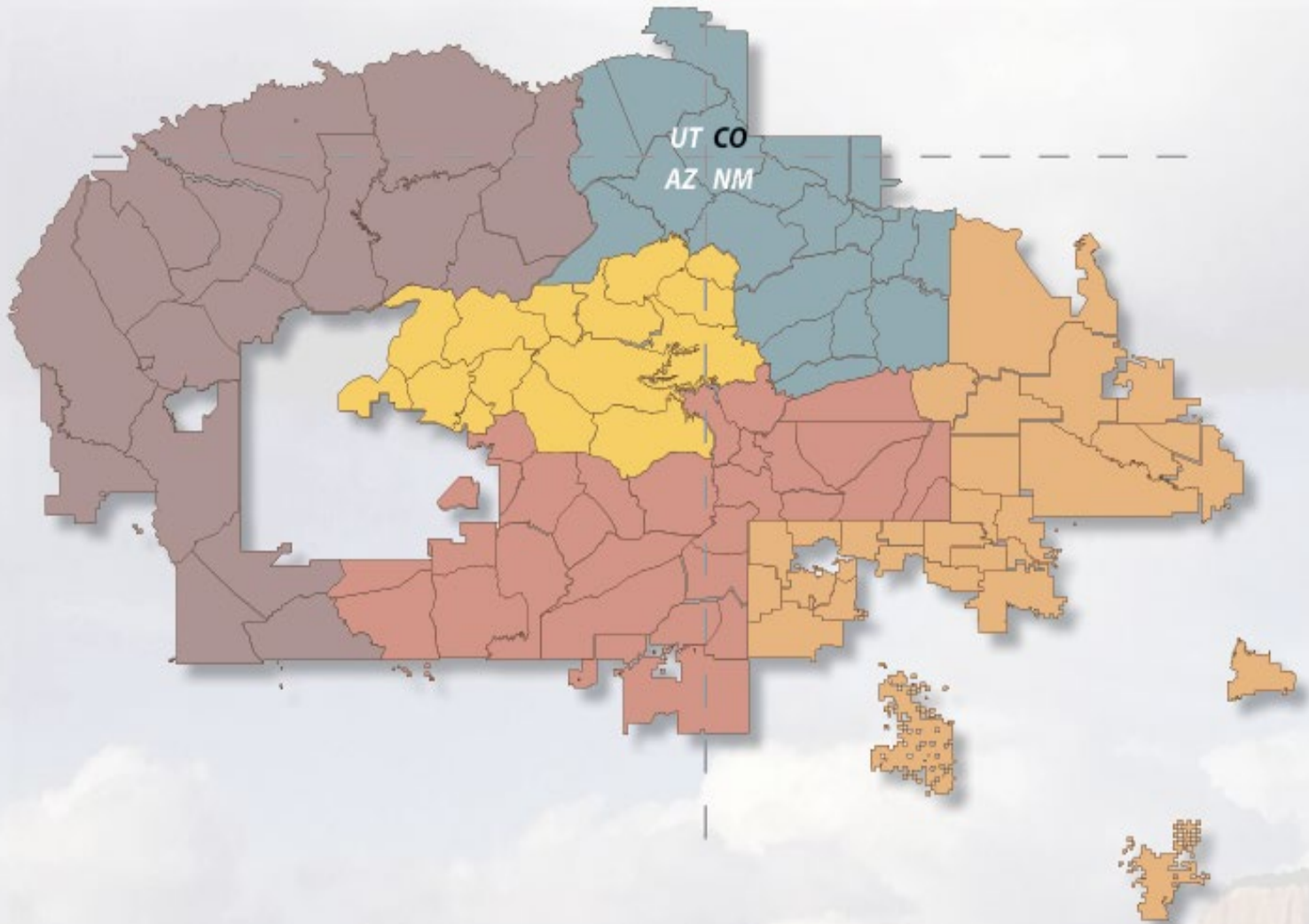




Navajo Nation Sexually Transmitted Infections Among American Indian and Alaskan Native, 2022-2024 Navajo Epidemiology Center



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Background

This report provides an overview of syphilis, chlamydia, and gonorrhea among American Indian and Alaskan Natives (AI/AN) within the Navajo Nation from 2022-2024. The report outlines the number of reported cases by syphilis staging, age category, and gender. Additionally, the purpose of this report is to provide surveillance on the occurrence of sexually transmitted infections (STIs) within the Navajo Nation to inform public health action.

