

SEXUALLY TRANSMITTED INFECTIONS IN SAN DIEGO COUNTY 2024 DATA SLIDES

County of San Diego
Health and Human Services Agency
Public Health Services
HIV, STD, and Hepatitis Branch



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Acknowledgements



Preface

This publication, Sexually Transmitted Infections in San Diego County, 2024 Data Slides, includes reported disease data collected through 2024 for chlamydia, gonorrhea and syphilis. All tables and figures published here supersede those in prior publications. For HIV/AIDS data, please refer to [HIV/AIDS Reports and Statistics](#).

This slide set provides a comprehensive picture of reported sexually transmitted infection (STI) trends and current morbidity in San Diego. These data are compiled to guide policy and program development within the County of San Diego HIV, STD, and Hepatitis Branch, local STI programs, and other public health agencies.

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Suggested Citation

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TECHNICAL NOTES & STI/HIV SCREENING RECOMMENDATIONS



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Case Counts and Rates



- These slides include case counts and rates of reportable STIs.
- Rates take population size into account and indicate the impact of STIs on a group or population.
- In this report, most rates are expressed as the number of cases per 100,000 persons in a group or population. Congenital syphilis rates are expressed as the number of cases per 100,000 live births.
- Population estimate source: SANDAG Vintage 2024 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Department, Community Health Statistics Unit. 09/2025.

▪ The following is an example of the difference between cases and rates:

Region	Count	Population	Rate per 100,000 <i>$\frac{\text{Case Count} * 100,000}{\text{Population}}$</i>
A	10,000	200,000	5,000
B	10,000	100,000	10,000

- Despite having the same number of affected individuals (10,000), the rate for Region B is higher than Region A because there are fewer inhabitants. Accounting for the population size allows for a more consistent comparison of the level of disease per person between regions.

Gender Information



- In these slides, the gender variable may not coincide with the gender identities of the individuals.
 - Gender represents person's reported current gender.
 - Transgender/Genderqueer/Non-binary individuals were included in the gender categories representing their sex assigned at birth.
 - Cases were excluded from the calculations involving the gender variable if they were missing sex assigned at birth information and
 - missing gender information or
 - gender reported as "unknown," "identity not listed," or "declined to answer."

STI/HIV Screening Recommendations



United States Preventive Services Task Force (USPSTF)

- Chlamydia and gonorrhea screening in sexually active females* aged 24 years and younger (Grade B)
- Chlamydia and gonorrhea screening in sexually active females* aged 25 years and older with risk factors (Grade B)
- Screening for syphilis in asymptomatic, nonpregnant adolescents and adults who are at increased risk for infection (Grade A)
- Early screening for syphilis in all pregnant persons (Grade A)
- Screening for HIV infection in adolescents and adults aged 15 to 65 years, and younger adolescents and older adults at increased risk of infection (Grade A)
- Screening for HIV infection in all pregnant persons (Grade A)
- Offering of pre-exposure prophylaxis (PrEP) to persons who are at increased risk of HIV acquisition (Grade A)

*Note: Recommendation and net benefit are based on sex assigned at birth, rather than gender identity.

