



Sexually Transmitted Infections Surveillance Report 2023

Bureau of Hepatitis, HIV,
and Sexually Transmitted Infections

Working to improve the lives of New Yorkers by ending transmission, illness, stigma,
and inequities related to viral hepatitis, HIV, and sexually transmitted infections.

Executive Summary

Sexually transmitted infections (STIs) reported to the NYC Health Department continued to increase and remained a public health concern in 2023. The NYC Health Department observed increases in chlamydia and gonorrhea rates and decreases in primary and secondary (P&S) syphilis and early latent syphilis rates in 2023 compared with 2022. Following the global outbreak of mpox in 2022, which was predominantly transmitted through sexual networks, mpox cases continued to be reported in NYC in 2023, though at lower levels. In 2023, there was a dramatic increase in the number of congenital syphilis cases compared with 2022, calling attention to the need for more focus and resources directed to the testing, treatment, and prevention of syphilis among pregnant people. Marked inequities persisted among people with reported cases of chlamydia, gonorrhea, and syphilis, underscoring the need to ensure New Yorkers most affected by STIs have access to timely, high-quality sexual health services.

This report presents 2023 data on STIs among NYC residents. Select data are accompanied by comparisons with other years, including six-year trend data from 2018 through 2023 and preliminary case numbers for the first half of 2024.

Key highlights include:

- P&S syphilis rates in NYC decreased by 22.6% overall from 2022 to 2023, with a 21.7% decrease among people reported as male (men) and a 29.7% decrease among people reported as female (women).¹
- Early latent syphilis rates decreased by 19.8% overall from 2022 to 2023, with a 22.1% decrease among men but a 5.8% increase among women.
- Rates of late syphilis or syphilis of unknown duration increased by 8.1% overall from 2022 to 2023, with a 4.3% increase among men and a 22.5% increase among women.
- There were 35 reported cases of congenital syphilis in 2023 in NYC, representing a 66.7% increase over the 21 cases reported in 2022. Case numbers were relatively low prior to 2018 but increased by 75.0% from 2018 to 2023. The rise in congenital syphilis cases in recent years has corresponded with previous surges in reported P&S syphilis and more recent increases in early latent syphilis cases among women.
- From 2022 to 2023, the chlamydia rate increased among men by 8.0% and among women by 5.4%. In recent years, chlamydia rates among men have increased to levels comparable to rates among women.

¹For more information, see the Technical Notes section on reported sex and gender.

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- Among women, teenagers and young adults continued to be disproportionately affected by chlamydia. In 2023, women ages 15 to 24 accounted for approximately 56% of all cases among women, with a case rate five times higher than the rate among women overall.
 - From 2022 to 2023, the gonorrhea rate increased among men by 15.9% and among women by 1.1%.
 - In 2023, chlamydia, gonorrhea, and early syphilis (including P&S and early latent) case rates among residents of Chelsea-Clinton in Manhattan were the highest of all United Hospital Fund (UHF) neighborhoods in NYC. Other UHF neighborhoods with high STI case rates included Hunts Point-Mott Haven and Highbridge-Morrisania in the Bronx for chlamydia, Central Harlem-Morningside Heights in Manhattan and Williamsburg-Bushwick in Brooklyn for gonorrhea, and Highbridge-Morrisania and Crotona-Tremont in the Bronx for early syphilis.
 - In 2023, chlamydia and gonorrhea disproportionately affected people living in very high poverty neighborhoods (greater than or equal to 30% of the population below the federal poverty threshold) in NYC, with case rates approximately three times higher than rates among people living in low poverty neighborhoods (less than 10% of the population below the federal poverty threshold).
 - Racial and ethnic inequities in the distribution of STIs persisted in NYC. In 2023, the P&S syphilis rate among Black men was 2.5 times higher than among white men (52.0 and 20.6 cases per 100,000 population, respectively).
 - In 2023, there were 204 mpox cases in NYC, mostly among people ages 25 to 34 (77.5%), white people or Hispanic or Latino² people (38.7% and 27.0%, respectively), men (94.6%), and LGBTQ+ people (91.0% of those with known orientation). These data represent a sharp decline compared with the number of cases reported during the 2022 outbreak.
 - In 2023, the NYC Health Department opened 12,951 syphilis investigations based on positive syphilis tests reported by laboratories, completing 79.2% of investigations within the Centers for Disease Control and Prevention's (CDC) recommended 14 days, a slight decrease from 2022 (81.4%). There were 3,797 syphilis cases assigned for follow-up interviews, with a completion rate of 82.8%.

²For more information, see the Technical Notes section on reported race and ethnicity.

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Table 1

Reported STI Case Numbers and Rates (Per 100,000 Population) by Sex,^{3,4} NYC, 2022 to 2024 (Half Year 2024, Preliminary)

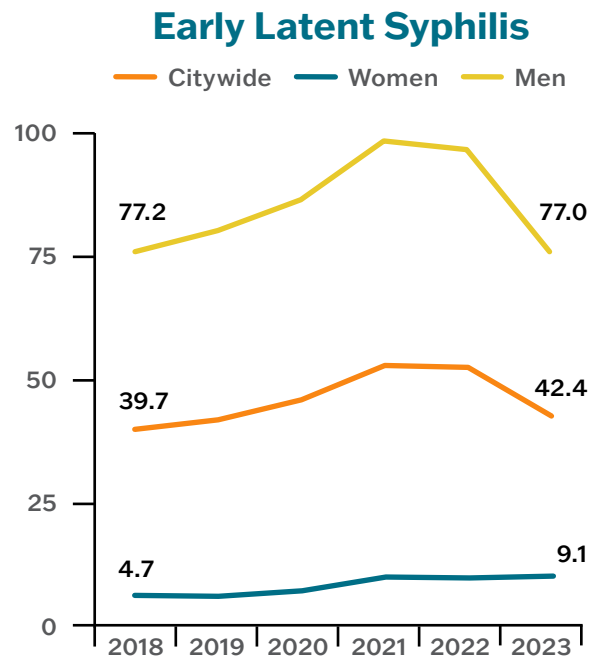
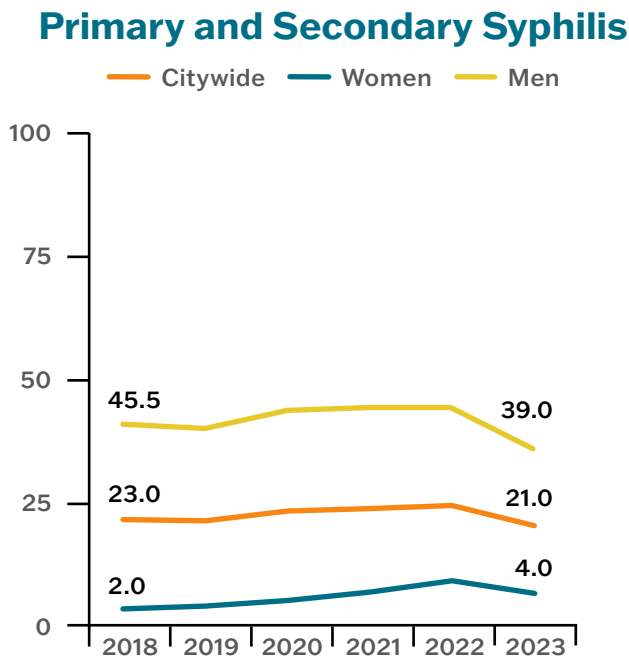
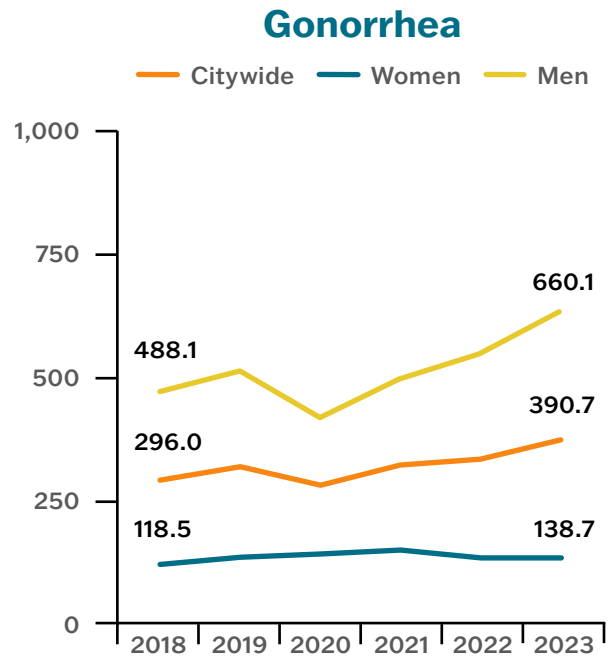
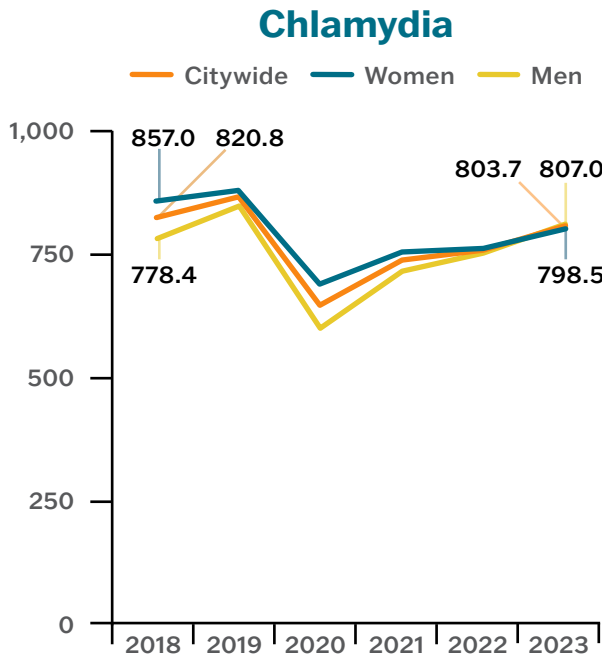
Infection	2022		2023		2024 (Half Year, Preliminary)
	Number	Rate	Number	Rate	Number
Chlamydia					
Citywide	63,842	753.96	66,997	803.72	33,095
Women	33,366	757.74	34,564	798.47	17,014
Men	30,370	747.26	32,338	807.02	16,039
Gonorrhea					
Citywide	29,307	346.11	32,568	390.70	14,703
Women	6,040	137.17	6,004	138.70	2,854
Men	23,148	569.56	26,449	660.05	11,802
Primary and Secondary Syphilis					
Citywide	2,300	27.16	1,753	21.03	907
Women	252	5.72	174	4.02	88
Men	2,025	49.83	1,563	39.01	813
Early Latent Syphilis					
Citywide	4,481	52.92	3,536	42.42	1,965
Women	378	8.58	393	9.08	224
Men	4,017	98.84	3,085	76.99	1,712
Unknown Duration or Late Syphilis					
Citywide	3,293	38.89	3,504	42.04	1,790
Women	701	15.92	844	19.50	445
Men	2,551	62.77	2,623	65.46	1,328
Congenital Syphilis					
Citywide	21	24.21	35	40.85	15
Lymphogranuloma Venereum					
Citywide	6	0.07	0	0.00	0
Women	0	0.00	0	0.00	0
Men	6	0.15	0	0.00	0
Neonatal Herpes					
Citywide	9	10.38	9	10.50	10
Women	3	7.05	3	7.19	4
Men	6	13.58	6	13.65	6

³ For more information, see the Technical Notes sections on reported sex and gender and reporting requirements.

