



Sexually Transmitted Infections Surveillance Annual Report

2024

**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

This report presents 2024 data on reported sexually transmitted infections (STIs) among New York City (NYC) residents. After decades of increasing trends, overall case numbers and case rates of many STIs decreased in NYC in 2024. The NYC Health Department observed declines in chlamydia, primary and secondary (P&S) syphilis, early latent syphilis, and late or unknown duration syphilis¹ case rates in 2024 compared with 2023. Gonorrhea case rates remained fairly stable in 2024 compared with 2023. However, cases of mpox, an infection predominantly transmitted through sexual networks, doubled. As in 2023, congenital syphilis cases in 2024 remained elevated, calling attention to the need for a greater focus on, and additional resources for, syphilis testing, treatment, and prevention among pregnant people. Even amid decreasing or steady reported case rates for chlamydia, gonorrhea, and acquired syphilis, marked inequities persisted among people who were diagnosed and reported with these infections. Higher rates were observed among some groups according to their age, neighborhood of residence, sex, and race and ethnicity, underscoring the need to ensure that all New Yorkers have access to timely, high-quality sexual health care and services.

Select data are accompanied by comparisons with other years, including six-year trend data from 2019 through 2024 and preliminary reported case numbers for the first half of 2025.

Key highlights include:

- P&S syphilis rates in NYC decreased by 16.3% overall from 2023 to 2024, with a 16.7% decrease among people reported as male (men) and a 14.3% decrease among people reported as female (women).²
- The early latent (also called early non-primary non-secondary) syphilis rate in NYC decreased by 19.6% overall from 2023 to 2024, with a 19.7% decrease among men and a 17.1% decrease among women.
- Rates of late syphilis or syphilis of unknown duration in NYC decreased by 10.3% overall from 2023 to 2024, with a 13.7% decrease among men but only a 0.7% decrease among women.
- There were 37 reported cases of congenital syphilis in 2024 in NYC, representing a 5.7% increase compared with 2023. Reported cases were relatively low prior to 2018 but increased by 117.6% from 2019 to 2024.

¹For more information on syphilis stages, see Additional Resources for Council of State and Territorial Epidemiologists (CSTE) case definitions.

²Due to limits in reporting mechanisms, most data rely on a single reported sex field that cannot be consistently verified as sex assigned at birth, legal sex, or gender identity. For more information, see the Technical Notes section on reported sex and gender.

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- The rate of chlamydia in NYC decreased by 6.3% from 2023 to 2024, with a decrease of 12.7% among men but only a 0.4% decrease among women.
 - Among women in NYC, teenagers and young adults continued to be disproportionately affected by chlamydia. In 2024, women ages 15 to 24 accounted for 56.0% of all reported cases among women, with a case rate approximately five times higher than that among women overall.
 - The gonorrhea rate in NYC remained relatively steady from 2023 to 2024, with a 1.3% increase among men and a 0.9% decrease among women.
 - In 2024, both gonorrhea and early syphilis (including P&S and early latent) 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 rates included Hunts Point-Mott Haven, Crotona-Tremont, and Highbridge-Morrisania in the Bronx for chlamydia; Central Harlem-Morningside Heights in Manhattan and Williamsburg-Bushwick in Brooklyn for gonorrhea; and Highbridge-Morrisania in the Bronx and East Harlem in Manhattan for early syphilis.
 - In 2024, chlamydia and gonorrhea disproportionately affected people living in very high-poverty neighborhoods (where at least 30% of residents live below the federal poverty threshold) in NYC, with rates approximately three times higher than rates among people living in low-poverty neighborhoods (where less than 10% of residents live below the federal poverty threshold).
 - Racial and ethnic inequities in the distribution of STIs persisted in NYC in 2024. P&S syphilis rates among Black men and Hispanic or Latino³ men were approximately three times higher than among white men (43.6 and 41.1 versus 13.9 cases per 100,000 population, respectively). P&S syphilis rates were 9 times higher among Black women and 7 times higher among Hispanic or Latina women than among white women (6.0 and 4.7 versus 0.7 cases per 100,000 population, respectively).
 - In 2024, there were 421 mpox cases in NYC, most of them among men (97.9%), people ages 25 to 34 (44.2%), white people and Hispanic or Latino people (24.0% and 35.2%, respectively), and people who identified as lesbian, gay, bisexual, or queer or another nonheterosexual orientation (LGBQ+) (95.1% of those with known sexual orientation). While the number of mpox cases in 2024 was much lower than in 2022 (the year of the global outbreak), it represents a doubling of cases since 2023.
 - In 2024, the NYC Health Department opened 12,230 syphilis investigations based on positive syphilis tests reported by laboratories and completed 82.5% of investigations within the target time frame of 14 days. This represented a 4.2% increase in the timely completion rate compared with 2023. A total of 3,433 reported syphilis cases were assigned for follow-up interviews, with a completion rate of 79.9%.

³For 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,^{4,5} NYC, 2023 to 2025 (January 1, 2025, to June 30, 2025, Preliminary)

Infection	2023		2024		2025 (Jan. 1-Jun. 30, preliminary)
	Number	Rate	Number	Rate	Number
Chlamydia					
Citywide	66,997	811.29	62,774	760.16	31,906
Women	34,564	804.45	34,416	801.00	17,212
Men	32,338	816.33	28,240	712.88	14,633
Gonorrhea					
Citywide	32,568	394.38	32,889	398.27	15,319
Women	6,004	139.74	5,953	138.55	2,819
Men	26,449	667.67	26,780	676.02	12,430
Primary and secondary syphilis					
Citywide	1,753	21.23	1,467	17.76	792
Women	174	4.05	149	3.47	77
Men	1,563	39.46	1,303	32.89	707
Early latent syphilis					
Citywide	3,536	42.82	2,842	34.41	1,515
Women	393	9.15	326	7.59	175
Men	3,085	77.88	2,478	62.55	1,317
Unknown duration or late syphilis					
Citywide	3,504	42.43	3,142	38.05	1,672
Women	844	19.64	838	19.50	421
Men	2,623	66.21	2,264	57.15	1,229
Congenital syphilis					
Citywide	35	40.85	37	43.18	16
Mpox					
Citywide	204	2.47	421	5.10	101
Women	2	0.05	7	0.16	3
Men	193	4.87	412	10.40	98
Lymphogranuloma venereum⁶					
Citywide	2	0.02	16	0.19	4
Women	0	0.00	2	0.05	0
Men	2	0.05	14	0.35	4
Neonatal herpes					
Citywide	9	10.50	13	15.17	10
Women	3	7.19	7	16.78	4
Men	6	13.65	6	13.65	6

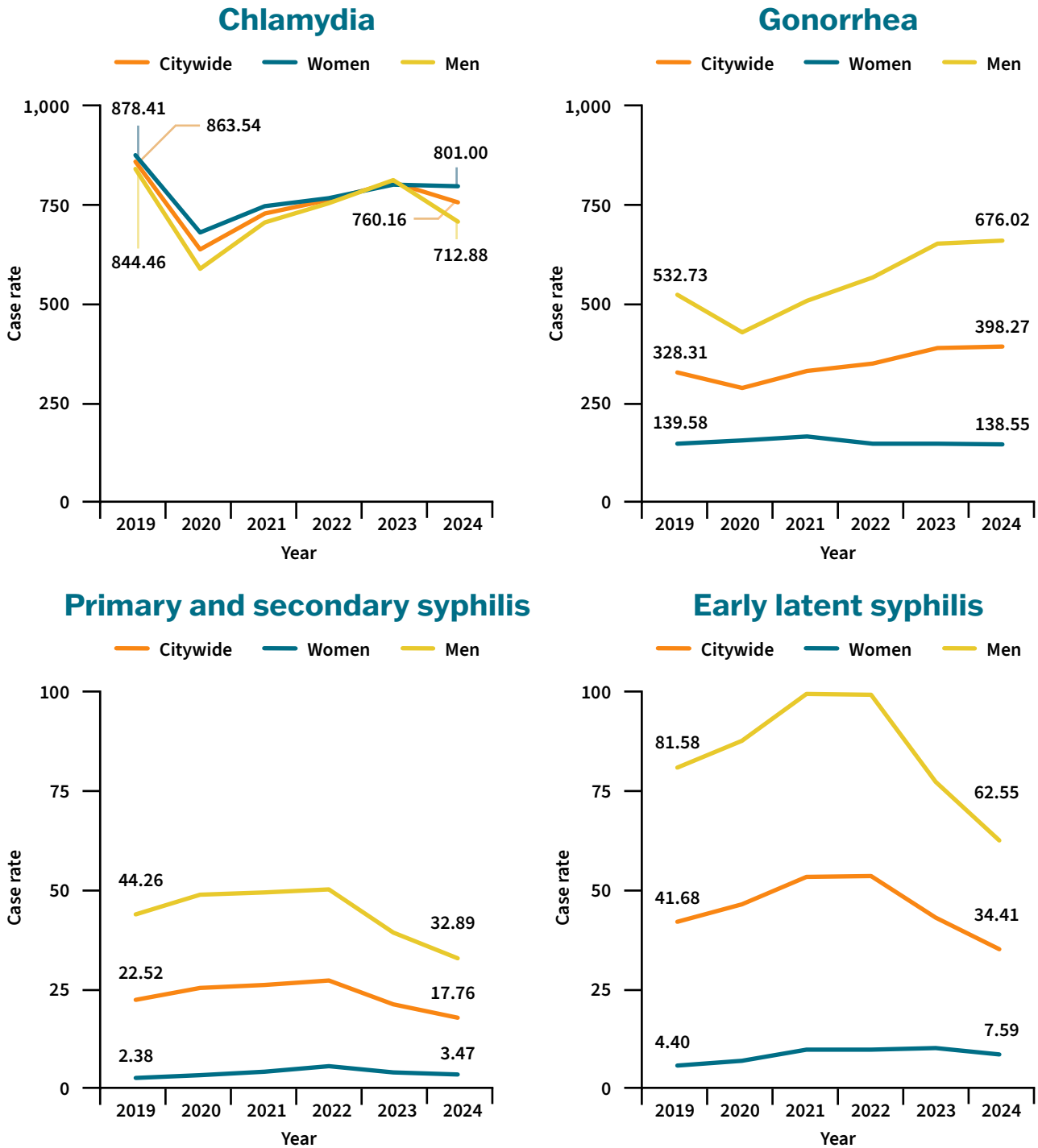
⁴ For more information, see the Technical Notes section on reported sex and gender and reporting requirements.

