County of San Diego Monthly STD Report

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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

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

	2015		2016	
	Sep	*Previous 12-Month Period**	*Sep*	*Previous 12-Month Period**
Chlamydia	1598	16311	1666	18914
Female age 18-25	683	6587	602	7345
Female age ≤ 17	68	743	63	791
Male rectal chlamydia	45	519	41	607
Gonorrhea	333	3496	418	4745
Female age 18-25	44	479	50	614
Female age ≤ 17	4	60	8	109
Male rectal gonorrhea	50	466	61	635
Early Syphilis (adult total)	68	821	70	902
Primary	12	161	13	173
Secondary	32	314	27	318
Early latent	24	346	30	412
Congenital syphilis	1	7	0	10

* Cumulative case count of the previous 12 months.

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

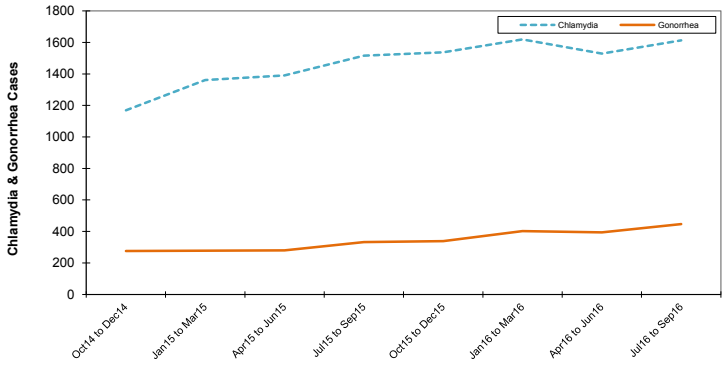


Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year to Date.

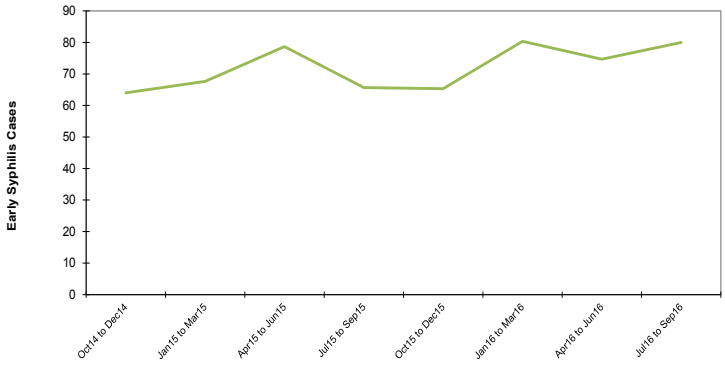
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages										
Chlamydia	14303	614.0	82	29.3	292	281.7	965	119.3	632	55.6
Gonorrhea	3729	160.1	60	21.5	378	364.7	848	104.8	782	68.8
Early Syphilis	709	30.4	24	8.6	74	71.4	270	33.4	277	24.4
Under 20 yrs										
Chlamydia	2267	375.8	7	10.4	43	158.6	156	54.7	62	27.7
Gonorrhea	313	51.9	4	6.0	40	147.5	90	31.5	33	14.8
Early Syphilis	27	4.5	2	3.0	1	3.7	19	6.7	5	2.2

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.*

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



Editorial Note: Lymphogranuloma Venereum

Lymphogranuloma venereum (LGV) is caused by three serovars of *Chlamydia trachomatis* (L1, L2, and L3) that are more invasive than those that cause most chlamydia infections. A self-limited painless genital ulcer or papule may occur during the first 3 to 30 days following infection, although primary infection is often asymptomatic. Genital exposure typically results in **tender inguinal and/or femoral lymphadenopathy**, while anal exposure may result in **hemorrhagic proctocolitis** that can mimic inflammatory bowel disease and, without early detection and treatment, result in colorectal fistulas, strictures, and other complications [1].

Outbreaks of LGV have been reported among men who have sex with men (MSM)[2][3], so LGV should be considered for any MSM who presents with signs or symptoms of proctocolitis (i.e., mucoid and/or hemorrhagic rectal discharge, anal pain, constipation, fever and/or tenesmus). The Centers for Disease Control and Prevention (CDC) recommend nucleic acid amplification testing (NAAT) for *C. trachomatis* on rectal specimens. Although these tests are not cleared by the U.S. Food and Drug Administration for use on rectal specimens, they are widely available in laboratories that have performed necessary Clinical Laboratory Improvement Amendments (CLIA) validation procedures. Additional molecular testing for LGV serovars is available in certain centers, but long turnaround times limit their use for clinical management. Therefore, diagnosis is usually based on clinical findings, epidemiology, confirmation of rectal *C. trachomatis* infection, and exclusion of other causes [1].

The *recommended* treatment for LGV is **doxycycline 100 mg orally twice a day for 21 days** [1]. MSM with proctocolitis should be treated empirically with a doxycycline-containing regimen and, if the rectal NAAT for *C. trachomatis* is positive, extension of the doxycycline course to 21 days should be considered. Erythromycin base 500 mg orally four times a day is an alternative treatment regimen. Azithromycin 1 gram orally weekly for 3 weeks also may be effective, but clinical data on this regimen are lacking. Persons who have had sexual contact with a patient with LGV within 60 days of onset of patient's symptoms should be treated with a chlamydia regimen (i.e., azithromycin 1 gram orally in a single dose or doxycycline 100 mg orally twice a day for 7 days)[1].

Like other *C. trachomatis* infections, provider reporting of LGV to the local health department is required within seven calendar days by Title 17 of the California Code of Regulations. Please click here for more information about disease reporting.

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