⁴ Distribution of gender identity (derived) among syphilis cases in 2023: P&S syphilis — women, 152 (8.7%); men, 1,517 (86.5%); transgender, gender-nonconforming, or nonbinary (TGNCNB) people, 84 (4.8%); early latent syphilis — women, 285 (8.1%), men, 2,929 (82.8%), TGNCNB people, 322 (9.1%); unknown duration or late syphilis — women, 806 (23%), men, 2,532 (72.2%), TGNCNB people, 167 (4.8%).

Panel 1

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (Per 100,000 Population) by Sex, NYC, 2018 to 2023^{5,6}



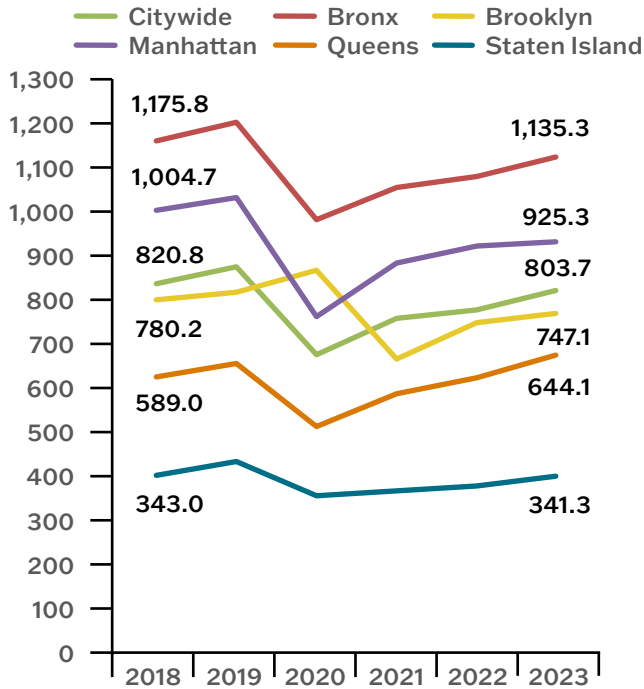
⁵ For more information, see the Technical Notes section on reported sex and gender.

⁶ Distribution of gender identity (derived) among syphilis cases in 2023: P&S syphilis — women, 152 (8.7%); men, 1,517 (86.5%); transgender, gender-nonconforming, or nonbinary (TGNCNB) people, 84 (4.8%); early latent syphilis — women, 285 (8.1%), men, 2,929 (82.8%), TGNCNB people, 322 (9.1%); unknown duration or late syphilis — women, 806 (23%), men, 2,532 (72.2%), TGNCNB people, 167 (4.8%).

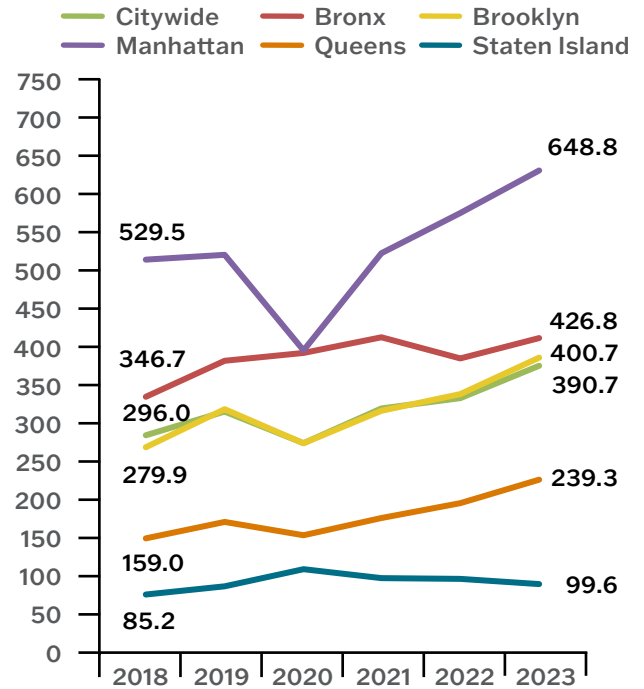
Panel 2

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (Per 100,000 Population) by Borough, NYC, 2018 to 2023

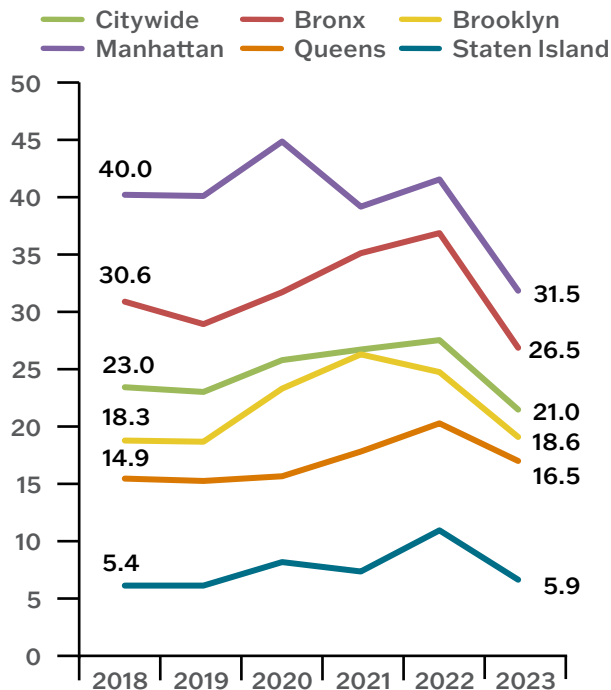
Chlamydia



Gonorrhea



Primary and Secondary Syphilis



Early Latent Syphilis

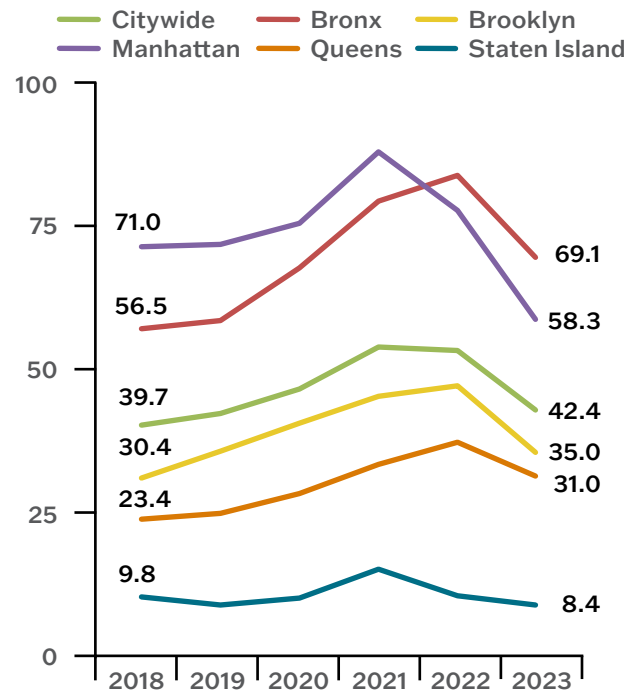


Table 2

Reported Chlamydia Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{7,8}

UHF Neighborhood	All Ages			Teens and Young Adults (Ages 15 to 24)			
	All Reported Sexes ⁷			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Bronx	15,667	1,135.33	—	5,802	6,197.46	2,521	2,626.51
Kingsbridge-Riverdale (101)	486	543.42	29	168	3,209.69	64	1,284.44
Northeast Bronx (102)	1,926	963.93	12	673	5,561.86	339	2,860.23
Fordham-Bronx Park (103)	2,731	1,070.66	10	923	4,871.17	430	2,260.89
Pelham Bay-Throgs Neck (104)	2,383	827.19	18	958	5,435.36	341	1,788.56
Crotona-Tremont (105)	2,882	1,390.29	4	1,123	7,229.26	463	3,024.45
Highbridge-Morrisania (106)	2,921	1,401.96	3	1,069	7,153.26	476	3,209.91
Hunts Point-Mott Haven (107)	1,954	1,429.50	2	740	7,422.02	312	2,954.56
Brooklyn	20,210	780.15	—	5,670	3,849.39	3,127	2,144.92
Greenpoint (201)	979	699.45	22	134	1,564.22	75	941.85
Downtown-Brooklyn Heights-Park Slope (202)	1,511	581.69	27	320	2,754.42	156	1,539.22
Bedford Stuyvesant-Crown Heights (203)	4,479	1,328.74	5	1,271	6,013.76	805	4,165.13
East New York (204)	2,400	1,219.02	8	872	6,272.22	416	3,127.08
Sunset Park (205)	678	573.96	28	183	2,771.11	88	1,201.19
Borough Park (206)	782	237.45	40	203	1,086.42	94	463.93
East Flatbush-Flatbush (207)	3,106	1,066.55	11	944	5,818.71	509	3,277.21
Canarsie-Flatlands (208)	1,690	831.19	17	553	4,815.76	346	3,116.03
Bensonhurst-Bay Ridge (209)	491	239.41	39	134	1,462.28	49	483.26
Coney Island-Sheepshead Bay (210)	931	322.31	37	302	2,129.05	130	868.67
Williamsburg-Bushwick (211)	2,747	1,243.71	7	615	3,909.72	393	2,498.44
Manhattan	14,771	925.34	—	3,217	3,259.32	1,690	2,078.47
Washington Heights-Inwood (301)	2,441	923.41	13	622	3,824.15	283	1,659.14
Central Harlem-Morningside Heights (302)	2,303	1,277.59	6	682	4,926.50	377	3,188.58
East Harlem (303)	1,259	1,119.68	9	410	5,739.44	166	2,305.42
Upper West Side (304)	1,184	543.00	30	204	1,895.01	130	1,556.27
Upper East Side (305)	729	358.85	35	123	1,457.79	79	1,268.71
Chelsea-Clinton (306)	2,783	1,816.49	1	287	3,125.64	182	2,965.75
Gramercy Park-Murray Hill (307)	937	711.38	21	164	1,826.50	102	1,772.33
Greenwich Village-SoHo (308)	617	800.22	20	108	2,463.33	44	1,379.93
Union Square-Lower East Side (309)	1534	833.66	16	398	2,766.07	200	1,741.06
Lower Manhattan (310)	390	640.45	25	77	1,711.18	30	886.26

