



County of San Diego Monthly STD Report

Issue No. 27: Data through March 31, 2011; Report prepared May 31, 2011.



Table 1. STDs reported among San Diego County residents, by month (March 2011), and year to date.

	2011		2010	
	Mar	YTD	Mar	YTD
Gonorrhea	129	438	180	459
Female age 18-25	23	70	29	80
Female age ≤17	3	14	7	11
Male rectal gonorrhea	23	64	21	61
Chlamydia	1325	3849	1355	3732
Female age 18-25	620	1753	630	1706
Female age ≤17	95	273	95	299
Male rectal chlamydia	32	89	26	82
Early Syphilis (adult total)	37	110	37	113
Primary	7	31	7	23
Secondary	17	41	15	39
Early latent	13	38	15	51
Neurosyphilis*	0	0	0	0
Congenital syphilis	0	0	0	1
HIV Infection				
HIV (not AIDS)	42	124	55	133
AIDS	18	56	36	104

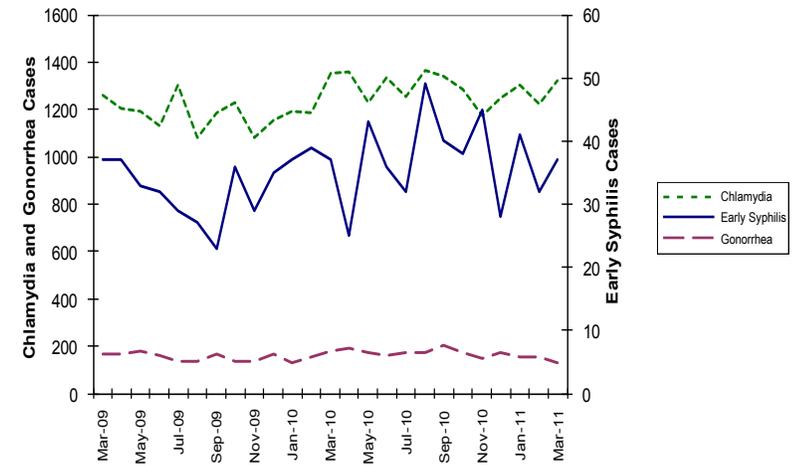
YTD: Year to Date

*Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and race/ethnicity, and year to date.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	3849	119.4	119	34.2	308	184.1	723	73.2	574	36.2
Gonorrhea	438	13.6	15	4.3	59	35.3	78	7.9	98	6.2
Early syphilis	110	3.4	6	1.7	11	6.6	33	3.3	58	3.7
Under 20 yrs										
Chlamydia	862	98.2	12	14.3	88	178.6	196	55.1	109	32.3
Gonorrhea	45	5.1	2	2.4	6	12.2	11	3.1	8	2.4
Early syphilis	2	0.2	1	1.2	1	2.0	0	0.0	0	0.0

Figure 1. Chlamydia, early syphilis* and gonorrhea cases reported among San Diego County residents, by month.



*Early syphilis includes primary, secondary and early latent syphilis.

Key Points, comparing reported cases in 2011 with 2010

- Early syphilis is stable, but...
 - Early latent syphilis has decreased 25%
 - Primary syphilis has increased 35%
- Chlamydia is stable
- Gonorrhea has decreased 5%

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.

Editorial Note: The Jarisch-Herxheimer Reaction during Syphilis Treatment

The Jarisch-Herxheimer reaction is an acute febrile response that may occur within the first 24 hours of treatment for syphilis, regardless of treatment regimen. Flu-like symptoms may occur, including fever, headache, myalgias and malaise, associated with transient worsening of rash in patients with secondary syphilis. Patients with early syphilis are more likely to develop this reaction, which is thought to be caused by the release of inflammatory cytokines due to dying treponemes. HIV co-infection has not been associated with either a higher incidence or an increased severity of Jarisch-Herxheimer reactions.

At the time of initial treatment, the patient should be counseled that this reaction may occur, and how to distinguish it from an allergic reaction to the medication. He or she should also be reassured that the absence of such a reaction does not indicate that treatment was ineffective. No effective prophylaxis has been found; supportive care, consisting of antipyretics, adequate fluid intake and rest, should be used as needed. Symptoms resolve spontaneously within 24 to 48 hours. Patients should seek medical attention if symptoms are severe.

In pregnancy, the Jarisch-Herxheimer reaction may precipitate uterine contractions or preterm labor. Women should be told to report symptoms of labor or decreased fetal movement to their providers, and such patients should be handled in accordance with usual obstetric protocols. The risk of inducing this reaction is not a contraindication to syphilis treatment in pregnancy.

For more information about the treatment of syphilis, and other STDs, please refer to the 2010 Centers for Disease Control and Prevention STD Treatment Guidelines: <http://www.cdc.gov/std/treatment/2010/intro.htm>.

Information about the County of San Diego STD Clinics: www.STDSanDiego.org
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