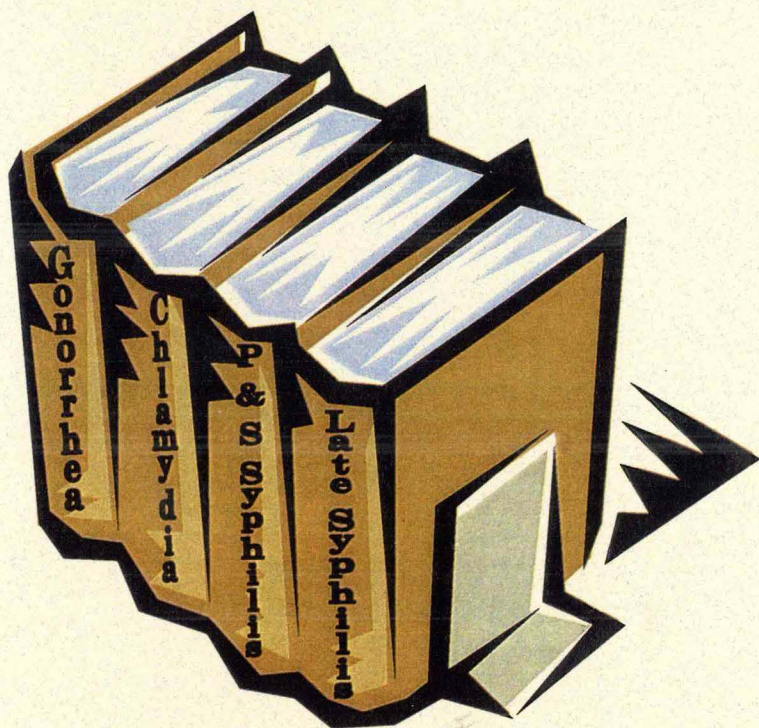


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Statistical Profile

2001



**STD Prevention
Program
Annual Statistics**

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SEXUALLY TRANSMITTED DISEASES

The Iowa Department of Public Health's Sexually Transmitted Disease (STD) Prevention Program is continuing its successful efforts to accomplish state and federal goals. In a rural state like Iowa, the STD Prevention Program must partner with other groups, agencies, and organizations for the delivery of information and services. The STD Prevention Program has established **65** provider sites for gonorrhea and chlamydia screening and treatment. The combination of local health departments and a network of local medical providers are the system that controls these diseases.

In the state of Iowa, syphilis, gonorrhea, chlamydia, HIV and AIDS, are reportable to the Iowa Department of Public Health. By Iowa Code, both the physician who ordered the test and the laboratory who processed the specimen is to report by name and other patient demographics. This information is protected by law and cannot be released to anyone other than individuals (Disease Prevention Specialists) who perform partner notification and partner referral. In Iowa, by law, a minor can be tested and treated for a STD without parental consent.

KEY FACTS & FIGURES

Sexually transmitted diseases (STDs) are among the most common infectious disease in the United States. More than 25 STDs affect approximately 15 million men and women in the United States each year.

STDs usually have no symptoms, particularly in women. When, and if, symptoms develop, they are usually confused with those of other diseases.

The direct and indirect costs of the major STDs – not including HIV infection – and their complications are estimated to total at least \$10 billion. HIV infection costs are estimated to be an additional \$7 billion.

Most Common STDs

Other than HIV, the most common STDs in the United States include:

Chlamydia. Chlamydia is the most common of all bacterial STDs, with an estimated three million new cases occurring each year. Chlamydia may cause an abnormal genital discharge and burning urination, although many people have few or no symptoms. In women, untreated chlamydia may lead to pelvic inflammatory disease (PID), one of the most common causes of ectopic pregnancy and infertility in women. While chlamydia is common among all races, reported cases are higher among racial and ethnic minorities. Once diagnosed chlamydia can be easily treated with common antibiotics.

Gonorrhea. An estimated 650,000 new cases of gonorrhea occur each year in the United States. The most common symptoms of this bacterial infection include discharge from the vagina or penis, and painful or difficult urination. In the past, penicillin was used to treat gonorrhea. However, in the last decade, several types of antibiotics resistance have emerged. Now, new antibiotics must be used to treat these resistant strains.

Syphilis. Approximately 70,000 cases of syphilis, a bacterial STD that progresses in stages, are estimated to occur annually in the United States. While the disease is curable and disease progression is preventable, syphilis can cause cardiovascular and neurological diseases, and blindness, if left untreated. Near elimination of syphilis in 1957* has been followed by a cycle of national increases every seven to ten years. In 1999, when the rate of syphilis cases in the United States reached an all-time low of 2.5 cases per 100,000 population, the CDC launched the National Plan to Eliminate Syphilis. Penicillin remains the most effective drug for treatment.

Herpes. Genital herpes – herpes simplex virus type two (HSV-2) – is one of the most common sexually transmitted diseases in the United States, with an estimated one million new infections in the United States each year. Common symptoms of herpes include painful blisters, open sores in the genital area, and recurrent painful ulcers. However, most people with herpes have no symptoms and are unaware of their infection. Symptoms of herpes can be treated with antiviral drugs, but the disease cannot be cured.

Human Papillomavirus. Human Papillomavirus (HPV) affects an estimated 5.5 million people each year, and is thought to be the most common STD among young, sexually active people. The virus can cause genital warts, but, in many cases, infects people without causing noticeable symptoms. At any one time, an estimated 20 million people in the United States have genital HPV infections that can be transmitted to others. In recent years, concerns about HPV have risen after studies linked some types of HPV infections with cervical cancer. Genital warts caused by HPV can be treated with topical drugs or by freezing. Regular Pap smears are recommended for sexually active women to detect precancerous cervical changes.

Hepatitis B. Each year, an estimated 120,000 people are infected sexually with hepatitis B virus (HBV), a serious viral disease that attacks the liver, and can cause extreme illness and even death. In some people, the infection resolves and the virus is cleared; however, many people are at risk for chronic HBV infection. These people face an increased risk of developing chronic liver disease and liver cancer. HBV vaccinations are recommended for all infants and for people at risk for the infection, particularly teens and young adults engaging in risky sexual or drug-related behavior.

EPIDEMIOLOGY

More than 65 million people in the United States are currently living with an incurable STD. Each year, 15 million people in the United States become infected with one or more STDs; roughly half of those contract lifelong infections.

STDs affect men and women of all backgrounds and economic levels, and are most prevalent among young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age.

STD rates tend to be higher among African Americans than white Americans. Reported rates of some STDs, such as gonorrhea and syphilis, are as much as 30 times higher for African Americans than for whites. However, higher reported STD rates among African Americans are due, in part, to the fact that they are more likely to seek care in public clinics that report STDs more routinely than private providers.

Recent studies have indicated high, and increasing, levels of STD infections among gay and bisexual men, indicating a possible reversal in earlier successes in risk reduction.

Women, by far, bear the greatest burden of STDs, suffering more frequent and more serious complications than men.

IOWA

Reported Cases of Sexually Transmitted Disease 2001

COUNTY	Syphilis					Gonorrhea		Chlamydia		TOTAL STD
	P-S	EL	LL	CONG	Total	GC	Total	CT	Total	
ADAIR						1	1	3	3	4
ADAMS										
ALLAMAKEE								11	11	11
APPANOOSE								13	13	13
AUDUBON								5	5	5
BENTON						4	4	28	28	32
BLACK HAWK			1		1	175	175	499	499	675
BOONE								22	22	22
BREMER	1		1		2	4	4	20	20	26
BUCHANAN						1	1	10	10	11
BUENA VISTA						2	2	35	35	37
BUTLER						1	1	10	10	11
CALHOUN			1		1	1	1	6	6	8
CARROLL						1	1	4	4	5
CASS								8	8	8
CEDAR						2	2	11	11	13
CERRO GORDO						5	5	42	42	47
CHEROKEE								7	7	7
CHICKASAW						1	1	8	8	9
CLARKE						1	1	11	11	12
CLAY						1	1	18	18	19
CLAYTON								7	7	7
CLINTON						33	33	71	71	104
CRAWFORD						1	1	19	19	20
DALLAS						1	1	34	34	35
DAVIS								6	6	6
DECATUR						1	1	10	10	11
DELAWARE			1		1	1	1	6	6	8
DES MOINES			1		1	15	15	177	177	193
DICKINSON								12	12	12
DUBUQUE						35	35	180	180	215
EMMET								9	9	9
FAYETTE						2	2	27	27	29
FLOYD						2	2	12	12	14
FRANKLIN								2	2	2

COUNTY	P-S	EL	LL	CONG	Total	GC	Total	CT	Total	Total STD
FREMONT						1	1	6	6	7
GREENE						1	1	4	4	5
GRUNDY								4	4	4
GUTHRIE						2	2	6	6	8
HAMILTON								8	8	8
HANCOCK								4	4	4
HARDIN						3	3	5	5	8
HARRISON						1	1	7	7	8
HENRY						3	3	44	44	47
HOWARD						1	1	3	3	4
HUMBOLDT						3	3	9	9	12
IDA								2	2	2
IOWA						3	3	13	13	16
JACKSON								18	18	18
JASPER						1	1	46	46	47
JEFFERSON						3	3	12	12	15
JOHNSON						70	70	300	300	370
JONES						1	1	12	12	13
KEOKUK						1	1	21	21	22
KOSSUTH						1	1	1	1	2
LEE						9	9	105	105	114
LINN			8		8	280	280	549	549	837
LOUISA						1	1	19	19	20
LUCAS								9	9	9
LYON								2	2	2
MADISON								8	8	8
MAHASKA						6	6	26	26	32
MARION						2	2	36	36	38
MARSHALL	1				1	4	4	66	66	71
MILLS						1	1	6	6	7
MITCHELL								4	4	4
MONONA								8	8	8
MONROE								4	4	4
MONTGOMERY								16	16	16
MUSCATINE						9	9	110	110	119
O'BRIEN								8	8	8
OSCEOLA								3	3	3
PAGE								4	4	4
PALO ALTO								4	4	4
PLYMOUTH						3	3	15	15	18
POCAHONTAS								2	2	2
POLK	1	4	10		15	271	271	1133	1133	1419
POTTAWATTAMIE			3		3	27	27	153	153	183
POWESHIEK						1	1	19	19	20
RINGGOLD								2	2	2
SAC								2	2	2
SCOTT	1		4		5	288	288	705	705	998