⁷ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

⁸ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

Table 2 (Continued)

Reported Chlamydia Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{7,8}

UHF Neighborhood	All Ages			Teens and Young Adults (Ages 15 to 24)			
	All Reported Sexes ⁷			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Queens	14,673	644.11	—	4,115	3,413.78	2,139	1,723.80
Long Island City-Astoria (401)	1,789	906.92	14	297	3,046.30	157	1,641.86
West Queens (402)	3,895	863.96	15	857	3,629.17	701	2,499.74
Flushing-Clearview (403)	937	373.61	34	241	2,171.70	75	663.57
Bayside-Little Neck (404)	219	242.29	38	57	1,470.99	24	577.48
Ridgewood-Forest Hills (405)	960	376.15	33	251	2,121.15	109	910.29
Fresh Meadows (406)	314	326.21	36	104	1,954.16	28	529.72
Southwest Queens (407)	1,398	499.20	32	496	2,989.46	174	1,025.01
Jamaica (408)	2,571	803.81	19	885	4,618.37	402	2,120.83
Southeast Queens (409)	1,399	655.19	24	470	3,979.36	251	2,205.38
Rockaway (410)	903	693.74	23	378	4,999.63	146	1,943.37
Staten Island	1,676	341.25	—	647	2,193.67	281	905.28
Port Richmond (501)	428	594.57	26	182	3,567.78	83	1,556.18
Stapleton-St. George (502)	651	506.58	31	249	3,059.69	100	1,203.65
Willowbrook (503)	201	211.28	41	65	1,233.32	32	571.47
South Beach-Tottenville (504)	357	182.60	42	141	1,283.64	54	457.67

⁷ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

⁸ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

Table 3

Reported Gonorrhea Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{9,10}

UHF Neighborhood	All Ages			Teens and Young Adults (Ages 15 to 24)			
	All Reported Sexes			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Bronx	5,889	426.76	—	988	1,055.34	1,114	1,160.62
Kingsbridge-Riverdale (101)	158	176.67	30	23	439.42	21	421.46
Northeast Bronx (102)	661	330.82	22	103	851.22	146	1,231.84
Fordham-Bronx Park (103)	1,157	453.59	16	162	854.96	212	1,114.67
Pelham Bay-Throgs Neck (104)	797	276.66	23	148	839.70	144	755.28
Crotona-Tremont (105)	1,092	526.79	12	192	1,235.99	208	1,358.71
Highbridge-Morrisania (106)	1,184	568.27	9	218	1,458.76	213	1,436.37
Hunts Point-Mott Haven (107)	735	537.71	10	119	1,193.54	142	1,344.70
Brooklyn	10,381	400.73	—	968	657.18	1,620	1,111.22
Greenpoint (201)	831	593.71	6	19	221.79	62	778.60
Downtown-Brooklyn Heights-Park Slope (202)	1,117	430.01	18	59	507.85	98	966.95
Bedford Stuyvesant-Crown Heights (203)	2,462	730.38	4	249	1,178.15	424	2,193.81
East New York (204)	985	500.31	14	168	1,208.41	194	1,458.30
Sunset Park (205)	239	202.32	28	12	181.71	52	709.80
Borough Park (206)	297	90.18	37	10	53.52	46	227.03
East Flatbush-Flatbush (207)	1,399	480.39	15	158	973.89	229	1,474.42
Canarsie-Flatlands (208)	491	241.49	26	81	705.38	123	1,107.72
Bensonhurst-Bay Ridge (209)	162	78.99	39	12	130.95	23	226.84
Coney Island-Sheepshead Bay (210)	330	114.25	36	56	394.79	61	407.61
Williamsburg-Bushwick (211)	1,935	876.07	2	122	775.59	278	1,767.35
Manhattan	10,357	648.82	—	567	574.46	1,137	1,398.35
Washington Heights-Inwood (301)	1,511	571.60	8	80	491.85	174	1,020.10
Central Harlem-Morningside Heights (302)	1,520	843.22	3	140	1,011.30	244	2,063.69
East Harlem (303)	652	579.85	7	64	895.91	113	1,569.35
Upper West Side (304)	842	386.16	19	48	445.88	76	909.82
Upper East Side (305)	539	265.32	24	25	296.30	64	1,027.81
Chelsea-Clinton (306)	2,838	1,852.39	1	55	598.99	149	2,428.00
Gramercy Park-Murray Hill (307)	583	442.62	17	37	412.08	50	868.79
Greenwich Village-SoHo (308)	477	618.64	5	16	364.94	29	909.50
Union Square-Lower East Side (309)	927	503.78	13	63	437.85	154	1,340.62
Lower Manhattan (310)	215	353.07	20	12	266.68	36	1,063.51

⁹ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

¹⁰ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

Table 3 (Continued)

Reported Gonorrhea Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{9,10}

UHF Neighborhood	All Ages			Teens and Young Adults (Ages 15 to 24)			
	All Reported Sexes			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Queens	5,452	239.33	—	448	371.66	842	678.56
Long Island City-Astoria (401)	1,040	527.22	11	29	297.45	91	951.65
West Queens (402)	1,506	334.05	21	67	283.73	248	884.36
Flushing-Clearview (403)	299	119.22	35	30	270.34	38	336.21
Bayside-Little Neck (404)	63	69.70	40	4	103.23	6	144.37
Ridgewood-Forest Hills (405)	473	185.33	29	20	169.02	55	459.32
Fresh Meadows (406)	81	84.15	38	14	263.06	9	170.27
Southwest Queens (407)	490	174.97	31	47	283.28	74	435.93
Jamaica (408)	805	251.68	25	129	673.19	154	812.46
Southeast Queens (409)	333	155.95	33	42	355.60	84	738.06
Rockaway (410)	265	203.59	27	55	727.46	60	798.64
Staten Island	489	99.57	—	104	352.61	99	318.94
Port Richmond (501)	115	159.76	32	32	627.30	23	431.23
Stapleton-St. George (502)	199	154.85	34	38	466.94	38	457.39
Willowbrook (503)	53	55.71	41	12	227.69	10	178.58
South Beach-Tottenville (504)	107	54.73	42	18	163.87	26	220.36

⁹ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

¹⁰ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

Table 4

Reported Early Syphilis (Primary, Secondary, and Early Latent Syphilis) Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{11,12}

UHF Neighborhood	All			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Bronx	1,319	95.58	—	189	26.00	1,100	168.49
Kingsbridge-Riverdale (101)	33	36.90	29	5	10.22	28	69.11
Northeast Bronx (102)	119	59.56	15	15	13.81	100	109.64
Fordham-Bronx Park (103)	276	108.20	7	35	26.28	229	187.90
Pelham Bay-Throgs Neck (104)	157	54.50	19	22	14.52	134	98.11
Crotona-Tremont (105)	294	141.83	2	46	42.05	241	246.16
Highbridge-Morrisania (106)	267	128.15	3	43	39.08	219	222.74
Hunts Point-Mott Haven (107)	168	122.91	5	21	29.47	146	223.17
Brooklyn	1,387	53.54	—	150	11.07	1,225	99.12
Greenpoint (201)	79	56.44	17	5	7.08	73	105.23
Downtown-Brooklyn Heights-Park Slope (202)	109	41.96	24	10	7.31	99	80.56
Bedford Stuyvesant-Crown Heights (203)	358	106.20	8	50	27.51	306	196.98
East New York (204)	144	73.14	12	19	18.08	125	136.21
Sunset Park (205)	46	38.94	26	4	6.97	41	67.53
Borough Park (206)	60	18.22	37	6	3.62	53	32.36
East Flatbush-Flatbush (207)	213	73.14	13	18	11.44	191	142.62
Canarsie-Flatlands (208)	59	29.02	31	13	11.61	44	48.17
Bensonhurst-Bay Ridge (209)	35	17.07	38	2	1.91	32	31.88
Coney Island-Sheepshead Bay (210)	64	22.16	35	5	3.30	59	42.89
Williamsburg-Bushwick (211)	216	97.79	11	18	16.06	198	181.96
Manhattan	1,433	89.77	—	94	11.28	1,321	173.17
Washington Heights-Inwood (301)	269	101.76	9	15	11.10	252	195.11
Central Harlem-Morningside Heights (302)	223	123.71	4	14	14.68	206	242.74
East Harlem (303)	127	112.95	6	8	13.71	118	218.21
Upper West Side (304)	114	52.28	20	9	7.67	104	103.20
Upper East Side (305)	78	38.40	27	6	5.35	70	76.89
Chelsea-Clinton (306)	380	248.03	1	23	31.22	353	443.84
Gramercy Park-Murray Hill (307)	72	54.66	18	5	7.15	66	106.74
Greenwich Village-SoHo (308)	37	47.99	23	3	7.84	33	84.98
Union Square-Lower East Side (309)	104	56.52	16	6	6.23	95	108.24
Lower Manhattan (310)	23	37.77	28	4	13.00	19	63.07

¹¹ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

¹² The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

Table 4 (Continued)

