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.

	2022		2023	
	Nov	*Previous 12-Month Period**	*Nov*	*Previous 12-Month Period**
Chlamydia	1483	18261	1184	17465
Female age 18-25	480	6310	345	5661
Female age ≤ 17	42	548	68	622
Male rectal chlamydia	136	1709	105	1711
Gonorrhea	647	7814	499	6510
Female age 18-25	75	1128	45	743
Female age ≤ 17	8	101	7	90
Male rectal gonorrhea	154	1569	129	1508
Early Syphilis (adult total)	81	1104	71	1002
Primary	9	186	9	157
Secondary	28	342	24	295
Early latent	44	576	38	550
Congenital syphilis	3	32	2	38

* 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	16134	535.4	478	121.5	488	371.4	1593	154.8	2058	160.7
Gonorrhea	5906	196.0	207	52.6	317	241.3	969	94.2	1056	82.4
Early Syphilis	924	30.7	38	9.7	91	69.3	405	39.4	273	21.3
Under 20 yrs										
Chlamydia	2165	286.1	36	46.0	92	281.2	206	62.4	281	113.6
Gonorrhea	384	50.7	7	9.0	34	103.9	75	22.7	28	11.3
Early Syphilis	15	2.0	1	1.3	2	6.1	11	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.

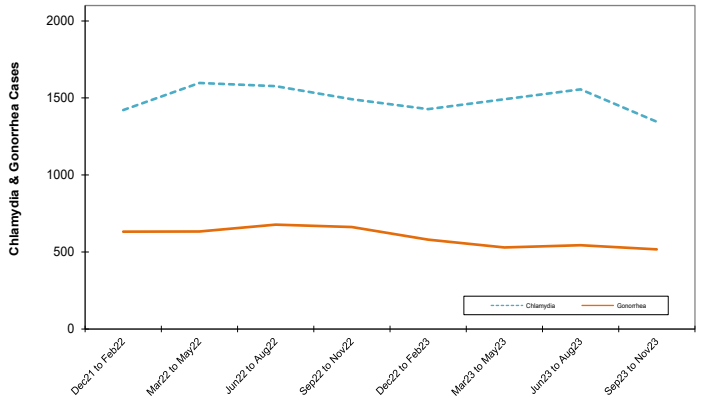
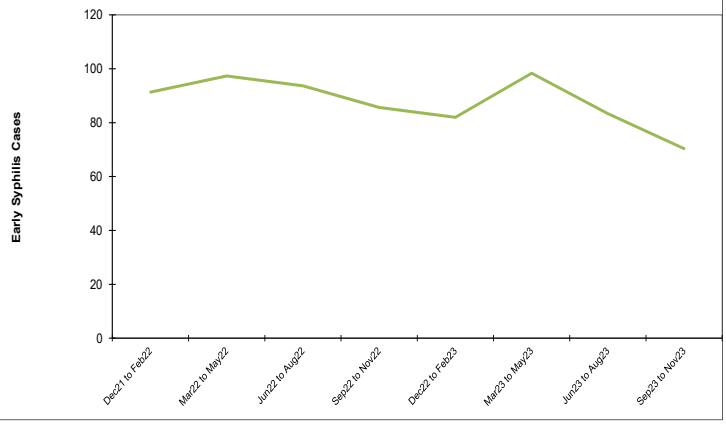


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: New Antibiotics Show Promise for Urogenital Gonorrhea Treatment in Phase 3 Trials

Although third generation cephalosporins such as ceftriaxone continue to be effective against *Neisseria gonorrhoeae* in the United States, gonococcal antimicrobial resistance remains a threat, and new anti-gonococcal agents are urgently needed. Two new antibiotics were shown to be effective for the treatment of urogenital gonorrhea, based on results from two Phase 3 clinical trials.

Zoliflodacin (AZD0914 or ETX0914), a novel spiropyrimidinetrione antimicrobial agent that inhibits bacterial type II topoisomerases, received a "fast track" designation from the Food and Drug Administration (FDA) for development as an oral anti-gonococcal agent [1]. The Phase 3 Zoliflodacin Trial randomized 930 patients with uncomplicated gonorrhea in Belgium, the Netherlands, South Africa, Thailand, and the United States to receive a single oral 3-gram dose of zoliflodacin or an international standard-of-care (SOC) regimen (ceftriaxone 500 mg intramuscularly (IM) plus azithromycin 1 gram orally). Zoliflodacin demonstrated non-inferiority to the SOC, achieving a microbiological urogenital cure rate of 90.9%, a 5.3% difference compared to the SOC cure rate of 96.2% (95% CI 1.4-8.7%). Microbiological cure rates at extragenital sites were comparable between treatment arms (secondary endpoint), and zoliflodacin was generally well tolerated with no serious adverse events reported [2].

Gepotidacin is a novel triazaacenaphthylene bacterial type II topoisomerase inhibitor that is being developed for treatment of uncomplicated gonorrhea and urinary tract infections. The EAGLE 1 Phase 3 trial randomized patients with urogenital gonorrhea to receive two oral doses of gepotidacin 3 grams given 10-12 hours apart or ceftriaxone 500 mg IM plus azithromycin 1 gram orally. Gepotidacin was noninferior to combination ceftriaxone treatment (92.6% vs. 91.2% success rate, adjusted treatment difference -0.1%, 95% CI -5.6-5.5%). A small number of pharyngeal and rectal infections were included in the study, and all achieved microbiologic cure. Adverse events, including drug-related adverse events, were higher in the gepotidacin arm [3].

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