SEXUALLY TRANSMITTED DISEASES IN TEXAS IN 2022

DSHS HIV/STD Section

Contents

Executive Summary 2
About This Report 3
Public Health Follow-Up and Sexually Transmitted Disease Surveillance and Data Sources 3
A Note on Case Rates for Chlamydia, Gonorrhea, and Syphilis 4
Chlamydia in Texas 5
Gonorrhea in Texas 9
Understanding Syphilis 13
A Note on Syphilis Treatment 14
Syphilis in Texas 15
Syphilis by Geographic Area 17
Public Health Follow Up (PHFU) Interview Outcomes of Syphilis Cases in Texas 22
Demographics of Syphilis Cases in Texas 23
Sex at Birth 23
Race/Ethnicity 25
Age at Time of Diagnosis 26
Diagnosing Facility Type of Syphilis Cases 28
Signs and Symptoms of P&S Syphilis Cases 29
Treatment Adequacy for Syphilis Cases 30
Risk Factors for Syphilis Cases in Texas 32
HIV Status of Syphilis Cases 32
STD History 34
Incarceration History 36
Substance Use 37
Condom Use 39
Sex of Sex Partners 41
Venues 42
Acronyms 44

Executive Summary

Sexually transmitted diseases (STDs) are viral, bacterial, fungal, or parasitic infections passed through sexual contact (i.e., vaginal, oral, or anal sex). STDs do not always present with signs and symptoms, and STD screening is necessary to accurately diagnose and treat.[1]

Disease surveillance allows public health officials to understand the impact of diseases in an area. Furthermore, case definitions uniformly define STDs for accurate staging and consistent case-count reporting.[2] Texas Health and Safety Code requires the reporting of four STDs: chancroid, chlamydia, gonorrhea, and syphilis.[3]

Chlamydia, gonorrhea, and syphilis infections continue to increase in the United States. In 2022, the Centers for Disease Control and Prevention (CDC) reported 1,649,716 cases of chlamydia, 648,056 cases of gonorrhea, and 203,500 cases of syphilis. In 2022, Texas reported 156,131 chlamydia cases, 62,174 gonorrhea cases, and 25,991 syphilis cases.[4] In 2022, over half of chlamydia, gonorrhea, and syphilis cases occurred in Texas' largest metropolitan areas: Houston, Dallas, San Antonio, Tarrant County, and Austin.

Texas data shows significant differences in people diagnosed with STDs based on sex at birth and age. In 2022, women accounted for 65 percent of chlamydia cases, while men accounted for 61 percent of gonorrhea cases and 68 percent of syphilis cases. In the years 2013–2022, the highest number of chlamydia and gonorrhea cases annually reported in Texas were among 15–24-year-olds.

This epidemiologic profile assesses the demographic information and risk factors associated with STDs in Texas as reported by the Texas Department of State Health Services (DSHS) STD Epidemiology and Surveillance Program.

---

[1] Centers for Disease Control and Prevention (07 July 2023). Sexually Transmitted Diseases (STDs) retrieved from cdc.gov/std/general/.
[2] Center for Disease Control and Prevention (04 October 2022). National Notifiable Diseases Surveillance System (NNDSS) retrieved from ndc.services.cdc.gov.
[3] Texas Department of State Health Services (08 January 2023). Texas Notifiable Conditions – 2023 retrieved from dshs.texas.gov/notifiable-conditions.
[4] Centers for Disease Control and Prevention (02 May 2024). Sexually Transmitted Disease Surveillance 2022 retrieved from cdc.gov/std/statistics/2022/

About This Report

DSHS created this STD epidemiologic profile to inform public health professionals, medical providers, policymakers, and other stakeholders at the local, regional, and state level about the epidemiology of chlamydia, gonorrhea, and syphilis.

This profile only includes information about individuals with a Texas residence at the time of their chlamydia, gonorrhea, or syphilis diagnosis. Each case met the CDC and Council of State and Territorial Epidemiologists (CSTE) surveillance case definition which may differ from clinical diagnoses.[5]

Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter F requires medical providers and laboratories to report all reactive STD results. Reportable information includes, but is not limited to, patient's name, age, sex, race, and the date of onset of infection.[6] Although required by Texas law, case reports are often missing information. Public health staff do field and medical record follow-up for HIV and Syphilis adding another opportunity for capturing race and ethnicity information. Public health staff do not conduct this follow-up routinely for the high volume of chlamydia and gonorrhea cases, resulting in many cases with unknown race and ethnicity.

Public Health Follow-Up and Sexually Transmitted Disease Surveillance and Data Sources

The data for this profile came from public health follow-up (PHFU) and routine STD surveillance activities. PHFU supports disease intervention specialists (DIS) who act to interrupt syphilis and HIV transmission by notifying people of possible STD exposure through partner services. Additionally, PHFU staff may offer STD screening, provide STD results, and refer clients for treatment. Surveillance and PHFU staff perform case and data management for syphilis investigations. Methods of case identification include partner service interviews, provider reporting, lab reporting, and matching with vital statistics cause of death data. The information gathered for this profile contains available data from individuals who tested positive for syphilis and participated in a partner services interview where applicable.

---

[5] Centers for Disease Control and Prevention (02 May 2024). STI Case Definition in Effect During 2022. Retrieved from cdc.gov/std/statistics/2022/case-definitions.htm.

[6] Texas Administrative Code (16 July 2024). SEXUALLY TRANSMITTED DISEASES INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV). Retrieved from texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=F&rl=Yi.

Many factors may impact the availability of partner services data, including clients who declined an interview and clients who were unlocatable.

Twenty-three decentralized local and regional jurisdictions perform STD surveillance activities in Texas. In some local reporting jurisdictions, city health departments cover their surrounding counties. Two health districts, Corpus Christi/Nueces County Health District and Galveston County Health District, are responsible for PHFU and data reporting for surrounding counties. DSHS regional offices, or Public Health Regions (PHRs), are responsible for PHFU and data reporting for counties in their area that a local health authority does not report.

A Note on Case Rates for Chlamydia, Gonorrhea, and Syphilis

Population numbers used to calculate rates for 2013–2022 data come from the U.S. Census Bureau and include estimates of the resident population of the United States from January 1, 2013, to December 1, 2022, by year, county, single year of age (0, 1, 2,..., 85 years and over), Hispanic origin, and sex.

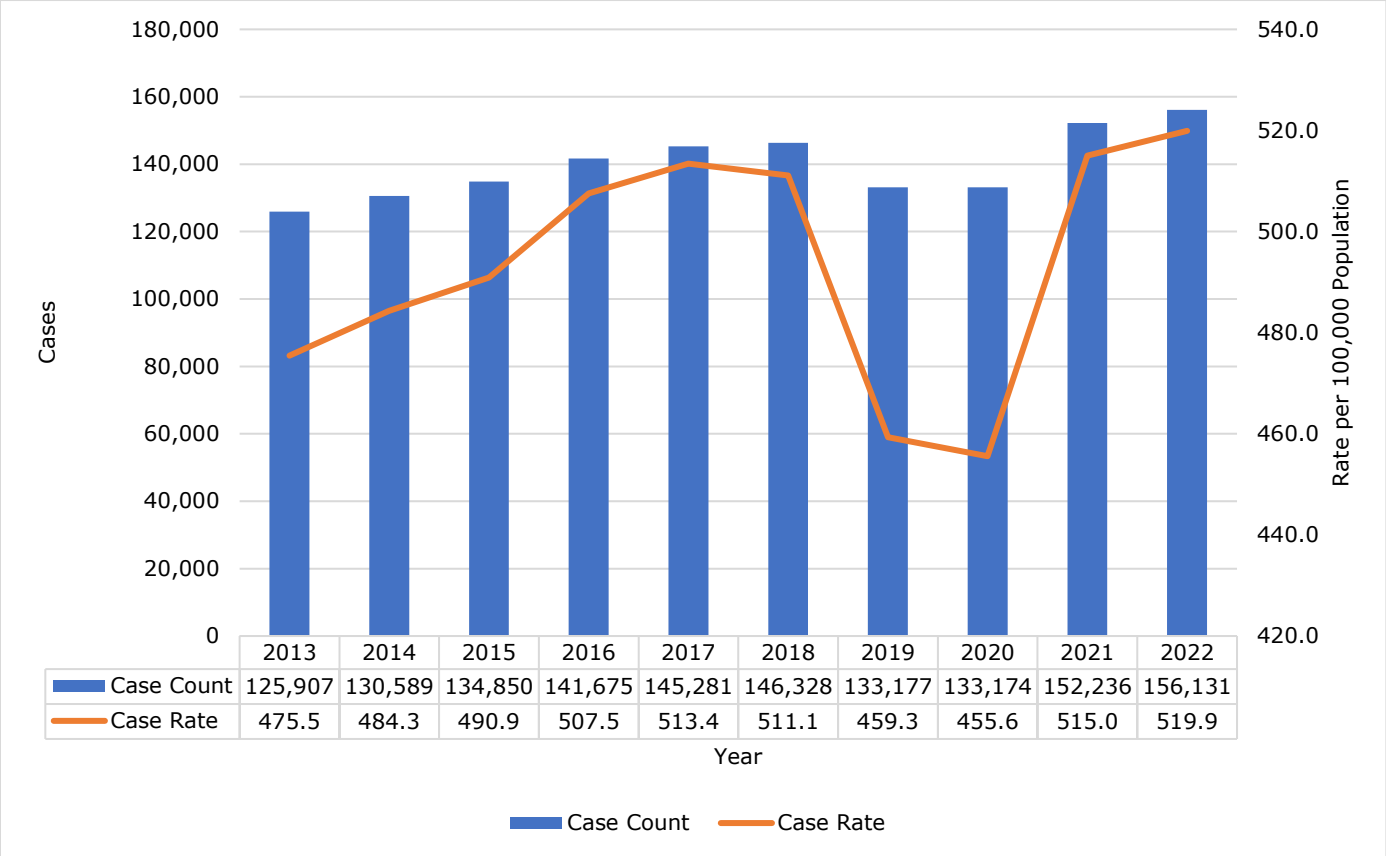
Chlamydia in Texas

In 2022, Texas reported 156,131 chlamydia cases, a nearly 3 percent increase from 2021 (Figure 1). This represents a case rate of 519.9 chlamydia cases per 100,000 population.

In 2022, women experienced higher case counts (100,732) than men (54,996) at a case rate of 671.1 chlamydia cases per 100,000 population (Figure 2). Hispanic Texans accounted for 27 percent of chlamydia cases (Figure 3). Additionally, 15–24-year-olds accounted for more than half of chlamydia cases at a case rate of 2,111.2 per 100,000 population. The 25–34-year-old age group followed with 29 percent of chlamydia cases at a case rate of 1,051.5 per 100,000 population (Figure 4).

In 2022, Houston, Dallas, San Antonio, PHR 7, and Tarrant County reported the highest chlamydia case counts (Figure 5). However, the case rates at these STD surveillance sites display some variance (Table 1). Dallas reported a case rate of 848.7 per 100,000 population, followed by Lubbock County with a case rate of 834.2 per 100,000 population. This indicates chlamydia disproportionately impacts Lubbock residents.

Figure 1: Chlamydia in Texas, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Case Count	125,907	130,589	134,850	141,675	145,281	146,328	133,177	133,174	152,236	156,131
Case Rate	475.5	484.3	490.9	507.5	513.4	511.1	459.3	455.6	515.0	519.9

Figure 2: Percentage of Chlamydia Cases by Sex at Birth in Texas, 2022

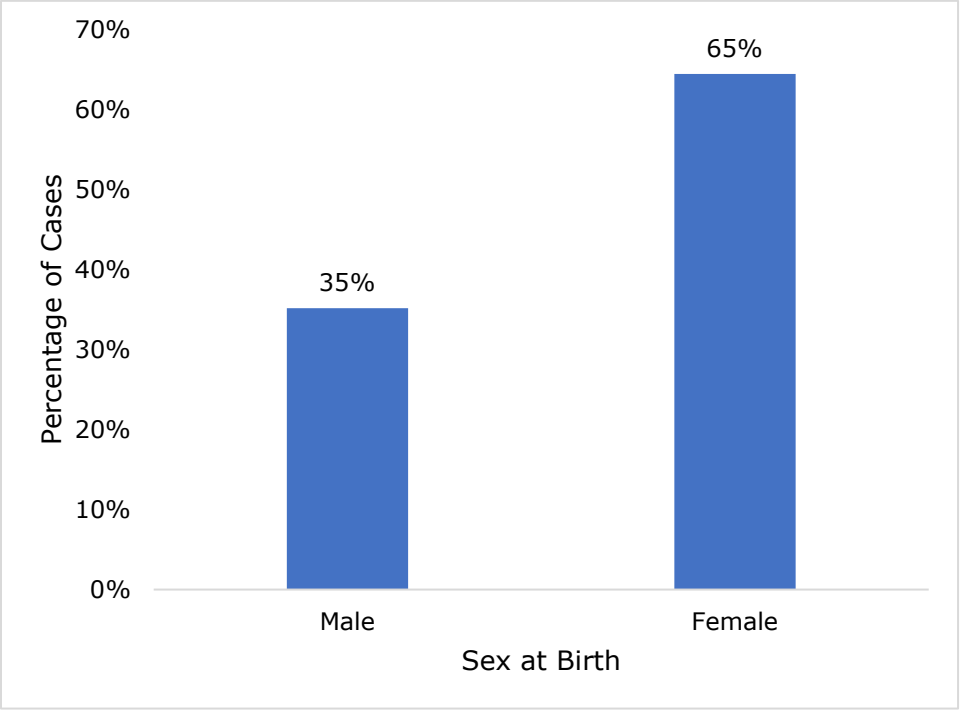
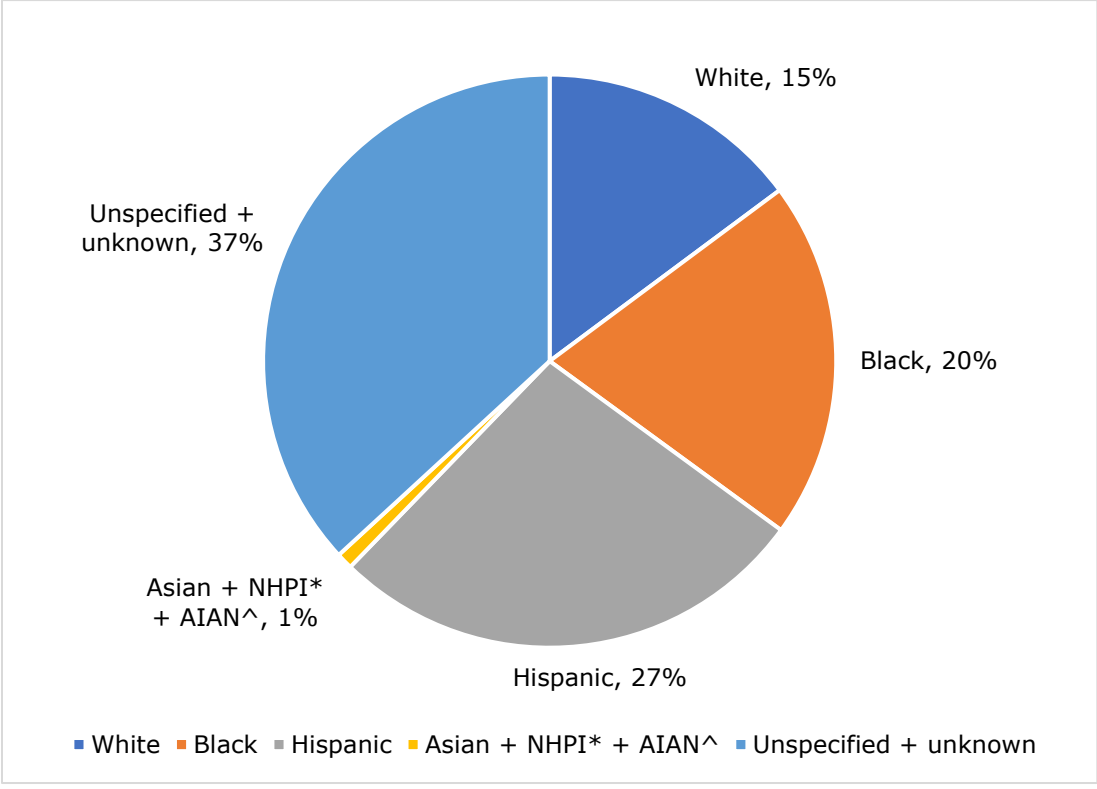


