

County of San Diego Monthly STD Report

Volume 13, Issue 11: Data through June 2021; Report released December 9, 2021.



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

	2020		2021	
	June	Previous 12-Month Period*	June	Previous 12-Month Period*
Chlamydia	1521	20828	1626	18114
Female age 18-25	587	7810	600	6727
Female age ≤ 17	52	750	56	617
Male rectal chlamydia	103	1167	131	1356
Gonorrhea	498	6100	722	7531
Female age 18-25	83	1013	114	1143
Female age ≤ 17	7	106	12	138
Male rectal gonorrhea	59	682	114	1150
Early Syphilis (adult total)	93	1106	120	1267
Primary	13	162	16	199
Secondary	34	372	36	423
Early latent	46	572	68	645
Congenital syphilis	0	19	4	22

* 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	8954	534.3	218	98.7	315	374.0	819	149.8	1006	133.2
Gonorrhea	4045	241.4	121	54.8	334	396.5	655	119.8	770	102.0
Early Syphilis	675	40.3	38	17.2	69	81.9	298	54.5	217	28.7
<i>Under 20 yrs</i>										
Chlamydia	1387	319.9	22	45.8	54	256.5	127	69.9	161	102.1
Gonorrhea	364	83.9	6	12.5	24	114.0	46	25.3	46	29.2
Early Syphilis	9	2.1	0	0.0	1	4.8	5	2.8	2	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.

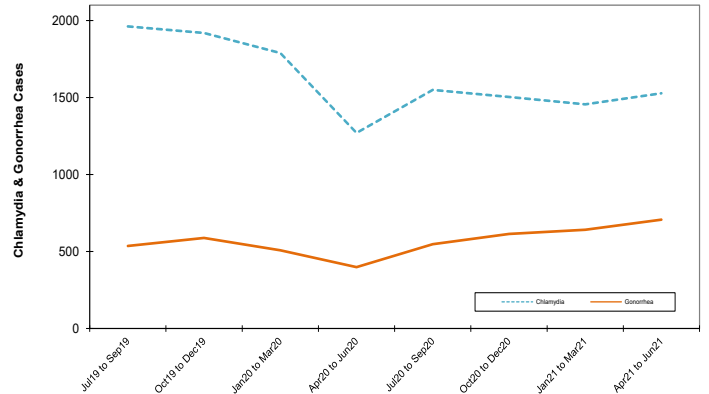
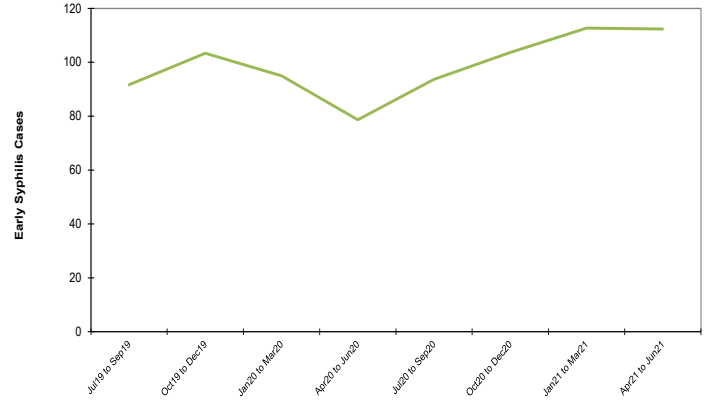


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Updated Disseminated Gonococcal Infection Treatment Recommendations

Disseminated gonococcal infection (DGI) remains a major public health concern, given increases in the number of reported cases at the national, state, and local levels, the potential for serious morbidity (e.g., septic arthritis, endocarditis, meningitis) and mortality, and the continued threat of antibiotic-resistant *Neisseria gonorrhoeae*. Below is a summary of the current recommendations for DGI management, based on recent guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

Treatment of arthritis and arthritis-dermatitis syndrome:

- **Recommended regimen:** ceftriaxone 1 gram IM or IV every 24 hours
- **Alternative regimens:** cefotaxime or ceftizoxime 1 gram IV every 8 hours
- **Dual treatment with azithromycin is no longer recommended.** If *Chlamydia trachomatis* coinfection has not been excluded, treatment with doxycycline 100 mg orally twice daily for seven days is recommended for non-pregnant persons for whom adherence is not a concern [1].
- The provider can switch to an oral agent guided by antimicrobial susceptibility testing (AST) 24-48 hours after substantial clinical improvement, for a total treatment course of at least 7 days. **In the absence of AST, the preferred oral regimen is cefixime 800 mg orally twice daily; use of ciprofloxacin and doxycycline is not recommended due to high rates of resistance to these agents among California DGI isolates (unpublished data from CDPH).**

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Editorial Note (Continued):

Treatment of endocarditis/meningitis:

- Recommended regimen: ceftriaxone 1-2 grams IV every 12-24 hours [1] [communication from CDPH to local health jurisdictions]
- *As with arthritis and arthritis-dermatitis syndrome, dual treatment of DGI is no longer recommended, but treatment for C. trachomatis infection is recommended if it has not been excluded (see above) [1].*
- The duration of treatment of DGI involving the cardiovascular and/or central nervous system (CNS) has not been systematically studied. Treatment of cardiovascular or CNS DGI should be guided by AST, and duration of therapy should be determined based on clinical presentation and in consultation with an infectious disease specialist.
 - Parenteral therapy for endocarditis should be continued for at least 4 weeks.
 - Parenteral therapy for meningitis should be continued for at least 10-14 days [1].