



County of San Diego Monthly STD Report

Volume 7, Issue 7: Data Through Jul 2015; Report Released November 9, 2015.



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

	2014		2015	
	Jul	Previous 12-Month Period*	Jul	Previous 12-Month Period*
Chlamydia	1420	15808	1422	16048
Female age 18-25	558	6458	541	6460
Female age ≤ 17	55	694	80	723
Male rectal chlamydia	55	556	53	508
Gonorrhea	278	3166	320	3463
Female age 18-25	40	480	40	467
Female age ≤ 17	5	69	9	60
Male rectal gonorrhea	35	458	34	431
Early Syphilis (adult total)	53	597	67	803
Primary	15	108	18	160
Secondary	12	215	26	311
Early latent	26	274	23	322
Congenital syphilis	0	3	1	6
HIV Infection†				
HIV (not AIDS)	36	447	49	450
AIDS	11	226	28	255

* 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
<i>All ages</i>										
Chlamydia	9806	526.2	56	26.2	193	240.5	408	65.5	372	42.5
Gonorrhea	2025	108.7	40	18.7	202	251.7	370	59.4	446	51.0
Early Syphilis	505	27.1	28	13.1	31	38.6	203	32.6	199	22.8
<i>Under 20 yrs</i>										
Chlamydia	1676	339.3	3	5.9	37	176.4	72	32.3	24	14.2
Gonorrhea	158	32.0	1	2.0	26	124.0	29	13.0	14	8.3
Early Syphilis	12	2.4	2	3.9	0	0.0	8	3.6	2	1.2

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.

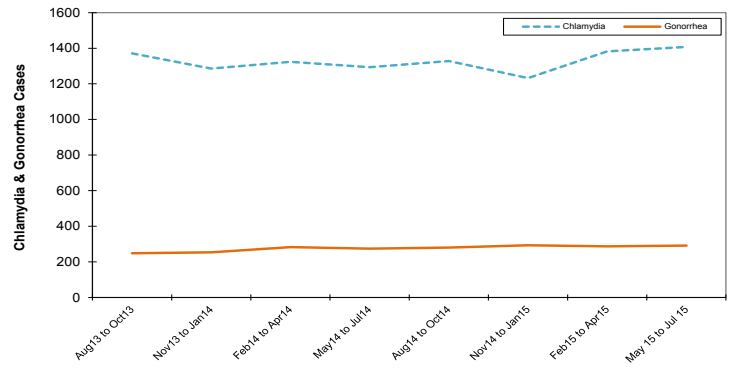
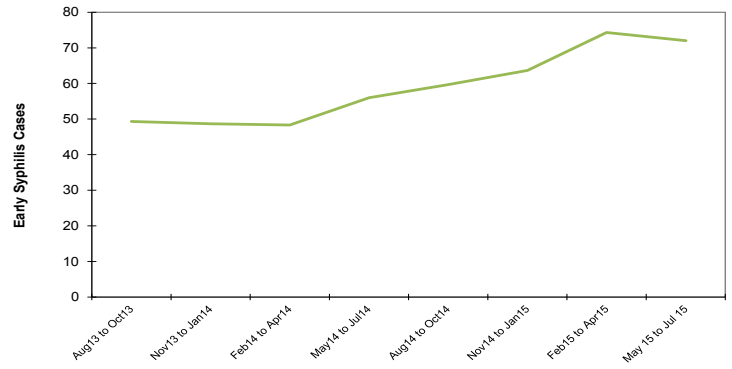


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



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.

Editorial Note: Patient-Delivered Partner Therapy (PDPT)

California Family Health Council (CFHC) has recently expanded its **free Chlamydia/Gonorrhea (CT/GC) Patient-Delivered Partner Therapy (PDPT) program**. Clinics and programs now can find eligibility criteria and register for the program through the CFHC website: <http://cfhc.org/pdpt>.



Appropriate timely treatment of sexual partners of patients with CT and GC is crucial to prevent reinfection of patients and complications such as pelvic inflammatory disease, tubal scarring and infertility. PDPT, a form of expedited partner therapy (EPT), is the practice of providing patients with GC and/or CT with antibiotics or prescriptions for antibiotics for their partners *without* a visit by the partner(s) to a health care system. Although a full clinical evaluation of these partners is preferred, PDPT is an effective **second-line** option for partners who are unlikely to seek clinical care.

California was the first state to authorize PDPT. PDPT for CT has been allowable in California since 2001, and PDPT for GC has been allowable since 2007[1]. **Section 120582 of the Health and Safety Code** was amended to allow physicians to prescribe, and physician assistants, nurses, and midwives to dispense, furnish or otherwise provide antibiotic therapy for the male and female sex partners of individuals infected with CT, GC, and other sexually transmitted infections as determined by the department, even if they have not been able to perform an exam of the partner(s)[2]. This legislation provides an exception to the Medical Practice Act, which states that the prescribing, dispensing, or furnishing of dangerous drugs, as defined, without a good faith prior examination and medical indication, constitutes unprofessional conduct[3].

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Patient-Delivered Partner Therapy (Continued)

This legislation does not protect healthcare providers from lawsuits resulting from adverse outcomes related to this practice, as is the case for any medical treatment. **However, after over 10 years of PDPT in California, no adverse effects or lawsuits due to PDPT have been reported**[\[1\]](#).

Recommendations for PDPT for CT and GC include:

- For CT: **azithromycin 1 gram** (4 x 250-mg tablets) orally once
- For GC: **cefixime 400 mg** orally once **plus azithromycin 1 gram** (4 x 250-mg tablets) orally once
- Medications are accompanied by information about the medications, including potential side effects, the importance of clinical evaluation, and available resources.

PDPT is an evidence-based practice. Studies have demonstrated that patients diagnosed with GC or CT infection who received PDPT were:

- More likely to report that all of their sexual partners were treated than those who were told to refer their partners for treatment,
- Less likely to report having sex with an untreated partner; and
- Less likely to be diagnosed with another infection at a follow-up visit[\[4\]](#).

PDPT may not be for everyone. The following should be considered when determining whether or not to provide CT/GC PDPT to a patient:

- Pharyngeal GC is more difficult to eradicate than GC at other sites, and treatment with oral cephalosporins is not recommended for pharyngeal GC infections[\[5\]](#). Patients with partners who are at risk for pharyngeal GC, such as women or men who have sex with men (MSM) who engage in receptive oral sex, should be counseled regarding the possibility of inadequate treatment of pharyngeal GC with PDPT and be advised to refer these partners to facilities where intramuscular ceftriaxone is available[\[1\]](#).
- Patients who have symptoms, particularly symptoms suggestive of a more complicated CT or GC infection (e.g., abdominal and/or pelvic pain in women, testicular pain in men, or fever in women or men) should not take PDPT medications and should seek care as soon as possible[\[1\]](#).
- PDPT is not contraindicated in pregnancy. However, if a patient reports that his female partner is or may be pregnant, every effort should be made to ensure that the pregnant partner receives prenatal care. PDPT may be used as a last resort[\[1\]](#).
- PDPT should be used with caution in MSM, due to lack of efficacy data and high rates of co-infection with other STDs, including HIV[\[6\]](#).

For detailed recommendations regarding the use of CT/GC PDPT, as well as use of PDPT for partners of patients with trichomoniasis (also permitted in California), please click [here](#).