



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.

	2016	2017		
	Jun	Previous 12-Month Period*	Jun	Previous 12-Month Period*
Chlamydia	1537	18508	1764	20030
Female age 18-25	584	7332	664	7561
Female age ≤ 17	64	776	65	836
Male rectal chlamydia	45	660	46	517
Gonorrhea	394	4351	494	5496
Female age 18-25	48	567	50	684
Female age ≤ 17	9	86	7	109
Male rectal gonorrhea	41	592	100	793
Early Syphilis (adult total)	67	857	101	1071
Primary	13	172	24	189
Secondary	15	312	34	377
Early latent	39	373	43	505
Congenital syphilis	0	8	1	10

* Cumulative case count of the previous 12 months.

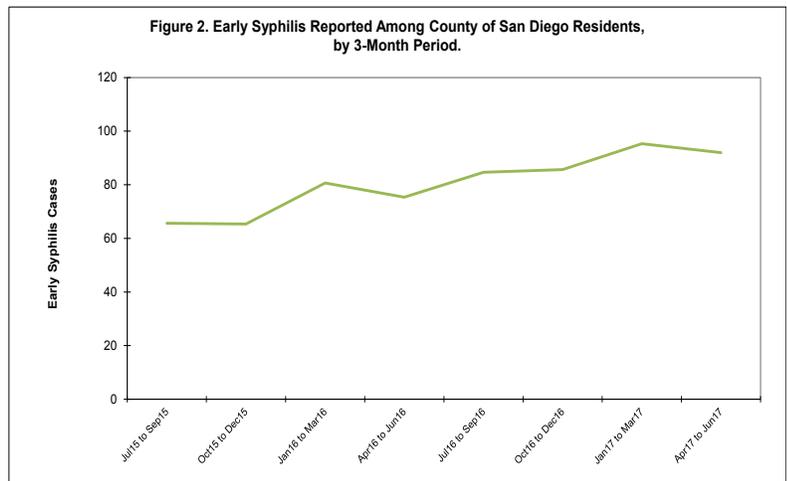
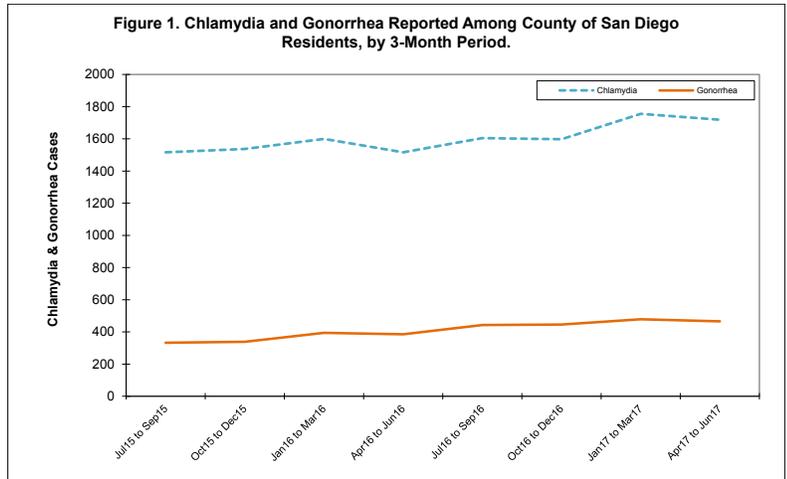
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	10424	633.9	142	72.6	310	395.1	745	135.6	858	112.8
Gonorrhea	2833	172.3	64	32.7	272	346.7	640	116.5	711	93.4
Early Syphilis	562	34.2	25	12.8	30	38.2	225	41.0	230	30.2
<i>Under 20 yrs</i>										
Chlamydia	1658	406.1	13	31.6	41	216.0	126	68.0	100	72.7
Gonorrhea	243	59.5	2	4.9	27	142.2	72	38.9	39	28.4
Early Syphilis	13	3.2	0	0.0	0	0.0	8	4.3	2	1.5

Note: Rates calculated using 2016 SANDAG population estimates.

* 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: Hepatitis A Virus Infections in Men Who Have Sex with Men

Men who have sex with men (MSM) are at increased risk of acquiring hepatitis A virus (HAV) infection, and the Advisory Committee on Immunization Practices (ACIP) has recommended HAV vaccination for all MSM since 1996^[1]. Although MSM account for a relatively low proportion of the 544 confirmed or probable HAV cases reported in the ongoing local outbreak in San Diego County (i.e., 10 cases or 1.8% of total cases and 2.7% of 371 male cases), increased cases of HAV in MSM have been reported in 19 European countries^[2] and Chile^[3], and HAV outbreaks in MSM have been identified in New York City^[4] and Colorado^[5]. Michigan is currently experiencing a HAV outbreak that, similar to the ongoing outbreak in San Diego County, is disproportionately affecting persons who are homeless and/or use illicit drugs. Previously, cases among MSM made up 2.4-5.5% of cases in the Michigan outbreak; however, 32% of total October 2017 cases were among MSM^[6]. In San Diego, three symptomatic cases of HAV that were not associated with the current local outbreak were diagnosed in MSM with histories of travel within the United States (U.S.) and to Europe. Viral sequence analysis indicated that the HAV strains causing these infections match those causing outbreaks among MSM in France and New York City^[7].

On November 2, 2017, the County of Los Angeles issued an alert to local healthcare providers about an increased number of HAV infections among MSM in 2017 relative to previous years. In 2017 to date, twelve HAV cases have been confirmed in Los Angeles County among MSM who neither are homeless nor actively use drugs, and several additional cases are pending further investigation, compared to 9 confirmed HAV cases in MSM during all of 2016^[8].

Although such an increase in HAV cases has not been observed in MSM in San Diego County, and persons who are homeless and/or use illicit drugs continue to be priority populations for prevention efforts, **providers are reminded to offer HAV vaccination to all MSM without history of HAV immunization or infection.** Due to constrained supplies of the single-antigen HAV vaccines (i.e., Havrix® and Vaqta®), providers are encouraged to vaccinate MSM who are neither homeless nor users of illicit drugs with the combined HAV/Hepatitis B virus (HBV) vaccine (Twinrix®). Although the first dose of the combined vaccine is slightly less immunogenic than the first dose of single-antigen vaccines (91.6% vs. 98.1% in a U.S. clinical trial^[9]), efficacy is comparable after completion of the series, and it is safe to administer the combined vaccine to those who already have been immunized against HBV.

For the latest information about the ongoing local HAV outbreak in San Diego County, click [here](#).

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
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