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.

	2023		2024	
	July	*Previous 12-Month Period**	*July*	*Previous 12-Month Period**
Chlamydia	1489	17941	1268	15745
Female age 18-25	489	6017	430	5069
Female age ≤ 17	56	574	54	608
Male rectal chlamydia	164	1739	90	1424
Gonorrhea	506	7160	560	6190
Female age 18-25	62	886	50	579
Female age ≤ 17	6	83	10	97
Male rectal gonorrhea	118	1588	131	1485
Early Syphilis (adult total)	84	1079	20	607
Primary	13	184	3	82
Secondary	20	313	4	173
Early latent	51	582	13	352
Congenital syphilis	4	41	3	28

* 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*
All ages										
Chlamydia	8650	451.1	259	103.5	342	409.1	964	147.2	1154	141.6
Gonorrhea	3538	184.5	129	51.5	212	253.6	715	340.3	735	90.2
Early Syphilis	245	12.8	16	6.4	18	21.5	108	16.5	70	8.6
Under 20 yrs										
Chlamydia	1294	268.7	18	36.2	56	268.9	130	61.9	197	125.2
Gonorrhea	232	48.2	1	2.0	19	91.2	41	19.5	34	21.6
Early Syphilis	8	1.7	0	0.0	1	4.8	4	1.9	1	0.6

Note: Rates are calculated using 2022 Population Estimates; County of San Diego, 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.*

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

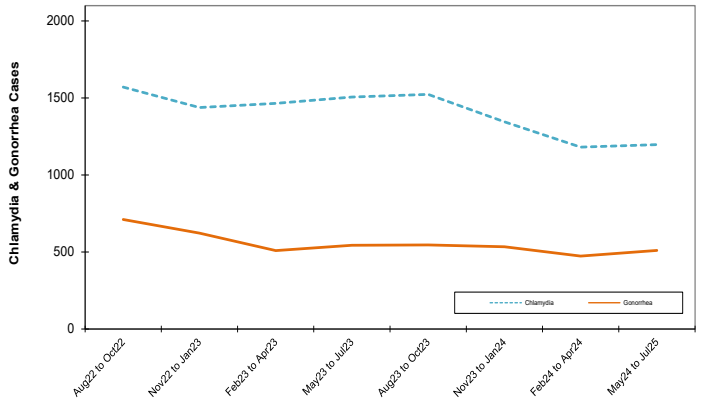
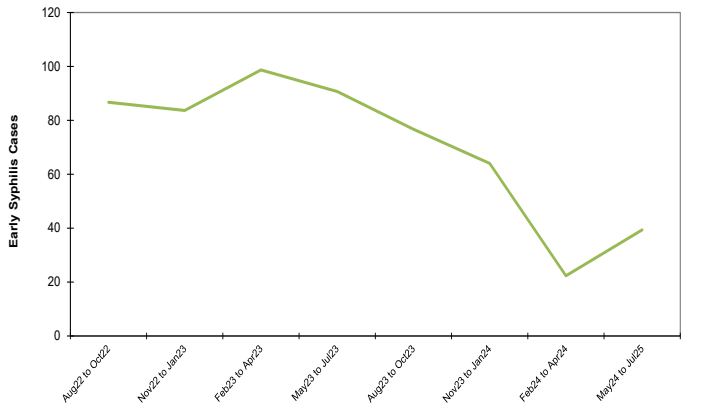


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Mpox Treatment Update

In two recent clinical trials, tecovirimat was shown to be safe but did not reduce the time to lesion resolution among persons with mpox.

- The Study of Tecovirimat for Mpox (STOMP) enrolled participants with mpox in Argentina, Brazil, Japan, Mexico, Peru, Thailand, and the United States (i.e., countries affected by the global clade IIb mpox outbreak). Participants with mild to moderate mpox were randomized in a 2:1 fashion to receive tecovirimat or a placebo. Children, pregnant people, and other participants with or at risk for severe disease were assigned to an open-label study arm that was not designed to evaluate efficacy of tecovirimat for treatment of severe disease.
- The PALM 007 study enrolled adults and children with clade I mpox in the Democratic Republic of the Congo (DRC) and randomized them to receive tecovirimat or placebo for 14 days. All participants were admitted to a hospital for at least 14 days and received supportive care.

Interim analyses for both randomized trials demonstrated that there was no difference in the duration of mpox lesions between participants who received tecovirimat and those who received placebo. In STOMP, there was also no difference in pain control between the tecovirimat and placebo groups. In PALM 007, the study mortality rate of 1.7% was much lower than that reported among all mpox cases in the DRC (3.6%), indicating that outcomes are better in that setting when patients receive high-quality supportive care. There were no safety concerns regarding tecovirimat in either study.

Based on the interim results and recommendations of the Data Safety and Monitoring Board, the STOMP study sponsor closed enrollment in both the randomized and open-label study arms, and tecovirimat is no longer available through STOMP. Tecovirimat is still available for patients with mpox who meet specific eligibility criteria (i.e., have or are at high risk of developing severe/complicated mpox) through the expanded access investigational new drug protocol (EA-IND) held by the Centers for Disease Control and Prevention (CDC). For further information about tecovirimat and mpox treatment, please see the CDC website CDC website.

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