



County of San Diego Monthly STD Report

Issue No. 35: Data through November 30, 2011; Report prepared January 31, 2012.



Table 1. STDs reported among San Diego County residents, by month (November 2011), and year-to-date.

Table with 5 columns: STD Category, 2011 Nov, 2011 YTD, 2010 Nov, 2010 YTD. Rows include Gonorrhea, Chlamydia, Early Syphilis, Neurosyphilis, and HIV Infection.

YTD: Year-to-Date
*Chlamydia data through October 2011 due to data entry delay, with comparison data through October 2010.
**Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and race/ethnicity, and year-to-date.

Table with 11 columns: STD Category, (All races) cases, (All races) rate, Asian/PI cases, Asian/PI rate, African American cases, African American rate, Hispanic cases, Hispanic rate, White cases, White rate. Rows include All ages and Under 20 yrs for Chlamydia, Gonorrhea, and Early syphilis.

*Chlamydia data through October 2011 due to data entry delay.

Editorial Note: Lymphogranuloma Venereum (LGV)

LGV is a sexually transmitted disease caused by the L1, L2, and L3 serovars of Chlamydia trachomatis (CT). While endemic in parts of the world, it remains infrequent in the US; however, outbreaks in men who have sex with men (MSM) in the Netherlands and France that seem to be linked to subsequent sporadic cases in the US highlight the need for continued vigilance by clinicians.

- The proctitis/proctocolitis syndrome: a risk factor is receptive anal intercourse in MSM. Symptoms include rectal discharge and tenesmus proceeding to frank colitis. Of concern, endoscopy and histologic findings may be indistinguishable from Crohn's disease...
The lymphadenopathy syndrome: begins as a small painless genital papule that may ulcerate and which resolves spontaneously. Two to six weeks later, inguinal/femoral lymph nodes swell severely, with progression to draining abscesses (buboes) in one third of cases.

Diagnosis depends on a compatible clinical presentation coupled with a positive CT nucleic acid amplification test (NAAT) from the affected body site. Note that CT NAAT testing does not distinguish LGV serovars from the more common CT serovars (B and D-K). Serologic tests are unreliable. It is vital to test for multiple etiologies in patients with genital ulcers and lymphadenopathy or proctitis/proctocolitis.

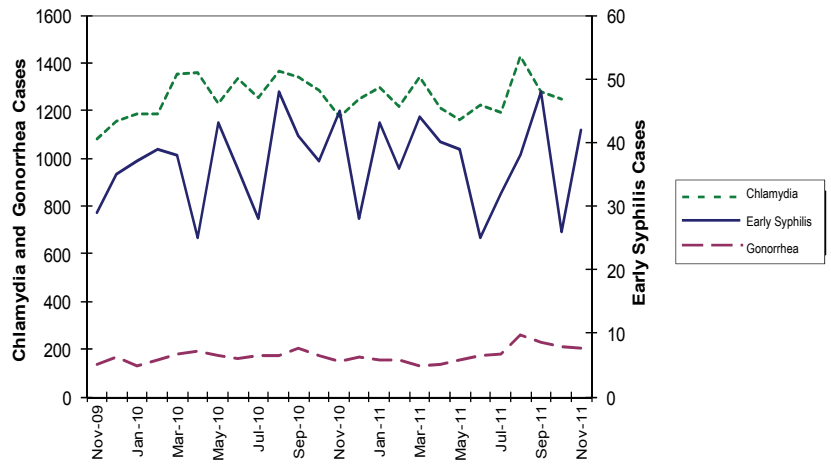
Treatment of LGV consists of doxycycline 100 mg twice a day for three weeks. Extended courses of erythromycin or azithromycin are alternative regimens. Sexual contacts within the preceding 60 days should be treated with azithromycin 1 gm orally in a single dose, or doxycycline 100 mg twice a day for a week.

Note: This report, also accessible through the "Reports and Statistics" link at www.STDSanDiego.org, contains hyperlinks to other documents.

Information about the County of San Diego STD Clinics: www.STDSanDiego.org
STD Clinical Consultation Pager: (877) 217-1816 (8 a.m.-5 p.m., M-F, except major holidays)

Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
STD Clinic: (619) 692-8550; fax (619) 692-8543

Figure 1. Chlamydia,* early syphilis,** and gonorrhea cases reported among San Diego County residents, by month.



*Chlamydia data through October 2011 due to data entry delay.
**Early syphilis includes primary, secondary and early latent syphilis.

Key Points, comparing reported cases in 2011 with 2010

- Overall, chlamydia is stable, but...
• Chlamydia in females <= 17 has decreased 6%.
• Male rectal chlamydia has increased 18%.
Overall, gonorrhea has increased 7%.
Overall, early syphilis is stable, but...
• Primary syphilis is up 31%.

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.