

County of San Diego Monthly STD Report

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

	2021		2022	
	Jan	Previous 12-Month Period*	Jan	Previous 12-Month Period*
Chlamydia	1444	17636	1269	17949
Female age 18-25	545	6691	455	6405
Female age ≤ 17	51	642	47	609
Male rectal chlamydia	115	1150	115	1584
Gonorrhea	645	6270	403	7882
Female age 18-25	93	972	105	1266
Female age ≤ 17	14	122	8	132
Male rectal gonorrhea	98	819	116	1417
Early Syphilis (adult total)	133	1136	80	1201
Primary	24	185	8	173
Secondary	54	395	23	394
Early latent	55	556	49	634
Congenital syphilis	2	15	4	31

* 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	1269	455.5	32	104.1	36	271.2	122	128.1	167	130.4
Gonorrhea	632	226.8	19	61.8	49	369.1	85	89.2	118	92.2
Early Syphilis	80	28.7	1	3.3	7	52.7	39	40.9	19	14.8
<i>Under 20 yrs</i>										
Chlamydia	186	253.0	5	61.7	9	257.4	22	87.5	25	74.1
Gonorrhea	62	84.3	0	0.0	7	200.2	8	31.8	2	5.9
Early Syphilis	1	1.4	0	0.0	1	28.6	0	0.0	0	0.0

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* 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.

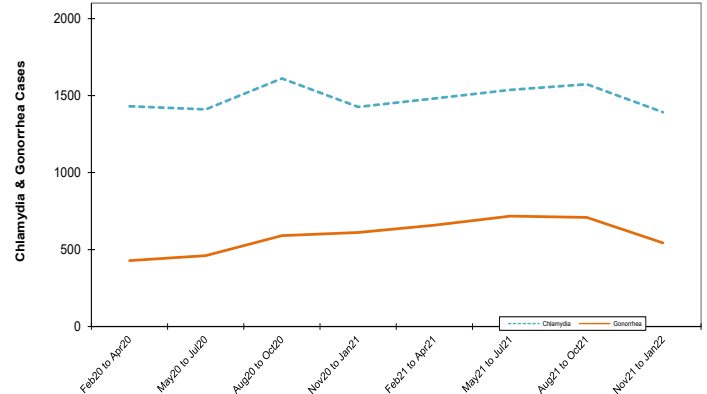
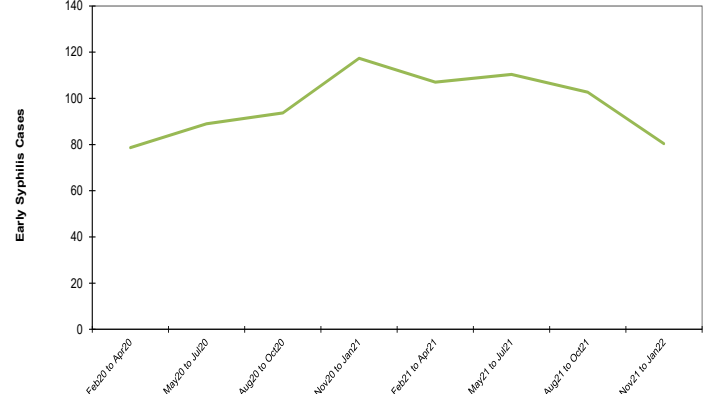


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Outbreak of Invasive Meningococcal Disease in Men Who Have Sex with Men in Florida

In April 2022, the Centers for Disease Control and Prevention (CDC) reported a [large ongoing outbreak of serogroup C invasive meningococcal disease \(IMD\) in Florida](#), primarily among gay, bisexual, and other men who have sex with men (MSM), including those living with human immunodeficiency virus (HIV). The outbreak is mostly affecting people who live in Florida, but also has affected visitors to the state. It is the worst outbreak, to date, among MSM, with 24 MSM cases (out of 26 total outbreak cases) and seven deaths reported as of June 24, 2022.

As of June 24, 2022, no cases of IMD associated with the Florida outbreak have been reported in San Diego County. However, in anticipation of large gatherings during the Pride month and given previous outbreaks that have occurred in MSM, outreach is recommended to increase awareness and prevent infection in the region.

CDC currently recommends that gay, bisexual, and other MSM receive the meningococcal conjugate vaccine (MenACWY), if they live in Florida or discuss vaccination with their healthcare provider if traveling to Florida [1]. On June 6, 2022, the California Department of Public Health issued recommendations for clinicians to offer MenACWY to MSM and transgender persons who have sex with men, citing particular benefit for MSM who plan to travel to Florida or to attend gatherings, especially crowded venues, with MSM and transgender persons who have sex with men from around the country [2].

Further, persons with ongoing risk of exposure whose most recent dose of MenACWY was at least five years ago should receive a booster dose of MenACWY, since vaccine-induced immunity wanes over time. Adults living with HIV, who were vaccinated with a two-dose primary series at least 5 years ago, should receive a single booster dose [1]. Meningococcal vaccines can be given at the same time as a COVID-19 vaccine. Full meningococcal vaccination recommendations are available through the [CDC website](#). Nonpharmaceutical strategies to reduce risk of IMD include avoiding sharing drinks, cigarettes, or other smoking equipment and avoiding contact with saliva or other fluids from the mouth or nose of other persons [3].

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