⁵ Distribution of gender identity (derived) among reported syphilis cases in 2024: Primary and secondary syphilis — women, 138 (9.4%); men, 1,273 (86.8%); transgender, gender-nonconforming, or nonbinary (TGNCNB) people, 56 (3.8%). Early latent syphilis — women, 261 (9.2%); men, 2,366 (83.3%); TGNCNB people, 215 (7.6%). Unknown duration or late syphilis — women, 812 (25.8%); men, 2,176 (69.3%); TGNCNB people, 154 (4.9%).

⁶ Lymphogranuloma venereum (LGV) remains reportable in NYC. As of 2023, at the national level, LGV is classified as a clinical complication of chlamydia and included in reported chlamydia case counts both locally and nationally.

Panel 1

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (per 100,000 Population) by Sex,^{7,8} NYC, 2019 to 2024



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

⁸ Distribution of gender identity (derived) among reported syphilis cases in 2024: primary and secondary syphilis — women, 138 (9.4%); men, 1,273 (86.8%); transgender, gender-nonconforming, or nonbinary (TGNCNB) people, 56 (3.8%); early latent syphilis — women, 261 (9.2%), men, 2,366 (83.3%), TGNCNB people, 215 (7.6%); unknown duration or late syphilis — women, 812 (25.8%), men, 2,176 (69.3%), TGNCNB people, 154 (4.9%).

Panel 2

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (Per 100,000 Population) by Borough, NYC, 2019 to 2024

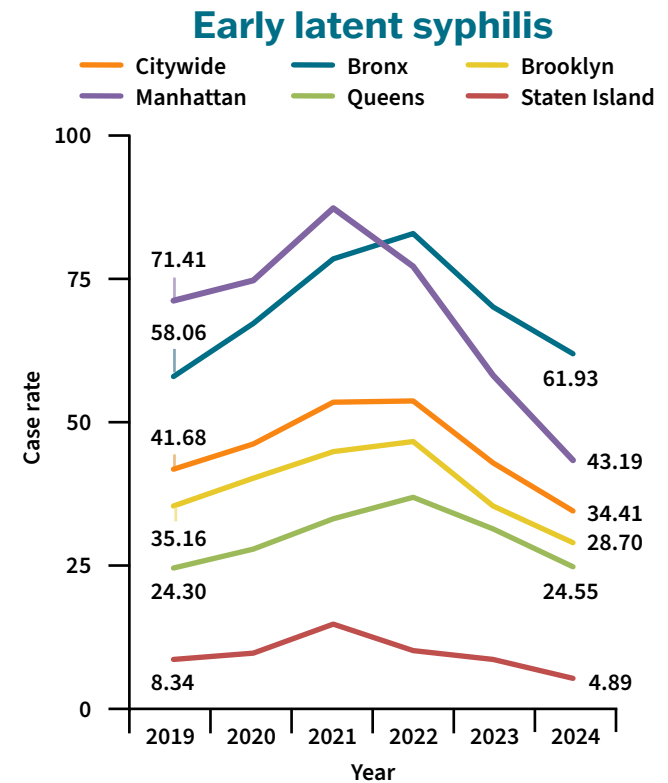
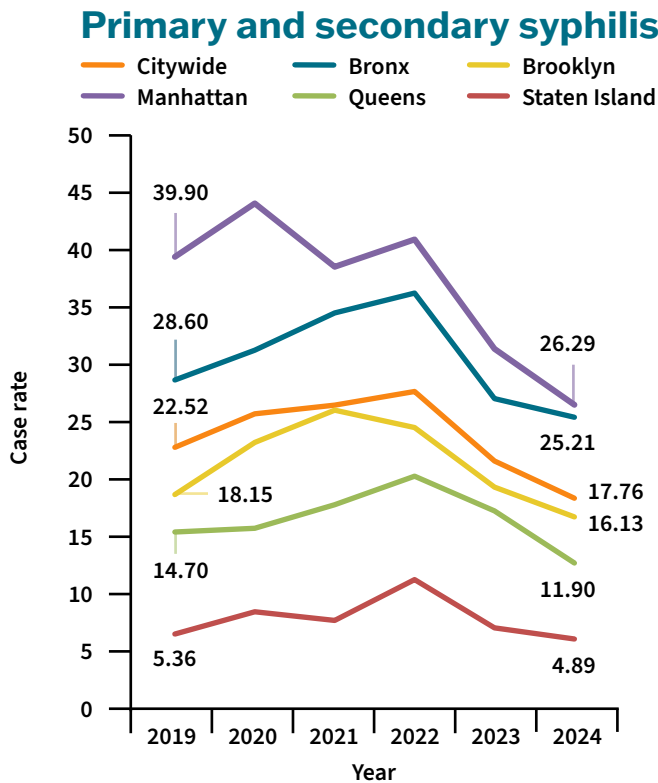
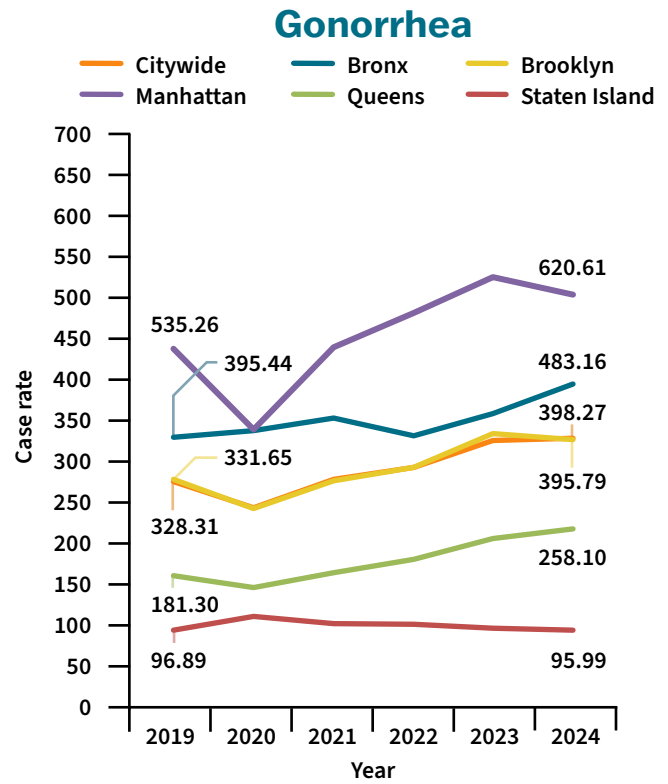
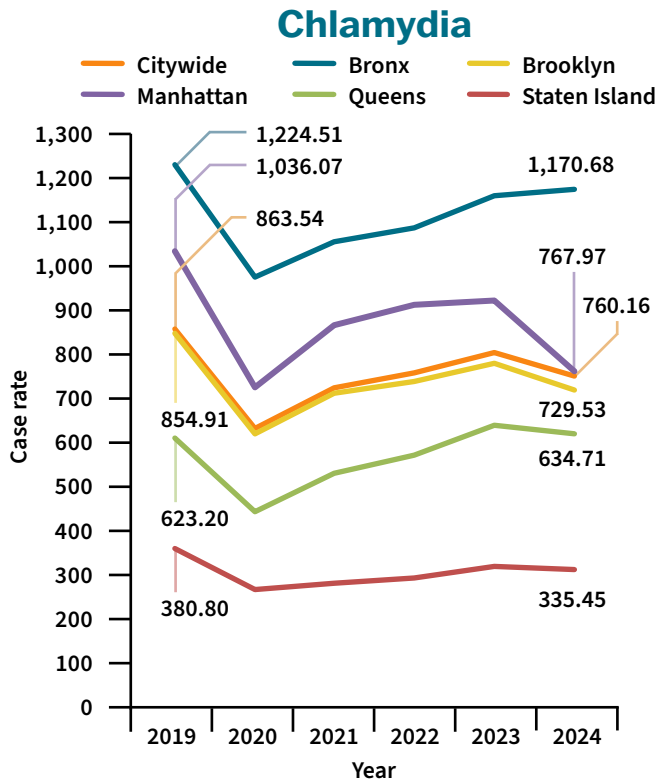


Table 2

Reported Chlamydia Case Numbers and Rates (per 100,000 Population), Overall and Among People Ages 15 to 24, by Sex,⁹ and Overall Ranks¹⁰ by UHF Neighborhood,¹¹ NYC, 2024

