



County of San Diego Monthly STD Report

Issue No. 43: Data through July 31, 2012; Report released October 31, 2012.



Table 1. STDs reported among San Diego County residents, by month (July 2012) and year-to-date.

	2011		2012	
	Jul	YTD	Jul	YTD
Chlamydia*	1212	7444	1229	7886
Female age 18-25	549	3333	536	3494
Female age ≤ 17	84	529	49	351
Male rectal chlamydia	45	207	44	266
Gonorrhea	180	1080	195	1424
Female age 18-25	26	178	32	268
Female age ≤ 17	3	31	7	29
Male rectal gonorrhea	31	174	27	206
Early Syphilis (adult total)	34	268	34	305
Primary	3	57	9	72
Secondary	15	107	12	116
Early latent	16	104	13	117
Neurosyphilis**	0	3	0	6
Congenital syphilis	0	0	0	1
HIV Infection***				
HIV (not AIDS)	40	270	37	276
AIDS	24	152	24	176

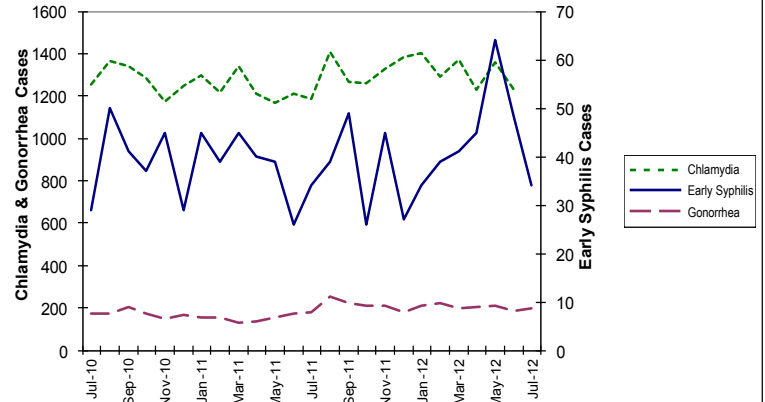
YTD: Year to Date

*Chlamydia data through June 2012 due to data entry delay, with comparison data through June 2011.

**Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

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

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



*Chlamydia data through June 2012 due to data entry delay.

**Early syphilis includes primary, secondary and early latent syphilis.

Table 2. Selected STD cases and annualized rates per 100,000 population for San Diego County, by age and race/ethnicity, year-to-date, 2012.

	All races**		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia*	7886	501.7	544	305.7	174	249.7	1617	312.4	1146	153.6
Gonorrhea	1424	77.7	87	41.9	93	114.4	223	36.9	293	33.7
Early syphilis	305	16.6	15	7.2	18	22.1	100	16.6	160	18.4
<i>Under 20 yrs</i>										
Chlamydia*	1319	312.7	110	262.4	43	228.8	343	180.3	149	103.5
Gonorrhea	125	6.8	9	18.4	15	68.4	12	5.4	17	10.1
Early syphilis	6	1.2	0	0.0	0	0.0	3	1.4	3	1.8

Note: Rates calculated using 2012 SANDAG population estimates.

*Chlamydia data through June 2012 due to data entry delay.

**Includes cases denoted as "other" or "unknown" and for which no race/ethnicity data is specified.

Key Points comparing reported cases through July 2011 to July 2012.

- Chlamydia has increased 6%.*
 - Female (≤17) chlamydia has decreased 34%.*
 - Male rectal chlamydia has increased 29%.*
- Gonorrhea has increased 32%.
 - Female (18-25) gonorrhea has increased 51%.
 - Male rectal gonorrhea has increased 18%.
- Early syphilis has increased 14%.

*Data compares June 2011 to June 2012.

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.

Editorial Note: Engagement in Care and the Estimate of Unmet Need of HIV+ Individuals in San Diego County

People living with HIV must be engaged in a continuum of care from early diagnosis to effective viral suppression in order to improve health outcomes and prevent new infections. National estimates noted in Figure 2 demonstrate decreasing percentages of individuals engaged in care as the levels of medical care increase.¹ To effectively combat the HIV epidemic, increased awareness of HIV status through the normalization of HIV testing is a necessary first step. Although vigorous early identification efforts are ongoing, there must also be strong efforts to link individuals living with HIV to care and to retain them in care.

The County of San Diego annually [assesses the needs of local individuals living with HIV](#). A specific "unmet need" of concern is the group of HIV-positive individuals who are aware of their HIV status but have not received a prescription for antiretroviral therapy or have not had a viral load or CD4 test conducted within the last 12 months. The most recent estimate of the percentage of people living with HIV (HIV or AIDS) in San Diego County having this unmet need was 36% in fiscal year 2010/11. The unmet need was 29% for individuals with AIDS, and it was 46% for those with HIV without an AIDS defining illness. The unmet need was estimated as significantly higher for women and African Americans with HIV, at 57% and 55%, respectively.

Many efforts exist in San Diego County to initiate and maintain HIV-positive people in care. Through extensive tracking and follow-up, 93% of people receiving a positive HIV test result at a County of San Diego testing site had a verified first medical appointment. While not measured, anecdotally we know that attendance at subsequent appointments significantly declines. Services critical in keeping patients in HIV primary care include alcohol/drug recovery services, case management, mental health care, housing and transportation services. For more information, call (619) 692-8433 or visit the [San Diego Health Services HIV Planning Council website](#).

¹National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. (2012). *HIV in the United States: The Stages of Care*. Retrieved from <http://www.odc.gov/inchhstps/newsroom/2012/Continuum-of-Care-Graphics.html>

Figure 2: Engagement in Stages of Care for People with HIV.