Methods

The STI data was extracted from the Patient Reporting Investigation Surveillance Manager (PRISM), which is a data system utilized by states. The PRISM system is an investigation and surveillance web application that facilitates data reporting with centralized, scalable, and flexible STI data. This report contains STI data for those who were diagnosed between January 2022 to December 2024. Those included within this report identify as AI/AN and residence was determined based on Arizona, New Mexico, and Utah state health department accordingly.

Arizona

The Arizona Department of Health Services (ADHS) assigned service unit location which determined residency.

New Mexico

New Mexico resident's, the initial lab ordering clinic was used to determine location of residency. If initial lab ordering clinic was outside the Navajo Nation boundary or missing, then treatment clinic would be utilized to determine residency.

Utah

Utah residents, the ordering facility was utilized to determine residency.

Definitions

Additionally, surveillance case definitions are a set criterion used by public health officials to classify and count cases consistently across various reporting jurisdictions. Below are the following syphilis definitions to classify staging.

Primary syphilis: Stage of infection with *Treponema pallidum* characterized by one or more ulcerative lesions (i.e. chancre) which might differ considerably in clinical appearance.

Secondary syphilis: Stage of infection caused by *T. pallidum* characterized by localized or diffuse mucocutaneous lesions (i.e. rash – such as non-pruritic macular, maculopapular, papular, or pustular lesions), often with generalized lymphadenopathy. Other signs may include mucous patches, condyloma lata, and alopecia. The primary ulcerative may still be present.

Early Latent syphilis (Early non-primary, non-secondary): A stage of infection caused by *T. pallidum* in which initial infection occurred within the previous 12 months, but there are no signs or symptoms of primary or secondary syphilis.

Late Latent/Unknown syphilis: A stage of infection caused by *T. pallidum* in which initial infection has occurred >12 months previously or in which there is insufficient evidence to conclude that infection was acquired during the previous 12 months.

Congenital syphilis: A condition caused by infection in utero with *Treponema pallidum*. A wide spectrum of severity exists, from inapparent infection to severe cases that are clinically apparent at birth. An infant or child (<2 years) may have signs such as an enlarged liver or spleen, rash, lesions, snuffles, jaundice (nonviral hepatitis), pseudoparalysis, anemia, or edema. An older child may have stigmata (i.e. nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, or Clutton joints).

Navajo Nation STIs Among AI/AN

Over a three-year period, a total of 1,760 cases of syphilis, 2,656 cases of chlamydia, and 938 cases of gonorrhea identified as AI/AN and reside in the Navajo Nation. Among syphilis cases there were a significant number of cases 53% classified in the stage of “Late Latent/Unknown”. Chlamydia is more common among females with 1,881 (71%) cases identified and the age group with the highest chlamydia cases were 20-24 females. The age groups with the highest gonorrhea cases were 30-34 and 35-39.

Risk Factor Data for STIs

STI risk factor data was largely incomplete due to failure to ask and/or patient refusal to disclose information. A history of prior STI infection was the most common risk factor reported, with approximately 42% of respondents answering “Yes”. Among pregnant women testing positive for syphilis (n=98), 63% had a prior STI infection, 50% were in the ‘Late Latent/Unknown Duration’ stage, and the age group with the highest risk were 30-34. For Gonorrhea and Chlamydia, the age group with the highest risk was 20-24 and 49% reported having a prior STI infection.

Results: Table Summary

Table 1. STIs Among AI/AN within Navajo Nation, 2022-2024

Syphilis	Chlamydia	Gonorrhea
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Characteristic	N = 1,760	N = 2,656	N = 938
Year			
2022	630 (36%)	776 (29%)	386 (41%)
2023	657 (37%)	996 (38%)	314 (33%)
2024	473 (27%)	884 (33%)	238 (25%)
Sex			
Female	838 (48%)	1,881 (71%)	495 (53%)
Male	922 (52%)	775 (29%)	443 (47%)
Age Category			
<12	3 (0.2%)	7 (0.3%)	1 (0.1%)
13-19	58 (3.3%)	421 (16%)	90 (9.6%)
20-24	153 (8.7%)	602 (23%)	148 (16%)
25-29	252 (14%)	498 (19%)	133 (14%)
30-34	379 (22%)	455 (17%)	200 (21%)
35-39	333 (19%)	327 (12%)	172 (18%)
40-44	250 (14%)	171 (6.4%)	111 (12%)
45-49	141 (8.0%)	79 (3.0%)	45 (4.8%)
50-54	86 (4.9%)	45 (1.7%)	19 (2.0%)
55-59	41 (2.3%)	24 (0.9%)	11 (1.2%)
60-64	29 (1.6%)	19 (0.7%)	2 (0.2%)

