2024

MARYLAND ANNUAL STI EPIDEMIOLOGICAL PROFILE

Data reported through August 7, 2025

Infectious Disease Prevention and Health Services Bureau
Prevention and Health Promotion Administration

Maryland
DEPARTMENT OF HEALTH

Acknowledgements

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Section I – Technical Notes

Sexually Transmitted Infections (STI) Reporting

Maryland law requires that a person diagnosed with gonorrhea, chlamydia, or syphilis be reported by name to MDH. As per the reporting requirements specified in the Code of Maryland Regulations (COMAR) 10.06.01.03, laboratory directors and healthcare providers are required to report all diagnostic STI-related test results. Health care providers also must report treatment administered or prescribed for chlamydia, gonorrhea, and syphilis.

The Code of Maryland Regulations (COMAR) governing laboratory and provider reporting was most recently amended in 2020. The amended regulation now requires laboratories to report laboratory confirmed syphilis and suspected syphilis as indicated by: (a) Any treponemal or non-treponemal results that are qualitative or quantitative, if the results are: (i) Positive; (ii) Reactive; or (iii) Inconclusive; and (b) Any negative or non-reactive results associated with the positive, reactive, or inconclusive results.

Report Changes

To be responsive to changing data needs, the following updates have been made to this report:

- Trend tables and figures have been expanded to describe 10 years of data.
- A congenital syphilis cascade (Figure 20) has been added.

Data Specifications

Surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of data. Data are collected on all people diagnosed with chlamydia, gonorrhea, or syphilis who were residents of the state of Maryland. Data are presented for people who were Maryland residents at the time of their diagnosis in 2024. Data presented were reported to the MDH through August 7, 2025.

This report presents data with at least a six-month reporting delay. This lag allows for time to report case and laboratory data and to complete investigations.

Please read all table titles and footnotes carefully to ensure a complete understanding of the displayed data. A glossary of terms is also available at the end of this report.

COVID-19 and STI Surveillance Data

Data for 2020 and 2021 should be interpreted with caution due to the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on access to STI testing and related services. Because STIs often do not show symptoms, and screening is necessary for timely diagnosis and treatment, changes in access to sexual health care, as well as disruptions in public health services, can affect the number of infections diagnosed and reported. Reduced screening during the pandemic may have resulted in undiagnosed infections and those with an STI may have had their infection longer providing more opportunities to transmit infection to their partners. Trends should be interpreted with caution. For more information, please see CDC's Impact of COVID-19 on STIs.

Multiple Diagnoses

This report describes diagnoses of STIs. Gonorrhea, chlamydia, and syphilis are easily treatable, and it is possible for people to acquire an infection multiple times. This report includes initial and subsequent diagnoses. People with multiple diagnoses include instances where a person is diagnosed with a bacterial STI, properly treated, and then diagnosed again later. Multiple diagnoses may also include when a person is diagnosed with a bacterial STI and either not treated or not adequately treated and upon retesting at a later date, are classified as a subsequent diagnosis.

Geographic Distribution

Not all address data has been geocoded. Geocoding is the process of assigning geographic identifiers to map features and data records. Addresses are standard data

elements and submitted as part of reporting requirements; however, the information may be incomplete which then requires a geocoding process to improve the quality of data.

People experiencing homelessness are reported as living in the city or town where the shelter or care facility reporting the diagnosis is located.

Residents of Correctional Facilities

STI diagnoses among people reported to be residing in correctional facilities are presented as residing at their last known home address, if available, or in the jurisdiction where the facility of diagnosis is located.

Race and Ethnicity

The completeness of reporting for race and ethnicity is variable in surveillance data. Definitions of race and ethnicity categories may vary across reporting sources and some reporting sources do not collect or have complete data on race and ethnicity. In this report, Hispanic or Latino people can be of any race.

Sources of Data

Information on STI diagnoses for 2022 onwards, including residence, age, race and ethnicity, and assigned sex at birth, are from Maryland's installation of the National Electronic Disease Surveillance System (NEDSS) Base System (NBS), as of August 7, 2025.

Data prior to 2022 are from Maryland's installation of the Patient Reporting Investigation Surveillance Manager (PRISM), the Maryland STI surveillance database from 2015-2021. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Data on live births was obtained from Maryland Department of Health's Vital Statistics Administration 2023 Annual Vital Statistics Report and the Centers for Disease Control and Prevention's WONDER Online Database. Race and ethnicity for live births describes the race and ethnicity of the pregnant person.

Population data by sex, age, and race and ethnicity are from the July 1, 2024 United States Census Estimates. When needed, age groups were divided by assuming uniform age distribution within the age group. People reporting non-Hispanic multiple races and non-Hispanic another race from the Census were combined into one group.

Tabulation of Column Totals

Numbers in figures, tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

Data are suppressed to protect the confidentiality of people diagnosed with STIs. Data are suppressed when describing a demographic group or geographic area (e.g., jurisdiction) with a population less than 1,000 people. If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

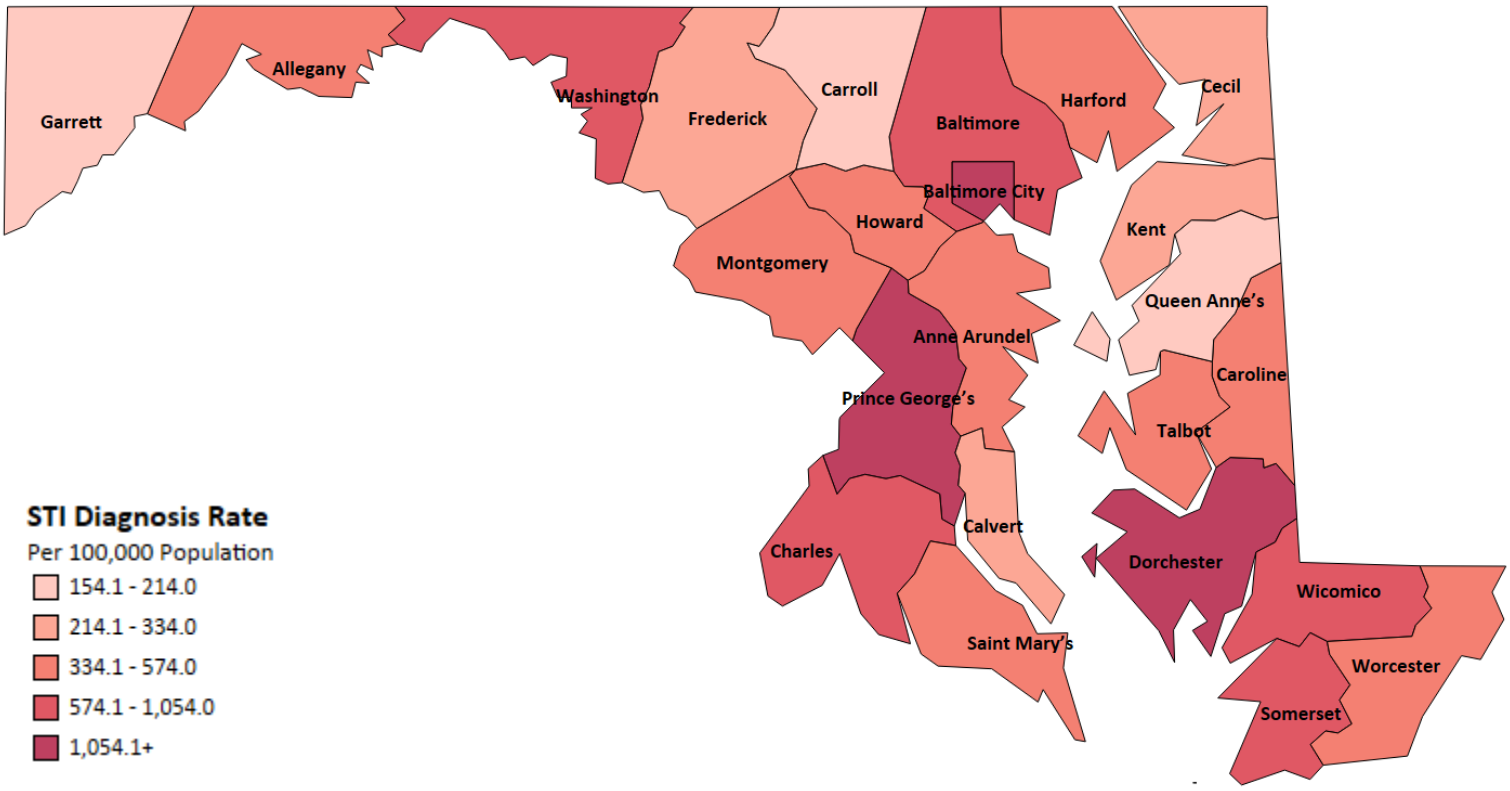
Additional Resources

- STI Case Definitions
  A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count diagnoses consistently across reporting jurisdictions. Surveillance case definitions may differ from clinical definitions and are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.
  - Chlamydia
  - Gonorrhea
  - Syphilis
  - Congenital Syphilis
- STI Treatment Guidelines
- Maryland STI Reporting Guidelines
- Viral Hepatitis Epidemiology in Maryland
- HIV Epidemiology in Maryland

Section II – STI Diagnoses Overview

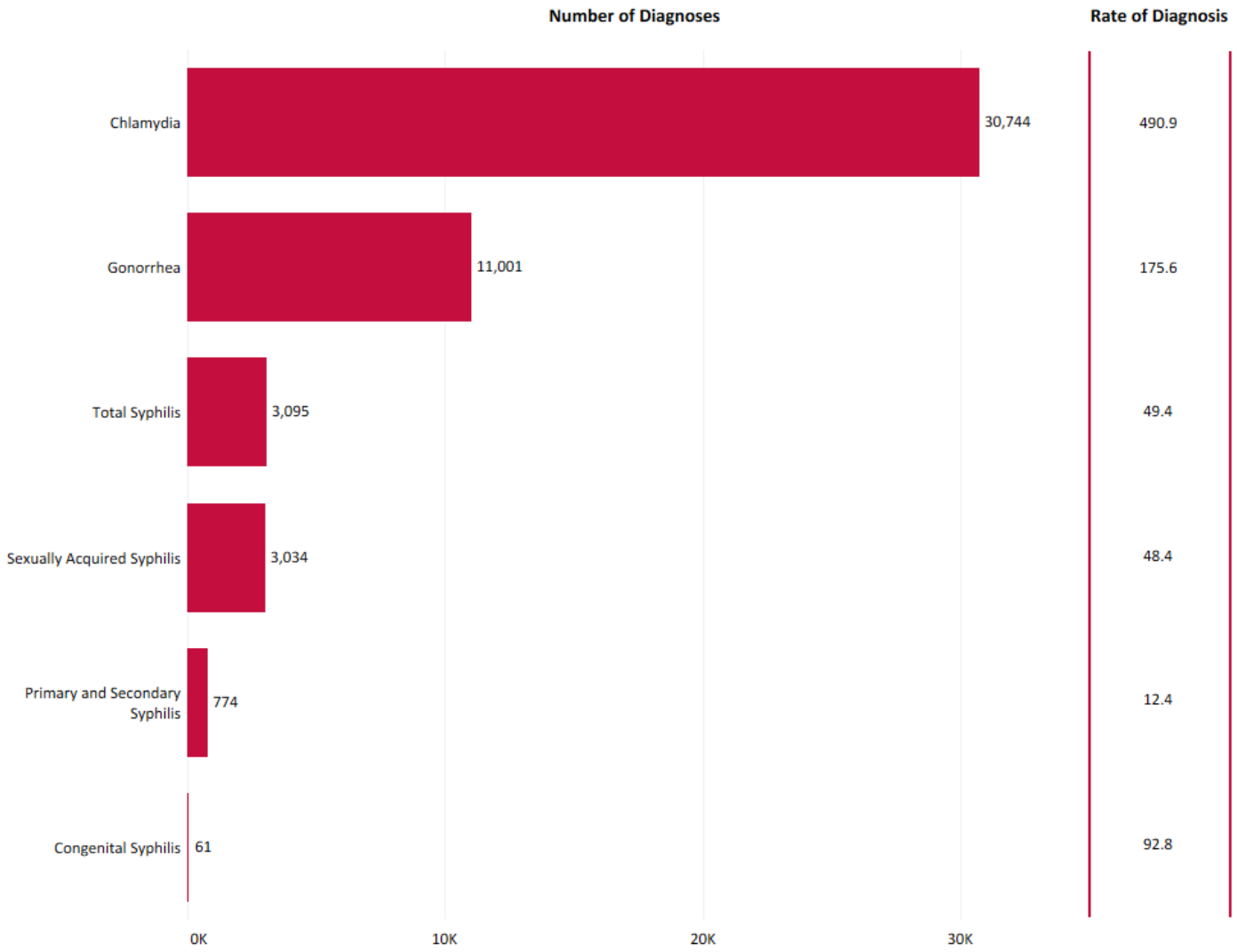
Surveillance is key to understanding the extent of sexually transmitted infections (STI) in Maryland and in people most affected by STIs. This report provides updated data on chlamydia, gonorrhea, and syphilis, including congenital syphilis, in Maryland. In 2024, a total of 44,840 STI diagnoses were reported among Maryland residents, a 13.8 percent decrease from 2023. The rate of STI diagnosis in Maryland was 715.9 diagnoses per 100,000 people.

Map 1 – STI Diagnoses, during 2024, Rate by Jurisdiction of Residence, Reported through August 7, 2025



- The rate of STI diagnoses (includes chlamydia, gonorrhea, and syphilis) in Maryland is **715.9 per 100,000.** Jurisdictions with the highest rate of STI diagnoses in Maryland include:
  - Baltimore City: 1,942.2 per 100,000
  - Dorchester County: 1,125.6 per 100,000
  - Prince George's County: 1,071.0 per 100,000
  - Wicomico County: 1,028.9 per 100,000
  - Charles County: 797.2 per 100,000

Figure 1 – Chlamydia, Gonorrhea, Total Syphilis, Sexually Acquired Syphilis, Primary and Secondary Syphilis, and Congenital Syphilis Diagnoses and Rates during 2024, by Condition, Reported through August 7, 2025



Infection	2024 Diagnoses				
	Total	2023-2024 % Change	2015-2024 Estimated Annual Percent Change		
		Estimate	Estimate	95% Confidence Interval	
				Lower	Upper
Chlamydia	30,744	-14.2%	0.6	0.5	0.8
Gonorrhea	11,001	-14.1%	3.6	3.4	3.8
Syphilis	3,095	-7.6%	11.4	10.9	11.9
Sexually Acquired Syphilis	3,034	-7.6%	11.3	10.8	11.8
Primary and Secondary Syphilis	774	-11.8%	5.2	4.3	6.0
Congenital Syphilis	61	-11.6%	17.3	12.8	22.0
Total STI Diagnoses	44,840	-13.8%	1.8	1.7	1.9

Note. Congenital syphilis rates are per 100,000 live births. All other rates are per 100,00 population.

Table 1 – Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Congenital Syphilis Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Chlamydia			Gonorrhea			Syphilis					
							Primary and Secondary			Congenital		
	No.	% of Total	Rate per 100,000 Population	No.	% of Total	Rate per 100,000 Population	No.	% of Total	Rate per 100,000 Population	No.	% of Total	Rate per 100,000 Live Births
Allegany	185	0.6%	275.7	27	0.2%	40.2	4	0.5%	6.0	0	0.0%	0.0
Anne Arundel	2,043	6.6%	339.2	585	5.3%	97.1	48	6.2%	8.0	1	1.6%	15.3
Baltimore City	6,652	21.6%	1,170.6	3,244	29.5%	570.9	260	33.6%	45.8	28	45.9%	404.0
Baltimore	4,027	13.1%	472.4	1,346	12.2%	157.9	114	14.7%	13.4	7	11.5%	79.1
Calvert	194	0.6%	204.4	32	0.3%	33.7	1	0.1%	1.1	0	0.0%	0.0
Caroline	135	0.4%	394.2	39	0.4%	113.9	2	0.3%	5.8	0	0.0%	0.0
Carroll	210	0.7%	118.6	44	0.4%	24.8	6	0.8%	3.4	0	0.0%	0.0
Cecil	256	0.8%	240.8	69	0.6%	64.9	4	0.5%	3.8	0	0.0%	0.0
Charles	1,007	3.3%	577.2	322	2.9%	184.6	16	2.1%	9.2	1	1.6%	57.8
Dorchester	255	0.8%	769.5	104	0.9%	313.8	1	0.1%	3.0	0	0.0%	0.0
Frederick	714	2.3%	238.5	199	1.8%	66.5	3	0.4%	1.0	0	0.0%	0.0
Garrett	45	0.1%	158.5	10	0.1%	35.2	0	0.0%	0.0	0	0.0%	0.0
Harford	725	2.4%	273.1	174	1.6%	65.5	22	2.8%	8.3	3	4.9%	114.2
Howard	1,032	3.4%	303.8	285	2.6%	83.9	23	3.0%	6.8	0	0.0%	0.0
Kent	54	0.2%	276.1	7	0.1%	35.8	2	0.3%	10.2	0	0.0%	0.0
Montgomery	3,863	12.6%	356.9	1,206	11.0%	111.4	99	12.8%	9.1	4	6.6%	36.7
Prince George's	7,040	22.9%	728.3	2,658	24.2%	275	111	14.3%	11.5	14	23.0%	132.3
Queen Anne's	80	0.3%	149.0	20	0.2%	37.3	1	0.1%	1.9	1	1.6%	179.2
Saint Mary's	331	1.1%	284.2	91	0.8%	78.1	2	0.3%	1.7	1	1.6%	75.9
Somerset	147	0.5%	582.4	34	0.3%	134.7	2	0.3%	7.9	0	0.0%	0.0
Talbot	106	0.3%	277.2	20	0.2%	52.3	3	0.4%	7.8	0	0.0%	0.0
Washington	646	2.1%	410.9	255	2.3%	162.2	32	4.1%	20.4	1	1.6%	62.9
Wicomico	850	2.8%	799.4	196	1.8%	184.3	16	2.1%	15.0	0	0.0%	0.0
Worcester	147	0.5%	270.5	34	0.3%	62.6	2	0.3%	3.7	0	0.0%	0.0
Unknown	0	0.0%	--	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	30,744	100.0%	490.9	11,001	100.0%	175.6	774	100.0%	12.4	61	100.0%	92.8

*The Maryland congenital syphilis rate is calculated using 2024 estimate of live births. Congenital syphilis rates by jurisdiction are calculated using the 2023 live birth estimates, as live births by jurisdiction for 2024 have not been released yet.

Section III – Chlamydia

Chlamydia is a sexually transmitted infection caused by the bacterium Chlamydia trachomatis. Although chlamydia is easy to diagnose and treat, it usually produces no symptoms. Therefore, many infections go undetected, and the number of reported diagnoses is likely a significant underestimate of the actual number of people with chlamydia. If individuals with chlamydia are not screened, chlamydia infections go undiagnosed, unreported, and untreated, furthering the spread of infection within the community.

In 2024, a total of 30,744 chlamydia diagnoses were reported among Maryland residents, making it the most common notifiable sexually transmitted infection in Maryland. This was a 14.2 percent decrease over the 35,836 diagnoses in 2023. The rate of diagnosis was 490.9 diagnoses per 100,000 people.

In 2024, people most affected by chlamydia include:

Geographic Region

Prince George's County had the highest number (7,040) and proportion (22.9%) of chlamydia diagnoses. The highest rate (1,170.6) of chlamydia diagnoses was among **Baltimore City** residents.

Assigned Sex at Birth

People assigned **female sex at birth** accounted for the highest number (19,421), proportion (63.2%), and rate (603.5) of chlamydia diagnoses.

Race and Ethnicity

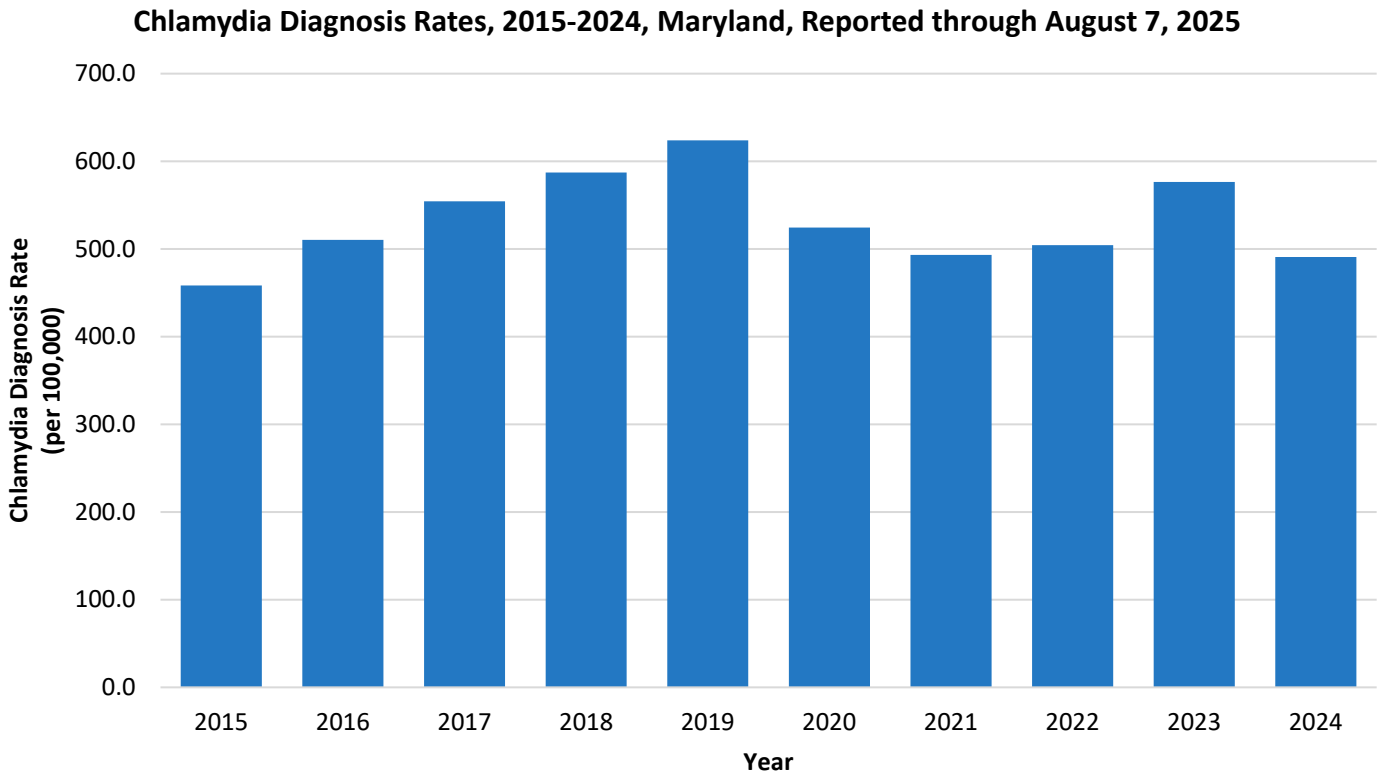
Non-Hispanic Black people accounted for the highest number (12,534), proportion (40.8%), and rate (664.4) of chlamydia diagnoses.

Age

People **ages 15-24** accounted for the highest number (18,822), proportion (61.2%), and rate (2,398.6) of chlamydia diagnoses.

Section 3a – Trends in Chlamydia Diagnoses, 2015-2024, Maryland

Figure 2 – Trends in Chlamydia Diagnoses, 2015-2024, Reported through August 7, 2025



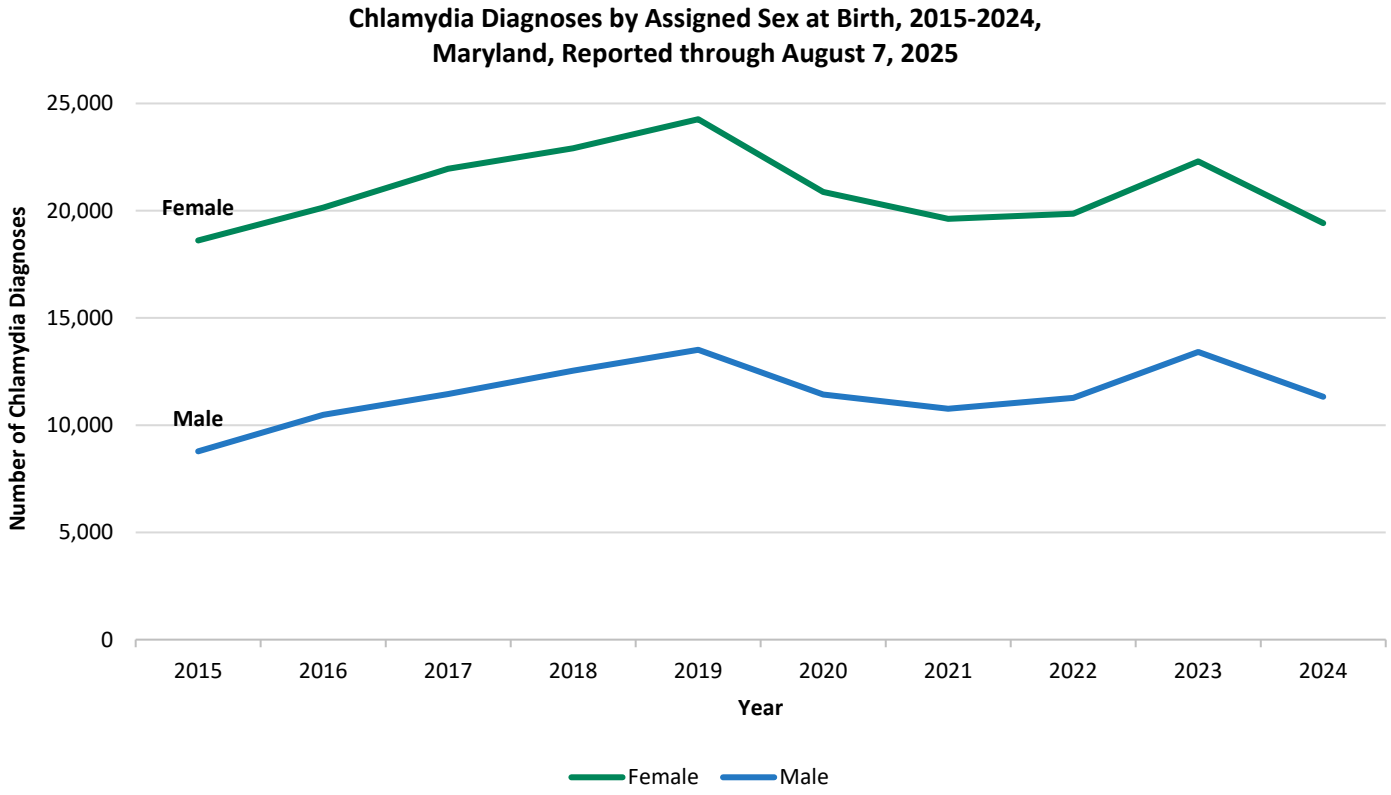
Year of Diagnosis	Population	Chlamydia Diagnoses	
		Number	Rate
2015	5,988,528	27,450	458.4
2016	6,007,014	30,658	510.4
2017	6,028,186	33,416	554.3
2018	6,042,153	35,482	587.2
2019	6,054,954	37,779	623.9
2020	6,177,935	32,398	524.4
2021	6,179,403	30,484	493.3
2022	6,192,440	31,236	504.4
2023	6,217,062	35,836	576.4
2024	6,263,220	30,744	490.9