COUNTY	P-S	EL	LL	CONG	Total	GC	Total	CT	Total	Total STD
SHELBY								5	5	5
SIOUX								17	17	17
STORY						18	18	136	136	154
TAMA						3	3	35	35	38
TAYLOR						1	1	3	3	4
UNION								20	20	20
UNKNOWN						5	5	6	6	11
VAN BUREN						1	1	6	6	7
WAPELLO			1		1	2	2	63	63	66
WARREN						2	2	43	43	45
WASHINGTON						1	1	27	27	28
WAYNE								4	4	4
WEBSTER			1		1	25	25	86	86	112
WINNEBAGO						1	1	4	4	5
WINNESHIEK								10	10	10
WOODBURY	1	1			2	76	76	352	352	430
WORTH		1			1			5	5	6
WRIGHT						1	1	8	8	9
TOTAL	5	6	32	0	43	1424	1424	5716	5716	7183

P-S = Primary or Secondary, EL = Early Latent (<1 year), LL = Late Latent, CONG = Congenital, GC = Gonorrhea, CT = Chlamydia
Source: Iowa Department of Public Health STD Prevention Program

Some Facts About Gonorrhea

What is gonorrhea? Gonorrhea is a common sexually transmitted disease (STD).

What causes gonorrhea? Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in mucous membranes of the body. Gonorrhea bacteria can grow in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacteria can also grow in the mouth, throat, and anus.

How do people get gonorrhea? Gonorrhea is spread through sexual contact (vaginal, oral, or anal).

Gonorrhea infection can spread to other unlikely parts of the body. For example, a person can get an eye infection after touching infected genitals and then the eyes. Individuals who have had gonorrhea and received treatment may get infected again if they have sexual contact with persons infected with gonorrhea.

How common is gonorrhea? Gonorrhea is a very common infectious disease. Each year approximately 650,000 people in the United States are infected with gonorrhea.

What are the signs and symptoms of gonorrhea? When initially infected, about 50 percent of men have some signs or symptoms. Symptoms and signs include a burning sensation when urinating and a yellowish white discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles.

In women, the early symptoms of gonorrhea are often mild, and many women who are infected have no symptoms of infection. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include a painful or burning sensation when urinating and a vaginal discharge that is yellow or bloody. Women with no or mild gonorrhea symptoms are still at risk of developing serious complications from the infection. Untreated gonorrhea in women can develop into pelvic inflammatory disease (PID). See below for the complications of gonorrhea.

Symptoms of rectal infection include discharge, anal itching, soreness, bleeding and sometimes painful bowel movements. Infections in the throat cause few symptoms.

When do symptoms appear? In men, symptoms usually appear 2 to 5 days after infection, but it can take as long as 30 days for symptoms to begin. Regardless of symptoms, once a person is infected with gonorrhea, he or she can spread the infection to others if condoms or other protective barriers are not used during sex.

How is gonorrhea diagnosed? Several laboratory tests are available to diagnose gonorrhea. A health care provider can obtain a sample of fluid from the infected mucus membrane (cervix, urethra, rectum, or throat) and send the specimen to a laboratory for analysis. A quick laboratory test for gonorrhea that can be done in the clinic or doctor's office is a Gram stain. The Gram stain allows the doctor to see the gonorrhea bacteria under a microscope. This test works better for men than for women.

Who is at risk for gonorrhea? Any sexually active person can be infected with gonorrhea. In the United States, approximately 75 percent of all reported gonorrhea is found in younger persons aged 15 to 19 years. The highest rates of infection are usually found in 15 to 19-year old-women and 20 to 24-year-old men.

What is the treatment for gonorrhea? Many of the currently used antibiotics can successfully cure uncomplicated gonorrhea in adolescents and adults. Penicillin is a common antibiotic that is no longer used to treat gonorrhea, because many strains of the gonorrhea bacterium have become resistant to penicillin. Because many people with gonorrhea also have chlamydia, antibiotics for both infections are usually given together. Persons with gonorrhea should also be screened for other STDs.

It is important to take all of the medication prescribed to cure gonorrhea, even if the symptoms or signs stop before all the medication is gone. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Persons who have had gonorrhea and have been treated can also get the disease again if they have sexual contact with an infected person.

What are the complications of gonorrhea? Untreated gonorrhea can cause serious and permanent problems in both women and men.

In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). About 1 million women each year in the United State develop PID. Women with PID do not necessarily have symptoms or signs. When symptoms or signs are present, they can be very severe and can include strong abdominal pain and fever. PID can lead to internal abscesses, long-lasting pelvic pain, and infertility. PID can cause infertility or damage the fallopian tubes (egg canals) enough

to increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis, a painful condition of the testicles that can sometimes lead to infertility if left untreated. Without prompt treatment, gonorrhea can also affect the prostate and can lead to scarring inside the urethra, making urination difficult.

Gonorrhea can spread to the blood or joints. This condition can be life-threatening. Also, people with gonorrhea can more easily contract HIV, the virus that causes AIDS. People with HIV infection and gonorrhea are more likely to transmit HIV than those with HIV infection alone.

How does gonorrhea affect a pregnant woman and her baby? Gonorrhea in a pregnant woman can cause premature delivery or spontaneous abortion. The infected mother may give the infection to her infant as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will lessen the risk of these complications. Pregnant women should consult a health care provider for appropriated medications.

How can gonorrhea and other STD's be prevented? People who choose to engage in sexual behaviors that place them at risk for STDs should use latex condoms every time they have sex. A condom put on the penis before starting sex and worn until the penis is withdrawn can help protect both the male and the female partner from gonorrhea. When a male condom cannot be used appropriately, sex partners should consider using a female condom.

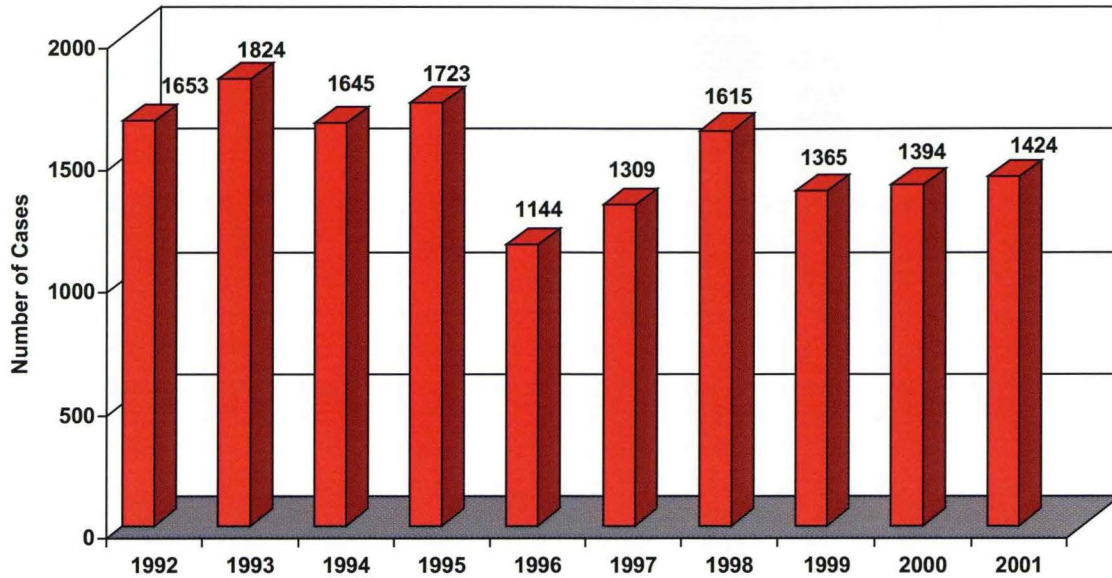
Condoms do not provide complete protection from all STDs. Sores and lesions of other STDs on infected men and women may be present in areas not covered by the condom, resulting in transmission of the infection.

- **Practice sexual abstinence, or limit sexual contact to one uninfected partner.**
- **Limit the number of sex partners, and do not go back and forth between partners.**
- **If you think you are infected, avoid sexual contact and see a health care provider immediately.**

Any genital symptoms such as discharge or burning during urination or unusual sore or rash should be a signal to stop having sex and to consult a health-care provider immediately. If you are told you have gonorrhea or any other STD and receive treatment, you should notify all of your recent sex partners so that they can see a health-care provider and be treated. This will reduce the risk that your partners will develop serious complications from gonorrhea and will reduce your own risk of becoming reinfected.