Reported Early Syphilis (Primary, Secondary, and Early Latent Syphilis) Case Numbers, Rates (Per 100,000 Population), and Ranks by UHF Neighborhood, NYC, 2023^{11,12}

UHF Neighborhood	All			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Queens	1,080	47.41	—	122	10.48	946	84.89
Long Island City-Astoria (401)	194	98.35	10	11	11.15	182	184.51
West Queens (402)	321	71.20	14	24	11.02	294	126.14
Flushing-Clearview (403)	60	23.92	34	10	7.65	50	41.62
Bayside-Little Neck (404)	12	13.28	40	2	4.25	10	23.08
Ridgewood-Forest Hills (405)	84	32.91	30	9	6.83	74	59.95
Fresh Meadows (406)	16	16.62	39	2	3.99	14	30.38
Southwest Queens (407)	111	39.64	25	21	14.92	89	63.88
Jamaica (408)	165	51.59	21	26	15.52	136	89.28
Southeast Queens (409)	46	21.54	36	8	7.13	36	35.52
Rockaway (410)	64	49.17	22	9	13.31	55	87.92
Staten Island	70	14.25	—	12	4.80	56	23.22
Port Richmond (501)	18	25.01	32	2	5.47	16	45.20
Stapleton-St. George (502)	32	24.90	34	6	9.16	24	38.11
Willowbrook (503)	11	11.56	41	3	6.17	8	17.21
South Beach-Tottenville (504)	9	4.60	42	1	1.01	8	8.31

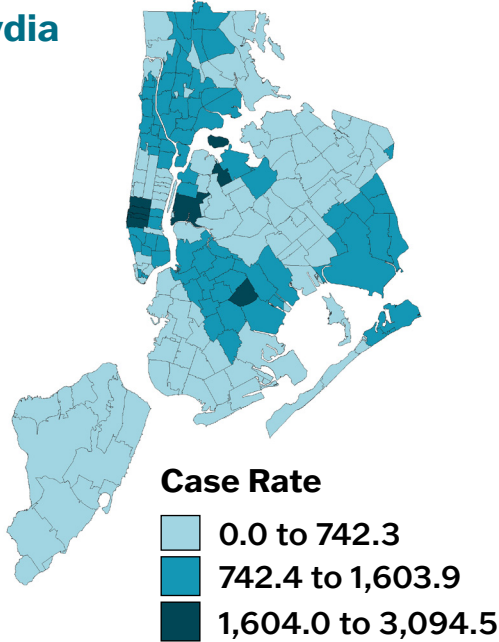
¹¹ For more information, see the Technical Notes sections on reported sex and gender and reported geography.

¹² The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

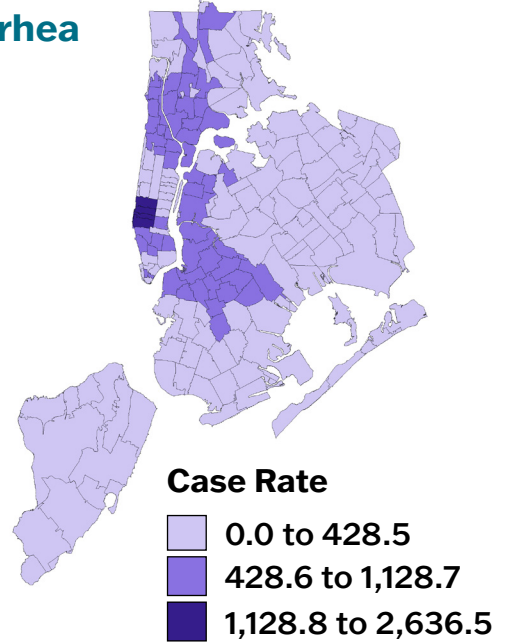
Panel 3

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (Per 100,000 Population) by ZIP Code of Residence, NYC, 2023^{13,14}

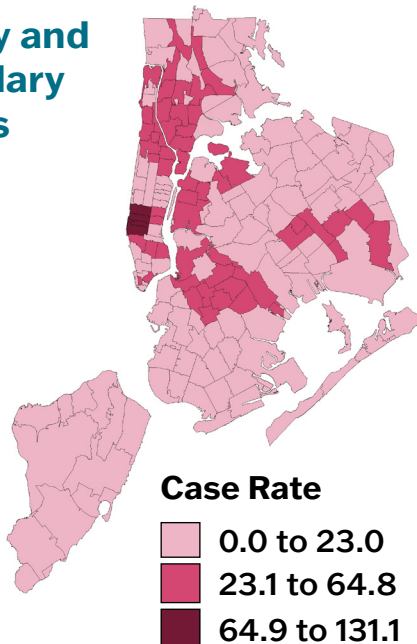
Chlamydia



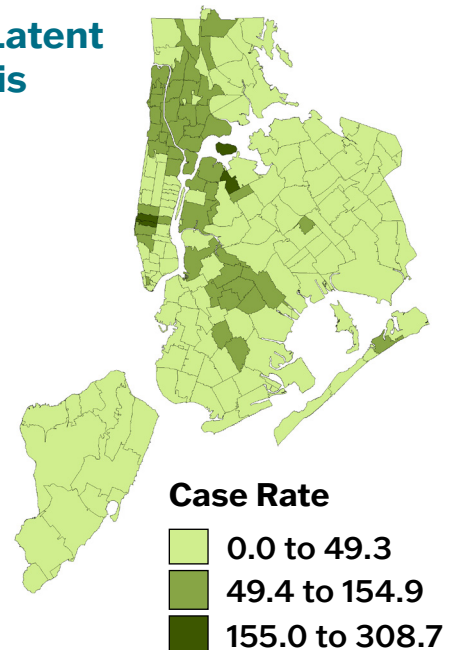
Gonorrhea



Primary and Secondary Syphilis



Early Latent Syphilis



¹³ Maps cannot be compared directly because data groupings are determined by natural Jenks (break points) in the data and therefore vary by pathogen. The Jenks algorithm seeks to find where large changes in value occur and create as little variance as possible within a grouping and as much variance as possible between groupings.

¹⁴ Maps display STI case rates (per 100,000 population) by Modified ZIP Code Tabulation Areas (MODZCTAs). For more information, see the Technical Notes section on reported geography.

Table 5

Reported Chlamydia Case Numbers and Rates (Per 100,000 Population) by Sex¹⁵ and Age, NYC, 2023

Ages	Women		Men	
	Number	Rate	Number	Rate
9 years or younger	6	1.30	1	0.21
10 to 14 years	410	182.37	75	31.69
15 to 19 years	8,322	3,753.91	3,429	1,507.52
20 to 24 years	11,129	4,153.19	6,329	2,524.08
25 to 29 years	6,979	2,015.37	7,119	2,201.15
30 to 34 years	3,637	1,020.07	6,384	1,802.82
35 to 39 years	1,693	554.80	3,994	1,313.45
40 to 44 years	920	335.08	2,212	834.47
45 to 49 years	508	196.98	1,127	466.33
50 to 54 years	387	144.34	763	302.21
55 to 59 years	296	109.14	497	198.10
60 to 64 years	189	71.89	258	109.56
65 years or older	88	10.86	142	24.37

Table 6

Reported Gonorrhea Case Numbers and Rates (Per 100,000 Population) by Sex¹⁶ and Age, NYC, 2023

Ages	Women		Men	
	Number	Rate	Number	Rate
9 years or younger	5	1.08	1	0.21
10 to 14 years	97	43.15	20	8.45
15 to 19 years	1,396	629.71	1,261	554.38
20 to 24 years	1,679	626.58	3,551	1,416.18
25 to 29 years	1,157	334.11	5,819	1,799.20
30 to 34 years	770	215.96	6,477	1,829.08
35 to 39 years	387	126.82	4,241	1,394.68
40 to 44 years	221	80.49	2,221	837.87
45 to 49 years	133	51.57	1,136	470.05
50 to 54 years	59	22.01	745	295.08
55 to 59 years	54	19.91	550	219.22
60 to 64 years	27	10.27	301	127.82
65 years or older	19	2.34	124	21.28

¹⁵ For more information, see the Technical Notes section on reported sex and gender.

¹⁶ For more information, see the Technical Notes section on reported sex and gender.

Figure 1

Reported Rectal Chlamydia and Gonorrhea Case Numbers Among Men,¹⁷ NYC, 2018 to 2023¹⁸