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							
Kingsbridge-Riverdale (101)	481	546.89	27	169	3,336.22	71	1,481.95
Northeast Bronx (102)	1,911	978.47	12	662	5,734.04	373	3,285.68
Fordham-Bronx Park (103)	2,874	1,173.43	6	973	5,459.96	471	2,626.31
Pelham Bay-Throgs Neck (104)	2,500	876.80	15	938	5,491.91	381	2,057.90
Crotona-Tremont (105)	2,995	1,457.96	1	1,183	7,859.71	473	3,167.30
Highbridge-Morrisania (106)	2,995	1,456.61	2	1,178	8,217.78	462	3,228.26
Hunts Point-Mott Haven (107)	1,871	1,348.58	3	709	7,148.37	333	3,155.27
Brooklyn							
Greenpoint (201)	792	548.66	26	130	1,483.48	55	674.31
Downtown-Brooklyn Heights-Park Slope (202)	1,326	507.28	30	297	2,594.23	151	1,524.92
Bedford Stuyvesant-Crown Heights (203)	3,922	1,161.43	7	1,255	6,003.59	721	3,777.08
East New York (204)	2,374	1,221.55	5	898	6,686.45	418	3,254.10
Sunset Park (205)	654	563.80	25	171	2,680.49	81	1,141.92
Borough Park (206)	786	242.16	39	212	1,160.85	91	460.35
East Flatbush-Flatbush (207)	2,996	1,045.01	11	911	5,836.09	511	3,430.88
Canarsie-Flatlands (208)	1,706	865.63	16	632	5,826.06	340	3,252.42
Bensonhurst-Bay Ridge (209)	519	259.81	38	133	1,517.24	62	638.73
Coney Island-Sheepshead Bay (210)	881	312.50	36	275	2,011.28	125	867.46
Williamsburg-Bushwick (211)	2,432	1,118.54	10	623	4,091.49	309	2,034.53
Manhattan							
Washington Heights-Inwood (301)	2,242	899.86	14	626	4,175.39	288	1,816.44
Central Harlem-Morningside Heights (302)	2,023	1,123.40	9	623	4,529.20	321	2,722.04
East Harlem (303)	1,258	1,147.46	8	384	5,610.56	190	2,733.37
Upper West Side (304)	984	436.15	32	206	1,869.41	127	1,483.26
Upper East Side (305)	595	286.70	37	103	1,202.76	79	1,250.67
Chelsea-Clinton (306)	2,080	1,330.81	4	305	3,267.55	159	2,532.12
Gramercy Park-Murray Hill (307)	719	541.83	28	151	1,691.08	90	1,565.59
Greenwich Village-SoHo (308)	446	566.14	24	72	1,610.72	47	1,445.97
Union Square-Lower East Side (309)	1,255	679.20	19	330	2,288.22	183	1,581.39
Lower Manhattan (310)	354	569.92	23	99	2,179.65	39	1,135.66

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

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

¹¹ For more information, see the Technical Notes section on reported geography.

Table 2 (continued)

Reported Chlamydia Case Numbers and Rates (per 100,000 Population), Overall and Among People Ages 15 to 24, by Sex,⁹ and Overall Ranks¹⁰ by UHF Neighborhood,¹¹ NYC, 2024

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							
Long Island City-Astoria (401)	1,474	745.34	18	310	3,237.18	133	1,409.46
West Queens (402)	4,082	915.78	13	932	4,061.28	693	2,573.56
Flushing-Clearview (403)	965	389.23	33	189	1,757.17	109	996.28
Bayside-Little Neck (404)	214	240.99	40	46	1,228.82	30	746.35
Ridgewood-Forest Hills (405)	968	383.61	34	245	2,124.54	118	1,008.72
Fresh Meadows (406)	342	348.36	35	132	2,461.00	48	902.42
Southwest Queens (407)	1,306	479.41	31	471	2,966.69	157	970.05
Jamaica (408)	2,587	824.21	17	884	4,813.46	468	2,593.85
Southeast Queens (409)	1,341	639.88	21	434	3,859.71	262	2,426.15
Rockaway (410)	833	641.95	20	332	4,472.81	136	1,841.37
Staten Island							
Port Richmond (501)	460	639.15	22	202	4,017.40	93	1,761.48
Stapleton-St. George (502)	669	522.73	29	261	3,263.33	101	1,236.37
Willowbrook (503)	180	189.25	41	55	1,057.54	29	526.06
South Beach-Tottenville (504)	308	157.45	42	118	1,089.75	56	482.98

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

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

¹¹ For more information, see the Technical Notes section on reported geography.

Table 3

Reported Gonorrhea Case Numbers and Rates (per 100,000 Population), Overall and Among People Ages 15 to 24, by Sex,¹² and Overall Ranks¹³ by UHF Neighborhood,¹⁴ NYC, 2024

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							
Kingsbridge-Riverdale (101)	225	255.82	25	32	631.71	37	772.28
Northeast Bronx (102)	673	344.59	22	109	944.12	131	1,153.95
Fordham-Bronx Park (103)	1,229	501.79	14	141	791.22	209	1,165.39
Pelham Bay-Throgs Neck (104)	900	315.65	23	125	731.86	172	929.03
Crotona-Tremont (105)	1,285	625.54	8	201	1,335.42	230	1,540.12
Highbridge-Morrisania (106)	1,292	628.36	6	194	1,353.35	212	1,481.36
Hunts Point-Mott Haven (107)	869	626.36	7	137	1,381.28	160	1,516.05
Brooklyn							
Greenpoint (201)	863	597.85	9	29	330.93	38	465.89
Downtown-Brooklyn Heights-Park Slope (202)	993	379.89	19	50	436.74	89	898.79
Bedford Stuyvesant-Crown Heights (203)	2,336	691.76	5	211	1,009.37	377	1,974.98
East New York (204)	976	502.21	13	148	1,102.00	168	1,307.87
Sunset Park (205)	206	177.59	32	9	141.08	28	394.74
Borough Park (206)	323	99.52	37	20	109.51	48	242.82
East Flatbush-Flatbush (207)	1,409	491.46	16	132	845.62	216	1,450.24
Canarsie-Flatlands (208)	492	249.64	26	89	820.44	122	1,167.05
Bensonhurst-Bay Ridge (209)	181	90.61	39	11	125.49	25	257.55
Coney Island-Sheepshead Bay (210)	292	103.58	36	39	285.24	58	402.50
Williamsburg-Bushwick (211)	1,967	904.67	2	98	643.61	294	1,935.77
Manhattan							
Washington Heights-Inwood (301)	1,452	582.78	10	80	533.60	138	870.38
Central Harlem-Morningside Heights (302)	1,422	789.66	3	101	734.27	212	1,797.73
East Harlem (303)	765	697.78	4	80	1,168.87	136	1,956.51
Upper West Side (304)	849	376.32	20	39	353.92	93	1,086.17
Upper East Side (305)	461	222.13	27	11	128.45	50	791.56
Chelsea-Clinton (306)	2,695	1,724.30	1	50	535.66	150	2,388.79
Gramercy Park-Murray Hill (307)	520	391.87	17	19	212.79	67	1,165.49
Greenwich Village-SoHo (308)	433	549.64	12	9	201.34	24	738.37
Union Square-Lower East Side (309)	916	495.73	15	67	464.58	144	1,244.37
Lower Manhattan (310)	240	386.39	18	11	242.18	28	815.35

¹² For more information, see the Technical Notes section on reported sex and gender.

¹³ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

¹⁴ For more information, see the Technical Notes section on reported geography.

Table 3 (continued)

Reported Gonorrhea Case Numbers and Rates (per 100,000 Population), Overall and Among People Ages 15 to 24, by Sex,¹² and Overall Ranks¹³ by UHF Neighborhood,¹⁴ NYC, 2024

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							
Long Island City-Astoria (401)	1,103	557.74	11	27	281.95	83	879.59
West Queens (402)	1,625	364.56	21	65	283.24	310	1,151.23
Flushing-Clearview (403)	359	144.80	35	25	232.43	30	274.20
Bayside-Little Neck (404)	78	87.84	40	4	106.85	7	174.15
Ridgewood-Forest Hills (405)	502	198.94	28	24	208.12	47	401.78
Fresh Meadows (406)	97	98.80	38	10	186.44	19	357.21
Southwest Queens (407)	504	185.01	29	42	264.55	81	500.47
Jamaica (408)	866	275.91	24	122	664.30	170	942.21
Southeast Queens (409)	384	183.23	31	45	400.20	94	870.45
Rockaway (410)	239	184.19	30	54	727.51	54	731.13
Staten Island							
Port Richmond (501)	119	165.34	34	31	616.53	21	397.75
Stapleton-St. George (502)	213	166.43	33	35	437.61	37	452.93
Willowbrook (503)	47	49.42	41	3	57.68	9	163.26
South Beach-Tottenville (504)	85	43.45	42	5	46.18	14	120.75

¹² For more information, see the Technical Notes section on reported sex and gender.

¹³ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

¹⁴ For more information, see the Technical Notes section on reported geography.

Table 4

Reported Early Syphilis (Primary, Secondary, and Early Latent) Case Numbers and Rates (per 100,000 Population) Overall and by Sex,¹⁵ and Overall Ranks¹⁶ by UHF Neighborhood,¹⁷ NYC, 2024

UHF neighborhood	All reported sexes			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Bronx							
Kingsbridge-Riverdale (101)	38	43.21	19	3	6.24	35	87.83
Northeast Bronx (102)	108	55.30	14	17	16.05	89	99.59
Fordham-Bronx Park (103)	274	111.87	4	41	32.03	227	194.18
Pelham Bay-Throgs Neck (104)	137	48.05	17	30	20.00	106	78.45
Crotona-Tremont (105)	217	105.64	7	41	37.82	174	179.36
Highbridge-Morrisania (106)	250	121.59	2	28	25.80	220	226.56
Hunts Point-Mott Haven (107)	155	111.72	5	23	31.74	129	194.66
Brooklyn							
Greenpoint (201)	52	36.02	24	6	8.21	45	63.15
Downtown-Brooklyn Heights-Park Slope (202)	85	32.52	27	6	4.35	79	64.00
Bedford Stuyvesant-Crown Heights (203)	288	85.29	8	33	18.11	253	162.76
East New York (204)	141	72.55	11	21	20.21	120	132.73
Sunset Park (205)	30	25.86	30	0	0.00	27	45.48
Borough Park (206)	46	14.17	38	0	0.00	46	28.58
East Flatbush-Flatbush (207)	204	71.16	12	20	12.90	184	139.71
Canarsie-Flatlands (208)	50	25.37	31	10	9.20	40	45.26
Bensonhurst-Bay Ridge (209)	30	15.02	36	3	2.93	26	26.68
Coney Island-Sheepshead Bay (210)	42	14.90	37	6	4.06	35	26.12
Williamsburg-Bushwick (211)	179	82.33	10	19	17.15	158	148.17
Manhattan							
Washington Heights-Inwood (301)	208	83.48	9	9	7.05	196	161.23
Central Harlem-Morningside Heights (302)	195	108.29	6	13	13.62	181	213.87
East Harlem (303)	129	117.67	3	12	21.08	115	218.17
Upper West Side (304)	89	39.45	22	4	3.29	83	79.80
Upper East Side (305)	60	28.91	28	6	5.23	54	58.22
Chelsea-Clinton (306)	231	147.80	1	16	21.24	207	255.64
Gramercy Park-Murray Hill (307)	60	45.22	18	5	7.08	55	88.66
Greenwich Village-SoHo (308)	29	36.81	23	0	0.00	29	73.31
Union Square-Lower East Side (309)	75	40.59	20	6	6.20	68	77.22
Lower Manhattan (310)	21	33.81	26	4	12.69	17	55.56

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

¹⁶ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

¹⁷ For more information, see the Technical Notes section on reported geography.