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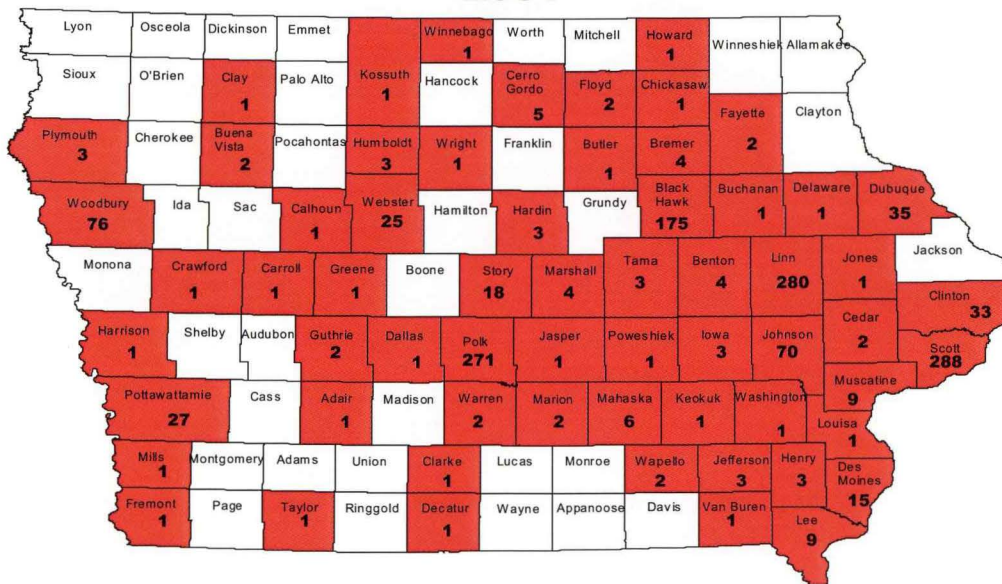
Reported Cases of Gonorrhea by Year 1992- 2001



SOURCE: Iowa Department of Public Health STD Prevention Program

IOWA

Reported Cases of Gonorrhea by County 2001

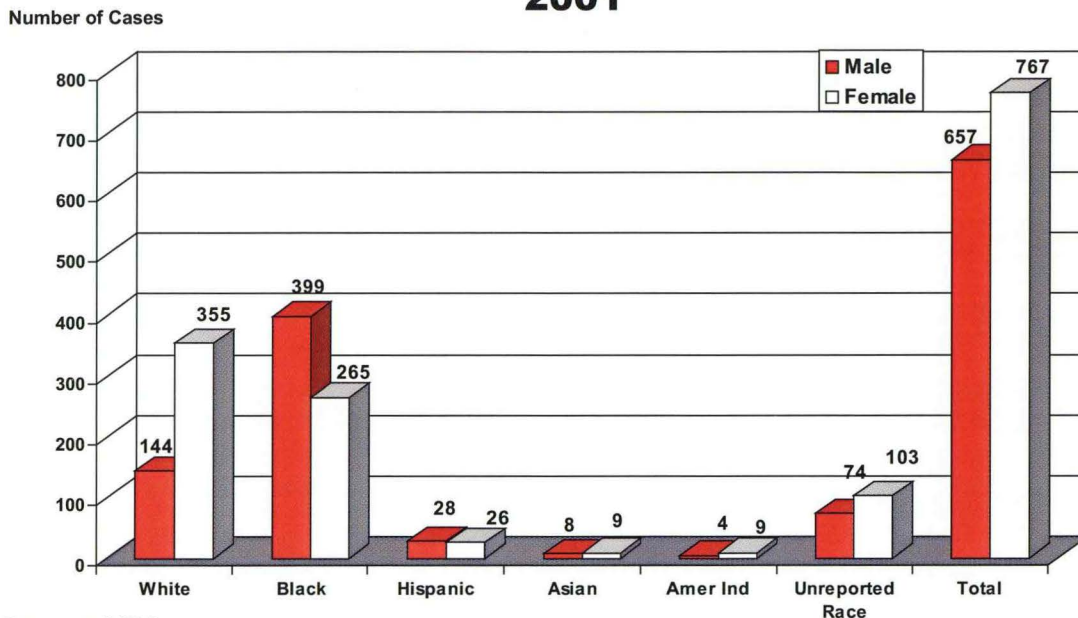


Total Cases = 1424 (includes 5 cases in unknown counties)

SOURCE: Iowa Department of Public Health STD Prevention Program

IOWA

Reported Cases of Gonorrhea by Race/Ethnicity and Gender 2001

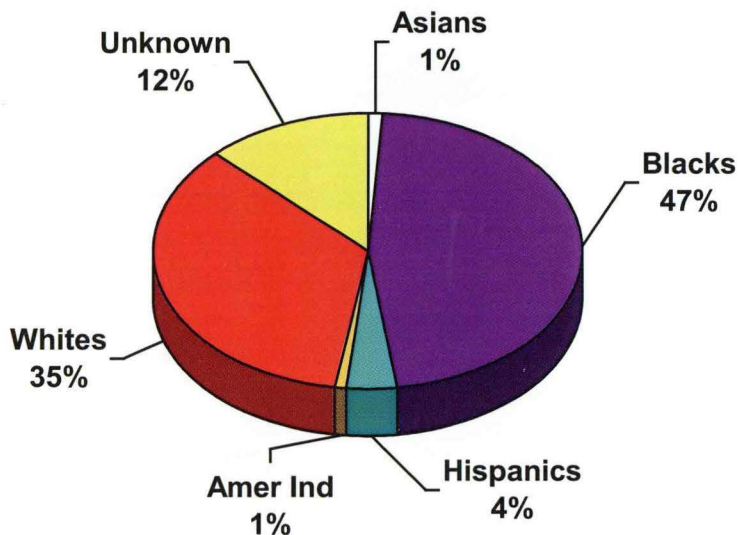


Total Cases = 1424

SOURCE: Iowa Department of Public Health STD Prevention Program

Iowa

Reported Cases of Gonorrhea by Race/Ethnicity 2001



Total Cases = 1424

SOURCE: Iowa Department of Public Health STD Prevention Program

Iowa

Reported Cases of Gonorrhea by Age, Race/Ethnicity, and Gender 2001

AgeGroup	Asian		Black		Hispanic		Amer. Indian		White		Unknown		Total		Unk Sex	All
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
0 - 4	0	0	1	2	0	0	0	0	0	1	0	0	1	3	0	4
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	0	0	16	0	0	0	0	1	5	0	3	1	24	0	25
15 - 19	2	3	67	107	1	10	0	3	23	117	14	35	107	275	0	382
20 - 24	2	4	157	82	17	11	2	5	48	137	21	31	247	270	0	517
25 - 29	1	2	82	32	5	3	0	1	24	40	12	19	124	97	0	221
30 - 34	2	0	38	16	1	1	0	0	13	24	11	8	65	49	0	114
35 - 39	1	0	32	6	0	1	0	0	14	19	6	6	53	32	0	85
40 - 44	0	0	15	3	1	0	0	0	11	6	3	1	30	10	0	40
45 - 54	0	0	5	0	1	0	2	0	10	6	7	0	25	6	0	31
55 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65+	0	0	1	1	1	0	0	0	0	0	0	0	2	1	0	3
UNK	0	0	1	0	1	0	0	0	0	0	0	0	2	0	0	2
Total	8	9	399	265	28	26	4	9	144	355	74	103	657	767	0	1424

Total Asians =	17	1%
Total Blacks =	664	47%
Total Hispanics =	54	4%
Total Amer. Ind =	13	1%
Total Whites =	499	35%
Total Unknown =	177	12%

Source: Iowa Department of Public Health STD Prevention Program

SOME FACTS ABOUT CHLAMYDIA

What is Chlamydia? Chlamydia is a STD that is caused by the bacterium *Chlamydia trachomatis*. Because approximately 75 percent of women and 50 percent of men have no symptoms, most people infected with chlamydia are not aware of their infections and therefore may not seek health care.

When diagnosed, chlamydia can be easily treated and cured. Untreated, chlamydia can cause severe, costly reproductive and other health problems that include both short and long term consequences, including PID, a critical link to infertility, and potentially fatal tubal pregnancy.

Up to 40 percent of women with untreated chlamydia will develop PID. Undiagnosed PID caused by chlamydia is common. Of those with PID, 20 percent will become infertile; 18 percent will experience debilitating, chronic pelvic pain; and 9 percent will have a life-threatening tubal pregnancy. Tubal pregnancy is the leading cause of first-trimester, pregnancy-related deaths in American women. Chlamydia may also result in adverse outcomes of pregnancy, including neonatal conjunctivitis and pneumonia. In addition, recent research has shown that women infected with chlamydia have a 3 to 5 fold increased risk of acquiring HIV, if exposed. Chlamydia is also common among young men, who are seldom offered screening. Untreated chlamydia in men typically causes urethral infection, but may also result in complications such as swollen and tender testicles.

What is the magnitude of the problem? Chlamydia is the most frequently reported infectious disease in the United States, an estimated 3 million cases occur annually. Severe under reporting is largely a result of substantial numbers of asymptomatic persons whose infections are not identified because screening is not available.

How are adolescents and young women affected? As many as 1 in 10 adolescent girls tested for chlamydia is infected.

