Nevada Health District
CSTE	Council of State and Territorial Epidemiologist
DHS	Department of Human Services
DPBH	Division of Public and Behavioral Health
LHA	Local Health Authority
MSM	Men who have sex with men
NNDSS	National Notifiable Disease Surveillance System
NNPH	Northern Nevada Public Health
OSE	Office of State Epidemiology
SNHD	Southern Nevada Health District
STD	Sexually transmitted disease
STI	Sexually transmitted infection

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