65+	35 (2.0%)	8 (0.3%)	6 (0.6%)
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Service Unit

Chinle	392 (22%)	608 (23%)	214 (23%)
Crownpoint	78 (4.4%)	269 (10%)	73 (7.8%)
Fort Defiance	201 (11%)	304 (11%)	111 (12%)
Gallup	308 (18%)	322 (12%)	119 (13%)
Kayenta	107 (6.1%)	245 (9.2%)	78 (8.3%)
Shiprock	365 (21%)	160 (6.0%)	64 (6.8%)
Tuba City	248 (14%)	592 (22%)	240 (26%)
Utah Navajo	23 (1.3%)	66 (2.5%)	11 (1.2%)
Winslow	28 (1.6%)	64 (2.4%)	16 (1.7%)
Out of State	10 (0.6%)	26 (1.0%)	12 (1.3%)

Syphilis Stage

Primary	294 (17%)
Secondary	206 (12%)
Early Latent	329 (19%)
Late Latent/Unknown Duration	931 (53%)

n (%)

Table 2. STI Percent Change, 2023-2024

	% Change	2023	2024
Syphilis	-28%	657	473
Chlamydia	-11%	996	884
Gonorrhea	-24%	314	238

Note: From 2023-2024, there was a 19% decrease in STIs overall.

Table 3. Congenital Syphilis Among AI/AN within Navajo Nation, 2018-2024

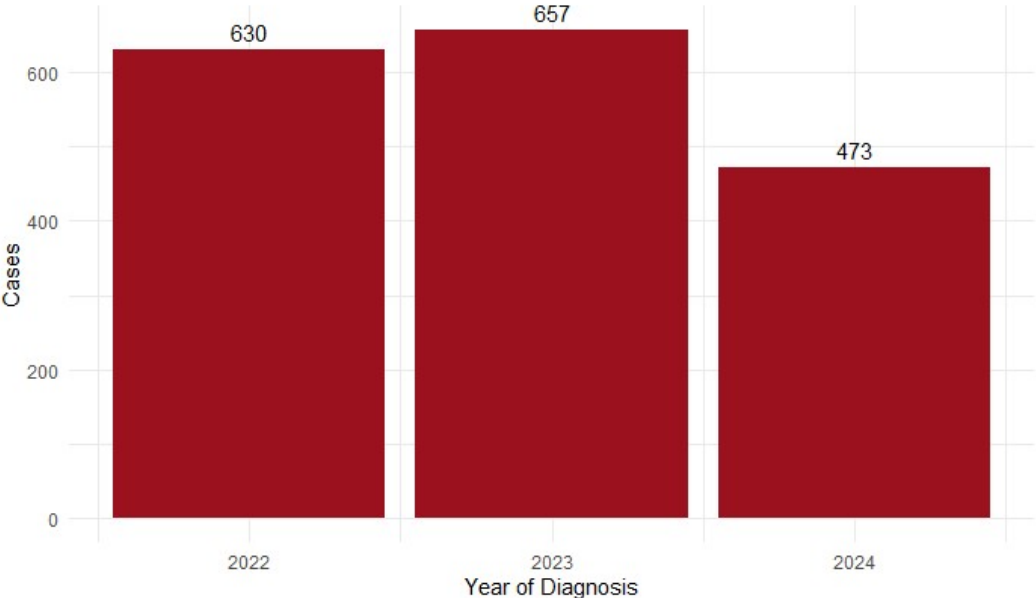
Characteristic	AZ (N = 45)	NM (N = 37)
Year		
2018		*
2019	*	*
2020	*	*
2021	6 (13%)	8 (22%)
2022	15 (33%)	13 (35%)
2023	14 (31%)	5 (14%)
2024	*	7 (19%)
Sex		
Female	23 (51%)	17 (46%)
Male	22 (49%)	20 (54%)

Note: Currently, there have been no reported Utah Navajo congenital syphilis cases.