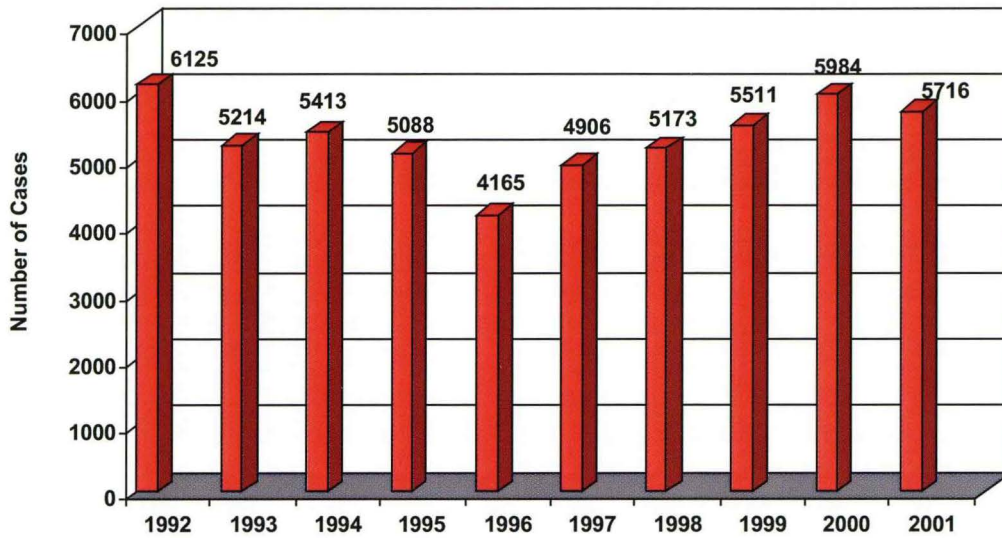
Based on reports to CDC provided by states that collect age-specific data, teenage girls have the highest rates of chlamydial infection. In the United States, 15 to 19-year-old girls represent 46% of infections and 20 to 24-year-old women represent another 33 percent. These high percentages are consistent with high rates of other STDs among teenagers.

What does chlamydia cost? The annual cost of chlamydia and its consequences in the United States is more than \$2 billion. The CDC estimates screening and treatment programs can be conducted at an annual cost of \$175 million. Every dollar spent on screening and treatment saves \$12 in complications that result from untreated chlamydia.

What is being done to address the problem? CDC has developed recommendations for the prevention and management of chlamydia for all health-care providers. These recommendations call for screening all sexually active females under 20 years of age at least annually, and annual screening of women ages 20 and older with one or more risk factors for chlamydia (i.e., new or multiple sex partners and lack of barrier contraception). All women with infection of the cervix and all pregnant women should be tested.

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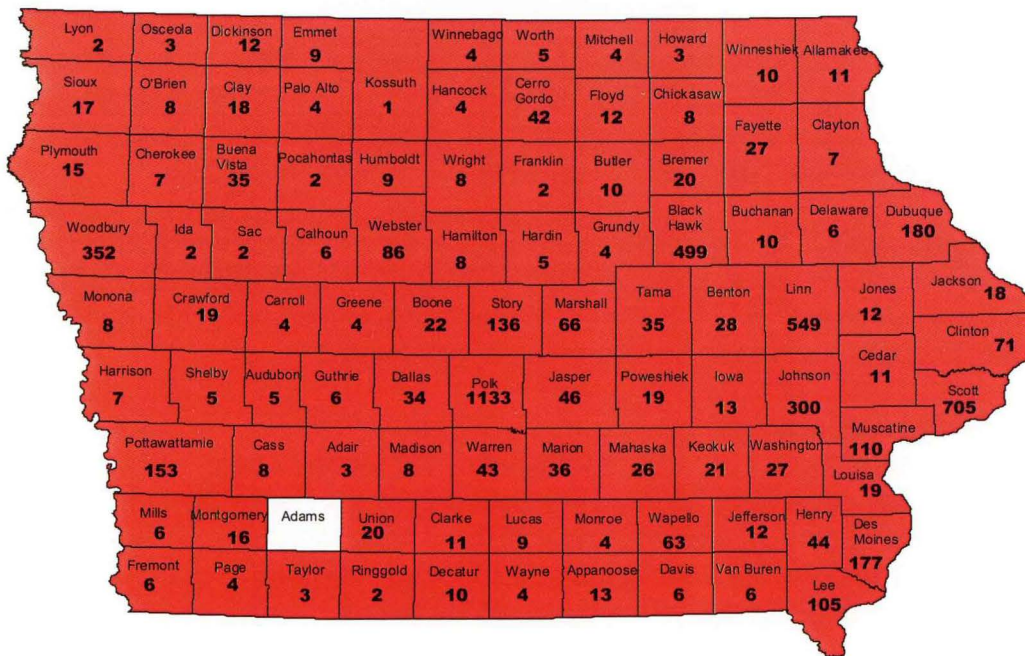
Reported Cases of Chlamydia by Year 1992 - 2001



Source: Iowa Department of Public Health STD Prevention Program

IOWA

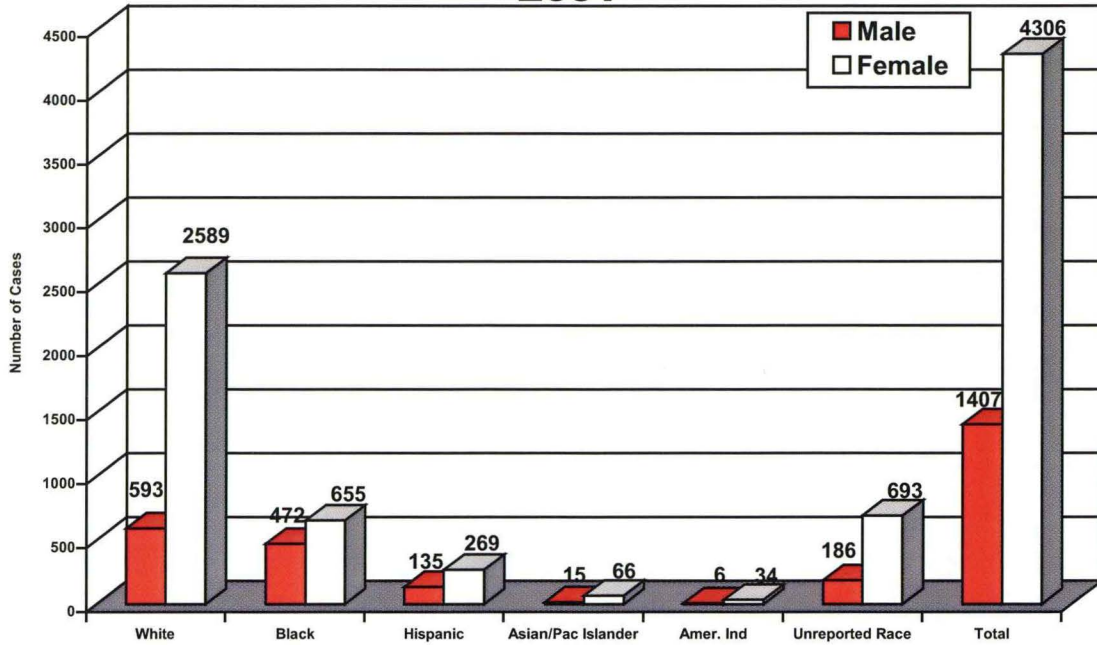
Reported Cases of Chlamydia by County 2001



Total Cases = 5716 (includes 6 cases in unknown counties)

Source: Iowa Department of Public Health STD Prevention Program

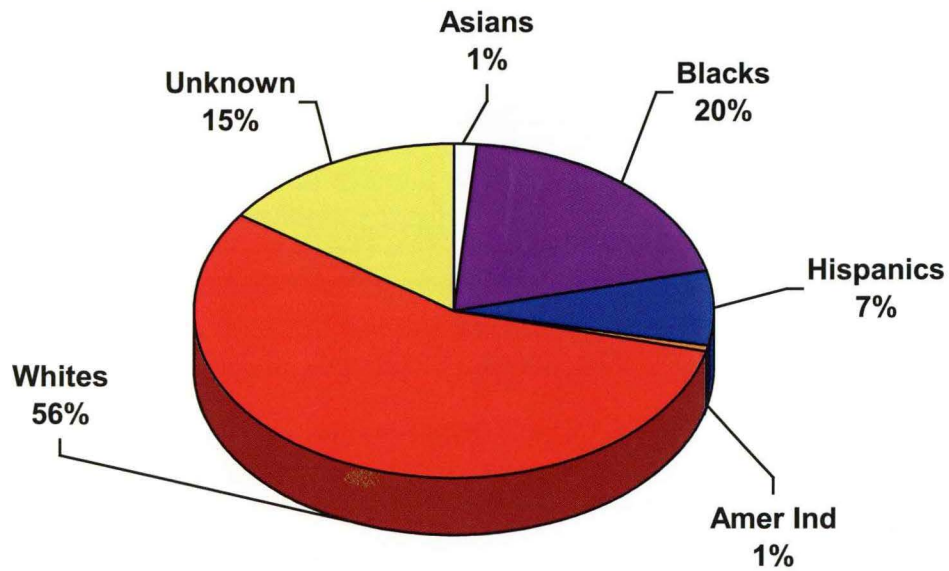
IOWA Reported Cases of Chlamydia by Race/Ethnicity and Gender 2001



Total Cases = 5716 (includes 3 unreported gender)