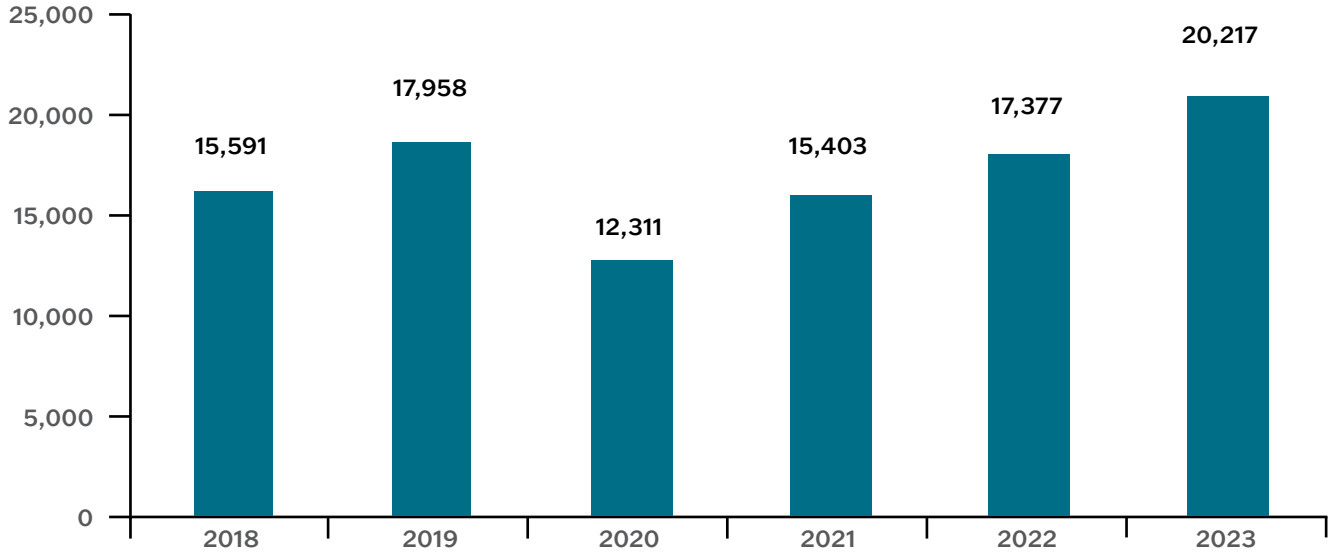
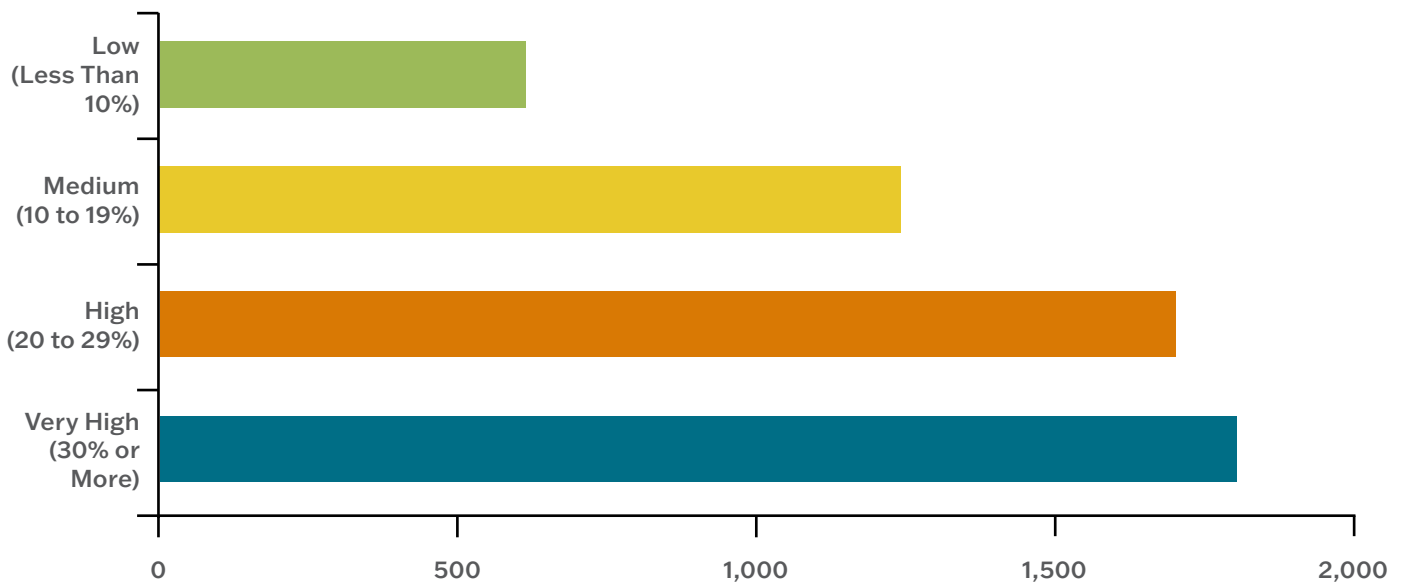


Figure 2

Reported Chlamydia and Gonorrhea Case Rates (Per 100,000 Population) by Area-Based Poverty Level,¹⁹ NYC, 2023



¹⁷ For more information, see the Technical Notes section on reported sex and gender.

¹⁸ Defined as chlamydia and gonorrhea cases reported with at least one positive test from a rectal specimen.

¹⁹ For more information, see the Technical Notes section on reported poverty groups.

Figure 3

Reported Primary and Secondary Syphilis Case Numbers Among Women,²⁰ NYC, 2018 to 2023

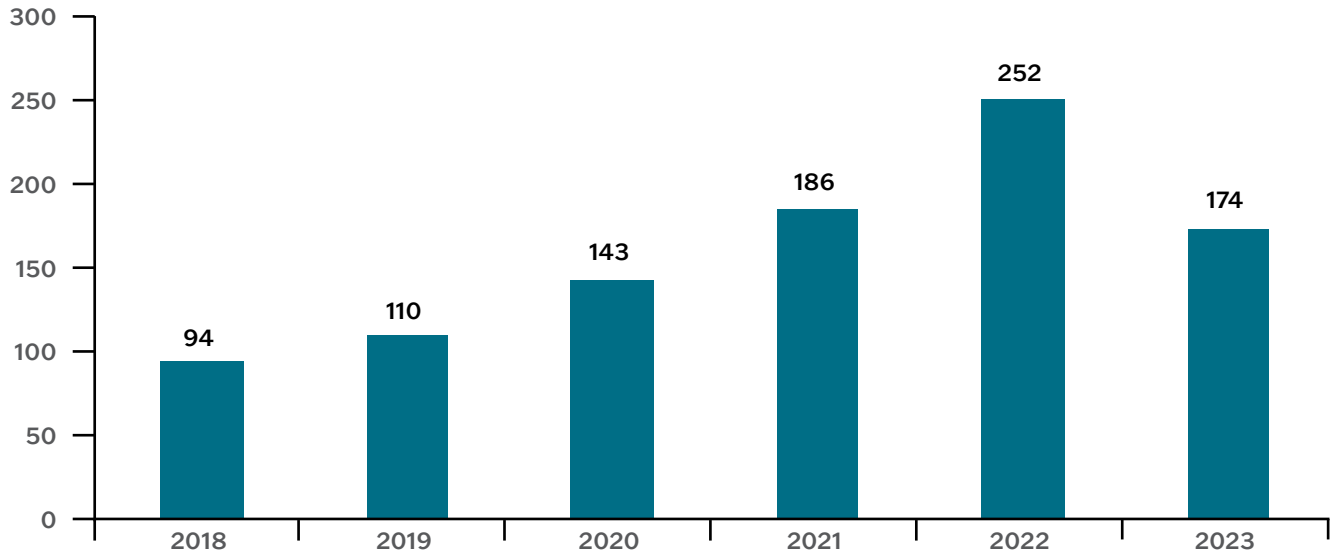
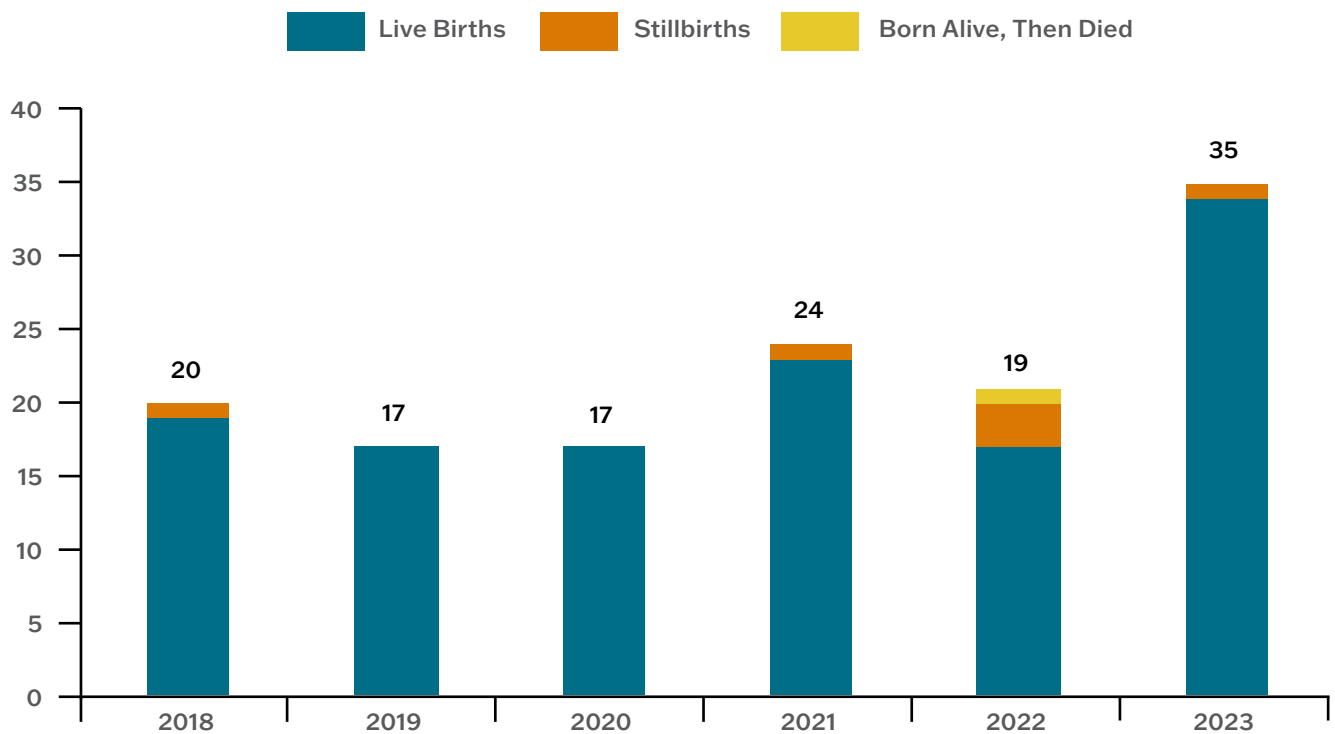