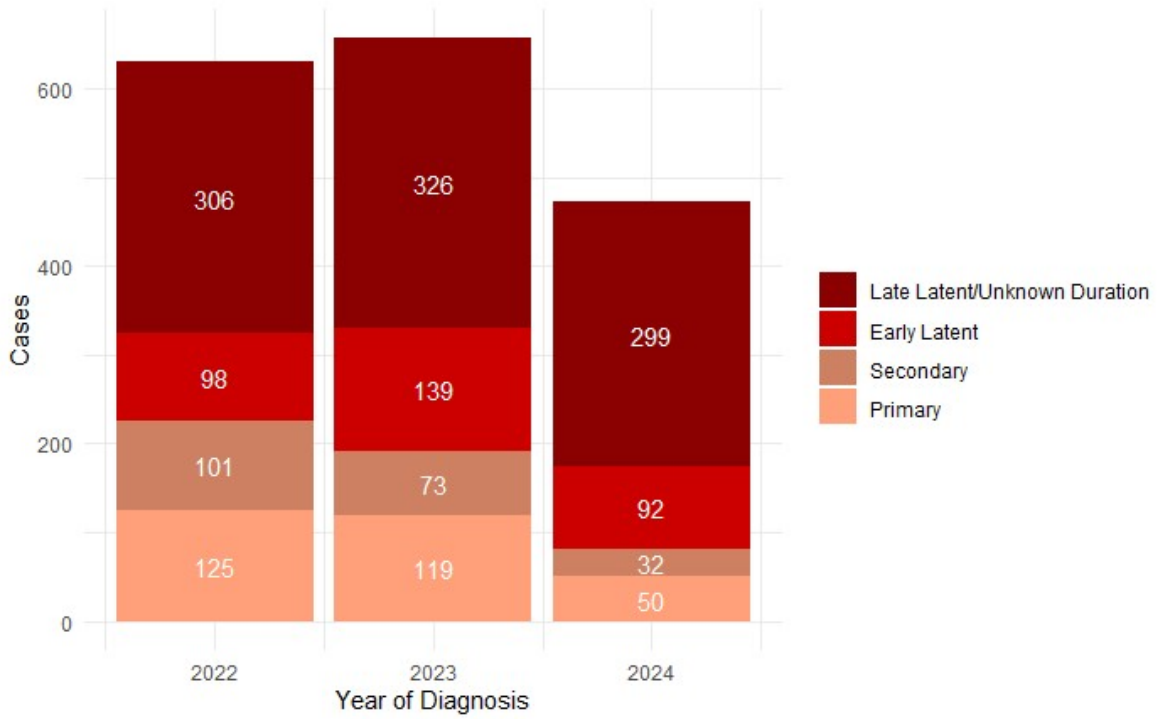
Table 3. To ensure privacy and comply with confidentiality guidelines, data categories with fewer than 5 observations ($n < 5$) are suppressed. For the years 2018-2020, the number of congenital syphilis cases has been suppressed and are indicated by *.

Syphilis Among AI/AN within Navajo Nation, 2022-2024

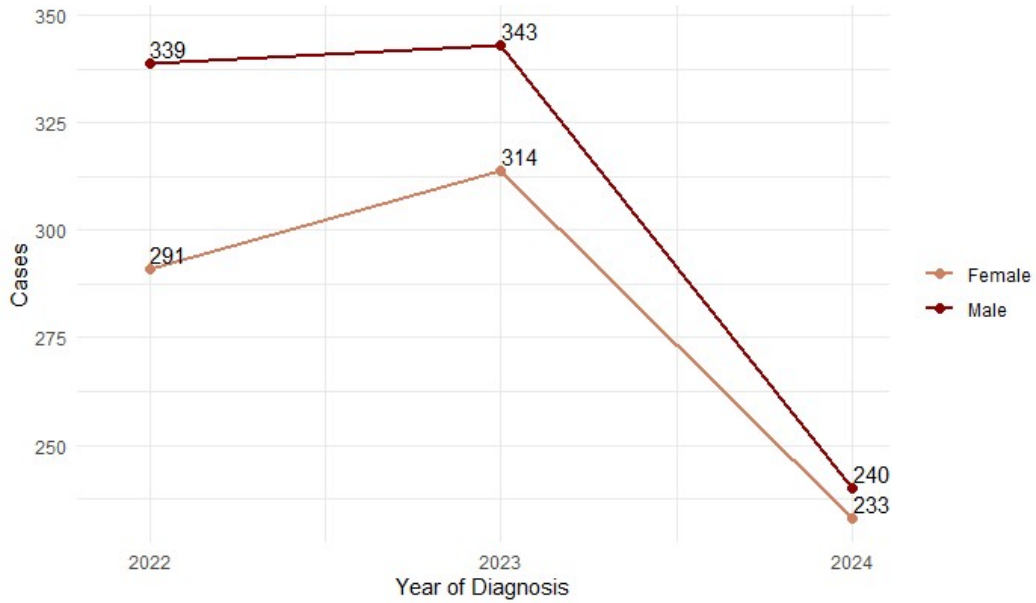
Graph 1. Reported Syphilis cases, 2022-2024, (n=1760)