Source: Iowa Department of Public Health STD Prevention Program

IOWA Reported Cases of Chlamydia by Race/Ethnicity 2001



Source: Iowa Department of Public Health STD Prevention Program

IOWA

Reported Cases of Chlamydia by Age, Race/Ethnicity, and Gender 2001

AgeGroup	Asian		Black		Hispanic		Amer. Indian		White		Unknown		Total		Unk Sex	All
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
0 - 4	0	0	1	0	0	0	0	0	2	4	0	3	3	7	0	10
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	1	0	24	0	1	0	2	0	26	1	14	1	68	0	69
15 - 19	2	22	109	266	28	92	3	7	112	1084	31	290	285	1761	1	2047
20 - 24	7	24	189	241	60	105	1	12	326	1104	76	242	659	1728	0	2387
25 - 29	3	15	99	77	26	42	1	11	88	243	37	97	254	485	0	739
30 - 34	1	2	39	26	12	13	0	2	32	67	16	26	100	136	1	237
35 - 39	2	0	17	11	4	10	0	0	14	35	14	8	51	64	1	116
40 - 44	0	2	15	3	2	3	0	0	7	11	6	6	30	25	0	55
45 - 54	0	0	2	5	1	0	1	0	6	7	2	3	12	15	0	27
55 - 64	0	0	0	0	0	0	0	0	3	0	2	0	5	0	0	5
65+	0	0	1	0	0	0	0	0	3	2	0	0	4	2	0	6
UNK	0	0	0	2	2	3	0	0	0	6	1	4	3	15	0	18
Total	15	66	472	655	135	269	6	34	593	2589	186	693	1407	4306	3	5716

Total Asians =	82	1%
Total Blacks =	1128	20%
Total Hispanics =	404	7%
Total Amer. Ind =	40	1%
Total Whites =	3182	56%
Total Unknown =	880	15%

Source: Iowa Department of Public Health, STD Prevention Program

Some Facts About Syphilis

What is syphilis? Syphilis is a complex STD caused by the bacterium *Treponema Pallidum*. It has often been called the great imitator because so many of the signs and symptoms are indistinguishable from those of other diseases.

How is syphilis spread? The syphilis bacterium is passed from person to person through direct contact with a syphilis sore. Sores mainly occur on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread by toilet seats, door knobs, swimming pools, hot tubs, bath tubs, shared clothing, or eating utensils.

What are the signs and symptoms in adults? The time between picking up the bacterium and the start of the first symptom can range from 10 to -90 days (average 21 days). The primary stage of syphilis is marked by the appearance of a single sore (called a chancre). The chancre is usually firm, round, small, and painless. It appears at the spot where the bacterium entered the body. The chancre lasts 1 to 5 weeks and will heal on its own. If adequate treatment is not administered, the infection progresses to the secondary stage. The second stage starts when one or more areas of the skin break into a rash that usually does not itch. Rashes can appear as the chancre is fading or can be delayed for weeks. The rash often appears as rough, "copper penny" spots on both the palms of the hands and the bottoms of the feet. The rash also may appear as a prickly heat rash, as small blotches or scales all over the body, as a bad case of old acne, as moist warts in the groin area, as slimy white patches in the mouth, as sunken dark circles the size of a nickel or dime, or as pus-filled bumps like chicken pox. Some of these signs on the skin look like symptoms of other diseases. Sometimes the rashes are so faint they are not noticed. Rashes typically last 2 to 6 weeks and clear up on their own. In addition to rashes, second stage symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and tiredness. A person can easily pass the disease to sex partners when first or second stage signs or symptoms are present.

The latent (hidden) stage of syphilis begins when the secondary symptoms disappear. If the infected person has not received treatment, he/she still has syphilis even though there are no signs or symptoms. The bacterium remains in the body and begins to damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. In about one-third of untreated persons, this internal damage shows up many years later in the late or tertiary stage of syphilis. Late stage signs and symptoms include not being able to coordinate muscle movements, paralysis, no longer feeling pain, gradual blindness, dementia (madness) or other personality changes, impotency, shooting pains, blockage or ballooning of the heart vessels, tumors or "gummas" on the skin, bones, liver, or other organs, severe pain in the stomach, repeated vomiting, damage to knee joints, and deep sores on the soles of the feet or toes. This damage may be serious enough to cause death.

Can a newborn get syphilis? An infected pregnant woman has about a 40 percent chance of having a still birth (syphilitic stillbirth) or giving birth to a baby who dies shortly after birth. A baby born to a mother with either untreated syphilis or syphilis treated after the 34th week of pregnancy has a 40 to 70 percent chance of being infected with syphilis (congenital syphilis). An infected baby may be born without symptoms but may develop them within a few weeks, if not treated immediately. These signs and symptoms can be very serious and include skin

sores, a very runny nose, which is sometimes bloody (and infectious), slimy patches in the mouth, inflamed arm and leg bones, a swollen liver, anemia, jaundice, or a small head. Untreated babies may become retarded or may have seizures. About 12 percent of infected newborns will die because of the disease.

How is syphilis diagnosed? The syphilis bacterium can be detected by a health care provider who examines material from infectious sores under a microscope. Shortly after infection occurs, the body produces syphilis antibodies that are detected with a blood test. A syphilis blood test is accurate, safe, and inexpensive. A low level of antibodies will stay in the blood for months or years after the disease has been successfully treated, and antibodies can be found by subsequent blood tests. Because untreated syphilis in a pregnant woman can infect and possibly kill her developing baby, every pregnant woman should have a blood test for syphilis.

What is the link between syphilis and HIV? While the health problems caused by the syphilis bacterium for adults and newborns are serious in their own right, it is now known that the genital sores caused by syphilis in adults also make it easier to transmit and acquire HIV infections sexually. There is a 2 to 5 fold increased risk of acquiring HIV infection when syphilis is present. Areas of the U.S. that have the highest rates of syphilis also have the fastest-growing HIV infection rates in women of childbearing age.

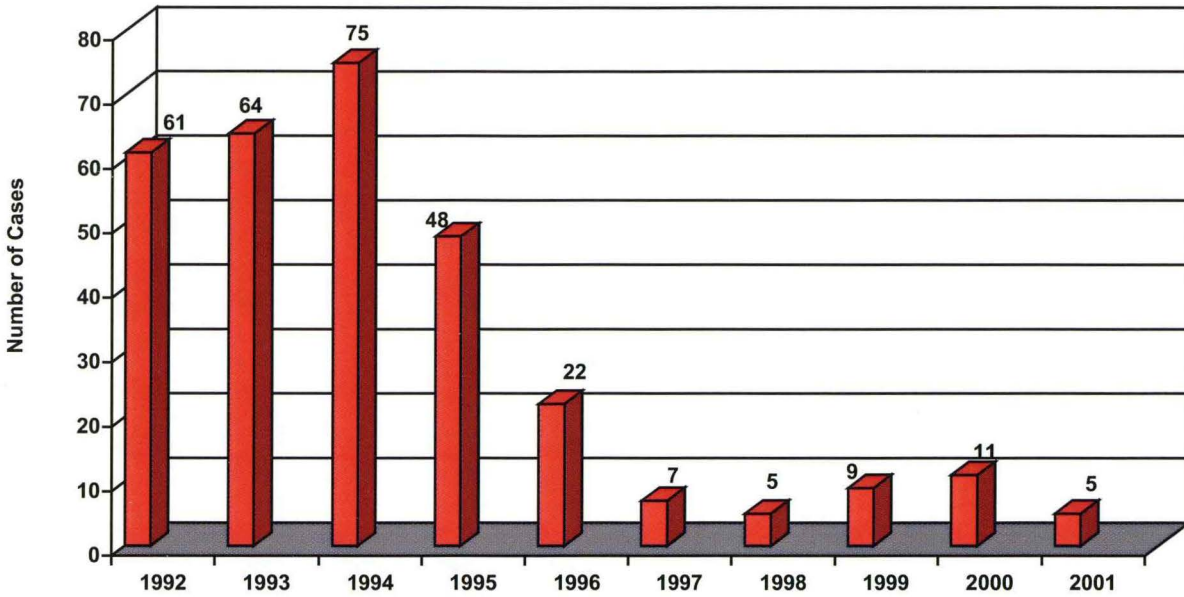
Is there a cure for syphilis? One dose of the antibiotic penicillin will cure a person who has had syphilis for less than one year. More doses are needed to cure someone who has had it for longer than a year. A baby born with the disease needs daily penicillin treatment for 10 days. There are no home remedies or over-the-counter drugs that cure syphilis. Penicillin treatment will kill the syphilis bacterium and prevent further damage, but it will not repair any damage already done. Persons who receive syphilis treatment must abstain from sexual contact with new partners until the syphilis sores are completely healed. Person with syphilis must notify their sex partners so that they also can receive treatment.

Will syphilis recur? Having had syphilis does not protect a person from getting it again. Antibodies are produced as a person reacts to the disease, and, after treatment, these antibodies may only offer partial protection from getting infected again, if exposed right away. Even though there may be a short period of protection, the antibody levels naturally decrease in the blood, and people become susceptible to syphilis infection again if they are sexually exposed to syphilis sores.

How can people protect themselves against infections? Two people who know they are not infected and who have sex with no one but each other cannot contract syphilis. When a person has sex with a person whose syphilis status is unknown, a latex condom put on before beginning sex and worn until the penis is withdrawn is a good defense against infection. Only lab tests can confirm whether someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it may not be obvious that a sex partner has syphilis. Washing the genitals, urinating, or douching after sex does not prevent STDs, including syphilis. Any unusual discharge, sore, or rash, especially in the groin area, should be a signal to stop having sex and to see a doctor at once.