Source: <https://www.uspreventiveservicestaskforce.org>

STI DATA OVERVIEW



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Key Points

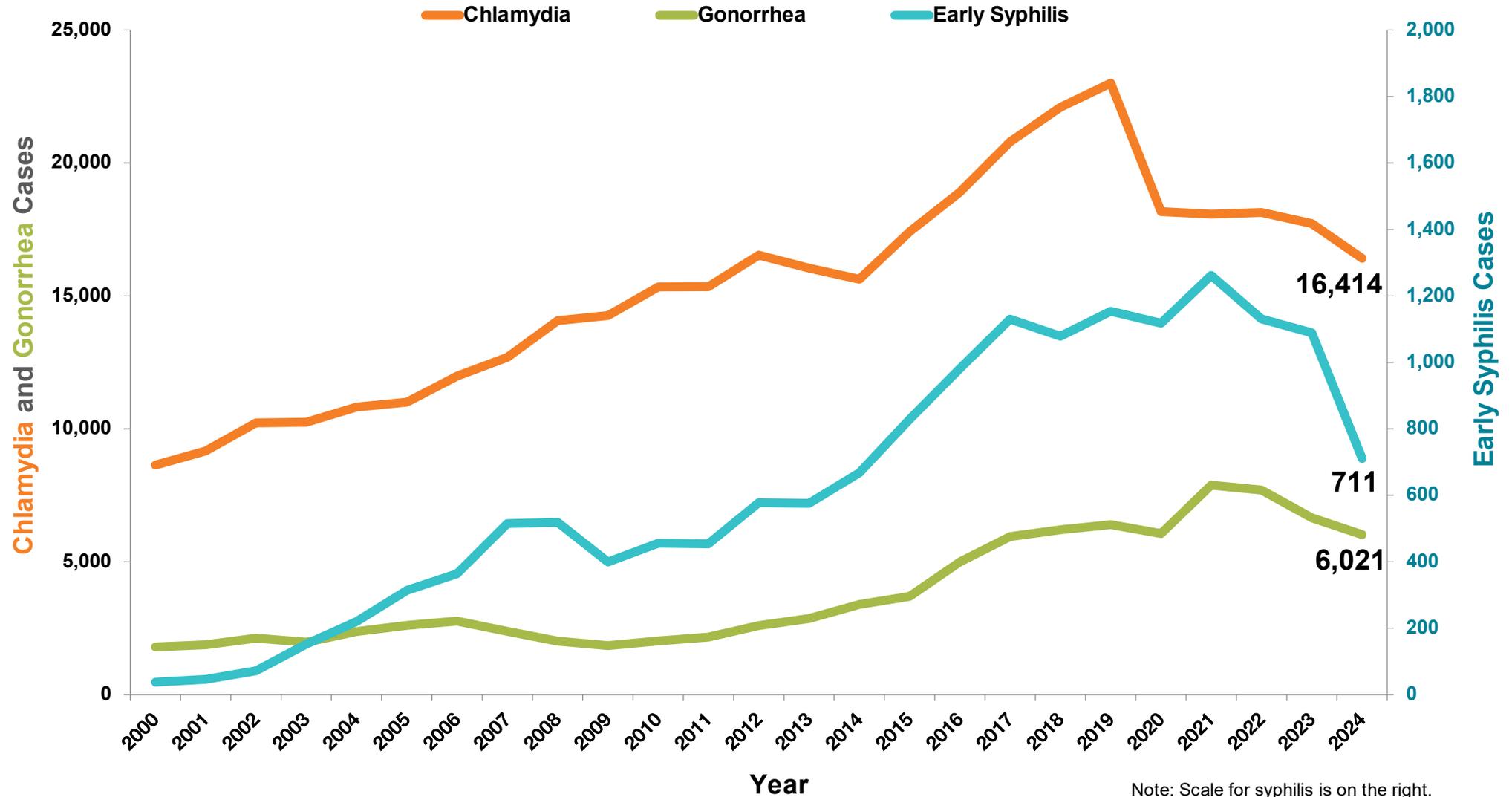


STI Data Overview, San Diego County

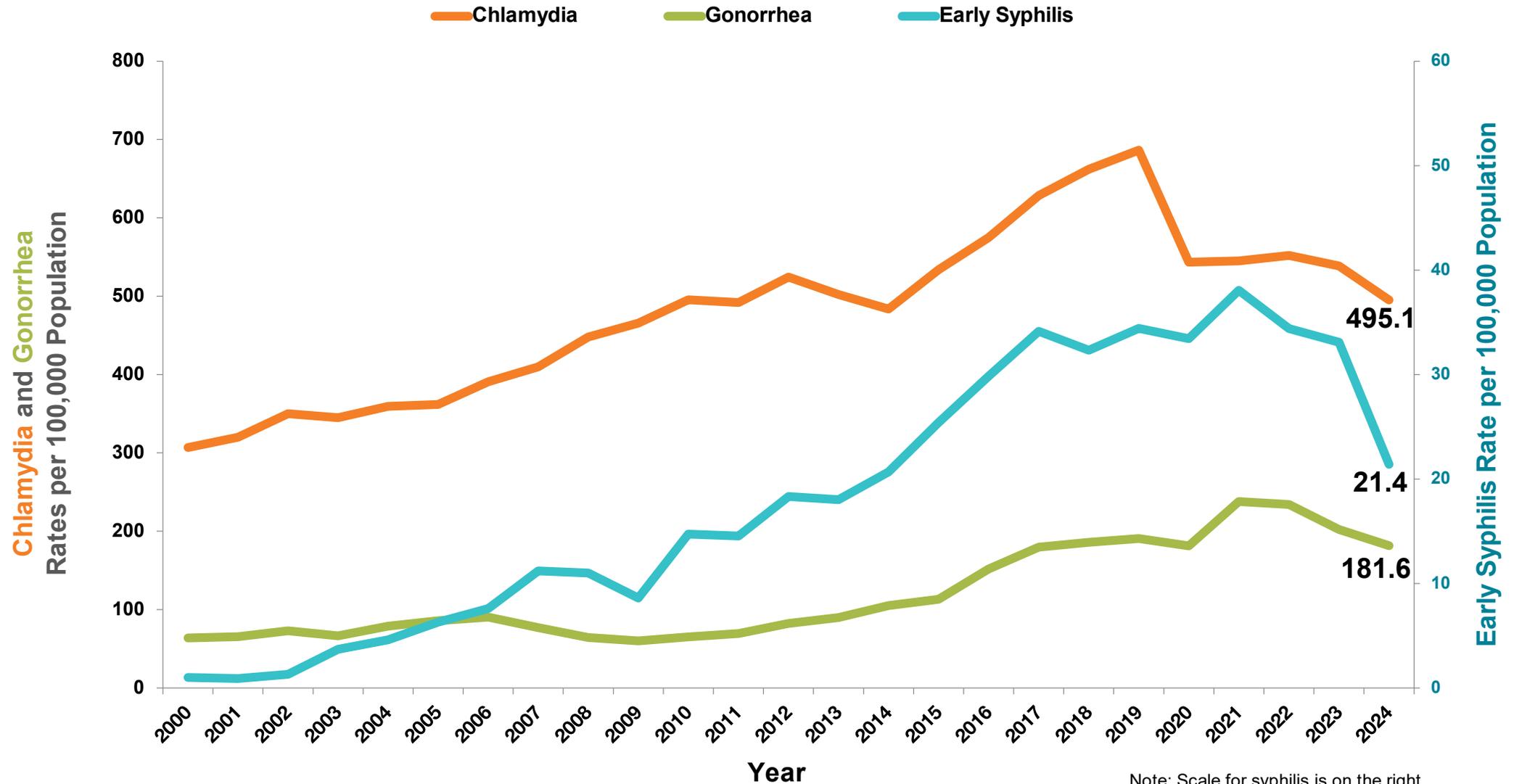
Reported cases and rates of chlamydia, gonorrhea, early syphilis and congenital syphilis changed in San Diego County from 2023 to 2024 as follows:

- **Chlamydia**
 - 16,414 cases (7.4% decrease from 2023)
 - Rate of 495.1 cases per 100,000 (8.1% decrease from 2023)
- **Gonorrhea**
 - 6,021 cases (9.5% decrease from 2023)
 - Rate of 181.6 cases per 100,000 (10.1% decrease from 2023)
- **Early Syphilis**
 - 711 cases (37.7% decrease from 2023)
 - Rate of 21.4 cases per 100,000 (35.3% decrease from 2023)
- **Congenital Syphilis**
 - 31 cases (13.9% decrease from 2023)
 - Rate of 86.0 cases per 100,000 live births (9.5% decrease from 2023)

Chlamydia, Gonorrhea, and Early Syphilis Cases, San Diego County, 2000-2024

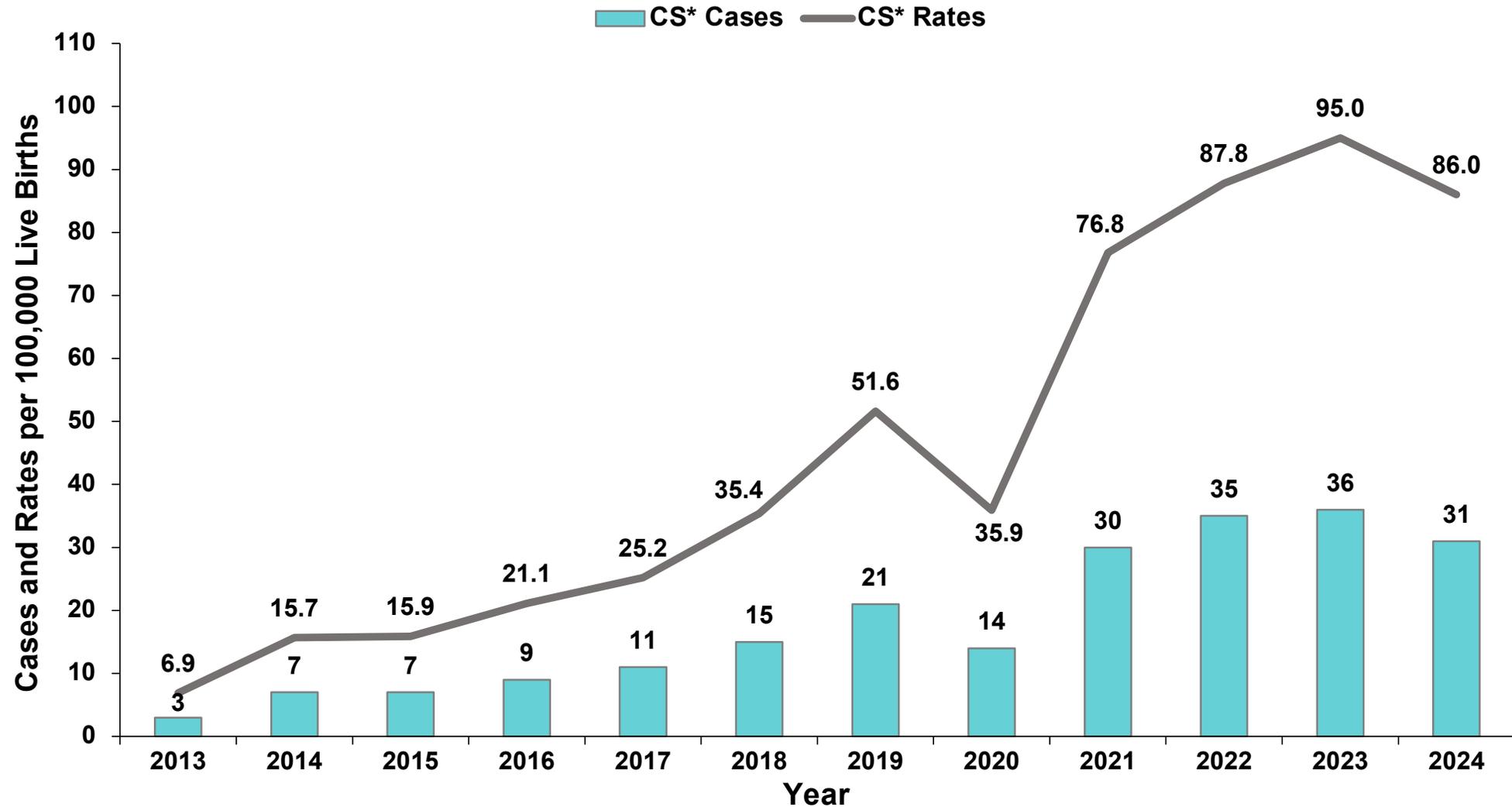


Chlamydia, Gonorrhea, and Early Syphilis Rates, San Diego County, 2000-2024



Note: Scale for syphilis is on the right.

Congenital Syphilis Cases and Rates, San Diego County, 2013-2024



*CS: Congenital Syphilis. CS cases include syphilitic stillbirths. Rates for CS were defined based on the number of live births.

CHLAMYDIA



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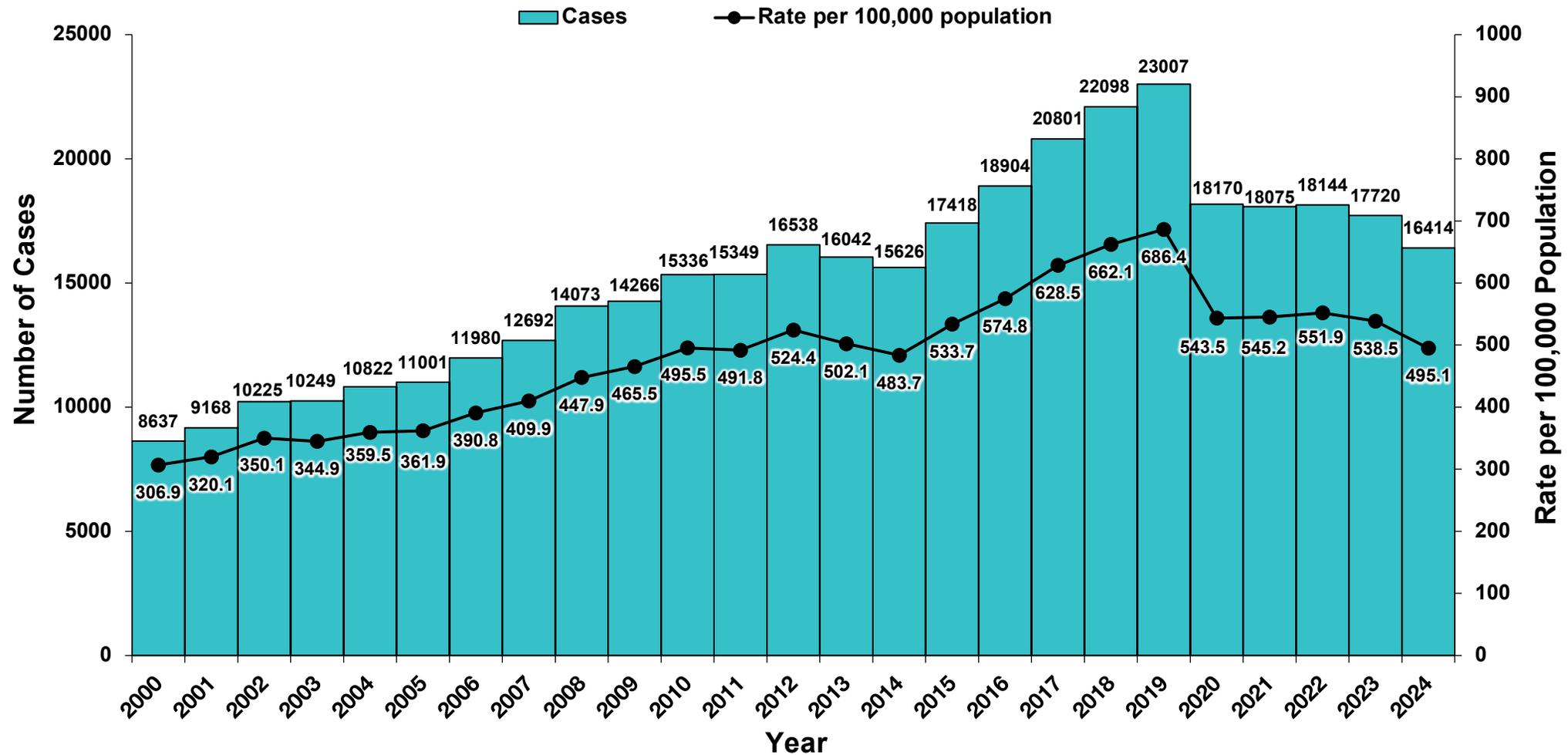
Key Points



