



County of San Diego Monthly STD Report

Volume 8, Issue 7: Data through March 2016; Report released July 13, 2016.



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

	2015		2016	
	Mar	Previous 12-Month Period*	Mar	Previous 12-Month Period*
Chlamydia	1429	15583	1600	18181
Female age 18-25	603	6345	637	7218
Female age ≤ 17	59	662	58	815
Male rectal chlamydia	33	501	50	635
Gonorrhea	261	3404	419	4057
Female age 18-25	36	592	52	527
Female age ≤ 17	4	62	11	79
Male rectal gonorrhea	37	468	58	552
Early Syphilis (adult total)	75	722	63	839
Primary	19	133	6	173
Secondary	24	261	30	324
Early latent	32	328	27	342
Congenital syphilis	1	3	0	9
HIV Infection†				
HIV (not AIDS)	55	449	35	456
AIDS	35	254	21	198

* Cumulative case count of the previous 12 months.

† New infections are reported either as HIV, or if an individual was also diagnosed with AIDS within one month, as AIDS.

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	4849	624.5	22	23.6	88	254.7	322	119.4	185	48.8
Gonorrhea	1205	155.2	19	20.4	109	315.5	263	97.5	240	63.3
Early Syphilis	215	27.7	9	9.7	14	40.5	76	28.2	92	24.3
<i>Under 20 yrs</i>										
Chlamydia	790	392.8	4	17.9	11	121.7	49	51.5	18	24.1
Gonorrhea	96	47.7	2	8.9	9	99.6	30	31.5	5	6.7
Early Syphilis	10	5.0	2	8.9	0	0.0	7	7.4	1	1.3

Note: Rates calculated using 2015 SANDAG population estimates.

* Includes cases designated as "other," "unknown," or missing race/ethnicity.

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

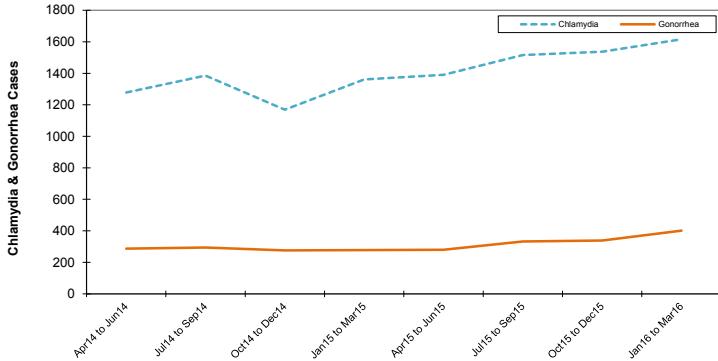
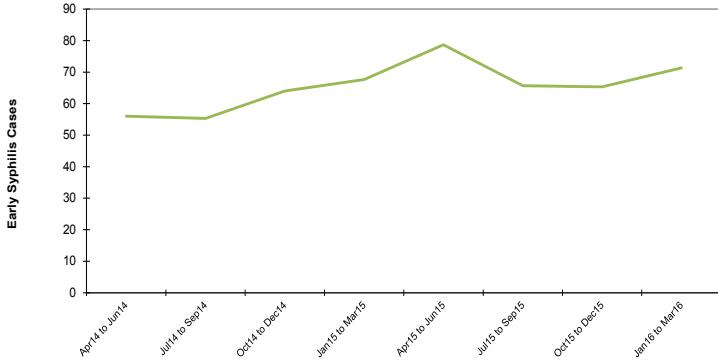


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



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: STD Trends in San Diego County: 2015 Data Summary

STDs continue to rise in San Diego County, based on case counts and rates derived from 2015 surveillance data received by HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services.

Syphilis: The most significant increase between 2014 and 2015 was observed for primary and secondary syphilis (i.e., the most infectious stages of syphilis), with 490 cases reported in 2015 (a 33% increase from 2014) and an overall rate of 15.2 cases per 100,000 population. Syphilis continues to have a disproportionate impact on men who have sex with men (MSM), who accounted for 87% of reported cases in 2015. Of primary and secondary syphilis cases reported among MSM, 48% also had HIV infection. The rate of infection was higher among African-American men compared to men from other racial and ethnic groups (60.6 cases per 100,000 population versus 36.1 and 24.0 cases per 100,000 population for Hispanic and white men, respectively). A total of 339 early latent and 346 late latent cases also were reported.