Figure 3: Percentage of Chlamydia Cases by Race/Ethnicity in Texas, 2022



*NHPI: Native Hawaiian/Pacific Islander ^AIAN: American Indian/Alaskan Native

Figure 4: Percentage of Chlamydia Cases by Age Group in Texas, 2022

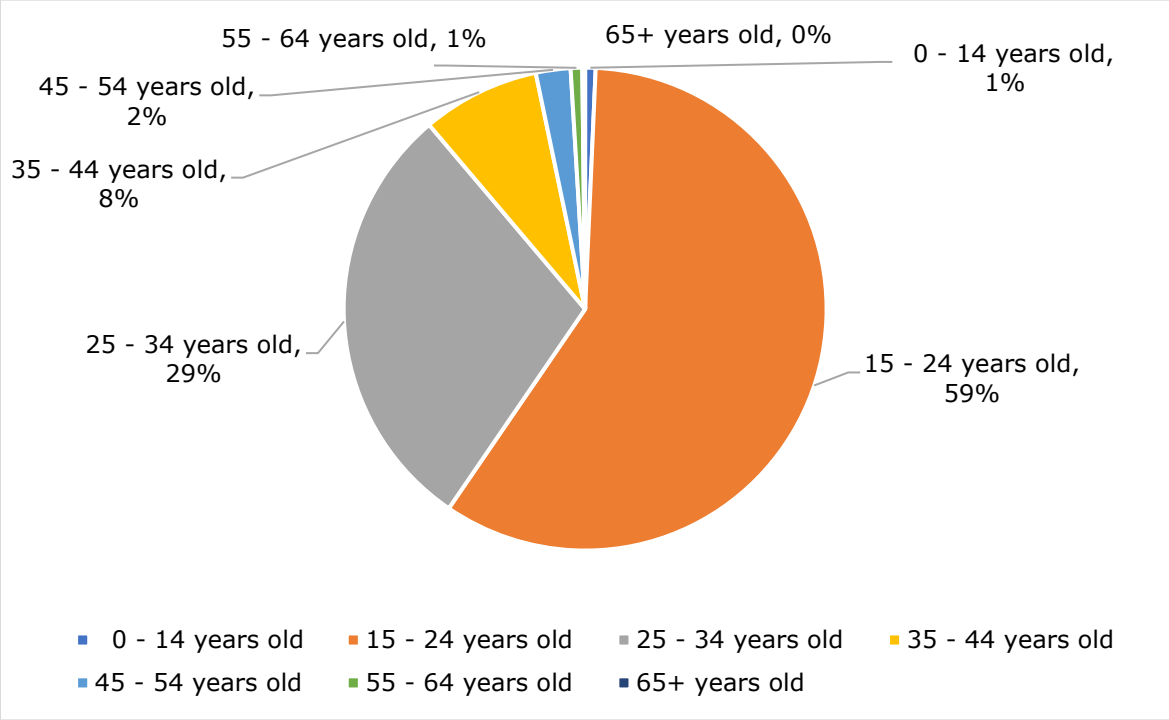


Figure 5: Chlamydia Cases by STD Surveillance Site in Texas, 2022

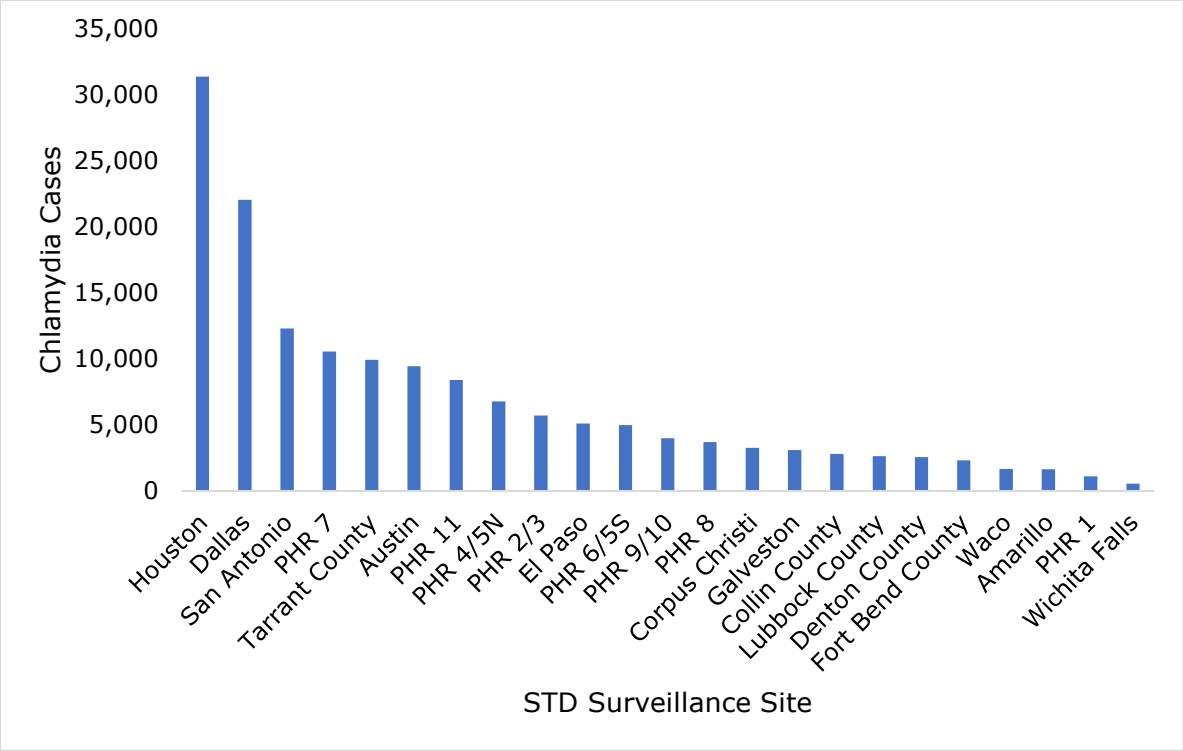


Table 1: Chlamydia Cases and Case Rates by STD Surveillance Site in Texas, 2022

STD Surveillance Site	Chlamydia Cases	Chlamydia Case Rates*	Total Change 2021-2022
Houston	31,406	656.9	+5.34
Dallas	22,073	848.7	+0.19
San Antonio	12,305	597.5	-12.58
PHR 7	10,572	468.7	+5.08
Tarrant County	9,937	461.2	+8.19
Austin	9,452	712.6	+7.78
PHR 11	8,408	471.2	+1.55
PHR 4/5N	6,786	437.6	-3.99
PHR 2/3	5,729	300.9	+2.95
El Paso	5,112	588.4	+32.09
PHR 6/5S	4,979	344.7	+0.42
PHR 9/10	3,994	604.0	+18.66
PHR 8	3,699	347.3	-1.18
Corpus Christi	3,258	673.7	-3.09
Galveston	3,101	389.3	+2.95
Collin County	2,818	243.2	+3.15
Lubbock County	2,649	834.2	+6.30
Denton County	2,575	263.5	-0.77
Fort Bend County	2,330	262.0	+2.15
Waco	1,665	624.0	-0.48
Amarillo	1,631	623.0	+2.45
PHR 1	1,102	377.8	+2.99
Wichita Falls	550	423.1	-14.06
Texas	156,131	519.9	+2.55

*Case rates are represented per 100,000 population.

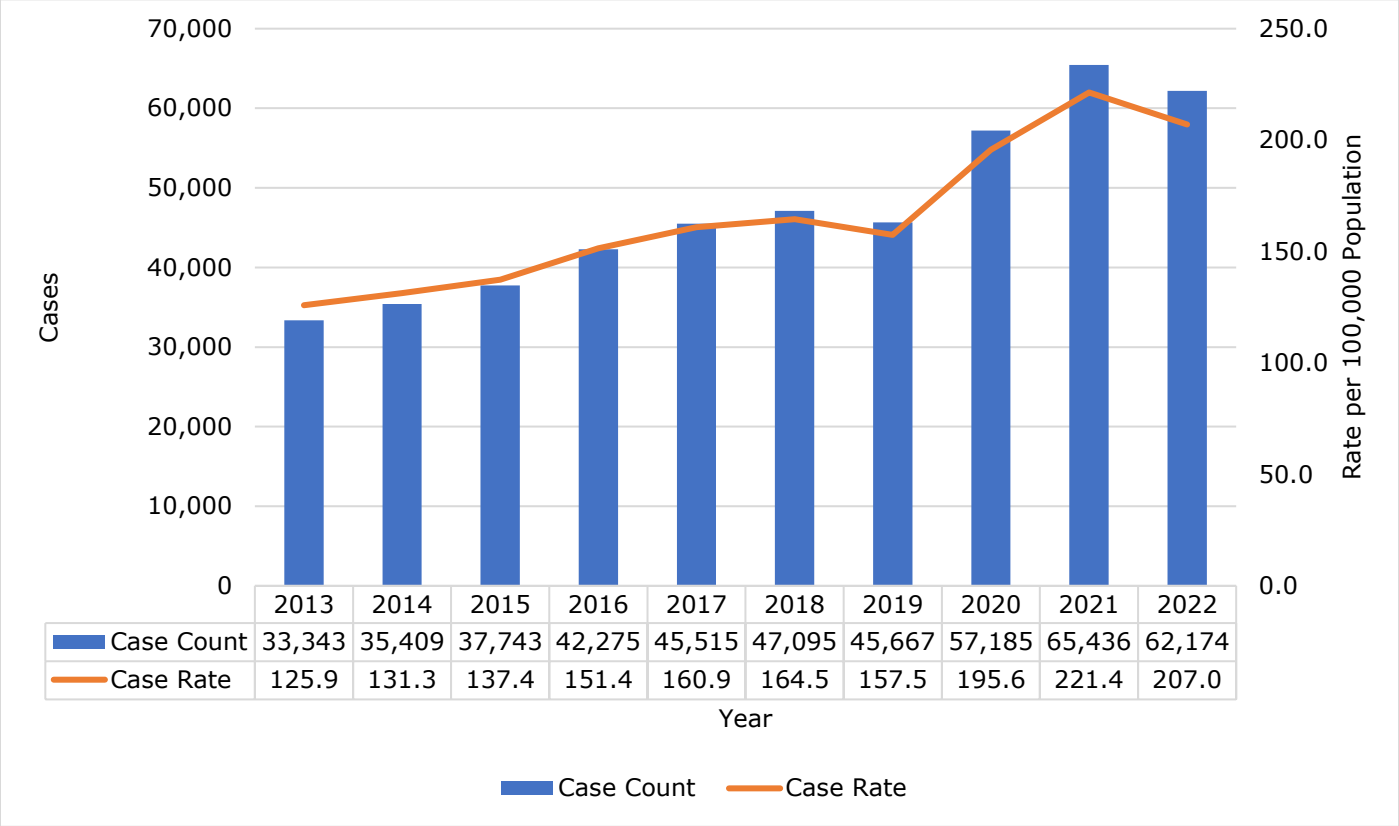
Gonorrhea in Texas

In 2022, Texas reported 62,174 gonorrhea cases, an approximate 5 percent decrease from 2021 (Figure 6). This represents a case rate of 207.0 cases per 100,000 population.

In 2022, men experienced higher diagnoses (37,939) than women (24,111) at a rate of 252.6 gonorrhea cases per 100,000 population (Figure 7). Black Texans accounted for 30 percent of gonorrhea cases, followed by Hispanic Texans, who account for 25 percent of gonorrhea cases (Figure 8). Like chlamydia cases, 15–24-year-olds accounted for nearly half of gonorrhea cases at a case rate of 645.9 per 100,000 population. The 25–34 age group followed with 35 percent of gonorrhea cases at a case rate of 497.6 per 100,000 population (Figure 9).

In 2022, Houston, Dallas, San Antonio, Austin, and Tarrant County reported the highest gonorrhea case counts (Figure 10). Dallas reported the highest case rate at 411.3 cases per 100,000 population, followed by Austin with a case rate of 351.4 cases per 100,000 population, and Lubbock County with a case rate of 318.4 cases per 100,000 population (Table 2).

Figure 6: Gonorrhea in Texas, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Case Count	33,343	35,409	37,743	42,275	45,515	47,095	45,667	57,185	65,436	62,174
Case Rate	125.9	131.3	137.4	151.4	160.9	164.5	157.5	195.6	221.4	207.0

Figure 7: Percentage of Gonorrhea Cases by Sex at Birth in Texas, 2022

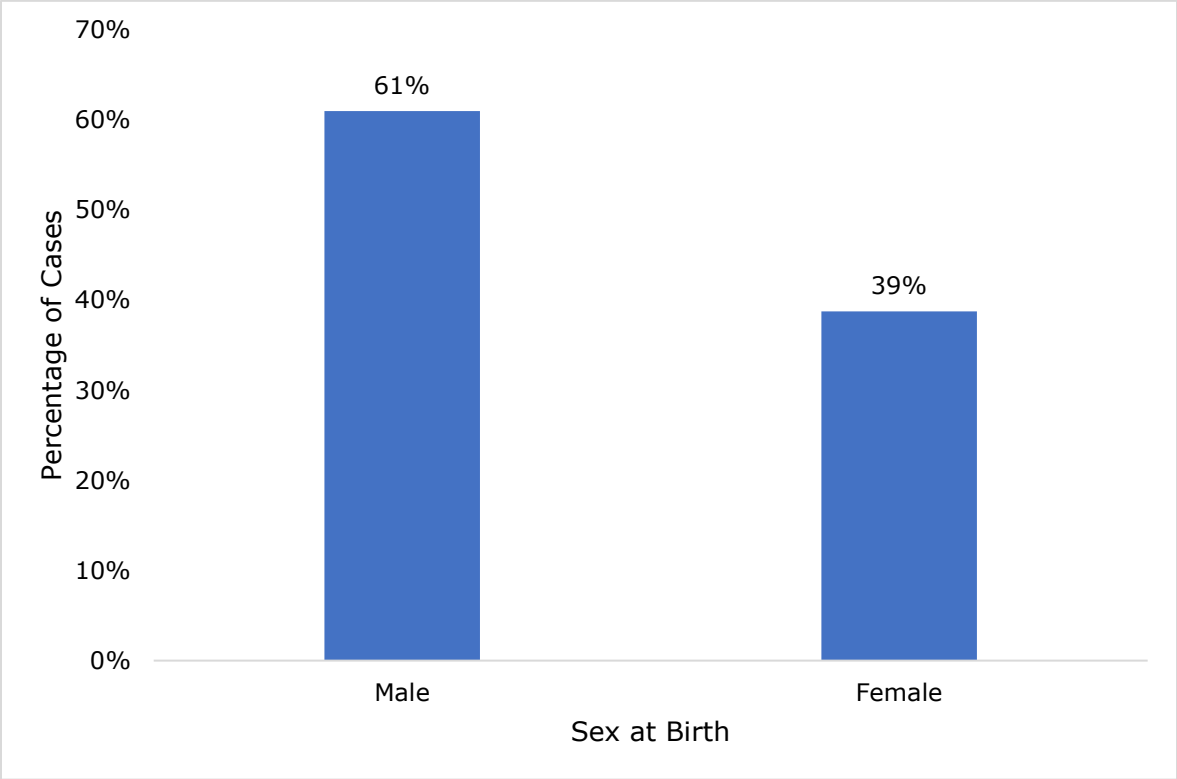
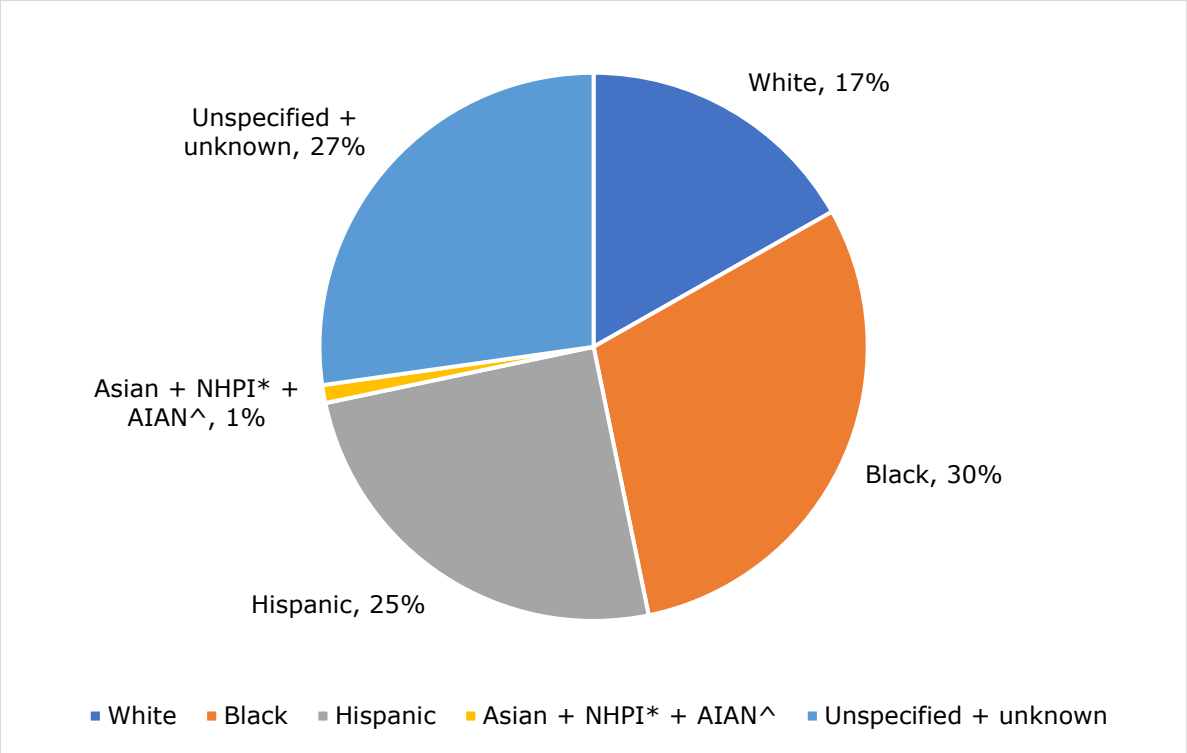


