## County of San Diego Monthly STD Report

Volume 16, Issue 10: Data through May 2024; Report released October 30, 2024.



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

	<b>2023</b> Previous 12-		2024		
<i>l</i> lay	Month Period*	May	Month Period*		
534	17967	1223	16104		
535	6064	420	5189		
50	537	46	613		
136	1718	106	1560		
578	7344	471	6167		
50	948	36	599		
7	83	10	86		
134	1592	118	1488		
97	1101	53	702		
17	199	7	99		
26	313	21	208		
54	589	25	395		
1	37	4	33		
	134 97 17 26 54 1	7967           534         17967           535         6064           50         537           136         1718           578         7344           50         948           7         83           134         1592           97         1101           17         199           26         313           54         589	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		

\* Cumulative case count of the previous 12 months.

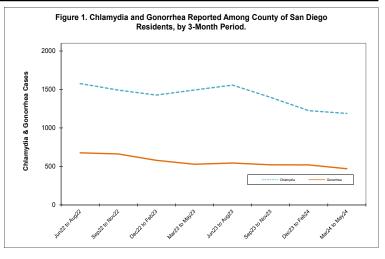
## Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

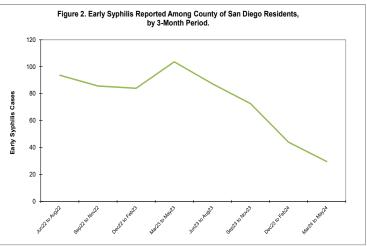
rate 439.9 179.7	) 194	108.5	221	<i>rate</i> 370.1		<i>rate</i>	cases	<i>rate</i>
				370.1	708	151.4	705	100 E
				370.1	708	151.4	705	100 E
179.7	92	<b>F A F</b>					795	130.5
	02	51.5	135	226.1	518	110.8	505	86.7
i 12.1	11	6.2	10	16.7	74	15.8	50	8.6
255.2	2 15	42.2	37	248.8	105	70.0	144	128.1
41.6	6 0	0.0	15	100.9	25	16.7	23	20.5
5 1.5	5 0	0.0	1	6.7	1	0.7	1	0.9
3	3 41.6	3 41.6 0 5 1.5 0	3     41.6     0     0.0       5     1.5     0     0.0	341.600.01551.500.01	3         41.6         0         0.0         15         100.9           5         1.5         0         0.0         1         6.7	3         41.6         0         0.0         15         100.9         25           5         1.5         0         0.0         1         6.7         1	3         41.6         0         0.0         15         100.9         25         16.7           5         1.5         0         0.0         1         6.7         1         0.7	3 41.6 0 0.0 15 100.9 25 16.7 23

Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 10/2023.

\* 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.





## Editorial Note: Updated Syphilis Screening Recommendations for California Providers

In response to rising syphilis and congenital syphilis rates in California, the California Department of Public Health (CDPH) issued <u>updated syphilis</u> <u>screening recommendations</u> that are applicable statewide, regardless of local case rates. Key recommendations are as follows:

- All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should now be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends that syphilis screening be offered annually.
- Syphilis testing should be included whenever a person of any age is tested for human immunodeficiency virus (HIV) or other sexually transmitted infections, including mpox.
- All pregnant persons should now be screened for syphilis three times: 1) at the confirmation of pregnancy or first prenatal encounter, 2) early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and 3) at delivery.
- All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis, preferably at intake.
- Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy.
- CDPH encourages health care providers to empirically treat for syphilis while awaiting confirmatory testing, if clinically indicated, among persons who have preliminary positive treponemal or non-treponemal test results, particularly if the likelihood of successful follow-up is uncertain.

