

County of San Diego Monthly STD Report

Volume 11, Issue 7: Data through April 2019; Report released October 4, 2019.



Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.

	2018		2019	
	Apr	Previous 12-Month Period*	Apr	Previous 12-Month Period*
Chlamydia	1837	21270	1935	22446
Female age 18-25	712	7996	720	8335
Female age ≤ 17	78	914	68	930
Male rectal chlamydia	101	707	110	1102
Gonorrhea	520	6247	521	6080
Female age 18-25	81	863	98	931
Female age ≤ 17	10	108	7	99
Male rectal gonorrhea	58	824	60	780
Early Syphilis (adult total)	91	1101	101	1138
Primary	19	187	10	169
Secondary	29	381	33	398
Early latent	43	533	58	572
Congenital syphilis	1	14	2	21

* Cumulative case count of the previous 12 months.

Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	7734	695.2	254	201.1	467	948.4	1676	436.9	1259	247.6
Gonorrhea	2017	181.3	65	51.5	208	422.4	528	137.6	406	79.8
Early Syphilis	409	36.8	25	19.8	41	83.3	174	45.4	144	28.3
<i>Under 20 yrs</i>										
Chlamydia	1267	422.4	39	141.7	81	613.7	304	217.2	202	202.3
Gonorrhea	189	63.0	5	18.2	27	204.6	63	45.0	22	22.0
Early Syphilis	10	3.3	2	7.3	0	0.0	5	3.6	1	1.0

Note: Rates calculated using 2018 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 7/2019.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

Note: All data are provisional. Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

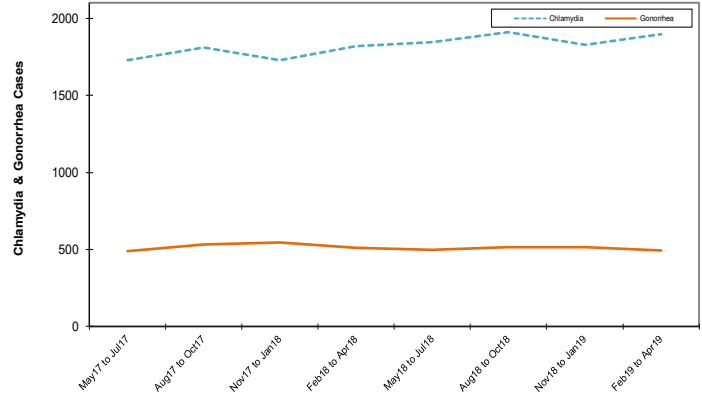
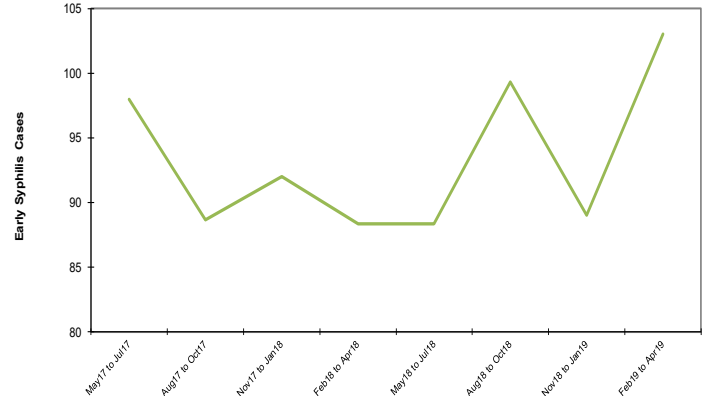


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: 2018 STD Data Slides Now Available Online

Reported cases and rates of chlamydia and gonorrhea in San Diego County continued to rise in 2018, while early syphilis (i.e., primary, secondary, and early latent syphilis) cases and rates decreased slightly. The overall burden of STDs on San Diego County residents remains the highest that it has been for the past two decades, with disproportionate impacts on youth, men who have sex with men (MSM), and persons of color (Blacks/African Americans and Hispanic/Latinx individuals).