Figure 4

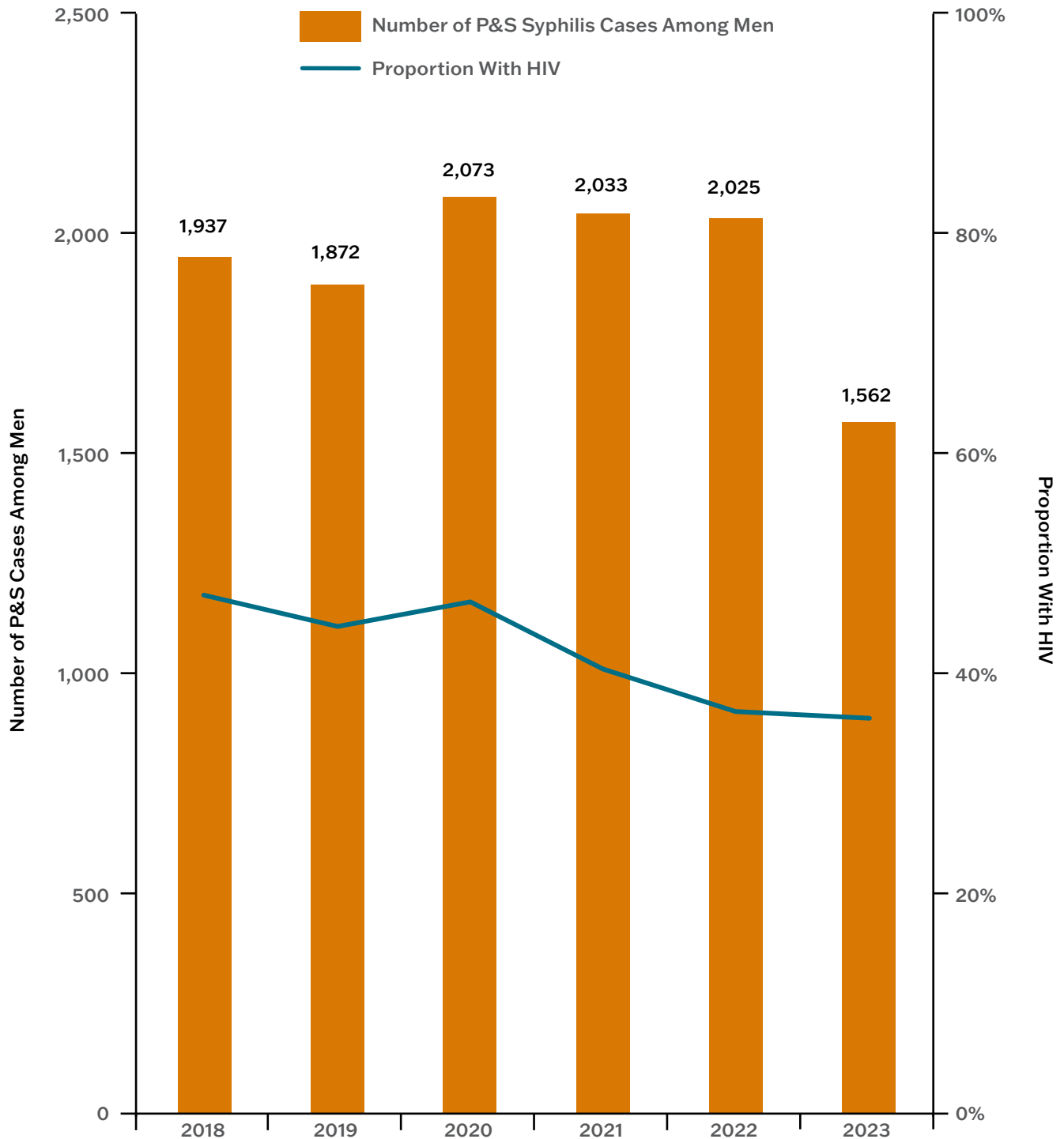
Reported Congenital Syphilis Case Numbers by Vital Status, NYC, 2018 to 2023



²⁰ For more information, see the Technical Notes section on reported sex and gender.

Figure 5

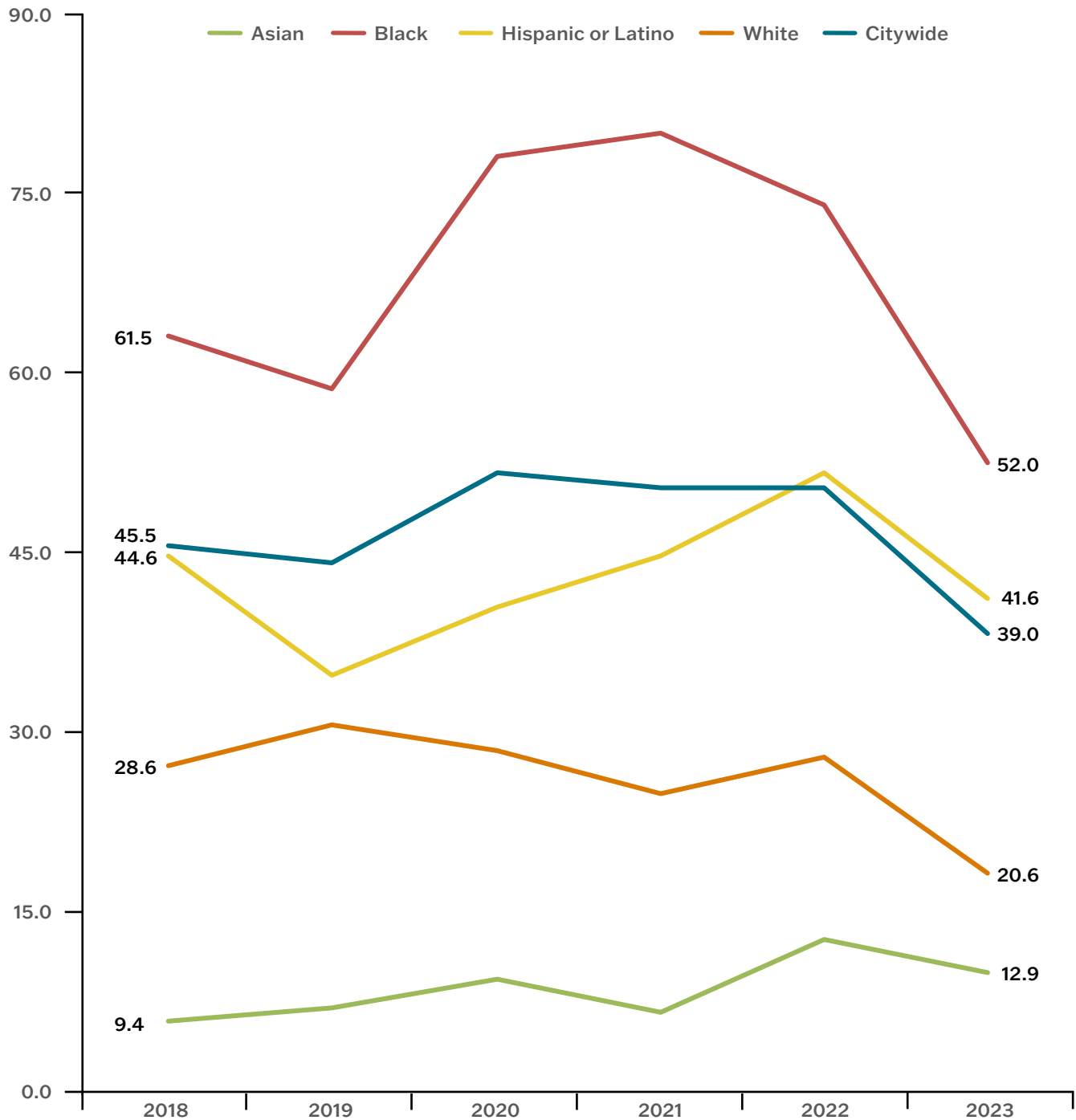
Reported Primary and Secondary Syphilis Case Numbers Among Men²¹ and Proportion of Cases Among Men With HIV, NYC, 2018 to 2023



²¹ For more information, see the Technical Notes section on reported sex and gender.

Figure 6

Reported Primary and Secondary Syphilis Case Rates (Per 100,000 Population) Among Men²² by Race and Ethnicity,²³ NYC, 2018 to 2023



²² For more information, see the Technical Notes section on reported sex and gender.

²³ Racial groups with smaller populations result in erratic case rates, which obscure the overall picture. Reported case numbers and case rates (per 100,000 population) for these groups in 2023: American Indian or Alaska Native, 0 (0.0), Native Hawaiian or Pacific Islander, 2 (82.0), other, 304. For more information, see the Technical Notes section on reported race and ethnicity.

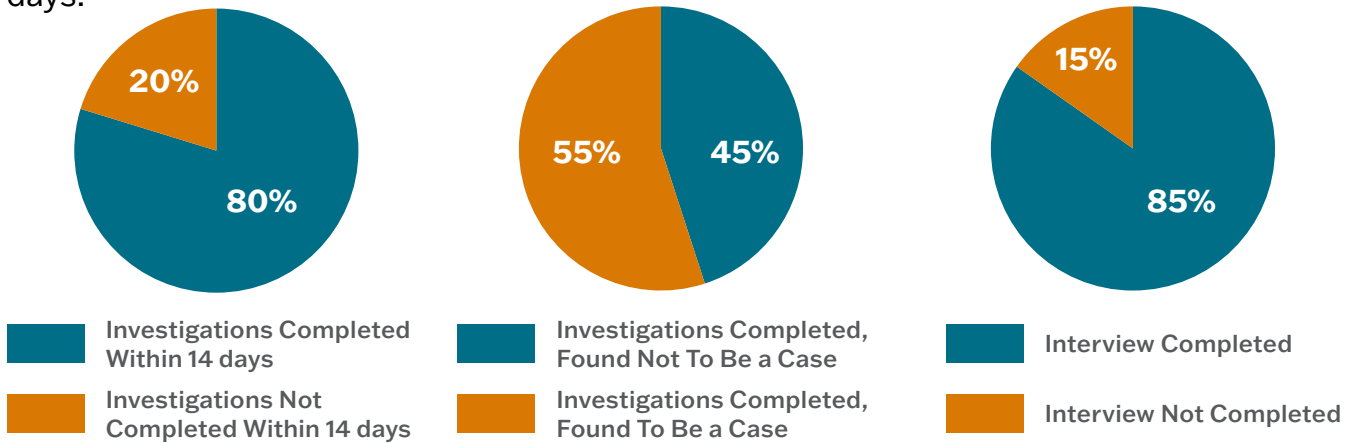
Figure 7

Case Investigations and Partner Services for Syphilis, NYC, 2023^{24,25}

Women

Investigations: 2,627 investigations based on positive syphilis laboratory tests among women were conducted; 2,095 were completed within the CDC’s recommended 14 days.

