



# County of San Diego Monthly STD Report

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

	2014		2015	
	June	Previous 12-Month Period*	June	Previous 12-Month Period*
Chlamydia	1286	15843	1437	16046
Female age 18-25	489	6512	551	6477
Female age ≤ 17	67	724	62	698
Male rectal chlamydia	49	546	50	510
Gonorrhea	274	3151	321	3374
Female age 18-25	38	477	38	465
Female age ≤ 17	9	64	3	62
Male rectal gonorrhea	38	462	39	431
Early Syphilis (adult total)	50	582	74	780
Primary	6	100	17	153
Secondary	14	216	30	292
Early latent	30	266	27	335
Congenital syphilis	0	4	0	5
HIV Infection†				
HIV (not AIDS)	40	444	44	437
AIDS	18	242	10	238

\* Cumulative case count of the previous 12 months.

† New infections are reported either as HIV or, if an individual was also diagnosed with AIDS within one month, as AIDS.

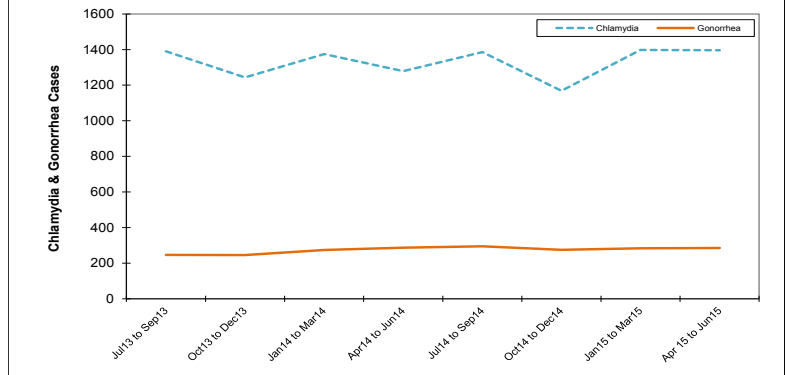
**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year to Date.**

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<b>All ages</b>										
Chlamydia	8383	524.9	45	24.5	148	215.1	350	65.5	295	39.4
Gonorrhea	1705	106.8	35	19.1	163	236.9	320	59.9	373	49.8
Early Syphilis	401	25.1	21	11.4	25	36.3	175	32.8	180	24.0
<b>Under 20 yrs</b>										
Chlamydia	1450	342.5	2	4.6	29	161.3	65	34.0	21	14.5
Gonorrhea	127	30.0	1	2.3	22	122.4	25	13.1	10	6.9
Early Syphilis	9	2.1	2	4.6	0	0.0	5	2.6	2	1.4

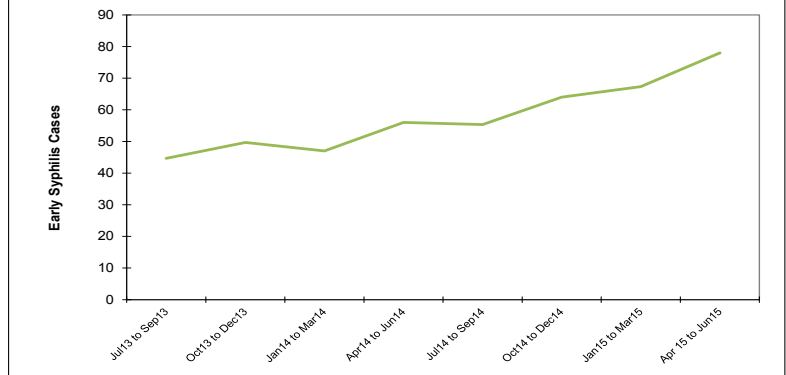
Note: Rates calculated using 2014 SANDAG population estimates.

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

**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.

## Congenital Syphilis in California

**Female primary and secondary syphilis and, consequently, congenital syphilis are on the rise in California.** Between 2012 and 2014, congenital syphilis cases, defined as infants born to women with untreated or inadequately treated syphilis at the time of delivery (1), tripled in the state. Many were associated with women who received late or no prenatal care (2). Most cases were reported from the Central Valley and Los Angeles; five cases were reported in San Diego County in 2014, including four probable cases and one stillbirth (3). Congenital syphilis is a potentially devastating disease that occurs when *Treponema pallidum* is transmitted from mother to fetus during pregnancy. Unlike sexually acquired syphilis, which mainly occurs during primary and secondary syphilis, mother-to-child transmission may occur during any stage of maternal disease. Complications may occur prior to delivery, within the first 2 years of life and even into adulthood. These include stillbirth, fetal demise, premature birth, low birth weight, birth defects, meningitis, blindness and hearing loss.

**Congenital syphilis is completely preventable** through prompt diagnosis and treatment of syphilis in pregnant women or women of childbearing age.

- **All pregnant women should be tested for syphilis. California law requires syphilis testing at the first prenatal visit (4).**
- Women who **live in high-morbidity areas** or are at **high risk** should have **repeat syphilis testing during the third trimester (28-32 weeks gestation) and again at delivery (5).** Factors that confer increased risk include signs/symptoms of syphilis, late or limited prenatal care, multiple sexual partners, partners who have other partners and/or male partner(s), substance abuse and exchange of sex for money, drugs, or other resources.
- No mother or neonate should leave the hospital without maternal serologic status being documented at least once during pregnancy and, if the mother is considered high risk, documented at delivery (5).
- Any woman who delivers a stillborn infant should be tested for syphilis (5). The CDC 2015 STD Treatment Guidelines provide detailed recommendations regarding syphilis diagnosis and treatment, including pregnant female (5), and congenital (6) cases. **Benzathine penicillin G** is the **only recommended treatment for pregnant women with syphilis (5).** Pregnant women who receive the 3-dose regimen (i.e., for late latent syphilis or latent syphilis of unknown duration) must adhere strictly to the 7-day interval between doses.

California law requires that cases of syphilis be reported to the local health department within 24 hours of diagnosis (7). All pregnant females with syphilis are closely followed regardless of stage, and health department staff are available to assist you. Please call (619) 692-8501 for assistance.

County of San Diego STD Clinics: [www.STDSanDiego.org](http://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  
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