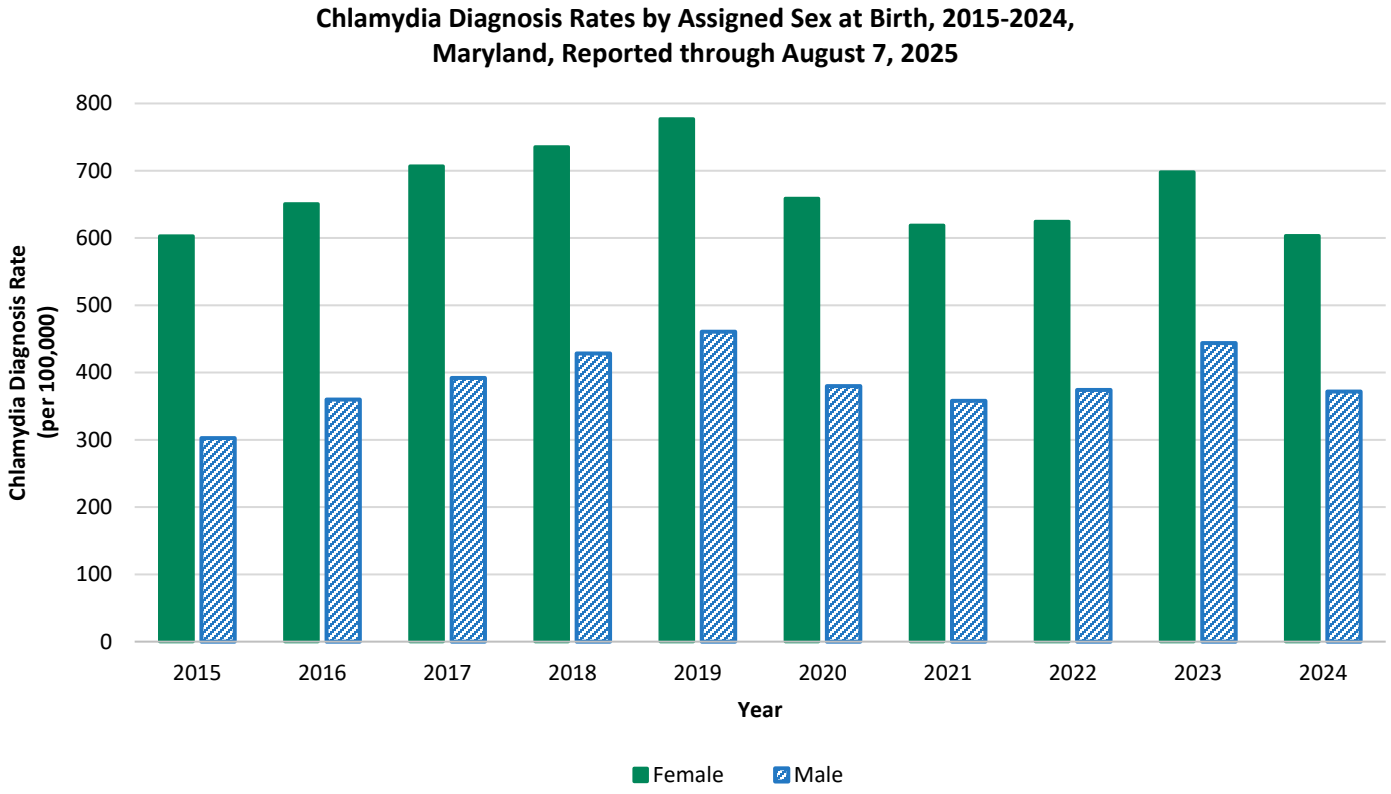
Table 2 – Trends in Chlamydia Diagnoses by Jurisdiction of Residence at Diagnosis, 2019-2024, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Chlamydia Diagnoses											
	2019		2020		2021		2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Allegany	263	372.9	234	344.4	210	310.3	198	294.5	217	322.5	185	275.7
Anne Arundel	2,710	467.3	2,155	363.2	2,087	350.0	1,896	316.7	2,235	372.5	2,043	339.2
Baltimore City	8,602	1,446.7	7,014	1,202.7	6,607	1,145.9	8,134	1,425.4	8,437	1,486.7	6,652	1,170.6
Baltimore	4,879	588.9	4,411	516.9	4,294	504.8	4,095	482.4	5,223	615.4	4,027	472.4
Calvert	295	318.4	291	313.2	259	274.8	211	222.9	197	207.7	194	204.4
Caroline	113	337.2	128	384.7	111	331.9	129	384.6	121	357.6	135	394.2
Carroll	327	193.8	309	178.7	244	140.0	272	154.9	256	144.8	210	118.6
Cecil	372	360.8	329	316.9	339	325.7	332	316.4	302	285.8	256	240.8
Charles	1,138	695.0	983	589.7	814	482.2	831	487.7	1,067	619.4	1,007	577.2
Dorchester	216	677.9	234	719.5	197	604.5	218	668.7	312	947.7	255	769.5
Frederick	820	314.6	779	285.6	753	268.3	797	276.4	867	294.7	714	238.5
Garrett	57	196.2	54	187.5	46	159.9	33	115.3	30	105.3	45	158.5
Harford	1,041	407.3	914	349.9	860	326.6	880	333.4	876	330.9	725	273.1
Howard	1,200	368.2	1,071	321.8	958	285.7	969	288.0	1,107	328.2	1,032	303.8
Kent	69	355.2	42	219.6	32	166.2	28	144.6	70	360.1	54	276.1
Montgomery	4,699	447.0	3,814	359.5	3,535	334.7	3,564	335.9	4,462	417.2	3,863	356.9
Prince George's	8,262	906.4	6,974	722.4	6,832	714.2	6,306	661.3	7,632	797.9	7,040	728.3
Queen Anne's	135	266.9	140	279.8	109	214.1	87	167.9	94	178.4	80	149.0
Saint Mary's	511	449.2	412	361.4	340	296.5	403	350.4	329	284.9	331	284.2
Somerset	184	718.5	170	692.0	170	692.1	136	550.7	144	575.0	147	582.4
Talbot	119	320.0	124	330.5	100	264.6	121	318.8	117	307.4	106	277.2
Washington	636	421.0	709	458.4	670	431.9	671	431.8	677	433.7	646	410.9
Wicomico	906	871.1	898	867.1	748	718.5	729	694.4	855	809.8	850	799.4
Worcester	225	430.5	209	397.9	169	316.4	185	342.6	190	350.4	147	270.5
Unknown	0	--	0	--	0	--	11	--	19	--	0	--
Total	37,779	623.9	32,398	524.4	30,484	493.3	31,236	504.4	35,836	576.4	30,744	490.9

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 3 – Trends in Chlamydia Diagnoses by Assigned Sex at Birth, 2015-2024, Reported through August 7, 2025

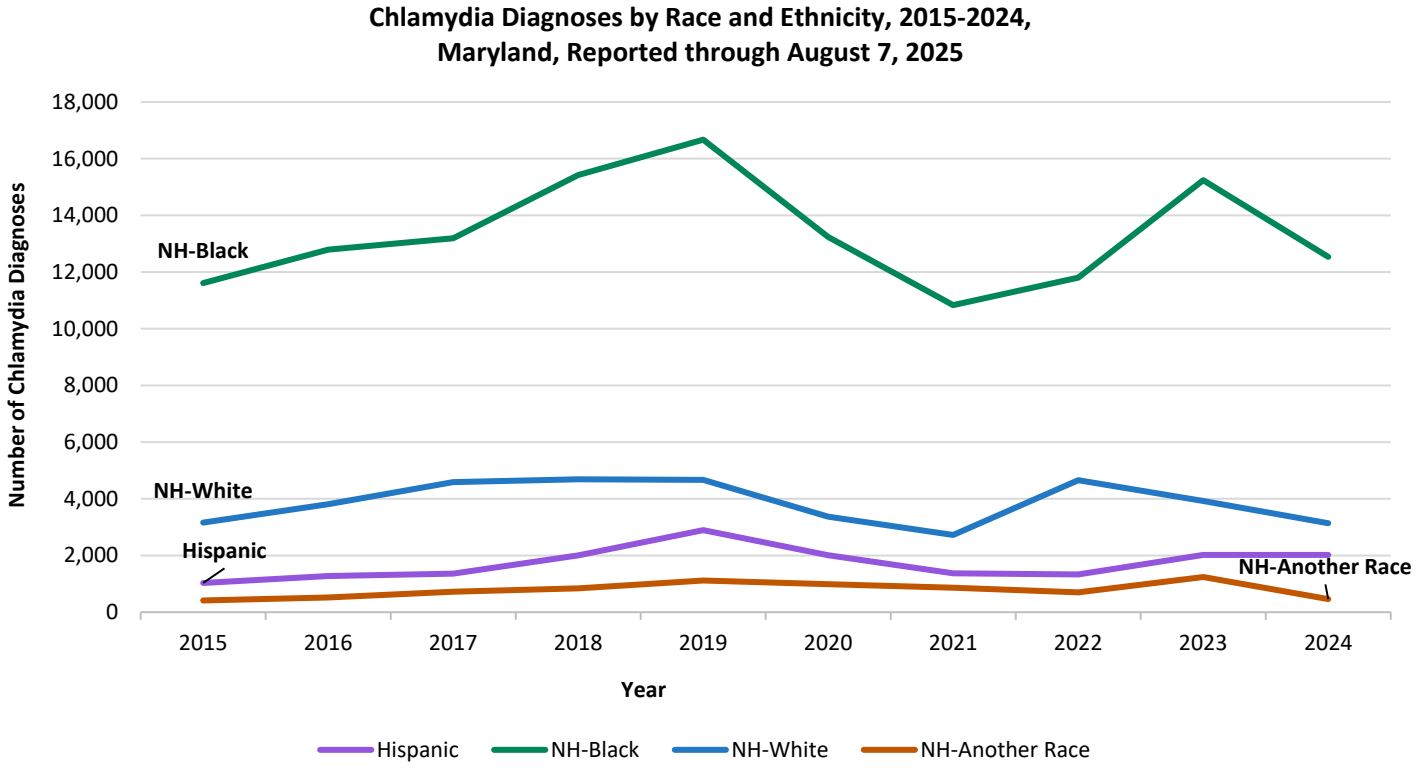


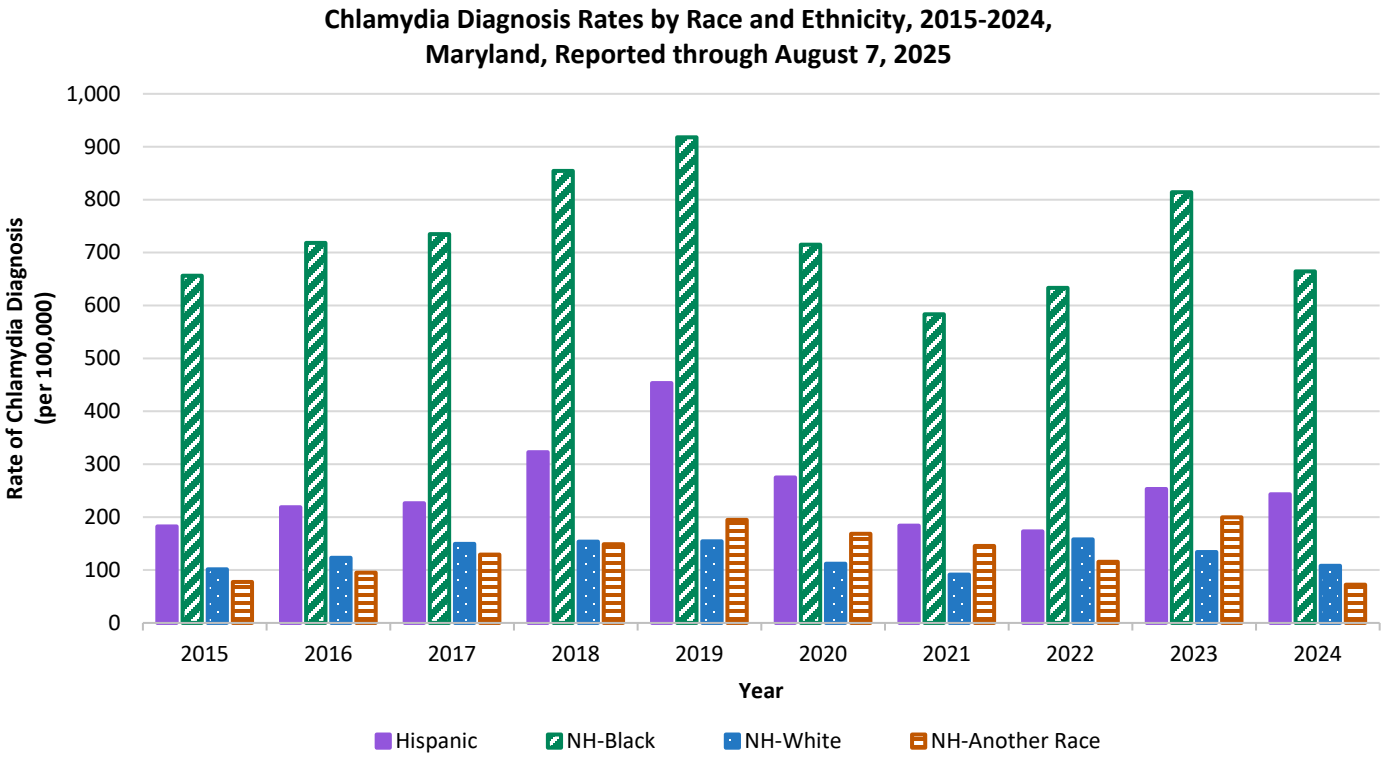


Year of Diagnosis	Chlamydia Diagnoses							
	Female			Male			Unknown	
	No.	Percent	Rate	No.	Percent	Rate	No.	Percent
2015	18,612	67.8%	603.0	8,780	32.0%	302.6	58	0.2%
2016	20,145	65.7%	650.8	10,479	34.2%	359.9	34	0.1%
2017	21,957	65.7%	706.8	11,449	34.3%	391.9	10	0.0%
2018	22,912	64.6%	735.5	12,539	35.3%	428.4	31	0.1%
2019	24,264	64.2%	777.1	13,514	35.8%	460.8	1	0.0%
2020	20,876	64.4%	658.8	11,427	35.3%	379.8	95	0.3%
2021	19,622	64.4%	618.9	10,768	35.3%	357.9	94	0.3%
2022	19,860	63.6%	624.6	11,274	36.1%	374.2	102	0.3%
2023	22,296	62.2%	698.1	13,417	37.4%	443.8	123	0.3%
2024	19,421	63.2%	603.5	11,322	36.8%	371.8	1	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 4 – Trends in Chlamydia Diagnoses by Race and Ethnicity, 2015-2024, Reported through August 7, 2025





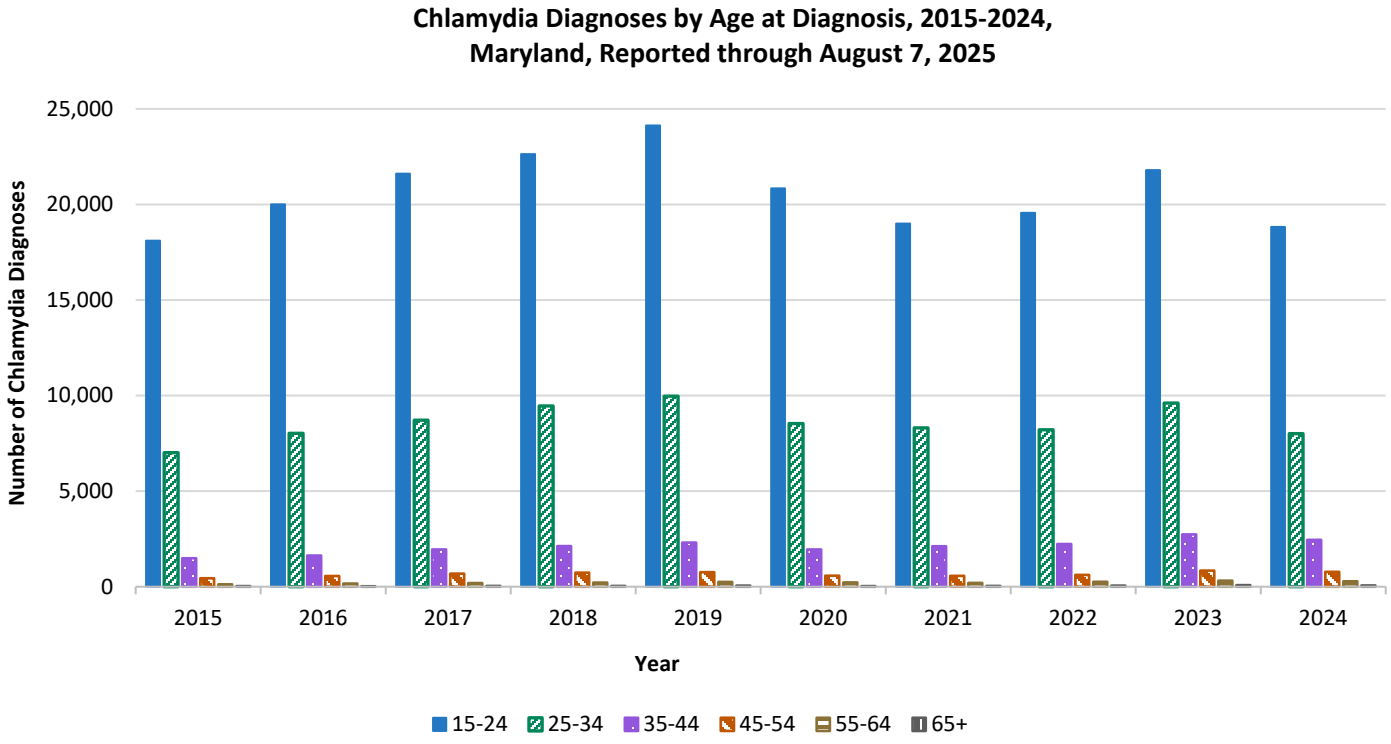
Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Native Hawaiian or Another Pacific Islander, and Non-Hispanic Multiracial people are combined in the above figures.

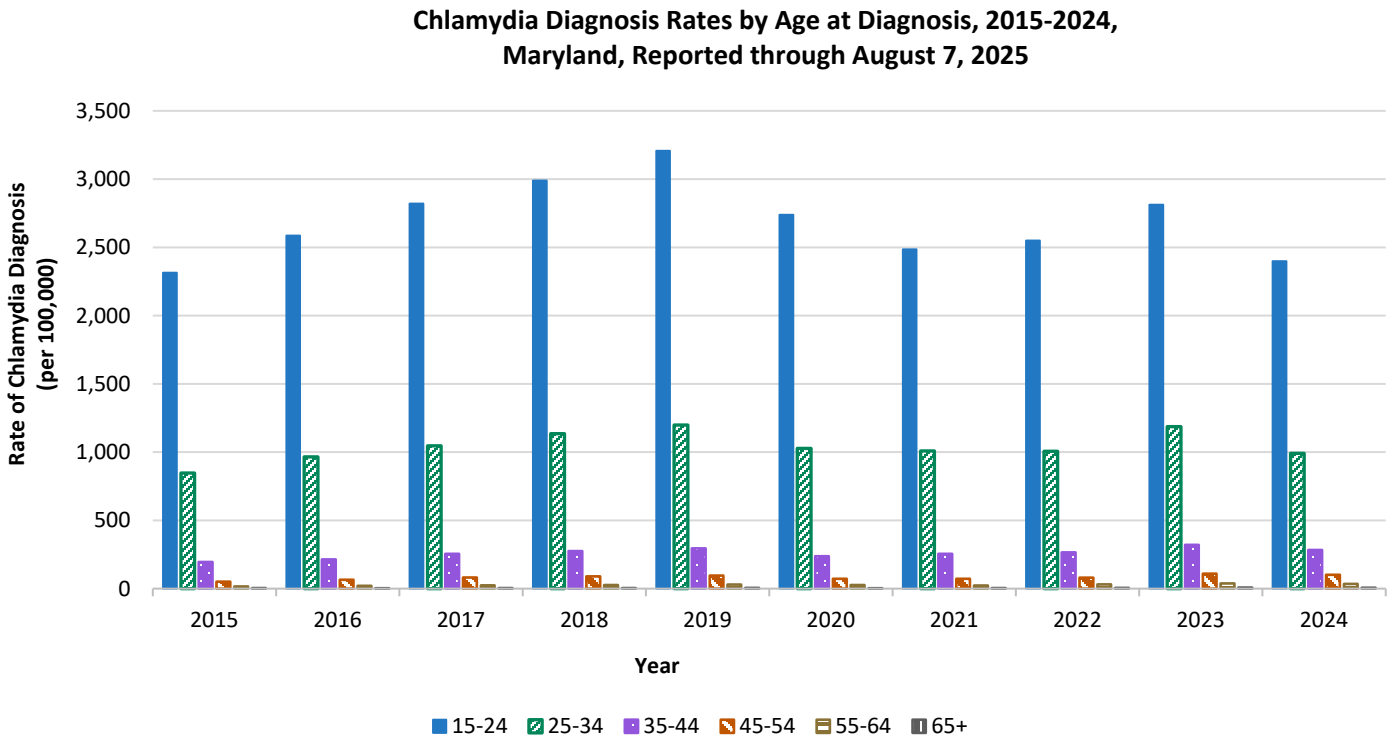
Year of Diagnosis	Chlamydia Diagnoses											
	Hispanic			Non-Hispanic American Indian or Alaska Native			Non-Hispanic Asian			Non-Hispanic Black		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	1,030	3.8%	182.5	36	0.1%	249.3	167	0.6%	44.4	11,611	42.3%	656.1
2016	1,274	4.2%	218.8	30	0.1%	206.2	226	0.7%	58.8	12,793	41.7%	718.1
2017	1,360	4.1%	226.1	59	0.2%	403.9	259	0.8%	66.0	13,190	39.5%	734.9
2018	2,002	5.6%	322.6	63	0.2%	429.9	326	0.9%	82.0	15,421	43.5%	854.3
2019	2,894	7.7%	453.4	69	0.2%	470.2	445	1.2%	110.5	16,670	44.1%	917.9
2020	2,011	6.2%	274.8	42	0.1%	285.0	258	0.8%	63.0	13,235	40.9%	714.8
2021	1,369	4.5%	184.0	28	0.1%	191.7	169	0.6%	40.8	10,833	35.5%	583.4
2022	1,331	4.3%	173.0	196	0.6%	1,352.2	485	1.6%	114.0	11,802	37.8%	633.3
2023	2,020	5.6%	253.0	130	0.4%	900.0	305	0.9%	70.2	15,242	42.5%	814.0
2024	2,019	6.6%	243.0	96	0.3%	660.7	261	0.8%	58.4	12,534	40.8%	664.4

Year of Diagnosis	Chlamydia Diagnoses										
	Non-Hispanic Multiracial			Non-Hispanic Native Hawaiian or Another Pacific Islander			Non-Hispanic White			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	194	0.7%	139.1	16	0.1%	558.1	3,160	11.5%	101.2	11,236	40.9%
2016	246	0.8%	172.0	15	0.0%	519.2	3,812	12.4%	123.0	12,262	40.0%
2017	385	1.2%	262.3	16	0.0%	553.1	4,591	13.7%	149.3	13,556	40.6%
2018	441	1.2%	294.4	11	0.0%	372.8	4,688	13.2%	153.6	12,530	35.3%
2019	571	1.5%	372.9	33	0.1%	1120.9	4,669	12.4%	154.2	12,428	32.9%
2020	665	2.1%	422.3	20	0.1%	664.7	3,371	10.4%	112.0	12,796	39.5%
2021	651	2.1%	405.4	14	0.0%	463.9	2,724	8.9%	91.2	14,696	48.2%
2022	0	0.0%	0.0	21	0.1%	692.4	4,657	14.9%	157.8	12,744	40.8%
2023	795	2.2%	471.1	10	0.0%	325.8	3,921	10.9%	134.0	13,413	37.4%
2024	105	0.3%	60.5	0	0.0%	0.0	3,137	10.2%	107.9	12,592	41.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 5 – Trends in Chlamydia Diagnoses by Age at Diagnosis, 2015-2024, Reported through August 7, 2025





People <15 years old are not shown.

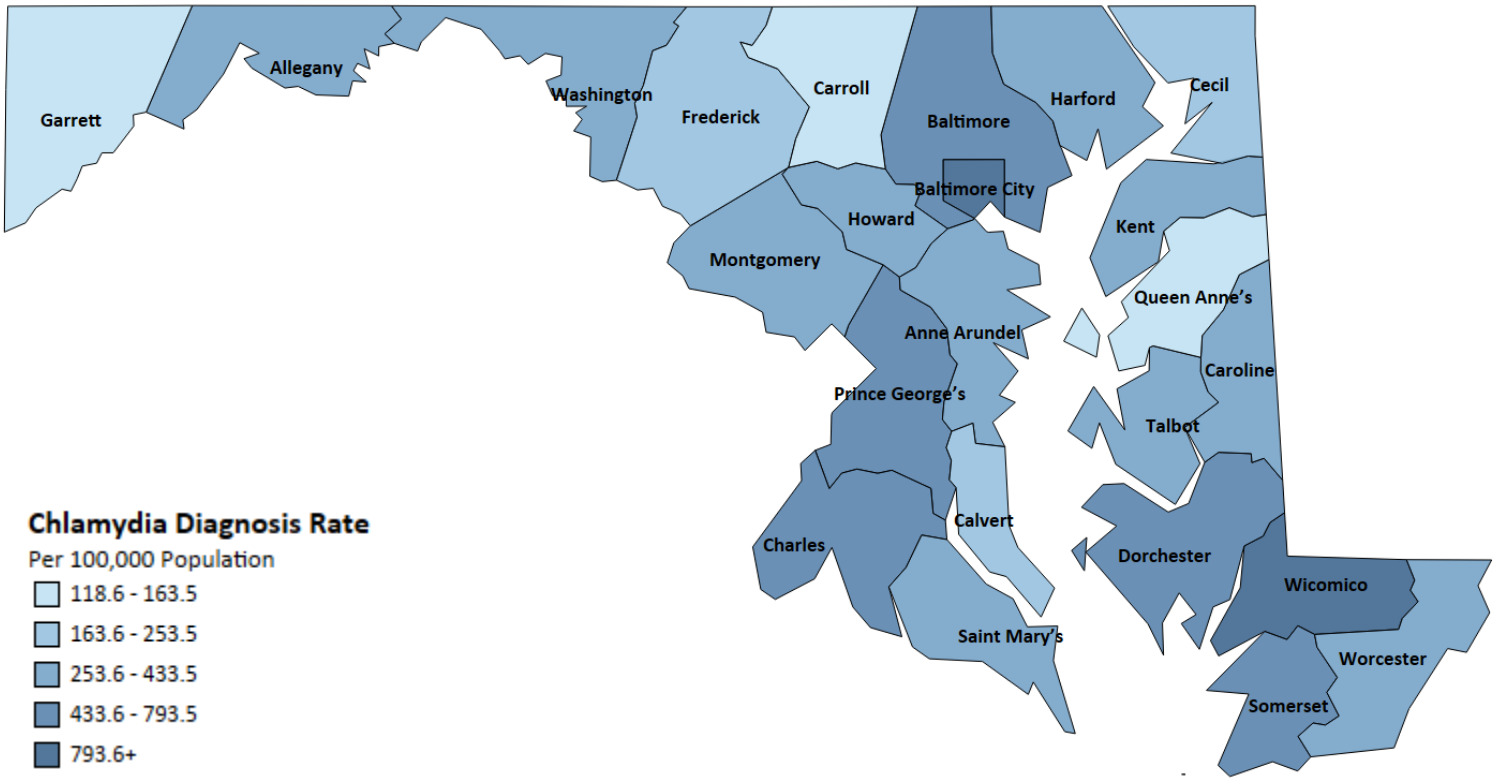
Year of Diagnosis	Chlamydia Diagnoses														
	<15			15-19			20-24			25-29			30-34		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	233	0.8%	20.9	7,458	27.2%	1,935.6	10,644	38.8%	2,682.9	4,958	18.1%	1,186.8	2,053	7.5%	500.1
2016	246	0.8%	22.1	8,453	27.6%	2,196.7	11,556	37.7%	2,972.8	5,657	18.5%	1,350.8	2,365	7.7%	574.1
2017	236	0.7%	21.2	9,233	27.6%	2,410.5	12,377	37.0%	3,231.0	6,081	18.2%	1,453.9	2,629	7.9%	634.2
2018	253	0.7%	22.7	9,837	27.7%	2,579.8	12,802	36.1%	3,405.9	6,516	18.4%	1,562.5	2,945	8.3%	707.4
2019	310	0.8%	27.9	10,851	28.7%	2,851.1	13,280	35.2%	3,572.6	6,706	17.8%	1,623.7	3,261	8.6%	778.9
2020	234	0.7%	20.3	9,004	27.8%	2,303.3	11,840	36.5%	3,197.1	5,653	17.4%	1,404.5	2,881	8.9%	672.4
2021	245	0.8%	21.5	7,809	25.6%	1,990.9	11,190	36.7%	3,006.2	5,394	17.7%	1,365.0	2,918	9.6%	680.2
2022	278	0.9%	24.6	8,356	26.8%	2,110.4	11,210	35.9%	3,018.4	5,215	16.7%	1,344.6	2,995	9.6%	699.2
2023	431	1.2%	38.3	9,849	27.5%	2,448.5	11,946	33.3%	3,204.1	6,094	17.0%	1,592.8	3,516	9.8%	823.6
2024	335	1.1%	29.9	8,823	28.7%	2,173.4	9,999	32.5%	2,640.0	4,991	16.2%	1,305.7	3,017	9.8%	708.1