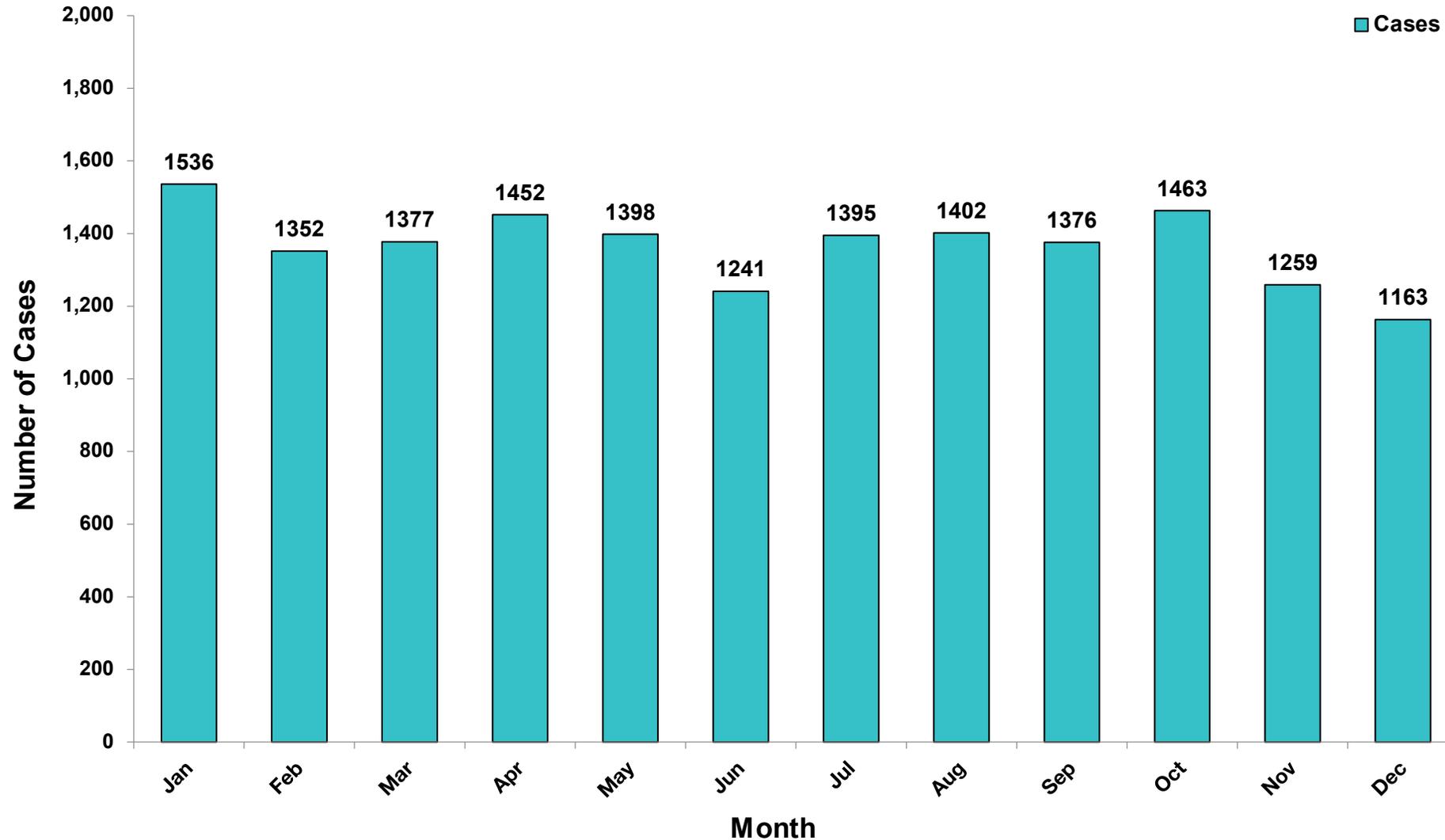
Chlamydia in San Diego County

- Chlamydia was the most commonly reported STI in San Diego County and in California in 2024.
- Cases of chlamydia decreased by 7.4% from 17,720 cases in 2023 to 16,414 cases in 2024.
- The overall rate of chlamydia decreased by 8.1% from 538.5 cases per 100,000 in 2023 to 495.1 cases per 100,000 in 2024.
- From 2020 to 2024, chlamydia cases decreased by 9.7% from 18,170 to 16,414 cases and rates decreased by 8.9% from 543.5 cases per 100,000 to 495.1 cases per 100,000.
- The rate of chlamydia in women is 1.5 times the rate in men.
- Young women, aged 20 to 24 years, have the highest rate of infection.
- Based on limited race/ethnicity data, rates of chlamydia were higher among African-American/black and other/mixed race women and men than those of other populations.

