



County of San Diego Monthly STD Report

Volume 8, Issue 9: Data through May 2016; Report released September 27, 2016.



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

	2015		2016	
	May	Previous 12-Month Period*	May	Previous 12-Month Period*
Chlamydia	1351	15763	1434	18491
Female age 18-25	538	6363	562	7338
Female age ≤ 17	70	696	41	779
Male rectal chlamydia	34	510	53	666
Gonorrhea	227	3341	373	4309
Female age 18-25	32	464	50	561
Female age ≤ 17	5	61	7	83
Male rectal gonorrhea	31	432	40	591
Early Syphilis (adult total)	73	766	80	863
Primary	15	145	14	174
Secondary	29	282	28	327
Early latent	29	339	38	362
Congenital syphilis	1	5	1	8
HIV Infection†				
HIV (not AIDS)	32	433	65	502
AIDS	17	246	20	202

* Cumulative case count of the previous 12 months.

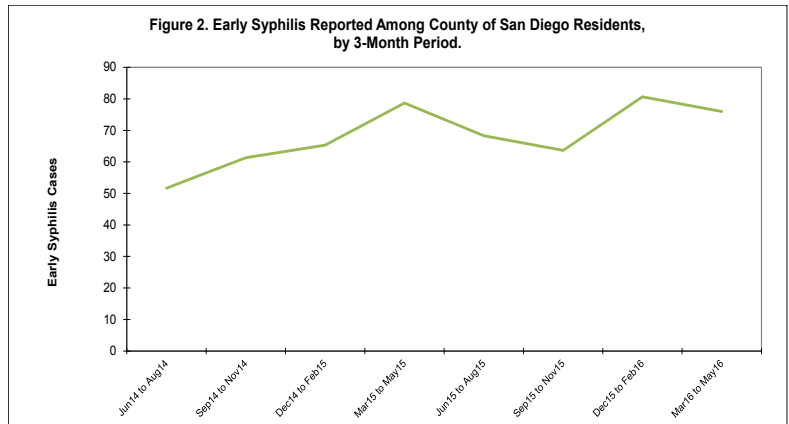
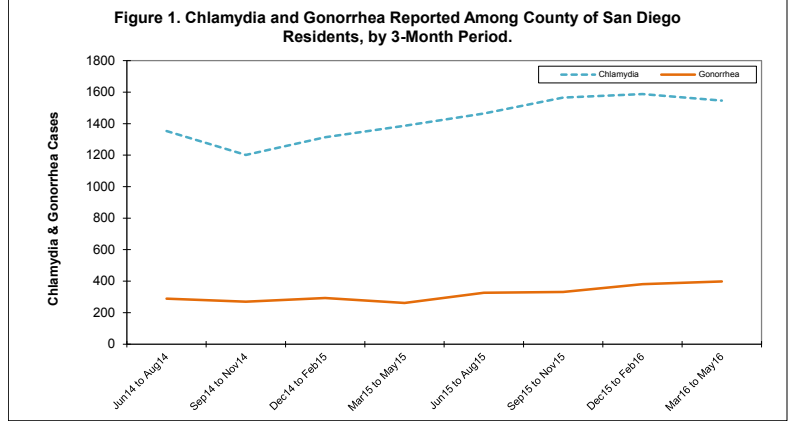
† New infections are reported either as HIV, or if an individual was also diagnosed with AIDS within one month, as AIDS.

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	7889	609.6	42	27.0	152	264.0	505	112.3	333	52.7
Gonorrhea	1981	153.1	32	20.6	189	328.2	436	97.0	403	63.8
Early Syphilis	399	30.8	14	9.0	32	55.6	154	34.3	151	23.9
<i>Under 20 yrs</i>										
Chlamydia	1250	372.9	4	10.7	23	152.7	76	47.9	25	20.1
Gonorrhea	150	44.8	2	5.4	18	119.5	46	29.0	12	9.7
Early Syphilis	14	4.2	2	5.4	0	0.0	10	6.3	2	1.6

Note: Rates calculated using 2015 SANDAG population estimates.

* 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.

Editorial Note: Cluster of *Shigella flexneri* Infections Among Men in Southern California

The California Department of Public Health (CDPH) has identified a cluster of 22 *Shigella flexneri* cases in southern California with illness onset between May and September 2016 that involved an uncommon strain (i.e., serotype 7, also known as 1c or provisional 88-893). Eleven cases were hospitalized, and two patients have died. All patients are men, aged between 24 and 67 years (median 38 years old), at least 13 of which are men who have sex with men (MSM). Some are homeless or transiently housed, and fourteen patients are immunocompromised. Common symptoms include fever, diarrhea (bloody in some cases), and abdominal pain. Of the 14 cases with antimicrobial susceptibility data, all showed resistance to ampicillin and trimethoprim/sulfamethoxazole, and all were susceptible to ciprofloxacin.

Shigella species are not routinely serotyped in San Diego County, and no local residents are in the identified serotype 7 cluster. However, investigation of an out-of-state resident MSM with *S. flexneri* serotype 7 indicates that he acquired the infection while visiting San Diego. Also, the number of *Shigella* species cases is higher so far for 2016 than at this time in 2015 (113 versus 89), as is the proportion of *S. flexneri* and *S. sonnei* cases who self-identify as MSM.

Recommendations for providers include:

- **Obtain a sexual history in patients who present with apparent infectious diarrhea, and offer HIV testing to sexually active individuals who are not aware of their HIV status.**
- **Consider shigellosis in the differential diagnosis of MSM who present with diarrhea**, particularly if the diarrhea is bloody. Obtain a stool culture with drug susceptibility testing, and consider obtaining, if available, a polymerase chain reaction (PCR) test in addition to culture, since results may be available more quickly and facilitate therapy.
- **Treat *Shigella* infection among MSM to shorten the duration of illness, shedding, and risk of transmission.** Isolates from this cluster and most *Shigella* infections are susceptible to ciprofloxacin. Recommended dose is 500 mg orally twice daily for three days^[1]. Longer duration of therapy (i.e., 7-10 days) is recommended for HIV-infected MSM^[2].
- **Advise MSM to abstain from sex for at least two weeks after recovery from illness.** When resuming sexual activity, MSM should avoid oral-anal contact or use barriers such as condoms or dental dams.
- **Report suspected shigellosis within one working day to the [Epidemiology Program](#)** by calling 619-692-8499 during normal business hours (Monday-Friday 8AM-5PM), or 858-565-5255 after hours, on weekends, and on County-observed holidays. A confidential morbidity report may also be faxed to 858-715-6458.

For more details, please refer to the San Diego California Health Alert Network (CAHAN) [health advisory](#) released on 09/20/2016. To receive future CAHAN alerts, click [here](#).

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