

County of San Diego Monthly STD Report

Volume 12, Issue 6: Data through January 2020; Report released July 6, 2020.



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

	2019		2020	
	Jan	Previous 12-Month Period*	Jan	Previous 12-Month Period*
Chlamydia	2027	22197	2150	23232
Female age 18-25	739	8311	808	8482
Female age ≤ 17	75	963	59	820
Male rectal chlamydia	106	1067	98	1324
Gonorrhea	527	6126	588	6460
Female age 18-25	84	947	106	1026
Female age ≤ 17	12	108	9	94
Male rectal gonorrhea	61	738	62	811
Early Syphilis (adult total)	100	1096	113	1165
Primary	19	177	17	162
Secondary	25	375	32	389
Early latent	56	544	64	614
Congenital syphilis	2	17	2	21

* Cumulative case count of the previous 12 months.

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

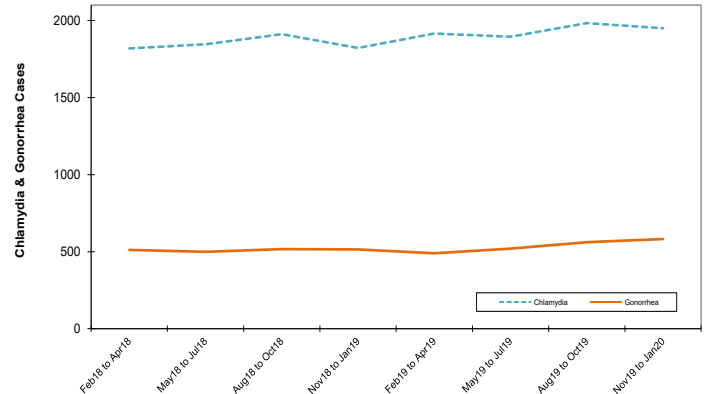


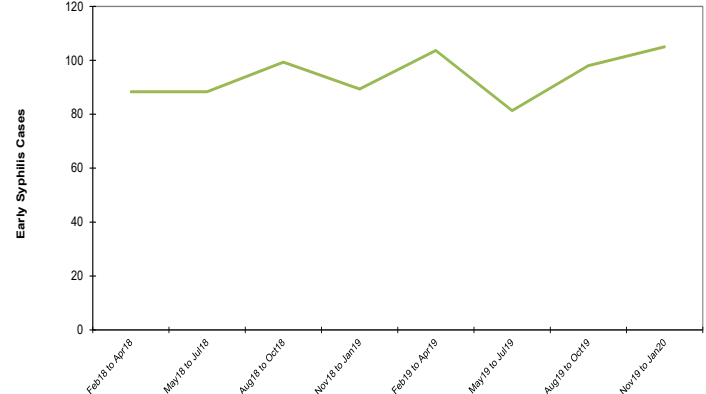
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	2150	773.0	44	139.4	78	633.6	205	213.8	209	164.4
Gonorrhea	588	211.4	14	44.3	68	552.4	155	161.6	125	98.3
Early Syphilis	113	40.6	11	34.8	11	89.4	49	51.1	35	27.5
<i>Under 20 yrs</i>										
Chlamydia	338	450.7	2	29.1	18	545.5	33	94.3	26	104.2
Gonorrhea	46	61.3	4	58.1	8	242.5	13	37.2	4	16.0
Early Syphilis	2	2.7	0	0.0	0	0.0	2	5.7	0	0.0

Note: Rates calculated using 2018 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 7/2019.

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

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: CDC Report Highlights Missed Opportunities for Congenital Syphilis Prevention

Congenital syphilis, the result of transmission of *Treponema pallidum* from a mother to a developing fetus during pregnancy, can result in multiple complications, including miscarriage, stillbirth, infant death, and physical and neurological complications that may be permanent. Congenital syphilis is completely preventable through timely diagnosis and treatment of pregnant women with syphilis. However, the Centers for Disease Control and Prevention (CDC) recently reported multiple missed opportunities for prevention of congenital syphilis nationwide, based on analysis of 2018 surveillance data. Nationally, the most commonly missed prevention opportunity noted among 1,306 congenital syphilis cases reported in 2018 was a lack of adequate maternal treatment despite timely diagnosis of syphilis during pregnancy (30.7% of cases), followed closely by a lack of timely prenatal care (28.2%). In the West, the most commonly missed opportunity was a lack of timely prenatal care (41.1%), followed by a lack of adequate maternal treatment despite a timely diagnosis (28.6%) [1].

This report highlights the importance of ensuring access to timely prenatal care for all pregnant women, for screening for syphilis according to [California state law](#) and [national guidelines](#), and for prompt action when a pregnant woman has a positive test for syphilis. Providers can help to prevent congenital syphilis and its complications through:

- Screening of all pregnant women for syphilis at the first prenatal visit or, if the patient is not receiving prenatal care or receipt of prenatal care is uncertain, at the earliest opportunity in other healthcare settings [2].
- Repeat screening of women who are vulnerable to acquiring syphilis during pregnancy at 28-32 weeks gestation and at the time of delivery [2].

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Editorial Note (Continued):

- Prompt evaluation of pregnant women with a positive syphilis test. The HIV, STD, and Hepatitis Branch can provide syphilis histories (619-692-8501) and assistance with diagnosis, staging, and/or treatment (619-609-3245) if needed.
- Prompt treatment of pregnant women with confirmed syphilis, using penicillin-based CDC-recommended treatment regimens based on stage of infection and, for women receiving the multi-dose regimen, strict adherence to recommended dosing intervals [\[3\]](#).
- Ensuring that no newborn is discharged from the hospital until the mother's syphilis status has been ascertained.