

County of San Diego Monthly STD Report

Volume 11, Issue 3: Data through November 2018; Report released April 19, 2019.



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

	2017		2018	
	Nov	Previous 12-Month Period*	Nov	Previous 12-Month Period*
Chlamydia	1736	20713	1737	21957
Female age 18-25	654	7807	653	8239
Female age ≤ 17	78	897	65	963
Male rectal chlamydia	40	503	77	1004
Gonorrhea	514	5872	553	6262
Female age 18-25	56	704	74	976
Female age ≤ 17	5	101	11	103
Male rectal gonorrhea	63	866	73	753
Early Syphilis (adult total)	104	1122	78	1078
Primary	15	181	10	169
Secondary	36	392	25	377
Early latent	53	549	43	532
Congenital syphilis	2	11	0	12

* Cumulative case count of the previous 12 months.

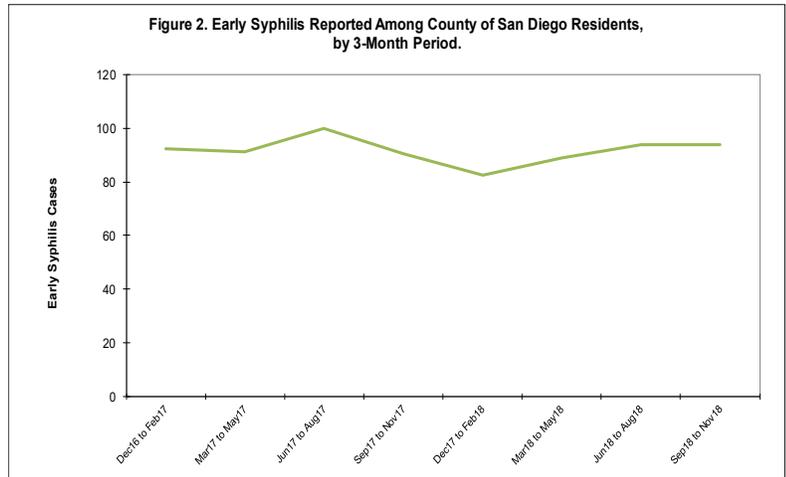
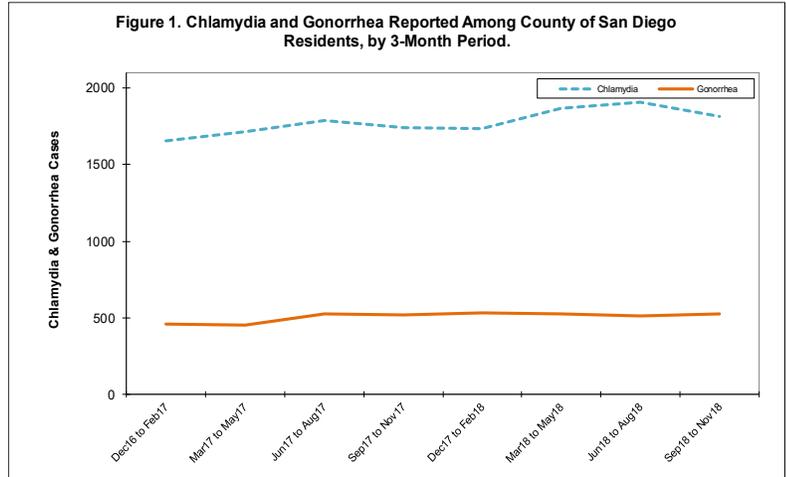
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	18557	611.7	309	85.7	762	526.4	1191	117.5	1943	138.4
Gonorrhea	5184	170.9	123	34.1	530	366.1	1092	107.8	1027	73.2
Early Syphilis	912	30.1	58	16.1	87	60.1	355	35.0	352	25.1
<i>Under 20 yrs</i>										
Chlamydia	3243	430.5	28	36.9	139	396.9	200	58.5	260	102.5
Gonorrhea	459	60.9	7	9.2	55	157.0	123	36.0	64	25.2
Early Syphilis	21	2.8	2	2.6	1	2.9	12	3.5	6	2.4

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.



Editorial Note: April is STD Awareness Month

April is STD Awareness Month. Rates of syphilis, gonorrhea, and chlamydia are the highest that they have been since the 1980s, and continuing increases in STD morbidity in San Diego County are expected for 2018 (final 2018 surveillance data are anticipated for Summer of 2019). Therefore, now it is more important than ever to ensure that patients who are vulnerable to STDs are:

- Receiving regular testing based on [national](#) and [state](#) guidelines;
- Educated about common STD signs and symptoms and the fact that many STDs are asymptomatic;
- Equipped with the tools that they need to protect themselves against STDs and HIV, including condoms and HIV pre-exposure prophylaxis (PrEP); and
- [If eligible](#), vaccinated against human papillomavirus (HPV).

The importance of testing gay, bisexual, and other men who have sex with men (MSM) for gonorrhea and chlamydia at all potential sites of exposure cannot be overemphasized. Extragenital (i.e., pharyngeal and rectal) infections are common and are typically asymptomatic. Restriction of screening to a urine or urethral specimen will miss up to 90% of rectal gonorrhea and 77% of rectal chlamydia infections^[1], which may drive increased STD burden in this population. Recent publications by the [California Department of Public Health \(CDPH\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) highlight the importance of extragenital testing and provide further information and recommendations.

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County of San Diego STD Clinics: www.STDSanDiego.org
 Phone: (619) 692-8550 Fax: (619) 692-8543
 STD Clinical Consultation Pager: (877) 217-1816 (8am-5pm, M-F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
 Sign up to receive Monthly STD Reports, email STD@sdcountry.ca.gov

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Editorial Note: (Continued)

Congenital syphilis, which results from *in utero* transmission of *Treponema pallidum*, and can result in pregnancy complications, birth defects, and stillbirth, is on the rise in California^[2]. Many cases are associated with late or no prenatal care. Providers who serve pregnant women in any capacity are encouraged to test for syphilis and/or verify that appropriate screening has taken place. For women who are vulnerable to syphilis during pregnancy, additional screening during the third trimester (~28 weeks of gestation) and at delivery should be considered. Congenital syphilis is completely preventable through timely diagnosis and treatment of maternal infection. For information about treatment of syphilis in pregnancy, please see the [2015 CDC STD Treatment Guidelines](#) or contact the County of San Diego HIV, STD, and Hepatitis Branch by paging (877) 217-1816 or calling (619) 692-8501.

To address nationwide increases in STD rates, the United States Department of Health and Human Services Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) is developing an STD Federal Action Plan. Public input is being invited to inform the development of the plan during a Virtual Listening Session that will take place on May 9, 2019, from 12:00 to 2:00PM PDT. More information and a registration link are available [here](#). Community input is welcome and encouraged.

Finally, [resources for STD Awareness Month and for STDs in general](#) are available through CDC.