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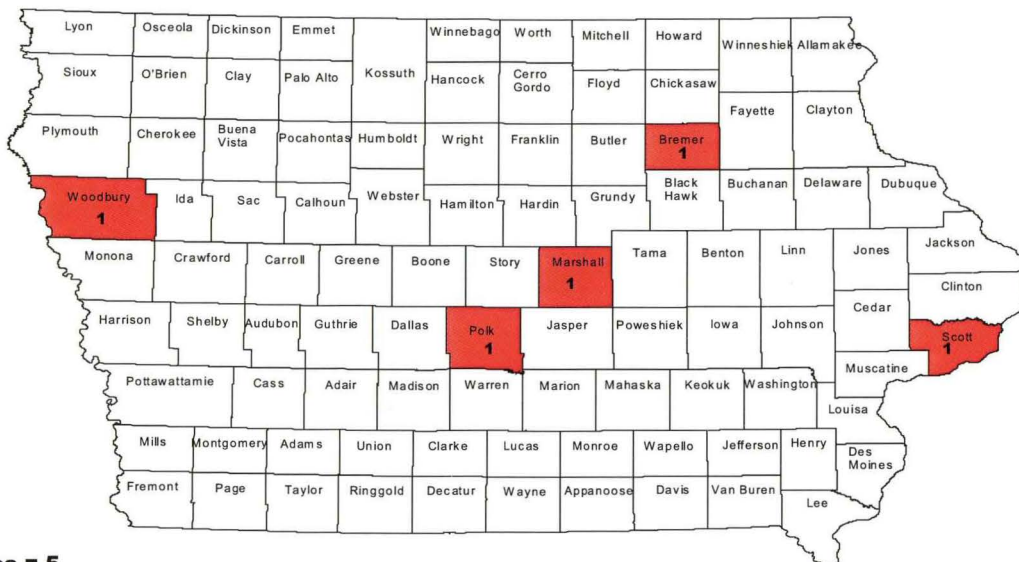
Reported Cases of Primary/Secondary Syphilis by Year 1992 - 2001



Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Primary/Secondary Syphilis by County 2001

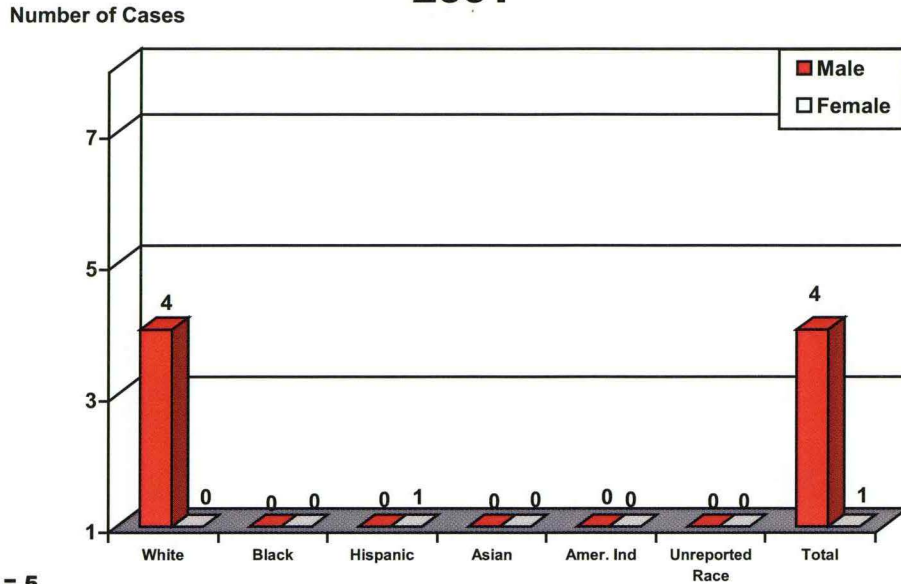


Total Cases = 5

Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Primary/Secondary Syphilis by Race/Ethnicity and Gender 2001

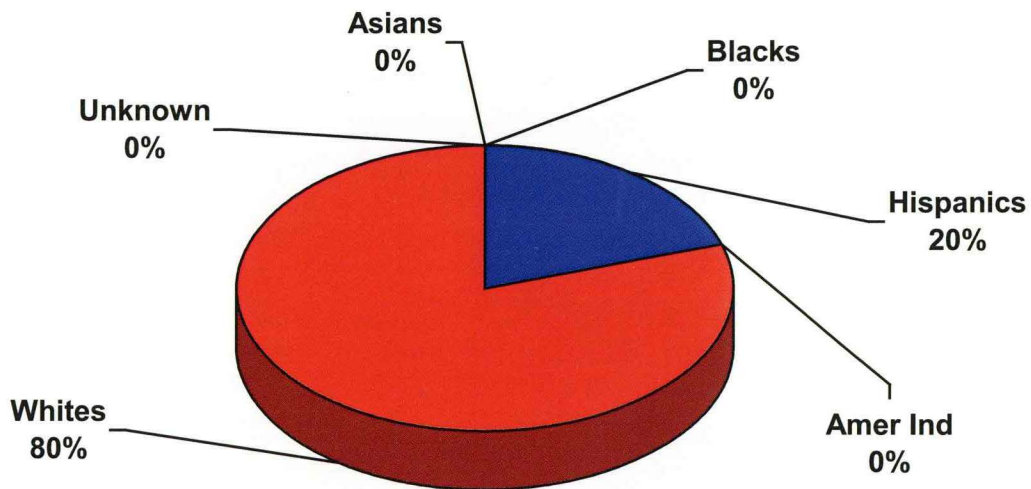


Total Cases = 5

Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Primary/Secondary Syphilis by Race/Ethnicity 2001



Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Primary/Secondary Syphilis by Age, Race/Ethnicity, and Gender 2001

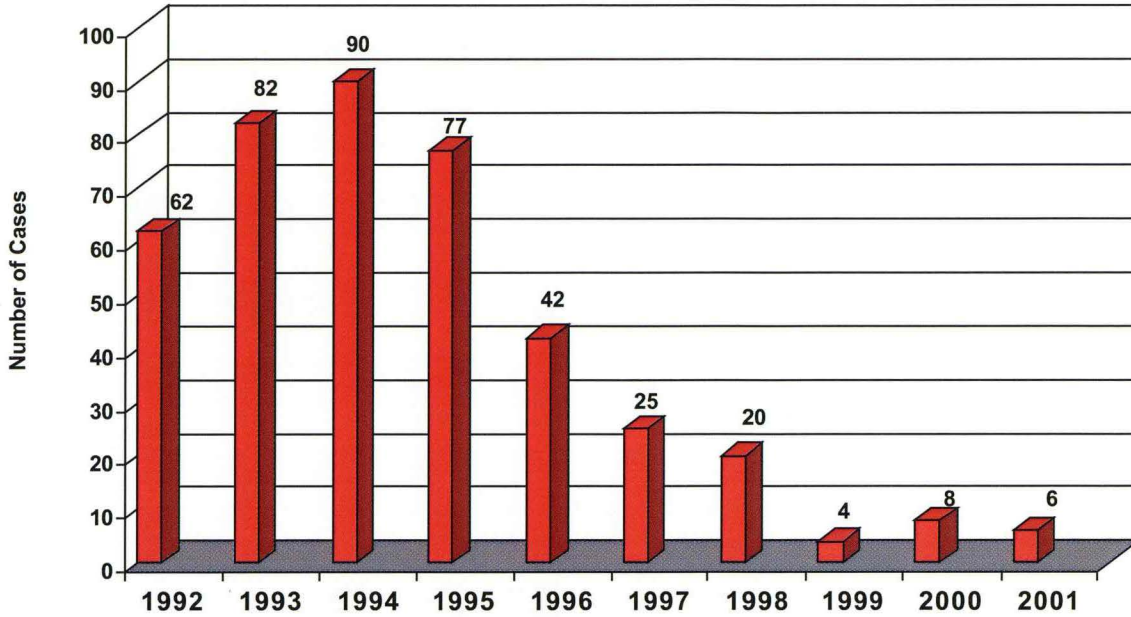
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	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
0 - 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 19	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1
20 - 24	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1
25 - 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	2	0	0	0	2	0	0	2
35 - 39	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1
40 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 - 54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UNK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	1	0	0	4	0	0	0	4	1	0	5

Total Asians =	0	0%
Total Blacks =	0	0%
Total Hispanics =	1	20%
Total Amer. Ind =	0	0%
Total Whites =	4	80%
Total Unknown =	0	0%

Source: Iowa Department of Public Health STD Prevention Program

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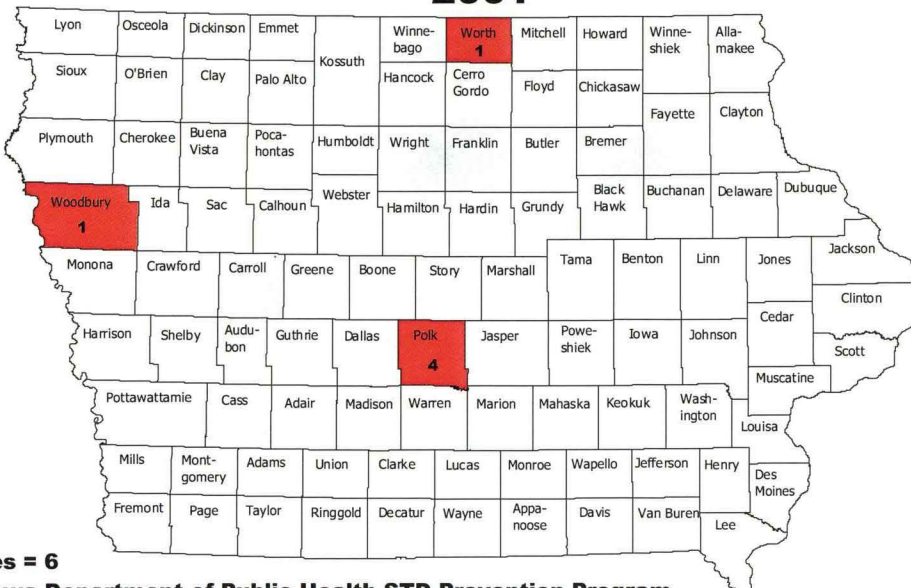
Reported Cases of Early Latent Syphilis by Year 1992 - 2001



Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Early Latent Syphilis by County 2001

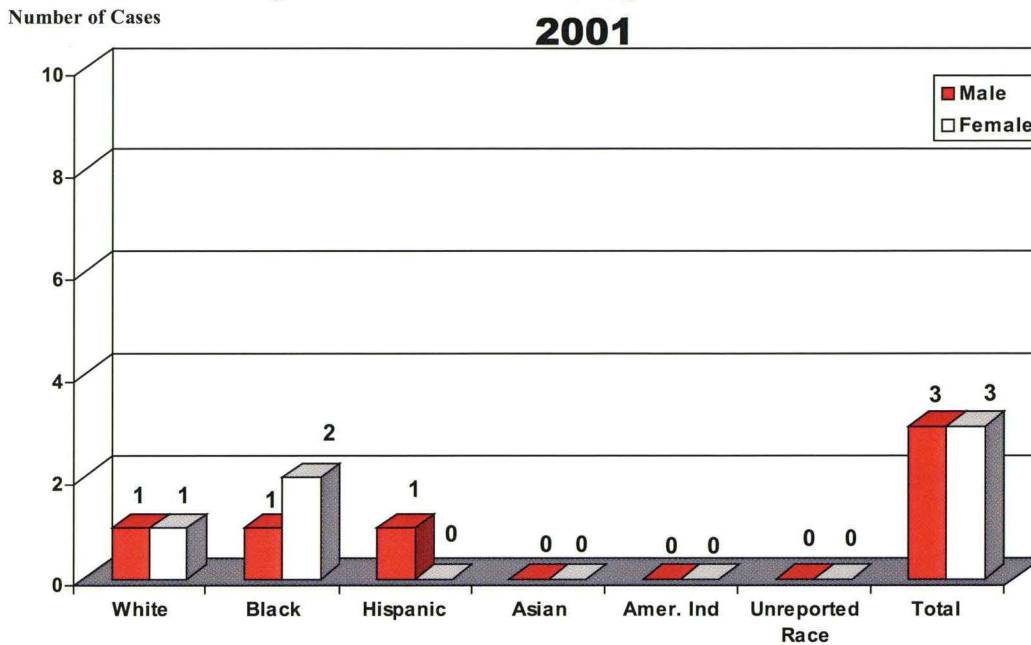


Total Cases = 6

Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Early Latent Syphilis by Race/Ethnicity and Gender

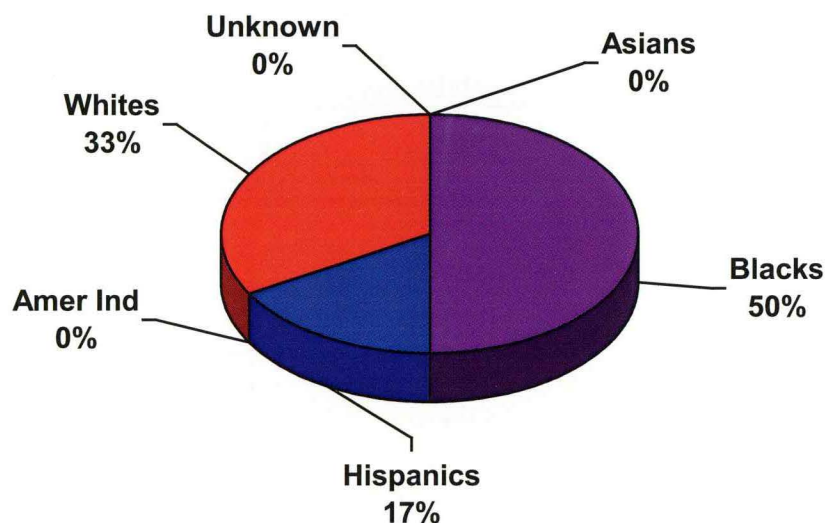


Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Early Latent Syphilis by Race/Ethnicity

2001



Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Early Latent Syphilis by Age, Race/Ethnicity, and Gender 2001

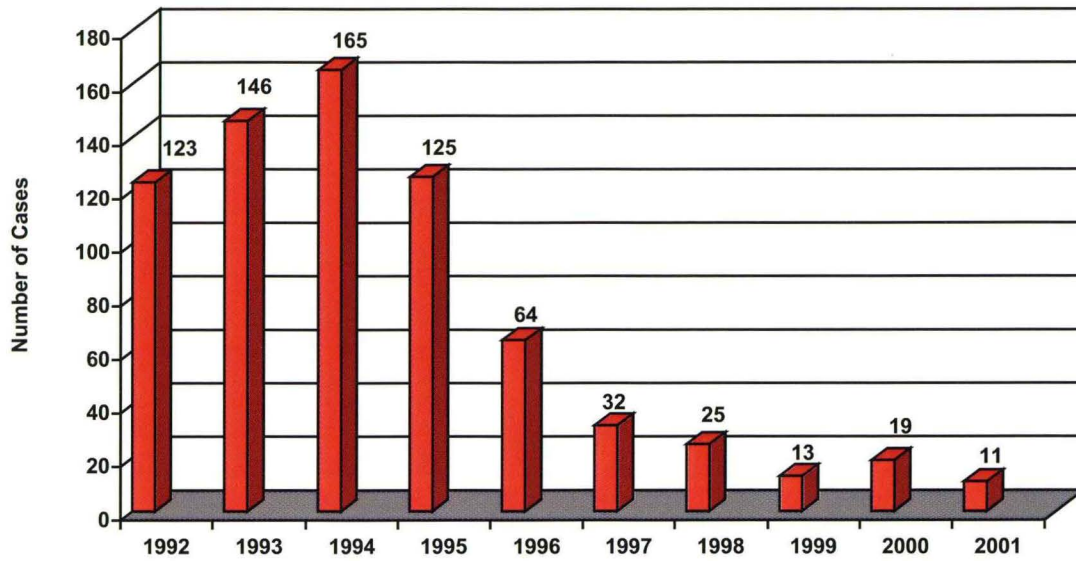
AgeGroup	Asian		Black		Hispanic		Amer. Indian		White		Unknown		Total		Unk Sex	All
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
0 - 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20 - 24	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	1
25 - 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	1	1	0	0	0	0	0	1	0	0	1	2	0	3
35 - 39	0	0	0	1	0	0	0	0	1	0	0	0	1	1	0	2
40 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 - 54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UNK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	2	1	0	0	0	1	1	0	0	3	3	0	6

Total Asians =	0	0%
Total Blacks =	3	50%
Total Hispanics =	1	17%
Total Amer. Ind =	0	0%
Total Whites =	2	33%
Total Unknown =	0	0%

Source: Iowa Department of Public Health STD Prevention Program

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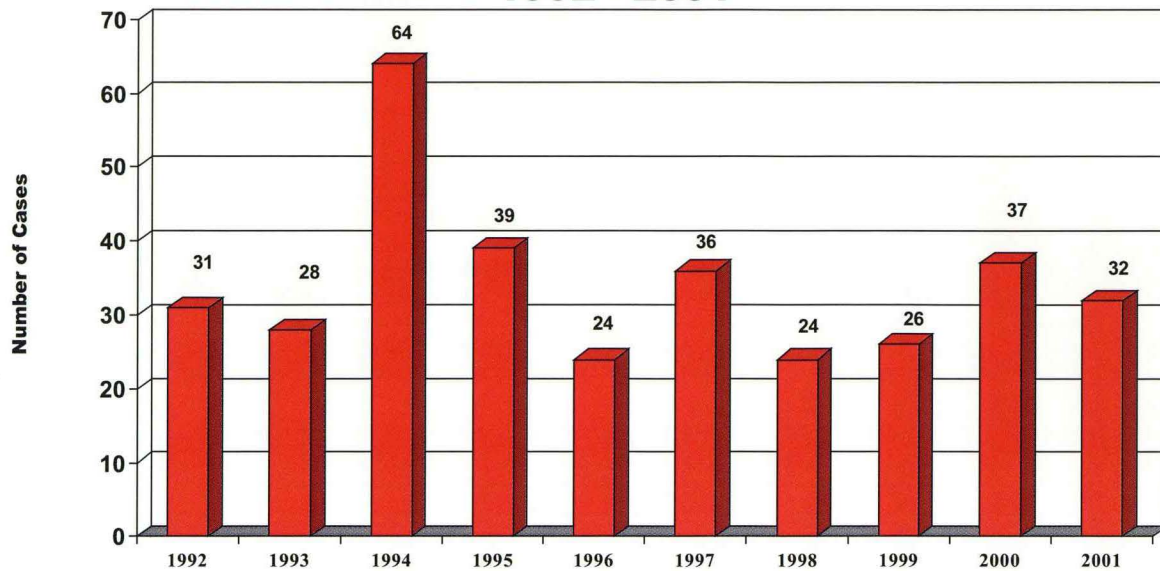
Reported Cases of Total Early Syphilis by Year 1992 - 2001