Chlamydia Cases and Rates by Year, San Diego County, 2000-2024

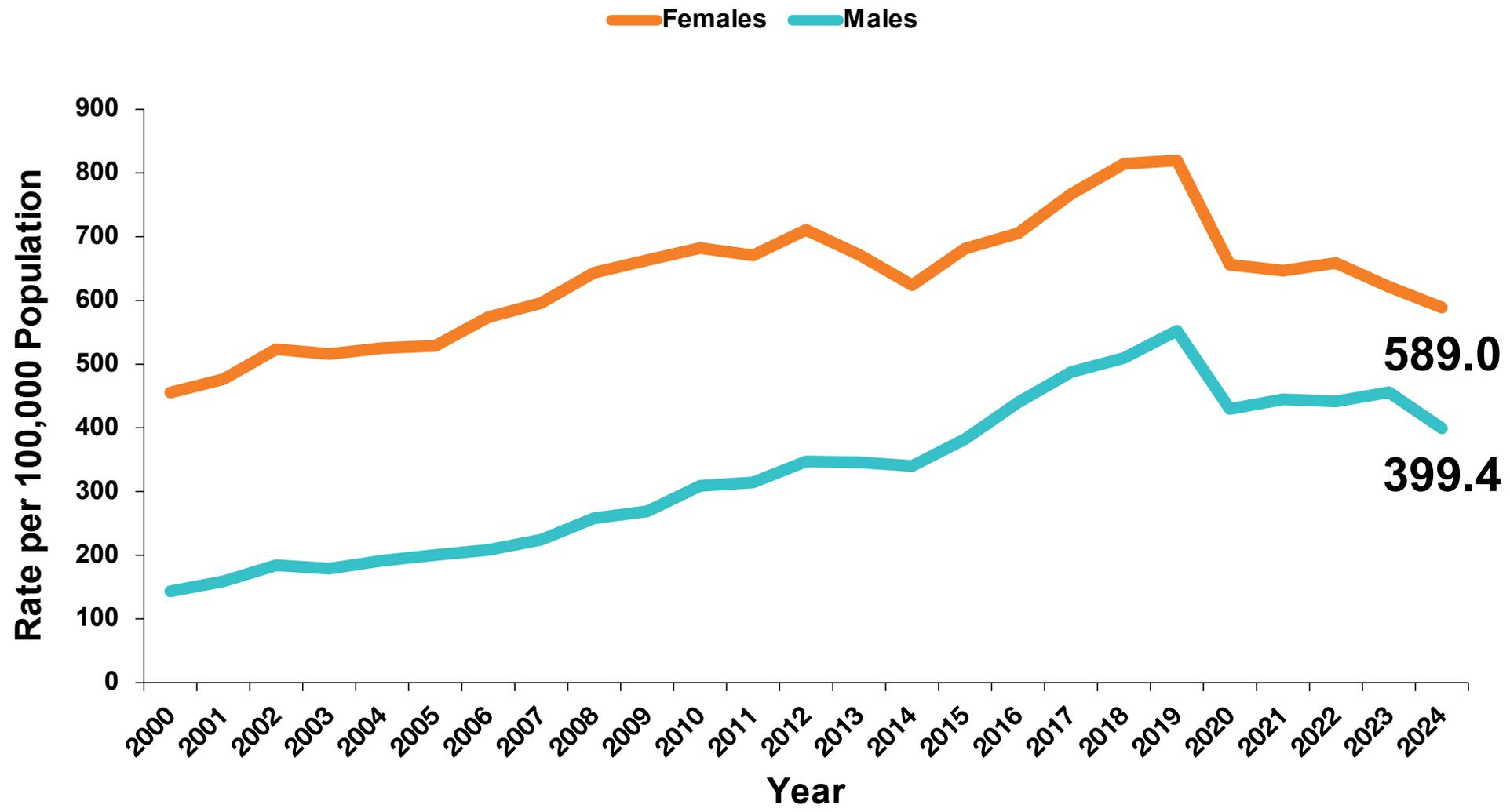


Chlamydia Cases by Month of Episode*, San Diego County, 2024

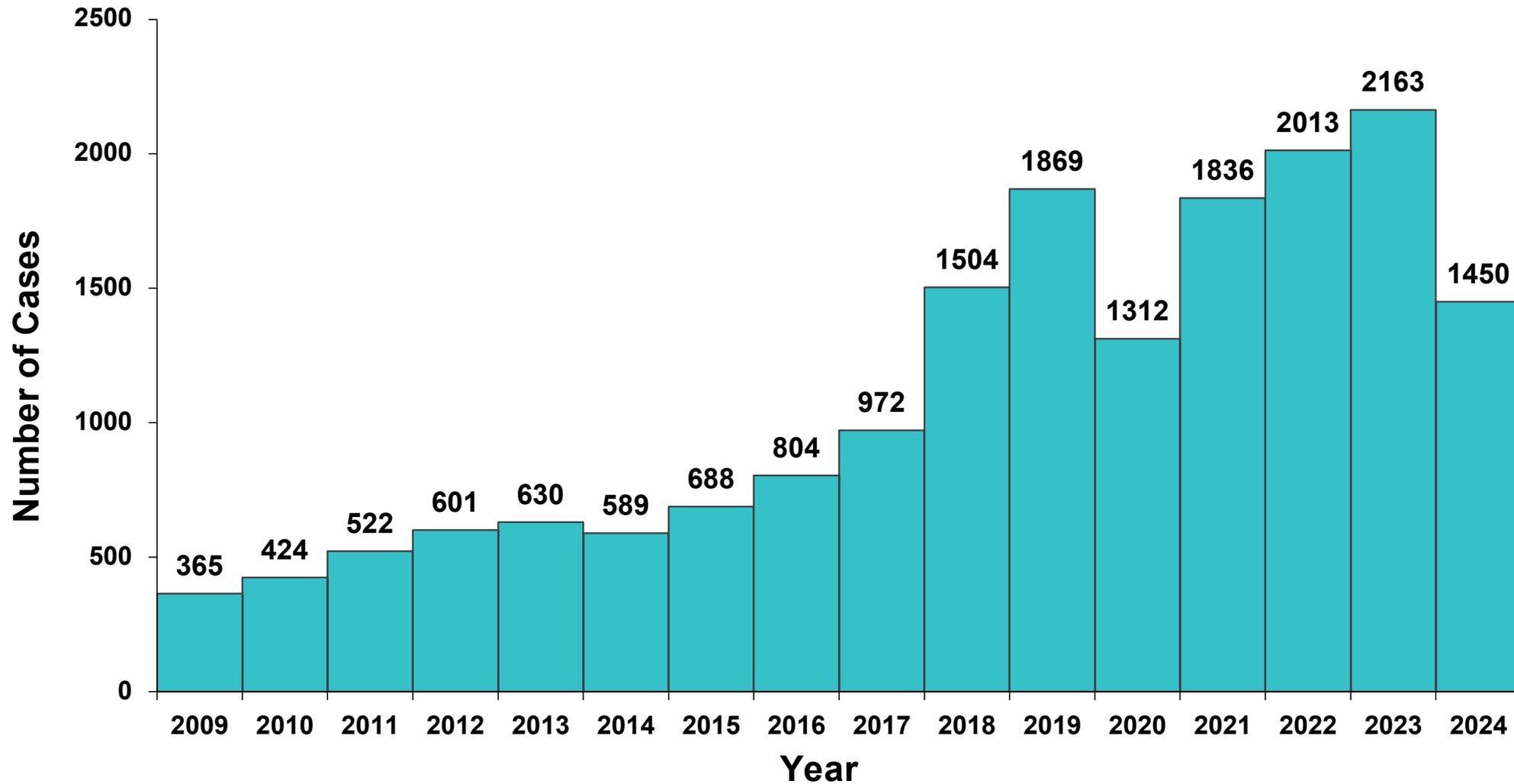


*Month of episode is based on the episode date, which is the earliest of the following dates: symptom onset date, specimen collection date, date of diagnosis, date of death, date reported.

Chlamydia Rates by Gender and Year, San Diego County, 2000-2024

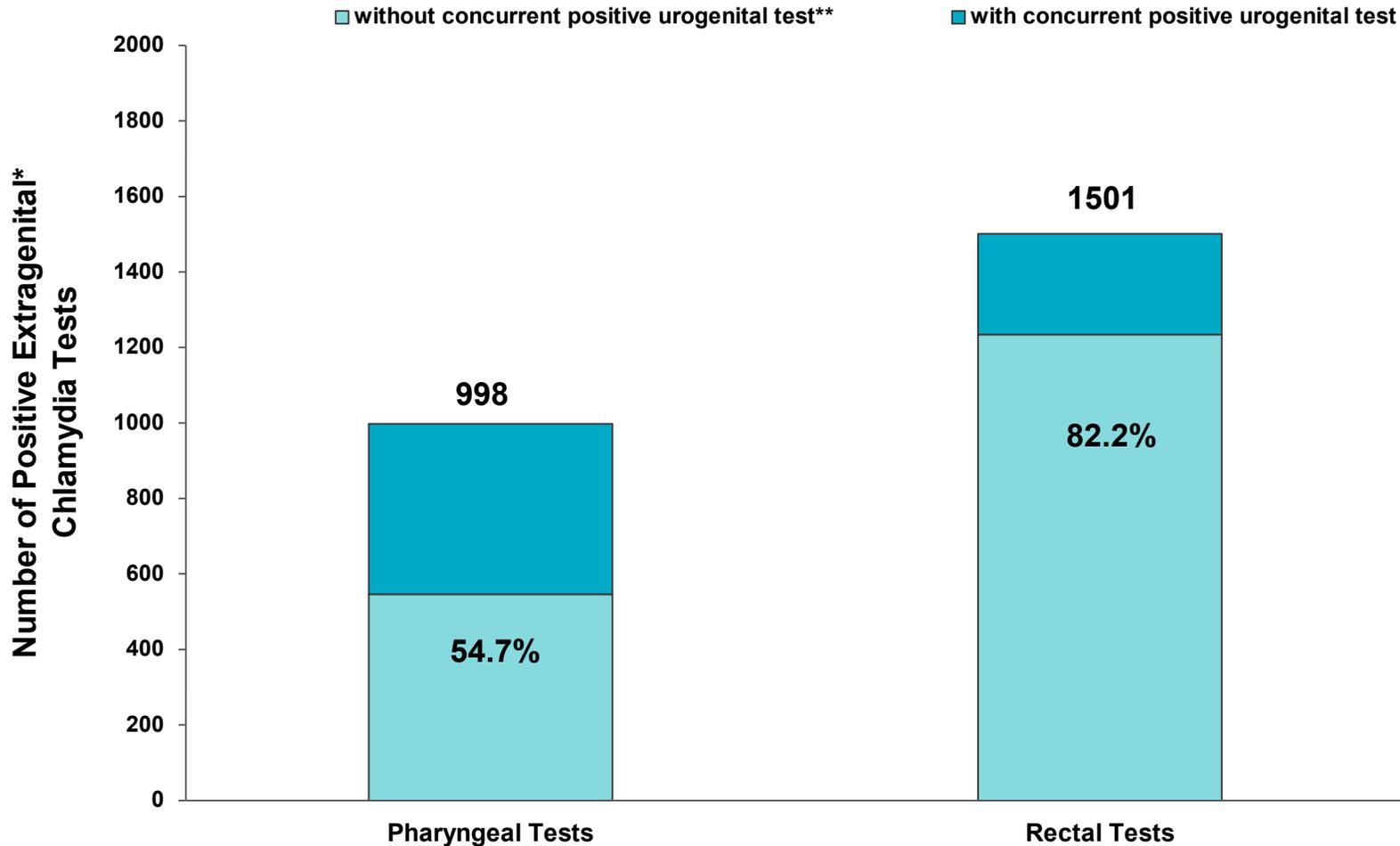


Rectal or Pharyngeal Chlamydia Infections in Males, San Diego County, 2009-2024



Note: The number of rectal or pharyngeal cases in 2018 is different from the number of rectal or pharyngeal cases published in 2018 STD Data Slides due to recalculation with revised methodology.