Year of Diagnosis	Chlamydia Diagnoses																
	35-39			40-44			45-54			55-64			65+			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	994	3.6%	259.7	492	1.8%	129.3	442	1.6%	51.0	125	0.5%	16.0	31	0.1%	3.7	20	0.1%
2016	1,123	3.7%	286.3	506	1.7%	137.3	561	1.8%	65.6	163	0.5%	20.5	26	0.1%	3.0	2	0.0%
2017	1,349	4.0%	336.7	603	1.8%	165.4	681	2.0%	81.1	189	0.6%	23.5	38	0.1%	4.2	0	0.0%
2018	1,390	3.9%	341.3	737	2.1%	201.3	737	2.1%	90.0	218	0.6%	26.8	43	0.1%	4.6	4	0.0%
2019	1,566	4.1%	380.8	742	2.0%	199.5	758	2.0%	95.3	248	0.7%	30.3	53	0.1%	5.5	4	0.0%
2020	1,308	4.0%	306.9	637	2.0%	161.9	574	1.8%	71.6	223	0.7%	26.5	31	0.1%	3.2	13	0.0%
2021	1,384	4.5%	323.6	732	2.4%	181.5	570	1.9%	72.6	196	0.6%	23.4	40	0.1%	4.0	6	0.0%
2022	1,507	4.8%	350.4	729	2.3%	176.8	620	2.0%	79.9	256	0.8%	30.9	57	0.2%	5.5	13	0.0%
2023	1,819	5.1%	420.2	920	2.6%	218.8	843	2.4%	109.5	316	0.9%	38.6	77	0.2%	7.2	25	0.1%
2024	1,591	5.2%	362.9	858	2.8%	200.8	779	2.5%	101.3	279	0.9%	34.4	66	0.2%	6.0	6	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Section 3b – Chlamydia Diagnoses, 2024, Maryland

Map 2 – Chlamydia Diagnoses, during 2024, Rate by Jurisdiction of Residence, Reported through August 7, 2025



- The rate of chlamydia diagnoses in Maryland is **490.9 per 100,000.**
  Jurisdictions with the highest rate of chlamydia diagnoses in Maryland include:
  - Baltimore City: 1,170.6 per 100,000
  - Wicomico County: 799.4 per 100,000
  - Dorchester County: 769.5 per 100,000
  - Prince George's County: 728.3 per 100,000
  - Somerset County: 582.4 per 100,000

Table 3 – Chlamydia Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Chlamydia Diagnoses			
	Population	No.	% of Total	Rate
Allegany	67,097	185	0.6%	275.7
Anne Arundel	602,350	2,043	6.6%	339.2
Baltimore City	568,271	6,652	21.6%	1,170.6
Baltimore	852,425	4,027	13.1%	472.4
Calvert	94,913	194	0.6%	204.4
Caroline	34,248	135	0.4%	394.2
Carroll	177,108	210	0.7%	118.6
Cecil	106,305	256	0.8%	240.8
Charles	174,478	1,007	3.3%	577.2
Dorchester	33,138	255	0.8%	769.5
Frederick	299,317	714	2.3%	238.5
Garrett	28,393	45	0.1%	158.5
Harford	265,514	725	2.4%	273.1
Howard	339,668	1,032	3.4%	303.8
Kent	19,557	54	0.2%	276.1
Montgomery	1,082,273	3,863	12.6%	356.9
Prince George's	966,629	7,040	22.9%	728.3
Queen Anne's	53,688	80	0.3%	149.0
Saint Mary's	116,469	331	1.1%	284.2
Somerset	25,241	147	0.5%	582.4
Talbot	38,244	106	0.3%	277.2
Washington	157,228	646	2.1%	410.9
Wicomico	106,329	850	2.8%	799.4
Worcester	54,337	147	0.5%	270.5
Unknown	--	0	0.0%	0.0
Total	6,263,220	30,744	100.0%	490.9

Table 4 – Chlamydia Diagnoses during 2024 by Age at Diagnosis, Assigned Sex at Birth, and Race and Ethnicity, Reported through August 7, 2025

Demographic Characteristics	Population	Chlamydia Diagnoses		
		No.	% of Total	Rate
Age at Diagnosis				
<15	1,122,239	335	1.1%	29.9
15-19	405,956	8,823	28.7%	2,173.4
20-24	378,746	9,999	32.5%	2,640.0
25-29	382,238	4,991	16.2%	1,305.7
30-34	426,075	3,017	9.8%	708.1
35-39	438,421	1,591	5.2%	362.9
40-44	427,256	858	2.8%	200.8
45-54	769,025	779	2.5%	101.3
55-64	811,264	279	0.9%	34.4
65+	1,102,000	66	0.2%	6.0
Unknown	--	6	0.0%	--
Assigned Sex at Birth				
Female	3,218,208	19,421	63.2%	603.5
Male	3,045,012	11,322	36.8%	371.8
Unknown	--	1	0.0%	--
Race and Ethnicity				
Hispanic	830,949	2,019	6.6%	243.0
Non-Hispanic	5,432,271	16,133	52.5%	297.0
American Indian or Alaska Native, only	14,529	96	0.3%	660.7
Asian, only	446,755	261	0.8%	58.4
Black, only	1,886,655	12,534	40.8%	664.4
Multiracial	173,518	105	0.3%	60.5
Native Hawaiian or Another Pacific Islander, only	3,058	0	0.0%	0.0
White, only	2,907,756	3,137	10.2%	107.9
Unknown	--	12,592	41.0%	--
Total	6,263,220	30,744	100.0%	490.9

Table 5 – Chlamydia Diagnoses during 2024 by Assigned Sex at Birth and Race and Ethnicity, Reported through August 7, 2025

Race and Ethnicity	Assigned Sex at Birth							
	Female				Male			
	Population	Chlamydia Diagnoses			Population	Chlamydia Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
Hispanic	403,938	1,461	7.5%	361.7	427,011	558	4.9%	130.7
Non-Hispanic	2,814,270	9,721	50.1%	345.4	2,618,001	6,412	56.6%	244.9
American Indian or Alaska Native, only	7,458	66	0.3%	885.0	7,071	30	0.3%	424.3
Asian, only	233,822	158	0.8%	67.6	212,933	103	0.9%	48.4
Black, only	1,006,968	7,289	37.5%	723.9	879,687	5,245	46.3%	596.2
Multiracial	89,071	71	0.4%	79.7	84,447	34	0.3%	40.3
Native Hawaiian or Another Pacific Islander, only	1,647	0	0.0%	0.0	1,411	0	0.0%	0.0
White, only	1,475,304	2,137	11.0%	144.9	1,432,452	1,000	8.8%	69.8
Unknown	--	8,239	42.4%	--	--	4,352	38.4%	--
Total	3,218,208	19,421	100.0%	603.5	3,045,012	11,322	100.0%	371.8

Table 6 – Chlamydia Diagnoses during 2024 by Assigned Sex at Birth and Age at Diagnosis, Reported through August 7, 2025

Age at Diagnosis	Assigned Sex at Birth							
	Female				Male			
	Population	Chlamydia Diagnoses			Population	Chlamydia Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
<15	549,546	264	1.4%	48.0	572,693	71	0.6%	12.4
15-19	198,463	6,128	31.6%	3,087.7	207,493	2,695	23.8%	1,298.8
20-24	186,755	6,613	34.1%	3,541.0	191,991	3,385	29.9%	1,763.1
25-29	192,204	3,124	16.1%	1,625.4	190,034	1,867	16.5%	982.5
30-34	216,276	1,610	8.3%	744.4	209,799	1,407	12.4%	670.6
35-39	223,713	752	3.9%	336.1	214,708	839	7.4%	390.8
40-44	216,932	434	2.2%	200.1	210,324	424	3.7%	201.6
45-54	394,384	356	1.8%	90.3	374,641	423	3.7%	112.9
55-64	421,926	114	0.6%	27.0	389,338	165	1.5%	42.4
65+	618,009	21	0.1%	3.4	483,991	45	0.4%	9.3
Unknown	--	5	0.0%	--	--	1	0.0%	--
Total	3,218,208	19,421	100.0%	603.5	3,045,012	11,322	100.0%	371.8

Section IV – Gonorrhea

Gonorrhea is a sexually transmitted infection caused by the bacterium Neisseria gonorrhoeae that may include the symptoms of swelling and pain in internal sexual organs, though the infection sometimes has no symptoms.

In 2024, a total of 11,001 diagnoses of gonorrhea were reported among Maryland residents, making it the second most common notifiable sexually transmitted infection in Maryland. This was a 14.1 percent decrease over the 12,802 diagnoses in 2023. The rate of diagnosis was 175.6 diagnoses per 100,000 people.

In 2024, people most affected by gonorrhea include:

Geographic Region

The highest number (3,244), proportion (29.5%), and rate (570.9) of gonorrhea diagnoses were among **Baltimore City** residents.

Assigned Sex at Birth

People assigned **male sex at birth** accounted for the highest number (7,020), proportion (63.8%), and rate (230.5) of gonorrhea diagnoses.

Race and Ethnicity

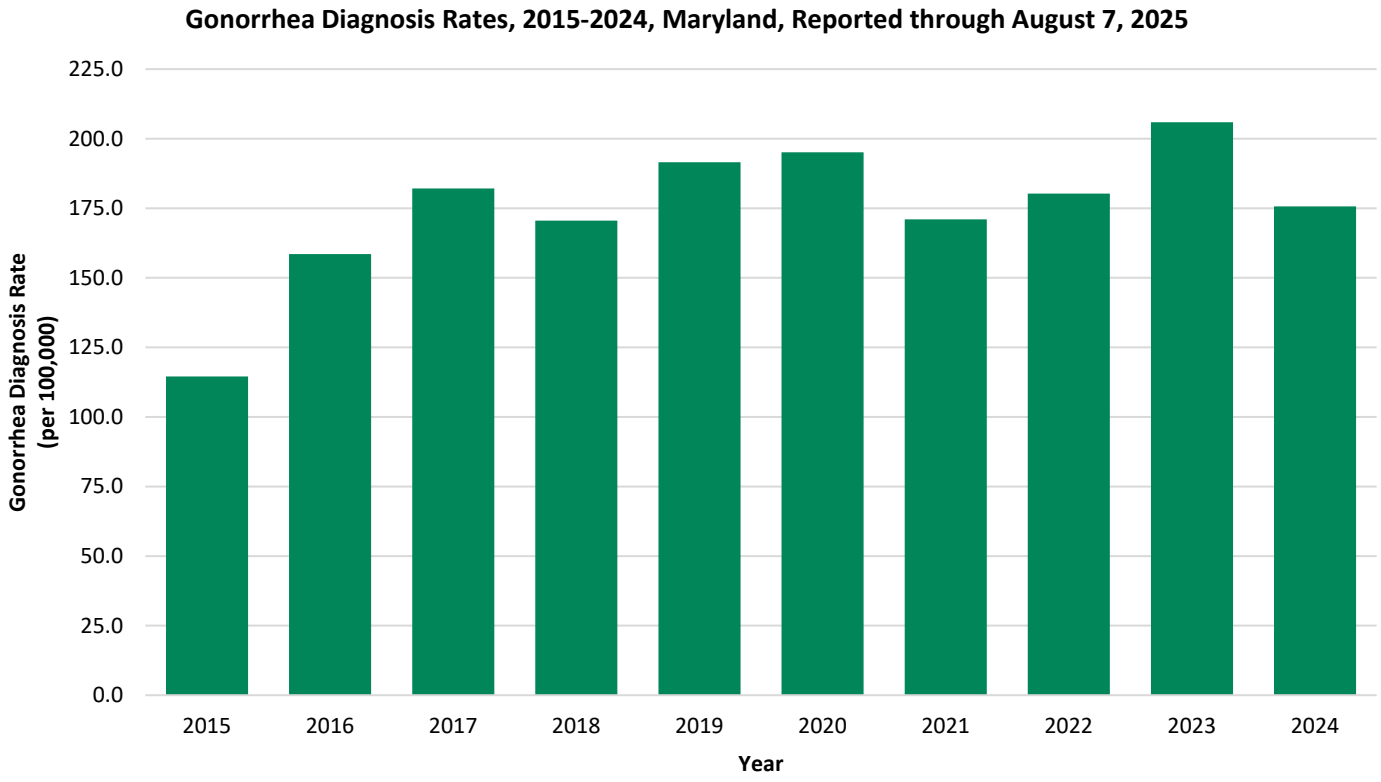
Non-Hispanic Black people accounted for the highest number (6,102), proportion (55.5%), and rate (323.4) of gonorrhea diagnoses.

Age

People **ages 15-24** accounted for the highest number (4,734), proportion (43.0%), and rate (603.3) of gonorrhea diagnoses.

Section 4a – Trends in Gonorrhea Diagnoses, 2015-2024, Maryland

Figure 6 – Trends in Gonorrhea Diagnoses, 2015-2024, Reported through August 7, 2025



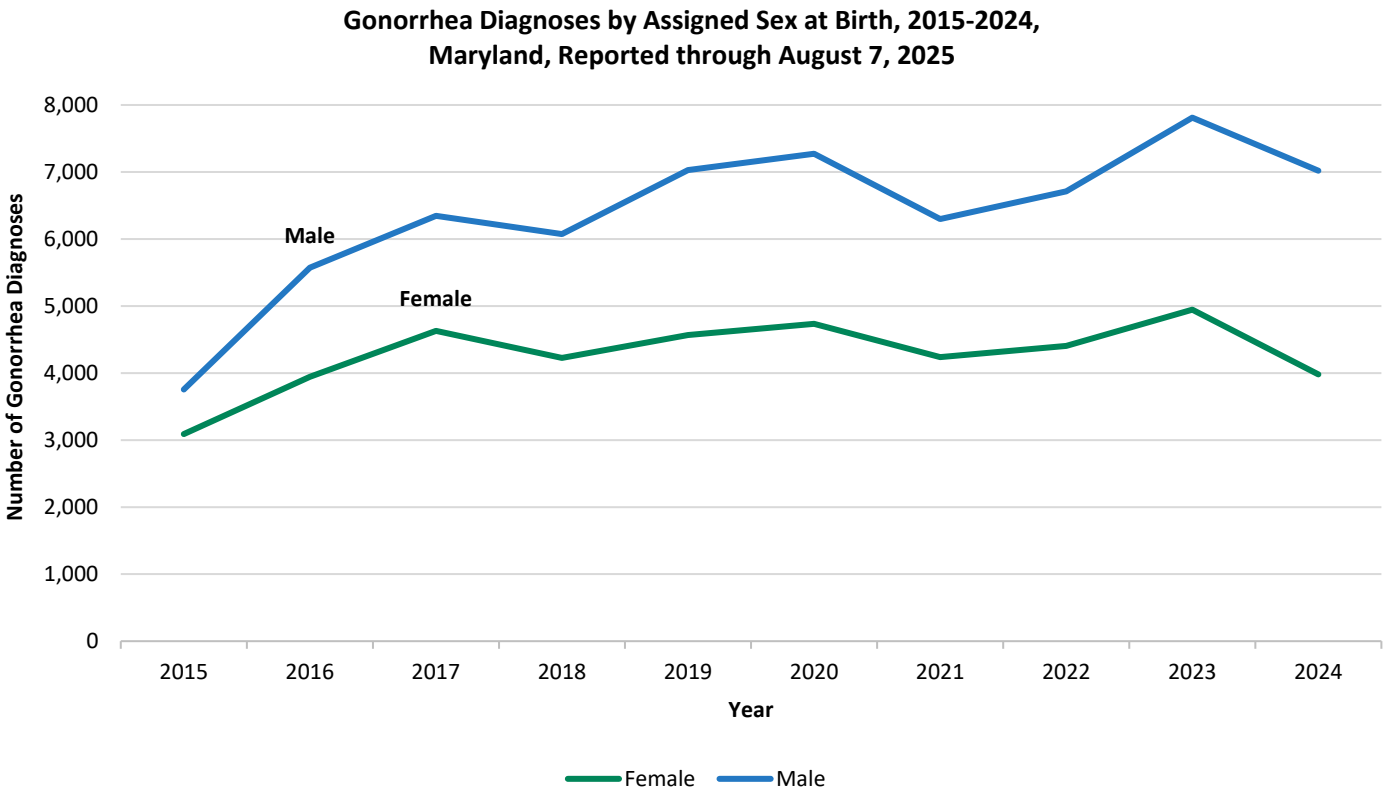
Year of Diagnosis	Population	Gonorrhea Diagnoses	
		Number	Rate
2015	5,988,528	6,858	114.5
2016	6,007,014	9,523	158.5
2017	6,028,186	10,978	182.1
2018	6,042,153	10,305	170.6
2019	6,054,954	11,598	191.5
2020	6,177,935	12,052	195.1
2021	6,179,403	10,567	171.0
2022	6,192,440	11,164	180.3
2023	6,217,062	12,802	205.9
2024	6,263,220	11,001	175.6

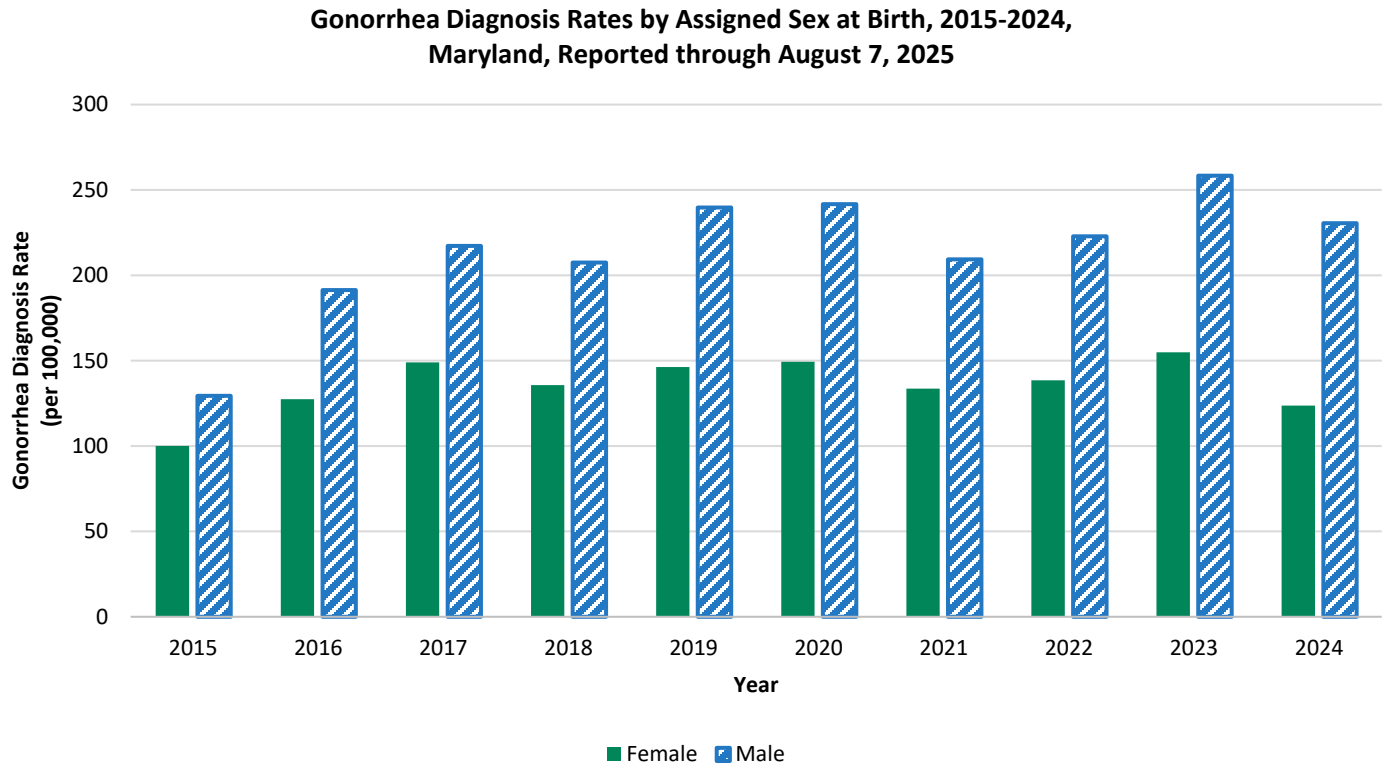
Table 7 – Trends in Gonorrhea Diagnoses by Jurisdiction of Residence at Diagnosis, 2019-2024, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Gonorrhea Diagnoses											
	2019		2020		2021		2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Allegany	22	31.2	47	69.2	33	48.8	35	52.1	40	59.4	27	40.2
Anne Arundel	681	117.4	634	106.8	579	97.1	529	88.4	625	104.2	585	97.1
Baltimore City	3,982	669.7	3,930	673.9	3,402	590.0	4,234	741.9	4,112	724.6	3,244	570.9
Baltimore	1,527	184.3	1,671	195.8	1,407	165.4	1,472	173.4	1,716	202.2	1,346	157.9
Calvert	94	101.4	74	79.6	57	60.5	49	51.8	55	58.0	32	33.7
Caroline	21	62.7	46	138.2	26	77.7	14	41.7	27	79.8	39	113.9
Carroll	70	41.5	52	30.1	35	20.1	57	32.5	44	24.9	44	24.8
Cecil	129	125.1	97	93.4	98	94.2	59	56.2	89	84.2	69	64.9
Charles	273	166.7	303	181.8	237	140.4	273	160.2	344	199.7	322	184.6
Dorchester	63	197.7	107	329.0	82	251.6	39	119.6	112	340.2	104	313.8
Frederick	133	51.0	159	58.3	154	54.9	168	58.3	149	50.7	199	66.5
Garrett	2	6.9	6	20.8	6	20.9	4	14.0	7	24.6	10	35.2
Harford	272	106.4	232	88.8	257	97.6	211	80.0	243	91.8	174	65.5
Howard	238	73.0	274	82.3	236	70.4	259	77.0	313	92.8	285	83.9
Kent	8	41.2	14	73.2	15	77.9	4	20.7	12	61.7	7	35.8
Montgomery	834	79.3	936	88.2	810	76.7	832	78.4	1,231	115.1	1,206	111.4
Prince George's	2,196	240.9	2,406	249.2	2,308	241.3	2,256	236.6	2,830	295.9	2,658	275.0
Queen Anne's	14	27.7	22	44.0	17	33.4	18	34.7	15	28.5	20	37.3
Saint Mary's	314	276.0	266	233.3	80	69.8	89	77.4	102	88.3	91	78.1
Somerset	38	148.4	62	252.4	60	244.3	30	121.5	58	231.6	34	134.7
Talbot	24	64.5	27	72.0	26	68.8	17	44.8	24	63.0	20	52.3
Washington	283	187.3	326	210.8	301	194.0	245	157.7	235	150.5	255	162.2
Wicomico	336	323.1	308	297.4	290	278.6	222	211.5	344	325.8	196	184.3
Worcester	44	84.2	53	100.9	51	95.5	47	87.0	66	121.7	34	62.6
Unknown	0	--	0	--	0	--	1	--	9	--	0	--
Total	11,598	191.5	12,052	195.1	10,567	171.0	11,164	180.3	12,802	205.9	11,001	175.6

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 7 – Trends in Gonorrhea Diagnoses by Assigned Sex at Birth, 2015-2024, Reported through August 7, 2025

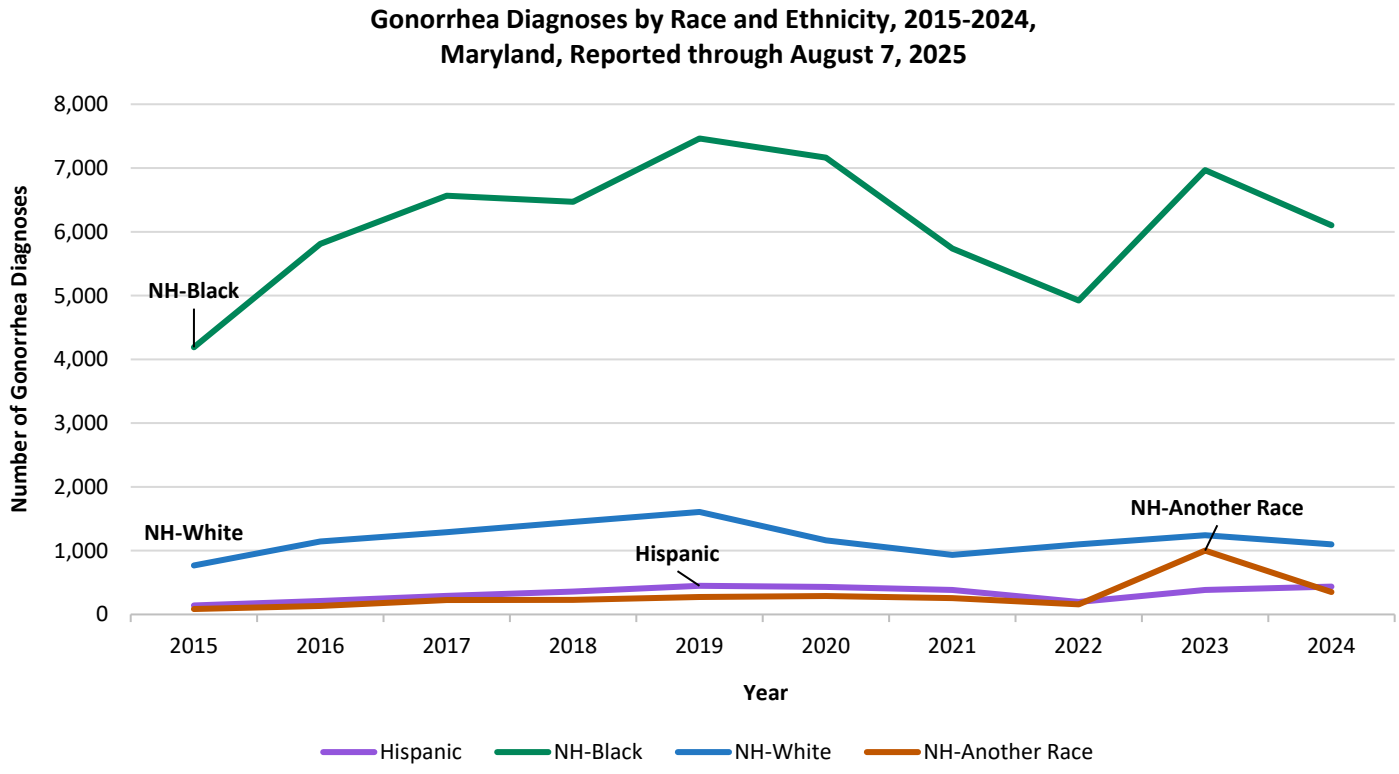


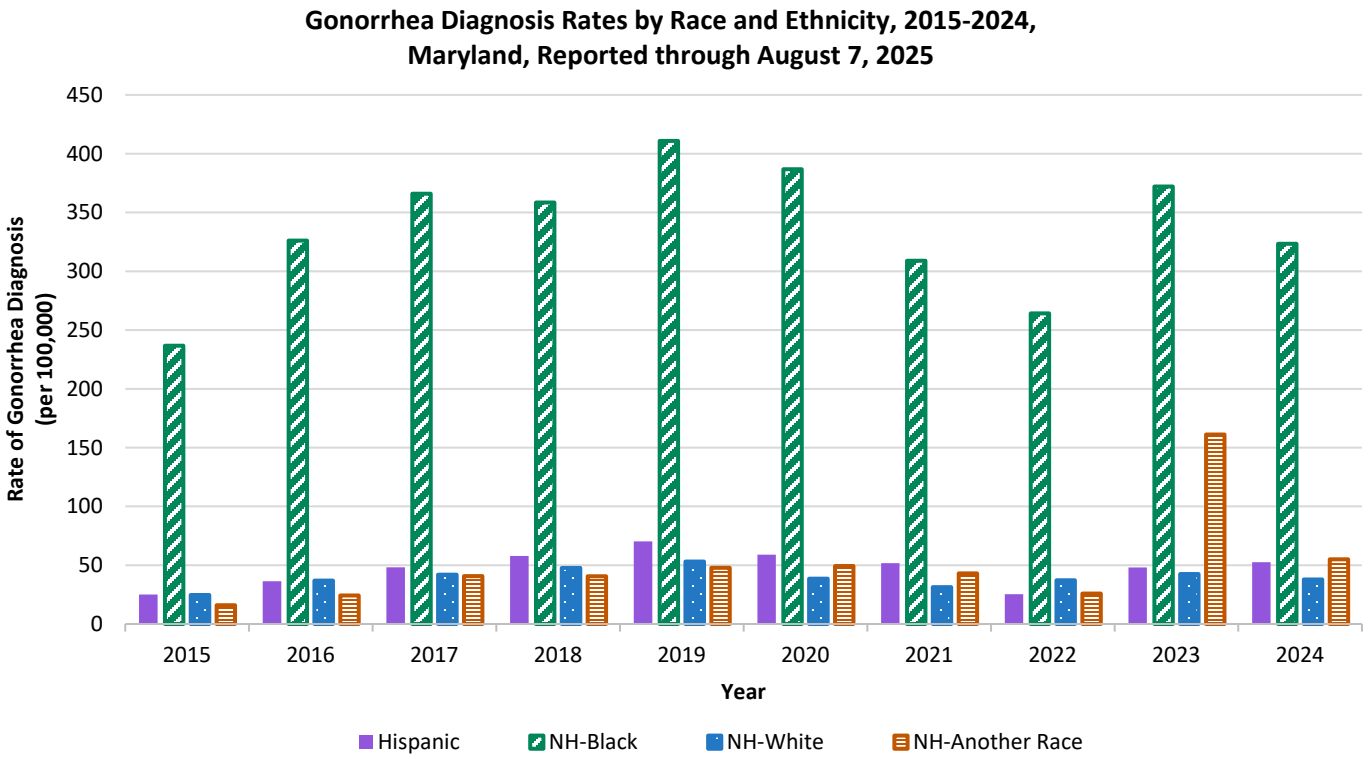


Year of Diagnosis	Gonorrhea Diagnoses							
	Female			Male			Unknown	
	No.	Percent	Rate	No.	Percent	Rate	No.	Percent
2015	3,090	45.1%	100.1	3,755	54.8%	129.4	13	0.2%
2016	3,944	41.4%	127.4	5,573	58.5%	191.4	6	0.1%
2017	4,629	42.2%	149.0	6,346	57.8%	217.2	3	0.0%
2018	4,227	41.0%	135.7	6,074	58.9%	207.5	4	0.0%
2019	4,568	39.4%	146.3	7,029	60.6%	239.7	1	0.0%
2020	4,735	39.3%	149.4	7,272	60.3%	241.7	45	0.4%
2021	4,237	40.1%	133.6	6,298	59.6%	209.3	32	0.3%
2022	4,405	39.5%	138.5	6,712	60.1%	222.8	47	0.4%
2023	4,946	38.6%	154.9	7,811	61.0%	258.4	45	0.4%
2024	3,980	36.2%	123.7	7,020	63.8%	230.5	1	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 8 – Trends in Gonorrhea Diagnoses by Race and Ethnicity, 2015-2024, Reported through August 7, 2025





