County of San Diego Monthly STD Report

Volume 11, Issue 1: Data through August 2018; Report released February 7, 2019.

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.

	2017		2018	
	Aug	*Previous 12-Month Period**	*Aug*	*Previous 12-Month Period**
Chlamydia	1942	20421	2062	21772
Female age 18-25	744	7650	773	8262
Female age ≤ 17	98	856	114	960
Male rectal chlamydia	37	528	61	878
Gonorrhea	553	5638	531	6272
Female age 18-25	60	687	78	954
Female age ≤ 17	16	106	10	98
Male rectal gonorrhea	78	823	55	768
Early Syphilis (adult total)	99	1092	92	1062
Primary	15	185	7	171
Secondary	33	387	38	369
Early latent	51	520	47	522
Congenital syphilis	3	11	0	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*
All ages										
Chlamydia	14927	676.6	237	90.3	605	574.6	936	127.0	1557	152.5
Gonorrhea	4192	190.0	105	40.0	430	408.4	884	119.9	830	81.3
Early Syphilis	699	31.7	45	17.2	65	61.7	276	37.4	266	26.1
Under 20 yrs										
Chlamydia	2641	482.1	21	38.1	118	463.3	160	64.3	210	113.8
Gonorrhea	392	71.6	6	10.9	47	184.5	104	41.8	56	30.4
Early Syphilis	13	2.4	2	3.6	0	0.0	8	3.2	3	1.6

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.

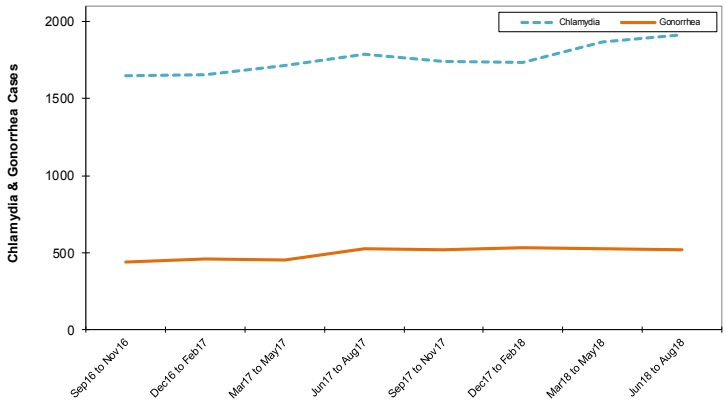
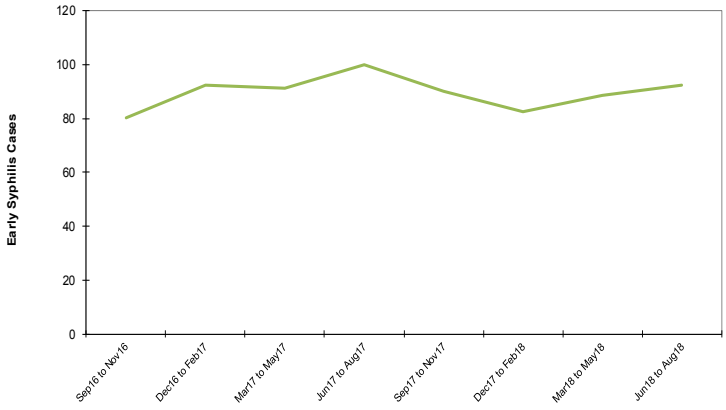


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: FDA Approves Diagnostic Test for *Mycoplasma genitalium*

On January 23, 2019, the United States (U.S.) Food and Drug Administration (FDA) released a statement permitting the marketing of the Aptima *Mycoplasma genitalium* Assay by Hologic, Inc. This is the first diagnostic test for *M. genitalium* that has been authorized for use in the U.S. by the FDA [1]. However, it already is available for clinical use through many commercial laboratories and may be available through other local laboratories that have validated the assay as well.

M. genitalium is recognized as a cause of urethritis in men and is responsible for approximately 15-20% of nongonococcal urethritis (NGU) cases, 20-25% of nonchlamydial NGU cases, and approximately 30% of recurrent or persistent NGU cases. It also has been implicated as a cause of cervicitis and pelvic inflammatory disease in women [2].

Since *M. genitalium* is a slow-growing organism, culture can take up to 6 months. Nucleic acid amplification testing (NAAT) is recommended for diagnosis [3]. However, until now, testing was limited due to the lack of an FDA-approved assay for the organism. The Aptima assay detects *M. genitalium* in urine, urethral, penile meatal, endocervical, and vaginal swab specimens. As with NAAT for *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, vaginal swabs are the preferred specimen choice for women, due to better clinical performance, but urine samples also are acceptable [1].

Since *M. genitalium* does not have a cell wall, penicillins and cephalosporins are not effective against it. Doxycycline, one of the first-line agents recommended for treatment of NGU and uncomplicated *C. trachomatis* infections, has limited effectiveness against the organism, with a median cure rate of approximately 31%. Single-dose azithromycin (1 gram orally) is more effective than doxycycline, although resistance to azithromycin appears to be increasing. Moxifloxacin, at a dose of 400 mg orally once daily for 7, 10, or 14 days, has had high cure rates for urethritis and cervicitis [3].

More information about emerging STDs, such as *M. genitalium*, and the management of recurrent or persistent NGU is available in the Centers for Disease Control and Prevention 2015 STD Treatment Guidelines. For expert clinical consultation, page (877) 217-1816 or call (619) 346-2563.

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