



# County of San Diego Monthly STD Report

Volume 8, Issue 10: Data through June 2016; Report released October 28, 2016.



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

	2015		2016	
	Jun	Previous 12-Month Period*	Jun	Previous 12-Month Period*
Chlamydia	1442	15919	1553	18618
Female age 18-25	556	6430	586	7373
Female age ≤ 17	62	691	65	783
Male rectal chlamydia	49	510	45	662
Gonorrhea	315	3382	403	4403
Female age 18-25	37	463	47	572
Female age ≤ 17	3	55	10	90
Male rectal gonorrhea	38	432	40	596
Early Syphilis (adult total)	75	791	67	857
Primary	18	157	13	172
Secondary	28	296	15	312
Early latent	29	338	39	373
Congenital syphilis	0	5	0	8
HIV Infection†				
HIV (not AIDS)	44	437	67	525
AIDS	10	238	21	213

\* 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.

Note: Click [here](#) to access full-year STD data slides for 2010-2015. For a discussion of 2015 STD data, please see [Volume 8, Issue 7](#) of this report.

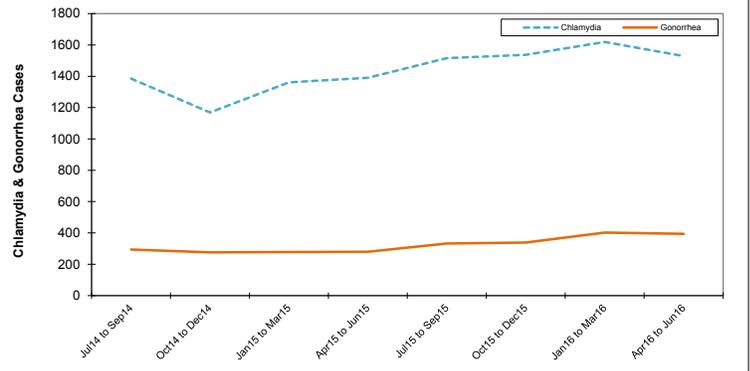
**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year to Date.**

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	9444	608.1	50	26.8	171	247.5	596	110.5	380	50.1
Gonorrhea	2390	153.9	37	19.8	227	328.5	525	97.3	496	65.4
Early Syphilis	468	30.1	19	10.2	39	56.4	182	33.7	183	24.1
<i>Under 20 yrs</i>										
Chlamydia	1507	374.7	5	11.2	24	132.8	92	48.3	30	20.1
Gonorrhea	192	47.7	2	4.5	21	116.2	58	30.5	17	11.4
Early Syphilis	19	4.7	2	4.5	1	5.5	13	6.8	3	2.0

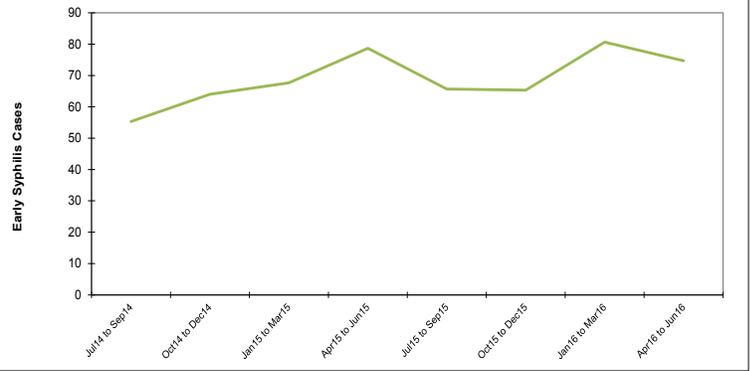
Note: Rates calculated using 2015 SANDAG population estimates.

\* 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: Sexual Transmission of Zika Virus

Zika virus is a vector-borne flavivirus that is transmitted primarily through bites of *Aedes aegypti* mosquitoes. However, it also can be transmitted through sex without condoms from men to female sex partners[1,2,3], from women to male sex partners[4], and from men to male sex partners[5] through anal and vaginal sex, and possibly through fellatio. There are still many unknowns with respect to sexual Zika virus transmission, including the relative infectiousness of symptomatic versus asymptomatic persons and the relative risks of transmission through different types of sex (i.e., vaginal versus anal). Also, it is not known if Zika virus can be transmitted from women to female sexual partners or through cunnilingus.

Most Zika virus infections are asymptomatic or cause mild symptoms, which typically occur 3 to 14 days after exposure, and include fever, rash, arthralgia, and conjunctivitis. Serious complications, such as Guillain-Barré syndrome, are rare, and past infection appears to confer immunity to future infections. However, Zika virus infection during pregnancy is a cause of congenital microcephaly and serious brain abnormalities, which make it a major concern for couples who are planning to conceive[6].

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County of San Diego STD Clinics: [www.STDSanDiego.org](http://www.STDSanDiego.org)  
Phone: (619) 692-8550 Fax: (619) 692-8543  
STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



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## Editorial Note: Sexual Transmission of Zika Virus (Continued)

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Zika virus has been cultured from semen of infected men up to 69 days after symptom onset[7]. Although Zika viral ribonucleic acid (RNA) has been isolated by reverse transcription polymerase chain reaction (RT-PCR) from semen of infected men over 180 days after onset of illness[8], it is unclear if this indicates the presence of infectious virus. Zika virus persistence in cervicovaginal secretions is even less understood.

The following measures are recommended by the Centers for Disease Control and Prevention (CDC) for couples planning to conceive who do not live in areas with active Zika virus transmission:

- Women and men who are planning to conceive in the near future should consider avoiding all non-essential travel to areas with active Zika virus transmission[9]. The CDC maintains a travel advisory website with up-to-date listings of Zika-affected areas[10].
- **Women with possible Zika virus exposure through travel or sexual contact** who do not have ongoing risks for exposure should wait at least **8 weeks** from onset of symptoms (if symptomatic) or last possible exposure (if asymptomatic) to attempt conception[9].
- **Men with possible Zika virus exposure through travel or sexual contact** who do not have ongoing risks for exposure should wait at least **6 months** from onset of symptoms (if symptomatic) or last possible exposure (if asymptomatic) to attempt conception[9].
- Use of condoms and not sharing sex toys can reduce the risk of getting Zika virus infection through sex[9].

Testing for Zika virus is recommended for: 1) pregnant women with possible exposure to Zika; and 2) people who may have been exposed to Zika through sex or travel and who have suggestive symptoms. Testing for Zika is now available through most commercial laboratories, or can be obtained free of charge through the San Diego Public Health Laboratory[11]. All suspect Zika cases should be reported immediately to the San Diego County Epidemiology Program at 619-692-8499[12].