

# County of San Diego Monthly STD Report

Volume 10, Issue 7: Data through February 2018; Report released September 5, 2018.



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

	2017		2018	
	Feb	Previous 12-Month Period*	Feb	Previous 12-Month Period*
Chlamydia	1655	19200	1751	20951
Female age 18-25	659	7300	672	7880
Female age ≤ 17	75	769	78	898
Male rectal chlamydia	40	559	52	513
Gonorrhea	445	5188	465	6087
Female age 18-25	51	672	68	788
Female age ≤ 17	9	109	12	106
Male rectal gonorrhea	68	695	74	850
Early Syphilis (adult total)	77	988	74	1089
Primary	16	172	10	173
Secondary	20	347	29	380
Early latent	41	469	35	536
Congenital syphilis	0	10	2	15

\* 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.**

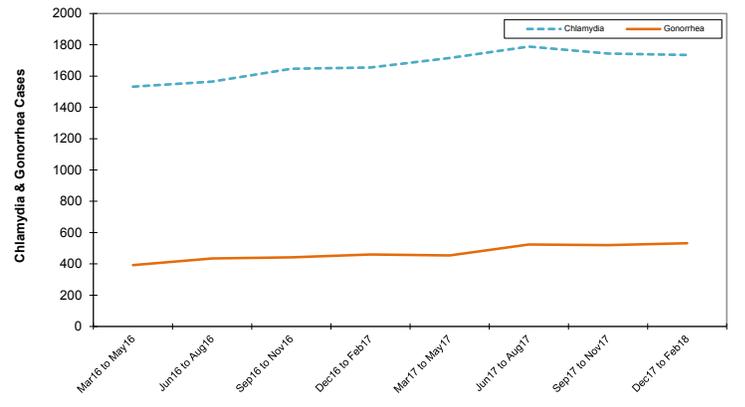
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	3593	651.4	59	90.0	142	539.5	250	135.7	372	145.7
Gonorrhea	1074	194.7	29	44.2	126	478.7	227	123.2	214	83.8
Early Syphilis	151	27.4	7	10.7	11	41.8	61	33.1	53	20.8
<i>Under 20 yrs</i>										
Chlamydia	607	443.2	7	50.8	27	424.0	38	61.1	61	132.2
Gonorrhea	94	68.6	3	21.8	12	188.4	21	33.8	16	34.7
Early Syphilis	4	2.9	0	0.0	0	0.0	3	4.8	1	2.2

Note: Rates calculated using 2017 Preliminary Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 7/2018.

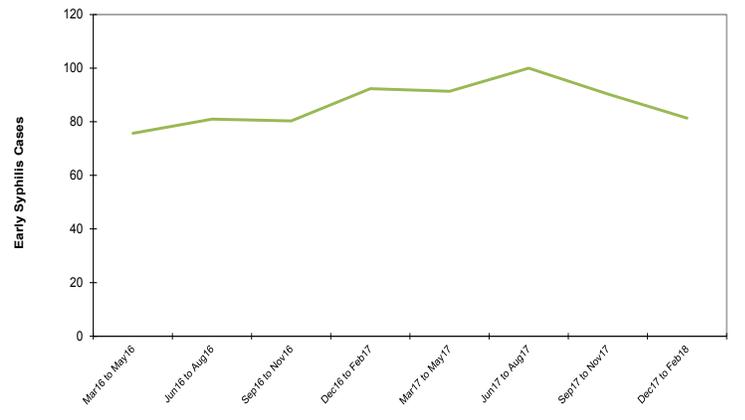
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

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



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



## Editorial Note: STD Trends in San Diego County: 2017 STD Surveillance Data Highlights

Reported cases and rates of syphilis, gonorrhea, and chlamydia in San Diego County continued to rise for the third consecutive year in 2017 and were the highest observed in the last two decades. Significant health disparities persist, with gay, bisexual, and other men who have sex with men (MSM) and people of color (i.e., Blacks/African Americans and Hispanics/Latinos) disproportionately affected.