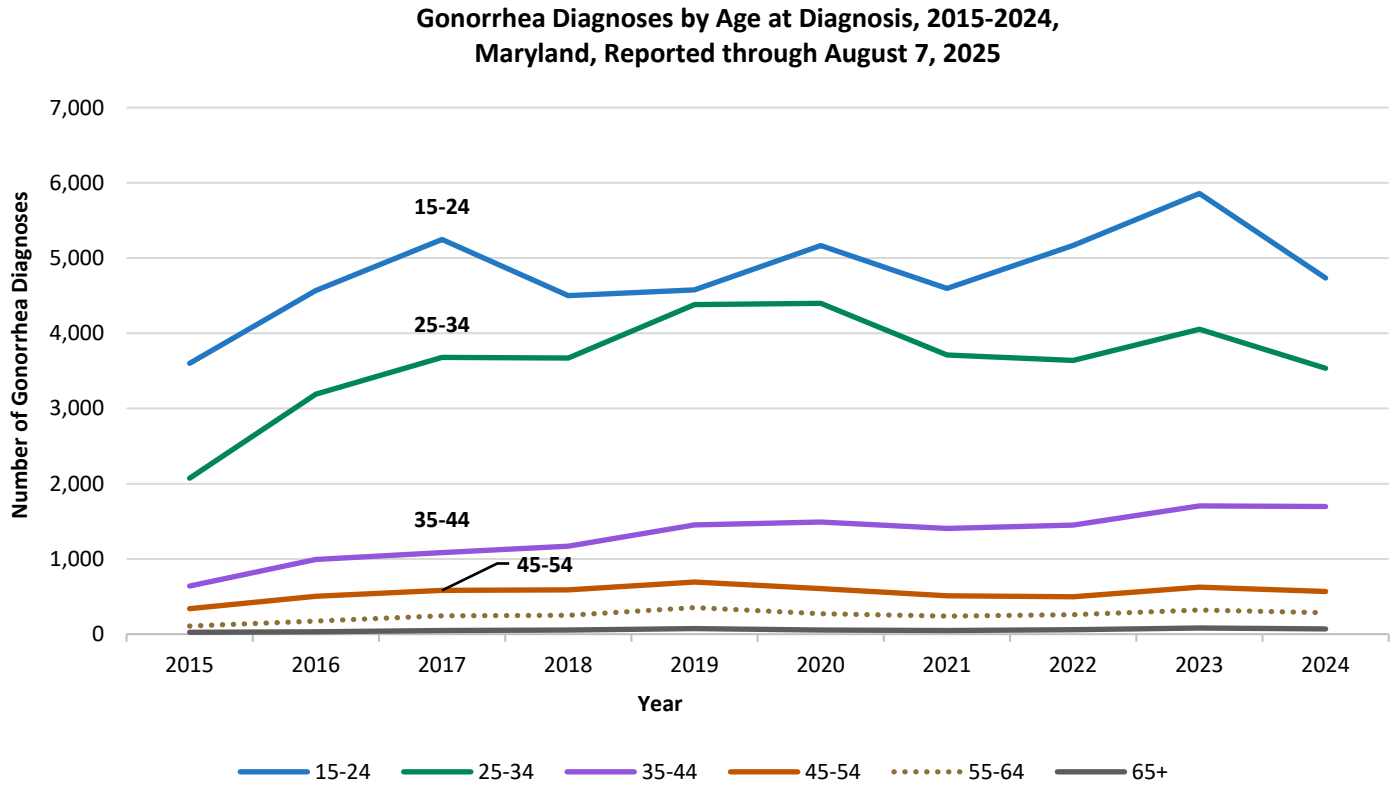
Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Native Hawaiian or Another Pacific Islander, and Non-Hispanic Multiracial people are combined in the above figures.

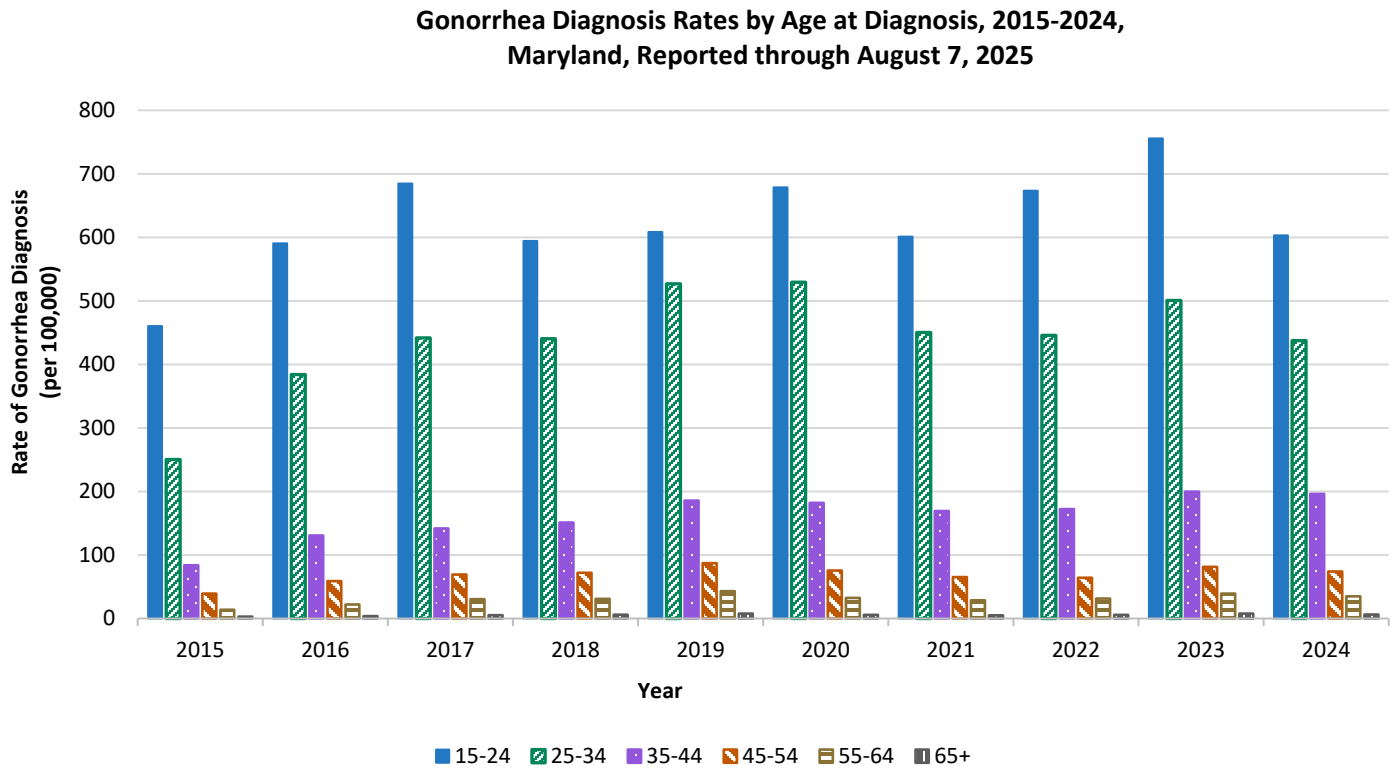
Year of Diagnosis	Gonorrhea Diagnoses											
	Hispanic			Non-Hispanic American Indian or Alaska Native			Non-Hispanic Asian			Non-Hispanic Black		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	141	2.1%	25.0	8	0.1%	55.4	30	0.4%	8.0	4,189	61.1%	236.7
2016	212	2.2%	36.4	9	0.1%	61.9	54	0.6%	14.1	5,810	61.0%	326.1
2017	290	2.6%	48.2	20	0.2%	136.9	81	0.7%	20.6	6,567	59.8%	365.9
2018	359	3.5%	57.8	20	0.2%	136.5	57	0.6%	14.3	6,471	62.8%	358.5
2019	449	3.9%	70.3	25	0.2%	170.4	79	0.7%	19.6	7,463	64.3%	410.9
2020	431	3.6%	58.9	18	0.1%	122.1	78	0.6%	19.0	7,162	59.4%	386.8
2021	385	3.6%	51.7	16	0.2%	109.5	48	0.5%	11.6	5,739	54.3%	309.0
2022	195	1.7%	25.3	48	0.4%	331.1	101	0.9%	23.7	4,922	44.1%	264.1
2023	383	3.0%	48.0	26	0.2%	180.0	86	0.7%	19.8	6,967	54.4%	372.1
2024	436	4.0%	52.5	35	0.3%	240.9	96	0.9%	21.5	6,102	55.5%	323.4

Year of Diagnosis	Gonorrhea Diagnoses										
	Non-Hispanic Multiracial			Non-Hispanic Native Hawaiian or Another Pacific Islander			Non-Hispanic White			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	43	0.6%	30.8	4	0.1%	139.5	768	11.2%	24.6	1,675	24.4%
2016	65	0.7%	45.5	4	0.0%	138.5	1,143	12.0%	36.9	2,226	23.4%
2017	123	1.1%	83.8	3	0.0%	103.7	1,289	11.7%	41.9	2,605	23.7%
2018	147	1.4%	98.1	5	0.0%	169.4	1,451	14.1%	47.6	1,795	17.4%
2019	162	1.4%	105.8	8	0.1%	271.7	1,607	13.9%	53.1	1,805	15.6%
2020	184	1.5%	116.9	8	0.1%	265.9	1,161	9.6%	38.6	3,010	25.0%
2021	187	1.8%	116.4	4	0.0%	132.5	934	8.8%	31.3	3,254	30.8%
2022	0	0.0%	0.0	8	0.1%	263.8	1,099	9.8%	37.2	4,791	42.9%
2023	885	6.9%	524.4	4	0.0%	130.3	1,242	9.7%	42.5	3,209	25.1%
2024	220	2.0%	126.8	0	0.0%	0.0	1,098	10.0%	37.8	3,014	27.4%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 9 – Trends in Gonorrhea Diagnoses by Age at Diagnosis, 2015-2024, Reported through August 7, 2025





People <15 years old are not shown

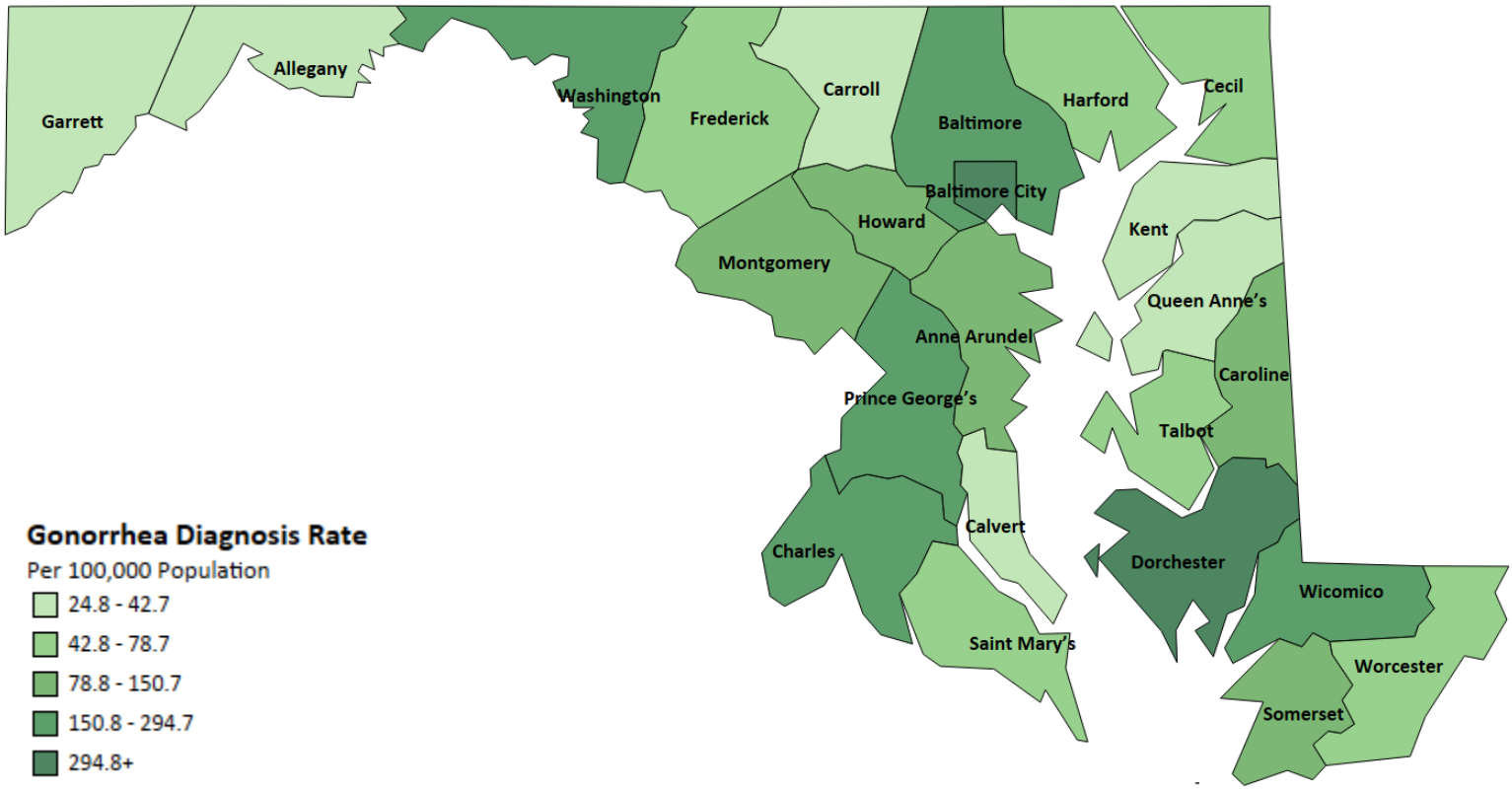
Year of Diagnosis	Gonorrhea Diagnoses																	
	<15			15-19			20-24			25-29			30-34			35-39		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	70	1.0%	6.3	1,431	20.9%	371.4	2,169	31.6%	546.7	1,396	20.4%	334.2	677	9.9%	164.9	404	5.9%	105.6
2016	59	0.6%	5.3	1,773	18.6%	460.8	2,796	29.4%	719.3	2,114	22.2%	504.8	1,076	11.3%	261.2	651	6.8%	166.0
2017	93	0.8%	8.3	2,076	18.9%	542.0	3,170	28.9%	827.5	2,374	21.6%	567.6	1,305	11.9%	314.8	688	6.3%	171.7
2018	68	0.7%	6.1	1,769	17.2%	463.9	2,732	26.5%	726.8	2,277	22.1%	546.0	1,394	13.5%	334.9	750	7.3%	184.1
2019	64	0.6%	5.8	1,659	14.3%	435.9	2,918	25.2%	785.0	2,630	22.7%	636.8	1,752	15.1%	418.5	950	8.2%	231.0
2020	62	0.5%	5.4	1,862	15.4%	476.3	3,304	27.4%	892.2	2,581	21.4%	641.3	1,817	15.1%	424.1	969	8.0%	227.4
2021	53	0.5%	4.7	1,659	15.7%	423.0	2,936	27.8%	788.8	2,109	20.0%	533.7	1,603	15.2%	373.7	918	8.7%	214.6
2022	82	0.7%	7.2	2,019	18.1%	509.9	3,148	28.2%	847.6	2,036	18.2%	525.0	1,602	14.3%	374.0	943	8.4%	219.2
2023	150	1.2%	13.3	2,556	20.0%	635.4	3,302	25.8%	885.7	2,263	17.7%	591.5	1,790	14.0%	419.3	1,106	8.6%	255.5
2024	106	1.0%	9.4	2,062	18.7%	507.9	2,672	24.3%	705.5	1,903	17.3%	497.9	1,632	14.8%	383.0	1,098	10.0%	250.4

Year of Diagnosis	Gonorrhea Diagnoses													
	40-44			45-54			55-64			65+			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	236	3.4%	62.0	339	4.9%	39.1	108	1.6%	13.8	25	0.4%	2.9	3	0.0%
2016	343	3.6%	93.1	504	5.3%	58.9	175	1.8%	22.0	32	0.3%	3.7	0	0.0%
2017	397	3.6%	108.9	582	5.3%	69.3	244	2.2%	30.3	48	0.4%	5.3	1	0.0%
2018	419	4.1%	114.4	589	5.7%	71.9	251	2.4%	30.9	56	0.5%	6.0	0	0.0%
2019	503	4.3%	135.2	693	6.0%	87.1	353	3.0%	43.1	75	0.6%	7.8	1	0.0%
2020	522	4.3%	132.7	606	5.0%	75.6	272	2.3%	32.4	55	0.5%	5.7	2	0.0%
2021	487	4.6%	120.7	511	4.8%	65.1	239	2.3%	28.6	49	0.5%	4.9	3	0.0%
2022	507	4.5%	122.9	498	4.5%	64.2	260	2.3%	31.4	59	0.5%	5.7	10	0.1%
2023	599	4.7%	142.4	625	4.9%	81.2	321	2.5%	39.2	82	0.6%	7.7	8	0.1%
2024	599	5.4%	140.2	568	5.2%	73.9	284	2.6%	35.0	69	0.6%	6.3	8	0.1%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Section 4b – Gonorrhea Diagnoses, 2024, Maryland

Map 3 – Gonorrhea Diagnoses, during 2024, Rate by Jurisdiction of Residence, Reported through August 7, 2025



- The rate of gonorrhea diagnoses in Maryland is **175.6 per 100,000.**
  Jurisdictions with the highest rate of gonorrhea diagnoses in Maryland include:
  - Baltimore City: 570.9 per 100,000
  - Dorchester County: 313.8 per 100,000
  - Prince George's County: 275.0 per 100,000
  - Charles County: 184.6 per 100,000
  - Wicomico County: 184.3 per 100,000

Table 8 – Gonorrhea Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Gonorrhea Diagnoses			
	Population	No.	% of Total	Rate
Allegany	67,097	27	0.2%	40.2
Anne Arundel	602,350	585	5.3%	97.1
Baltimore City	568,271	3,244	29.5%	570.9
Baltimore	852,425	1,346	12.2%	157.9
Calvert	94,913	32	0.3%	33.7
Caroline	34,248	39	0.4%	113.9
Carroll	177,108	44	0.4%	24.8
Cecil	106,305	69	0.6%	64.9
Charles	174,478	322	2.9%	184.6
Dorchester	33,138	104	0.9%	313.8
Frederick	299,317	199	1.8%	66.5
Garrett	28,393	10	0.1%	35.2
Harford	265,514	174	1.6%	65.5
Howard	339,668	285	2.6%	83.9
Kent	19,557	7	0.1%	35.8
Montgomery	1,082,273	1,206	11.0%	111.4
Prince George's	966,629	2,658	24.2%	275.0
Queen Anne's	53,688	20	0.2%	37.3
Saint Mary's	116,469	91	0.8%	78.1
Somerset	25,241	34	0.3%	134.7
Talbot	38,244	20	0.2%	52.3
Washington	157,228	255	2.3%	162.2
Wicomico	106,329	196	1.8%	184.3
Worcester	54,337	34	0.3%	62.6
Unknown	--	0	0.0%	0.0
Total	6,263,220	11,001	100.0%	175.6

Table 9 – Gonorrhea Diagnoses during 2024 by Age at Diagnosis, Assigned Sex at Birth, and Race and Ethnicity, Reported through August 7, 2025

Demographic Characteristics	Population	Gonorrhea Diagnoses		
		No.	% of Total	Rate
Age at Diagnosis				
<15	1,122,239	106	1.0%	9.4
15-19	405,956	2,062	18.7%	507.9
20-24	378,746	2,672	24.3%	705.5
25-29	382,238	1,903	17.3%	497.9
30-34	426,075	1,632	14.8%	383.0
35-39	438,421	1,098	10.0%	250.4
40-44	427,256	599	5.4%	140.2
45-54	769,025	568	5.2%	73.9
55-64	811,264	284	2.6%	35.0
65+	1,102,000	69	0.6%	6.3
Unknown	--	8	0.1%	--
Assigned Sex at Birth				
Female	3,218,208	3,980	36.2%	123.7
Male	3,045,012	7,020	63.8%	230.5
Unknown	--	1	0.0%	--
Race and Ethnicity				
Hispanic	830,949	436	4.0%	52.5
Non-Hispanic	5,432,271	7,551	68.6%	139.0
American Indian or Alaska Native, only	14,529	35	0.3%	240.9
Asian, only	446,755	96	0.9%	21.5
Black, only	1,886,655	6,102	55.5%	323.4
Multiracial	173,518	220	2.0%	126.8
Native Hawaiian or Another Pacific Islander, only	3,058	0	0.0%	0.0
White, only	2,907,756	1,098	10.0%	37.8
Unknown	--	3,014	27.4%	--
Total	6,263,220	11,001	100.0%	175.6

Table 10 – Gonorrhea Diagnoses during 2024 by Assigned Sex at Birth and Race and Ethnicity, Reported through August 7, 2025

Race and Ethnicity	Assigned Sex at Birth							
	Female				Male			
	Population	Gonorrhea Diagnoses			Population	Gonorrhea Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
Hispanic	403,938	120	3.0%	29.7	427,011	316	4.5%	74.0
Non-Hispanic	2,814,270	2,670	67.1%	94.9	2,618,001	4,881	69.5%	186.4
American Indian or Alaska Native, only	7,458	10	0.3%	134.1	7,071	25	0.4%	353.6
Asian, only	233,822	20	0.5%	8.6	212,933	76	1.1%	35.7
Black, only	1,006,968	2,130	53.5%	211.5	879,687	3,972	56.6%	451.5
Multiracial	89,071	94	2.4%	105.5	84,447	126	1.8%	149.2
Native Hawaiian or Another Pacific Islander, only	1,647	0	0.0%	0.0	1,411	0	0.0%	0.0
White, only	1,475,304	416	10.5%	28.2	1,432,452	682	9.7%	47.6
Unknown	--	1,190	29.9%	--	--	1,823	26.0%	--
Total	3,218,208	3,980	100.0%	123.7	3,045,012	7,020	100.0%	230.5

Table 11 – Gonorrhea Diagnoses during 2024 by Assigned Sex at Birth and Age at Diagnosis, Reported through August 7, 2025

Age at Diagnosis	Assigned Sex at Birth							
	Female				Male			
	Population	Gonorrhea Diagnoses			Population	Gonorrhea Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
<15	549,546	80	2.0%	14.6	572,693	26	0.4%	4.5
15-19	198,463	1,151	28.9%	580.0	207,493	911	13.0%	439.1
20-24	186,755	1,128	28.3%	604.0	191,991	1,544	22.0%	804.2
25-29	192,204	650	16.3%	338.2	190,034	1,253	17.8%	659.4
30-34	216,276	429	10.8%	198.4	209,799	1,203	17.1%	573.4
35-39	223,713	250	6.3%	111.8	214,708	847	12.1%	394.5
40-44	216,932	137	3.4%	63.2	210,324	462	6.6%	219.7
45-54	394,384	115	2.9%	29.2	374,641	453	6.5%	120.9
55-64	421,926	22	0.6%	5.2	389,338	262	3.7%	67.3
65+	618,009	10	0.3%	1.6	483,991	59	0.8%	12.2
Unknown	--	8	0.2%	--	--	0	0.0%	--
Total	3,218,208	3,980	100.0%	123.7	3,045,012	7,020	100.0%	230.5

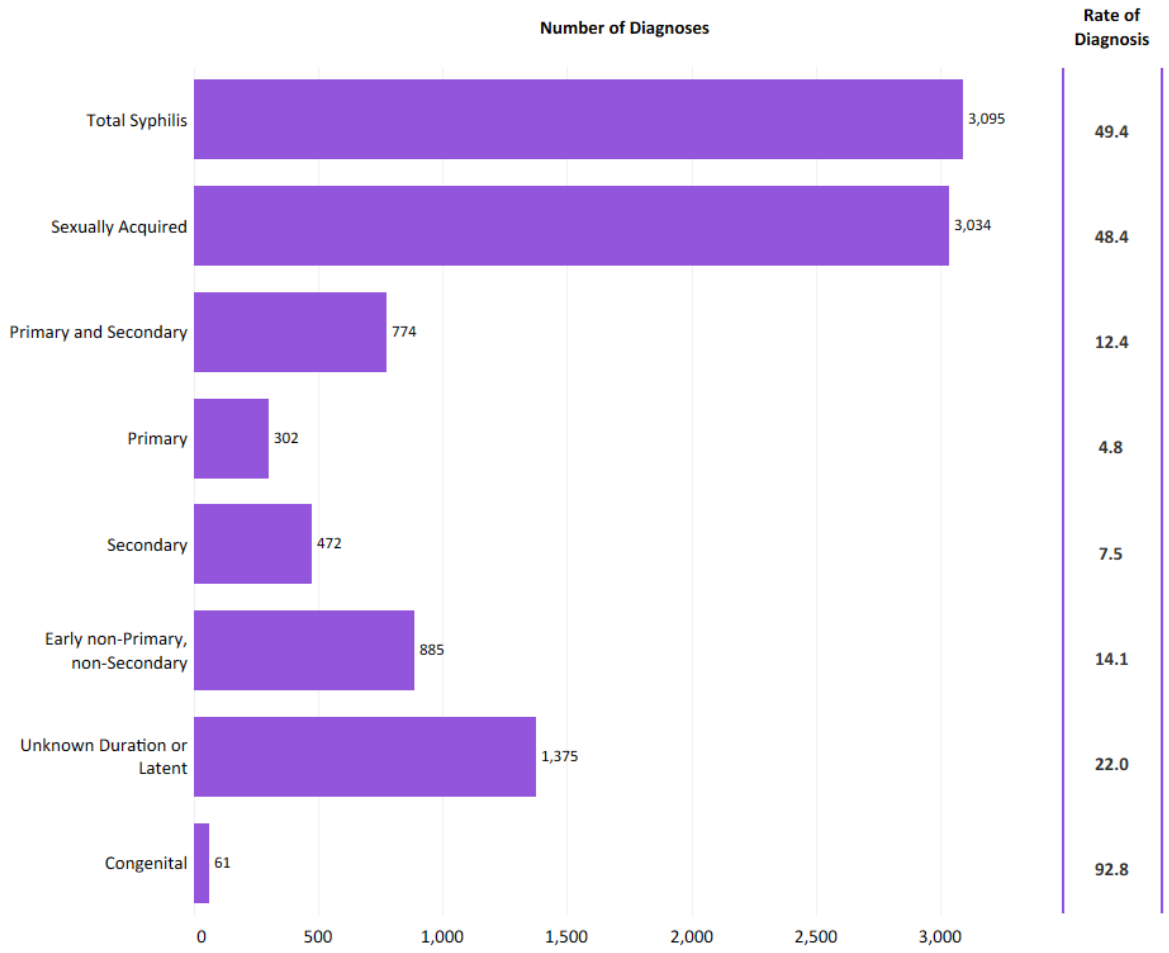
Section V – Syphilis

Syphilis is caused by the bacterium Treponema pallidum. Syphilis can remain dormant for years and can cause serious health problems without treatment. Syphilis develops in stages and each stage can have different signs and symptoms. The progression of syphilis can last weeks, months, or years.