Gonorrhea: Gonorrhea continues to rise, with 3,695 cases reported in 2015 (a 9% increase from 2014 and a 100% increase since 2009) and an overall rate of 114.5 cases per 100,000 population. The overall rate of infection has increased by 90.5% since 2009. The rate of infection in men was 2.6 times that of women (165.9 versus 62.7 cases per 100,000 population) and increased by 13% between 2014 and 2015, while the rate in women decreased slightly. Rates were significantly higher in African-American men and women compared to other racial and ethnic groups.

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County of San Diego STD Clinics: www.STDSanDiego.org

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Editorial Note: STD Trends in San Diego County: 2015 Data Summary (Continued)

Chlamydia: Despite declines in reported chlamydia cases in 2013 and 2014, cases and rates of chlamydia were the highest in 2015 that they have been in the past two decades. A total of 17,418 cases were reported in 2015 (11.5% increase from 2014), and the overall rate of chlamydia was 539.7 cases per 100,000 population. Unlike syphilis and gonorrhea, rates in women were higher than in men (693.3 versus 384.2 cases per 100,000 population), and the highest rates were observed in women aged 15 to 24 years.

These trends highlight the importance of:

- Addressing sexual health with patients.
- Performing STD testing based on existing [recommendations](#), including rectal gonorrhea and chlamydia and pharyngeal gonorrhea screening when indicated.
- Timely and appropriate treatment of patients diagnosed with or exposed to STDs, including dual therapy for treatment and prevention of gonorrhea.
- Educating patients about how to prevent STDs and HIV and, for those diagnosed with an STD, how to avoid re-infection.

For 2015 STD data slides, please visit the [HSHB webpage](#). Additional data resources are available through the [California Department of Public Health website](#). Case numbers may vary slightly by source due to case review findings and delays in reporting.

Editorial Note: Update on Bicillin® L-A Shortage:

As described in [Volume 5, Issue 8](#) of the County of San Diego STD Report, currently there is a national shortage of Bicillin® L-A due to manufacturing delays at Pfizer, the sole manufacturer of both adult and pediatric injections. Although more product is expected to be available this month, normal supplies are not anticipated until the fourth quarter of 2016.

The previous report provides guidance regarding prioritization of the use of Bicillin® L-A for facilities with limited or low supplies of the medication, including the use of alternative treatment options such as doxycycline for non-pregnant adults. Since doxycycline is not first-line treatment and carries a higher risk of non-adherence, providers at healthcare facilities with insufficient Bicillin® L-A inventory to treat syphilis cases over the next three to six weeks should do the following prior to routinely prescribing alternative treatments:

- **Contact the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services by paging (877) 217-1816.** A limited number of emergency doses of Bicillin® L-A are maintained in the main STD clinic that could be transferred to other facilities or given to patients who are referred to any of the County STD clinics for syphilis treatment. The California Department of Public Health STD Control Branch (STDCB) also may have a limited inventory of Bicillin® L-A for critical needs should local supplies be insufficient, and HSHB could facilitate access to medications from the STDCB.
- The **Pfizer Supply Continuity Team** also may be able to respond to urgent requests for Bicillin® L-A. The process for contacting the Pfizer Supply Continuity Team is as follows:
 - Call (844) 804-4677 or e-mail supplycontinuity@pfizer.com to request Bicillin® L-A product for your urgent need.
 - Provide the following information: name and address of facility receiving the drug, facility's DEA number, drug NDC number and quantity, and the facility's wholesaler and distributor.
 - Pfizer will review all requests and determine how much product they will allow you to purchase. The review is estimated to take 24 to 48 hours.
 - Once Pfizer has approved a certain amount to purchase, they will send instructions for you to place an order through your distributor for the approved amount.

Additional updates regarding Bicillin® L-A availability will be disseminated when available.

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