



County of San Diego Monthly STD Report

Volume 10, Issue 4: Data through November 2017; Report released April 30, 2018.



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

	2016		2017	
	Nov	Previous 12-Month Period*	Nov	Previous 12-Month Period*
Chlamydia	1660	18961	1738	20718
Female age 18-25	628	7297	654	7806
Female age ≤ 17	78	773	78	899
Male rectal chlamydia	59	590	40	503
Gonorrhea	476	4929	515	5879
Female age 18-25	65	653	56	704
Female age ≤ 17	7	106	5	101
Male rectal gonorrhea	55	649	63	868
Early Syphilis (adult total)	83	956	104	1129
Primary	23	178	15	181
Secondary	31	335	36	392
Early latent	29	443	53	549
Congenital syphilis	2	12	1	11

* Cumulative case count of the previous 12 months.

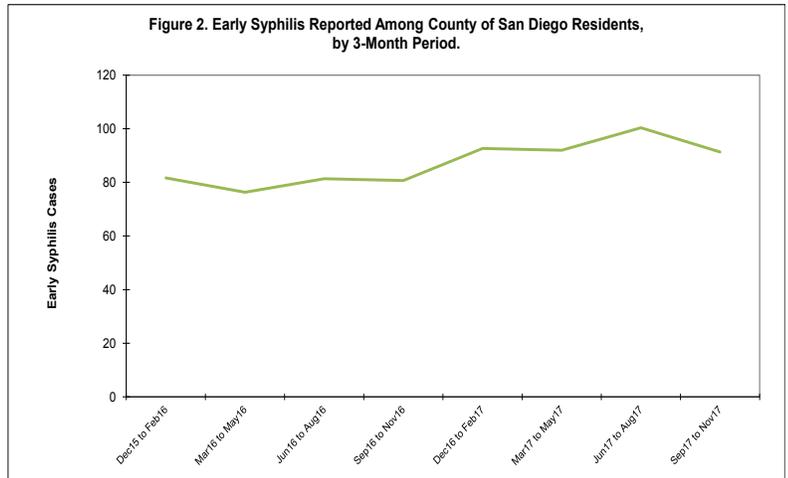
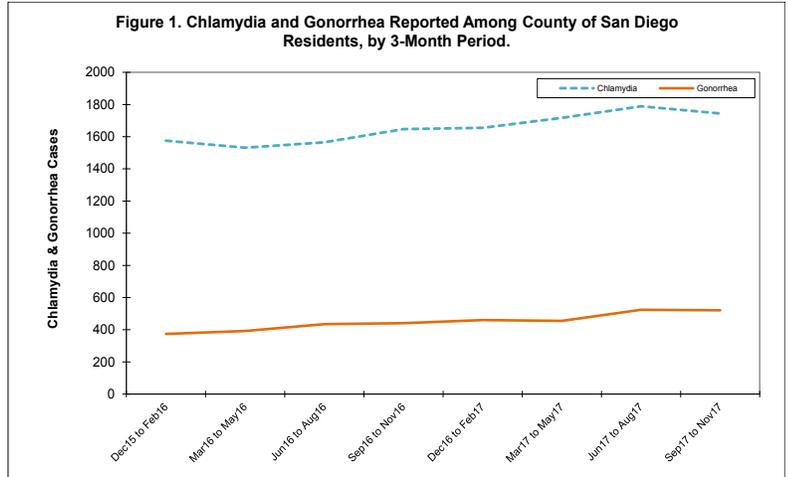
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	19213	637.3	273	76.2	635	441.4	1410	140.0	1732	124.2
Gonorrhea	5451	180.8	127	35.4	522	362.9	1241	123.2	1257	90.1
Early Syphilis	1037	34.4	45	12.6	81	56.3	428	42.5	395	28.3
<i>Under 20 yrs</i>										
Chlamydia	3163	422.5	25	33.2	94	270.1	249	73.3	216	85.7
Gonorrhea	460	61.5	6	8.0	57	163.8	133	39.1	67	26.6
Early Syphilis	28	3.7	0	0.0	1	2.9	20	5.9	3	1.2

Note: Rates calculated using 2016 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: Case of Multi-Drug-Resistant *Neisseria gonorrhoeae* Infection Reported in United Kingdom

On March 29, 2018, Public Health England reported a case of infection with *Neisseria gonorrhoeae* that was resistant to ceftriaxone (minimum inhibitory concentration or MIC of 0.5 mg/L*) and highly resistant to azithromycin (MIC > 256 mg/L*). The patient from whom this *N. gonorrhoeae* strain was isolated was a heterosexual male who had a regular female partner in the United Kingdom (U.K.) and also had a female sexual contact in southeast Asia about one month prior to developing symptoms earlier this year. He received empiric treatment with one gram of ceftriaxone and subsequently received spectinomycin. At test-of-cure, urine nucleic acid amplification testing (NAAT) for *N. gonorrhoeae* was negative, but throat culture was positive. Re-infection was excluded, leading to a diagnosis of treatment failure[1]. The patient was treated with three days of intravenous ertapenem, which cured the infection[2]. Based on testing of his primary partner, it is suspected that he acquired the infection abroad.

This is the first reported case of failure of high-dose ceftriaxone to cure gonorrhea. Although a case of treatment failure with dual therapy (i.e., ceftriaxone plus azithromycin) was reported in the U.K., in 2014, the infection was cured with higher doses of the same antibiotics[3]. This recent case did not receive azithromycin as part of initial therapy. However, given the level of resistance of the strain to azithromycin, use of this agent is unlikely to have made a difference in the outcome. Both of these cases had pharyngeal infection, which is more difficult to eradicate than infections at other sites and unlikely to be eradicated with oral antibiotics.

This also is the first identified *N. gonorrhoeae* strain with high-level azithromycin resistance and resistance to ceftriaxone. Although a cluster of *N. gonorrhoeae* isolates with high-level azithromycin resistance and decreased susceptibility to ceftriaxone was identified in Hawaii in 2016, all of the infections responded to current Centers for Disease Control and Prevention (CDC)-recommended therapy, and the MICs were lower than that observed in this case[4].

Although there was no further spread of this resistant strain of *N. gonorrhoeae* in the U.K., two similar cases have been reported recently in Australia[5], highlighting the global threat posed by **antibiotic-resistant gonorrhea**. Providers can prevent the development and spread of antibiotic-resistant gonorrhea by taking a good sexual history from patients; screening for urogenital and extragenital gonorrhea; and appropriately treating patients with gonorrhea, and their partners, with dual therapy based on the CDC [2015 STD Treatment Guidelines](#). Providers also should report suspected or confirmed cases of gonorrhea treatment failure to the public health department within 24 hours.

* The MIC cut-off levels to define resistance to ceftriaxone and azithromycin in the U.K. are >0.125 mg/L and >0.5 mg/L respectively. For the CDC-led Gonococcal Isolate Surveillance Project (GISP), MICs to ceftriaxone and azithromycin of ≥0.125 µg/mL and ≥2 µg/mL, respectively, are considered elevated.

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