In 2024, 3,095 diagnoses of syphilis were reported among Maryland residents. This was a 7.6 percent decrease over the 3,351 diagnoses in 2023. The rate of diagnosis was 49.4 diagnoses per 100,000 people.

Figure 10 – Syphilis Diagnoses during 2024 by Stage, Reported through August 7, 2025

Note.



Syphilis Infection	2024 Diagnoses		
	Number	% of Total	Rate
Total Syphilis	3,095	100.0%	49.4
Sexually Acquired Syphilis	3,034	98.0%	48.4
Primary and Secondary Syphilis	774	25.0%	12.4
Primary	302	9.8%	4.8
Secondary	472	15.3%	7.5
Early non-Primary, non-Secondary	885	28.6%	14.1
Late or Unknown Duration	1,375	44.4%	22.0
Congenital Syphilis	61	2.0%	92.8

Congenital syphilis rates are per 100,000 live births. All other rates are per 100,00 population.

Section VI – Sexually Acquired Syphilis

Sexually acquired syphilis includes primary, secondary, and later stages of syphilis, as well as syphilis diagnoses with an unknown duration. Sexually acquired syphilis does *not* include congenital syphilis. In addition to primary and secondary syphilis, later stages are important to track as well, as they contribute to overall burden of syphilis in Maryland. Though not infectious or symptomatic, late syphilis that goes untreated can lead to major health complications later in life. Pregnant people can transmit syphilis to their unborn babies during any stage of infection.

In 2024, 3,034 diagnoses of sexually acquired syphilis were reported among Maryland residents. This was a 7.6 percent decrease over the 3,282 diagnoses in 2023. The rate of diagnosis was 48.4 diagnoses per 100,000 people.

In 2024, people most affected by sexually acquired syphilis include:

Geographic Region

The highest number (1,113), proportion (36.7%), and rate (195.9) of sexually acquired syphilis diagnoses were among **Baltimore City** residents.

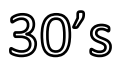
Assigned Sex at Birth

People assigned **male sex at birth** accounted for the highest number (2,166), proportion (71.4%), and rate (71.1) of sexually acquired syphilis diagnoses.

Race and Ethnicity

Non-Hispanic Black people accounted for the highest number (1,817), proportion (59.9%), and rate (96.3) of sexually acquired syphilis diagnoses.

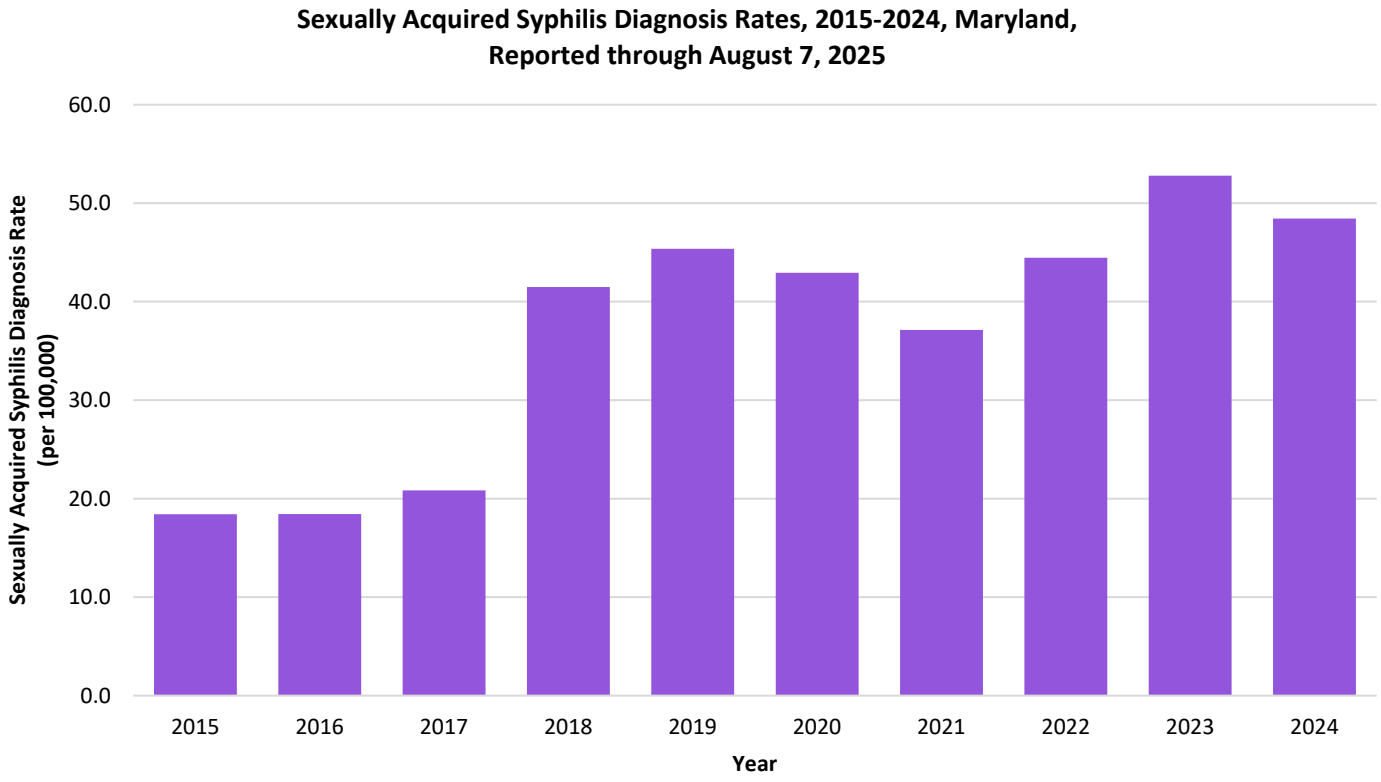
Age



People in their **30's** accounted for the highest number (1,104), proportion (35.5%), and rate (127.7) of sexually acquired syphilis diagnoses.

Section 6a – Trends in Sexually Acquired Syphilis Diagnoses, 2015-2024, Maryland

Figure 11 – Trends in Sexually Acquired Syphilis Diagnoses, 2015-2024, Reported through August 7, 2025



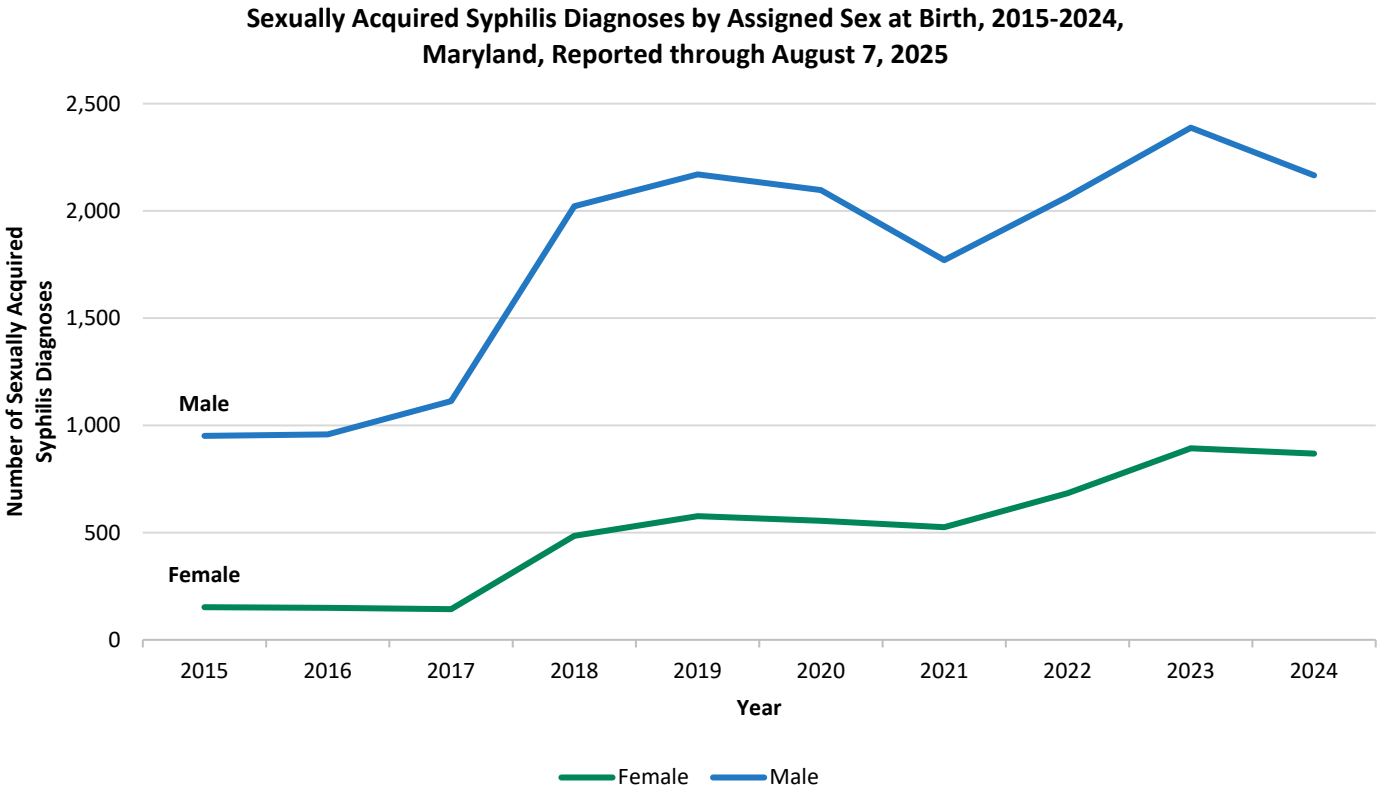
Year of Diagnosis	Population	Sexually Acquired Syphilis Diagnoses	
		Number	Rate
2015	5,988,528	1,103	18.4
2016	6,007,014	1,107	18.4
2017	6,028,186	1,256	20.8
2018	6,042,153	2,507	41.5
2019	6,054,954	2,747	45.4
2020	6,177,935	2,652	42.9
2021	6,179,403	2,295	37.1
2022	6,192,440	2,753	44.5
2023	6,217,062	3,282	52.8
2024	6,263,220	3,034	48.4

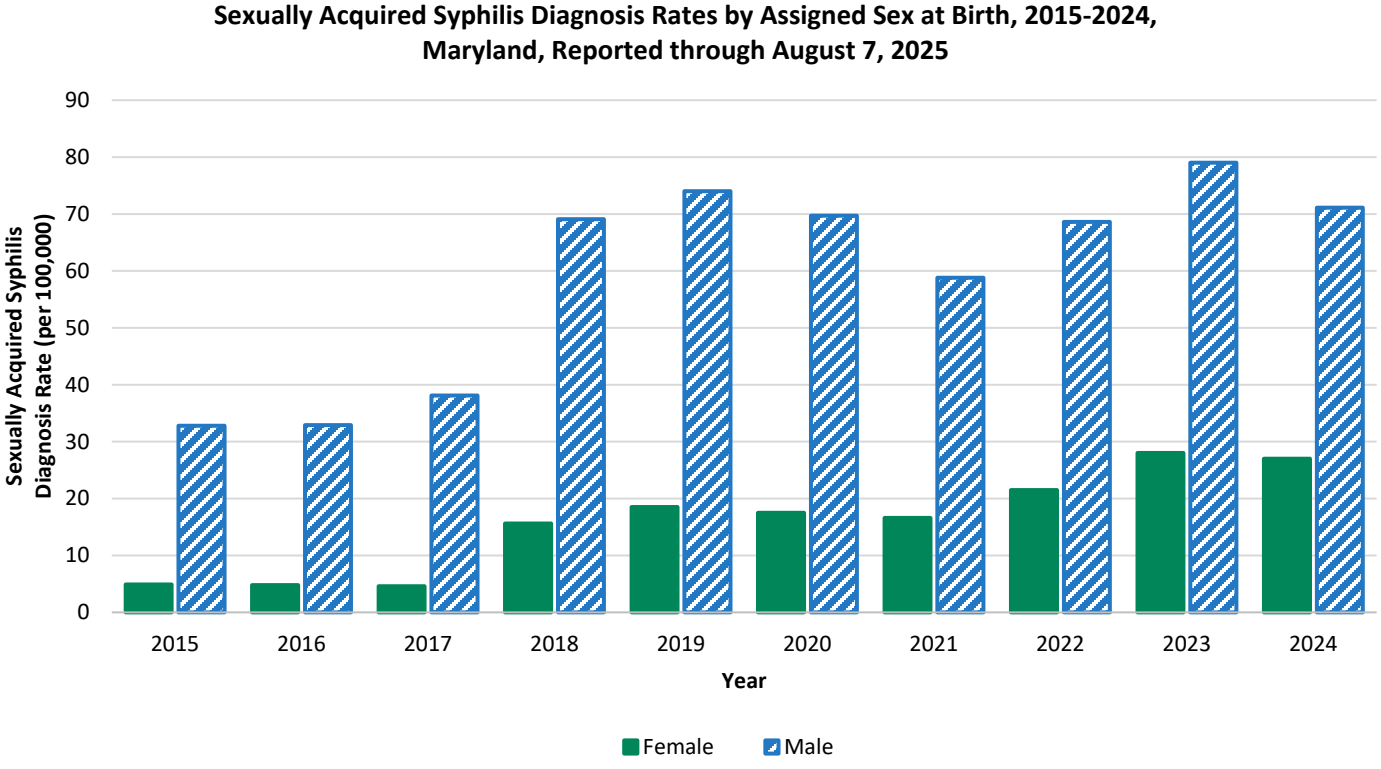
Table 12 – Trends in Sexually Acquired Syphilis Diagnoses by Jurisdiction of Residence at Diagnosis, 2019-2024, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Sexually Acquired Syphilis Diagnoses											
	2019		2020		2021		2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Allegany	10	14.2	4	5.9	5	7.4	5	7.4	8	11.9	16	23.8
Anne Arundel	164	28.3	118	19.9	85	14.3	131	21.9	190	31.7	171	28.4
Baltimore City	851	143.1	827	141.8	820	142.2	965	169.1	1,215	214.1	1,113	195.9
Baltimore	322	38.9	362	42.4	327	38.4	365	43.0	396	46.7	312	36.6
Calvert	14	15.1	10	10.8	7	7.4	6	6.3	11	11.6	9	9.5
Caroline	5	14.9	4	12.0	3	9.0	9	26.8	5	14.8	7	20.4
Carroll	18	10.7	5	2.9	13	7.5	24	13.7	20	11.3	19	10.7
Cecil	16	15.5	32	30.8	19	18.3	13	12.4	11	10.4	18	16.9
Charles	62	37.9	64	38.4	46	27.2	39	22.9	61	35.4	61	35.0
Dorchester	5	15.7	6	18.4	4	12.3	7	21.5	11	33.4	14	42.2
Frederick	59	22.6	44	16.1	22	7.8	41	14.2	46	15.6	28	9.4
Garrett	2	6.9	0	0.0	2	7.0	0	0.0	0	0.0	0	0.0
Harford	31	12.1	37	14.2	25	9.5	38	14.4	58	21.9	74	27.9
Howard	65	19.9	61	18.3	48	14.3	65	19.3	73	21.6	62	18.3
Kent	4	20.6	4	20.9	2	10.4	2	10.3	2	10.3	3	15.3
Montgomery	307	29.2	265	25.0	238	22.5	318	30.0	332	31.0	343	31.7
Prince George's	640	70.2	663	68.7	552	57.7	637	66.8	662	69.2	641	66.3
Queen Anne's	1	2.0	3	6.0	1	2.0	5	9.7	7	13.3	4	7.5
Saint Mary's	15	13.2	14	12.3	13	11.3	3	2.6	7	6.1	8	6.9
Somerset	2	7.8	5	20.4	1	4.1	5	20.2	8	31.9	6	23.8
Talbot	2	5.4	1	2.7	2	5.3	1	2.6	5	13.1	5	13.1
Washington	130	86.1	102	65.9	47	30.3	36	23.2	68	43.6	62	39.4
Wicomico	21	20.2	17	16.4	9	8.6	31	29.5	70	66.3	48	45.1
Worcester	1	1.9	4	7.6	4	7.5	7	13.0	10	18.4	10	18.4
Unknown	0	--	0	--	0	--	0	0.0	6	--	0	--
Total	2,747	45.4	2,652	42.9	2,295	37.1	2,753	44.5	3,282	52.8	3,034	48.4

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 12 – Trends in Sexually Acquired Syphilis Diagnoses by Assigned Sex at Birth, 2015-2024, Reported through August 7, 2025

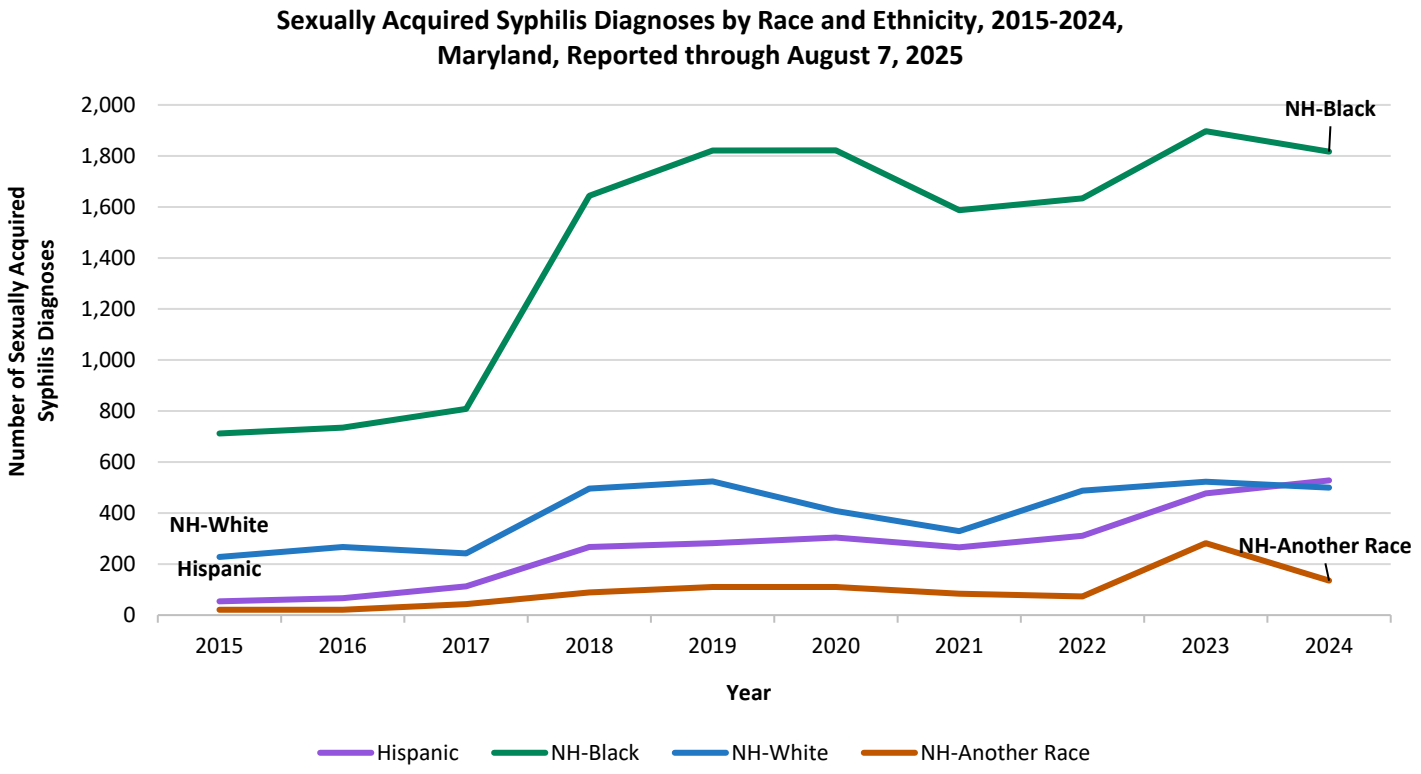


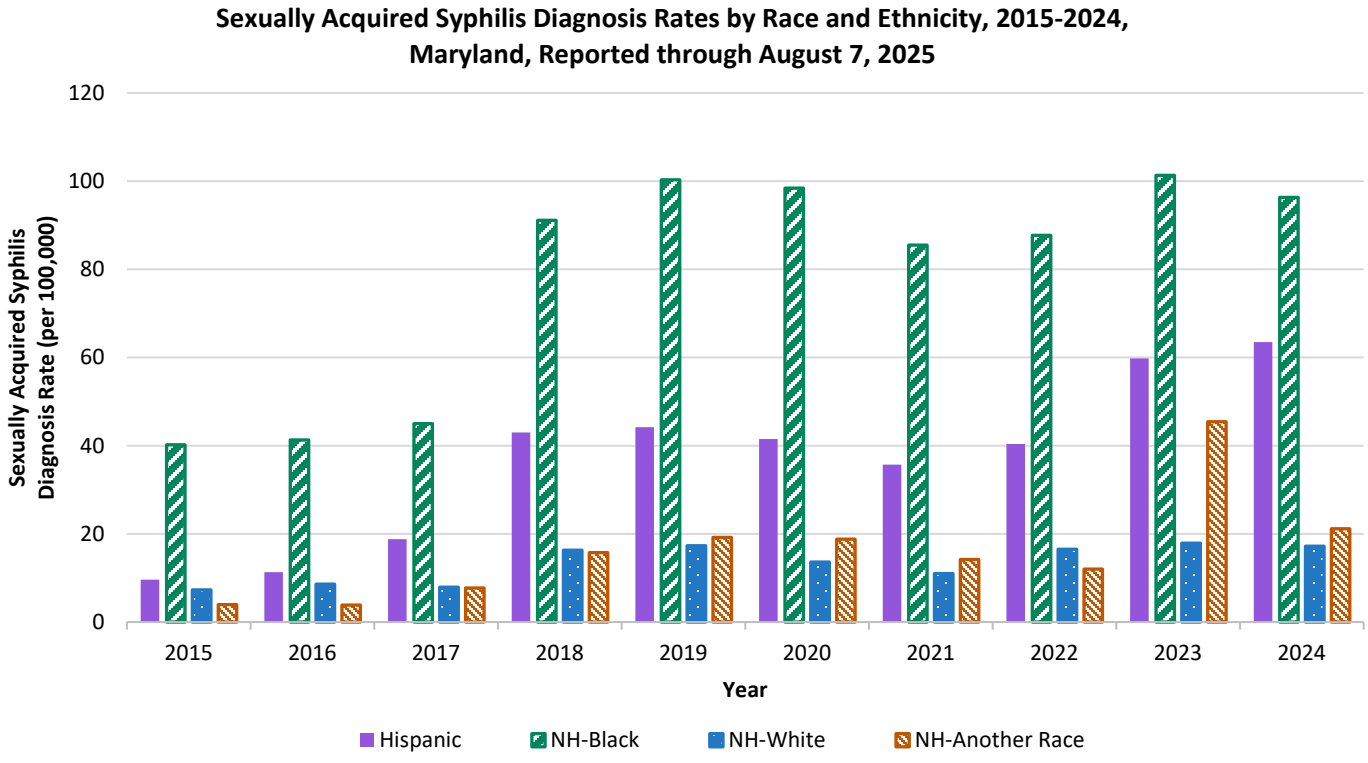


Year of Diagnosis	Sexually Acquired Syphilis Diagnoses							
	Female			Male			Unknown	
	No.	Percent	Rate	No.	Percent	Rate	No.	Percent
2015	152	13.8%	4.9	951	86.2%	32.8	0	0.0%
2016	149	13.5%	4.8	958	86.5%	32.9	0	0.0%
2017	143	11.4%	4.6	1,113	88.6%	38.1	0	0.0%
2018	485	19.3%	15.6	2,022	80.7%	69.1	0	0.0%
2019	577	21.0%	18.5	2,170	79.0%	74.0	0	0.0%
2020	555	20.9%	17.5	2,097	79.1%	69.7	0	0.0%
2021	525	22.9%	16.6	1,770	77.1%	58.8	0	0.0%
2022	683	24.8%	21.5	2,066	75.0%	68.6	4	0.1%
2023	893	27.2%	28.0	2,388	72.8%	79.0	1	0.0%
2024	868	28.6%	27.0	2,166	71.4%	71.1	0	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 13 – Trends in Sexually Acquired Syphilis Diagnoses by Race and Ethnicity, 2015-2024, Reported through August 7, 2025





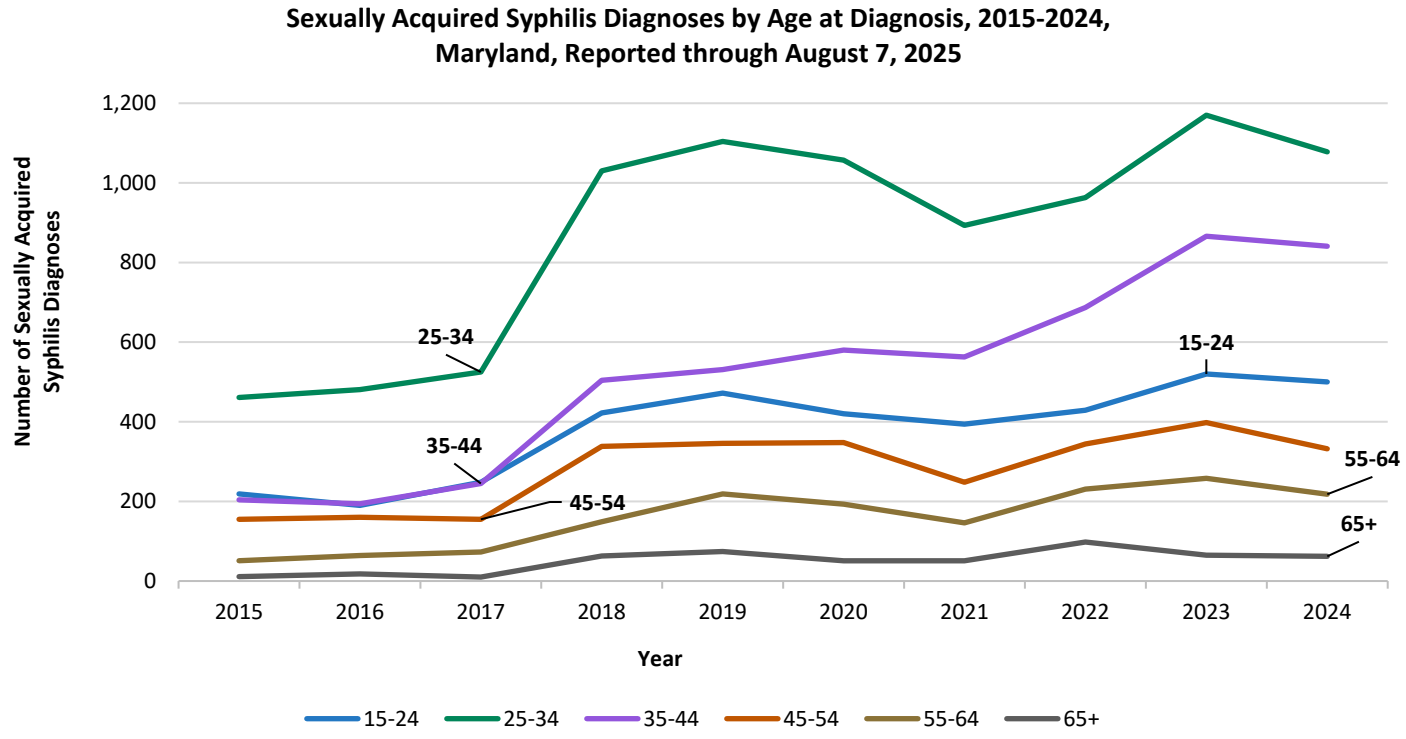
Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Native Hawaiian or Another Pacific Islander, and Non-Hispanic Multiracial people are combined in the above figures.

