

# County of San Diego Monthly STD Report

Volume 12, Issue 12: Data through July 2020; Report released January 8, 2021.



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

	2019		2020	
	July	Previous 12-Month Period*	July	Previous 12-Month Period*
Chlamydia	1996	22632	1496	20348
Female age 18-25	701	8185	561	7676
Female age ≤ 17	77	910	58	731
Male rectal chlamydia	127	1215	97	1135
Gonorrhea	533	6121	526	6097
Female age 18-25	90	920	81	1003
Female age ≤ 17	4	95	8	110
Male rectal gonorrhea	66	801	88	702
Early Syphilis (adult total)	101	1121	92	1109
Primary	10	157	15	167
Secondary	30	381	31	373
Early latent	49	583	46	569
Congenital syphilis	2	18	2	20

\* Cumulative case count of the previous 12 months.

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

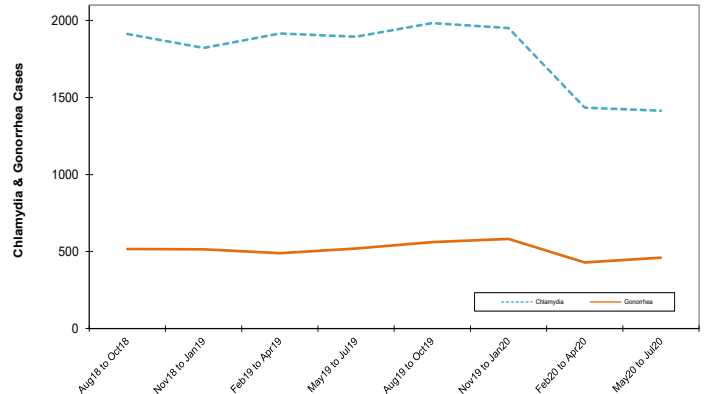
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	10697	547.1	187	72.5	381	387.7	870	136.4	968	109.9
Gonorrhea	3254	166.4	75	29.1	362	368.4	736	115.4	646	73.3
Early Syphilis	614	31.4	44	17.1	57	58.0	246	38.6	234	26.6
<i>Under 20 yrs</i>										
Chlamydia	1788	353.4	16	28.6	84	342.0	146	68.8	157	85.4
Gonorrhea	300	59.3	9	16.1	40	162.9	89	42.0	42	22.8
Early Syphilis	13	2.6	2	3.6	1	4.1	8	3.8	2	1.1

Note: Rates are calculated using 2019 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 6/2020.

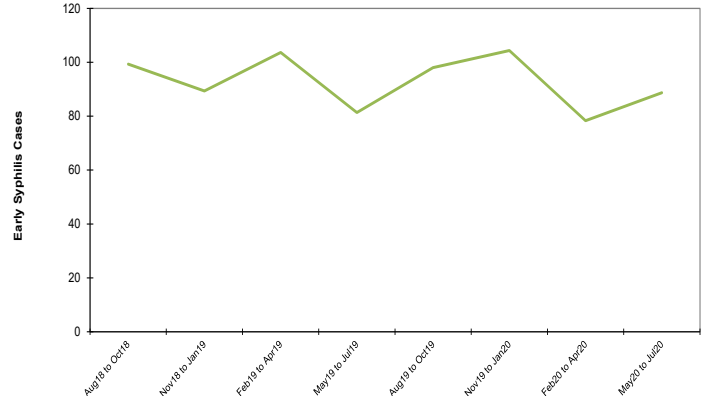
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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.

**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.**



## Editorial Note: CDC Updates Gonorrhea Treatment Guidelines

On December 18, 2020, the Centers for Disease Control and Prevention (CDC) released an [Update to the Treatment Guidelines for Gonococcal Infection](#) in the *Morbidity and Mortality Weekly Report*. The updated guidelines supersede those published in the [2015 STD Treatment Guidelines](#). **Gonorrhea should now be treated with just one higher intramuscular (IM) injectable dose of ceftriaxone (500 mg), and dual therapy is no longer the recommended approach.** These changes are based on concerns about antimicrobial stewardship, new pharmacokinetic and pharmacodynamic considerations, and decreases in azithromycin susceptibility, and are summarized as follows:

- For uncomplicated urethral, cervical, rectal, and pharyngeal gonorrhea, a single 500-mg IM injection of ceftriaxone is recommended. For persons weighing  $\geq 150$  kg (300 lbs), a single 1-gram dose is recommended.
- If chlamydial infection has not been excluded, doxycycline 100 mg orally twice a day for 7 days is recommended (or azithromycin 1 gram orally in a single dose, if the patient is pregnant).
- If chlamydial infection has been excluded, a second antimicrobial agent is not recommended.

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## Editorial Note (Continued):

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- No reliable alternative regimen is available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended, and for patients with severe allergy (e.g., Stevens Johnson syndrome) to ceftriaxone, consultation with an infectious disease specialist is recommended.
- A test-of-cure with either culture or nucleic acid amplification testing (NAAT) is recommended for all cases of pharyngeal gonorrhea 7-14 days following treatment, regardless of the treatment regimen used.
- Alternative regimens for uncomplicated gonococcal infections at other anatomic sites (i.e., cervix, urethra, and rectum), when ceftriaxone is contraindicated or not available, include a combination of gentamicin 240 mg IM plus azithromycin 2 grams orally (both as single doses), or a single dose of cefixime 800 mg orally.
- Retesting at three months after treatment is recommended for all gonococcal infections (consistent with 2015 guidelines).
- Recommendations for expedited partner therapy (EPT) for gonorrhea have been updated.