Figure 8: Percentage of Gonorrhea Cases by Race/Ethnicity in Texas, 2022



*NHPI: Native Hawaiian/Pacific Islander ^AIAN: American Indian/Alaskan Native

Figure 9: Percentage of Gonorrhea Cases by Age Group in Texas, 2022

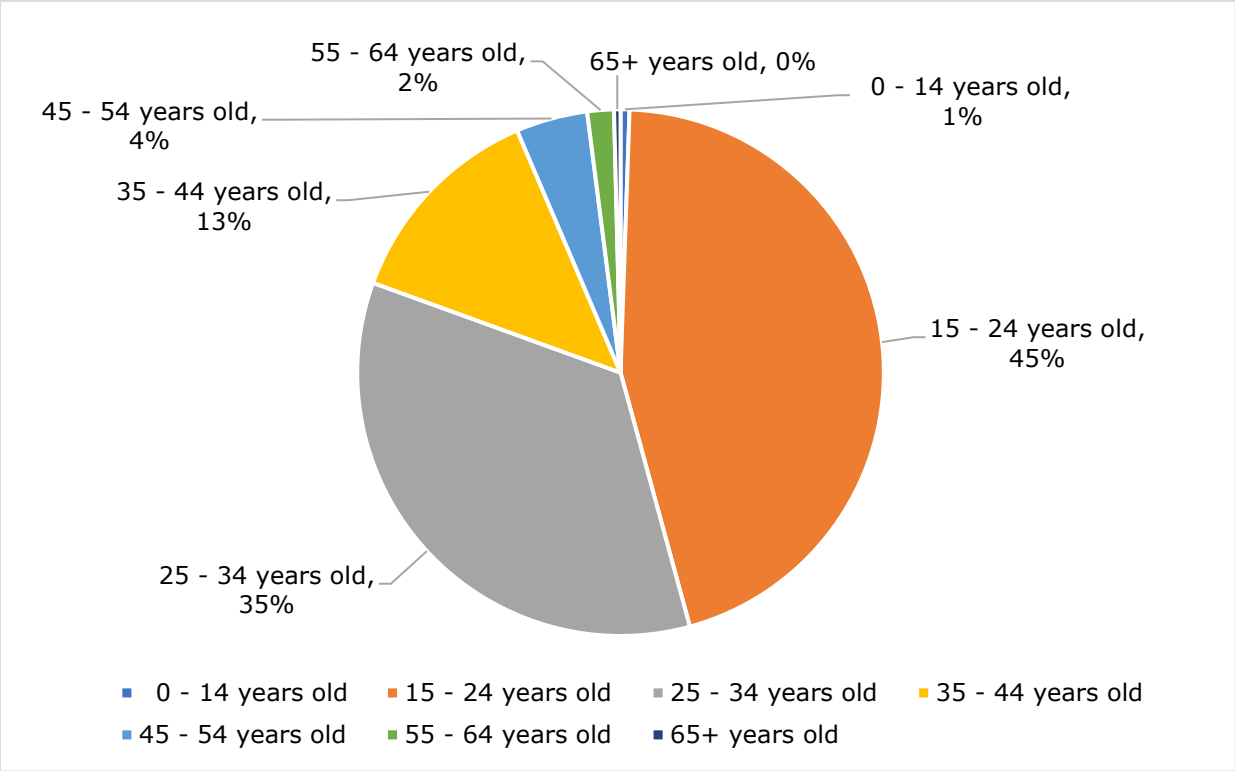


Figure 10: Gonorrhea Cases by STD Surveillance Site in Texas, 2022

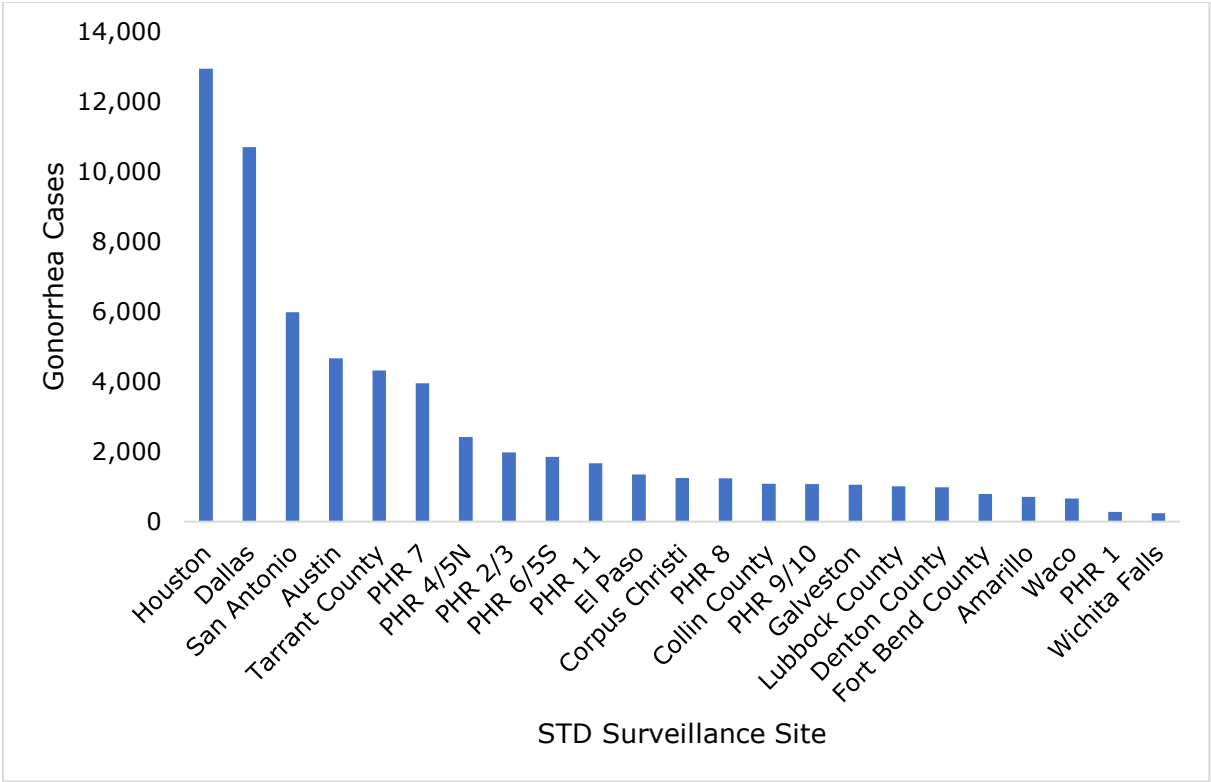


Table 2: Gonorrhea Cases and Case Rates by STD Surveillance Site in Texas, 2022

STD Surveillance Site	Gonorrhea Cases	Gonorrhea Case Rates*	Total Change 2021-2022
Houston	12,935	270.6	-1.58
Dallas	10,696	411.3	-2.32
San Antonio	5,983	290.5	-11.44
Austin	4,661	351.4	+6.46
Tarrant County	4,316	200.3	+1.65
PHR 7	3,952	175.2	+1.31
PHR 4/5N	2,420	156.1	-27.85
PHR 2/3	1,978	103.9	-15.43
PHR 6/5S	1,847	127.9	-10.77
PHR 11	1,668	93.5	+0.60
El Paso	1,351	155.5	+15.08
Corpus Christi	1,250	258.5	+0.16
PHR 8	1,240	116.4	-5.05
Collin County	1,079	93.1	+3.15
PHR 9/10	1,077	162.9	-18.16
Galveston	1,052	132.1	-7.96
Lubbock County	1,011	318.4	-16.58
Denton County	979	100.2	-2.10
Fort Bend County	789	88.7	-6.29
Amarillo	707	270.1	+1.00
Waco	664	248.8	-24.55
PHR 1	274	93.9	-42.32
Wichita Falls	245	188.5	-18.06
Texas	62,174	207.0	-4.98

*Case rates represented as X per 100,000 population.

Understanding Syphilis

The *Treponema pallidum* bacterium causes the STD syphilis. Syphilis can cause serious health problems when not treated. People can transmit syphilis sexually, and a pregnant woman can transmit it to her unborn baby.[7] Syphilis infections progress through stages with different signs and symptoms. Although common signs and symptoms of syphilis exist, many people do not exhibit them or may not recognize them as syphilis. The signs and symptoms of syphilis can go away without treatment, but the disease continues to progress.[8] A provider performs a blood test to determine if a person has syphilis. The provider can conduct additional testing during the primary and secondary stages of syphilis, when a sore or open lesion is present, by taking a swab of the area.

Primary and secondary syphilis (P&S), the most contagious stages, commonly present with signs and symptoms. Primary syphilis occurs when a sore develops at the site where bacteria enter the body. A primary syphilis sore usually presents as firm, round, and painless and will resolve without treatment. When syphilis goes untreated, the infection progresses to secondary syphilis. Classification of secondary syphilis occurs when a person presents secondary symptoms such as a rash on their hands and feet, a body rash, significant hair loss (i.e., alopecia), sores in the mouth (i.e., mucous patches), or sores in the genital region known as condyloma lata.[9]

Early non-primary non-secondary syphilis is classified when a person has a previous negative syphilis test within one year before their positive test and does not have any signs or symptoms. Syphilis of unknown duration or late stage occurs when a person's testing history exceeds 12 months or when the time a person became infected with the bacteria cannot be determined.[10]

The surveillance staging classifications use a combination of clinical descriptions and laboratory criteria to determine adequate treatment based on the CDC's STI Treatment Guidelines for 2021.[11]

---

[7] Centers for Disease Control and Prevention (1 November 2017). Syphilis Pocket Guide for Providers. Retrieved from cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf.
[8] Centers for Disease Control and Prevention (12 April 2022). Syphilis-CDC Detailed Fact Sheet. Retrieved from cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm.
[9] Centers for Disease Control and Prevention (17 November 2022). Syphilis Pocket Guide for Providers. Retrieved from cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf.
[10] Centers for Disease Control and Prevention (16 April 2021). Syphilis (Treponema Pallidum) 2018 Case Definition. Retrieved from ndc.services.cdc.gov/case-definitions/syphilis-2018/.
[11] Centers for Disease Control and Prevention (01 May 2023). Sexually Transmitted Infections Treatment Guidelines, 2021. Retrieved from cdc.gov/std/treatment-guidelines/syphilis.htm.

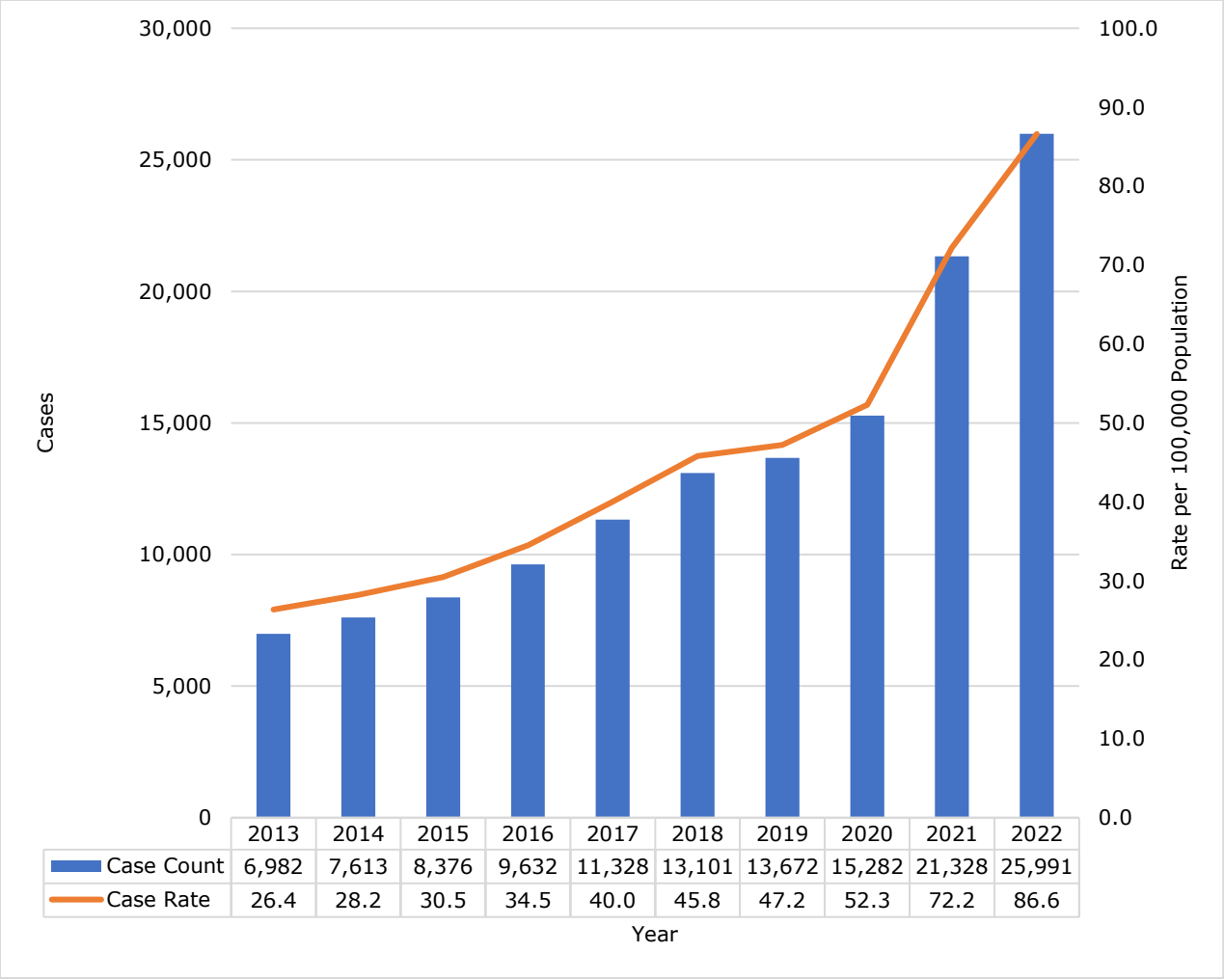
A Note on Syphilis Treatment

Assessment of adequate syphilis treatment relies on documentation of diagnosis, treatment date(s), and dosage. DSHS uses treatment information documented in the surveillance database to determine complete risk ascertainment and analyze treatment adequacy.

Syphilis in Texas

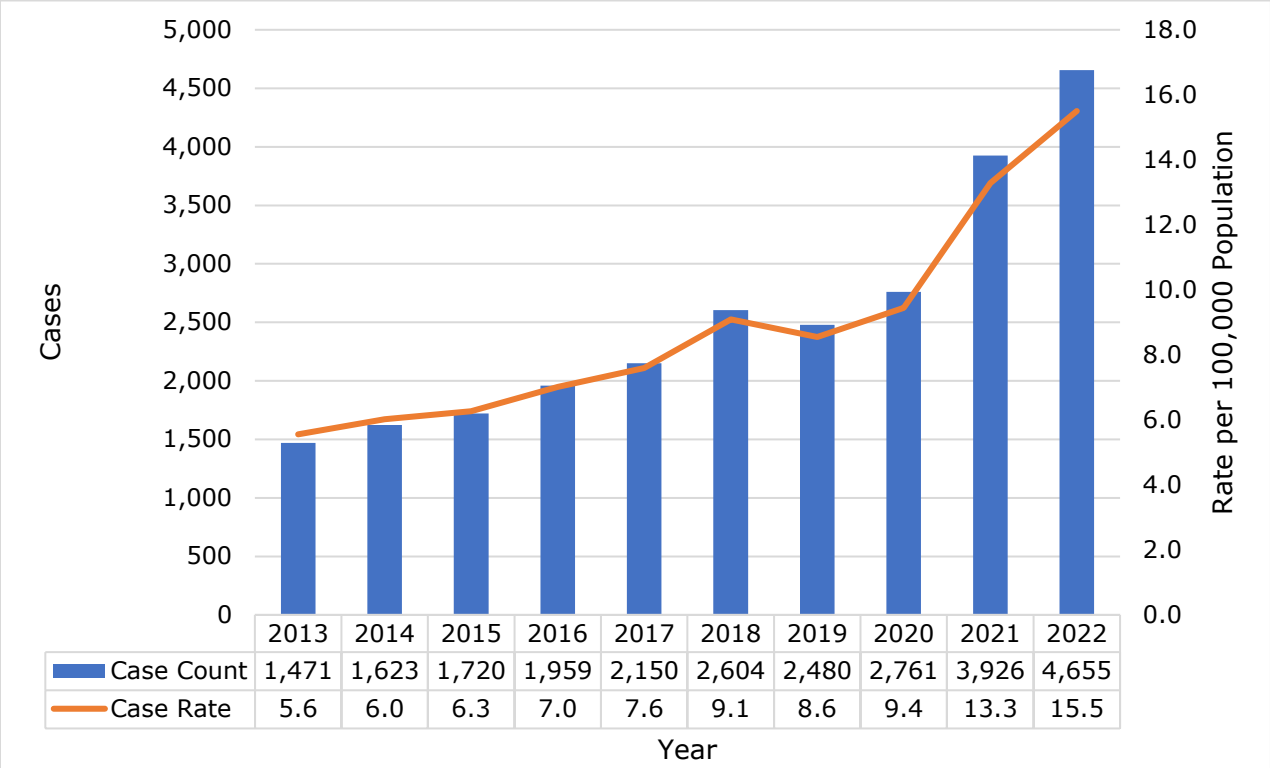
In 2022, Texas reported 25,991 total syphilis cases, a 22 percent increase from 2021, when Texas reported 21,328 total syphilis cases (Figure 11). This represents a case rate of 86.6 cases per 100,000 population. Primary and secondary syphilis increased 19 percent from 2021, representing a case rate of 15.5 cases per 100,000 population (Figure 12). Texas also reported 8,501 cases of early non-primary non-secondary syphilis and 12,835 cases of unknown duration or late syphilis (Figure 13).

Figure 11: Total Syphilis in Texas, 2013-2022



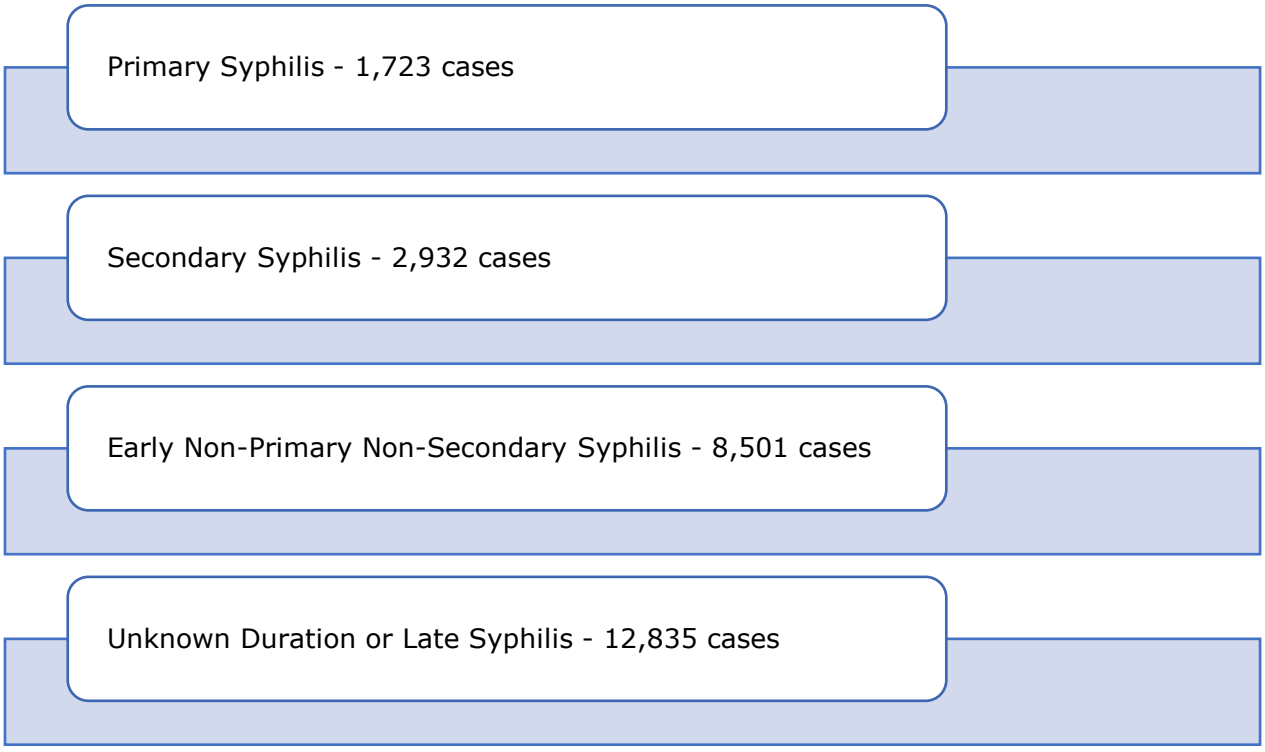
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Case Count	6,982	7,613	8,376	9,632	11,328	13,101	13,672	15,282	21,328	25,991
Case Rate	26.4	28.2	30.5	34.5	40.0	45.8	47.2	52.3	72.2	86.6

Figure 12: P&S Syphilis in Texas, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Case Count	1,471	1,623	1,720	1,959	2,150	2,604	2,480	2,761	3,926	4,655
Case Rate	5.6	6.0	6.3	7.0	7.6	9.1	8.6	9.4	13.3	15.5

Figure 13: Syphilis Cases by Surveillance Classification in Texas, 2022



Syphilis by Geographic Area

Most syphilis cases occurred in Texas' large metropolitan areas. In 2022, Houston, Dallas, San Antonio, Tarrant County, and Austin reported the highest number of total syphilis cases (Figure 14 and Table 3). These STD surveillance sites accounted for more than half of Texas' syphilis cases. In total, 222 of the 254 Texas counties reported at least one syphilis case in 2022. This represents a 4 percent increase from 2021, when 213 Texas counties reported at least one syphilis case. In 2022, five counties in PHR 9/10, PHR 1, Amarillo, and PHR 8 reported the highest case rates per 100,000 population of total syphilis in Texas: Reeves County (333.2), Terry County (293.9), Potter County (283.6), Hale County (254.5), and Frio County (247.0) (Figure 15).

P&S syphilis shows comparable results, with Texas' large metropolitan areas reporting the highest number of P&S syphilis cases (Figure 14 and Table 4). However, five counties in PHR 1, which include Lubbock County and Amarillo STD surveillance sites, reported the highest P&S syphilis case rates in Texas for 2022: Crosby County (100.0), Lubbock County (68.6), Potter County (66.6), Terry County (60.5), and Dickens County (57.9) (Figure 16). In 2022, 166 Texas counties reported at least one P&S syphilis case, an 8 percent increase from 2021, when 153 Texas counties reported at least one P&S syphilis case.

In 2022, among Texas' STD surveillance sites, Dallas and Amarillo reported the highest total syphilis case rates in Texas (Table 3).