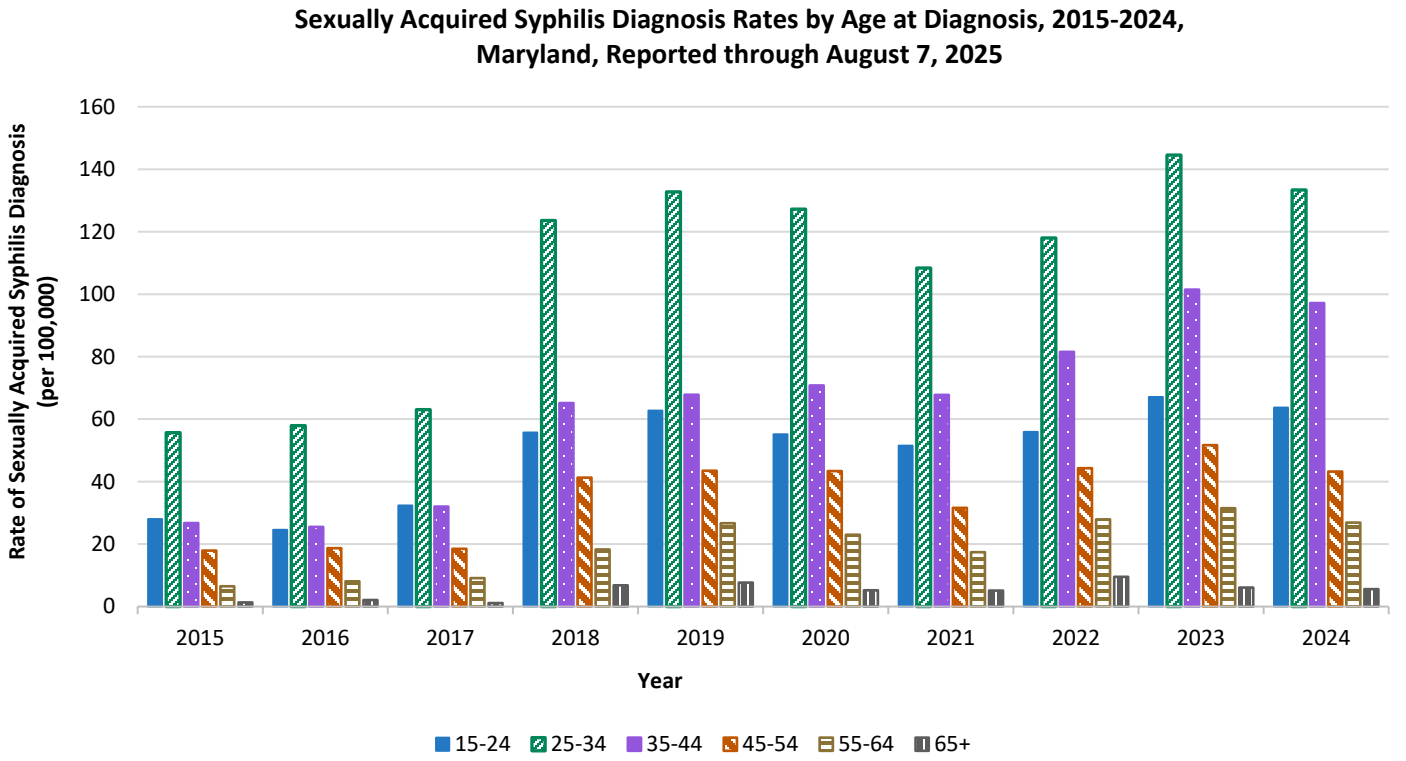
Year of Diagnosis	Sexually Acquired Syphilis Diagnoses											
	Hispanic			Non-Hispanic American Indian or Alaska Native			Non-Hispanic Asian			Non-Hispanic Black		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	54	4.9%	9.6	0	0.0%	0.0	13	1.2%	3.5	712	64.6%	40.2
2016	66	6.0%	11.3	2	0.2%	13.7	15	1.4%	3.9	735	66.4%	41.3
2017	113	9.0%	18.8	2	0.2%	13.7	26	2.1%	6.6	808	64.3%	45.0
2018	267	10.7%	43	4	0.2%	27.3	46	1.8%	11.6	1,644	65.6%	91.1
2019	282	10.3%	44.2	6	0.2%	40.9	74	2.7%	18.4	1,821	66.3%	100.3
2020	304	11.5%	41.5	3	0.1%	20.4	46	1.7%	11.2	1,822	68.7%	98.4
2021	266	11.6%	35.7	1	0.0%	6.8	28	1.2%	6.8	1,587	69.2%	85.5
2022	311	11.3%	40.4	21	0.8%	144.9	49	1.8%	11.5	1,634	59.4%	87.7
2023	477	14.5%	59.8	5	0.2%	34.6	51	1.6%	11.7	1,897	57.8%	101.3
2024	528	17.4%	63.5	2	0.1%	13.8	45	1.5%	10.1	1,817	59.9%	96.3

Year of Diagnosis	Sexually Acquired Syphilis Diagnoses										
	Non-Hispanic Multiracial			Non-Hispanic Native Hawaiian or Another Pacific Islander			Non-Hispanic White			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	8	0.7%	5.7	0	0.0%	0.0	228	20.7%	7.3	88	8.0%
2016	4	0.4%	2.8	0	0.0%	0.0	267	24.1%	8.6	18	1.6%
2017	15	1.2%	10.2	0	0.0%	0.0	242	19.3%	7.9	50	4.0%
2018	37	1.5%	24.7	2	0.1%	67.8	496	19.8%	16.3	11	0.4%
2019	28	1.0%	18.3	2	0.1%	67.9	524	19.1%	17.3	10	0.4%
2020	55	2.1%	34.9	6	0.2%	199.4	408	15.4%	13.6	8	0.3%
2021	55	2.4%	34.2	0	0.0%	0.0	329	14.3%	11.0	29	1.3%
2022	0	0.0%	0.0	3	0.1%	98.9	488	17.7%	16.5	247	9.0%
2023	224	6.8%	132.7	2	0.1%	65.2	523	15.9%	17.9	103	3.1%
2024	88	2.9%	50.7	0	0.0%	0.0	500	16.5%	17.2	54	1.8%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 14 – Trends in Sexually Acquired Syphilis Diagnoses by Age at Diagnosis, 2015-2024, Reported through August 7, 2025





People <15 years old are not shown

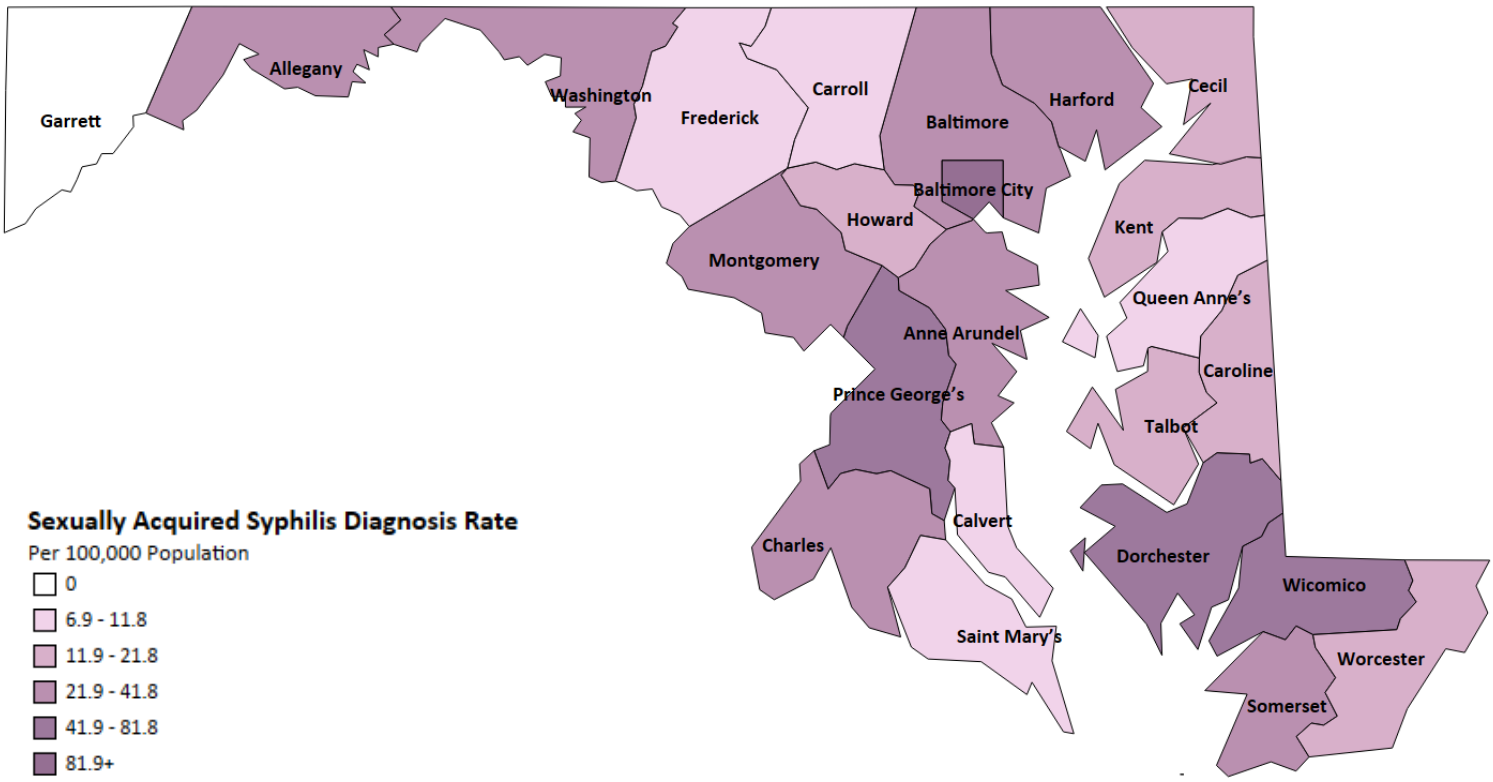
Year of Diagnosis	Sexually Acquired Syphilis Diagnoses																	
	<15			15-19			20-24			25-29			30-34			35-39		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	2	0.2%	0.2	47	4.3%	12.2	172	15.6%	43.4	258	23.4%	61.8	203	18.4%	49.4	114	10.3%	29.8
2016	0	0.0%	0.0	42	3.8%	10.9	148	13.4%	38.1	269	24.3%	64.2	212	19.2%	51.5	124	11.2%	31.6
2017	0	0.0%	0.0	48	3.8%	12.5	200	15.9%	52.2	300	23.9%	71.7	225	17.9%	54.3	139	11.1%	34.7
2018	1	0.0%	0.1	81	3.2%	21.2	341	13.6%	90.7	550	21.9%	131.9	480	19.1%	115.3	315	12.6%	77.3
2019	1	0.0%	0.1	94	3.4%	24.7	378	13.8%	101.7	570	20.7%	138.0	534	19.4%	127.5	325	11.8%	79.0
2020	3	0.1%	0.3	85	3.2%	21.7	335	12.6%	90.5	518	19.5%	128.7	539	20.3%	125.8	363	13.7%	85.2
2021	0	0.0%	0.0	70	3.1%	17.8	324	14.1%	87.0	409	17.8%	103.5	484	21.1%	112.8	365	15.9%	85.3
2022	1	0.0%	0.1	82	3.0%	20.7	347	12.6%	93.4	467	17.0%	120.4	496	18.0%	115.8	415	15.1%	96.5
2023	3	0.1%	0.3	105	3.2%	26.1	415	12.6%	111.3	542	16.5%	141.7	628	19.1%	147.1	530	16.1%	122.4
2024	3	0.1%	0.3	94	3.1%	23.2	406	13.4%	107.2	459	15.1%	120.1	619	20.4%	145.3	485	16.0%	110.6

Year of Diagnosis	Sexually Acquired Syphilis Diagnoses													
	40-44			45-54			55-64			65+			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	90	8.2%	23.6	155	14.1%	17.9	51	4.6%	6.5	11	1.0%	1.3	0	0.0%
2016	70	6.3%	19.0	160	14.5%	18.7	64	5.8%	8.1	18	1.6%	2.1	0	0.0%
2017	106	8.4%	29.1	155	12.3%	18.5	73	5.8%	9.1	10	0.8%	1.1	0	0.0%
2018	189	7.5%	51.6	338	13.5%	41.3	149	5.9%	18.3	63	2.5%	6.8	0	0.0%
2019	206	7.5%	55.4	346	12.6%	43.5	219	8.0%	26.7	74	2.7%	7.7	0	0.0%
2020	217	8.2%	55.2	348	13.1%	43.4	193	7.3%	23	51	1.9%	5.2	0	0.0%
2021	198	8.6%	49.1	248	10.8%	31.6	146	6.4%	17.4	51	2.2%	5.1	0	0.0%
2022	272	9.9%	66.0	344	12.5%	44.3	231	8.4%	27.9	98	3.6%	9.5	0	0.0%
2023	336	10.2%	79.9	398	12.1%	51.7	258	7.9%	31.5	65	2.0%	6.1	2	0.1%
2024	356	11.7%	83.3	332	10.9%	43.2	218	7.2%	26.9	62	2.0%	5.6	0	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Section 6b – Sexually Acquired Syphilis Diagnoses, 2024, Maryland

Map 4 – Sexually Acquired Syphilis Diagnoses, during 2024, Rate by Jurisdiction of Residence, Reported through August 7, 2025



- The rate of sexually acquired syphilis diagnoses in Maryland is **48.4 per 100,000.**
  Jurisdictions with the highest rate of sexually acquired syphilis diagnoses in Maryland include:
  - Baltimore City: 195.9 per 100,000
  - Prince George's County: 66.3 per 100,000
  - Wicomico County: 45.1 per 100,000
  - Dorchester County: 42.2 per 100,000
  - Washington County: 39.4 per 100,000

Table 13 – Sexually Acquired Syphilis Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Population	Sexually Acquired Syphilis Diagnoses		
		No.	% of Total	Rate
Allegany	67,097	16	0.5%	23.8
Anne Arundel	602,350	171	5.6%	28.4
Baltimore City	568,271	1,113	36.7%	195.9
Baltimore	852,425	312	10.3%	36.6
Calvert	94,913	9	0.3%	9.5
Caroline	34,248	7	0.2%	20.4
Carroll	177,108	19	0.6%	10.7
Cecil	106,305	18	0.6%	16.9
Charles	174,478	61	2.0%	35.0
Dorchester	33,138	14	0.5%	42.2
Frederick	299,317	28	0.9%	9.4
Garrett	28,393	0	0.0%	0.0
Harford	265,514	74	2.4%	27.9
Howard	339,668	62	2.0%	18.3
Kent	19,557	3	0.1%	15.3
Montgomery	1,082,273	343	11.3%	31.7
Prince George's	966,629	641	21.1%	66.3
Queen Anne's	53,688	4	0.1%	7.5
Saint Mary's	116,469	8	0.3%	6.9
Somerset	25,241	6	0.2%	23.8
Talbot	38,244	5	0.2%	13.1
Washington	157,228	62	2.0%	39.4
Wicomico	106,329	48	1.6%	45.1
Worcester	54,337	10	0.3%	18.4
Unknown	--	0	0.0%	0.0
Total	6,263,220	3,034	100.0%	48.4

Table 14 – Sexually Acquired Syphilis Diagnoses during 2024 by Age at Diagnosis, Assigned Sex at Birth, and Race and Ethnicity, Reported through August 7, 2025

Demographic Characteristics	Population	Sexually Acquired Syphilis Diagnoses		
		No.	% of Total	Rate
Age at Diagnosis				
<15	1,122,239	3	0.1%	0.3
15-19	405,956	94	3.1%	23.2
20-24	378,746	406	13.4%	107.2
25-29	382,238	459	15.1%	120.1
30-34	426,075	619	20.4%	145.3
35-39	438,421	485	16.0%	110.6
40-44	427,256	356	11.7%	83.3
45-54	769,025	332	10.9%	43.2
55-64	811,264	218	7.2%	26.9
65+	1,102,000	62	2.0%	5.6
Unknown	--	0	0.0%	0.0
Assigned Sex at Birth				
Female	3,218,208	868	28.6%	27.0
Male	3,045,012	2,166	71.4%	71.1
Unknown	--	0	0.0%	0.0
Race and Ethnicity				
Hispanic	830,949	528	17.4%	63.5
Non-Hispanic	5,432,271	2,452	80.8%	45.1
American Indian or Alaska Native, only	14,529	2	0.1%	13.8
Asian, only	446,755	45	1.5%	10.1
Black, only	1,886,655	1,817	59.9%	96.3
Multiracial	173,518	88	2.9%	50.7
Native Hawaiian or Another Pacific Islander, only	3,058	0	0.0%	0.0
White, only	2,907,756	500	16.5%	17.2
Unknown	--	54	1.8%	--
Total	6,263,220	3,034	100.0%	48.4

Table 15 – Sexually Acquired Syphilis Diagnoses during 2024 by Assigned Sex at Birth and Race and Ethnicity, Reported through August 7, 2025

Race and Ethnicity	Assigned Sex at Birth							
	Female				Male			
	Population	Sexually Acquired Syphilis Diagnoses			Population	Sexually Acquired Syphilis Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
Hispanic	403,938	138	15.9%	34.2	427,011	390	18.0%	91.3
Non-Hispanic	2,814,270	721	83.1%	25.6	2,618,001	1,731	79.9%	66.1
American Indian or Alaska Native, only	7,458	0	0.0%	0.0	7,071	2	0.1%	28.3
Asian, only	233,822	5	0.6%	2.1	212,933	40	1.8%	18.8
Black, only	1,006,968	462	53.2%	45.9	879,687	1,355	62.6%	154.0
Multiracial	89,071	34	3.9%	38.2	84,447	54	2.5%	63.9
Native Hawaiian or Another Pacific Islander, only	1,647	0	0.0%	0.0	1,411	0	0.0%	0
White, only	1,475,304	220	25.3%	14.9	1,432,452	280	12.9%	19.5
Unknown	--	9	1.0%	--	--	45	2.1%	--
Total	3,218,208	868	100.0%	27.0	3,045,012	2,166	100.0%	71.1

Table 16 – Sexually Acquired Syphilis Diagnoses during 2024 by Assigned Sex at Birth and Age at Diagnosis, Reported through August 7, 2025

Age at Diagnosis	Assigned Sex at Birth							
	Female				Male			
	Population	Sexually Acquired Syphilis Diagnoses			Population	Sexually Acquired Syphilis Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
<15	549,546	3	0.3%	0.5	572,693	0	0.0%	0.0
15-19	198,463	43	5.0%	21.7	207,493	51	2.4%	24.6
20-24	186,755	133	15.3%	71.2	191,991	273	12.6%	142.2
25-29	192,204	158	18.2%	82.2	190,034	301	13.9%	158.4
30-34	216,276	163	18.8%	75.4	209,799	456	21.1%	217.4
35-39	223,713	150	17.3%	67.1	214,708	335	15.5%	156.0
40-44	216,932	96	11.1%	44.3	210,324	260	12.0%	123.6
45-54	394,384	88	10.1%	22.3	374,641	244	11.3%	65.1
55-64	421,926	25	2.9%	5.9	389,338	193	8.9%	49.6
65+	618,009	9	1.0%	1.5	483,991	53	2.4%	11.0
Unknown	--	0	0.0%	--	--	0	0.0%	--
Total	3,218,208	868	100.0%	27.0	3,045,012	2,166	100.0%	71.1

Section VII – Primary and Secondary Syphilis

Primary and secondary syphilis are the infectious stages of syphilis, although pregnant people can transmit the infection to their unborn babies during any stage of infection.

In 2024, 774 diagnoses of primary and secondary syphilis were reported among Maryland residents. This was a 11.8 percent decrease over the 878 diagnoses in 2023. The rate of diagnosis was 12.4 diagnoses per 100,000 people.

In 2024, people most affected by primary and secondary syphilis include:

Geographic Region

The highest number (260), proportion (33.6%), and rate (45.8) of primary and secondary syphilis diagnoses were among **Baltimore City** residents.

Assigned Sex at Birth

People assigned **male sex at birth** accounted for the highest number (614), proportion (79.3%), and rate (20.2) of primary and secondary syphilis diagnoses.

Race and Ethnicity

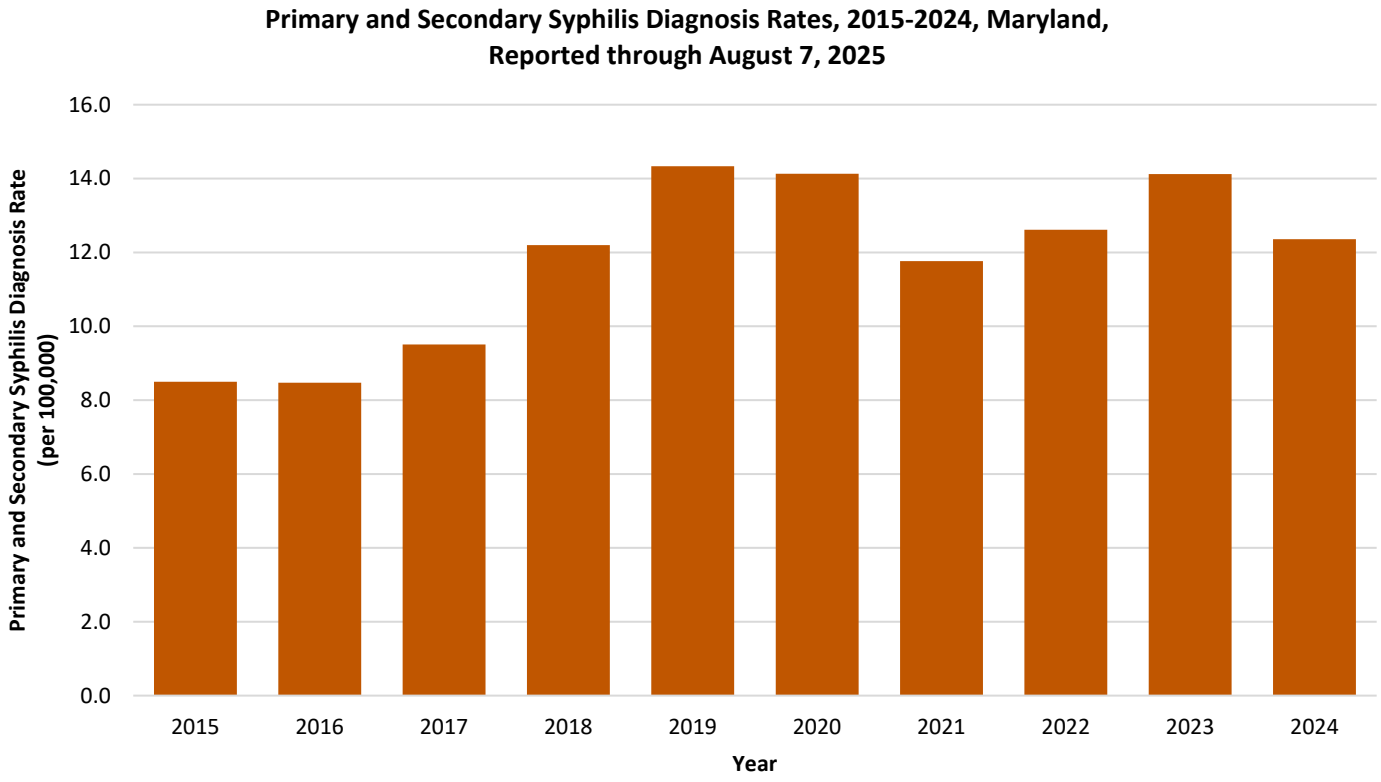
Non-Hispanic Black people accounted for the highest number (447), proportion (57.8%), and rate (23.7) of primary and secondary syphilis diagnoses.

Age

People in their **30s** accounted for the highest number (259), proportion (33.4%), and rate (30.0) of primary and secondary syphilis diagnoses.