Table 4 (continued)

Reported Early Syphilis (Primary, Secondary, and Early Latent) Case Numbers and Rates (per 100,000 Population) Overall and by Sex,¹⁵ and Overall Ranks¹⁶ by UHF Neighborhood,¹⁷ NYC, 2024

UHF neighborhood	All reported sexes			Women		Men	
	Number	Rate	Rank	Number	Rate	Number	Rate
Queens							
Long Island City-Astoria (401)	126	63.71	13	5	5.04	120	121.67
West Queens (402)	245	54.97	15	21	9.70	220	96.00
Flushing-Clearview (403)	40	16.13	35	7	5.41	33	27.84
Bayside-Little Neck (404)	5	5.63	40	1	2.16	4	9.40
Ridgewood-Forest Hills (405)	69	27.34	29	4	3.06	65	53.36
Fresh Meadows (406)	6	6.11	39	2	3.90	4	8.54
Southwest Queens (407)	96	35.24	25	13	9.47	83	61.39
Jamaica (408)	126	40.14	21	19	11.53	103	69.06
Southeast Queens (409)	42	20.04	32	7	6.35	35	35.24
Rockaway (410)	64	49.32	16	7	10.38	56	89.82
Staten Island							
Port Richmond (501)	14	19.45	33	3	8.20	11	31.09
Stapleton-St. George (502)	21	16.41	34	1	1.53	20	31.95
Willowbrook (503)	4	4.21	42	0	0.00	4	8.63
South Beach-Tottenville (504)	9	4.60	41	1	1.00	8	8.34

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

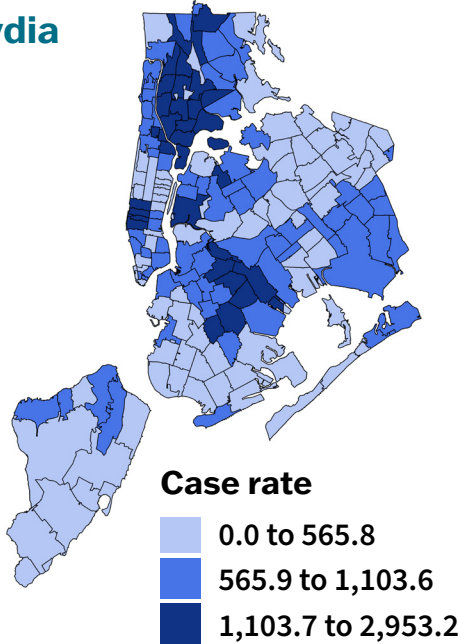
¹⁶ The rank assigned to each UHF neighborhood (42 UHF neighborhoods in total) is based on the overall case rate per 100,000 population.

¹⁷ For more information, see the Technical Notes section on reported geography.

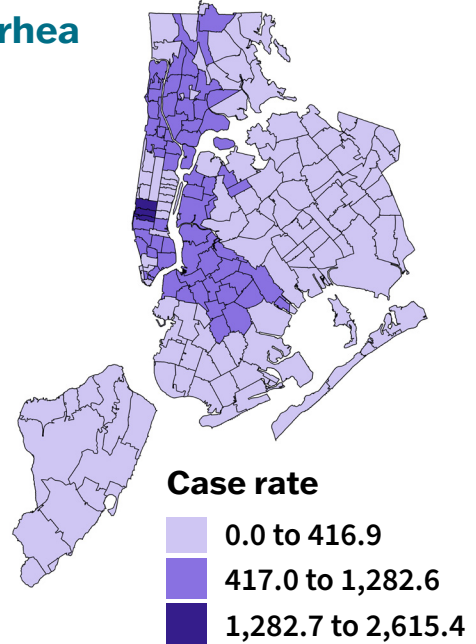
Panel 3

Reported Chlamydia, Gonorrhea, Primary and Secondary Syphilis, and Early Latent Syphilis Case Rates (per 100,000 Population)¹⁸ by ZIP Code of Residence,¹⁹ NYC, 2024

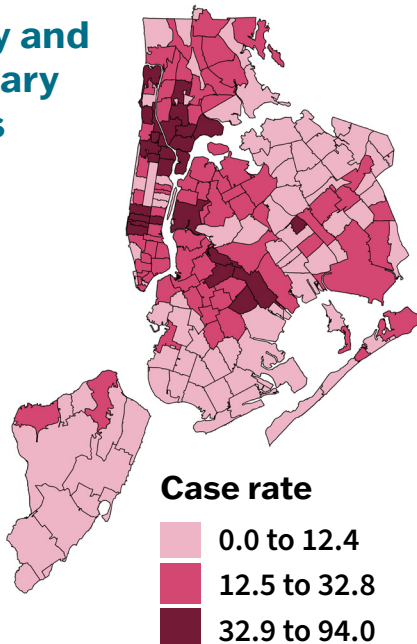
Chlamydia



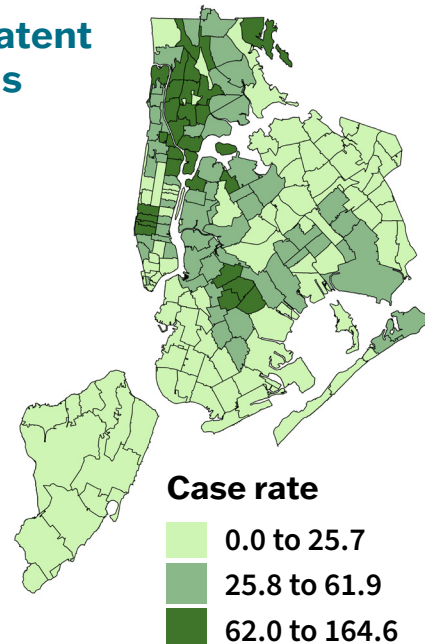
Gonorrhea



Primary and secondary syphilis



Early latent syphilis



¹⁸ Case rate categories shown for each map are based on the Jenks natural breaks algorithm, which identifies patterns and break points specific to the distribution of each disease condition. While explicit morbidity categories vary across the maps, the relative disease burden across neighborhoods can be compared.

¹⁹ 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), Overall and by Sex,²⁰ by Age, NYC, 2024

Age (in years)	All		Women		Men	
	Number	Rate	Number	Rate	Number	Rate
9 or younger	13	1.44	10	2.26	3	0.65
10 to 14	569	124.86	481	216.95	88	37.61
15 to 19	11,868	2,652.95	8,412	3,807.94	3,455	1,525.76
20 to 24	16,976	3,432.97	10,847	4,237.52	6,099	2,556.98
25 to 29	12,539	1,892.68	6,667	1,922.33	5,834	1,848.06
30 to 34	8,701	1,240.44	3,574	1,011.08	5,106	1,467.39
35 to 39	5,172	850.49	1,834	600.55	3,322	1,097.34
40 to 44	2,775	516.87	964	351.84	1,805	686.58
45 to 49	1,605	325.80	597	233.22	1,007	425.51
50 to 54	1,057	207.68	420	159.06	633	258.48
55 to 59	763	148.89	339	126.92	423	172.39
60 to 64	449	89.42	161	60.78	288	121.40
65 or older	273	19.09	107	13.00	166	27.34

Table 6

Reported Gonorrhea Case Numbers and Rates (per 100,000 Population), Overall and by Sex,²¹ by Age, NYC, 2024

Age (in years)	All		Women		Men	
	Number	Rate	Number	Rate	Number	Rate
9 or younger	7	0.77	5	1.13	2	0.43
10 to 14	130	28.53	100	45.10	30	12.82
15 to 19	2,614	584.33	1,340	606.59	1,269	560.40
20 to 24	4,899	990.70	1,449	566.07	3,421	1,434.24
25 to 29	6,824	1,030.04	1,174	338.51	5,606	1,775.83
30 to 34	7,296	1,040.14	755	213.59	6,499	1,867.72
35 to 39	4,954	814.64	474	155.21	4,464	1,474.57
40 to 44	2,651	493.77	253	92.34	2,384	906.82
45 to 49	1,415	287.23	151	58.99	1,262	533.26
50 to 54	911	179.00	106	40.14	804	328.30
55 to 59	615	120.01	55	20.59	558	227.41
60 to 64	372	74.08	54	20.39	317	133.62
65 or older	200	13.98	37	4.49	163	26.85

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

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

Figure 1A

Reported Rectal Chlamydia and Gonorrhea Case Numbers²² Among Men,²³ NYC, 2019 to 2024

