



# County of San Diego Monthly STD Report

Volume 9, Issue 9: Data through July 2017; Report released December 22, 2017.



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

|                              | 2016 |                           | 2017 |                           |
|------------------------------|------|---------------------------|------|---------------------------|
|                              | July | Previous 12-Month Period* | July | Previous 12-Month Period* |
| Chlamydia                    | 1483 | 18561                     | 1673 | 20220                     |
| Female age 18-25             | 586  | 7375                      | 585  | 7560                      |
| Female age ≤ 17              | 68   | 764                       | 75   | 843                       |
| Male rectal chlamydia        | 28   | 635                       | 40   | 529                       |
| Gonorrhea                    | 437  | 4480                      | 541  | 5600                      |
| Female age 18-25             | 60   | 585                       | 66   | 690                       |
| Female age ≤ 17              | 15   | 92                        | 11   | 105                       |
| Male rectal gonorrhea        | 53   | 611                       | 69   | 809                       |
| Early Syphilis (adult total) | 86   | 874                       | 86   | 1071                      |
| Primary                      | 15   | 167                       | 9    | 183                       |
| Secondary                    | 34   | 319                       | 36   | 379                       |
| Early latent                 | 37   | 388                       | 41   | 509                       |
| Congenital syphilis          | 0    | 7                         | 1    | 11                        |

\* Cumulative case count of the previous 12 months.

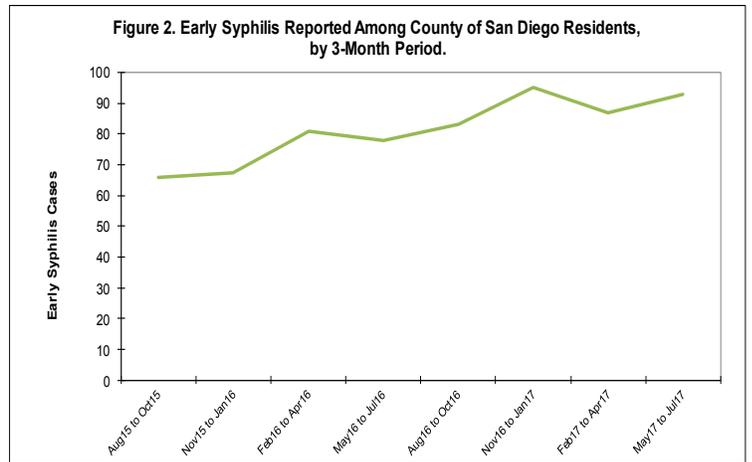
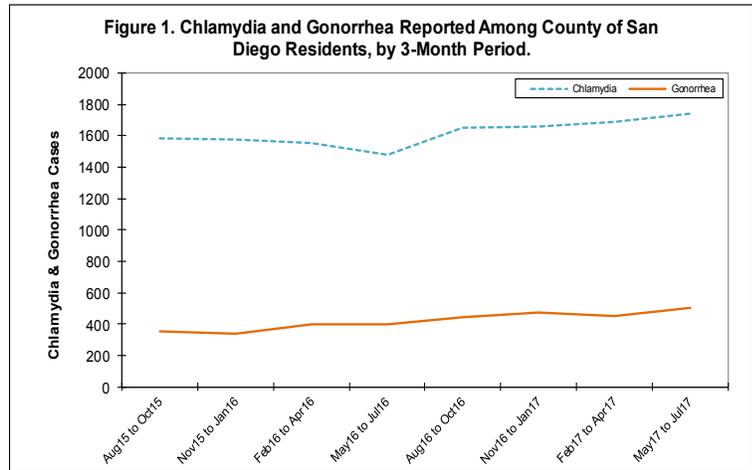
**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.**