Section 7a – Trends in Primary and Secondary Syphilis Diagnoses, 2015-2024, Maryland

Figure 15 – Trends in Primary and Secondary Syphilis Diagnoses, 2015-2024, Reported through August 7, 2025



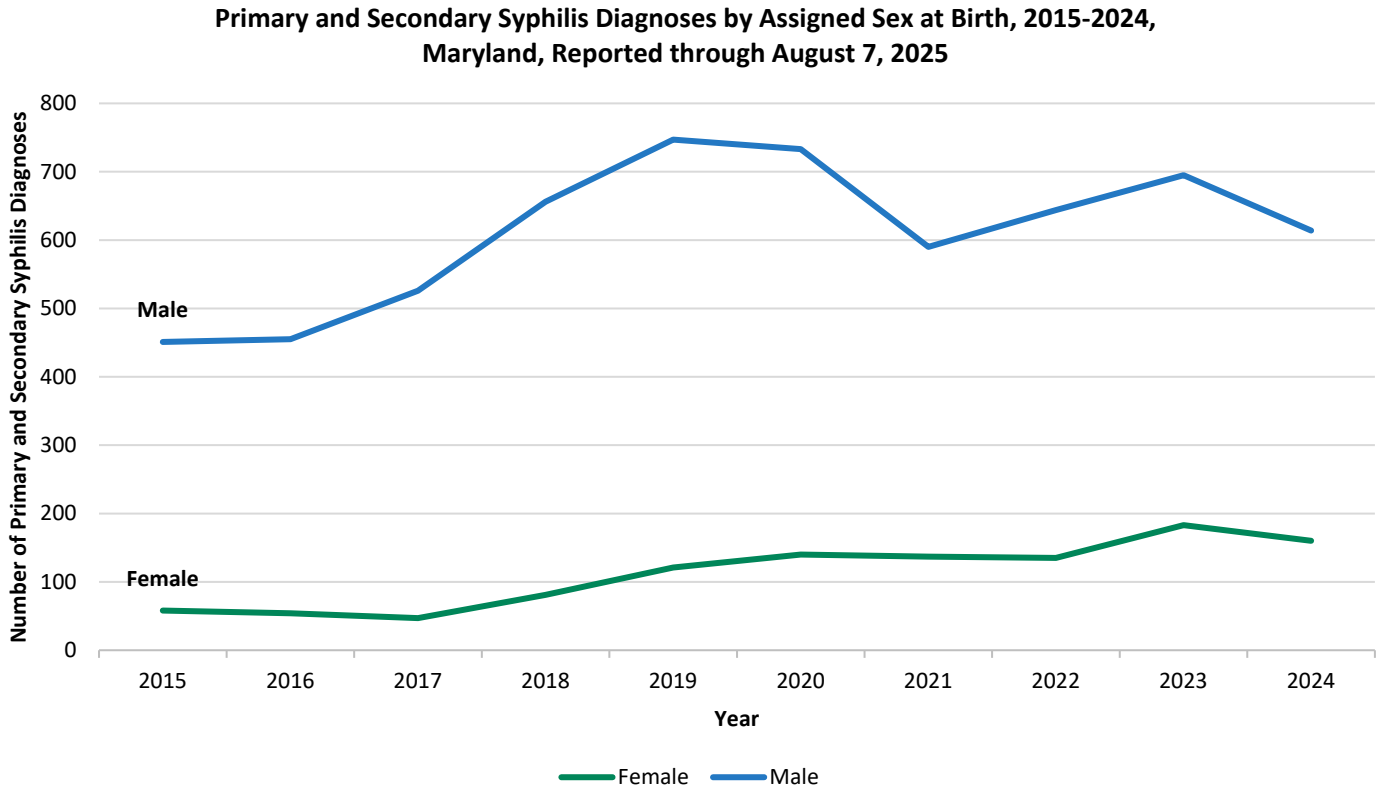
Year of Diagnosis	Population	Primary and Secondary Syphilis Diagnoses	
		Number	Rate
2015	5,988,528	509	8.5
2016	6,007,014	509	8.5
2017	6,028,186	573	9.5
2018	6,042,153	737	12.2
2019	6,054,954	868	14.3
2020	6,177,935	873	14.1
2021	6,179,403	727	11.8
2022	6,192,440	781	12.6
2023	6,217,062	878	14.1
2024	6,263,220	774	12.4

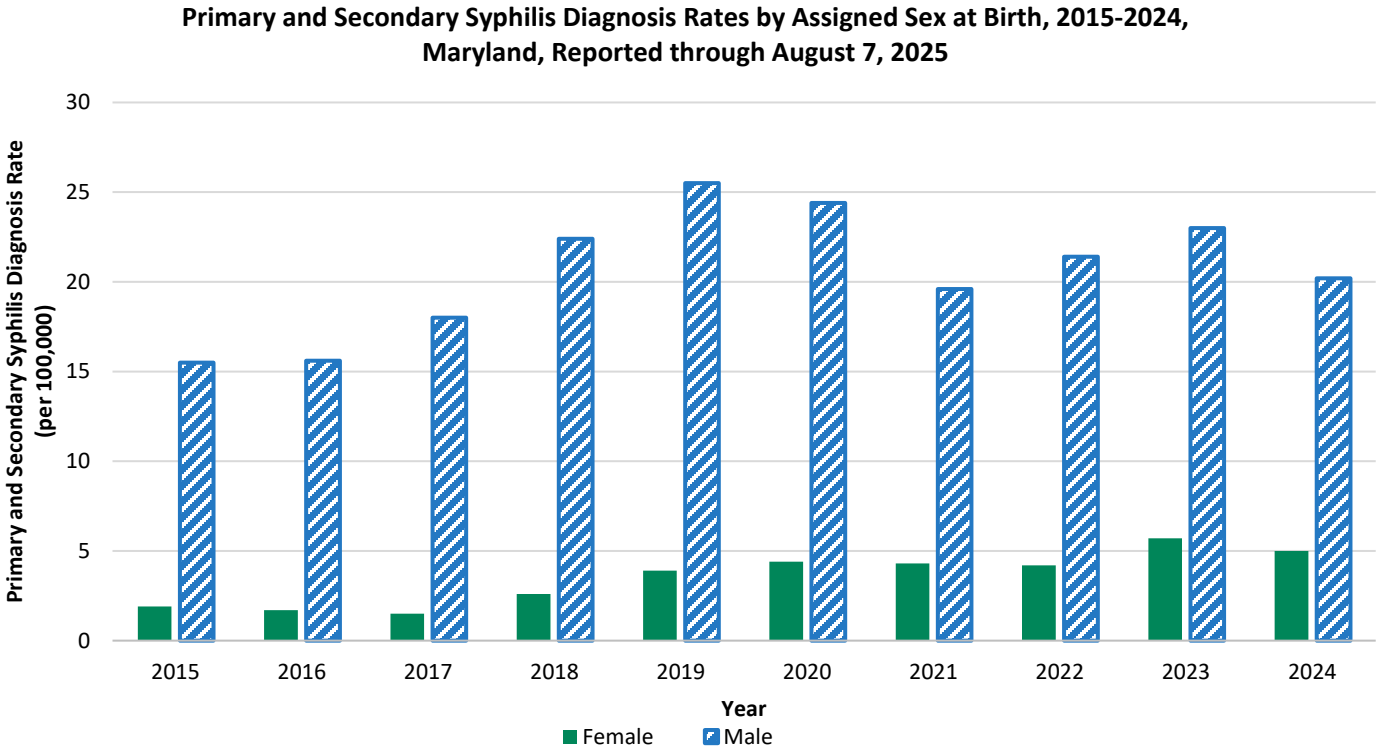
Table 17 – Trends in Primary and Secondary Syphilis Diagnoses by Jurisdiction of Residence at Diagnosis, 2019-2024, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Primary and Secondary Syphilis Diagnoses											
	2019		2020		2021		2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Allegany	4	5.7	1	1.5	1	1.5	0	0.0	2	3.0	4	6.0
Anne Arundel	39	6.7	32	5.4	33	5.5	54	9.0	65	10.8	48	8.0
Baltimore City	312	52.5	314	53.8	295	51.2	307	53.8	283	49.9	260	45.8
Baltimore	103	12.4	148	17.3	147	17.3	121	14.3	164	19.3	114	13.4
Calvert	1	1.1	2	2.2	3	3.2	1	1.1	3	3.2	1	1.1
Caroline	1	3.0	1	3.0	2	6.0	3	8.9	2	5.9	2	5.8
Carroll	9	5.3	3	1.7	4	2.3	6	3.4	7	4.0	6	3.4
Cecil	4	3.9	13	12.5	5	4.8	3	2.9	5	4.7	4	3.8
Charles	14	8.6	21	12.6	13	7.7	9	5.3	19	11.0	16	9.2
Dorchester	1	3.1	4	12.3	1	3.1	3	9.2	1	3.0	1	3.0
Frederick	23	8.8	13	4.8	6	2.1	15	5.2	8	2.7	3	1.0
Garrett	1	3.4	0	0.0	1	3.5	0	0.0	0	0.0	0	0.0
Harford	7	2.7	15	5.7	8	3.0	13	4.9	24	9.1	22	8.3
Howard	22	6.7	16	4.8	17	5.1	24	7.1	24	7.1	23	6.8
Kent	0	0.0	1	5.2	1	5.2	0	0.0	0	0.0	2	10.2
Montgomery	89	8.5	76	7.2	61	5.8	90	8.5	65	6.1	99	9.1
Prince George's	169	18.5	163	16.9	110	11.5	111	11.6	147	15.4	111	11.5
Queen Anne's	1	2.0	1	2.0	0	0.0	1	1.9	4	7.6	1	1.9
Saint Mary's	3	2.6	6	5.3	4	3.5	1	0.9	1	0.9	2	1.7
Somerset	0	0.0	2	8.1	0	0.0	1	4.0	3	12.0	2	7.9
Talbot	1	2.7	0	0.0	0	0.0	0	0.0	0	0.0	3	7.8
Washington	58	38.4	37	23.9	12	7.7	7	4.5	26	16.7	32	20.4
Wicomico	5	4.8	2	1.9	1	1.0	8	7.6	17	16.1	16	15.0
Worcester	1	1.9	2	3.8	2	3.7	3	5.6	6	11.1	2	3.7
Unknown	0	--	0	--	0	--	0	0.0	2	--	0	--
Total	868	14.3	873	14.1	727	11.8	781	12.6	878	14.1	774	12.4

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 16 – Trends in Primary and Secondary Syphilis Diagnoses by Assigned Sex at Birth, 2015-2024, Reported through August 7, 2025

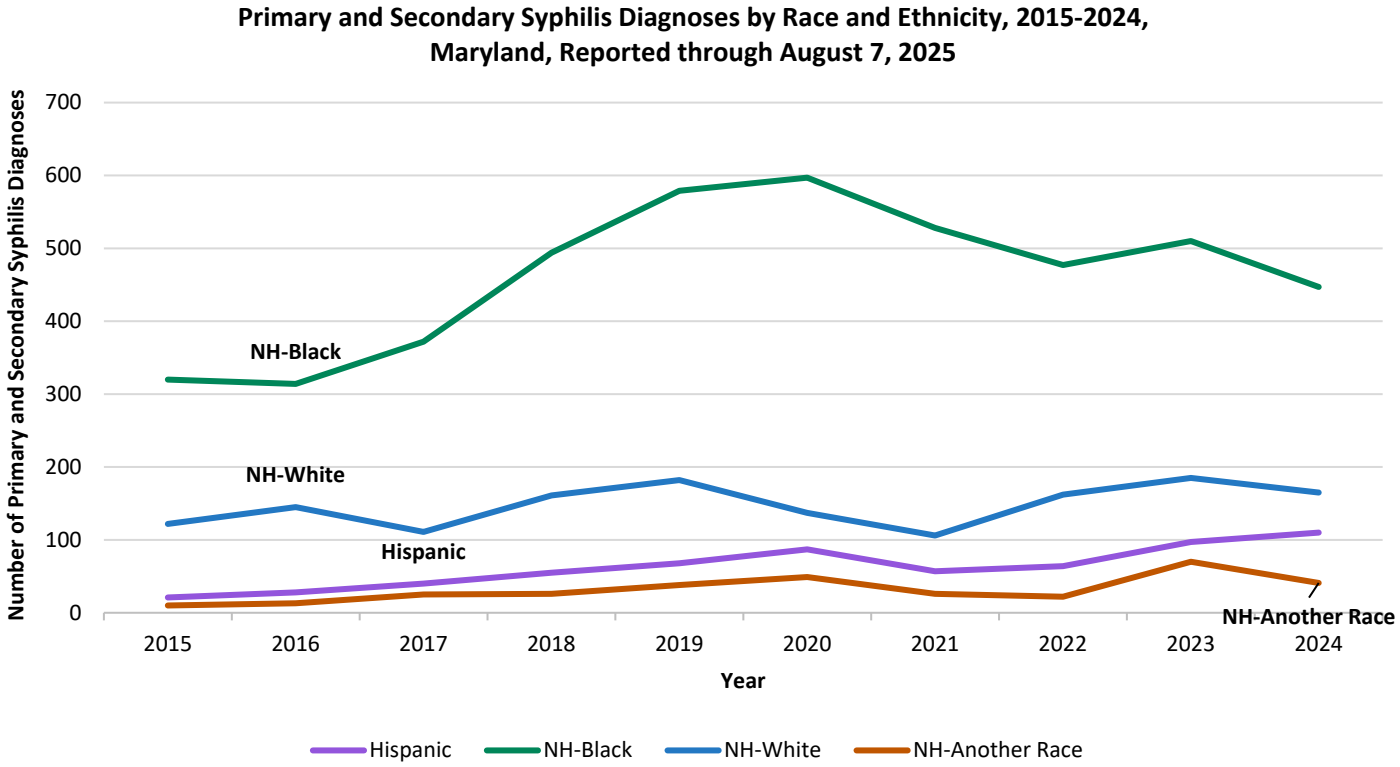


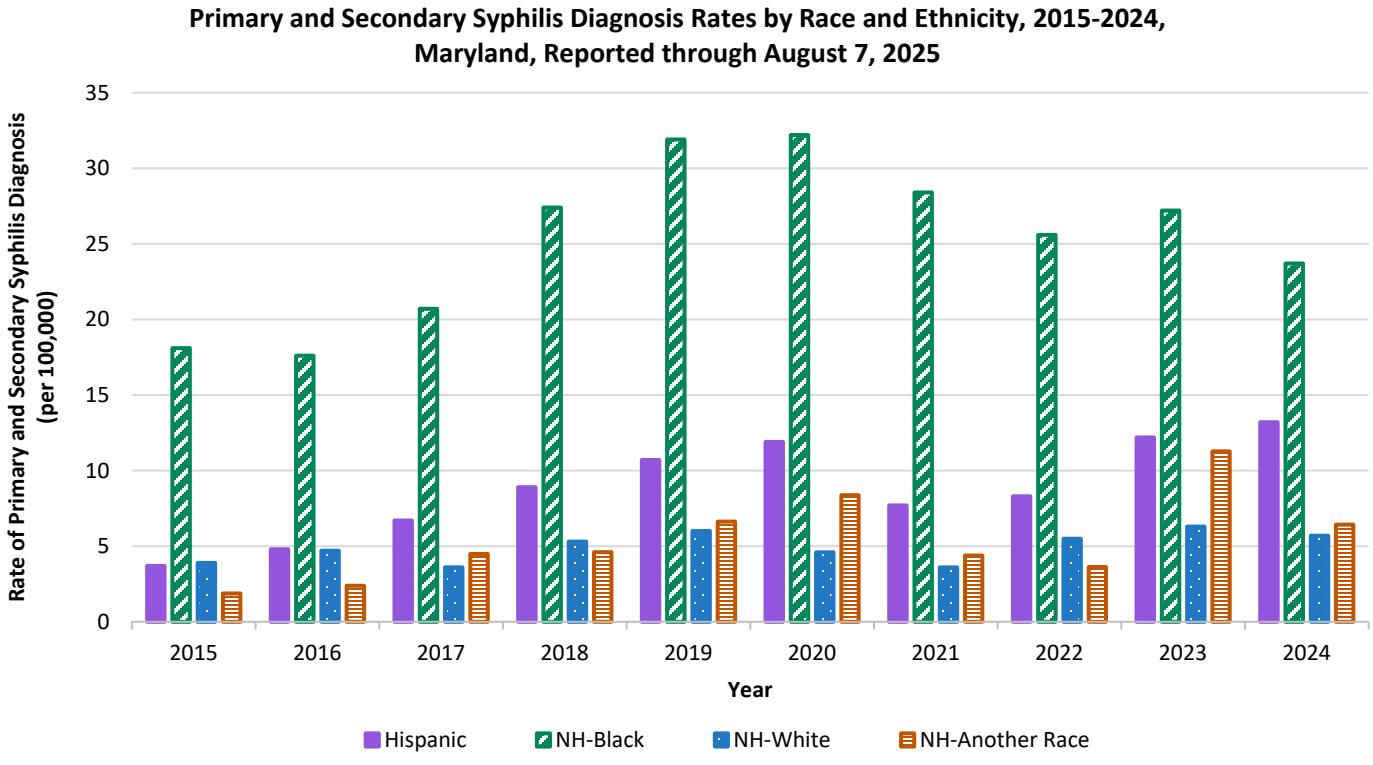


Year of Diagnosis	Primary and Secondary Syphilis Diagnoses							
	Female			Male			Unknown	
	No.	Percent	Rate	No.	Percent	Rate	No.	Percent
2015	58	11.4%	1.9	451	88.6%	15.5	0	0.0%
2016	54	10.6%	1.7	455	89.4%	15.6	0	0.0%
2017	47	8.2%	1.5	526	91.8%	18.0	0	0.0%
2018	81	11.0%	2.6	656	89.0%	22.4	0	0.0%
2019	121	13.9%	3.9	747	86.1%	25.5	0	0.0%
2020	140	16.0%	4.4	733	84.0%	24.4	0	0.0%
2021	137	18.8%	4.3	590	81.2%	19.6	0	0.0%
2022	135	17.3%	4.2	644	82.5%	21.4	2	0.3%
2023	183	20.8%	5.7	695	79.2%	23.0	0	0.0%
2024	160	20.7%	5.0	614	79.3%	20.2	0	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 17 – Trends in Primary and Secondary Syphilis Diagnoses by Race and Ethnicity, 2015-2024, Reported through August 7, 2025





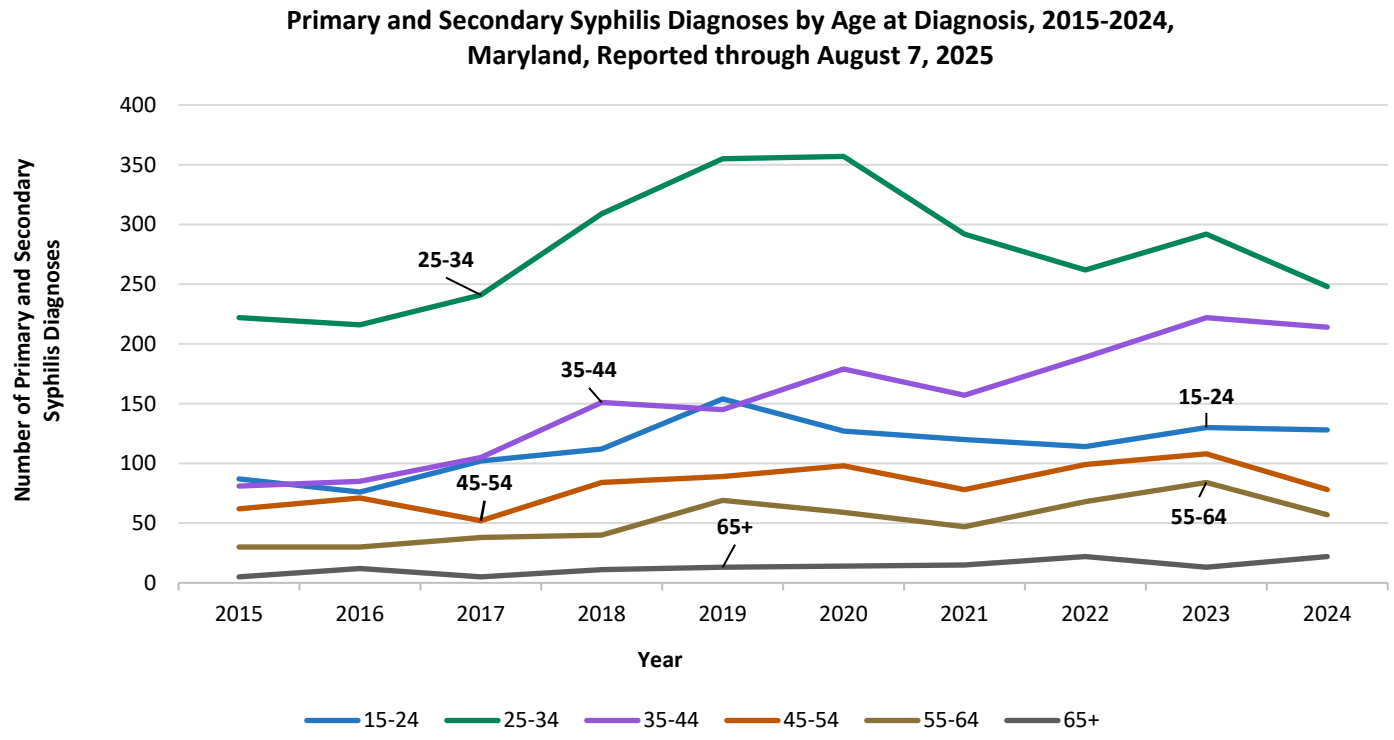
Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Native Hawaiian or Another Pacific Islander, and Non-Hispanic Multiracial people are combined in the above figures.

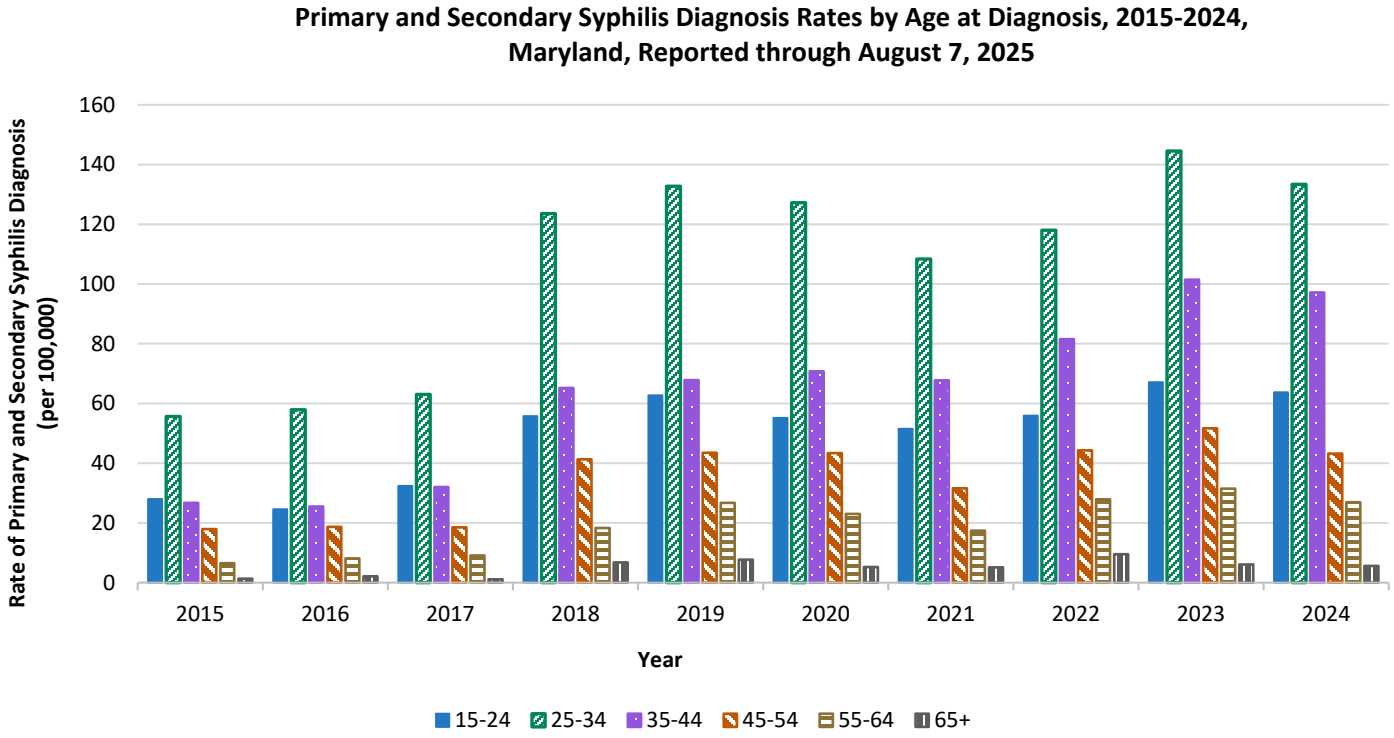
Year of Diagnosis	Primary and Secondary Syphilis Diagnoses											
	Hispanic			Non-Hispanic American Indian or Alaska Native			Non-Hispanic Asian			Non-Hispanic Black		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	21	4.1%	3.7	0	0.0%	0.0	6	1.2%	1.6	320	62.9%	18.1
2016	28	5.5%	4.8	2	0.4%	13.7	9	1.8%	2.3	314	61.7%	17.6
2017	40	7.0%	6.7	1	0.2%	6.8	16	2.8%	4.1	372	64.9%	20.7
2018	55	7.5%	8.9	2	0.3%	13.6	10	1.4%	2.5	494	67.0%	27.4
2019	68	7.8%	10.7	1	0.1%	6.8	27	3.1%	6.7	579	66.7%	31.9
2020	87	10.0%	11.9	1	0.1%	6.8	20	2.3%	4.9	597	68.4%	32.2
2021	57	7.8%	7.7	0	0.0%	0.0	8	1.1%	1.9	528	72.6%	28.4
2022	64	8.2%	8.3	8	1.0%	55.2	14	1.8%	3.3	477	61.1%	25.6
2023	97	11.0%	12.2	2	0.2%	13.8	12	1.4%	2.8	510	58.1%	27.2
2024	110	14.2%	13.2	0	0.0%	0.0	16	2.1%	3.6	447	57.8%	23.7

Year of Diagnosis	Primary and Secondary Syphilis Diagnoses										
	Non-Hispanic Multiracial			Non-Hispanic Native Hawaiian or Another Pacific Islander			Non-Hispanic White			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	4	0.8%	2.9	0	0.0%	0.0	122	24.0%	3.9	36	7.1%
2016	2	0.4%	1.4	0	0.0%	0.0	145	28.5%	4.7	9	1.8%
2017	8	1.4%	5.5	0	0.0%	0.0	111	19.4%	3.6	25	4.4%
2018	13	1.8%	8.7	1	0.1%	33.9	161	21.8%	5.3	1	0.1%
2019	9	1.0%	5.9	1	0.1%	34.0	182	21.0%	6.0	1	0.1%
2020	24	2.7%	15.2	4	0.5%	132.9	137	15.7%	4.6	3	0.3%
2021	18	2.5%	11.2	0	0.0%	0.0	106	14.6%	3.6	10	1.4%
2022	0	0.0%	0.0	0	0.0%	0.0	162	20.7%	5.5	56	7.2%
2023	55	6.3%	32.6	1	0.1%	32.6	185	21.1%	6.3	16	1.8%
2024	25	3.2%	14.4	0	0.0%	0.0	165	21.3%	5.7	11	1.4%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Figure 18 – Trends in Primary and Secondary Syphilis Diagnoses by Age at Diagnosis, 2015-2024, Reported through August 7, 2025





