

County of San Diego Monthly STD Report

Volume 16, Issue 3: Data through October 2023; Report released April 8, 2024.



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

	2022		2023	
	Oct	Previous 12-Month Period*	Oct	Previous 12-Month Period*
Chlamydia	1425	18233	1308	17211
Female age 18-25	471	6329	394	5621
Female age ≤ 17	43	553	57	598
Male rectal chlamydia	148	1719	146	1740
Gonorrhea	668	7769	543	6731
Female age 18-25	86	1152	55	780
Female age ≤ 17	12	99	8	93
Male rectal gonorrhea	127	1524	132	1549
Early Syphilis (adult total)	85	1097	57	957
Primary	12	188	6	160
Secondary	23	345	18	273
Early latent	50	564	33	524
Congenital syphilis	2	31	0	39

* 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	14397	525.5	423	118.3	421	352.5	1443	154.3	1798	154.4
Gonorrhea	5480	200.0	188	52.6	291	243.6	879	94.0	956	82.1
Early Syphilis	770	28.1	34	9.5	80	67.0	347	37.1	217	18.6
<i>Under 20 yrs</i>										
Chlamydia	1958	284.6	33	46.4	80	268.9	180	60.0	252	112.1
Gonorrhea	362	52.6	4	5.6	33	110.9	71	23.7	25	11.1
Early Syphilis	14	2.0	1	1.4	2	6.7	10	3.3	0	0.0

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.

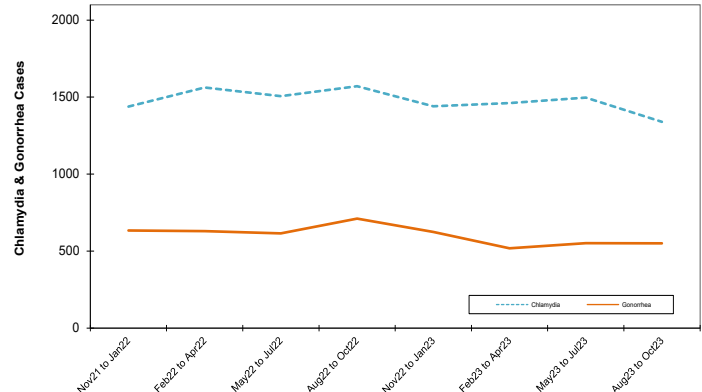
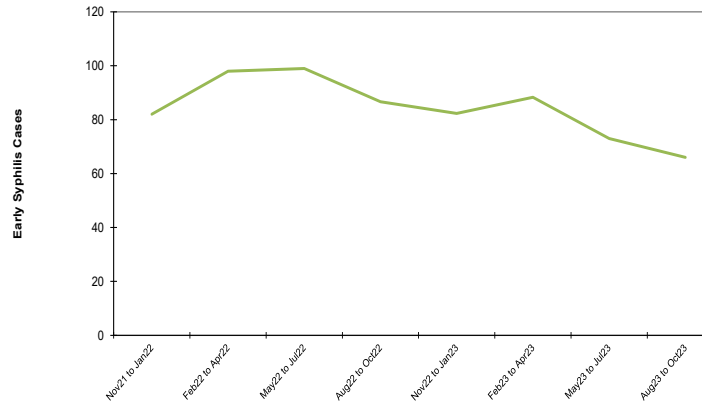


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Extension of Medication Shortage and New PrEP Training Resource

Extension of Bicillin® L-A Shortage: The nationwide shortage of Bicillin® L-A, the first-line treatment for all stages of syphilis without central nervous system involvement and the only option for treatment of syphilis in pregnancy, has been extended through December 2024 [1]. As reported in [Volume 16, Issue 1](#) of this report, the Food and Drug Administration has allowed the temporary importation of [Extencilline® \(benzathine benzylpenicillin\)](#) to address the ongoing shortage of Bicillin L-A®. Recommendations to prioritize use of Bicillin L-A® (or Extencilline®, if necessary) for the following groups still apply: 1) pregnant people with syphilis infection or exposure; 2) patients with contraindications to doxycycline (e.g., anaphylaxis, hemolytic anemia, and Stevens Johnson syndrome); and 3) infants exposed to syphilis in utero. For further details, please see recent health alerts from the [County of San Diego](#) and the [California Department of Public Health](#).

National HIV PrEP Curriculum: This free resource was developed by the University of Washington for health care professionals who want to learn more about human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and is available at <https://www.hivprep.uw.edu>. Features include a six-hour module that provides the fundamental skills needed to assess, initiate, and monitor HIV PrEP and six topics that explore content in more detail. HIV PrEP training certificates, certificates of completion, and up to 14 continuing education units for various health professional disciplines are available. In addition, the “HIV PrEP Tools for Clinicians” app is based on the Centers for Disease Control and Prevention PrEP guidelines and addresses assessment for HIV PrEP, medication selection, and laboratory evaluation.

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 STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M-F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
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