Figure 14: Total Syphilis and P&S Syphilis Cases by STD Surveillance Site in Texas, 2022

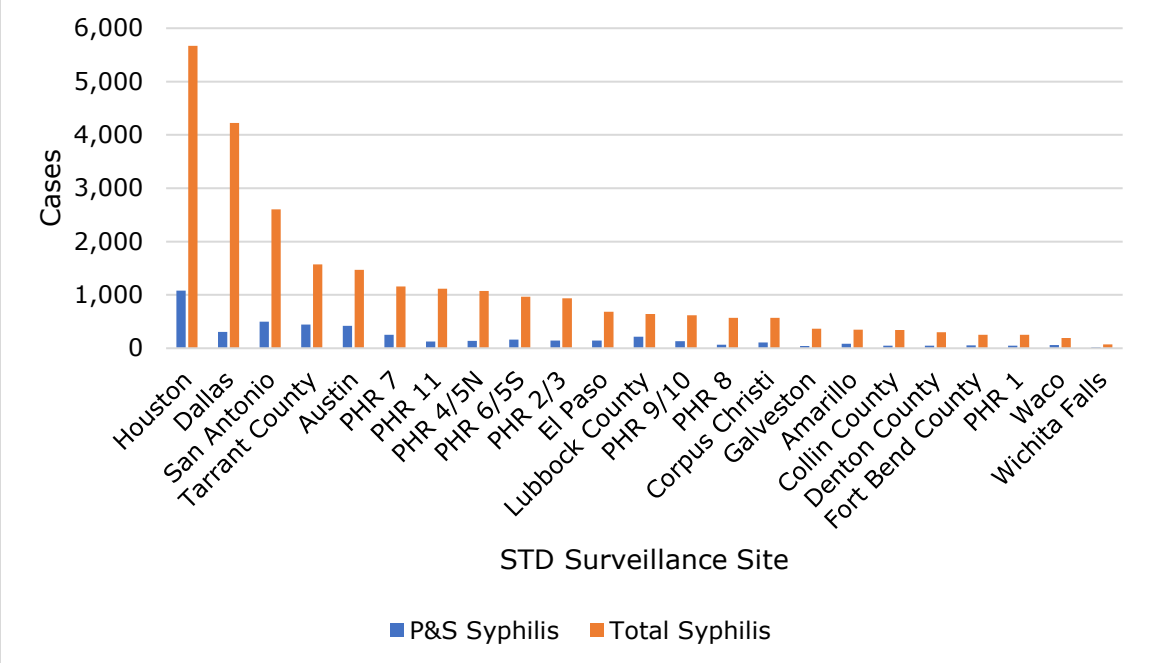


Table 3: Total Syphilis Cases, Case Rates, and Percent Change by STD Surveillance Site in Texas, 2022

STD Surveillance Site	Total Syphilis Cases	Total Syphilis Case Rate*	Percent Change 2021-2022
Houston	5,670	118.6	+12.8
Dallas	4,223	162.4	+11.9
San Antonio	2,602	126.3	+17.3
Tarrant County	1,570	72.9	+20.5
Austin	1,470	110.8	+11.0
PHR 7	1,156	51.3	+47.3
PHR 11	1,117	62.6	+24.7
PHR 4/5N	1,073	69.2	+48.2
PHR 6/5S	968	67.0	+49.6
PHR 2/3	935	49.1	+65.8
El Paso	686	79.0	+55.6
Lubbock County	641	201.9	+9.8
PHR 9/10	619	93.6	+7.5
PHR 8	569	53.4	+2.9
Corpus Christi	569	117.7	+47.4
Galveston	364	45.7	+38.4
Amarillo	348	132.9	+97.7
Collin County	345	29.8	+16.9
Denton County	298	30.5	+32.4
Fort Bend County	252	28.3	+15.1
PHR 1	250	85.7	+32.3
Waco	195	73.1	+44.4
Wichita Falls	71	54.6	+195.8
Texas	25,991	86.6	+22

*Case rates represented as X per 100,000 population.

Table 4: P&S Syphilis Cases, Case Rates, and Percent Change by STD Surveillance Site in Texas, 2022

STD Surveillance Site	P&S Syphilis Cases	P&S Case Rate*	Percent Change 2021-2022
Houston	1,082	22.6	+26.1
San Antonio	500	24.3	+6.2
Tarrant County	442	20.5	+16.3
Austin	418	31.5	-1.2
Dallas	307	11.8	+23.3
PHR 7	250	11.1	+44.5
Lubbock County	218	68.6	-13.5
PHR 6/5S	163	11.3	+11.6
El Paso	143	16.5	+70.2
PHR 2/3	142	7.5	+75.3
PHR 4/5N	141	9.1	+6.0
PHR 9/10	134	20.3	+17.5
PHR 11	129	7.2	+26.5
Corpus Christi	108	22.3	-4.4
Amarillo	86	32.9	+177.4
PHR 8	69	6.5	+23.2
Waco	63	23.6	+70.3
Fort Bend County	54	6.1	+20.0
Collin County	50	4.3	+22.0
Denton County	48	4.9	+65.5
PHR 1	48	16.5	+2.1
Galveston	40	5.0	-25.9
Wichita Falls	20	15.4	+185.7
Texas	4,655	15.5	18.3

* Case rates represented as X per 100,000 population.

Figure 15: Total Syphilis Rates by County in Texas, 2022

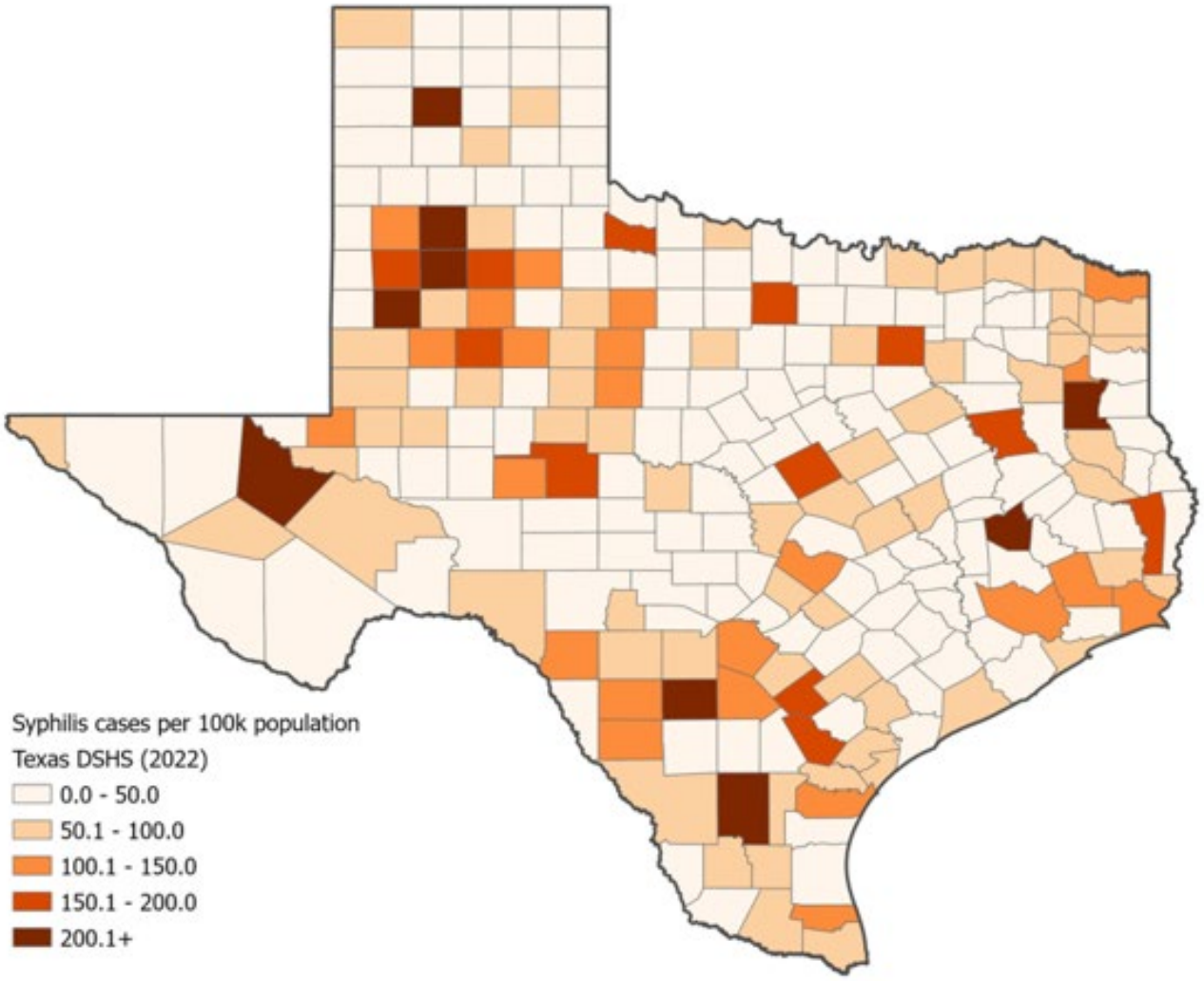
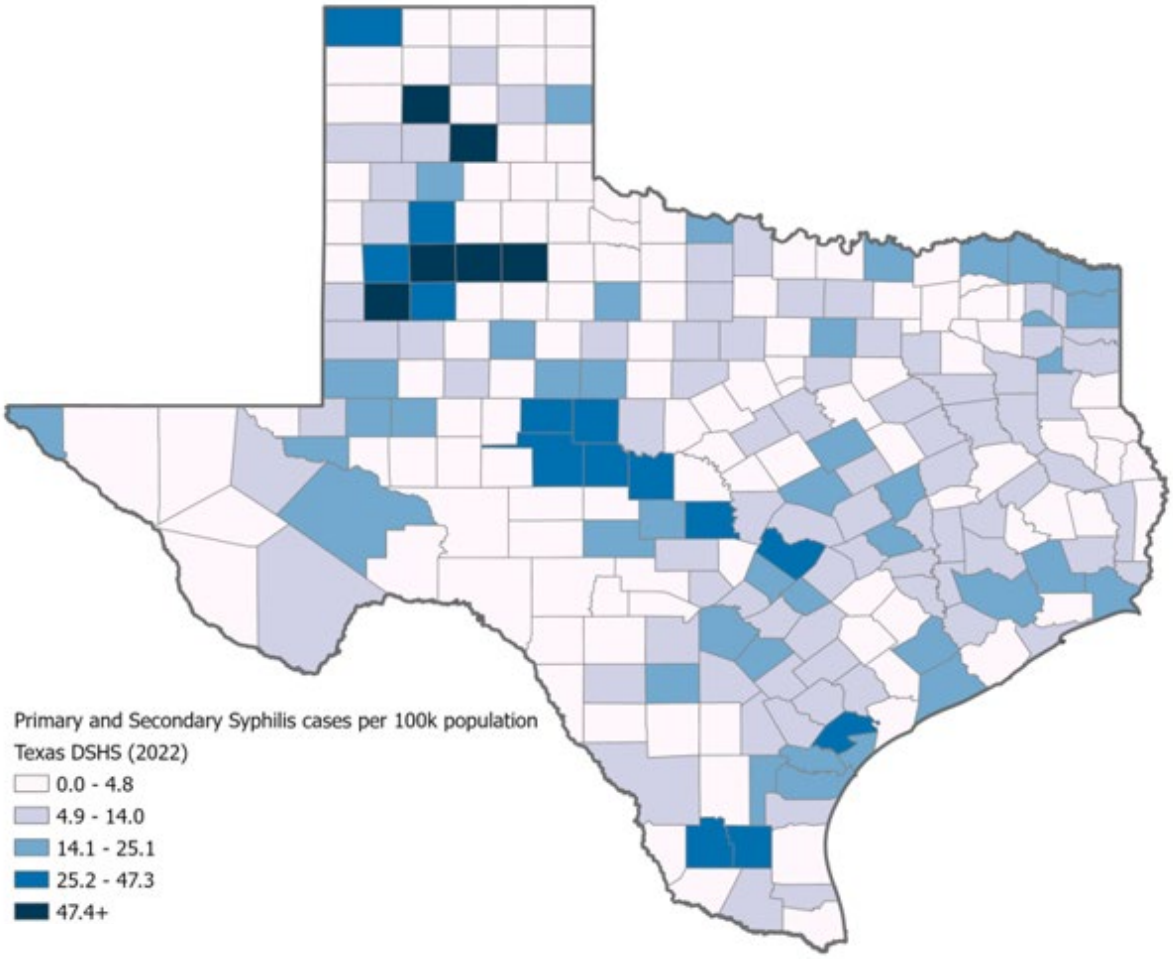


Figure 16: P&S Syphilis Rates by County in Texas, 2022



Public Health Follow Up (PHFU) Interview Outcomes of Syphilis Cases in Texas

Of the 25,991 total syphilis cases in 2022, more than half participated in a PHFU interview. Of those interviewed, 80 percent received adequate treatment. For those not interviewed, treatment adequacy splits 50/50 (Figure 17). A PHFU interview is voluntary, and a client may opt out. In 2022, 14 percent of clients refused an interview. The most common reason for not conducting an interview was the inability to locate (35 percent) (Figure 18).

Figure 17: Total Syphilis Interview and Treatment Adequacy in Texas, 2022

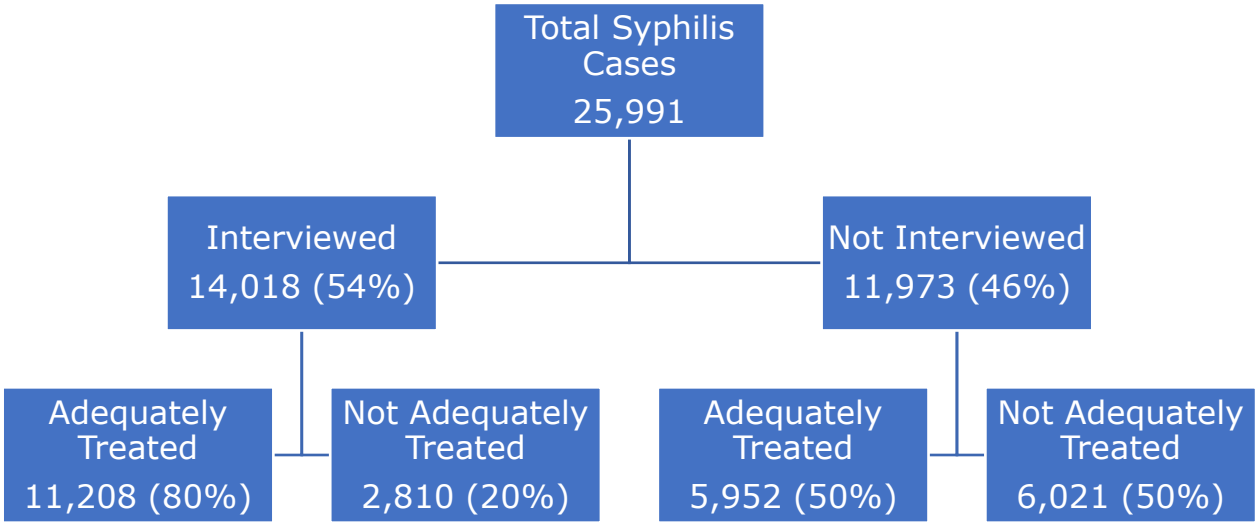
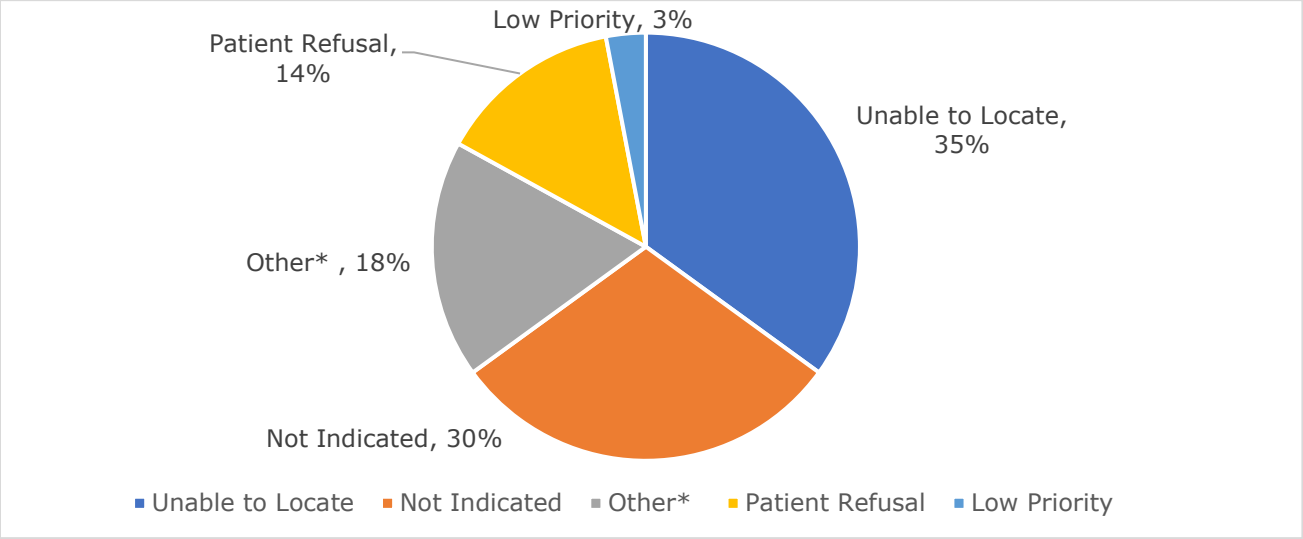


Figure 18: Reasons for No Interview among Total Syphilis cases in Texas, 2022



*Other includes deceased patient, language barrier, out of jurisdiction, unable to communicate, and physician refusal

Demographics of Syphilis Cases in Texas

Sex at Birth

Historically, in Texas, total syphilis and P&S syphilis have always been reported at higher case rates for males compared to females. For total syphilis, in 2022, clinicians reported cases in males at a case rate of 118.0 per 100,000 population compared to females, for which they reported a case rate of 8.4 per 100,000 population (Figure 19). However, syphilis among females has shown a large percent increase over the past 5–10 years with females experiencing a 350 percent increase in total syphilis cases and a 500 percent increase in P&S syphilis from 2013–2022 (Figure 20).

