

# County of San Diego Monthly STD Report

Volume 15, Issue 12: Data through July 2023; Report released January 2, 2024.



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

	2022		2023	
	July	Previous 12-Month Period*	July	Previous 12-Month Period*
Chlamydia	1494	18241	1313	17361
Female age 18-25	489	6380	432	5844
Female age ≤ 17	40	573	56	572
Male rectal chlamydia	143	1693	161	1736
Gonorrhea	625	7760	518	7239
Female age 18-25	80	1202	62	895
Female age ≤ 17	9	108	6	84
Male rectal gonorrhea	132	1459	119	1604
Early Syphilis (adult total)	100	1145	50	925
Primary	22	190	9	168
Secondary	24	366	13	264
Early latent	54	589	28	493
Congenital syphilis	2	33	4	41

\* 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.**

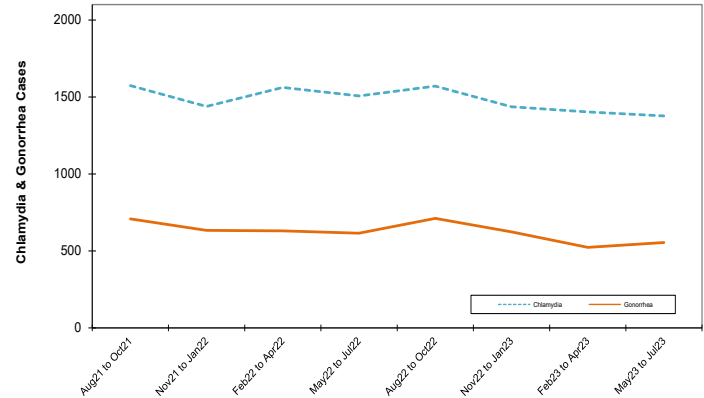
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	9834	508.5	267	125.3	265	286.9	926	139.6	1201	135.6
Gonorrhea	3854	199.3	124	58.2	184	199.2	551	83.0	672	75.9
Early Syphilis	505	26.1	18	8.5	59	63.9	214	32.3	155	17.5
<i>Under 20 yrs</i>										
Chlamydia	1368	264.9	22	46.0	54	214.3	117	53.0	172	89.6
Gonorrhea	237	45.9	2	4.2	20	79.4	41	18.6	16	8.3
Early Syphilis	10	1.9	1	2.1	2	7.9	6	2.7	0	0.0

Note: Rates are calculated using 2021 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 9/2022.

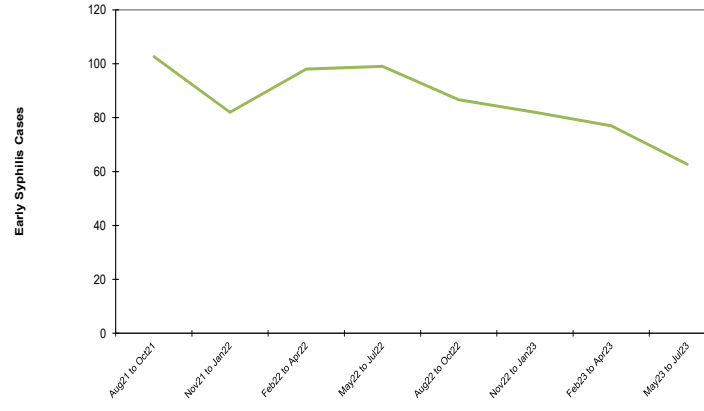
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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: Sexual Transmission of Clade I Mpox Virus in the Democratic Republic of the Congo

On December 7, 2023, the Centers for Disease Control and Prevention (CDC) issued a new [health alert](#) about the ongoing outbreak of Clade I mpox virus infection in the Democratic Republic of the Congo (DRC). For 2023 in the DRC, the [World Health Organization \(WHO\) has reported](#) the highest annual number of mpox cases on record. Further, the first documented cases of sexually transmitted Clade I mpox were identified this year in the DRC. There have been no Clade I mpox cases identified in the United States (U.S.) to date. However, Clade I mpox should be considered for people with mpox-like illness who have recently traveled to or have close contacts (including sexual contacts) who have recently traveled to the DRC.

There are two distinct clades (subtypes) of the mpox virus. Clade I is endemic to Central Africa (including the DRC) and is more transmissible and more severe, resulting in higher case fatality rates, than Clade IIb, which is currently circulating in the U.S. and is responsible for the global 2022-2023 outbreak. Both clades produce a similar [clinical syndrome](#), and vaccines and other medical countermeasures are expected to be effective against Clade I mpox.

The County of San Diego recommends obtaining a travel history from patients with mpox-like symptoms and obtaining clade-specific mpox virus testing for travelers or contacts of travelers returning from the DRC. For information on obtaining clade-specific mpox testing through the San Diego County Public Health Laboratory, please see the attached guide. Suspected Clade I mpox cases should be reported within one working day using a Confidential Morbidity Report faxed to (619) 692-8541 or sent by secure e-mail to [phs-hshb-stdreporting-fax.hhsa@sdcounty.ca.gov](mailto:phs-hshb-stdreporting-fax.hhsa@sdcounty.ca.gov).

Vaccination with two doses of JYNNEOS vaccine separated by 28 days remains the most effective strategy to prevent infection with either clade of mpox virus; therefore, providers are advised to vaccinate people who are [vulnerable to mpox or who request the vaccine](#) and to encourage people who have received one dose of JYNNEOS to get their second dose.

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