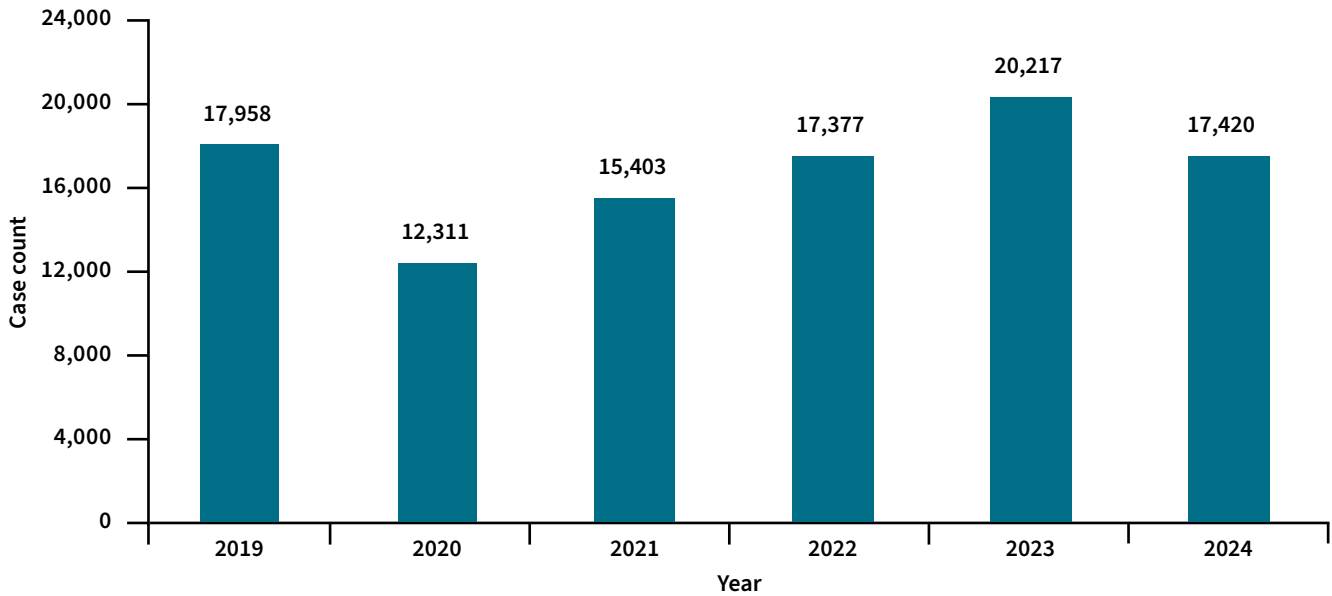
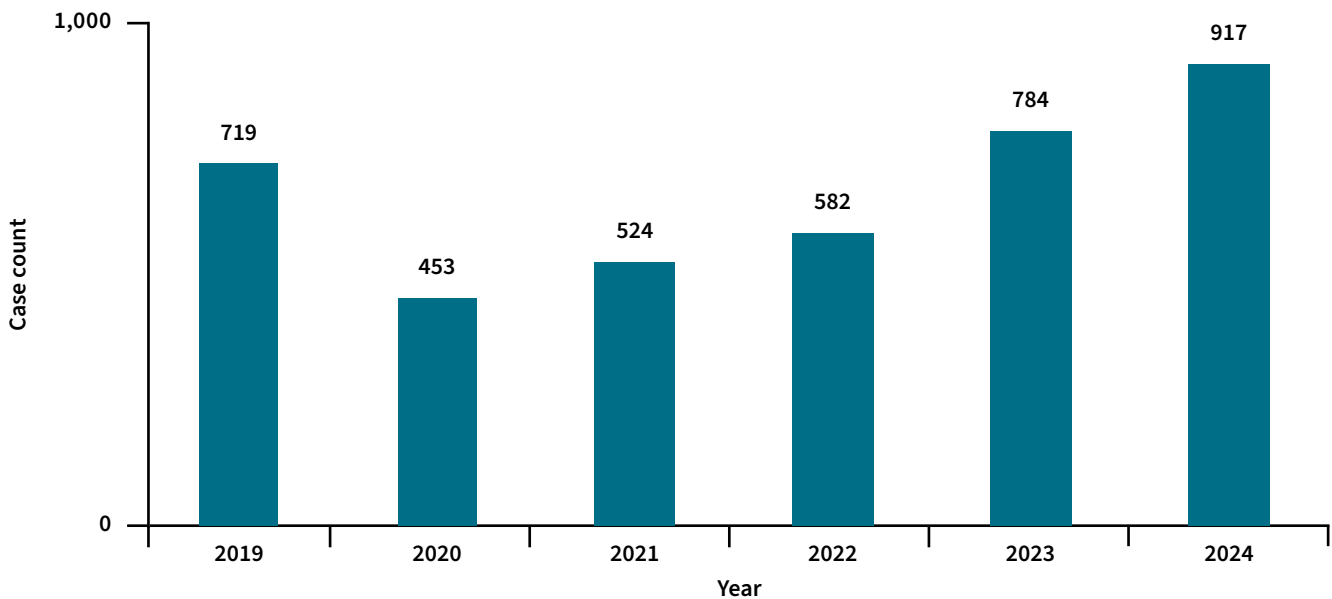


Figure 1B

Reported Rectal Chlamydia and Gonorrhea Case Numbers²⁴ Among Women,²⁵ NYC, 2019 to 2024



²² Defined as chlamydia and gonorrhea cases reported with at least one positive test from a rectal specimen.

²³ For more information, see the Technical Notes section on reported sex and gender.

²⁴ Defined as chlamydia and gonorrhea cases reported with at least one positive test from a rectal specimen.

²⁵ For more information, see the Technical Notes section on reported sex and gender.

Figure 2

Reported Primary and Secondary Syphilis Case Numbers Among Women,²⁶ NYC, 2019 to 2024

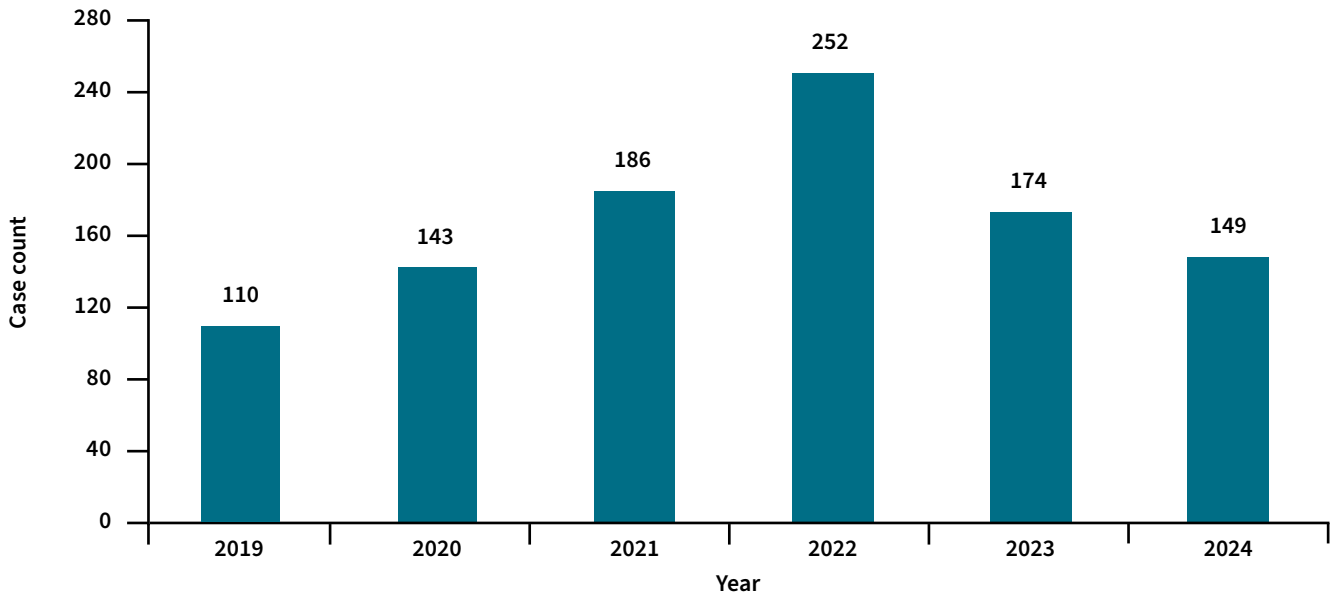
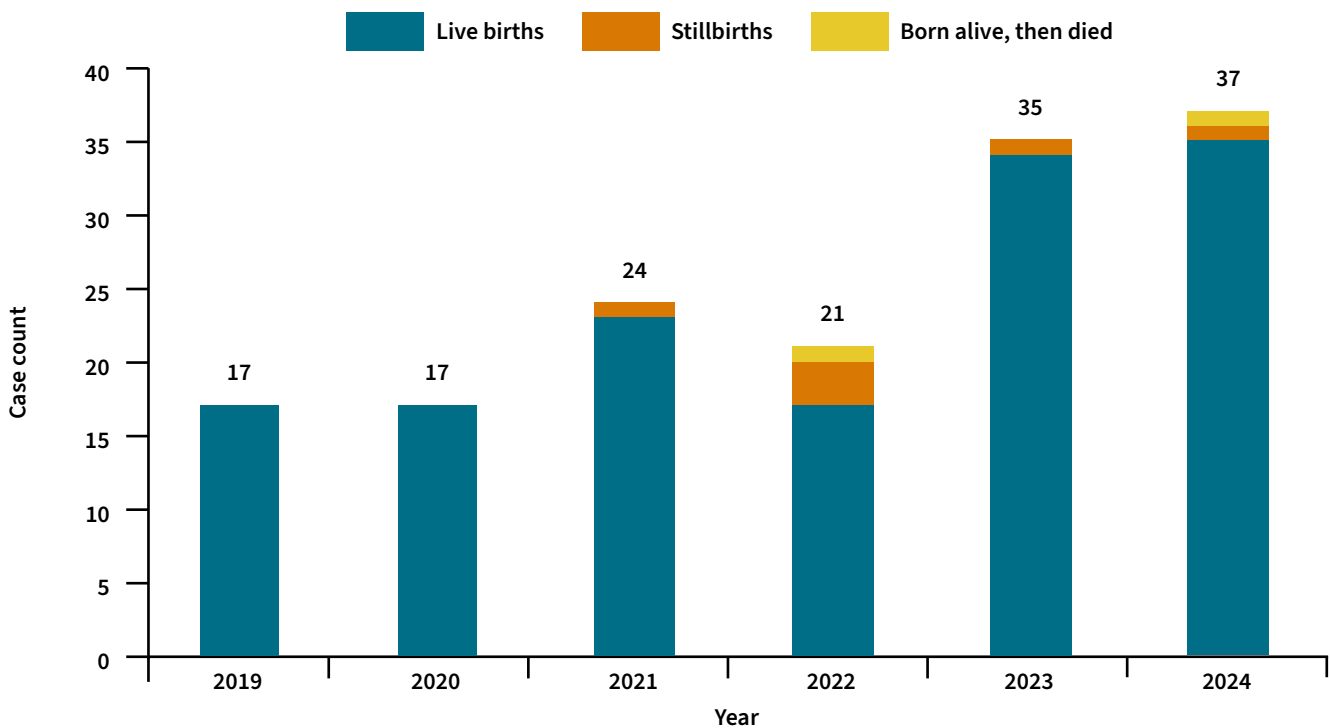


Figure 3

Reported Congenital Syphilis Case Numbers by Vital Status, NYC, 2019 to 2024



²⁶ For more information, see the Technical Notes section on reported sex and gender.

