VDH VIRGINIA DEPARTMENT OF HEALTH

Virginia 2024 Sexually Transmitted Infection (STI) Surveillance Report

August 27, 2025

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Data Highlights

- There were over 54,000 STIs reported in Virginia in 2024.
- The **chlamydia** diagnosis rate **decreased 9.4%** from 2023 to 2024 (from 471.7 to 427.2 per 100,000); it has decreased 8.0% since 2020.
- The **gonorrhea** diagnosis rate **decreased 2.4%** from 2023 to 2024 (from 158.8 to 154.9 per 100,000); it has decreased 10.5% since 2020.
- The **syphilis (all stages)** diagnosis rate **increased 3.7%** from 2023 to 2024 (from 36.7 to 38.0 per 100,000; it has increased 74.8% since 2020.
- The increase in syphilis diagnoses among women is of particular concern; the rate of new **syphilis diagnoses (all stages) among women increased 144%** from 2020 to 2024. Syphilis case counts among women were almost 2.5 times higher in 2024 relative to 2020 (increased from 333 to 820 cases).
- The **total early syphilis** (primary, secondary, and early non-primary non-secondary stages) diagnosis rate **increased 3.5%** from 2023 to 2024 (from 20.7 to 21.4 per 100,000); it has increased 42.5% since 2020.
- The **late or unknown duration syphilis** diagnosis rate **increased 3.9%** from 2023 to 2024 (from 16.0 to 16.7 per 100,000); it has increased 146.4% since 2020.
- Diagnosed **congenital syphilis** cases increased for the fifth straight year. There were **35 cases** of congenital syphilis reported among infants born in 2024 compared to 21 in 2023. This is the highest case count observed in over 30 years in Virginia.

Technical Notes

This report provides data on trends from 2020 to 2024 for three nationally notifiable sexually transmitted infections (STIs): chlamydia, gonorrhea, and syphilis, including congenital syphilis. These technical notes provide information on the data sources and methodology used to create this annual STI Surveillance Report.

- The data shown here represent cases reported to the Virginia Department of Health. For more information on disease reporting guidelines and regulations, refer to the national Surveillance Case Definitions and VDH's Disease Reporting for Medical Providers resource.
- Four different syphilis data reports are presented based on stage of infection:
  - **Total early syphilis** – This report includes primary, secondary, and early non-primary non-secondary syphilis cases. These are the most infectious stages of the disease, representing newer infections with more recent transmission.
  - **Late or unknown duration syphilis** – This report includes the asymptomatic stage of syphilis which occurs more than one year after initial infection.
  - **All stage syphilis** – This report combines the above stages of syphilis, representing both recent and older infections (but excludes congenital syphilis).
  - **Congenital syphilis** – This report includes cases of congenital syphilis, which occurs when syphilis passes to babies during pregnancy or childbirth. Note that transmission from a pregnant woman to their fetus can occur at any stage of syphilis infection.
- Annual case counts and rates for chlamydia, gonorrhea, and syphilis are based on the date of diagnosis (usually the earliest date of specimen collection). Annual congenital syphilis case counts are based on year of birth (or stillbirth). Note that the annual case counts presented here may differ slightly from national statistics due to methodological differences in the dates used to assign diagnosis year.
- Case counts and rates are shown at different geographic levels based on each case's residence at the time of diagnosis. Health districts are groupings of cities and counties. Health regions are groupings of health districts. For congenital syphilis, the region/district/locality is based on the mother's residence at birth.
- Disruptions in STI-related prevention and care activities related to the federal and state responses to the COVID-19 pandemic had a pronounced impact on STI surveillance data trends. Observed case counts (especially for 2020 and 2021) may be artificially low due to pandemic-related disruptions to routine STI screening and access to sexual healthcare. Therefore, trends for STI surveillance data collected

during the pandemic should be interpreted cautiously. For more information, see the CDC's summary regarding the Impact of COVID-19 on STIs.