Figure 19: Percentage of Total Syphilis and P&S Syphilis Cases by Sex at Birth in Texas, 2022

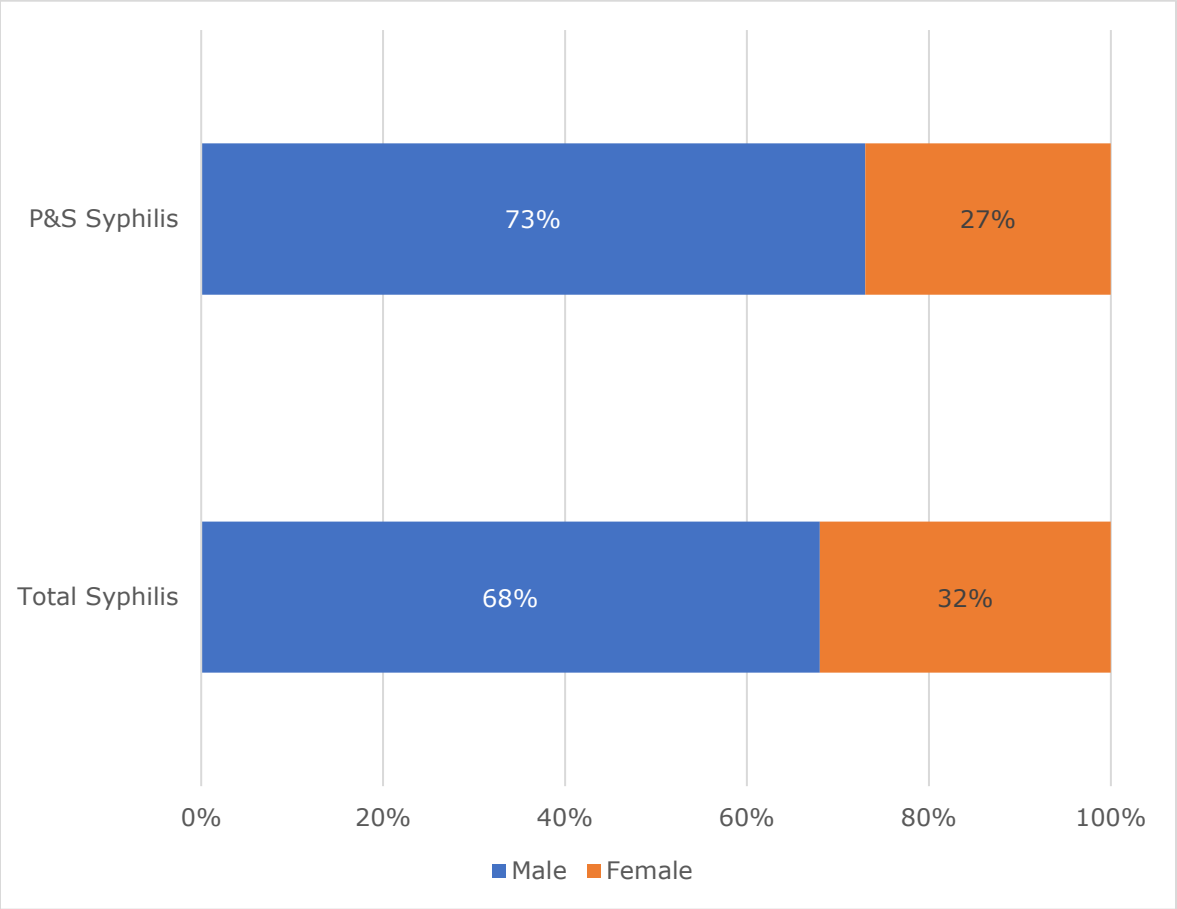


Figure 20: Percent Increases of Total Syphilis and P&S Syphilis Cases by Sex at Birth in Texas, 2013-2022

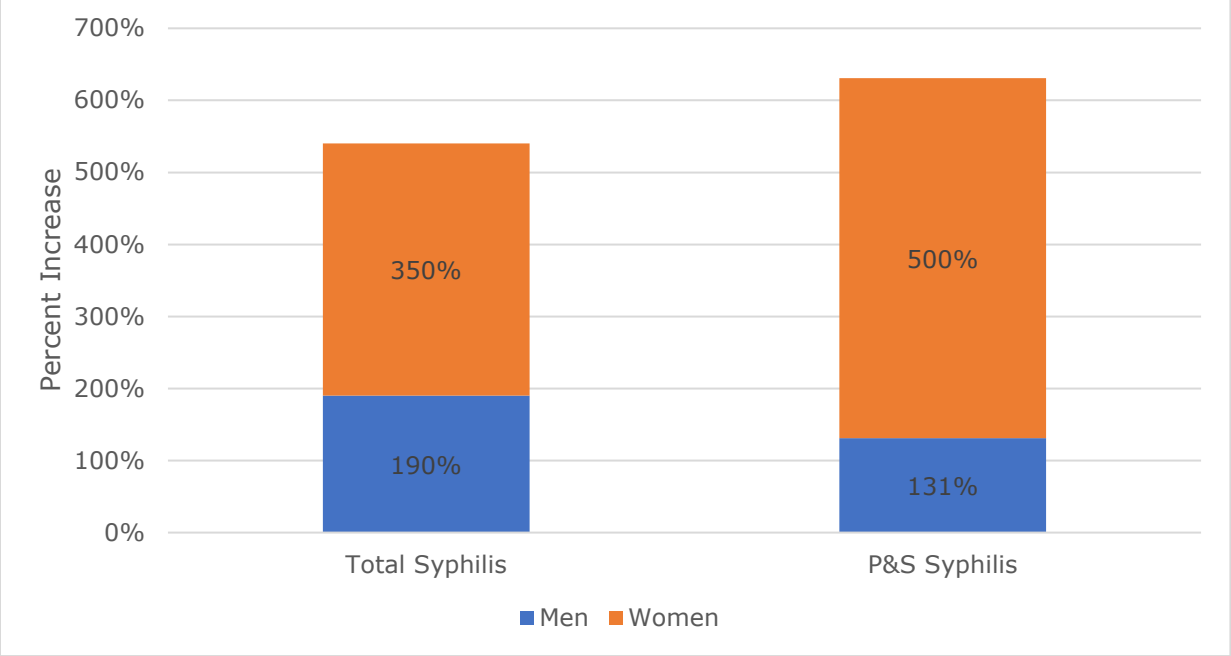
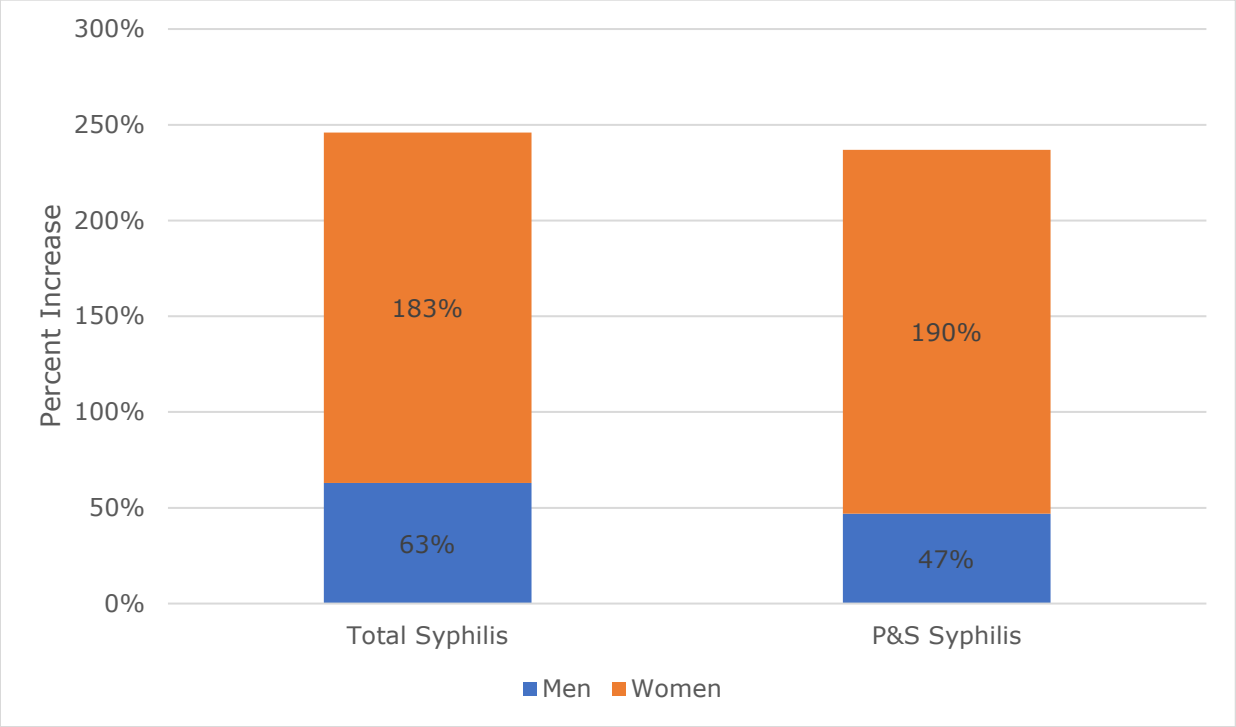


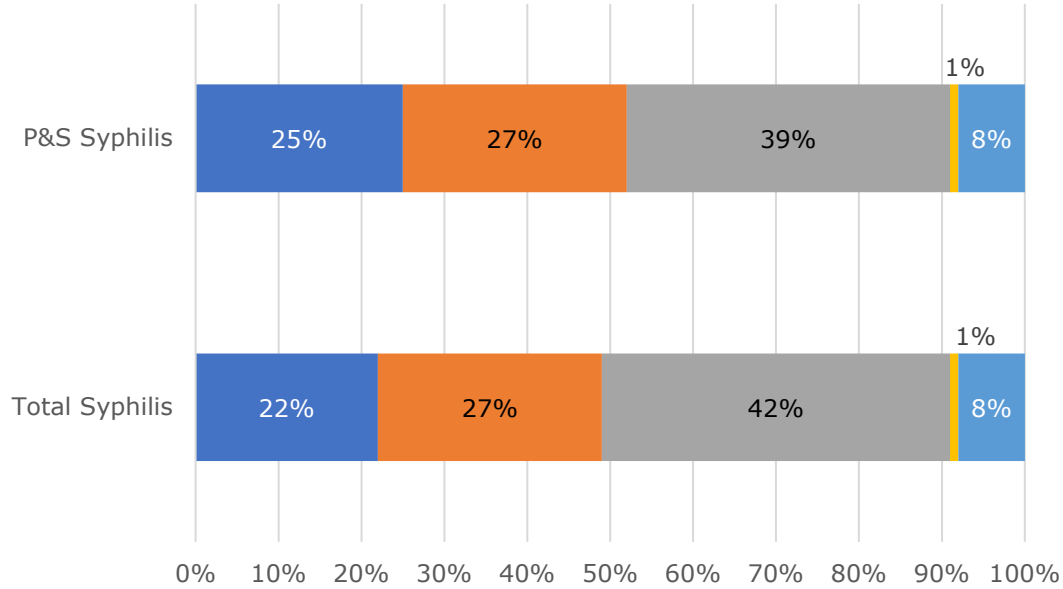
Figure 21: Percent Increases of Total Syphilis and P&S Syphilis Cases by Sex at Birth in Texas, 2018-2022



Race and Ethnicity

Among the 25,991 reported syphilis cases in Texas, syphilis disproportionately affects Black and Hispanic Texans. Hispanic Texans account for 42 percent of total syphilis cases and 39 percent of P&S syphilis cases (Figure 22). For total syphilis and P&S case rates by 100,000 population, Black Texans experience a case rate of 187.9 and 33.6 (Figure 23).

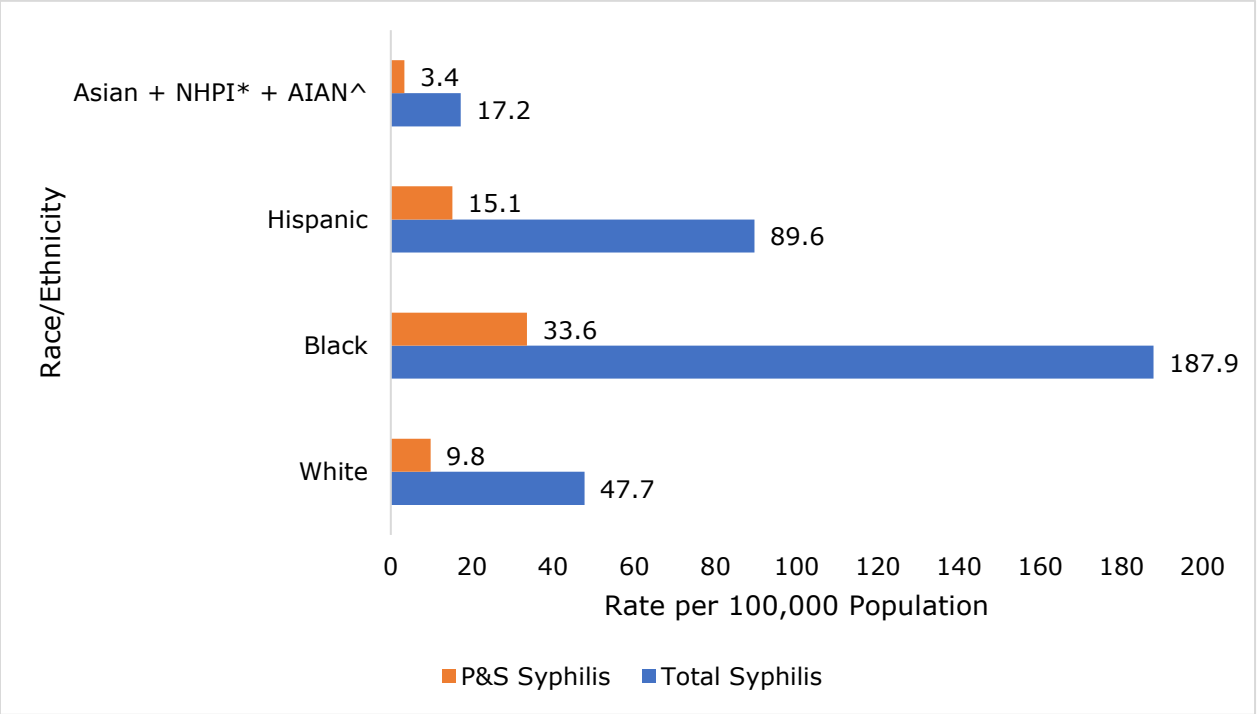
Figure 22: Percent of Total Syphilis Cases by Race/Ethnicity in Texas, 2022



	Total Syphilis	P&S Syphilis
White	22%	25%
Black	27%	27%
Hispanic	42%	39%
Asian+NHPI*+AIAN^	1%	1%
Unspecified+Unknown	8%	8%

*NHPI- Native Hawaiian/Pacific Islander ^AIAN- American Indian/Alaska Native

Figure 23: Total Syphilis and P&S Syphilis Case Rates by Race/Ethnicity in Texas, 2022

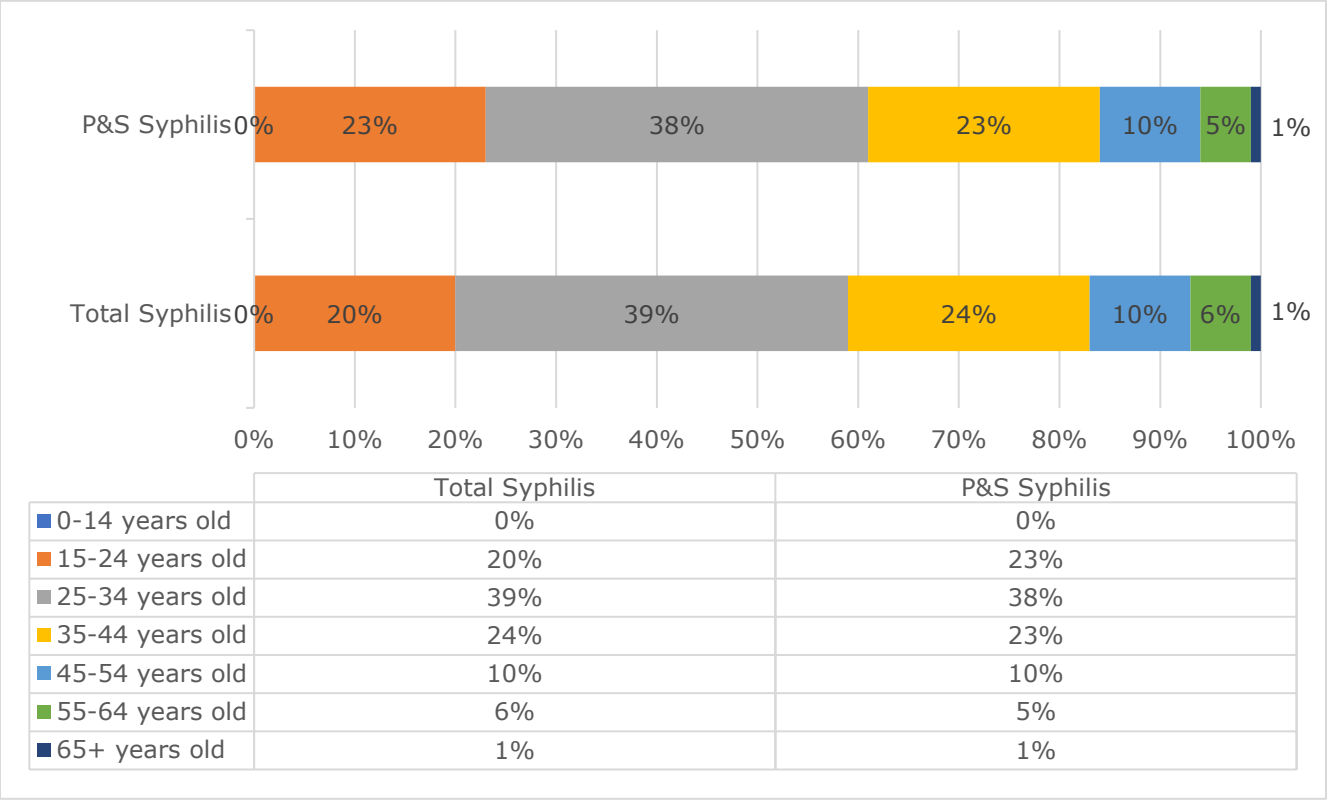


*NHPI- Native Hawaiian/Pacific Islander ^AIAN- American Indian/Alaska Native

Age at Time of Diagnosis

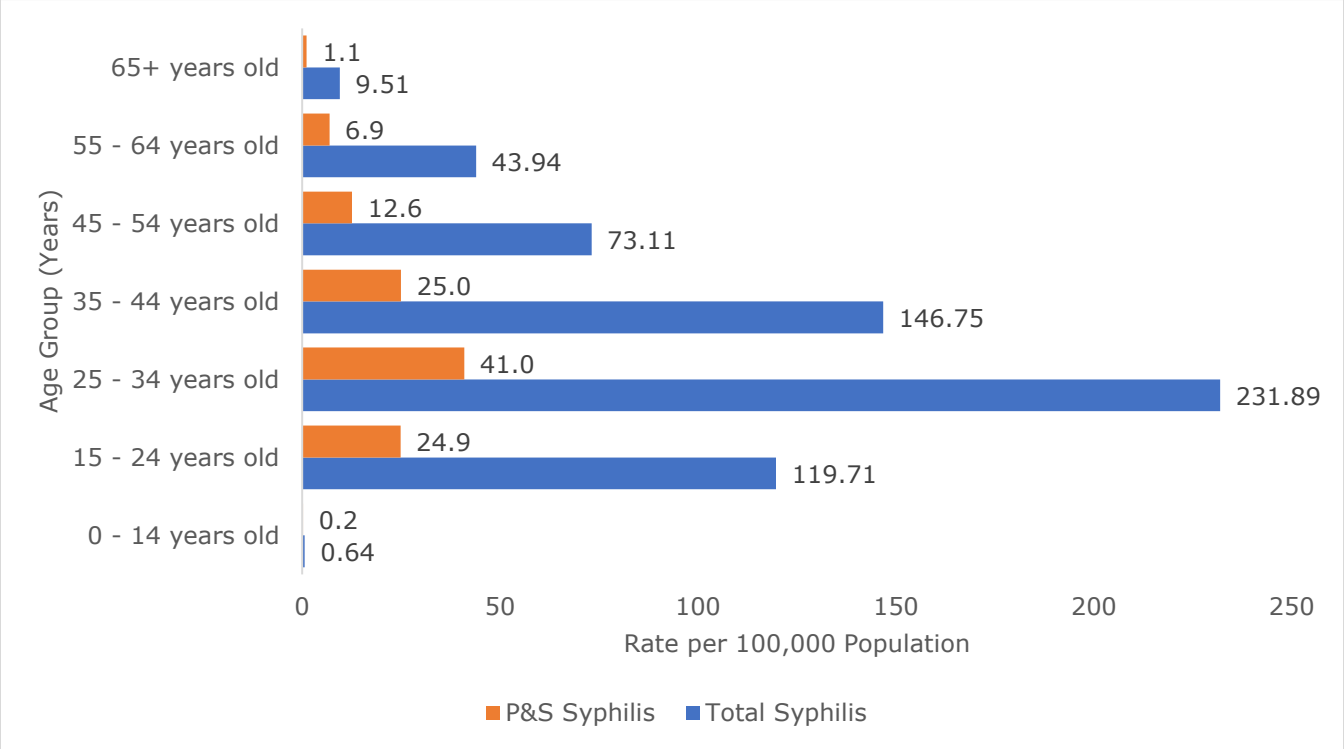
At the time of diagnosis, people ages 25–34 accounted for 39 percent of total syphilis cases and 38 percent of P&S syphilis cases. The 35–44-year-old age group followed at 24 percent and 23 percent (Figure 24). Figure 25 displays the impact of total syphilis on 25–34-year-olds, with a case rate of 231.9 per 100,000 population for total syphilis.