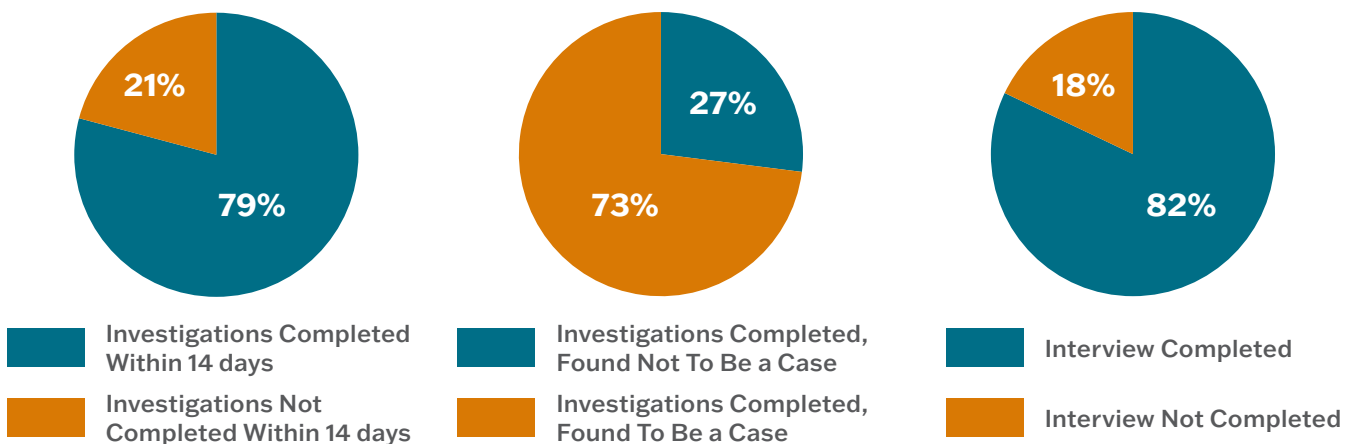
Interviews: 1,129 cases among women were assigned for interview.



Men

Investigations: 10,169 investigations based on positive syphilis laboratory tests among men were conducted; 8,048 were completed within the CDC’s recommended 14 days.

Interviews: 2,645 cases among men were assigned for interview.



²⁴ Case investigation and partner services are performed by disease intervention specialists (DISs). DISs are trained public health advisers whose STI work includes conducting disease investigations, contact tracing, and offering partner services to people with STIs, their partners, and others at increased risk for infection. For more information, see the Technical Notes sections on DISs and reported sex and gender.

²⁵ For more information, see Additional Resources for Council of State and Territorial Epidemiologists (CSTE) case definitions.

Figure 7 (Continued)

Case Investigations and Partner Services for Syphilis, NYC, 2023^{26,27}

Transgender People

Investigations: 152 investigations based on positive syphilis laboratory tests among transgender people were conducted; 117 were completed within the CDC's recommended 14 days.

Interviews: 23 cases among transgender people were assigned for interview.

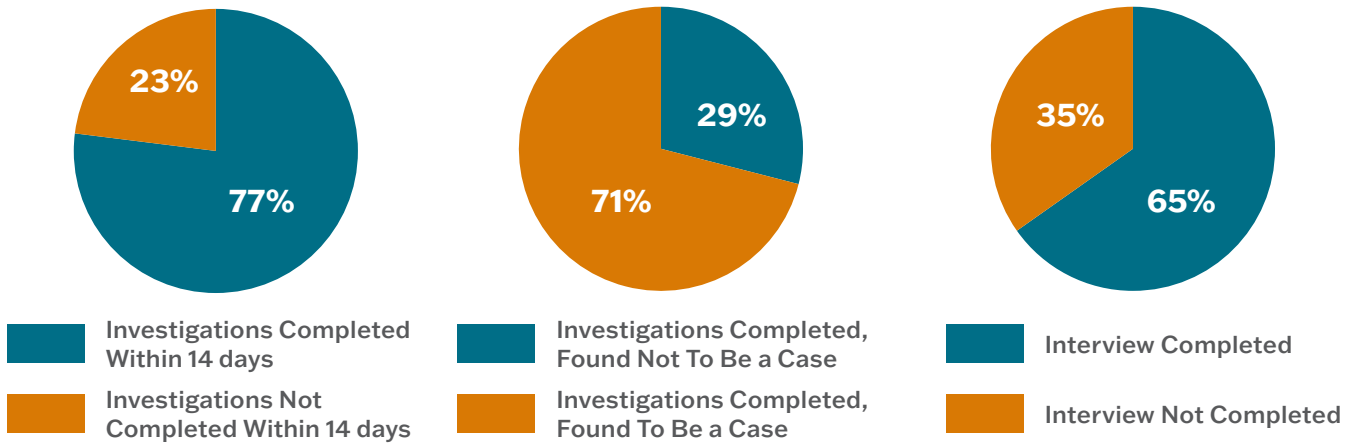
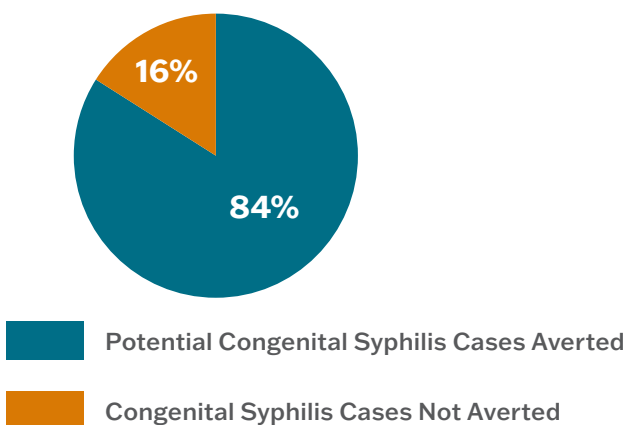


Figure 8

Potential Congenital Syphilis Cases Averted, NYC, 2023²⁸

Pregnant People With Syphilis — 215 cases of syphilis among pregnant people were identified.



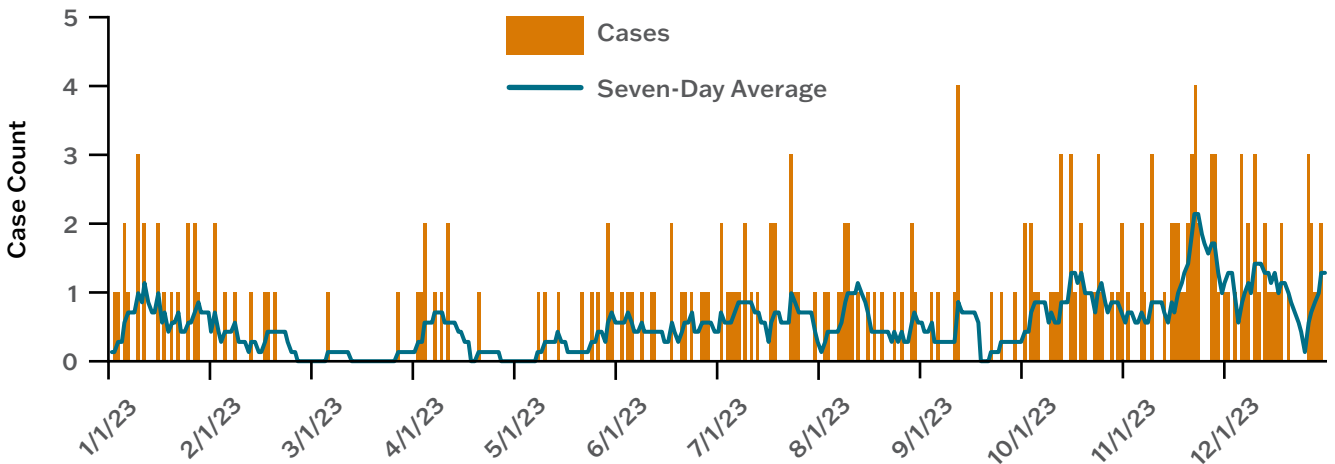
²⁶ Case investigation and partner services are performed by disease intervention specialists (DISs). DISs are trained public health advisers whose STI work includes conducting disease investigations, contact tracing, and offering partner services to people with STIs, their partners, and others at increased risk for infection. For more information, see the Technical Notes sections on DISs and reported sex and gender.

²⁷ For more information, see Additional Resources for Council of State and Territorial Epidemiologists (CSTE) case definitions.

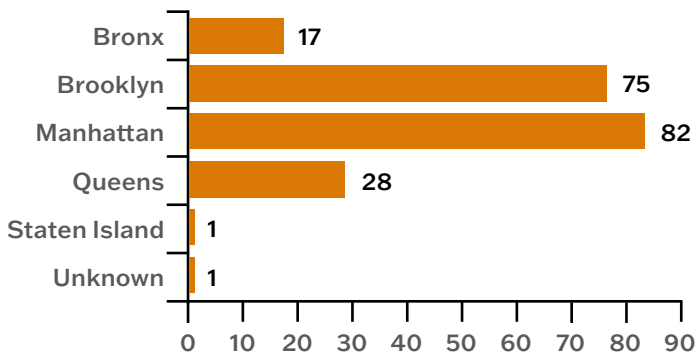
²⁸ This measure reflects an estimate of how successful our public health interventions are at averting congenital syphilis cases, where a "congenital syphilis case" is defined according to the current surveillance definition.