The 2018 STD Data Slides are now available at <http://www.stdsandiego.org> by clicking on the "Reports and Statistics" tab. Key points about each of the primary reportable bacterial STDs include the following:

Early Syphilis: Reported cases and rates of early syphilis decreased slightly from 2017 to 2018 after four consecutive years of increases. Cases of early syphilis decreased by 4.5% from 1,130 cases in 2017 to 1,079 cases in 2018, and the overall rate of early syphilis decreased by 5.3% from 34.1 cases per 100,000 population in 2017 to 32.3 cases per 100,000 population in 2018. MSM accounted for 82.5% of cases, and 54.2% of MSM early syphilis cases also had HIV infection. Highest rates of infection were observed among men aged 25 to 29 years, followed by men aged 30 to 34 years. The rates of early syphilis among Black/African-American and Hispanic/Latino men were 2.5 and 1.4 times the rate among White men.

Female and Congenital Syphilis: While there was a trend toward increasing cases and rates of early syphilis among women of childbearing potential (15-49 years of age), cases and rates of early syphilis in pregnant women have remained stable. A total of 15 cases of probable congenital syphilis (i.e., infants born to women with untreated or inadequately treated syphilis at the time of delivery) were reported in 2018, one of which was a stillbirth. The number of congenital syphilis cases increased by 36.4% from 2017 to 2018, although the overall case number remained relatively low.

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Editorial Note (Continued)

Gonorrhea: Reported cases of gonorrhea increased by 4.3% from 5,947 cases in 2017 to 6,200 cases in 2018, and the overall rate of gonorrhea increased by 3.4% from 179.7 cases per 100,000 population in 2017 to 185.8 cases per 100,000 population in 2018. Highest rates of infection were observed among men aged 25 to 29 years, and rates of gonorrhea among Black/African-American men were 4.8 and 3.4 times the rates among White and Hispanic/Latino men respectively.

Chlamydia: Reported cases of chlamydia increased by 6.2% from 20,801 cases in 2017 to 22,098 cases in 2018, and the overall rate of chlamydia increased by 5.3% from 628.5 cases per 100,000 population in 2017 to 662.1 cases per 100,000 population in 2018. Highest rates of infection were observed among women aged 20 to 24 years, followed by women aged 15 to 19 years. Chlamydia race/ethnicity data are not available at this time but will be added to the slides on a later date.

Providers can help to address rises in STDs by:

- Routinely discussing sexual health with patients;
- Testing sexually active MSM (including those on HIV pre-exposure prophylaxis or PrEP) for gonorrhea, chlamydia, syphilis, and (if not known to be HIV-positive) HIV at least annually and more frequently (i.e., every 3-6 months) for those with multiple or anonymous partners or partners with concurrent partners and those who report substance use or transactional sex;
- Testing MSM for gonorrhea and chlamydia at all potential sites of infection (i.e., urethra/urine, throat, and rectum);
- Testing sexually active women aged 24 years and younger for chlamydia and gonorrhea, according to United States Preventive Services Task Force recommendations;
- Testing all pregnant women for syphilis during the first prenatal visit and, for those who are vulnerable to acquiring syphilis during pregnancy, again during the third trimester (28 weeks) and at delivery;
- Ensuring that no newborn is released from the hospital until the syphilis status of the mother is known;
- Promptly submitting complete case reports for syphilis, gonorrhea, and chlamydia to the local health department.

Resources for Providers:

A Guide to Taking a Sexual History (Centers for Disease Control and Prevention, CDC): <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

2015 CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>

California STD Treatment Guidelines Table for Adults & Adolescents 2015: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Treatment-Guidelines-Color.pdf>

California STD Data (California Department of Public Health STD Control Branch): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

United States Preventive Services Task Force Grade A and B Recommendations: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

National STD Curriculum: <https://www.std.uw.edu/>

Expedited Partner Therapy (EPT) Information/Guidelines: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-Patients_Essential%20Access.pdf and <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Clinical-Guidelines-CA-STD-PDPT.pdf>

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