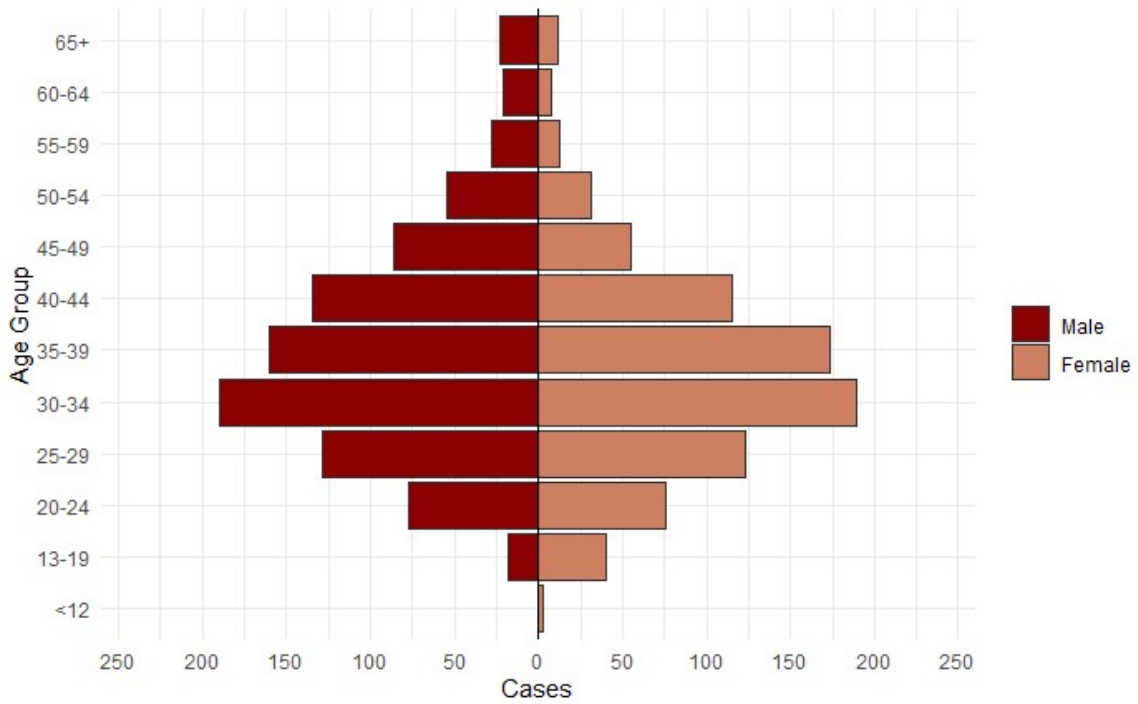
Graph 2. Syphilis Cases by Year and Staging, 2022-2024