Figure 4A

Reported Primary and Secondary Syphilis Case Rates (per 100,000 Population) Among Men²⁷ by Race and Ethnicity,²⁸ NYC, 2019 to 2024

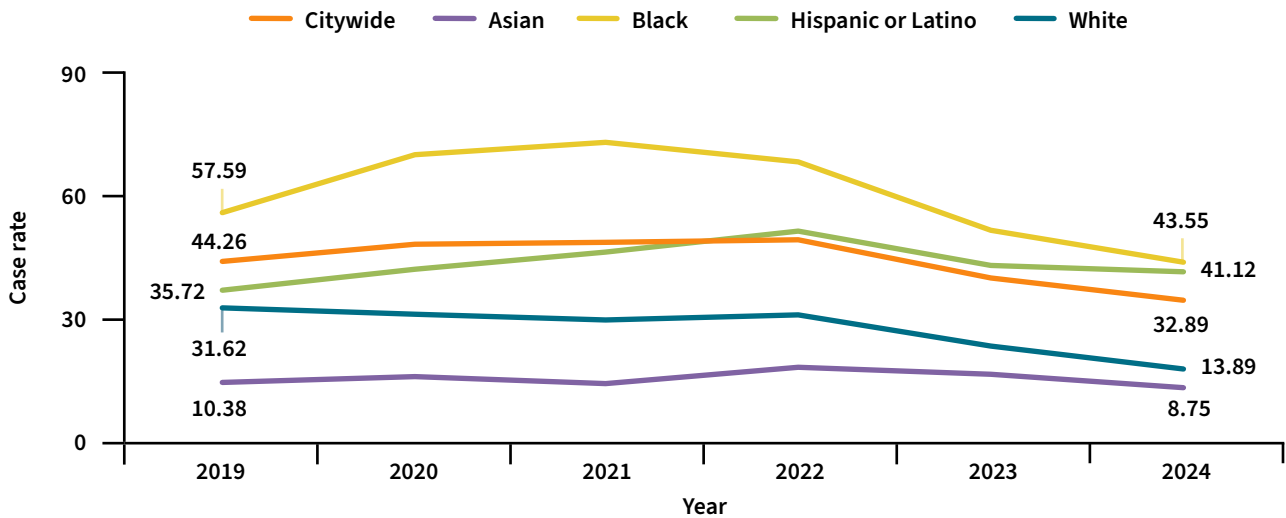
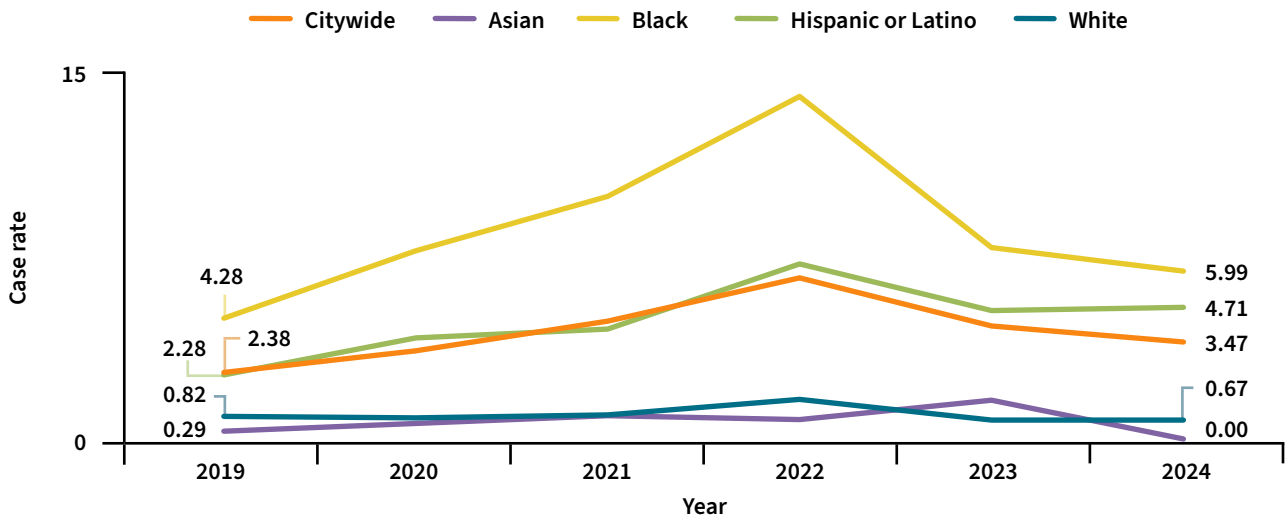


Figure 4B

Reported Primary and Secondary Syphilis Case Rates (per 100,000 Population) Among Women²⁹ by Race and Ethnicity,³⁰ NYC, 2019 to 2024



²⁷ For more information, see the Technical Notes section on reported sex and gender.

²⁸ 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 2024 are: American Indian or Alaska Native, 0 (0.0); Native Hawaiian or Pacific Islander, 1 (40.4); other, 229. For more information, see the Technical Notes section on reported race and ethnicity.

²⁹ For more information, see the Technical Notes section on reported sex and gender.

³⁰ 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 2024 are: American Indian or Alaska Native, 0 (0.0); Native Hawaiian or Pacific Islander, 0 (0.0); other, 19. For more information, see the Technical Notes section on reported race and ethnicity.

Figure 5

Reported Primary and Secondary Syphilis Case Numbers Among Men and Proportion of Cases Among Men³¹ With HIV, NYC, 2019 to 2024

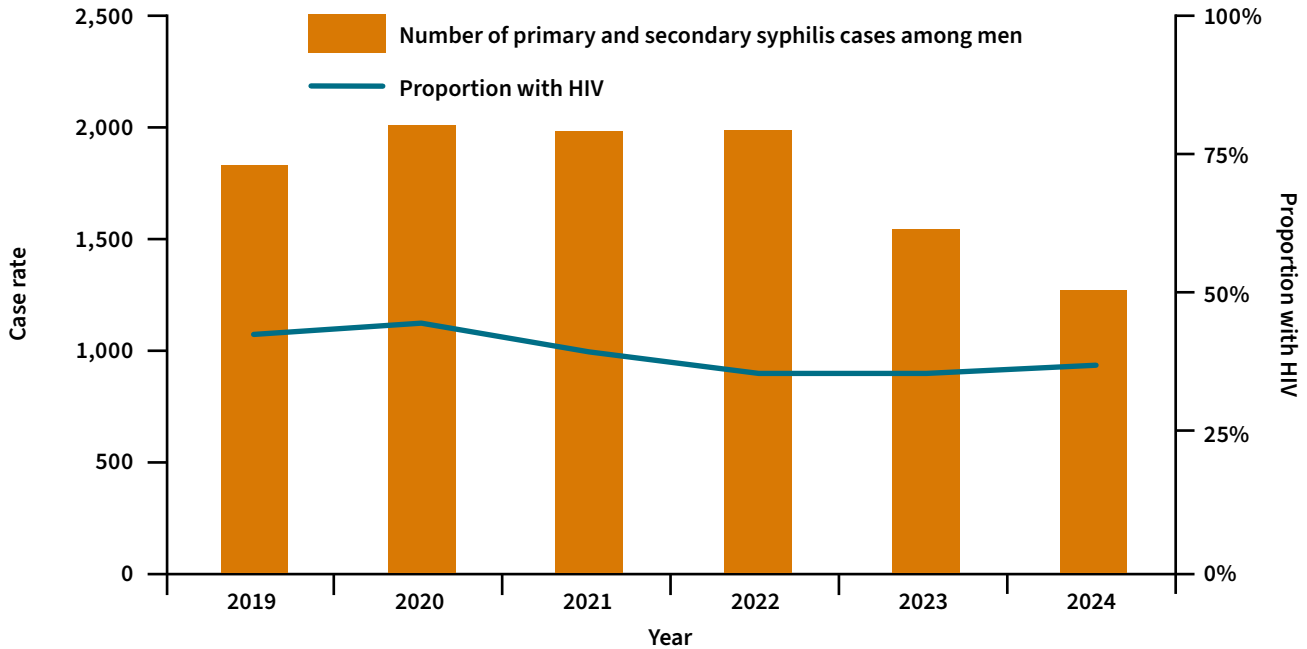
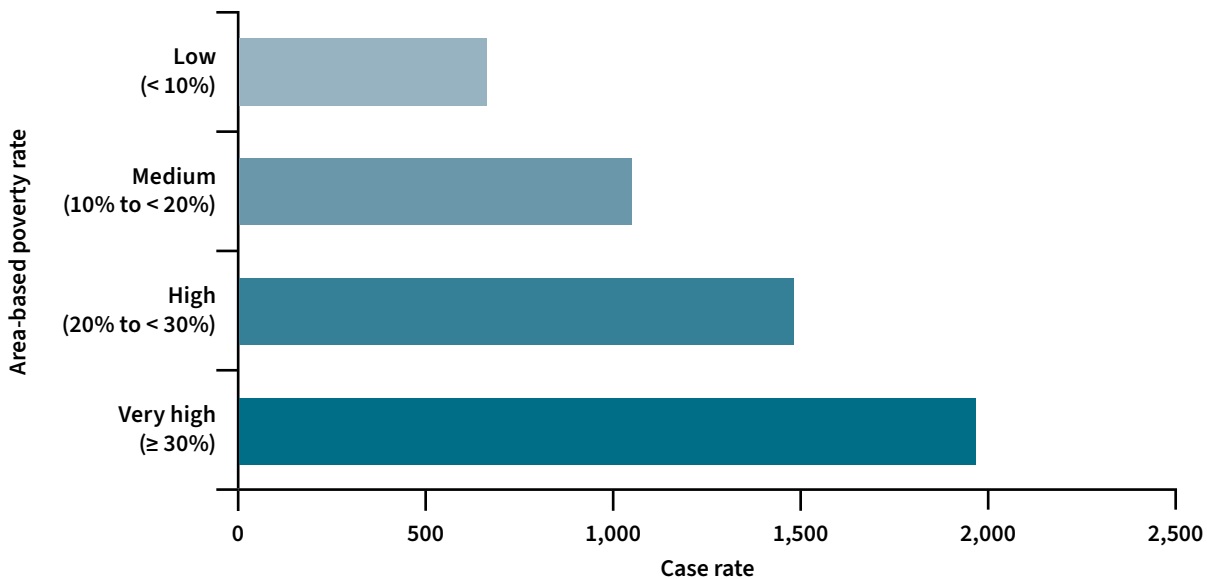