Figure 24: Percent of Total Syphilis and Percent of P&S Cases by Age Group in Texas, 2022



	Total Syphilis	P&S Syphilis
0-14 years old	0%	0%
15-24 years old	20%	23%
25-34 years old	39%	38%
35-44 years old	24%	23%
45-54 years old	10%	10%
55-64 years old	6%	5%
65+ years old	1%	1%

Figure 25: Total Syphilis and P&S Syphilis Case Rates by Age Group in Texas, 2022



Diagnosing Facility Type of Syphilis Cases

Private physician offices, inpatient hospitals, correctional facilities, and STD clinics diagnosed over half of the total syphilis cases in Texas in 2022. (Table 5).

Table 5: Total Syphilis Cases by Diagnosing Facility Type in Texas, 2022

Diagnosing Facility Type	Percent
Private Physician Office or Primary Care Clinic	24%
Hospital Inpatient	12%
Correctional Facility	10%
STD Clinic	10%
Adult HIV Clinic	8%
HIV Counseling and Testing Site	4%
Specialty Clinic or Hospital Clinic	4%
Health Department	4%
Emergency Room or Urgent Care	4%
Obstetrics and Gynecology or Prenatal Clinic	4%
Other	4%
Infectious Disease Clinic	3%
Community Health Center	2%
Blood Bank, Plasma Center	2%
Laboratory	2%
Family Planning Clinic	2%
Not Indicated	1%

Signs and Symptoms of P&S Syphilis Cases

Of the 4,655 P&S syphilis cases reported in 2022, nearly half reported a palmar or plantar rash or other body rash, and 42 percent reported a chancre, sore, lesion, or ulcer (Table 6). The penis ranked first among anatomical sites for P&S syphilis (27 percent), followed by extremities (21 percent) and symptoms at multiple sites (19 percent) (Table 7).

Table 6: Signs and Symptoms of P&S Syphilis Cases in Texas, 2022

Signs and Symptoms	Percent
Chancre, Sores, Lesions, or Ulcers	42%
Rash	33%
Palmar or Plantar Rash	16%
Alopecia	3%
Mucous Patch	2%
Condyloma Lata	1%
Discharge	1%
Vision Loss or Impairment	1%
Other	1%

Table 7: P&S Syphilis Cases by Anatomic Site in Texas, 2022

Anatomic Site	Percent
Penis	27%
Extremities	21%
Multiple Sites	19%
Torso	11%
Vagina	8%
Oral Cavity	4%
Anus	3%
Other	3%
Scrotum	2%
Head	2%
Unknown	0%

Treatment Adequacy for Syphilis Cases

In 2022, 66 percent of Texas' total syphilis cases received adequate treatment (Figure 26). Males accounted for 65 percent of the 17,160 syphilis cases which received adequate treatment (Figure 28). Of the 8,499 syphilis cases reported which did not receive adequate treatment, 2,517 (30 percent) were female, 87 percent of whom were classified as women of childbearing age.

P&S syphilis treatment adequacy for 2022 shows that of the 4,655 P&S syphilis cases, 94 percent received adequate treatment (Figure 27). From the 5 percent classified as inadequately treated, 55 cases were female, and 81 percent of those were women of childbearing age.

Figure 26: Treatment Adequacy among Total Syphilis Cases in Texas, 2022

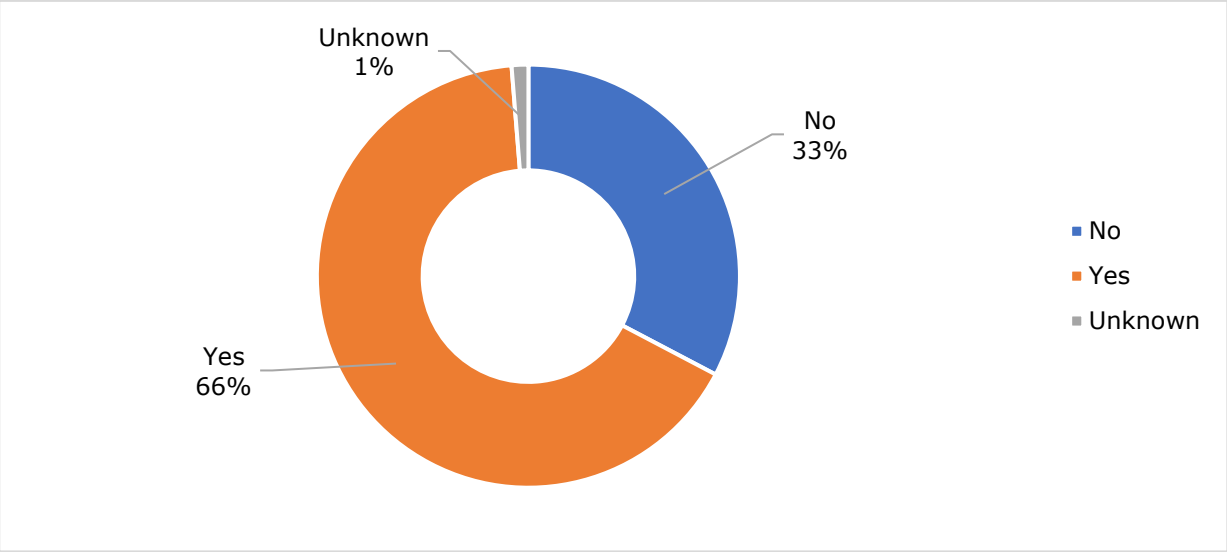


Figure 27: Treatment Adequacy among P&S Syphilis Cases in Texas, 2022

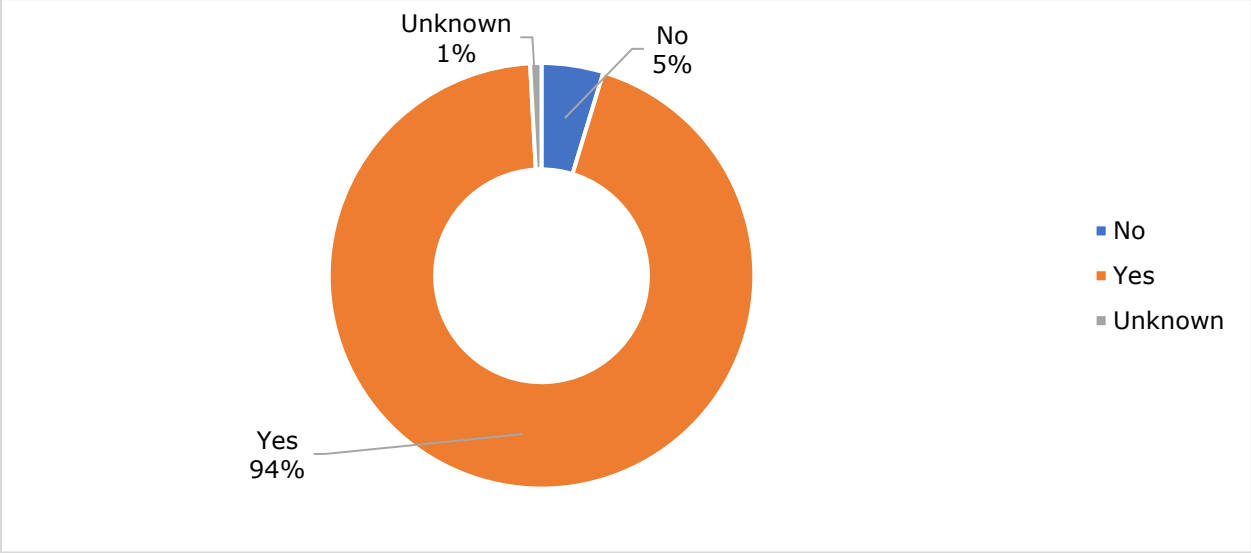
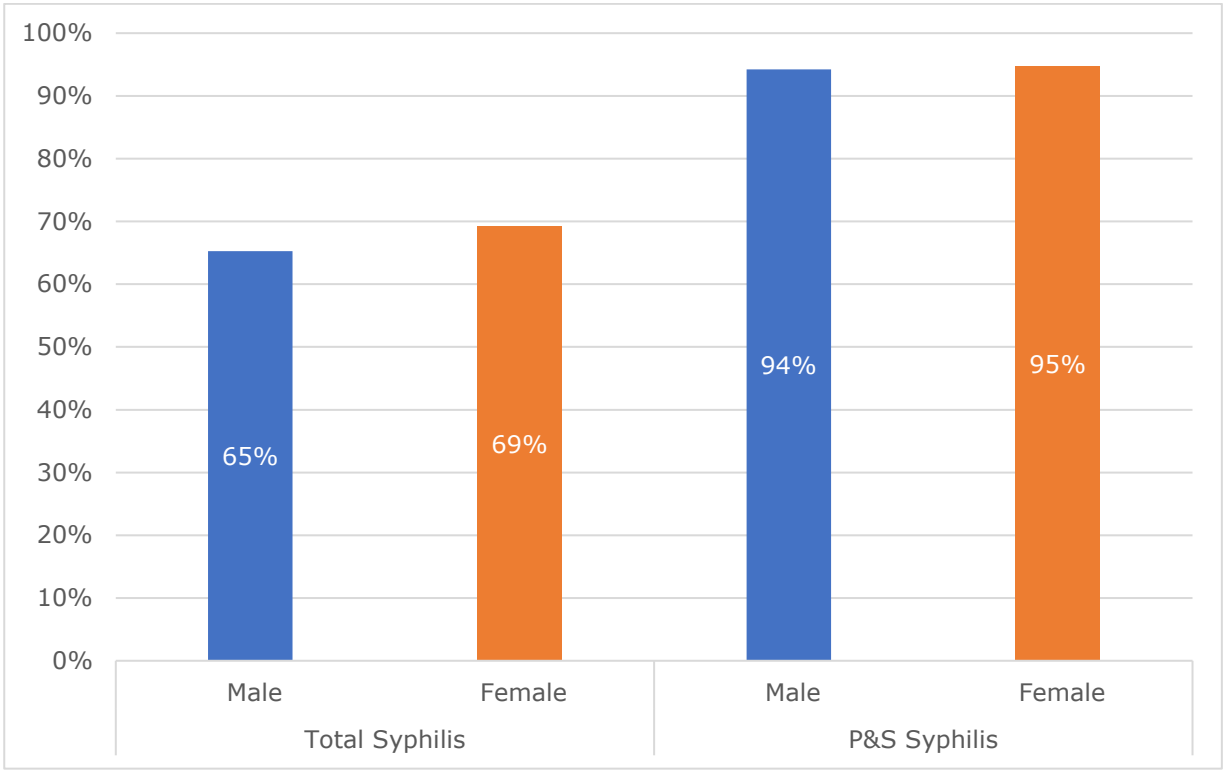


Figure 28: Percent of Total Syphilis and P&S Syphilis cases who received Adequate Treatment by Sex at Birth in Texas, 2022



Risk Factors for Syphilis Cases in Texas

A client's risk history provides insight into challenges and factors that may contribute to a person's syphilis diagnosis and treatment adequacy. In 2022, 14,018 of the 25,991 syphilis cases completed a partner services interview, which included a risk history. The data variables available from partner services interviews may vary for numerous reasons, including but not limited to clients ending the interview before its completion, clients refusing to answer a particular question, inaccurate data entry, and DIS not asking all questions in the PHFU interview due to inexperience or need for additional training.

HIV Status of Syphilis Cases

Texas considers HIV status a required field for local and regional jurisdictions to report for all syphilis cases. Ideally, each syphilis case should have an HIV status, regardless of the case's interview outcome. In 2022, 50 percent of total syphilis cases had an unknown HIV screening, 32 percent received a simultaneous HIV screening, and 6 percent did not receive a screening due to reporting a previous HIV diagnosis. From the 6 percent of previous HIV diagnoses, 46 percent received a syphilis classification of early non-primary non-secondary syphilis (Figure 29).

8,471 syphilis cases received an HIV screening at the time of their diagnosis, and 87 percent (7,370 cases) tested negative (Figure 30). Of those who tested negative, 7 percent (516 cases) reported using PrEP, and 83 percent (6,117 cases) reported no PrEP use at the time of syphilis diagnosis (Figure 31). Of the 83 percent who reported no PrEP use, six percent received a PrEP referral (367 cases).

Figure 29: Syphilis Case Classification among People with A Previous HIV Diagnosis in Texas, 2022

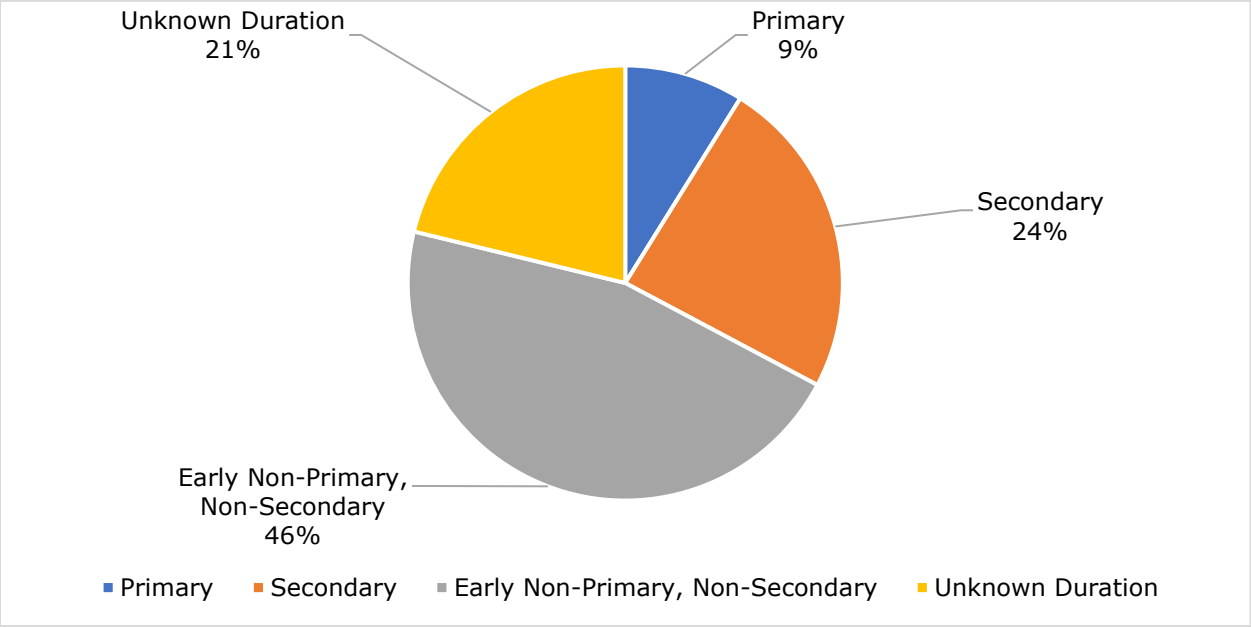


Figure 30: HIV Results Among Total Syphilis Cases Screened for HIV in Texas, 2022

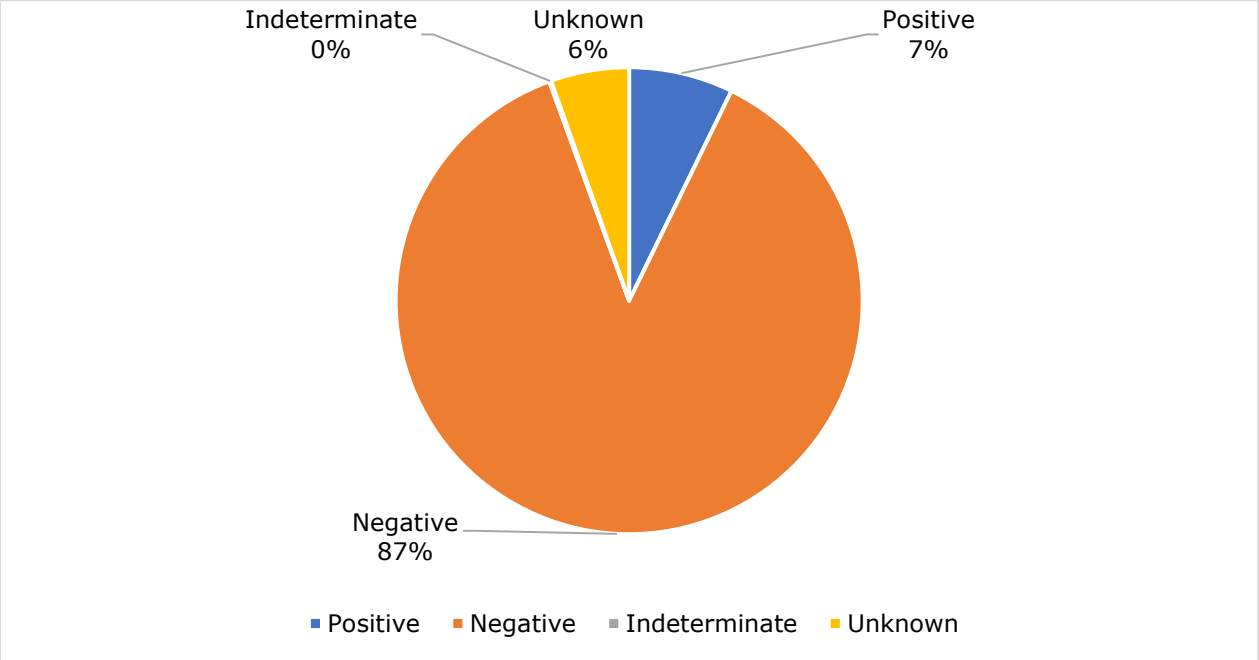
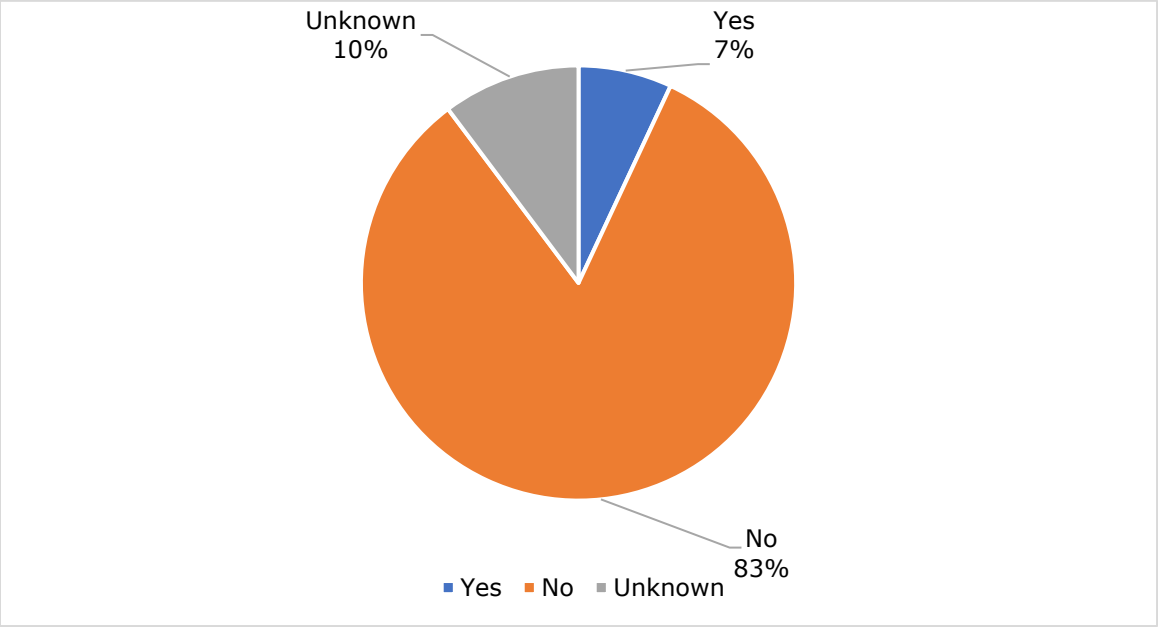


Figure 31: PrEP Status Among Total Syphilis Cases with HIV Negative Results in Texas, 2022



STD History

In 2022, 40 percent of total syphilis cases who participated in a PHFU interview reported an STD history (Figure 32). Of those who indicated an STD history, 1,660 reported a previous history of syphilis (Figure 33).