Proportion of Extragenital* Chlamydia Infections With & Without Concurrent Positive Urogenital Test, San Diego County, 2024



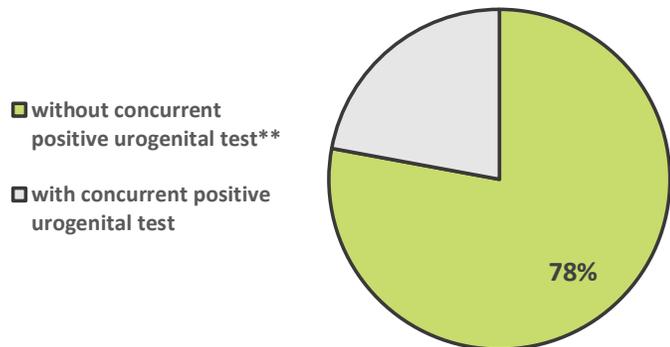
*Extragenital refers to pharyngeal and rectal anatomic sites.

**Note: Due to negative chlamydia laboratory results not being reportable to the local public health departments, "without concurrent positive urogenital test" category means that no positive urogenital test result was reported to the County of San Diego HIV, STD, and Hepatitis Branch for the specified episode of extragenital infection and does not mean that the case had a negative urogenital test.

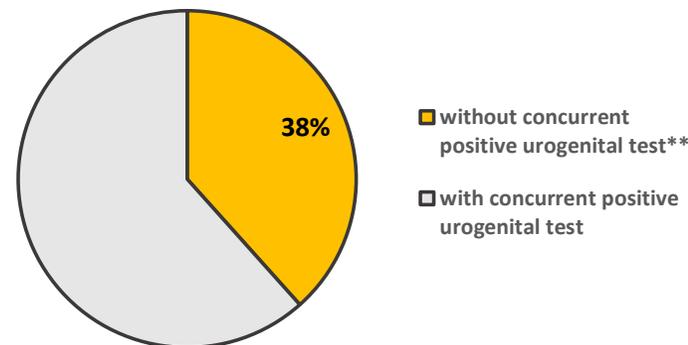
Proportion of Extragenital* Chlamydia Infections With & Without Concurrent Positive Urogenital Test by Gender, San Diego County, 2024



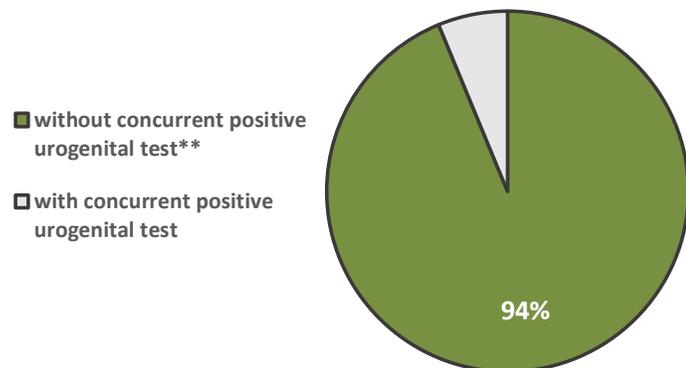
Pharyngeal Chlamydia in Males



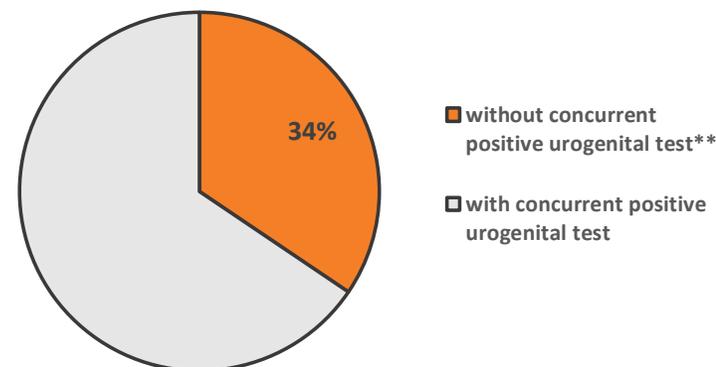
Pharyngeal Chlamydia in Females



Rectal Chlamydia in Males



Rectal Chlamydia in Females



*Extragenital refers to pharyngeal and rectal anatomic sites.

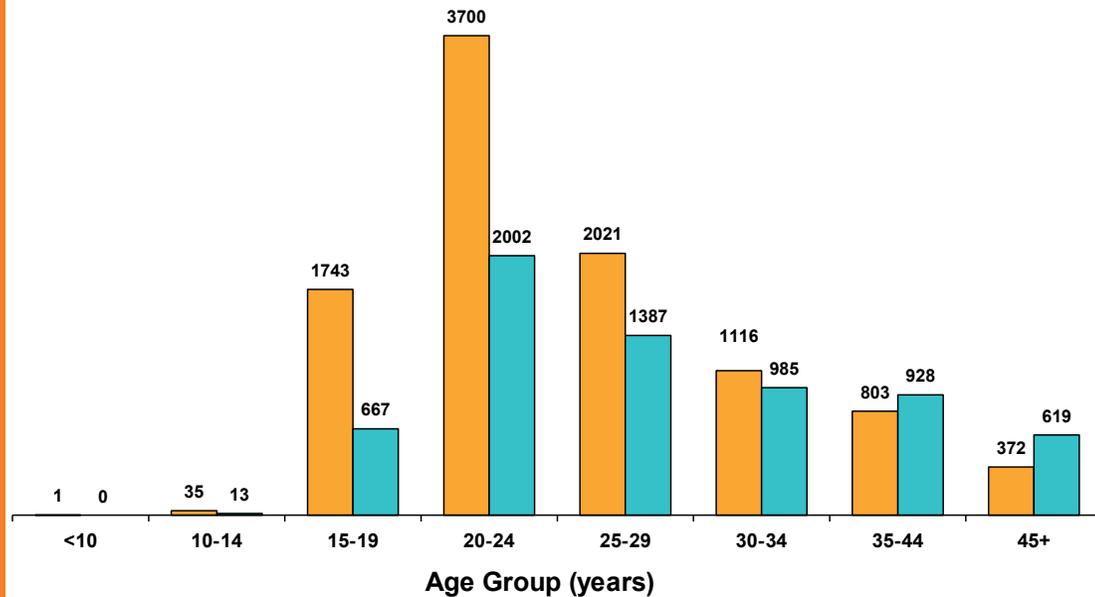
**Note: Due to negative chlamydia laboratory results not being reportable to the local public health departments, "without concurrent positive urogenital test" category means that no positive urogenital test result was reported to the County of San Diego HIV, STD, and Hepatitis Branch for the specified episode of extragenital infection and does not mean that the case had a negative urogenital test.