Figure 6

Reported Chlamydia and Gonorrhea Case Rates (per 100,000 Population) by Area-Based Poverty Level,³² NYC, 2024



³¹ For more information, see the Technical Notes section on reported sex and gender.

³² For more information, see the Technical Notes section on reported poverty groups.

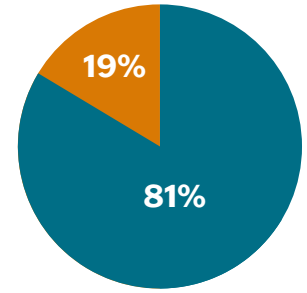
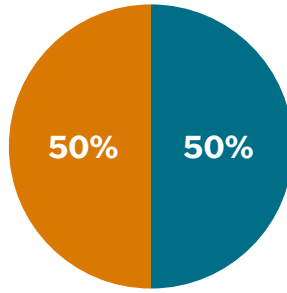
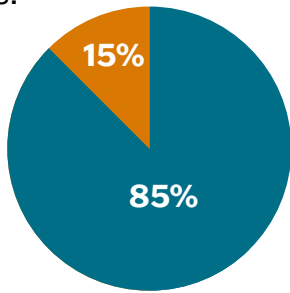
Figure 7

Case Investigations³³ and Partner Services for Syphilis,³⁴ NYC, 2024

Women³⁵

Investigations: 2,410 investigations based on positive syphilis laboratory tests among women were conducted; 2,052 were completed within the target time frame of 14 days.

Interviews: 1,063 reported cases among women were assigned for interview.



Investigations completed within 14 days
Investigations not completed within 14 days

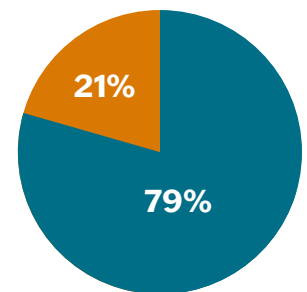
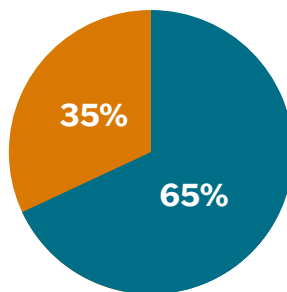
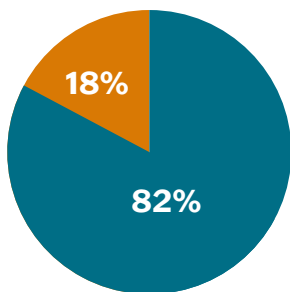
Investigations completed, found to be a case
Investigations completed, found not to be a case

Interview completed
Interview not completed

Men³⁶

Investigations: 9,066 case investigations based on positive syphilis laboratory tests among men were conducted; 7,438 were completed within the target time frame of 14 days.

Interviews: 2,254 reported cases among men were assigned for interview.



Investigations completed within 14 days
Investigations not completed within 14 days

Investigations completed, found to be a case
Investigations completed, found not to be a case

Interview completed
Interview not completed

³³ Case investigation and partners services are performed by disease intervention specialists (DIS). For more information, see the Technical Notes sections on DIS.

³⁴ For more information, see Additional Resources for Council of State and Territorial Epidemiologists (CSTE) case definitions.

³⁵ For more information, see the Technical Notes section on reported sex and gender.

³⁶ For more information, see the Technical Notes section on reported sex and gender.

Figure 7 (continued)

Case Investigations³⁷ and Partner Services for Syphilis,³⁸ NYC, 2024

Transgender, gender-nonconforming, and nonbinary (TGNCNB) people^{39,40}

Investigations: 754 case investigations based on positive syphilis laboratory tests among TGNCNB people were conducted; 603 were completed within the target time frame of 14 days.

Interviews: 116 reported cases among TGNCNB people were assigned for interview.

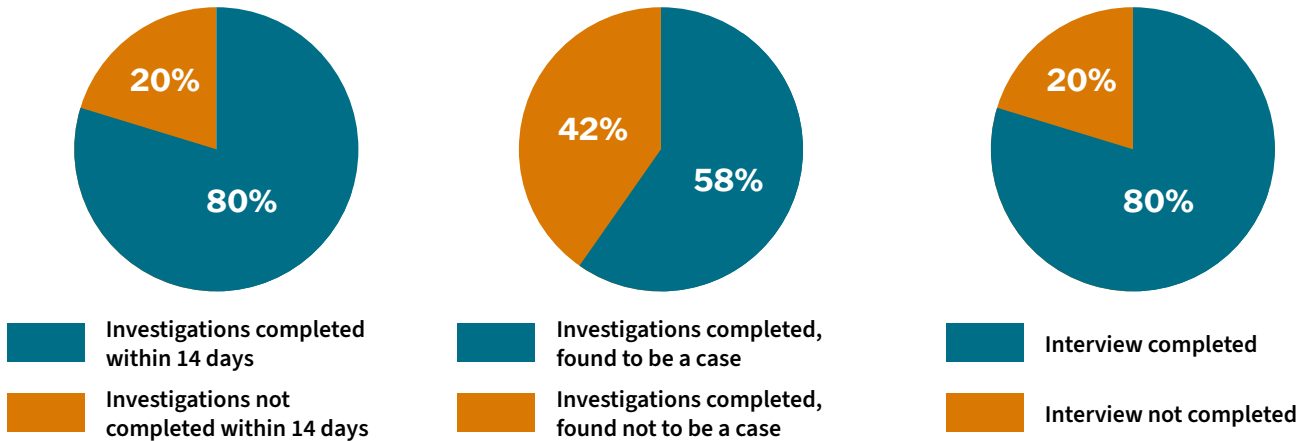
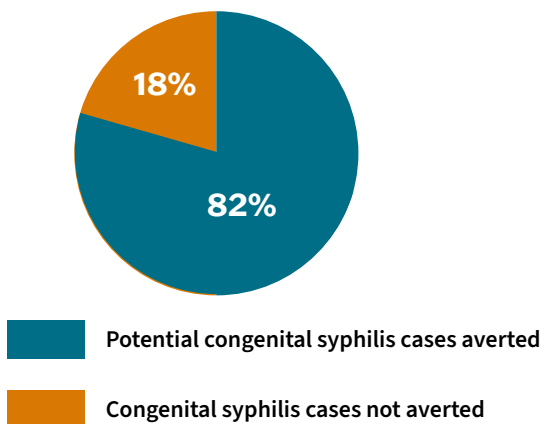


Figure 8

Potential Congenital Syphilis Cases Averted,⁴¹ NYC, 2024

Pregnant people with syphilis: Perinatal transmission of syphilis occurred in 18% of 202 syphilis cases diagnosed among pregnant people.



³⁷ Case investigation and partners services are performed by disease intervention specialists (DIS). For more information, see the Technical Notes sections on DIS.

³⁸ For more information, see Additional Resources for Council of State and Territorial Epidemiologists (CSTE) case definitions.

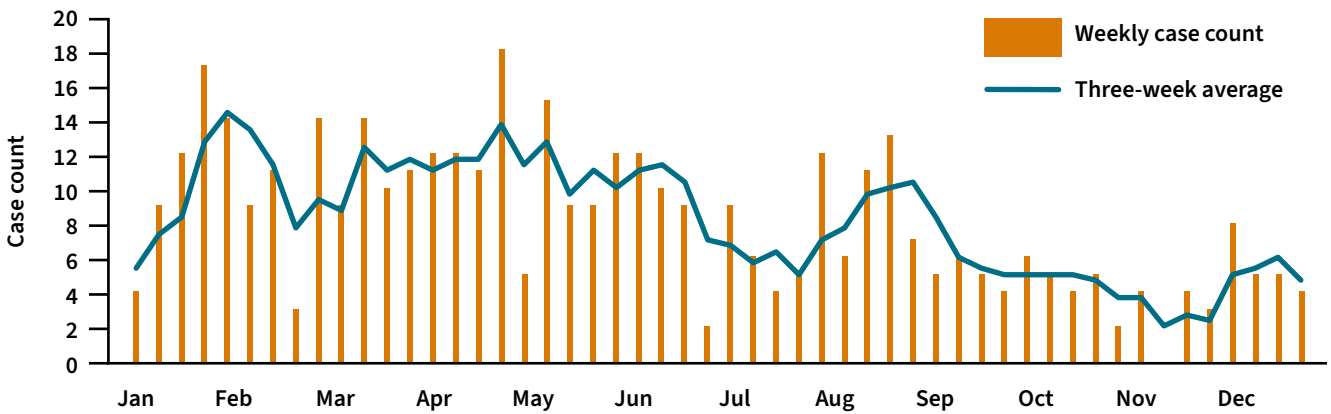
³⁹ For more information, see the Technical Notes section on reported sex and gender.