Panel 4

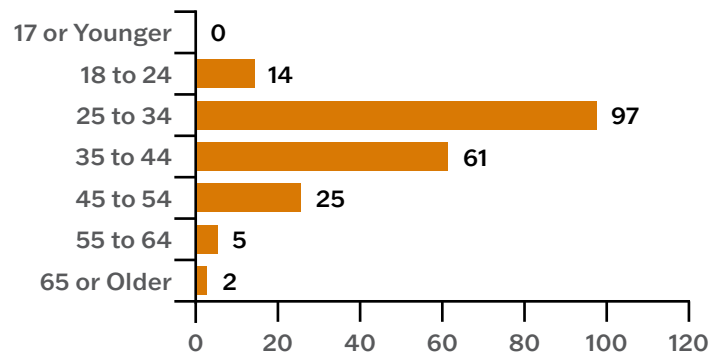
Reported Mpox Case Numbers, NYC, 2023



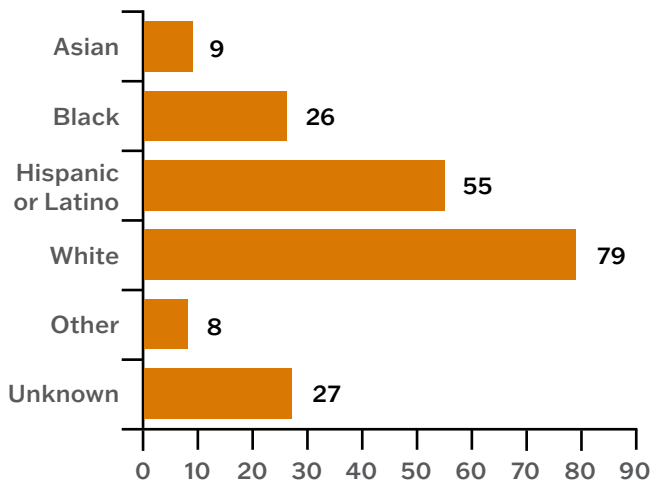
Borough of Residence²⁹



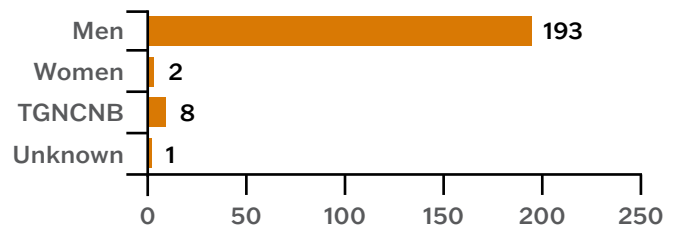
Age in Years



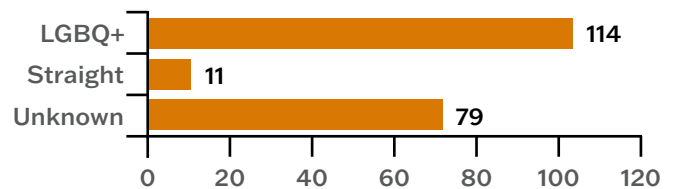
Race and Ethnicity^{29,30}



Gender Identity^{29,31}



Sexual Orientation^{29,32}



²⁹ The "Unknown" category is due to missing information in case investigation.

³⁰ The "Other" category includes multiracial, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander. For more information, see the Technical Notes on reported race and ethnicity.

³¹ Gender identity (derived). For more information, see the Technical Notes section on reported sex and gender.

³² The "LGBQ+" category includes patients reporting a sexual orientation of gay or lesbian, bisexual, queer, or another nonheterosexual orientation. This only refers to sexual orientation and is not indicative of gender identity or expression.

Technical Notes

Cases of STIs in NYC — Reporting Requirement

The NYC Health Department receives reports from providers and laboratories for various infectious diseases, including certain STIs, as required by the NYC Health Code. Reporting requirements can be found at nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page. Basic demographic information for the person being tested is reported to the NYC Health Department, including name, address, and date of birth. Annual summary data are limited to people who are NYC residents at the time of STI diagnosis.

The following STIs* are reportable to the NYC Health Department within 24 hours of diagnosis:

- Chancroid
- Chlamydia
- Gonorrhea
- Granuloma inguinale (donovanosis)
- Herpes, neonatal (infants 60 days old or younger)
- Lymphogranuloma venereum
- Mpox†
- Syphilis (all stages, including congenital)

* HIV and AIDS diagnoses are reportable to New York State.

† Mpox is reportable immediately upon suspicion.

Cases of STIs in NYC — STI Case Numbers and Rates

The NYC Health Department details case numbers and case rates of reported STIs in NYC. We report rates to allow comparison between different groups, such as by sex, with different population sizes. For example, we may report that the rate of gonorrhea cases is 100 per 100,000 men in NYC. That means that for every 100,000 men in NYC, there are 100 men reported with a gonorrhea infection.

The NYC Health Department calculates STI rates using interpolated intercensal population estimates for NYC based on estimates from the U.S. Census Bureau and NYC Department of City Planning. Population estimates are updated as new data become available. Therefore, rates for earlier years in this report may differ from previously reported rates for those years. Because of the schedule for releasing updated population estimates, 2022 STI rates per 100,000 were calculated using 2021 population estimates and 2023 rates used 2022 estimates.

The NYC Health Department calculates congenital syphilis and neonatal herpes rates using the number of live births among NYC residents. Vital statistics data were

available such that 2022 and 2023 rates per 100,000 were calculated with 2022 and 2023 live birth counts, respectively.

Disease Intervention Specialists (DISs)

DISs are trained public health advisers whose STI work includes conducting disease investigations, contact tracing, and offering partner services to people with STIs, their partners, and others at increased risk for infection. A disease investigation is an information-gathering process to determine whether reports to the NYC Health Department indicate a true case of an STI. This process may include locating a person, conducting provider outreach, and reviewing medical records. DISs also conduct case interviews, which involve counseling a person who has been diagnosed with an STI and linking them to care, treatment, and partner services.

Reported Geography of People Reported With STIs in NYC — ZIP Codes, Modified ZIP Code Tabulation Areas (MODZCTAs), and UHF Neighborhoods

The NYC Health Department uses multiple levels of geography to report STI data. Each person reported with an STI is classified based on their ZIP code of residence at the time of the report. People with a missing or inaccurate ZIP code are excluded from tables with geographic information.

Because a ZIP code does not refer to an area but rather a collection of points that make up a mail delivery route, the NYC Health Department uses ZIP Code Tabulation Areas (ZCTAs), which the U.S. Census Bureau created to map and display geographic locations of populated areas. The MODZCTA geography combines census blocks with smaller populations to allow more stable estimates of population size for rate calculation.

To present data at the neighborhood level, people reported with an STI are assigned to a UHF neighborhood based on their ZIP code of residence at the time of report. This level of geography includes groups of contiguous ZIP codes and was created by the NYC Health Department, the UHF, and other City agencies in the 1980s. A map of the UHF neighborhoods can be found at nyc.gov/assets/doh/downloads/pdf/tracking/uhf42.pdf. For more information about the different levels of geography, visit the NYC Environmental and Health Data Portal at a816-dohbsp.nyc.gov/IndicatorPublic/data-stories/geographies.

Reported Poverty Groups for People Reported With STIs in NYC

The NYC Health Department defines an area's poverty level as the percentage of people earning below the federal poverty threshold (FPT) within a ZCTA, per the 2018-2022 American Community Survey. The standard cut points for describing the poverty

level of a geographic area in NYC are:

- Low poverty: Fewer than 10% of residents in the ZCTA are living below the FPT
- Medium poverty: 10% to fewer than 20% are living below the FPT
- High poverty: 20% to fewer than 30% are living below the FPT
- Very high poverty: 30% or more are living below the FPT

Reported Race and Ethnicity of People Reported With STIs in NYC

Race and ethnicity information is often missing in reportable disease surveillance, particularly when laboratory reporting is the predominant reporting mechanism, as it is for STI surveillance. Some race and ethnicity information comes from provider reports, and for people with specific infections (for example, syphilis), from interviews conducted as part of case investigation or partner services.

In alignment with federal Office of Management and Budget standards in effect in 2023, information on ethnicity was collected as Hispanic or Latino or as not Hispanic or Latino. Race was collected as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian, or white, with the opportunity to record more than one category. An additional option of “Other” was also available.

Data were then aggregated into the following mutually exclusive categories:

- American Indian or Alaska Native
- Asian, non-Hispanic
- Black, non-Hispanic
- Hispanic or Latino
- Native Hawaiian or Pacific Islander, non-Hispanic
- Other, non-Hispanic (including multiracial)
- Unknown
- White, non-Hispanic

The “Hispanic or Latino” category includes people of any race, and all other categories exclude those who identified as Hispanic or Latino. Information on ethnicity is collected from multiple sources with varying categories of Hispanic or Latino. Population denominators are not calculated for people who identified as “Other” or “Unknown,” and consequently, rates per 100,000 cannot be calculated; annual summary data by race and ethnicity include case numbers, but not case rates, for these groups.

Racial and ethnic inequities in STI case numbers and rates can be attributed to long-standing structural racism and are not reflective of biological or personal traits. These historical and ongoing inequities prevent many people of color from accessing vital resources and opportunities and negatively affect overall health and well-being. For

more information on what the NYC Health Department is doing to better address racial health gaps and improve health outcomes for all New Yorkers, visit nyc.gov/health and search for **race to justice**.

Reported Sex and Gender of People Reported With STIs in NYC

Information on the sex of people reported with an STI is based primarily on laboratory reports and provider reports received by the NYC Health Department. The report form includes three options to describe the sex of the person with the reported STI: male, female, and transgender. There is not yet an option for reporting sex assigned at birth or gender identity via routine reporting; therefore, the providers and facilities who order the STI testing are responsible for classifying transgender, gender-nonconforming, and nonbinary (TGNCNB) people into the “reported sex” categories. In this report, data on men and women, unless otherwise specified, are based on this reported field and cannot be parsed as sex assigned at birth, legal sex, or gender identity.

Information on sex assigned at birth and gender identity is collected from case investigation or partner services interviews for specific STIs (for example, syphilis). This information is available only for a subset of cases; thus, rates cannot be calculated for cases among TGNCNB people because accurate denominators are not available for these groups. When deriving gender identity for this report, people who self-report their identity as transgender woman, transgender man, genderqueer, or nonbinary, or whose current gender identity differs from their sex assigned at birth or reported sex, are categorized as TGNCNB people. If self-reported gender is not available, a person’s reported gender may not reflect their current self-identification.

Additional Resources

NYC Health Department

2023 Hepatitis A, B, and C in NYC Annual Report

HIV Surveillance Annual Report, 2023

CDC STI Treatment Guidelines

cdc.gov/std/treatment-guidelines

Case definitions

ndc.services.cdc.gov

Mpox resources

nyc.gov/site/doh/health/health-topics/mpox.page

NYC Sexual Health Clinics

nyc.gov/site/doh/services/sexual-health-clinics.page

NYC Syphilis Registry

nyc.gov/assets/doh/downloads/pdf/std/hcp-syphilis-registry-check.pdf

Provider reporting of STIs, including HIV

nyc.gov/site/doh/providers/reporting-and-services/reporting-central.page

nyc.gov/site/doh/data/data-sets/hiv-aids-how-to-report-a-diagnosis.page

Provider resources on STIs

nyc.gov/site/doh/providers/health-topics/stds.page

Request STI training and education for organizations and medical providers

stitraining@health.nyc.gov

Acknowledgments

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