Graph 3. Syphilis Cases by Year and Gender Among AI/AN, 2022-2024

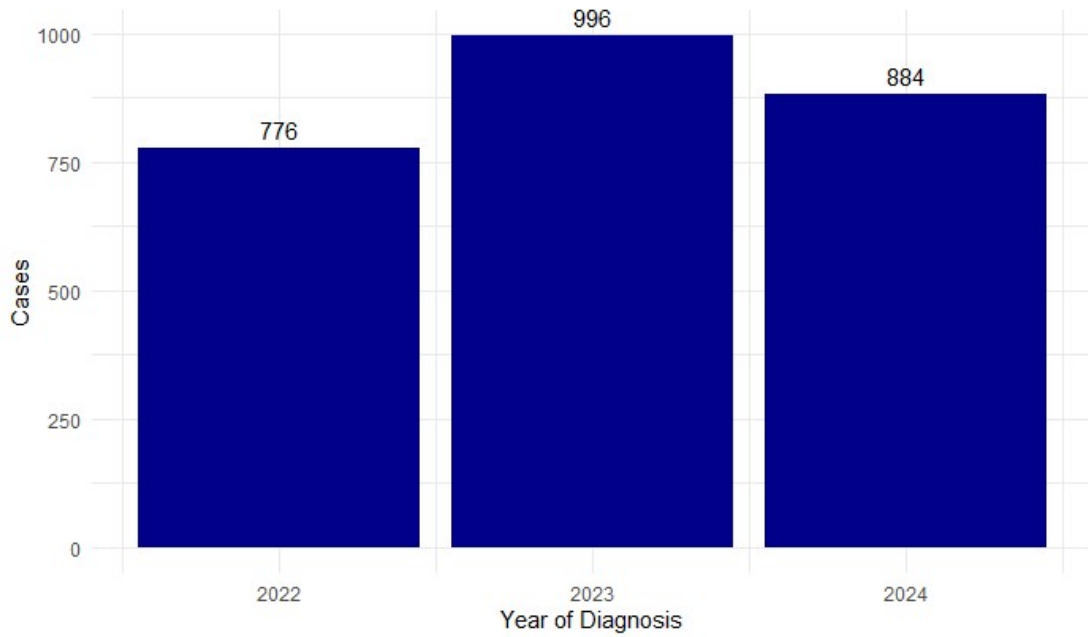


Graph 4. Syphilis Cases by Age and Gender, 2022-2024

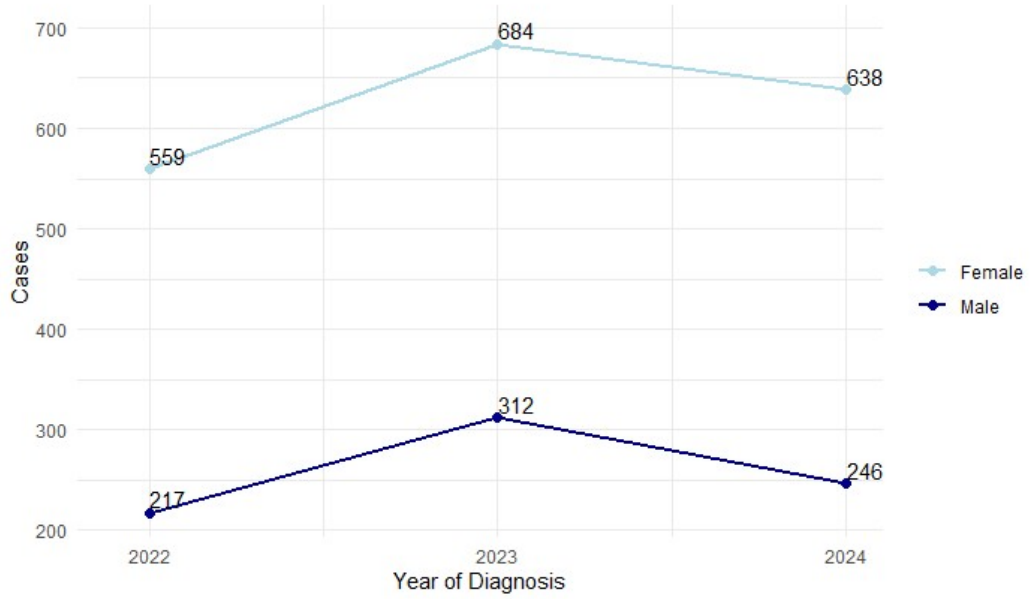


Chlamydia Among AI/AN within Navajo Nation, 2022-2024

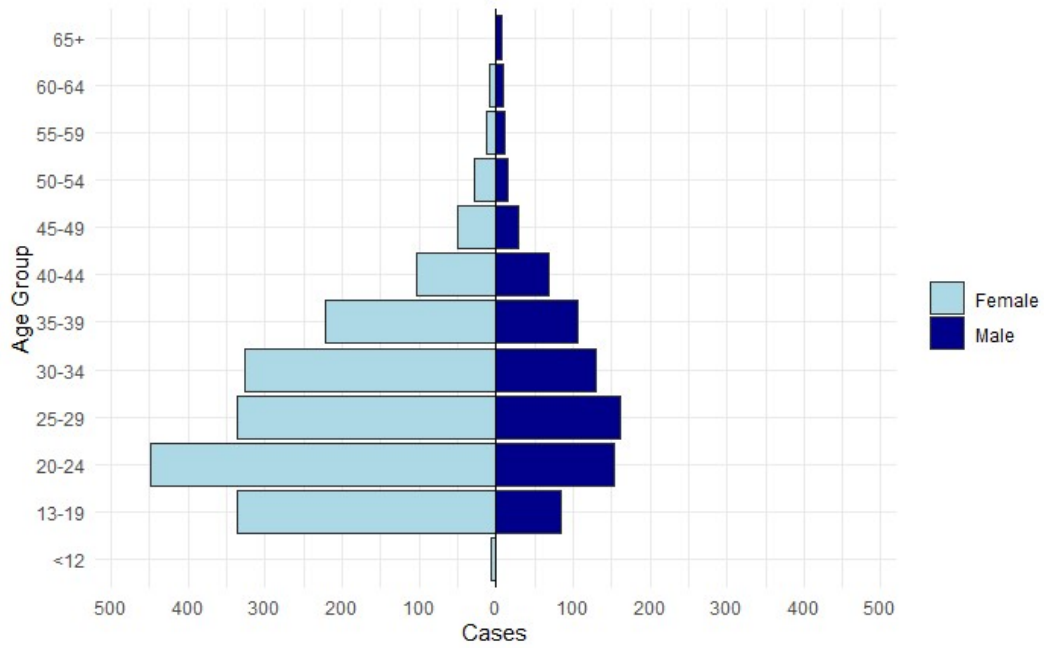
Graph 1. Reported Chlamydia cases, 2022-2024, (n=2656)