Figure 32: STD History Among Total Syphilis Cases Interviewed in Texas, 2022

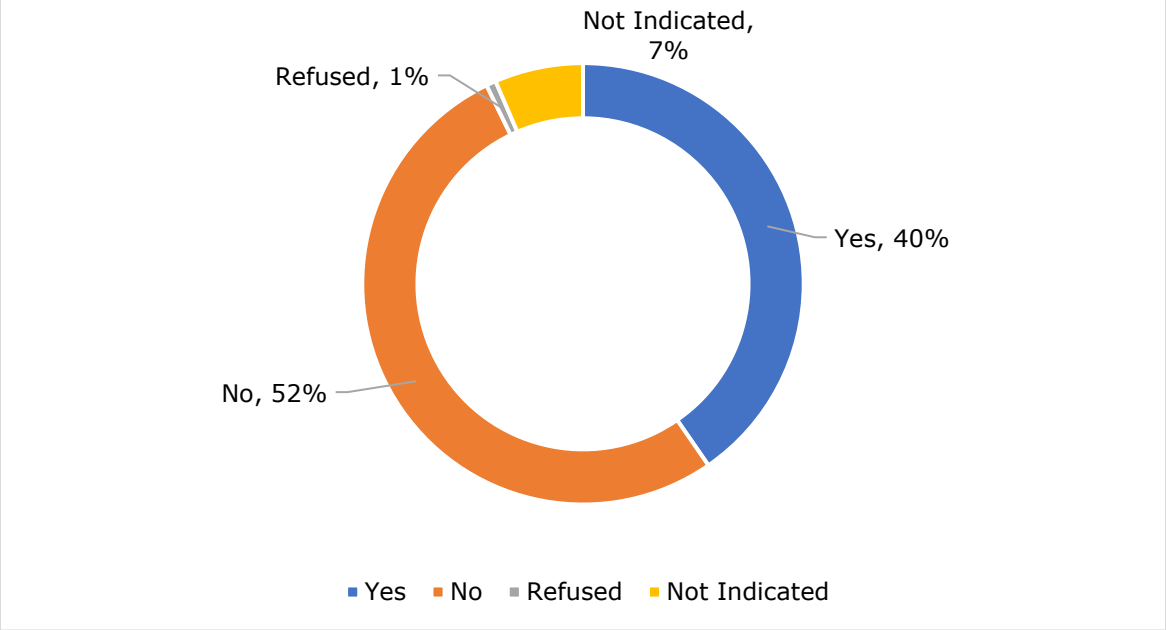
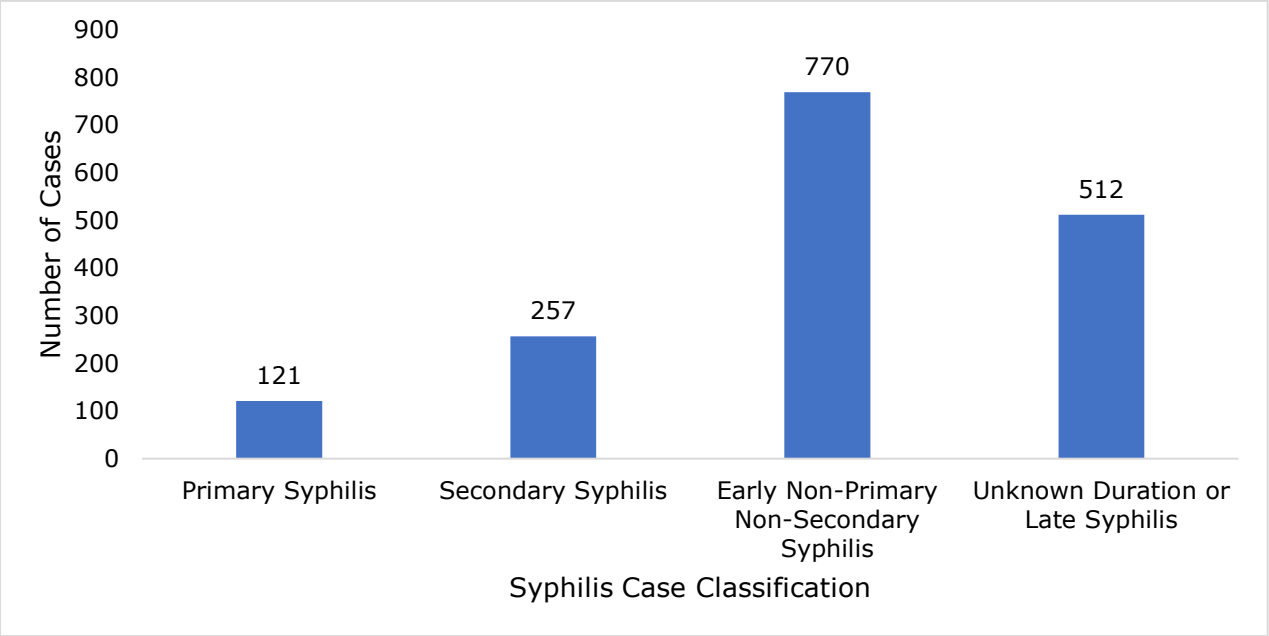


Figure 33: Syphilis History Among Total Syphilis Cases Interviewed in Texas, 2022



Incarceration History

Of those who participated in a partner services interview, 16 percent of total syphilis cases indicated an incarceration history within 12 months of their syphilis diagnosis (Figure 34). Males accounted for 66 percent of cases with an incarceration history (Figure 35).

Figure 34: Total Syphilis Cases Interviewed Which Indicated a History of Incarceration within 12 months of Diagnosis in Texas, 2022

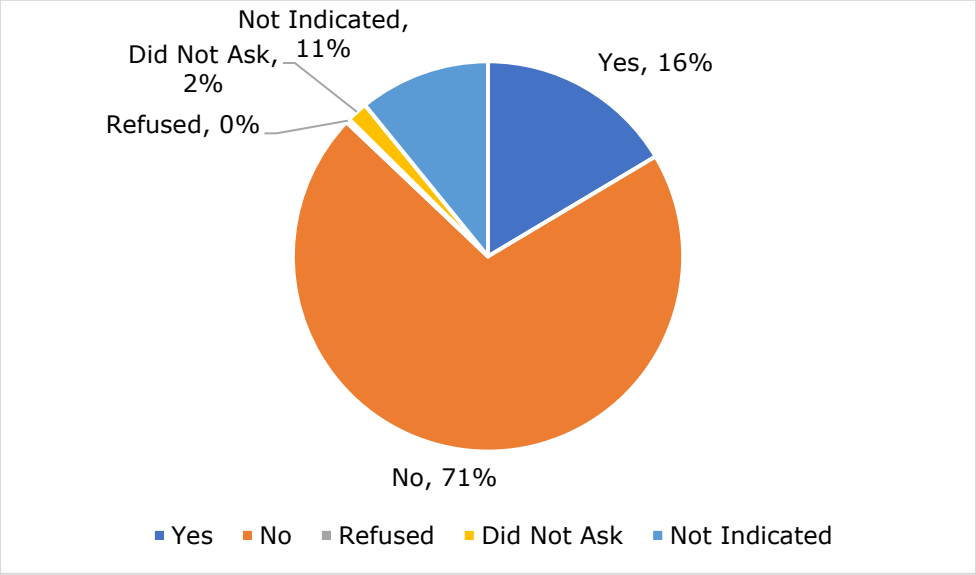
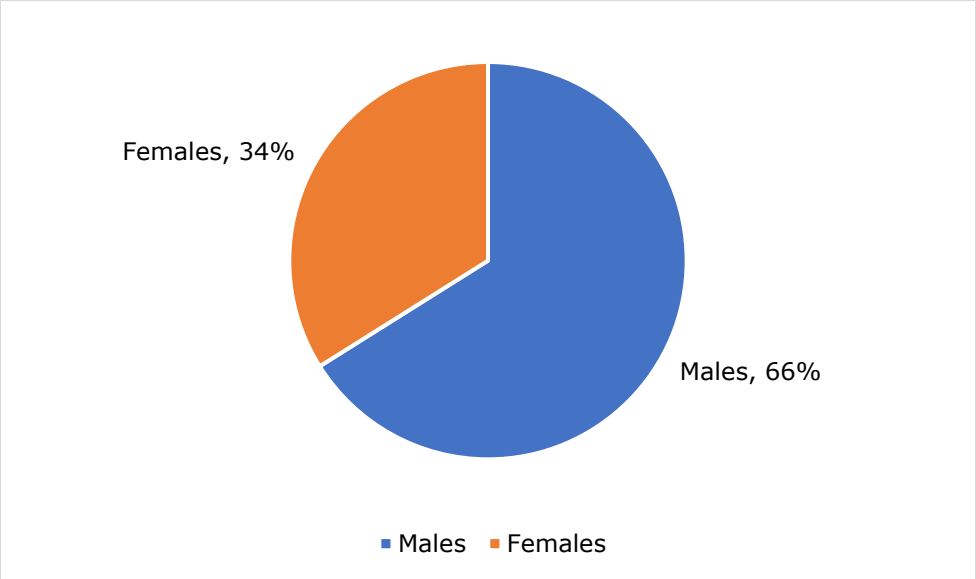


Figure 35: Total Syphilis Cases Interviewed Which Indicated a History of Incarceration within 12 months of Diagnosis by Sex at Birth in Texas, 2022



Substance Use

In 2022, 50 percent of total syphilis cases who participated in a partner services interview reported substance use within 12 months of their syphilis diagnosis (Figure 36). Additionally, 53 percent of male syphilis cases reported substance use, while 44 percent of female syphilis cases reported substance use (Figure 37). Among cases with reported substance use, 46 percent reported alcohol use within 12 months of their syphilis diagnosis, 29 percent of cases reported marijuana use, and 15 percent of cases reported methamphetamine use (Figure 38).

Figure 36: Substance Use History Among Total Syphilis Cases Interviewed in Texas, 2022

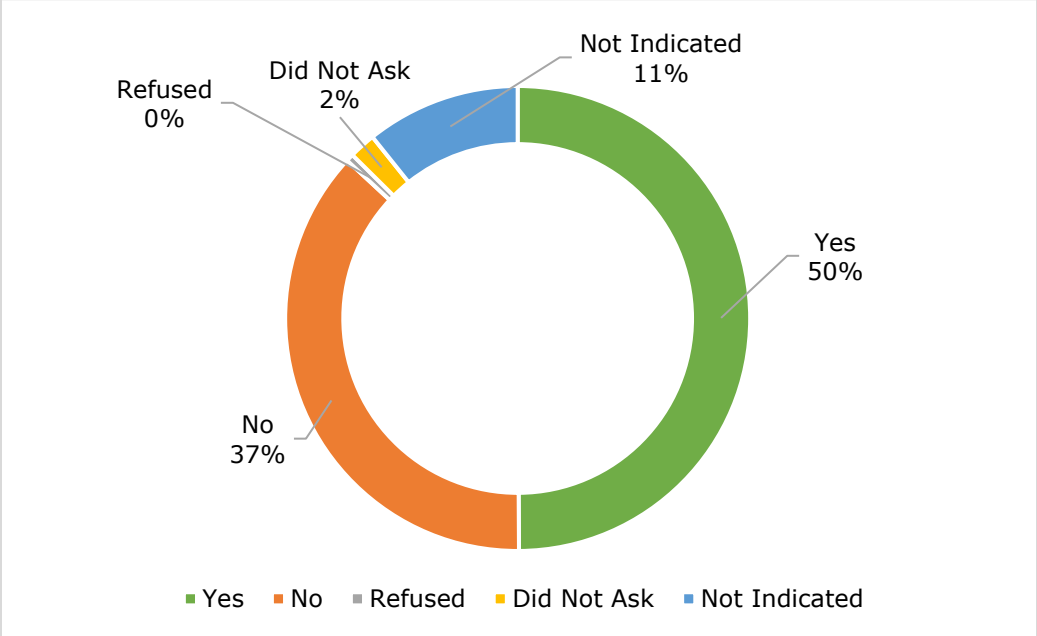
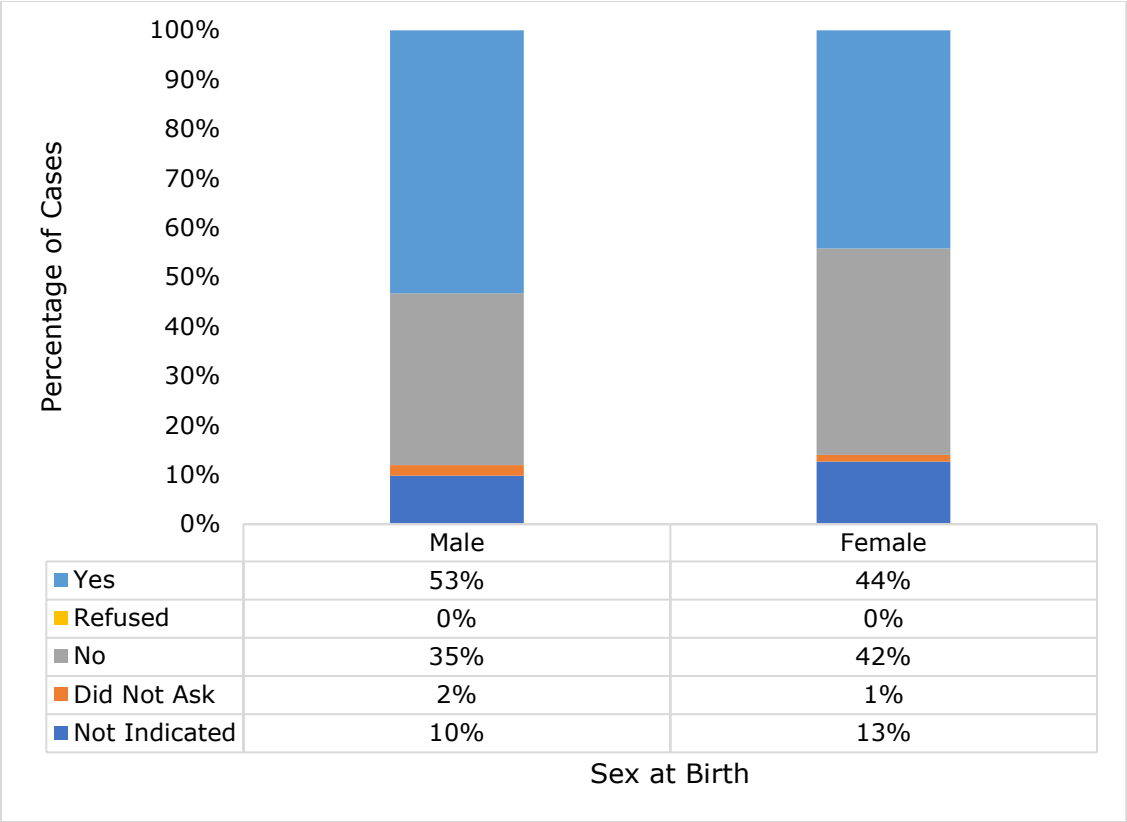
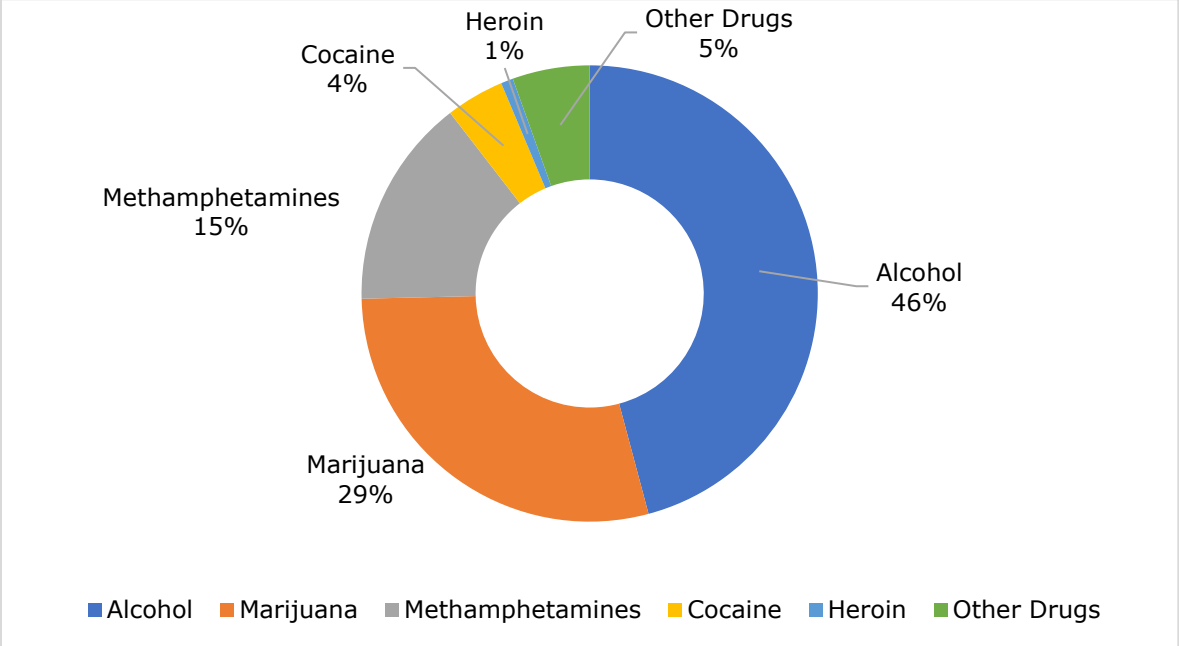


Figure 37: Substance Use History Among Total Syphilis Cases Interviewed by Sex at Birth in Texas, 2022



	Male	Female
Yes	53%	44%
Refused	0%	0%
No	35%	42%
Did Not Ask	2%	1%
Not Indicated	10%	13%

Figure 38: Substance Use Type Among Total Syphilis Cases Interviewed and indicated substance use history, Texas, 2022



Condom Use

Of the total syphilis cases interviewed, 76 percent reported vaginal, anal, or oral sex without a condom in the 12 months prior to their syphilis diagnosis (Figure 39). The 25–34-year-old age group reported the highest percentage of sex without a condom (73 percent), followed by the 15–24-year-old age group (39 percent) (Figure 40).

