County of San Diego Monthly STD Report

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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.

	2014		2015	
	Jan	*Previous 12-Month Period**	*Jan*	*Previous 12-Month Period**
Chlamydia	1529	16087	1434	15528
Female age 18-25	661	6746	617	6276
Female age ≤ 17	74	859	62	650
Male rectal chlamydia	53	543	44	508
Gonorrhea	289	2896	289	3391
Female age 18-25	52	425	44	499
Female age ≤ 17	9	51	3	67
Male rectal gonorrhea	38	413	33	451
Early Syphilis (adult total)	49	555	47	659
Primary	9	118	8	116
Secondary	21	217	19	244
Early latent	19	220	20	299
Neurosyphilis**	1	13	0	19
Congenital syphilis	1	4	0	4
HIV Infection***				
HIV (not AIDS)	27	397	31	450
AIDS	21	276	19	231

* Cumulative case count of the previous 12 months.

** 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.

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	1434	538.7	9	29.4	19	165.7	63	70.7	46	36.8
Gonorrhea	289	108.6	4	13.1	23	200.6	53	59.5	54	43.2
Early syphilis	47	17.7	1	3.3	3	26.2	16	18.0	17	13.6
Under 20 yrs										
Chlamydia	253	358.6	0	0.0	5	166.9	12	37.7	6	24.8
Gonorrhea	25	35.4	0	0.0	3	100.1	4	12.6	3	12.4
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Note: Rates calculated using 2014 SANDAG population estimates.

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

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

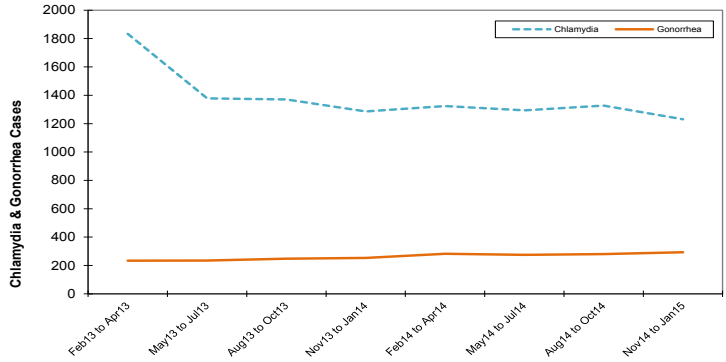
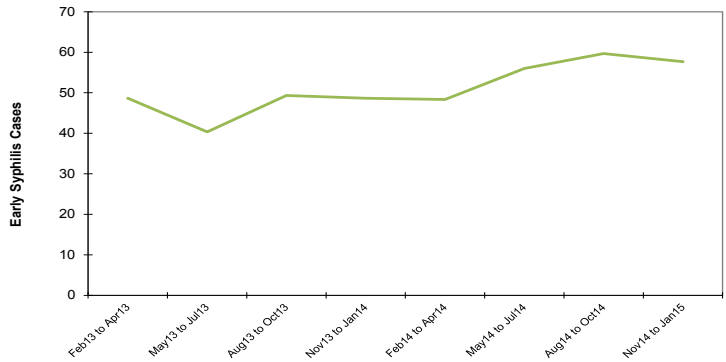


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



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: Ocular Syphilis

Since December 2014, over 15 cases of ocular syphilis have been reported in Washington state and California, including San Francisco, Los Angeles, Orange County and San Diego. Affected individuals have included HIV-positive and HIV-negative men who have sex with men (MSM), as well as heterosexual men. Several cases have resulted in significant and permanent decline in visual acuity, including blindness. It is unclear if certain strains of *Treponema pallidum* are more likely to affect ocular tissue.

Ocular syphilis is a form of neurosyphilis that can occur during any stage of disease. Although *T. pallidum* can affect any part of the eye, *uveitis* (infection of the middle structures of the eye) is the most common manifestation of disease. Optic neuropathy, keratitis and retinal vasculitis also can occur. Visual symptoms may be the initial manifestation of infection. Therefore, syphilis should be considered in any patient who presents with visual complaints and may be at risk for syphilis, and all patients with syphilis should be screened for visual symptoms. Beware of false negative serologic tests when high levels of antibody are present (i.e., **"prozone effect"**).

Cases of suspected ocular syphilis should undergo immediate ophthalmologic evaluation and, if syphilis is confirmed on serologic testing, lumbar puncture and cerebrospinal fluid (CSF) examination to rule out neurosyphilis. Regardless of CSF test results, patients with ocular syphilis should be treated with a recommended regimen for neurosyphilis (i.e., either **intravenous aqueous penicillin G *or* a combination of intramuscular procaine penicillin and oral probenecid for 10 to 14 days**), according to CDC guidelines. As with any case of syphilis, a nontreponemal serologic test (i.e., RPR or VDRL) should be ordered on the day of treatment initiation, as it will serve as a baseline to follow response to treatment. Given high rates of HIV co-infection, all cases should be offered HIV testing unless they have a prior diagnosis of HIV infection.

All syphilis cases should be reported to the health department **within 24 hours** utilizing the Confidential Morbidity Report.

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)

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