

County of San Diego Monthly STD Report

Volume 12, Issue 8: Data through March, 2020; Report released September 8, 2020.



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

	2019		2020	
	Mar	Previous 12-Month Period*	Mar	Previous 12-Month Period*
Chlamydia	1976	22311	1429	22735
Female age 18-25	722	8316	549	8363
Female age ≤ 17	62	937	71	828
Male rectal chlamydia	109	1104	50	1233
Gonorrhea	499	6062	450	6451
Female age 18-25	74	911	75	1054
Female age ≤ 17	7	102	12	98
Male rectal gonorrhea	67	778	55	775
Early Syphilis (adult total)	113	1132	68	1130
Primary	19	179	6	152
Secondary	41	395	28	372
Early latent	53	558	34	606
Congenital syphilis	4	20	5	21

* 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	5388	643.0	115	104.1	186	441.7	553	202.3	501	132.7
Gonorrhea	1531	182.7	42	38.0	159	377.5	394	144.1	324	85.8
Early Syphilis	287	34.3	27	24.4	23	54.6	120	43.9	100	26.5
<i>Under 20 yrs</i>										
Chlamydia	905	417.4	11	45.8	43	408.5	95	104.5	73	92.6
Gonorrhea	150	69.2	7	29.2	14	133.0	50	55.0	21	26.6
Early Syphilis	7	3.2	1	4.2	0	0.0	5	5.5	1	1.3

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.

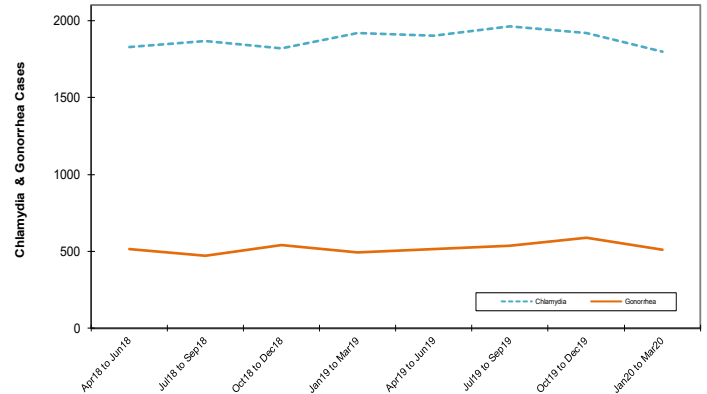
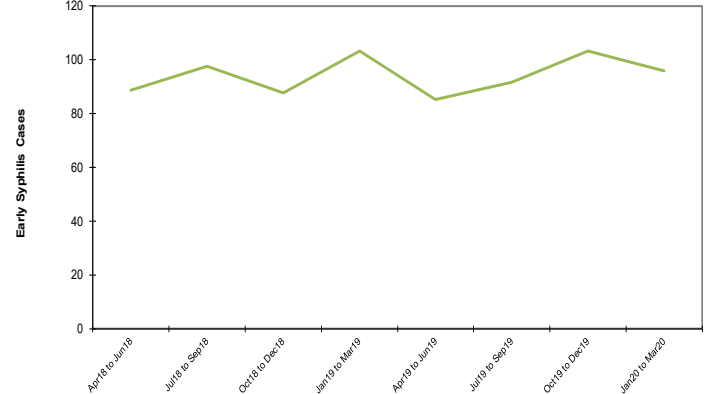


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Preliminary 2019 STD Data Slides Now Available Online

Reported cases and rates of chlamydia and gonorrhea in San Diego County continued to rise in 2019. Cases and rates of early syphilis (i.e., primary, secondary, and early latent syphilis) also increased, after a slight decrease in 2018, as did congenital syphilis cases and stillbirths. The overall burden of STDs on San Diego County residents remains the highest that it has been for the past two decades, with continued disproportionate impacts on youth, men who have sex with men (MSM), and persons of color (Blacks/African Americans and Hispanic/Latinx individuals).