Graph 2. Chlamydia Cases by Year and Gender Among AI/AN, 2022-2024

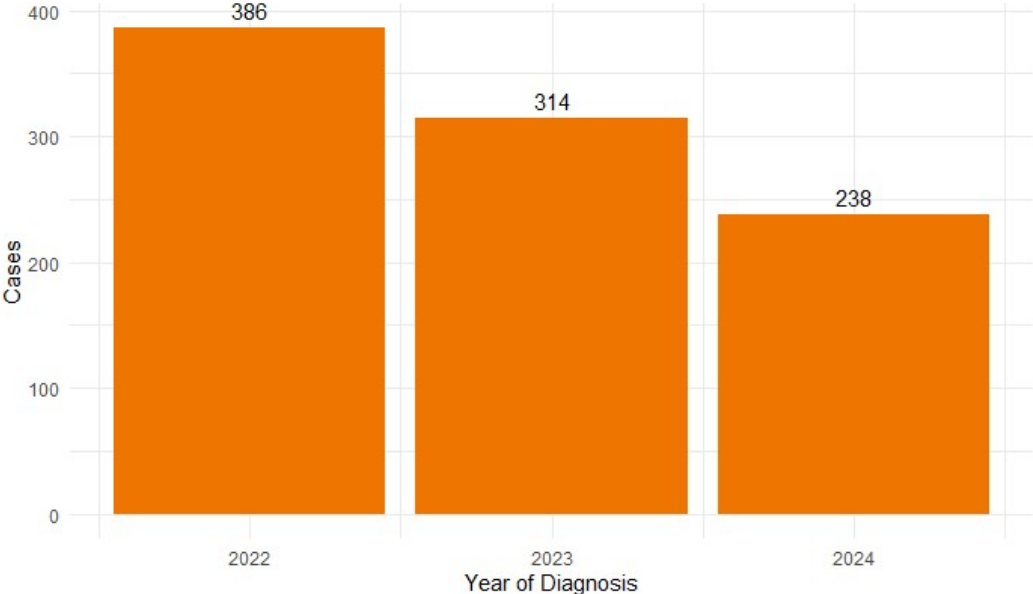


Graph 3. Chlamydia Cases by Age and Gender, 2022-2024

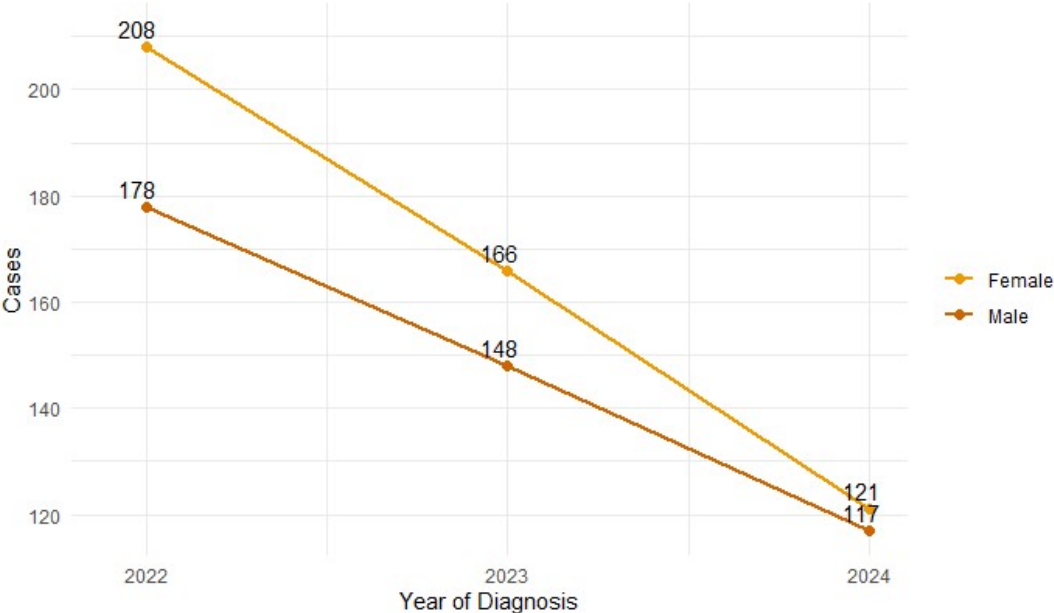


Gonorrhea Among AI/AN within Navajo Nation, 2022-2024