Chlamydia Cases and Rates by Gender and Age, San Diego County, 2024

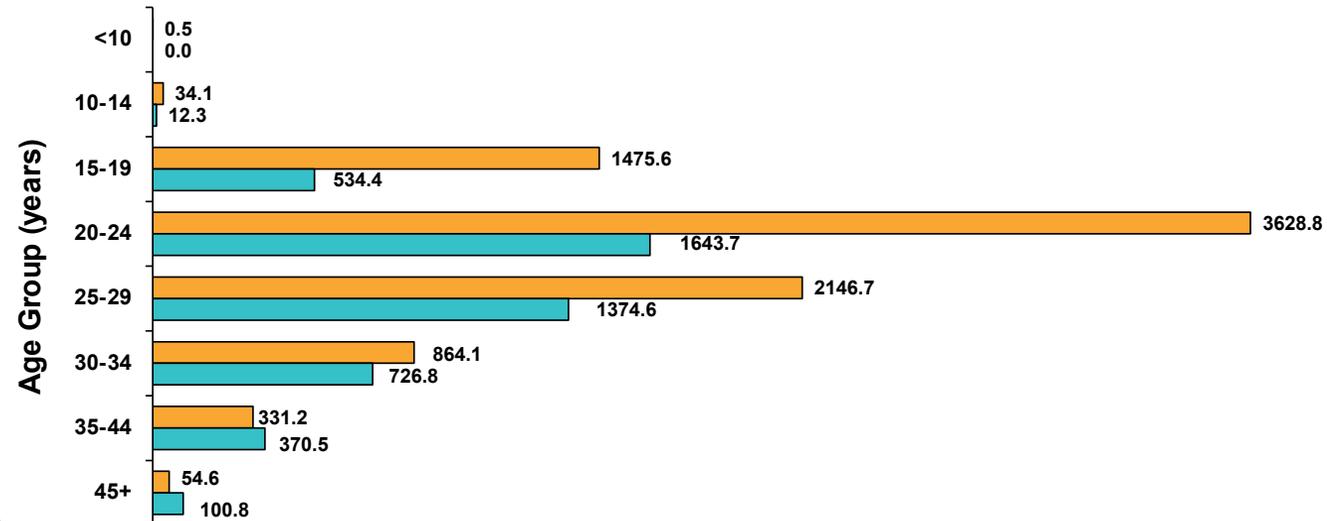


Cases

Female Male



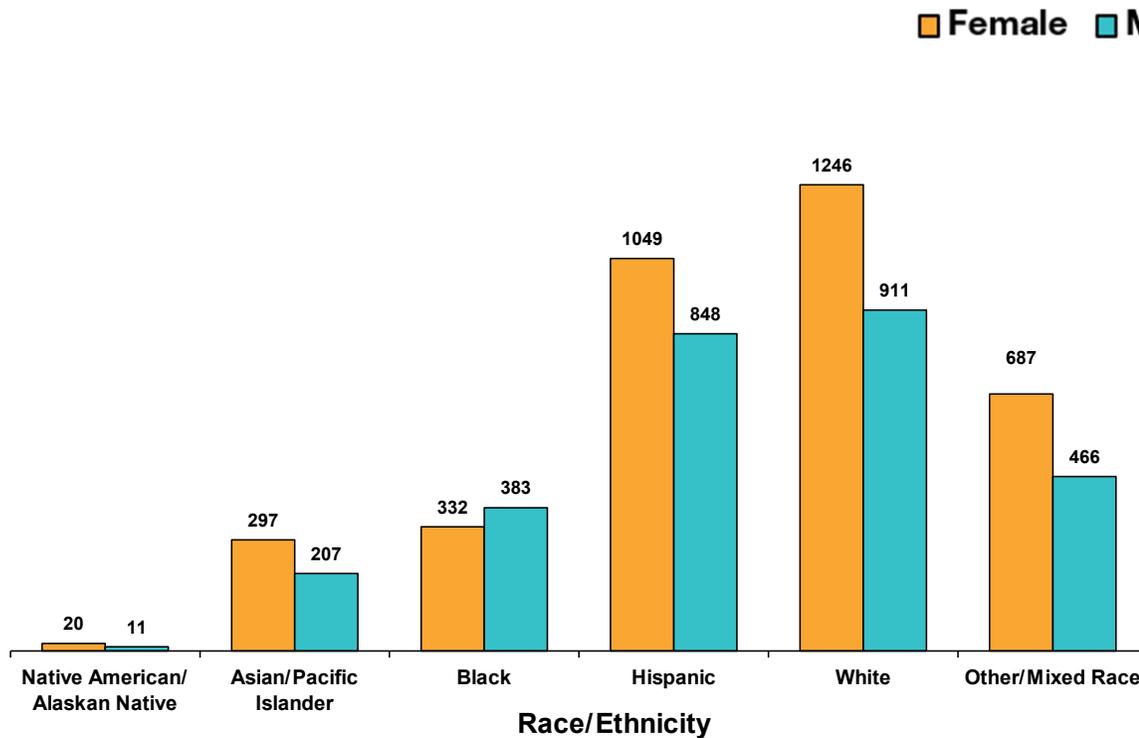
Rates per 100,000



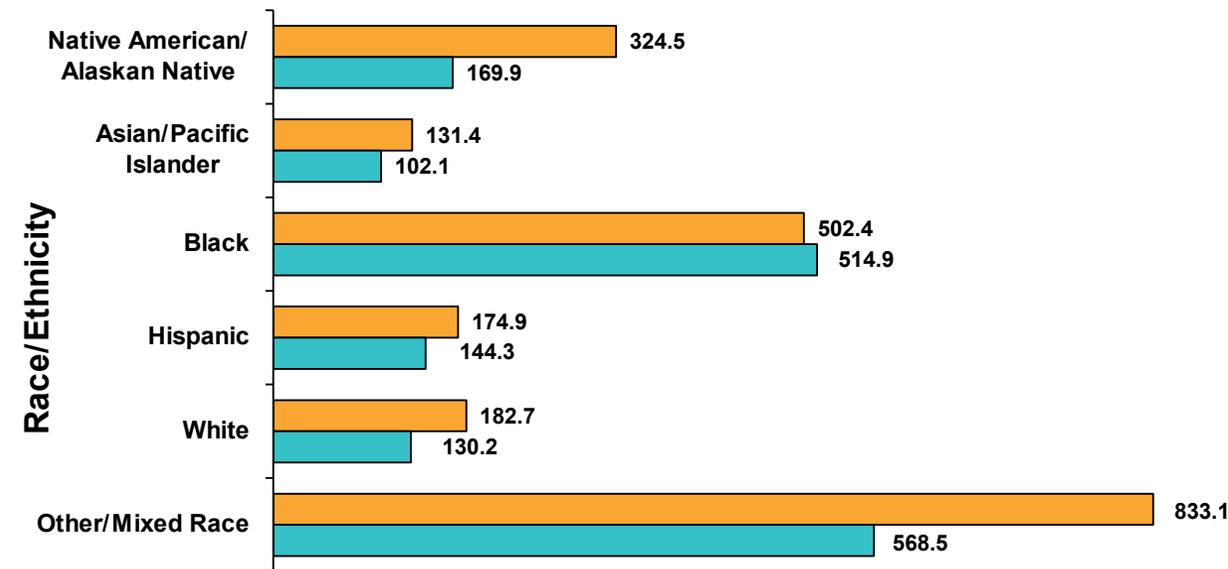
Note: 22 cases were missing gender information and are not included in the counts above.

Chlamydia Cases and Rates by Gender and Race/Ethnicity, San Diego County, 2024

Cases



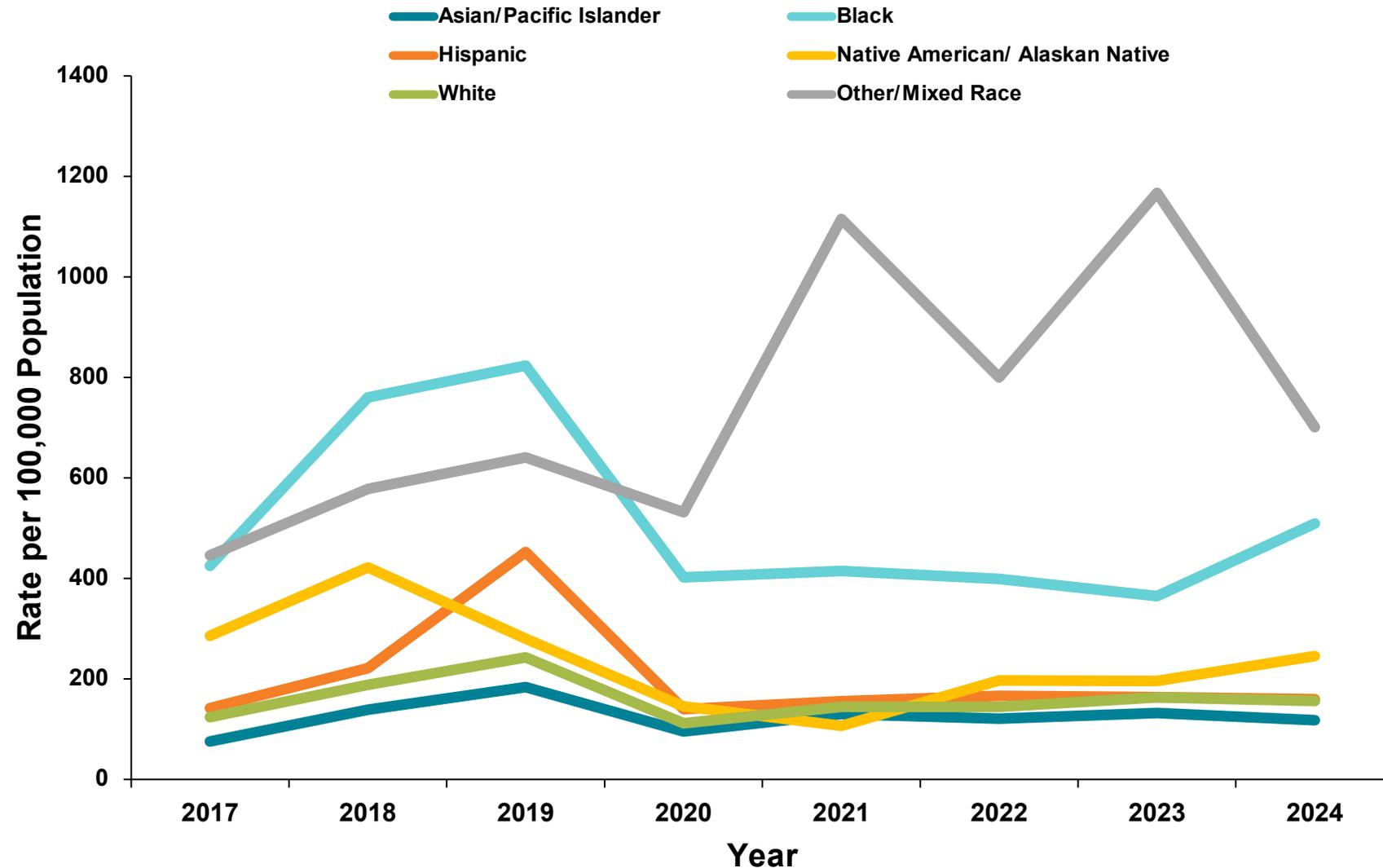
Rates per 100,000



Note: 60.7% of cases were missing race/ethnicity or gender information and are not included in the counts above.