⁴⁰ The number of investigations among TGNCNB people consisted of 626 transgender women, 31 transgender men, and 97 nonbinary or gender-nonconforming people.

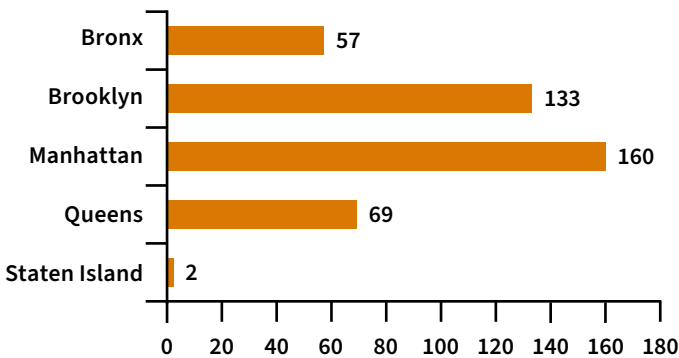
⁴¹ This measure reflects an estimate of how successful our public health interventions are at averting congenital syphilis cases, where a "congenital syphilis case" is defined according to the current surveillance definition.

Panel 4

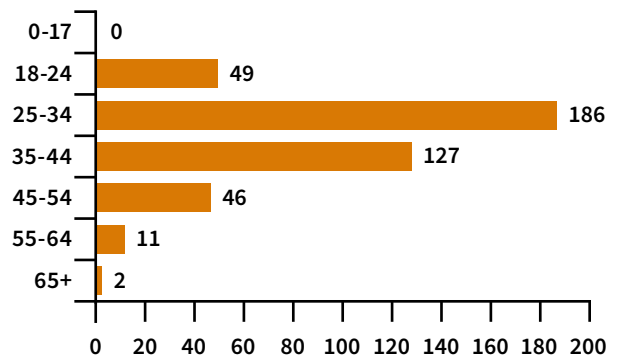
Reported Mpox Case Numbers, NYC, 2024



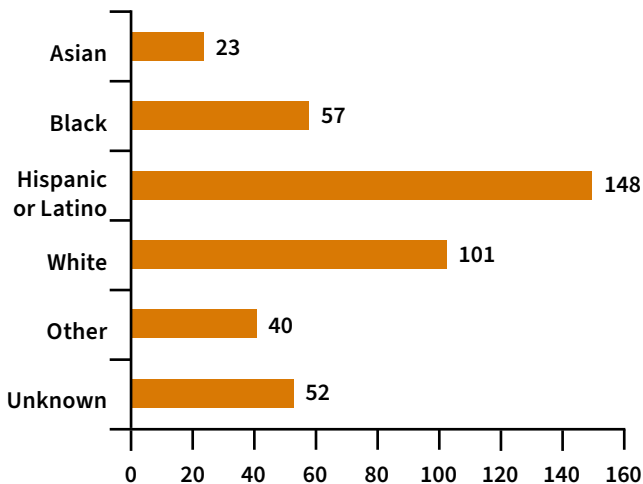
Borough of residence



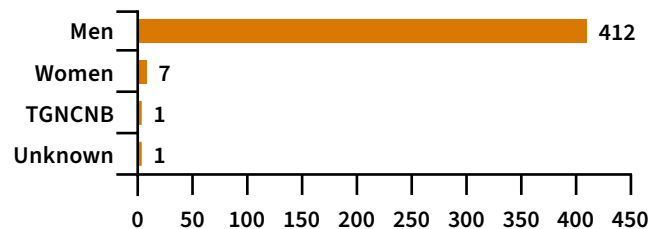
Age in years



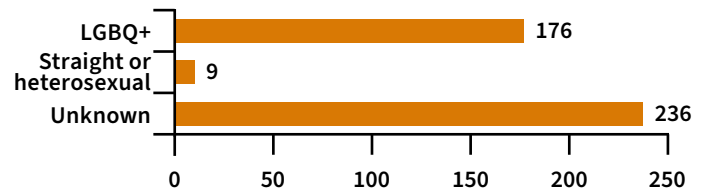
Race and ethnicity⁴²



Gender identity⁴³



Sexual orientation⁴⁴



⁴² Other includes those who selected "other," multiple races, American Indian or Alaska Native, or Native Hawaiian or Pacific Islander. For more information, see the Technical Notes on reported race and ethnicity. There were zero cases among AI/AN and zero cases among NH/PI.

⁴³ For more information, see the Technical Notes section on reported sex and gender.

⁴⁴ LGBQ+ includes patients reporting a sexual orientation of lesbian, gay, bisexual, or queer or another nonheterosexual orientation. This refers only 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/health/diseasereporting. 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 the New York State Department of Health.

† Mpox is reportable to NYC immediately upon suspicion.

Cases of STIs in NYC — STI Case Numbers and Rates

The NYC Health Department obtains and reports case numbers and case rates of reported cases of STI 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 case rates for those years. Because of the schedule for releasing updated population estimates, both 2023 and 2024 STI rates per 100,000 were calculated using 2023 population 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 2023 and 2024 rates per 100,000 were calculated with 2023 live birth counts.

Disease Intervention Specialists (DIS)

DIS are trained public health advisors 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. DIS also conduct case interviews, which involve counseling a person who has been reported with an STI, linking them to care and treatment for their diagnosis, providing partner notification services, and facilitating access to other screening, treatment, and supportive services for the person reported with an STI and their partners.

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. Those who are unstably housed may have no ZIP code on record or may be reported with the ZIP code of a shelter or other temporary housing; similarly, people in the prison system may have missing ZIP code data, the ZIP code of the correctional facility, or their home ZIP code. Any valid ZIP code, including an institutional ZIP code, is included in the geographic tables under that ZIP code.

The NYC Health Department uses both ZIP Code Tabulation Areas (ZCTAs) and Modified ZCTAs (MODZCTAs). ZCTAs are similar to ZIP codes but represent geographic areas rather than mail delivery routes. ZCTAs were created by the U.S. Census Bureau for more consistent display and analysis of geographic information. A ZCTA is constructed by aggregating populated census blocks within a ZIP code; unpopulated ZIP codes are assigned to the most populous neighboring ZCTA. The MODZCTAs are groupings of ZCTAs 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. For a map of the UHFs and more information about the different levels of geography, visit the NYC Environment and Health Data Portal at a816-dohbesp.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 MODZCTA, per the American Community Survey; this report uses the 2019-2023 five-year estimates. 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 certain STIs, from interviews conducted as part of case investigation or partner services.

The STI Program at the NYC Health Department collects information on ethnicity as Hispanic or Latino or as not Hispanic or Latino, and on race as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian, or white, with the opportunity to record more than one racial category. An additional option of “other” for race was also available.

Data are then aggregated into the following mutually exclusive categories:

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

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, which may use different ways of describing 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 stem from long-standing structural racism and are not reflective of biological or individual characteristics. These historical and ongoing inequities limit access to vital resources and opportunities for many people of color 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 our **Race to Justice** and **Health Disparities** webpages.

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. In 2024, some reporting mechanisms allowed for report of gender identity and/or sex assigned at birth. However, these fields were often underused, and reporting practices varied widely across providers and laboratories. As a result, most surveillance data rely on a single reported sex field which cannot be consistently verified as sex assigned at birth, legal sex, or gender identity. Unless otherwise specified, data on men and women in this report are based on this reported field.

Information on sex assigned at birth and gender identity is collected from case investigation or, for certain STIs, from partner services interviews. This information is available only for a subset of reported cases. Rates cannot be calculated for cases among transgender, gender-nonconforming, and nonbinary (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, gender-nonconforming, 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. TGNCNB people have been marginalized and denied access to care and may face additional challenges due to transphobia and other forms of discrimination, which can further affect health outcomes. For more information, visit our **Transgender and Gender-Expansive Health webpage**.

Additional Resources

STI Treatment Guidelines, 2021

[astda.org/federal/2021_sti_treatment_guidelines_mmwr.pdf](https://www.cdc.gov/std/treatment-guidelines/2021-sti-treatment-guidelines-mmwr.pdf)

Council of State and Territorial Epidemiologists (CSTE) case definitions

[cste.org/members/group.aspx?id=87602](https://www.cste.org/members/group.aspx?id=87602)

NYS STI information for providers

[health.ny.gov/diseases/communicable/std/providers.htm](https://www.health.ny.gov/diseases/communicable/std/providers.htm)

Mpox resources

[nyc.gov/mpox](https://www.nyc.gov/mpox)

NYC Sexual Health Clinics

[nyc.gov/sexualhealthclinics](https://www.nyc.gov/sexualhealthclinics)

NYC STI information

[nyc.gov/site/doh/health/health-topics/sexually-transmitted-infections.page](https://www.nyc.gov/site/doh/health/health-topics/sexually-transmitted-infections.page)

NYC Syphilis Registry

[nyc.gov/assets/doh/downloads/pdf/std/hcp-syphilis-registry-check.pdf](https://www.nyc.gov/assets/doh/downloads/pdf/std/hcp-syphilis-registry-check.pdf)

Provider reporting of STIs, including HIV

[nyc.gov/health/prism](https://www.nyc.gov/health/prism)
[nyc.gov/health/hivproviderreporting](https://www.nyc.gov/health/hivproviderreporting)

Provider resources on STIs

[nyc.gov/health/provider/sti](https://www.nyc.gov/health/provider/sti)

Request STI training and education for organizations and medical providers

stitraining@health.nyc.gov

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