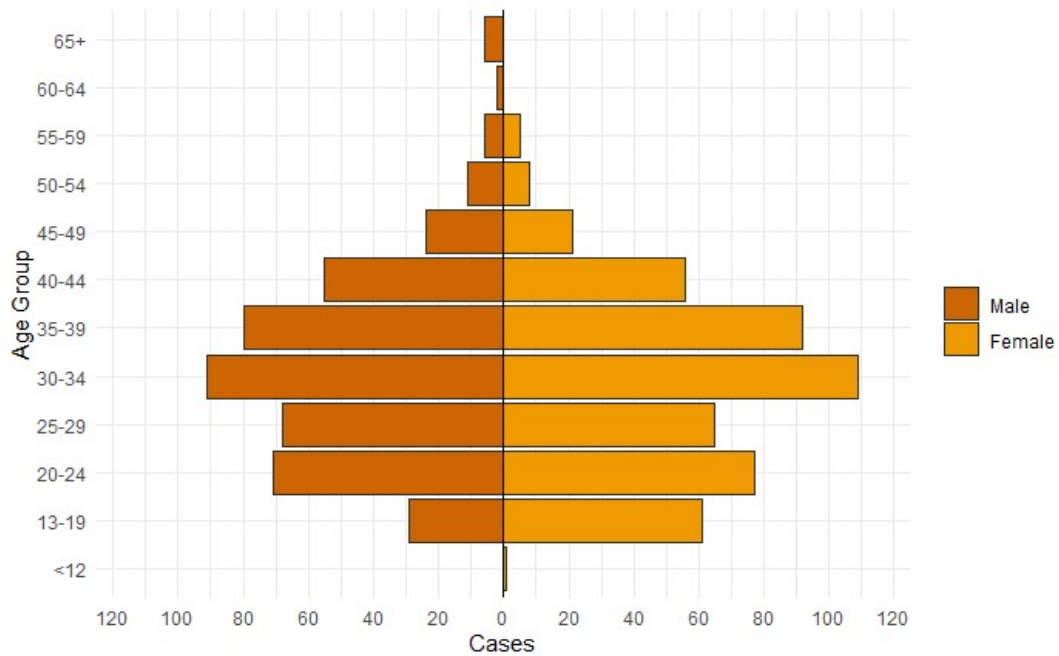
Graph 1. Reported Gonorrhea cases, 2022-2024 (n=938)



Graph 2. Gonorrhea Cases by Year and Gender Among AI/AN, 2022-2024



Graph 3. Gonorrhea Cases by Age and Gender, 2022-2024



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