|                     | All Races* |       | Asian/PI |      | Black |       | Hispanic |       | White |       |
|---------------------|------------|-------|----------|------|-------|-------|----------|-------|-------|-------|
|                     | cases      | rate  | cases    | rate | cases | rate  | cases    | rate  | cases | rate  |
| <i>All ages</i>     |            |       |          |      |       |       |          |       |       |       |
| Chlamydia           | 12097      | 735.7 | 158      | 80.8 | 369   | 470.3 | 886      | 161.3 | 1029  | 135.2 |
| Gonorrhea           | 3802       | 231.2 | 74       | 37.8 | 335   | 426.9 | 768      | 139.8 | 822   | 108.0 |
| Early Syphilis      | 740        | 45.0  | 30       | 15.3 | 36    | 45.9  | 253      | 46.1  | 268   | 35.2  |
| <i>Under 20 yrs</i> |            |       |          |      |       |       |          |       |       |       |
| Chlamydia           | 1658       | 406.1 | 14       | 34.1 | 51    | 268.7 | 151      | 81.5  | 120   | 87.3  |
| Gonorrhea           | 243        | 59.5  | 2        | 4.9  | 36    | 189.6 | 88       | 47.5  | 45    | 32.7  |
| Early Syphilis      | 13         | 3.2   | 0        | 0.0  | 0     | 0.0   | 9        | 4.9   | 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: *Neisseria meningitidis* Urethritis: An Emerging Sexually Transmitted Infection?

*Neisseria meningitidis* (*Nm*) is a well-established cause of meningitis and septicemia (i.e., invasive meningococcal disease or IMD) in otherwise healthy individuals. Asymptomatic nasopharyngeal carriage of *Nm* is common, described in about 5-10% of adults during non-epidemic periods and even higher (i.e., >30%) among certain populations such as men who have sex with men (MSM). *Nm* also is recovered less frequently from the urogenital tract (i.e., cervix, vagina, and/or urethra) and the rectum and has a well-recognized ability to adapt to different environments through phase and antigenic variation. Transmission usually occurs through direct contact with oral and nasal secretions[1].

Historically, *Nm* has been considered an infrequent cause of urogenital infections, although *Nm* urethritis, cervicitis, proctitis, and pelvic inflammatory disease (PID) have been reported[2]. However, in 2015 during routine *Neisseria gonorrhoeae* (*Ng*) surveillance activities, public health authorities in Columbus, Ohio identified a large cluster of male *Nm* urethritis cases that have been linked to increased *Nm* urethritis cases in multiple U.S. cities. These cases occurred primarily among black and heterosexual men[3], and all were found to be caused by a nongroupable, unique clade (i.e., group of organisms arising from a common ancestor) of *Nm* that had genetically acquired an enhanced ability to adapt to the urogenital environment. This clade (US *Nm* urethritis clade or US\_ *Nm*UC) is part of a hypervirulent clonal complex of *Nm* (cc11) that has been associated with outbreaks of IMD among MSM[1]; however, none of the cases of *Nm* urethritis were associated with IMD. Since this clade lacks a capsule, polysaccharide-based vaccines that target the *Nm* capsule are not useful for prevention; more research is needed to define the role of protein-antigen vaccines against this strain[3].

Most cases of *Nm* urethritis in men are thought to be acquired through receipt of oral sex (fellatio) from partners colonized with *Nm* in the nasopharynx. Clinical presentation is typically similar to that of *Ng* urethritis, and *Nm* has the same appearance on Gram stain of urethral secretions (i.e., intracellular Gram-negative diplococci) and also forms oxidase-positive colonies on modified Thayer Martin media. A negative nucleic acid amplification test for *Ng* and a positive culture for *Neisseria* sp. from the urethra may be a clue to the presence of *Nm* urethritis. More data are needed to determine optimal management of *Nm* urethritis, but currently these cases should be treated as they would be for urogenital *Ng*, with a combination of an intramuscular 250-mg dose of ceftriaxone and a single oral 1-gram dose of azithromycin. Sexual partners exposed to *Nm* urethritis should be treated as they would be for exposure to urogenital *Ng* [3,4].

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