



# 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.**

	2014		2015	
	Nov	Previous 12-Month Period*	Nov	Previous 12-Month Period*
Chlamydia	973	15462	1480	17402
Female age 18-25	362	6252	586	7010
Female age ≤ 17	47	644	67	797
Male rectal chlamydia	32	522	59	574
Gonorrhea	283	3323	283	3646
Female age 18-25	45	495	34	487
Female age ≤ 17	2	72	8	66
Male rectal gonorrhea	35	443	45	494
Early Syphilis (adult total)	57	643	46	801
Primary	11	121	16	171
Secondary	21	231	20	310
Early latent	25	291	31	341
Congenital syphilis	0	4	0	7
HIV Infection†				
HIV (not AIDS)	28	450	38	452
AIDS	16	234	10	230

\* 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.

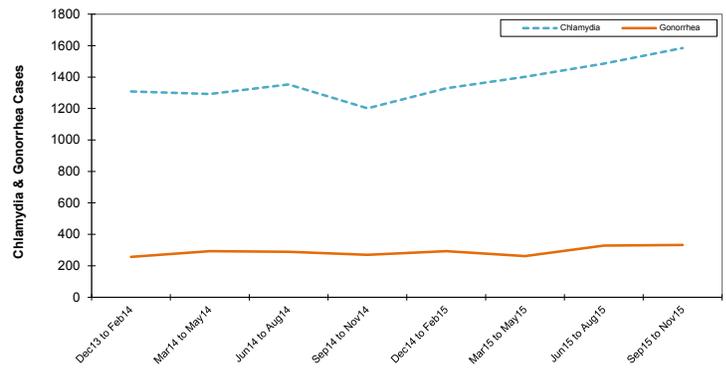
**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year to Date.**

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	16115	566.0	113	33.1	360	284.2	836	84.5	827	59.5
Gonorrhea	3339	117.3	75	21.9	331	261.3	652	65.9	781	56.2
Early Syphilis	744	26.1	33	9.7	55	43.4	293	29.6	300	21.6
<i>Under 20 yrs</i>										
Chlamydia	2708	367.2	13	15.9	65	196.1	134	38.4	57	20.8
Gonorrhea	270	36.6	3	3.7	44	132.8	63	18.1	29	10.6
Early Syphilis	20	2.7	3	3.7	0	0.0	14	4.0	3	1.1

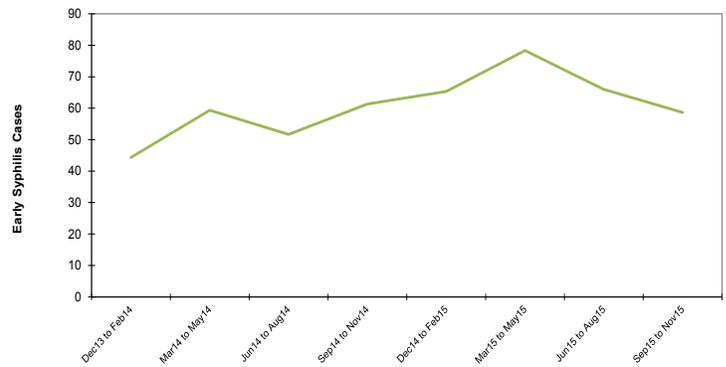
Note: Rates calculated using 2015 SANDAG population estimates.

\* 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: Immediate Antiretroviral Therapy

Research studies indicate that the initiation of antiretroviral therapy (ART) as early as possible following a new diagnosis of HIV infection, regardless of the CD4+ T-cell count, results in net benefits for individual patients and for public health. These benefits include improved health outcomes for HIV-infected patients [1], decreased immune dysfunction and the size of the viral reservoir that makes HIV eradication impossible [2][3], and decreased risk of transmitting HIV to sexual partners [4].

Achieving the full benefit of early ART, outside of the research setting, requires innovation and optimization of health care delivery systems to get patients started on ART as soon as possible after HIV diagnosis and eliminate barriers to treatment. The idea of immediate or rapid initiation of ART (i.e., the initiation of ART on the day of HIV diagnosis) may seem like a long shot, but a pilot program conducted at the San Francisco General Hospital (SFGH) from July 2013 to December 2014 has demonstrated the feasibility of such an effort.

The Rapid ART Program for Individuals with New Diagnosis (RAPID) provides expedited referral of newly diagnosed HIV-infected patients for same-day medical/psychosocial evaluation, partner services, linkage to HIV primary care, and initiation of ART. The pilot project utilized a dedicated team that was notified about any new confirmed HIV-positive patients on SFGH campus and affiliated testing sites and facilitated intake, counseling, insurance navigation, and ART initiation at the University of California, San Francisco (UCSF) HIV clinic. Same-day ART regimens were consensus regimens that were pre-approved for use prior to baseline genotyping or laboratory testing based on local HIV drug resistance patterns.

Same-day ART was highly acceptable to patients, with 90% of patients who were offered same-day ART accepting it that day and 95% by the next day. The median time to virologic suppression (i.e., HIV viral load <200 copies/mL) was significantly reduced compared to previous years during which universal ART was available but rapid initiation was not (56 vs. 132 days). There was no evidence of increased drug toxicity or treatment failure among patients initiated through the RAPID program. Results were presented at the 8<sup>th</sup> International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment & Prevention. The [abstract](#) (Cat D12, #WEAD0105LB, Pilcher et al) and [slides](#) can be accessed via the IAS2015 website.

Based on the results of this pilot program, planning is underway to expand the RAPID model citywide in San Francisco. The County of San Diego encourages local providers to consider similar strategies to expedite the initiation of ART in the effort to get to zero new HIV infections. Please call (619) 293-4718 for more information and/or technical assistance.

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