**Syphilis:** Cases of early (i.e., primary, secondary, and early latent) syphilis increased by 15.2% from 981 cases in 2016 to 1,130 cases in 2017, with the largest interval increase observed for early latent syphilis (19.9% increase from 2016 versus 5.1% and 14.1% increases for primary and secondary syphilis respectively). The overall rate of early syphilis was 34.1 cases per 100,000 persons, a 14.4% increase from 2016. The rate among men was 22.4 times the rate among women, and 85.5% of cases were MSM. Highest rates were observed among men aged 25 to 34 years and men of color (rates among Black/African-American and Hispanic/Latino men were 92.1 and 82.8 cases per 100,000 respectively compared to a rate among White men of 53.0 cases per 100,000). Of early syphilis cases among MSM, 55% also had HIV infection. Rates of syphilis of any stage among women of childbearing potential (15-49 years of age) and pregnant women also increased from 2016 to 2017, although the overall number of cases was relatively low. There were 11 cases of congenital syphilis (i.e., infants born to mothers with untreated or inadequately treated syphilis at the time of delivery) and one stillbirth in 2017.

Continued on page 2.

County of San Diego STD Clinics: [www.STDSanDiego.org](http://www.STDSanDiego.org)  
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 STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



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## Editorial Note: STD Trends in San Diego County: 2017 Data Now Available (Continued)

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**Gonorrhea:** Cases of gonorrhea increased by 19.1% from 4,992 cases in 2016 to 5,947 cases in 2017. The overall rate of gonorrhea was 179.7 cases per 100,000 persons, an 18.4% increase from 2016. The rate among men was 2.7 times the rate among women and also is increasing at a faster rate. Between 2015 and 2017, the rate of gonorrhea among men increased by 57.6%. The number of reported male extragenital (i.e., throat and rectal) gonorrhea infections increased by 44.4% (from 1,096 to 1,583) from 2016 to 2017. Highest rates were observed among men aged 20 to 29 years and Black/African-American men (494.5 cases per 100,000 versus 174.4 and 131.5 cases per 100,000 for Hispanic/Latino and White men respectively).

**Chlamydia:** Reported cases of chlamydia increased by 10% from 18,904 cases in 2016 to 20,801 cases in 2017. The overall rate of chlamydia was 628.5 cases per 100,000 persons, a 9.3% increase from 2016. Chlamydia continues to be the most common reportable communicable disease at the local, state, and national levels. The rate of chlamydia among women was 1.6 times the rate among men, and the highest rates were observed among women aged 20 to 24 years.

Providers can help to address rising STD rates by:

- Providing a welcoming, safe, and nonjudgmental environment for patients to discuss sexual health and routinely taking a sexual history from patients.
- Testing for STDs based on existing [recommendations](#), including extragenital screening for gonorrhea and chlamydia for MSM, if indicated based on sexual history.
- Testing frequently (i.e., every 3 to 6 months) for STDs in those with ongoing risk factors (i.e., multiple or anonymous partners, partners with concurrent partners, substance use, sex in exchange for money or drugs).
- Offering same-day appointments for STD testing and/or treatment and evaluation of symptoms suggestive of an STD. Patient self-collection of swab specimens for gonorrhea and chlamydia testing is an acceptable alternative to provider collection and may lessen the impact of these visits on clinic operations.
- Providing [recommended treatment and follow-up for STDs](#), including dual treatment for gonorrhea and retesting patients diagnosed with gonorrhea, chlamydia, and trichomoniasis for STDs after 3 months.
- Promptly reporting cases of syphilis, gonorrhea, and chlamydia to the local health department. Provider reports include important information that is necessary to maintain a robust and accurate STD dataset that serves the needs of the community.

The **2017 STD Data Slides Set** will be available in late September 2018 at [www.stdsandiego.org](http://www.stdsandiego.org) in the “Reports and Statistics” section. Additional data resources are available through the [California Department of Public Health website](#). Case numbers may vary slightly by source due to case review findings and delays in reporting.