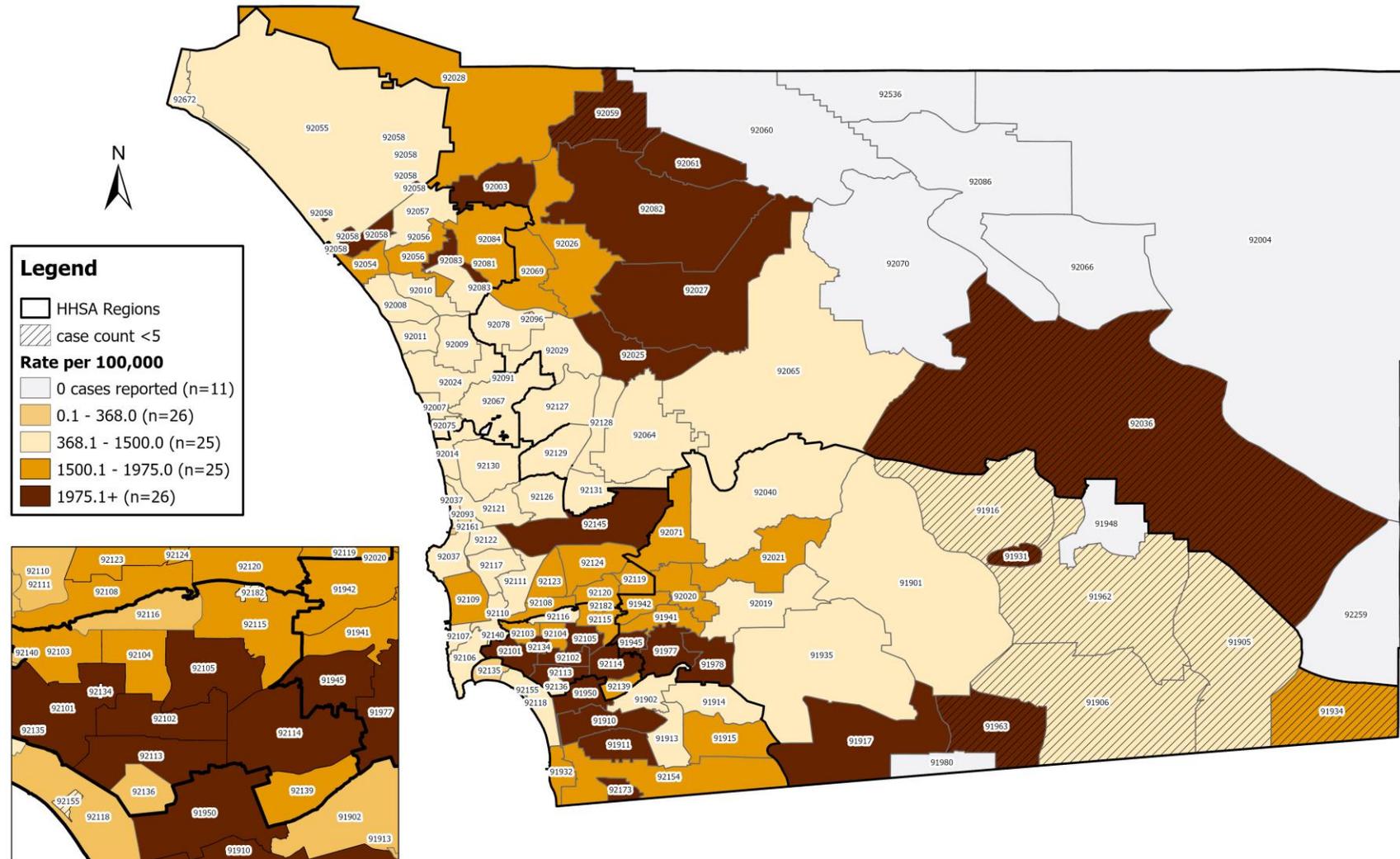
As of October 1, 2019, *Chlamydia trachomatis* (CT) infections have no longer been required to be reported to the local health department by healthcare providers; positive CT tests have continued to be reported by laboratories.

Chlamydia Rates by Race/Ethnicity, San Diego County, 2017-2024



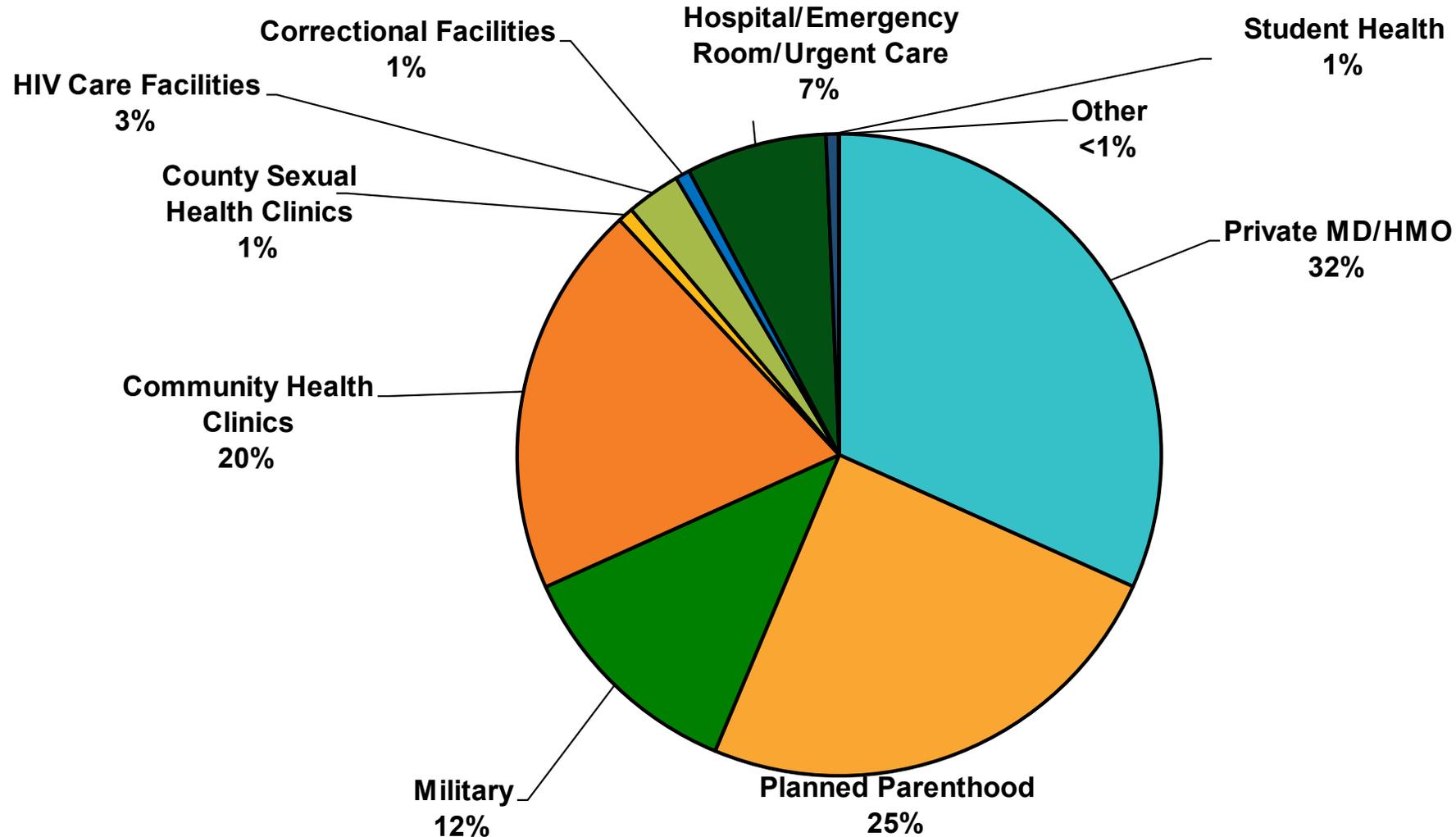
Note: Race/ethnicity data for chlamydia are limited. The sharp changes in chlamydia rate among Other/Mixed category is most likely due to reporting. As of October 1, 2019, *Chlamydia trachomatis* (CT) infections have no longer been required to be reported to the local health department by healthcare providers; positive CT tests have continued to be reported by laboratories.