Source: Iowa Department of Public Health STD Prevention Program

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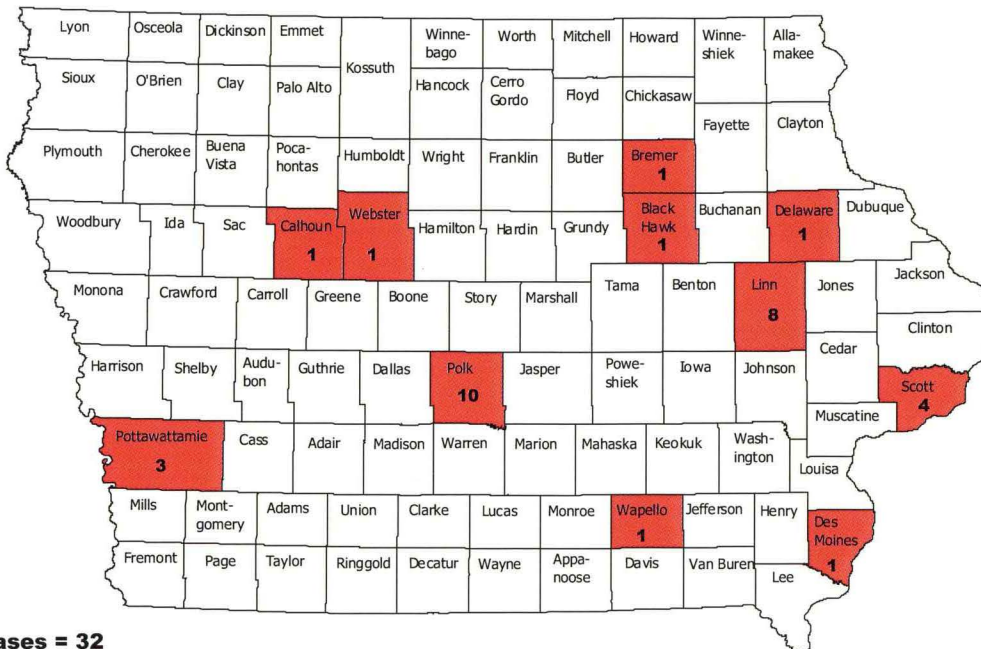
Reported Cases of Late Latent Syphylis by Year 1992 - 2001



Source: Iowa Department of Public Health STD Prevention Program

Iowa

Reported Cases of Late Latent Syphylis by County 2001

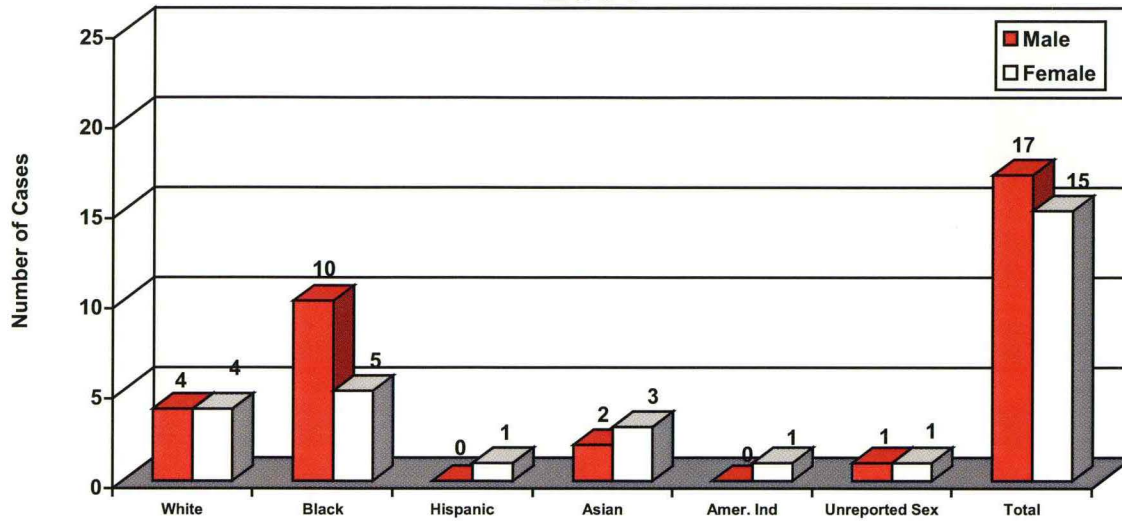


Total Cases = 32

Source: Iowa Department of Public Health STD Prevention Program

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Reported Cases of Late Latent Syphilis by Race/Ethnicity and Gender 2001

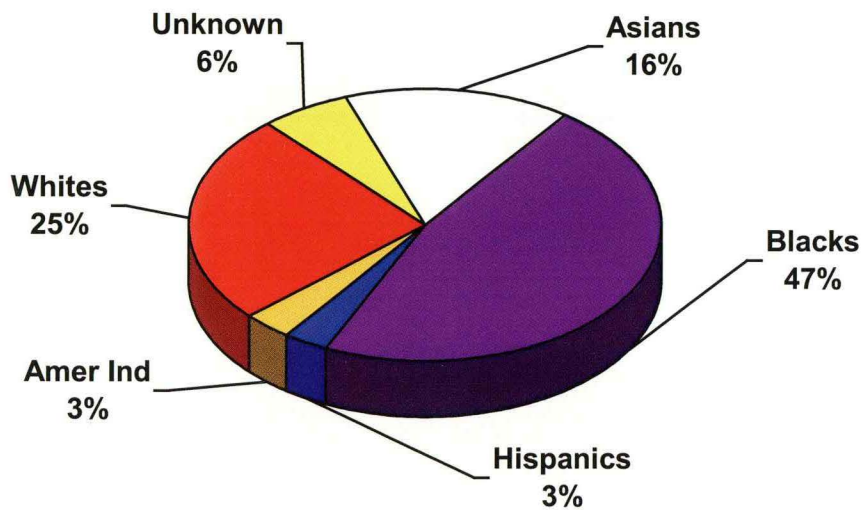


Total Cases = 32

Source: Iowa Department of Public Health STD Prevention Program

Iowa

Reported Cases of Late Latent Syphilis by Race/Ethnicity 2001



Source: Iowa Department of Public Health STD Prevention Program

Iowa

Reported Cases of Late Latent by Age, Race/Ethnicity, and Gender 2001

AgeGroup	Asian		Black		Hispanic		Amer. Indian		White		Unknown		Total		Unk Sex	All
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
0 - 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 19	0	0	1	2	0	0	0	0	0	0	0	0	1	2	0	3
20 - 24	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
25 - 29	0	1	2	1	0	0	0	0	0	1	1	0	3	3	0	6
30 - 34	0	0	5	0	0	1	0	0	0	0	0	0	5	1	0	6
35 - 39	0	0	2	1	0	0	0	0	2	0	0	0	4	1	0	5
40 - 44	0	0	0	0	0	0	0	0	0	2	0	0	0	2	0	2
45 - 54	1	1	0	1	0	0	0	1	1	0	0	0	2	3	0	5
55 - 64	0	1	0	0	0	0	0	0	1	0	0	1	1	2	0	3
65+	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1
UNK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	3	10	5	0	1	0	1	4	4	1	1	17	15	0	32

Total Asians =	5	16%
Total Blacks =	15	47%
Total Hispanics =	1	3%
Total Amer Ind =	1	3%
Total Whites =	8	25%
Total Unknown =	2	6%

Source: Iowa Department of Public Health STD Prevention Program



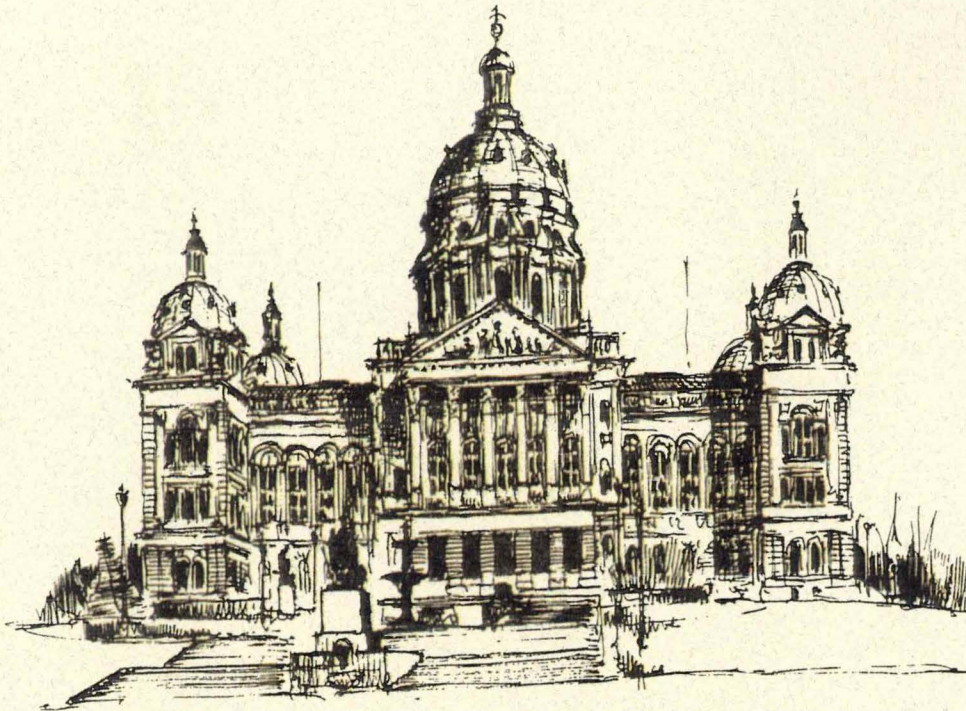
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