People <15 years old are not shown

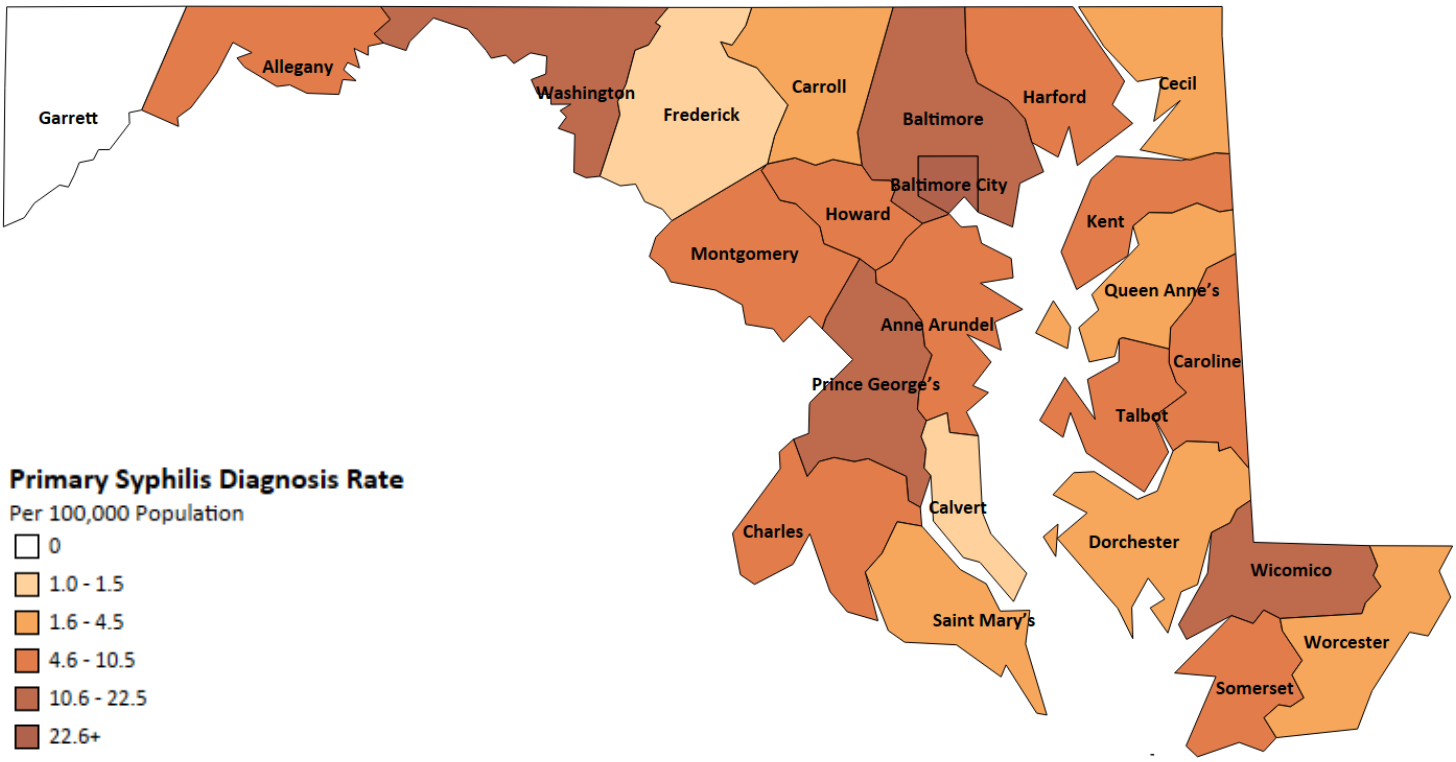
Year of Diagnosis	Primary and Secondary Syphilis Diagnoses																	
	<15			15-19			20-24			25-29			30-34			35-39		
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate
2015	0	0.0%	0	22	4.3%	5.7	87	17.1%	21.9	125	24.6%	29.9	97	19.1%	23.6	48	9.4%	12.5
2016	0	0.0%	0	19	3.7%	4.9	76	14.9%	19.6	126	24.8%	30.1	90	17.7%	21.8	56	11.0%	14.3
2017	0	0.0%	0	30	5.2%	7.8	102	17.8%	26.6	146	25.5%	34.9	95	16.6%	22.9	58	10.1%	14.5
2018	0	0.0%	0	30	4.1%	7.9	112	15.2%	29.8	177	24.0%	42.4	132	17.9%	31.7	87	11.8%	21.4
2019	0	0.0%	0	43	5.0%	11.3	154	17.7%	41.4	200	23.0%	48.4	155	17.9%	37.0	93	10.7%	22.6
2020	0	0.0%	0	39	4.5%	10.0	127	14.5%	34.3	177	20.3%	44.0	180	20.6%	42.0	108	12.4%	25.3
2021	0	0.0%	0	18	2.5%	4.6	120	16.5%	32.2	140	19.3%	35.4	152	20.9%	35.4	109	15.0%	25.5
2022	0	0.0%	0	27	3.5%	6.8	114	14.6%	30.7	114	14.6%	29.4	148	19.0%	34.6	125	16.0%	29.1
2023	1	0.1%	0.1	28	3.2%	7.0	130	14.8%	34.9	142	16.2%	37.1	150	17.1%	35.1	148	16.9%	34.2
2024	0	0.0%	0	27	3.5%	6.7	128	16.5%	33.8	114	14.7%	29.8	134	17.3%	31.4	125	16.1%	28.5

Year of Diagnosis	Primary and Secondary Syphilis Diagnoses													
	40-44			45-54			55-64			65+			Unknown	
	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%
2015	33	6.5%	8.7	62	12.2%	7.1	30	5.9%	3.8	5	1.0%	0.6	0	0.0%
2016	29	5.7%	7.9	71	13.9%	8.3	30	5.9%	3.8	12	2.4%	1.4	0	0.0%
2017	47	8.2%	12.9	52	9.1%	6.2	38	6.6%	4.7	5	0.9%	0.6	0	0.0%
2018	64	8.7%	17.5	84	11.4%	10.3	40	5.4%	4.9	11	1.5%	1.2	0	0.0%
2019	52	6.0%	14.0	89	10.3%	11.2	69	7.9%	8.4	13	1.5%	1.4	0	0.0%
2020	71	8.1%	18.0	98	11.2%	12.2	59	6.8%	7.0	14	1.6%	1.4	0	0.0%
2021	48	6.6%	11.9	78	10.7%	9.9	47	6.5%	5.6	15	2.1%	1.5	0	0.0%
2022	64	8.2%	15.5	99	12.7%	12.8	68	8.7%	8.2	22	2.8%	2.1	0	0.0%
2023	74	8.4%	17.6	108	12.3%	14.0	84	9.6%	10.3	13	1.5%	1.2	0	0.0%
2024	89	11.5%	20.8	78	10.1%	10.1	57	7.4%	7.0	22	2.8%	2.0	0	0.0%

Note. Data presented by the Maryland Department of Health may not align with estimates presented by national organizations. Due to a network security incident, data for 2021 are incomplete. Caution should be exercised when interpreting data for 2021 and assessing trends.

Section 7b – Primary and Secondary Syphilis Diagnoses, 2024, Maryland

Map 5 – Primary and Secondary Syphilis Diagnoses, during 2024, Rate by Jurisdiction of Residence, Reported through August 7, 2025



- The rate of primary and secondary syphilis diagnoses in Maryland is **12.4 per 100,000.**
  Jurisdictions with the highest rate of primary and secondary syphilis diagnoses in Maryland include:
  - Baltimore City: 45.8 per 100,000
  - Washington County: 20.4 per 100,000
  - Wicomico County: 15.0 per 100,000
  - Baltimore County: 13.4 per 100,000
  - Prince George's County: 11.5 per 100,000

Table 18 – Primary and Secondary Syphilis Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Primary and Secondary Syphilis Diagnoses			
	Population	No.	% of Total	Rate
Allegany	67,097	4	0.5%	6.0
Anne Arundel	602,350	48	6.2%	8.0
Baltimore City	568,271	260	33.6%	45.8
Baltimore	852,425	114	14.7%	13.4
Calvert	94,913	1	0.1%	1.1
Caroline	34,248	2	0.3%	5.8
Carroll	177,108	6	0.8%	3.4
Cecil	106,305	4	0.5%	3.8
Charles	174,478	16	2.1%	9.2
Dorchester	33,138	1	0.1%	3.0
Frederick	299,317	3	0.4%	1.0
Garrett	28,393	0	0.0%	0.0
Harford	265,514	22	2.8%	8.3
Howard	339,668	23	3.0%	6.8
Kent	19,557	2	0.3%	10.2
Montgomery	1,082,273	99	12.8%	9.1
Prince George's	966,629	111	14.3%	11.5
Queen Anne's	53,688	1	0.1%	1.9
Saint Mary's	116,469	2	0.3%	1.7
Somerset	25,241	2	0.3%	7.9
Talbot	38,244	3	0.4%	7.8
Washington	157,228	32	4.1%	20.4
Wicomico	106,329	16	2.1%	15.0
Worcester	54,337	2	0.3%	3.7
Unknown	--	0	0.0%	--
Total	6,263,220	774	100.0%	12.4

Table 19 – Primary and Secondary Syphilis Diagnoses during 2024 by Age at Diagnosis, Assigned Sex at Birth, and Race and Ethnicity, Reported through August 7, 2025

Demographic Characteristics	Population	Primary and Secondary Syphilis Diagnoses		
		No.	% of Total	Rate
Age at Diagnosis				
<15	405,956	27	3.5%	6.7
15-19	378,746	128	16.5%	33.8
20-24	382,238	114	14.7%	29.8
25-29	426,075	134	17.3%	31.4
30-34	438,421	125	16.1%	28.5
35-39	427,256	89	11.5%	20.8
40-44	769,025	78	10.1%	10.1
45-54	811,264	57	7.4%	7.0
55-64	1,102,000	22	2.8%	2.0
65+	405,956	27	3.5%	6.7
Unknown	--	0	0.0%	0.0
Assigned Sex at Birth				
Female	3,218,208	160	20.7%	5.0
Male	3,045,012	614	79.3%	20.2
Unknown	--	0	0.0%	0.0
Race and Ethnicity				
Hispanic	830,949	110	14.2%	13.2
Non-Hispanic	5,432,271	653	84.4%	12.0
American Indian or Alaska Native, only	14,529	0	0.0%	0.0
Asian, only	446,755	16	2.1%	3.6
Black, only	1,886,655	447	57.8%	23.7
Multiracial	173,518	25	3.2%	14.4
Native Hawaiian or Another Pacific Islander, only	3,058	0	0.0%	0.0
White, only	2,907,756	165	21.3%	5.7
Unknown	--	11	1.4%	--
Total	6,263,220	774	100.0%	12.4

Table 20 – Primary and Secondary Syphilis Diagnoses during 2024 by Assigned Sex at Birth and Race and Ethnicity, Reported through August 7, 2025

Race and Ethnicity	Assigned Sex at Birth							
	Female				Male			
	Population	Primary and Secondary Syphilis Diagnoses			Population	Primary and Secondary Syphilis Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
Hispanic	403,938	15	9.4%	3.7	427,011	95	15.5%	22.2
Non-Hispanic	2,814,270	144	90.0%	5.1	2,618,001	509	82.9%	19.4
American Indian or Alaska Native, only	7,458	0	0.0%	0.0	7,071	0	0.0%	0.0
Asian, only	233,822	1	0.6%	0.4	212,933	15	2.4%	7.0
Black, only	1,006,968	83	51.9%	8.2	879,687	364	59.3%	41.4
Multiracial	89,071	7	4.4%	7.9	84,447	18	2.9%	21.3
Native Hawaiian or Another Pacific Islander, only	1,647	0	0.0%	0.0	1,411	0	0.0%	0.0
White, only	1,475,304	53	33.1%	3.6	1,432,452	112	18.2%	7.8
Unknown	--	1	0.6%	--	--	10	1.6%	--
Total	3,218,208	160	100.0%	5.0	3,045,012	614	100.0%	20.2

Table 21 – Primary and Secondary Syphilis Diagnoses during 2024 by Assigned Sex at Birth and Age at Diagnosis, Reported through August 7, 2025

Age at Diagnosis	Assigned Sex at Birth							
	Female				Male			
	Population	Primary and Secondary Syphilis Diagnoses			Population	Primary and Secondary Syphilis Diagnoses		
		No.	% of Total	Rate		No.	% of Total	Rate
<15	549,546	0	0.0%	0.0	572,693	0	0.0%	0.0
15-19	198,463	7	4.4%	3.5	207,493	20	3.3%	9.6
20-24	186,755	28	17.5%	15.0	191,991	100	16.3%	52.1
25-29	192,204	34	21.3%	17.7	190,034	80	13.0%	42.1
30-34	216,276	30	18.8%	13.9	209,799	104	16.9%	49.6
35-39	223,713	28	17.5%	12.5	214,708	97	15.8%	45.2
40-44	216,932	17	10.6%	7.8	210,324	72	11.7%	34.2
45-54	394,384	14	8.8%	3.5	374,641	64	10.4%	17.1
55-64	421,926	2	1.3%	0.5	389,338	55	9.0%	14.1
65+	618,009	0	0.0%	0.0	483,991	22	3.6%	4.5
Unknown	--	0	0.0%	--	0	0	0.0%	--
Total	3,218,208	160	100.0%	5.0	3,045,012	614	100.0%	20.2

Section VIII – Congenital Syphilis

Congenital syphilis is when syphilis is passed from a birthing person to their infant and can occur at any stage of syphilis. Syphilis infections can be transmitted to unborn babies if a pregnant person is not treated at least 30 days prior to delivery. Congenital syphilis can cause serious health problems for the baby.

In 2024, there were 61 congenital syphilis diagnoses in Maryland. This was a 11.6 percent decrease over the 69 diagnoses in 2023. The diagnosis rate was 92.8 per 100,000 live births.

In 2024, people most affected by congenital syphilis include:

Geographic Region

The highest number (28), proportion (45.9%), and rate (404.0 per 100,000 live births) of congenital syphilis diagnoses were among **Baltimore City** residents.

Assigned Sex at Birth

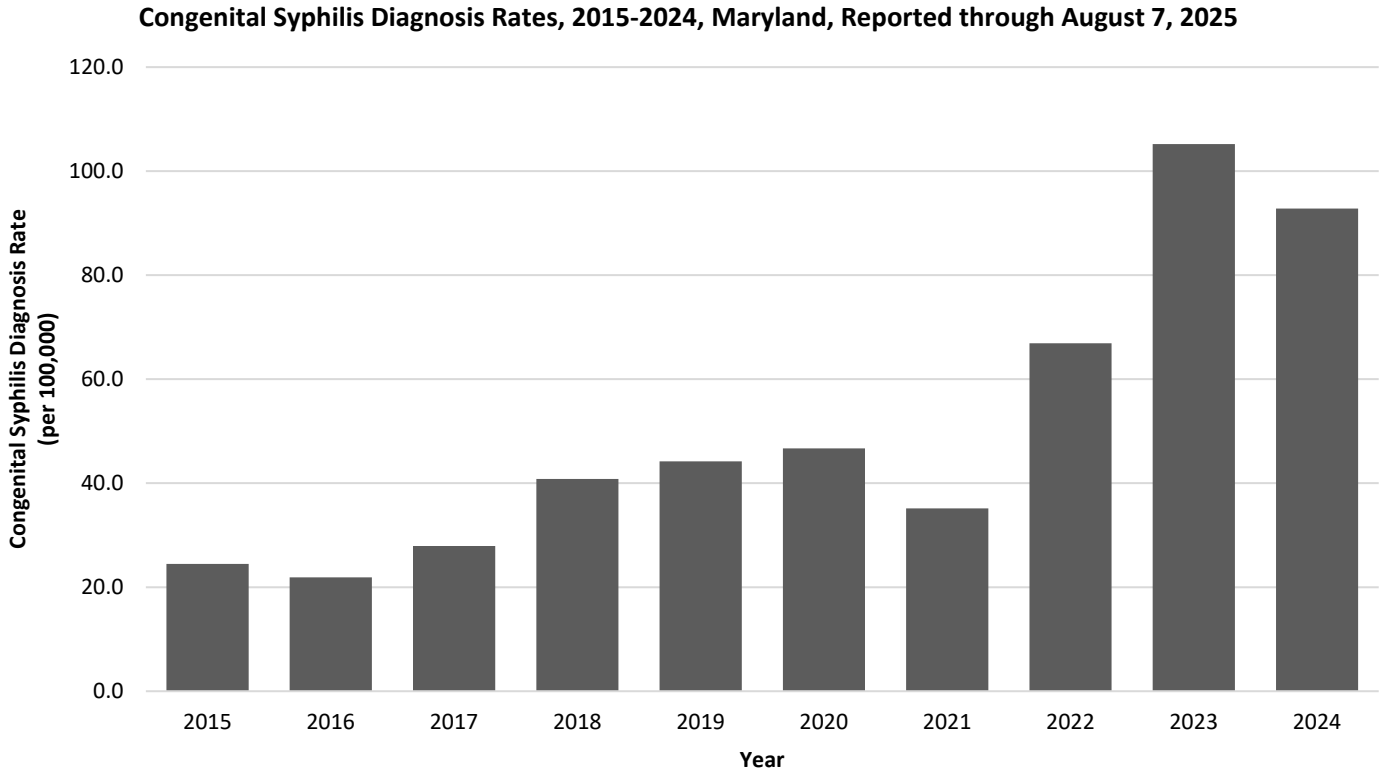
People assigned **male sex at birth** accounted for the highest number (34), proportion (55.7%), and rate (101.8 per 100,000 live births) of congenital syphilis diagnoses.

Race and Ethnicity

Non-Hispanic Black people accounted for the highest number (32), proportion (52.5%), and rate (170.3 per 100,000 live births) of congenital syphilis diagnoses.

Section 8a – Trends in Congenital Syphilis Diagnoses, 2015-2024, Maryland

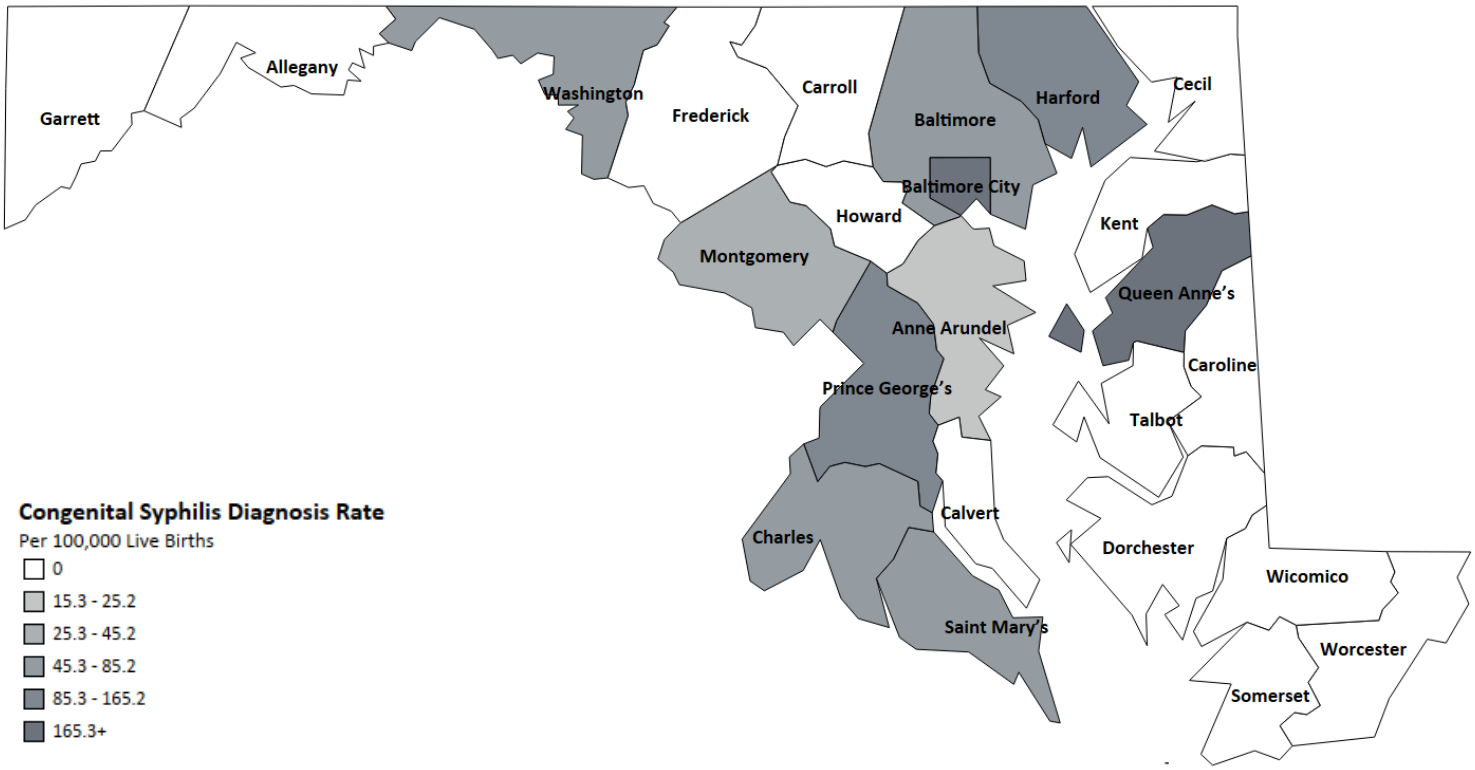
Figure 19 – Trends in Congenital Syphilis Diagnoses, 2015-2024, Reported through August 7, 2025



Year of Diagnosis	Live Births	Congenital Syphilis Diagnoses	
		Number	Rate
2015	73,544	18	24.5
2016	73,073	16	21.9
2017	71,589	20	27.9
2018	71,037	29	40.8
2019	70,130	31	44.2
2020	68,546	32	46.7
2021	68,266	24	35.2
2022	68,765	46	66.9
2023	65,578	69	105.2
2024	65,737	61	92.8

Section 8b – Congenital Syphilis Diagnoses, 2024, Maryland

Map 6 – Congenital Syphilis Diagnoses, during 2024, Rate by Jurisdiction of Residence, Report through August 7, 2025



- The rate of congenital syphilis diagnoses in Maryland is **92.8 per 100,000 live births.** Jurisdictions with the highest rate of congenital syphilis diagnoses in Maryland include:
    - Baltimore City: 404.0 per 100,000 live births
    - Queen Anne's County: 179.2 per 100,000 live births
    - Prince George's County: 132.3 per 100,000 live births
    - Harford County: 114.2 per 100,000 live births
    - Baltimore County: 79.1 per 100,000 live births

Table 22 – Congenital Syphilis Diagnoses during 2024 by Jurisdiction of Residence at Diagnosis, Reported through August 7, 2025

Jurisdiction of Residence at Diagnosis	Congenital Syphilis Diagnoses			
	Live Births*	No.	% of Total	Rate
Allegany	596	0	0.0%	0.0
Anne Arundel	6,556	1	1.6%	15.3
Baltimore City	6,930	28	45.9%	404.0
Baltimore	8,849	7	11.5%	79.1
Calvert	867	0	0.0%	0.0
Caroline	380	0	0.0%	0.0
Carroll	1,639	0	0.0%	0.0
Cecil	1,200	0	0.0%	0.0
Charles	1,731	1	1.6%	57.8
Dorchester	376	0	0.0%	0.0
Frederick	3,176	0	0.0%	0.0
Garrett	251	0	0.0%	0.0
Harford	2,628	3	4.9%	114.2
Howard	2,937	0	0.0%	0.0
Kent	153	0	0.0%	0.0
Montgomery	10,896	4	6.6%	36.7
Prince George's	10,583	14	23.0%	132.3
Queen Anne's	558	1	1.6%	179.2
Saint Mary's	1,318	1	1.6%	75.9
Somerset	251	0	0.0%	0.0
Talbot	338	0	0.0%	0.0
Washington	1,589	1	1.6%	62.9
Wicomico	1,359	0	0.0%	0.0
Worcester	417	0	0.0%	0.0
Unknown	--	0	0.0%	--
Total	65,737	61	100.0%	92.8

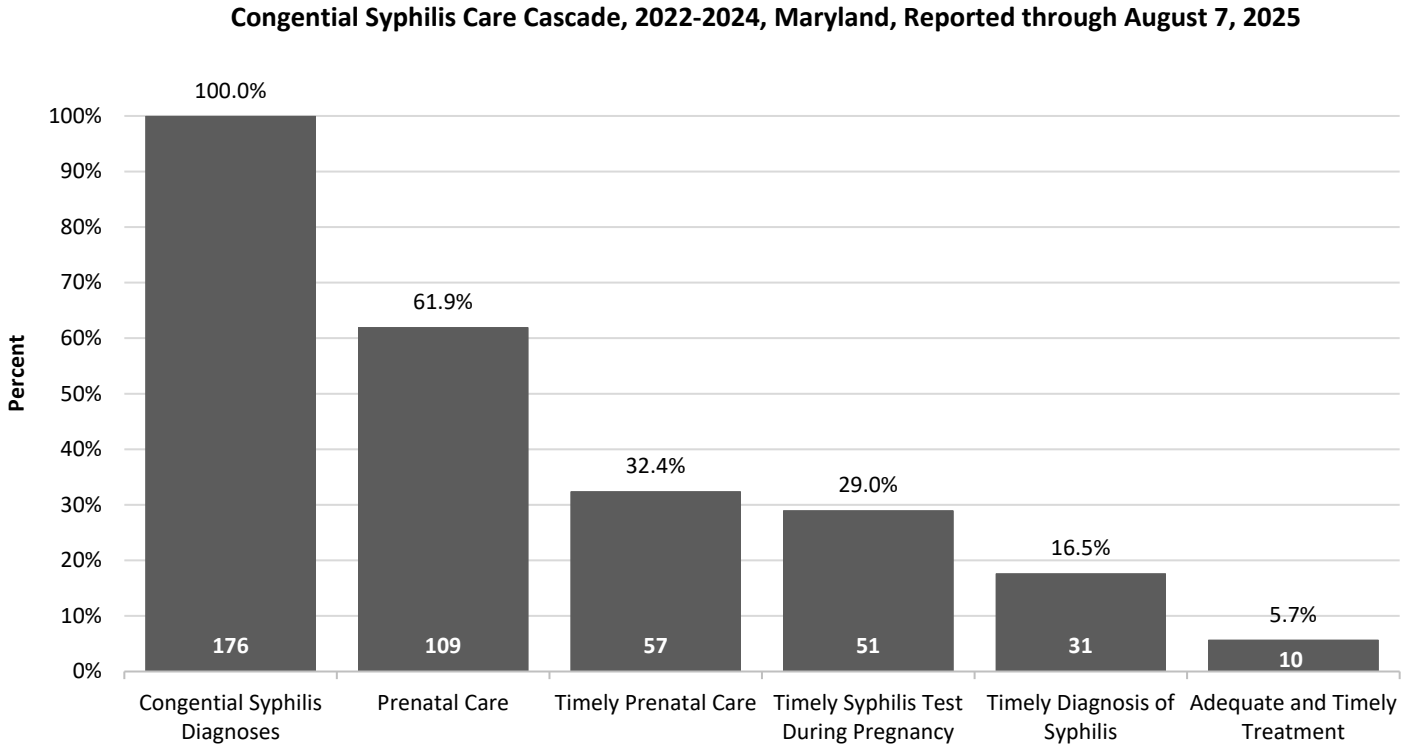
*The sum of live births will not equal the total. Live births by jurisdiction are for 2023; however, the total number of live births is for 2024, as live births by jurisdiction for 2024 have not been released yet.

Table 23 – Congenital Syphilis Diagnoses during 2024 by Assigned Sex at Birth and Race and Ethnicity, Reported through August 7, 2025

Demographic Characteristics	Live Births	Congenital Syphilis Diagnoses		
		No.	% of Total	Rate
Assigned Sex at Birth				
Female	32,176	26	42.6%	80.8
Male	33,398	34	55.7%	101.8
Unknown	4	1	1.6%	--
Race and Ethnicity				
Hispanic	14,425	12	19.7%	83.2
Non-Hispanic	50,728	45	73.8%	88.7
American Indian or Alaska Native, only	71	0	0.0%	0.0
Asian, Native Hawaiian, or Another Pacific Islander, only	4,328	0	0.0%	0.0
Black, only	18,791	32	52.5%	170.3
Multiracial	1,935	1	1.6%	51.7
White, only	25,603	12	19.7%	46.9
Another Race	425	2	3.3%	470.6
Unknown	--	2	3.3%	--
Total	65,737	61	100.0%	92.8

Note. Diagnoses for Asian people, Native Hawaiian people, and other Pacific Islanders have been combined to align with the aggregation of live birth data. *The sum of live births will not equal the total. Live births by demographics are for 2023; however, the total number of live births is for 2024, as live births by demographics for 2024 have not been released yet.

Figure 20 – Congenital Syphilis Care Cascade, among Congenital Syphilis Diagnoses 2022-2024, Reported through August 7, 2025



Congenital Syphilis Care Cascade	Congenital Syphilis Diagnoses 2022-2024	
	Number	Percent
Congenital Syphilis Diagnoses	176	100.0%
Prenatal Care	109	61.9%
Timely Prenatal Care	57	32.4%
Timely Syphilis Test During Pregnancy	51	29.0%
Timely Diagnosis of Syphilis	31	17.6%
Adequate and Timely Treatment	10	5.7%

Glossary of Terms

Age: Age group at time of STI diagnosis.

Sexually Acquired Syphilis Diagnoses: Reported primary, secondary, early non-primary/non-secondary, late, and duration unknown syphilis diagnoses during the specified year.

Chlamydia Diagnoses: Reported chlamydia diagnoses during the specified year.

Congenital Syphilis Diagnoses: Reported congenital syphilis diagnoses during the specified year.

Female: A person whose assigned sex at birth is female.

Gonorrhea Diagnoses: Reported gonorrhea diagnoses during the specified year.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at the time of STI diagnosis.

Live births: Babies born alive in the general population.

Male: A person whose assigned sex at birth is male.

People of Childbearing Age: People of childbearing age (13-49 years old) with childbearing potential.

Population: Population estimate for July 1 of the specified year.

Primary and Secondary Syphilis Diagnoses: Reported primary and secondary syphilis diagnoses during the specified year.

Rate: Number of people diagnosed with the specified STI, divided by the population, and multiplied by 100,000.

STI: A sexually transmitted infection (STI) is a virus, bacteria, fungus, or parasite people can get through sexual contact.

STD: A sexually transmitted disease (STD) develops because of an STI, and the term implies that the infection has led to some symptom of disease.

Total Syphilis Diagnoses: Reported primary, secondary, early non-primary/non-secondary, late, duration unknown, and congenital syphilis diagnoses during the specified year.