

# County of San Diego Monthly STD Report

Volume 15, Issue 8: Data through March 2023; Report released September 5, 2023.



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

|                              | 2022 |                           | 2023 |                           |
|------------------------------|------|---------------------------|------|---------------------------|
|                              | Mar  | Previous 12-Month Period* | Mar  | Previous 12-Month Period* |
| Chlamydia                    | 1706 | 18250                     | 1415 | 17834                     |
| Female age 18-25             | 609  | 6473                      | 185  | 5798                      |
| Female age ≤ 17              | 50   | 617                       | 56   | 533                       |
| Male rectal chlamydia        | 161  | 1668                      | 128  | 1658                      |
| Gonorrhea                    | 666  | 8147                      | 562  | 7575                      |
| Female age 18-25             | 100  | 1261                      | 73   | 1042                      |
| Female age ≤ 17              | 8    | 127                       | 9    | 87                        |
| Male rectal gonorrhea        | 131  | 1471                      | 111  | 1573                      |
| Early Syphilis (adult total) | 98   | 1203                      | 85   | 1030                      |
| Primary                      | 18   | 177                       | 22   | 189                       |
| Secondary                    | 29   | 397                       | 21   | 292                       |
| Early latent                 | 51   | 629                       | 42   | 549                       |
| Congenital syphilis          | 3    | 34                        | 4    | 37                        |

\* 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.**

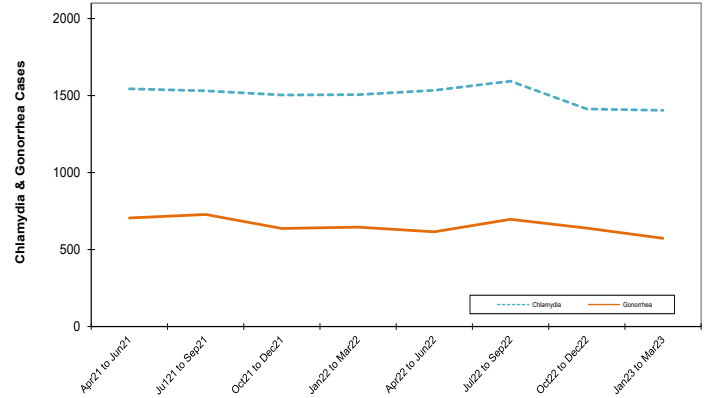
|                     | All Races* |       | Asian/PI |       | Black |       | Hispanic |       | White |       |
|---------------------|------------|-------|----------|-------|-------|-------|----------|-------|-------|-------|
|                     | cases      | rate  | cases    | rate  | cases | rate  | cases    | rate  | cases | rate  |
| <i>All ages</i>     |            |       |          |       |       |       |          |       |       |       |
| Chlamydia           | 4212       | 508.2 | 109      | 119.4 | 116   | 293.0 | 415      | 145.9 | 471   | 124.1 |
| Gonorrhea           | 1719       | 207.4 | 50       | 54.8  | 83    | 209.7 | 251      | 88.3  | 272   | 71.6  |
| Early Syphilis      | 218        | 26.3  | 7        | 7.7   | 24    | 60.6  | 105      | 36.9  | 163   | 42.9  |
| <i>Under 20 yrs</i> |            |       |          |       |       |       |          |       |       |       |
| Chlamydia           | 596        | 269.3 | 6        | 29.2  | 27    | 250.0 | 51       | 53.9  | 74    | 89.9  |
| Gonorrhea           | 109        | 49.2  | 1        | 4.9   | 9     | 83.3  | 19       | 20.1  | 6     | 7.3   |
| Early Syphilis      | 8          | 3.6   | 1        | 4.9   | 1     | 9.3   | 5        | 5.3   | 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.

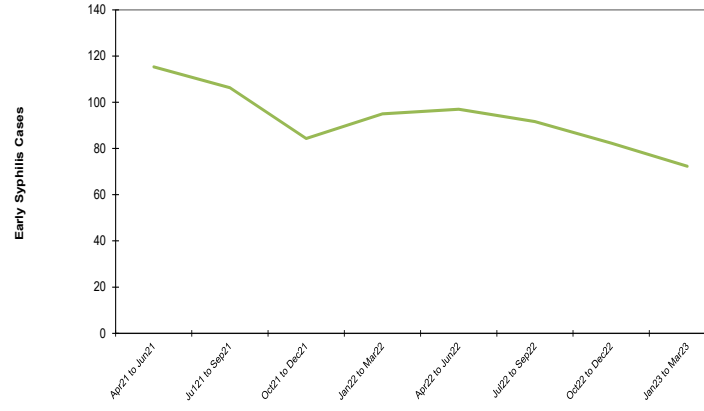
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**Note: All data are provisional.** Case counts are based on the earliest of date of diagnosis, date of specimen collection, date of onset, and date received. 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: STOMP Study of Tecovirimat for Mpox

Tecovirimat (also known as TPOXX or ST-246) is an antiviral medication that is currently recommended for patients who have or are at high risk for severe mpox (formerly known as monkeypox) disease or have involvement of anatomic areas that might result in serious sequelae. It is approved by the Food and Drug Administration (FDA) for treatment of human smallpox disease caused by variola virus in adults and children. It is not FDA-approved for mpox but is currently available under an expanded access Investigational New Drug (EA-IND) protocol held by the Centers for Disease Control and Prevention (CDC) [1].

Currently there is a paucity of data on the effectiveness of tecovirimat treatment for mpox, although data from animal studies have indicated efficacy of tecovirimat for treatment of non-variola orthopoxviruses and safety trials have been favorable [2]. The [Study of Tecovirimat for Human Mpox Virus \(STOMP\)](#) is a Phase 3, randomized, placebo-controlled, double-blind trial of tecovirimat for the treatment of human mpox disease. There is also an open-label component of the study that will provide tecovirimat to people with severe mpox disease, pregnant and breastfeeding individuals, persons less than 18 years of age, individuals on potent inducing concomitant medications, and people with severe immune suppression or skin lesions placing them at higher risk for severe disease.

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## Editorial Note (Continued) :

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**CDC encourages providers to inform patients with mpox about STOMP and to recommend that they consider enrollment [1].** This includes people who have an indication for tecovirimat (who would be included in the open-label protocol) and other people with confirmed or presumptive mpox (who would be included in the randomized protocol). Eligibility criteria include: 1) laboratory-confirmed or presumptive mpox infection, 2) mpox illness of less than 14 days duration, and 3) at least one active (not yet scabbed) skin or mouth lesion or proctitis. While providers should have mechanisms in place to provide tecovirimat to patients who are unable or unwilling to enroll in STOMP, referral to STOMP is recommended as the first-line approach to mpox treatment. Further information about STOMP is available at <https://www.stomptpox.org> or by contacting the UCSD Antiviral Research Center at (619) 543-8080.

While mpox case activity remains low in San Diego County compared to 2022, cases are still occurring in the region, and providers should continue to be vigilant, vaccinate persons who are vulnerable to mpox (or request the vaccine) [3], and test and treat for mpox when clinically indicated [4].