



# County of San Diego Monthly STD Report

Volume 8, Issue 6: Data Through Feb 2016; Report Released June 10, 2016.



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

|                              | 2015 |                           | 2016 |                           |
|------------------------------|------|---------------------------|------|---------------------------|
|                              | Feb  | Previous 12-Month Period* | Feb  | Previous 12-Month Period* |
| Chlamydia                    | 1267 | 15481                     | 1482 | 18009                     |
| Female age 18-25             | 538  | 6270                      | 607  | 7184                      |
| Female age ≤ 17              | 62   | 665                       | 63   | 816                       |
| Male rectal chlamydia        | 51   | 509                       | 42   | 617                       |
| Gonorrhea                    | 293  | 3382                      | 389  | 3898                      |
| Female age 18-25             | 43   | 499                       | 55   | 511                       |
| Female age ≤ 17              | 3    | 67                        | 9    | 72                        |
| Male rectal gonorrhea        | 54   | 452                       | 56   | 531                       |
| Early Syphilis (adult total) | 61   | 706                       | 77   | 849                       |
| Primary                      | 10   | 124                       | 13   | 186                       |
| Secondary                    | 27   | 260                       | 27   | 318                       |
| Early latent                 | 24   | 322                       | 37   | 345                       |
| Congenital syphilis          | 0    | 4                         | 0    | 10                        |
| HIV Infection†               |      |                           |      |                           |
| HIV (not AIDS)               | 37   | 441                       | 43   | 476                       |
| AIDS                         | 28   | 239                       | 22   | 212                       |

\* 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.

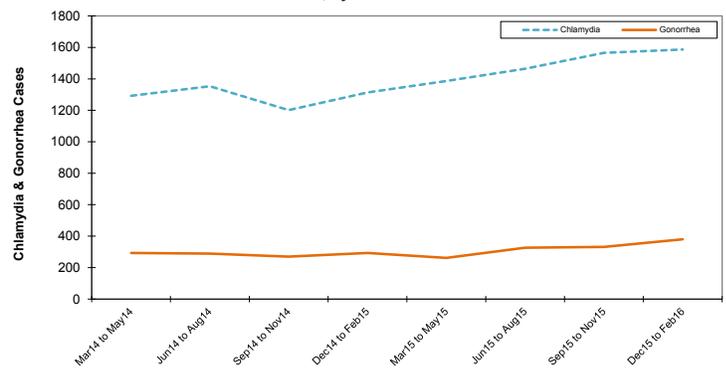
**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year to Date.**

|                     | All Races* |       | Asian/PI |      | Black |       | Hispanic |       | White |      |
|---------------------|------------|-------|----------|------|-------|-------|----------|-------|-------|------|
|                     | cases      | rate  | cases    | rate | cases | rate  | cases    | rate  | cases | rate |
| <i>All ages</i>     |            |       |          |      |       |       |          |       |       |      |
| Chlamydia           | 3248       | 627.4 | 20       | 32.2 | 52    | 225.7 | 215      | 119.6 | 130   | 51.5 |
| Gonorrhea           | 785        | 151.6 | 9        | 14.5 | 62    | 269.2 | 160      | 89.0  | 149   | 59.0 |
| Early Syphilis      | 149        | 28.8  | 9        | 14.5 | 10    | 43.4  | 54       | 30.0  | 60    | 23.7 |
| <i>Under 20 yrs</i> |            |       |          |      |       |       |          |       |       |      |
| Chlamydia           | 555        | 414.0 | 4        | 26.8 | 9     | 149.4 | 36       | 56.8  | 11    | 22.1 |
| Gonorrhea           | 65         | 48.5  | 2        | 13.4 | 7     | 116.2 | 19       | 30.0  | 3     | 6.0  |
| Early Syphilis      | 6          | 4.5   | 2        | 13.4 | 0     | 0.0   | 3        | 4.7   | 1     | 2.0  |

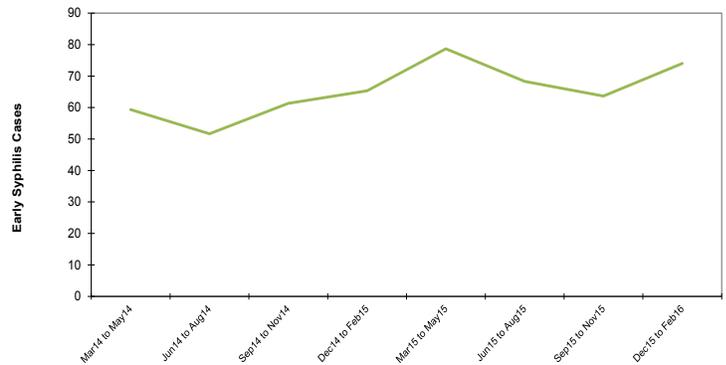
Note: Rates calculated using 2015 SANDAG population estimates.

\* 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: Changes in Pelvic Inflammatory Disease Reporting Requirements

The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated Title 17 sections 2500, 2502 and 2505 of the California Code of Regulations. **Effective June 3, 2016, CDPH no longer requires that pelvic inflammatory disease (PID) be reported to the local health department. Therefore, cases of PID, other than those caused by a reportable sexually transmitted pathogen (i.e., *Neisseria gonorrhoeae* or *Chlamydia trachomatis*), do not require a Confidential Morbidity Report to the health department.**

PID comprises a spectrum of inflammatory disorders of the upper female genital tract and may include endometritis, salpingitis, tubo-ovarian abscess, and/or pelvic peritonitis. A significant but declining proportion of PID cases are due to *N. gonorrhoeae* or *C. trachomatis*. Anaerobic bacteria, *Gardnerella vaginalis*, *Haemophilus influenzae*, enteric Gram-negative rods, *Streptococcus agalactiae*, cytomegalovirus, *Mycoplasma hominis*, *Ureaplasma urealyticum*, and *Mycoplasma genitalium* also have been implicated in this condition. Most cases of PID are diagnosed based on the presence of pelvic or lower abdominal pain plus lack of any other cause of the pain plus one of the following minimum clinical criteria: cervical motion tenderness or uterine tenderness or adnexal tenderness [1].

Recommended treatment regimens reflect the polymicrobial nature of many cases of PID. Women with mild to moderate disease may be treated with intramuscular/oral antibiotic regimens, while women with severe illness, signs/symptoms indicative of a surgical emergency, tubo-ovarian abscess, pregnancy, or inability to follow or tolerate an outpatient regimen should be hospitalized and receive parenteral therapy. These recommendations are outlined in the Centers for Disease Control and Prevention (CDC) [2015 STD Treatment Guidelines](#).

Providers should indicate the presence of PID in case reports for *N. gonorrhoeae* and *C. trachomatis* by checking "Gonococcal PID" and/or "Chlamydial PID," in addition to providing other required information about these infections (i.e., specimen sources, presence of symptoms, treatment, and partner management).

A current list of reportable communicable diseases under Title 17 Section 2500 can be found [here](#). For questions regarding PID diagnosis, management, and/or reporting requirements please page (877) 217-1816. For other Title 17 changes that may be relevant to your practice, please see the attached letter from CDPH.

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STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



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