Preliminary 2019 STD Data Slides are now available at <http://www.stdsandiego.org> by clicking on the "Reports and Statistics" tab. Key points about each of the primary reportable bacterial STDs include the following:

Early Syphilis: Following a slight decrease from 2017 to 2018, cases and rates of early syphilis increased from 2018 to 2019. Cases of early syphilis increased by 7.0% from 1,079 cases in 2018 to 1,154 cases in 2019, and the overall rate of early syphilis increased by 6.5% from 32.3 cases per 100,000 population in 2018 to 34.4 cases per 100,000 population in 2019. MSM accounted for 81.5% of cases, and 53.4% of MSM early syphilis cases also had HIV infection. Highest rates of infection were observed among men aged 25 to 29 years, followed by men aged 30 to 34 years. The rates of early syphilis among Black/African-American and Hispanic/Latino men were 2.3 and 1.5 times the rate among white men.

Female and Congenital Syphilis: While there was a trend toward increasing cases and rates of early syphilis among women of childbearing potential (15-49 years of age), cases and rates of early syphilis in pregnant women have remained stable. A total of 21 cases of congenital syphilis (i.e., infants born to women with untreated or inadequately treated syphilis at the time of delivery) were reported in 2019, three of which were stillbirths. The number of congenital syphilis cases increased by 40% from 2018 to 2019, although the overall case number remained relatively low.

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Editorial Note (Continued):

Gonorrhea: Reported cases of gonorrhea increased by 3.1% from 6,200 cases in 2018 to 6,395 cases in 2019, and the overall rate of gonorrhea increased by 2.7% from 185.8 cases per 100,000 population in 2018 to 190.8 cases per 100,000 population in 2019. Highest rates of infection were observed among men aged 25 to 29 years, and rates of gonorrhea among Black/African-American men were 4.3 and 2.4 times the rates among White and Hispanic/Latino men respectively.

Chlamydia: Reported cases of chlamydia increased by 4.1% from 22,098 cases in 2018 to 23,002 cases in 2019, and the overall rate of chlamydia increased by 3.7% from 662.1 cases per 100,000 population in 2018 to 686.3 cases per 100,000 population in 2019. Highest rates of infection were observed among women aged 20 to 24 years, followed by women aged 15 to 19 years. Based on limited race/ethnicity data, rates of chlamydia among Black/African-American and Hispanic/Latina women were 3.5 and 2.1 times the rates among White women.

Providers can help to address rises in STDs by:

- Routinely discussing sexual health with patients;
- Testing sexually active MSM (including those on HIV pre-exposure prophylaxis or PrEP) for gonorrhea, chlamydia, syphilis, and (if not known to be HIV-positive) HIV at least annually and more frequently (i.e., every 3-6 months) for those with multiple or anonymous partners or partners with concurrent partners and those who report substance use or transactional sex;
- Testing MSM for gonorrhea and chlamydia at all potential sites of infection (i.e., urethra/urine, throat, and rectum)
- Testing sexually active women aged 24 years and younger for chlamydia and gonorrhea, according to United States Preventive Services Task Force recommendations
- Testing all pregnant women for syphilis during the first prenatal visit and, for those who are vulnerable to acquiring syphilis during pregnancy, again during the third trimester (28 weeks) and at delivery.
- Ensuring that no newborn is released from the hospital until the syphilis status of the mother is known.
- Promptly submitting complete case reports for syphilis and gonorrhea to the local health department.

Resources for Providers:

A Guide to Taking a Sexual History (Centers for Disease Control and Prevention, CDC): <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

2015 CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>

California STD Treatment Guidelines Table for Adults & Adolescents 2015: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Treatment-Guidelines-Color.pdf>

California STD Data (California Department of Public Health STD Control Branch): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

United States Preventive Services Task Force Grade A and B Recommendations: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

National STD Curriculum: <https://www.std.uw.edu/>

Expedited Partner Therapy (EPT) Information/Guidelines: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-Patients_Essential%20Access.pdf and <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Clinical-Guidelines-CA-STD-PDPT.pdf>