

County of San Diego Monthly STD Report

Volume 17, Issue 1: Data through August 2024; Report released January 29, 2025.



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

	2023		2024	
	August	Previous 12-Month Period*	August	Previous 12-Month Period*
Chlamydia	1687	17907	1284	15493
Female age 18-25	519	5964	435	5040
Female age ≤ 17	61	581	49	596
Male rectal chlamydia	180	1738	90	1334
Gonorrhea	580	6945	500	6124
Female age 18-25	61	847	65	584
Female age ≤ 17	17	91	6	86
Male rectal gonorrhea	139	1550	119	1465
Early Syphilis (adult total)	87	1082	27	582
Primary	16	193	8	75
Secondary	24	308	6	165
Early latent	47	581	13	342
Congenital syphilis	5	45	0	23

* 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	10085	460.2	302	105.6	382	399.8	1119	149.5	1340	143.8
Gonorrhea	4056	185.1	152	53.1	247	258.5	818	340.6	841	90.3
Early Syphilis	308	14.1	19	6.6	28	29.3	136	18.2	84	9.0
<i>Under 20 yrs</i>										
Chlamydia	1527	277.4	22	38.7	61	256.3	155	64.5	231	128.4
Gonorrhea	266	48.3	3	5.3	23	96.6	45	18.7	35	19.5
Early Syphilis	9	1.6	0	0.0	1	4.2	5	2.1	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.

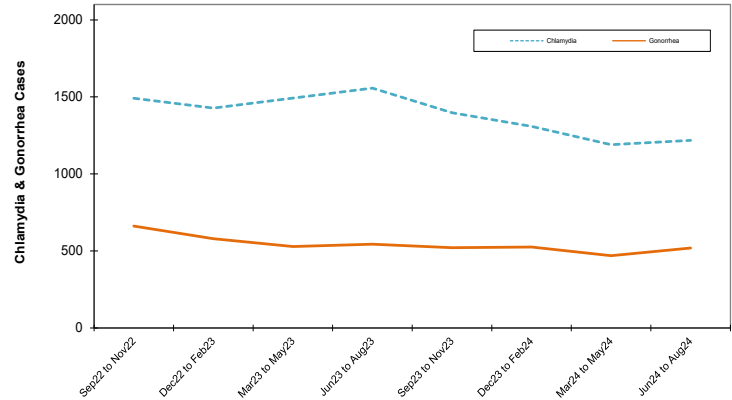
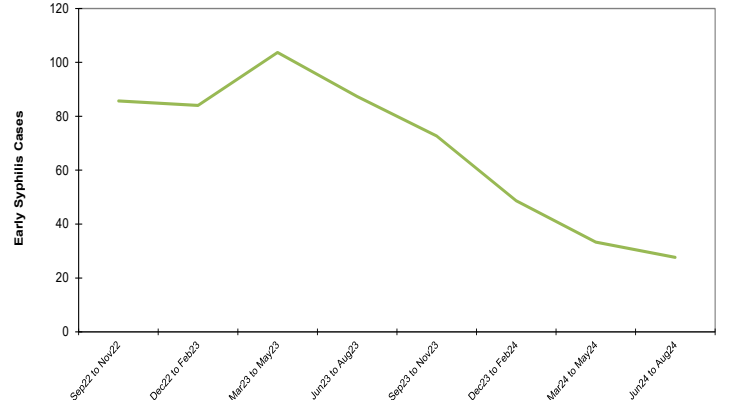


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: New Studies Indicate Real-World Effectiveness of Doxy-PEP

Doxycycline post-exposure prophylaxis (i.e., doxy-PEP), or a 200-mg dose of doxycycline taken within 72 hours of condomless sex, reduced bacterial sexually transmitted infection (STI) incidence among cisgender men who have sex with men (MSM) and transgender women (TGW) in two randomized trials [1][2]. Based on these results, local and state health departments and the Centers for Disease Control and Prevention (CDC) have issued guidance regarding doxy-PEP use [3][4][5][6][7]. While questions remain regarding the effect of doxy-PEP use on antimicrobial resistance and the efficacy of doxy-PEP for STI prevention in other populations (e.g., cisgender women), [two recent studies](#) from northern California have demonstrated decreases in bacterial STI incidence following doxy-PEP implementation.

- [One study](#) utilized reportable disease surveillance data in San Francisco to evaluate citywide STI incidence among MSM and TGW before and 13 months after the dissemination of doxy-PEP guidance by the San Francisco Department of Public Health. The observed incidence of chlamydia and early syphilis cases decreased by 49.6% (95% confidence interval [CI] -59.1% to -38.1%) and 51.4% (95% CI -58.2% to -43.5), respectively, compared to projected incidence. However, gonorrhea cases increased by 25.6% (95% CI -0.4% to 58.3%) compared to projected incidence.
- [Another study](#) examined electronic health record data on HIV pre-exposure prophylaxis (PrEP) users at Kaiser Permanente Northern California (KPNC) and compared quarterly STI incidence rates 24 months before and 12 months after starting doxy-PEP and compared quarterly STI rates among those dispensed and not dispensed doxy-PEP. Among 2,253 patients who were dispensed doxy-PEP, quarterly chlamydia and early syphilis incidence decreased by 79% (rate ratio [RR] 0.21, 95% CI 0.16-0.27, p<0.001) and 80% (RR 0.20, 95% CI 0.11-0.37, p<0.001), respectively. Gonorrhea incidence declined by 12% (RR 0.88, 95% CI 0.77-1.00, p=0.048), with significant site-specific declines for rectal and urethral gonorrhea but not for pharyngeal gonorrhea. STI incidence remained stable among those not prescribed doxy-PEP.

County of San Diego STD Clinics: www.STDSanDiego.org
 Phone: (619) 692-8550 Fax: (619) 692-8543
 STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M-F)



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