Figure 39: Condom Use Among Total Syphilis Cases Interviewed in Texas, 2022

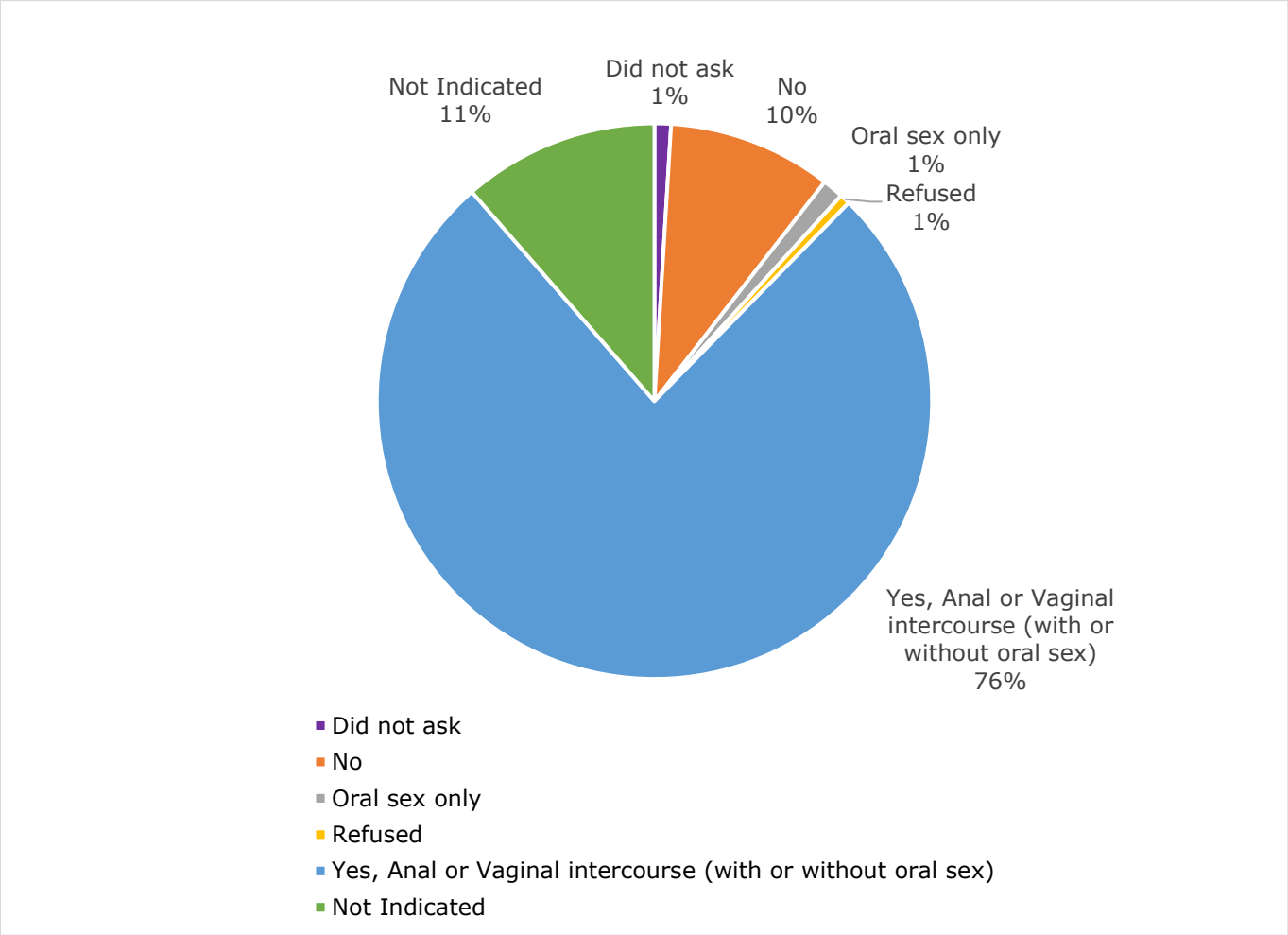
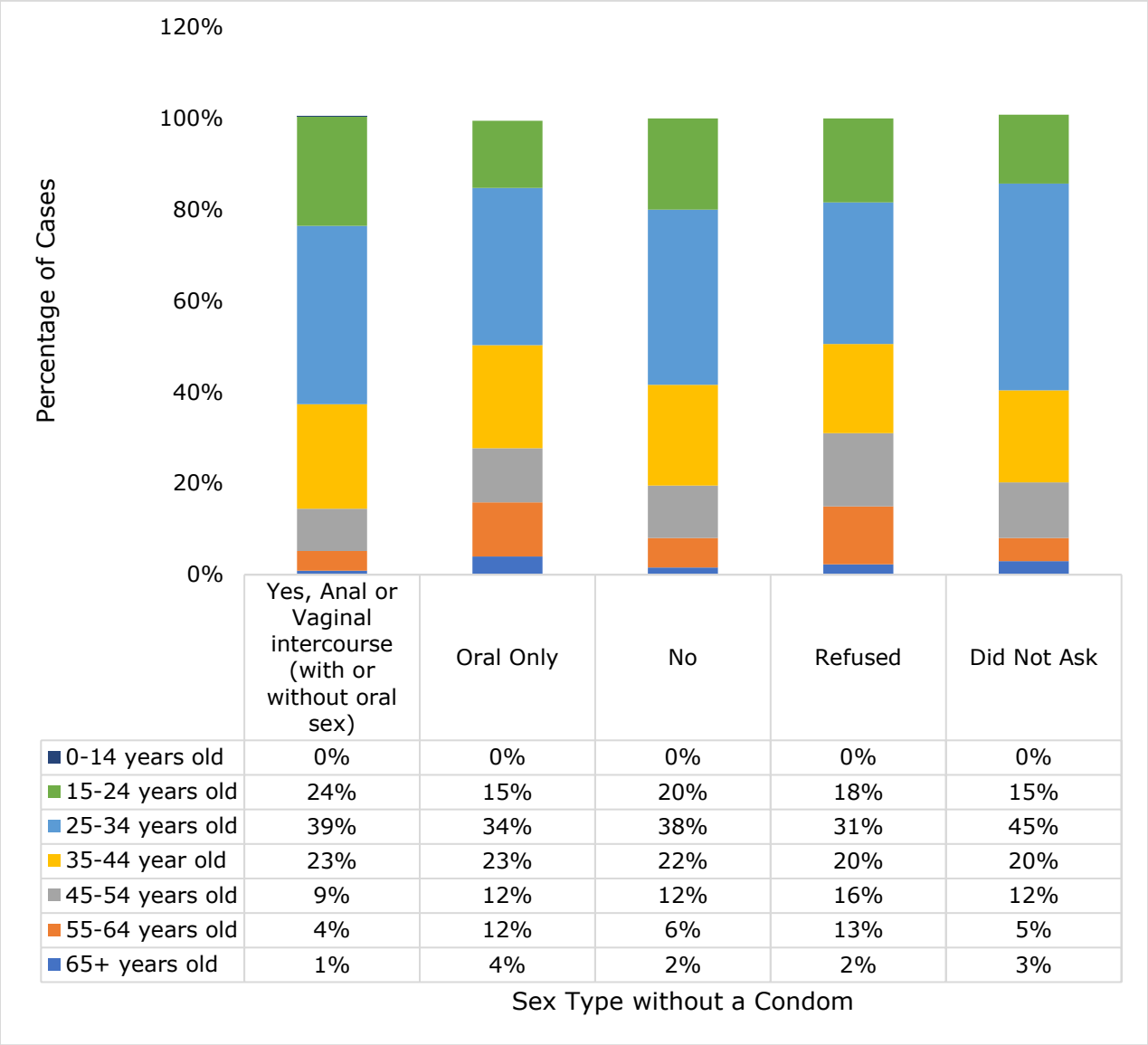


Figure 40: Sex Type Among Total Syphilis Cases Without Reported Condom Use in Texas, 2022



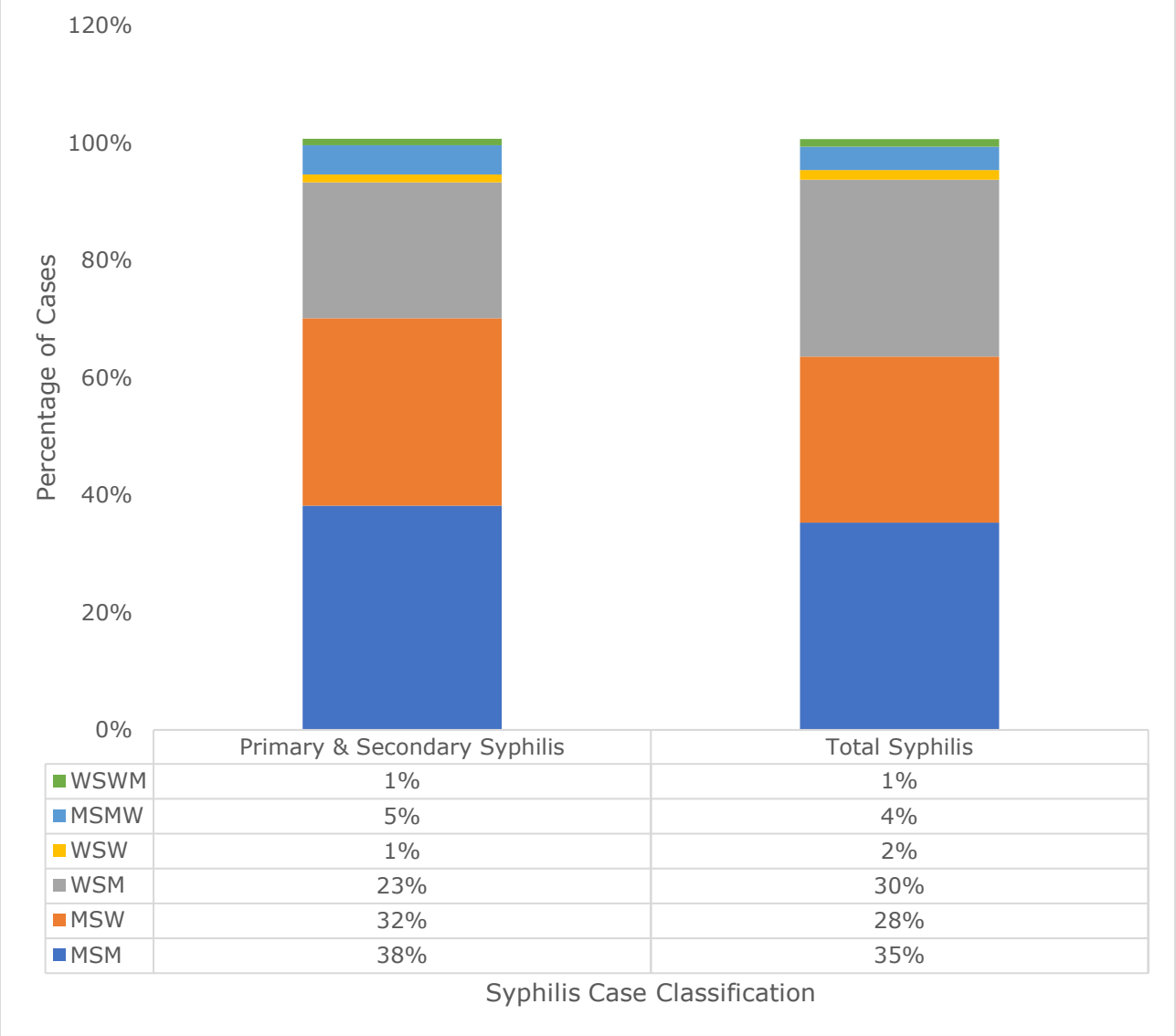
	Yes, Anal or Vaginal intercourse (with or without oral sex)	Oral Only	No	Refused	Did Not Ask
0-14 years old	0%	0%	0%	0%	0%
15-24 years old	24%	15%	20%	18%	15%
25-34 years old	39%	34%	38%	31%	45%
35-44 year old	23%	23%	22%	20%	20%
45-54 years old	9%	12%	12%	16%	12%
55-64 years old	4%	12%	6%	13%	5%
65+ years old	1%	4%	2%	2%	3%

Sex Type without a Condom

Sex of Sex Partners

Among syphilis cases interviewed in Texas, men who have sex with men (MSM) accounted for more than one-third of total syphilis cases (35 percent) and P&S syphilis cases (38 percent) (Figure 41).

Figure 41: Sex of Sex Partners Among Total Syphilis and P&S Syphilis Cases Interviewed in Texas, 2022



Venues

Of the 14,018 syphilis cases who participated in a partner services interview, 41 percent reported venues where they met their partners. The top three venues where total syphilis cases reported meeting sex partners include phone applications (38 percent), the internet (14 percent), and other (40 percent) (Figure 42). Other includes bath houses, bookstores, escort services, gyms and health clubs, motels and hotels, park rest areas, and shopping malls. P&S syphilis demonstrate the same top three venues with a change in ranking: phone applications (45 percent), other (30 percent), and the internet (18 percent) (Figure 43).

Figure 42: Venues Among Total Syphilis Cases Interviewed in Texas, 2022

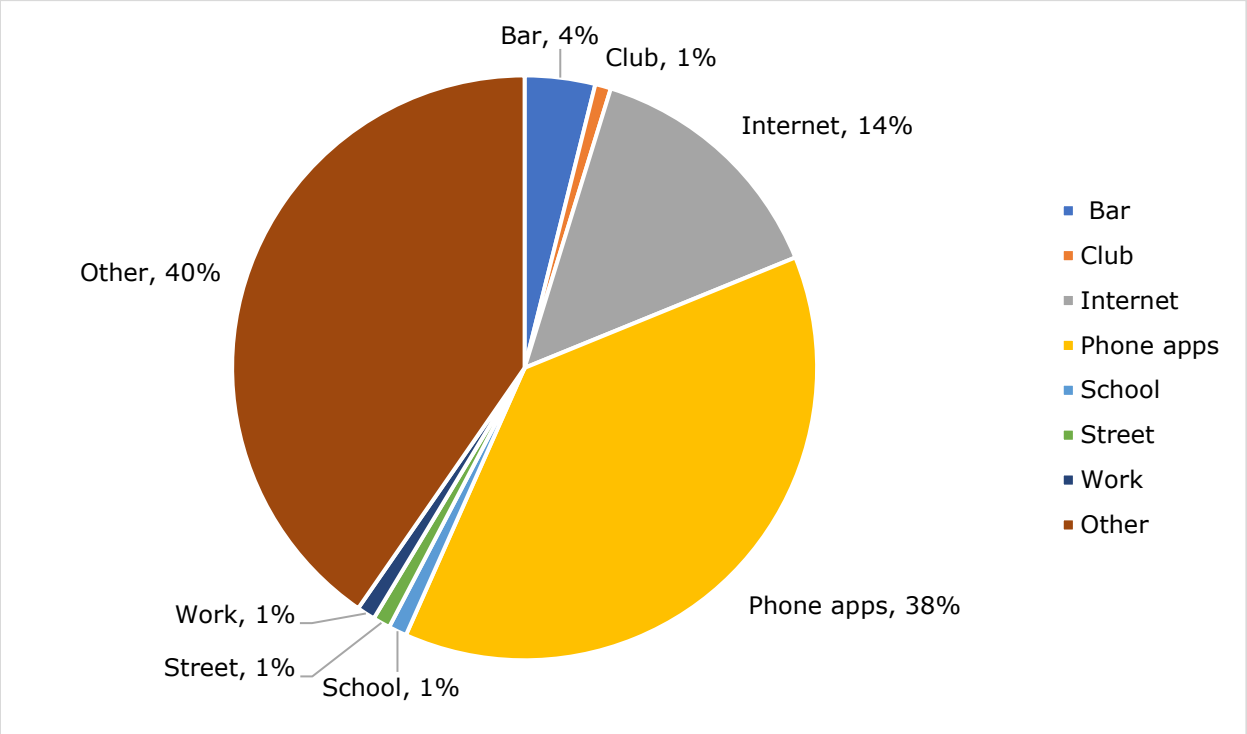
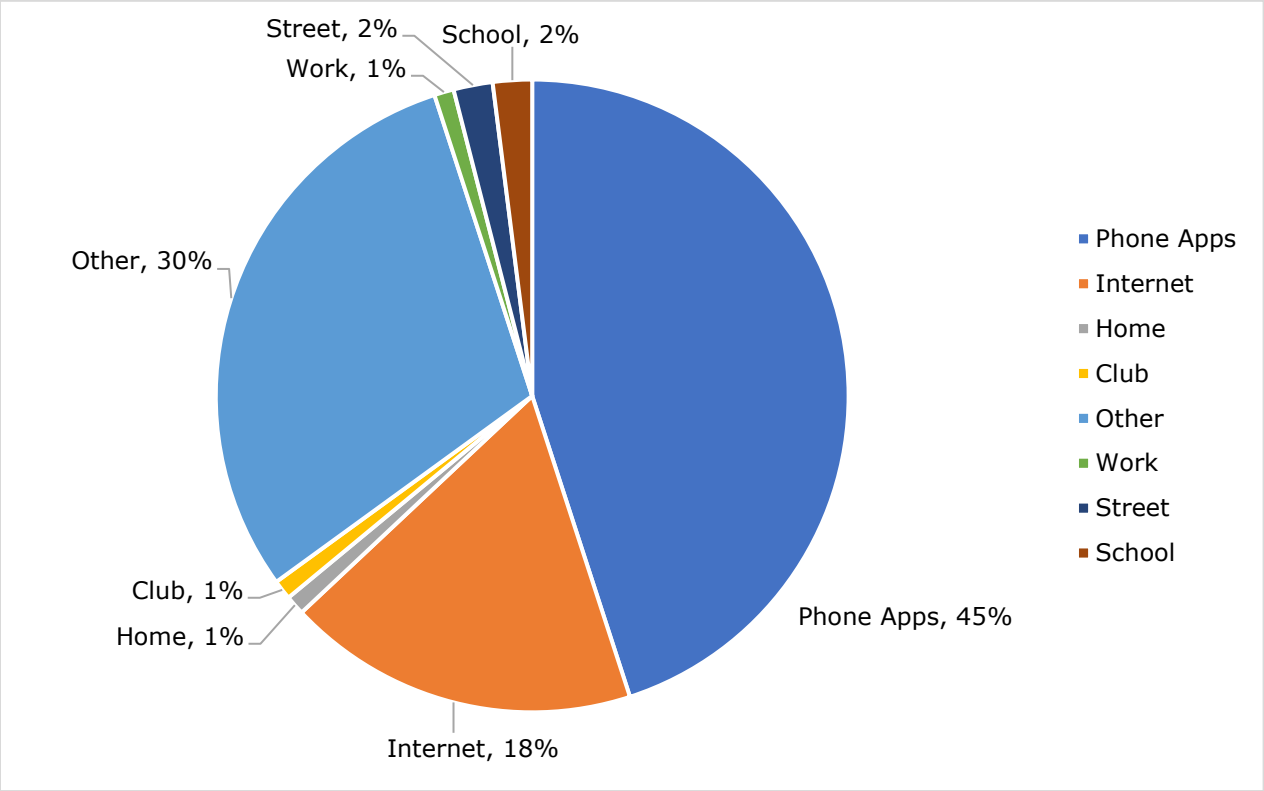


Figure 43: Venues Among P&S Cases Interviewed in Texas, 2022



Acronyms

Acronym	Full Name
CDC	Centers for Disease Control and Prevention
DSHS	Texas Department of State Health Services
FSTDI	Fundamentals of STD Intervention
MSM	Men who have Sex with Men
MSW	Men who have Sex with Women
WSM	Women who have Sex with Men
WSW	Women who have Sex with Women
MSMW	Men who have Sex with Men and Women
WSWM	Women who Sex with Women and Men
P&S	Primary and Secondary Syphilis
PHFU	Public Health Follow-Up
STD	Sexually Transmitted Disease

For more information:
healthdata.dshs.texas.gov/dashboard/diseases/sexually-transmitted-diseases

To request data, email hivstddata@dshs.texas.gov.