Chlamydia Rates by Zip Code Among Persons of 15-29 Years of Age, San Diego County, 2024



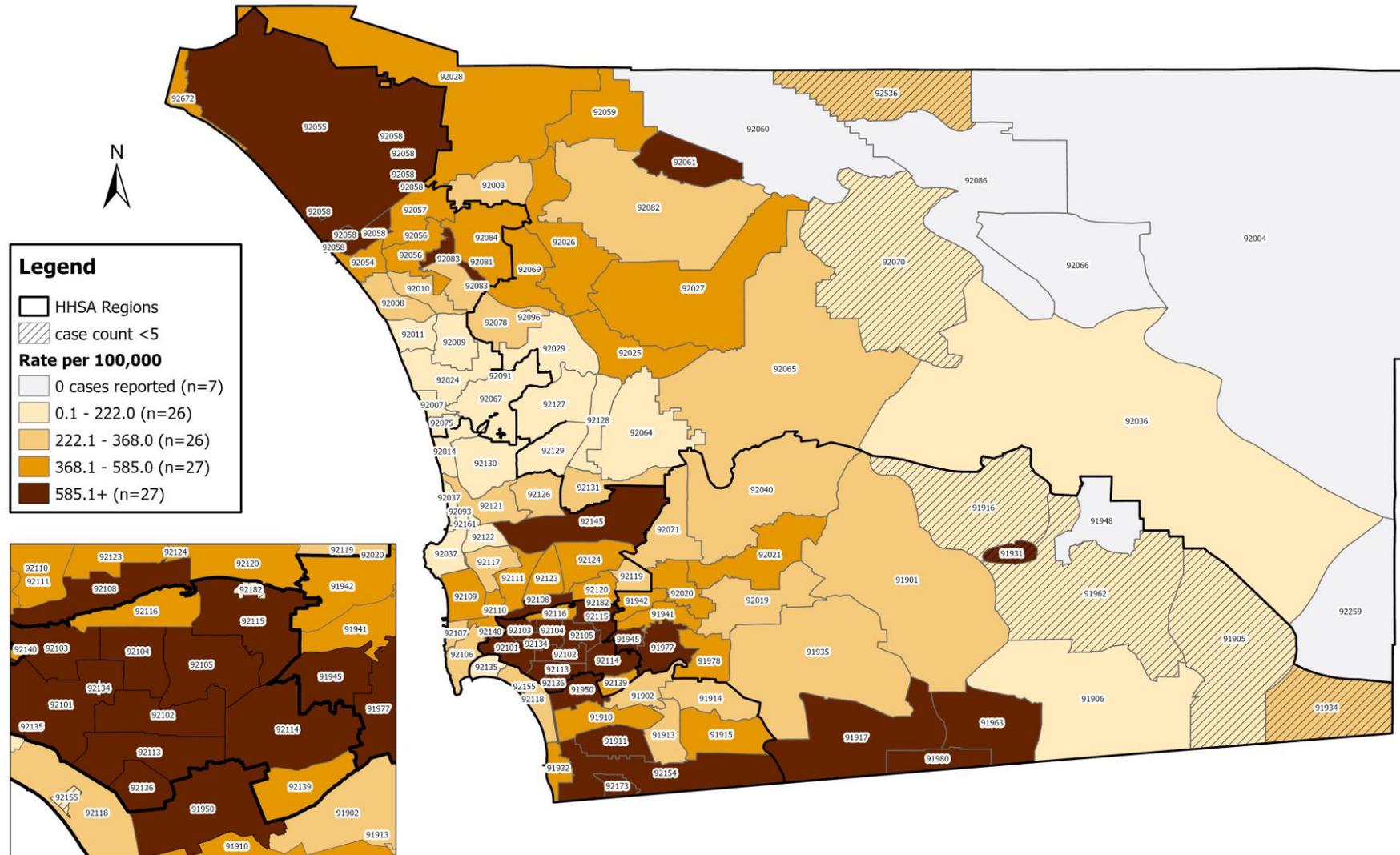
Source: County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch; December 16, 2025

Chlamydia Cases by Reporting Facility Type, San Diego County, 2024



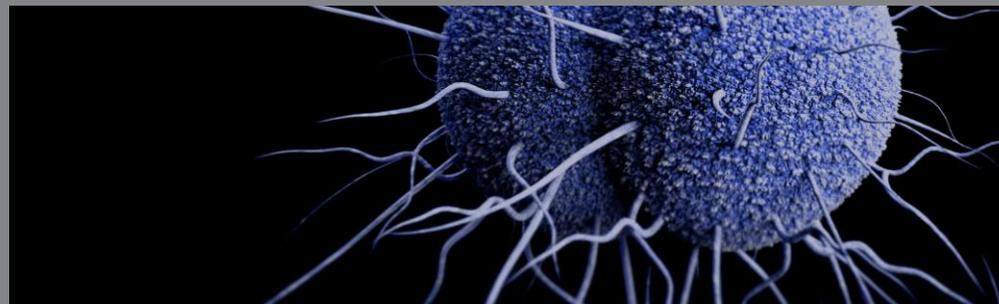
Note: 79 cases were missing provider type information.

Chlamydia Rates by Zip Code, San Diego County, 2024



Source: County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch; December 16, 2025

GONORRHEA



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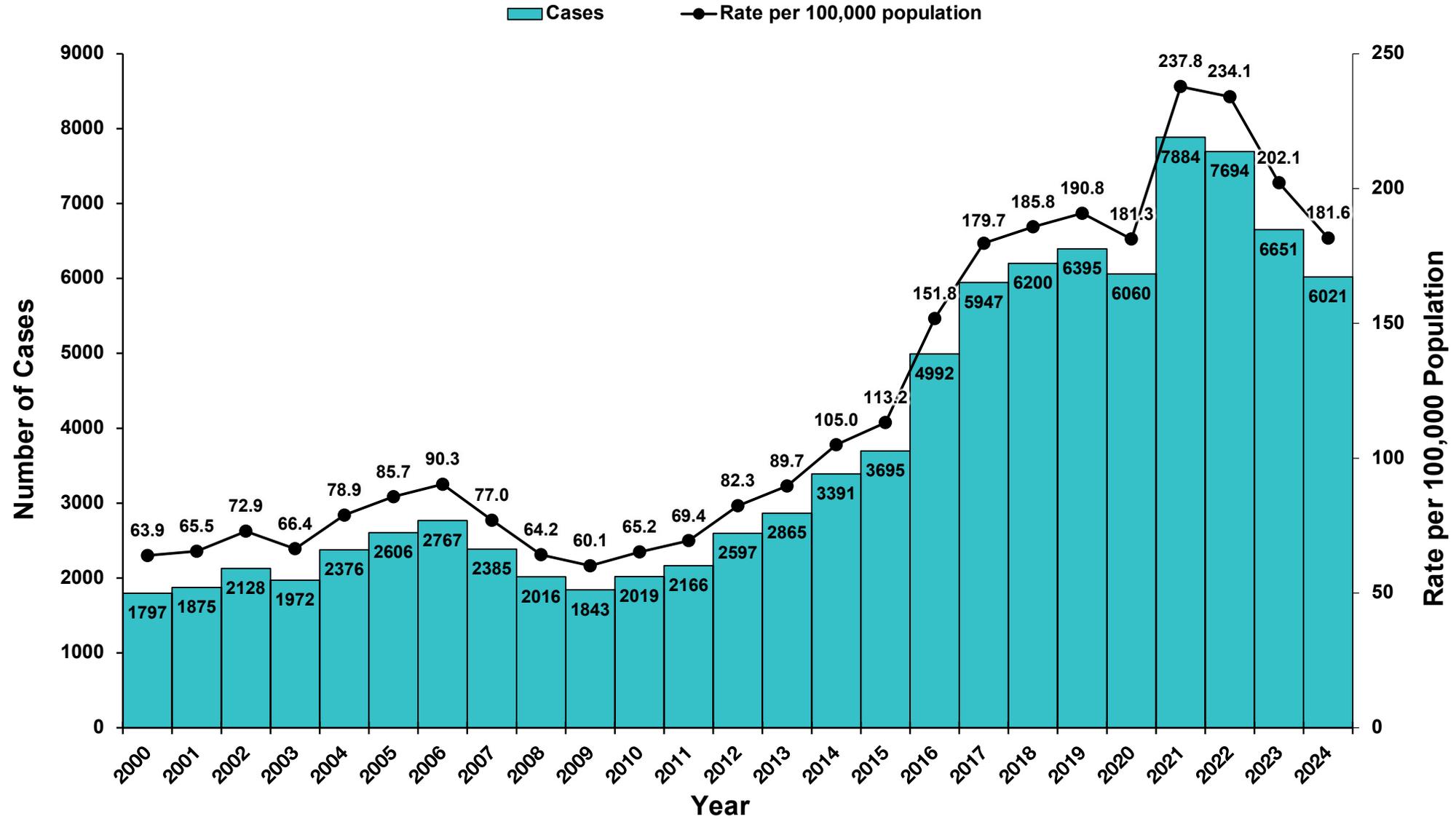
Key Points



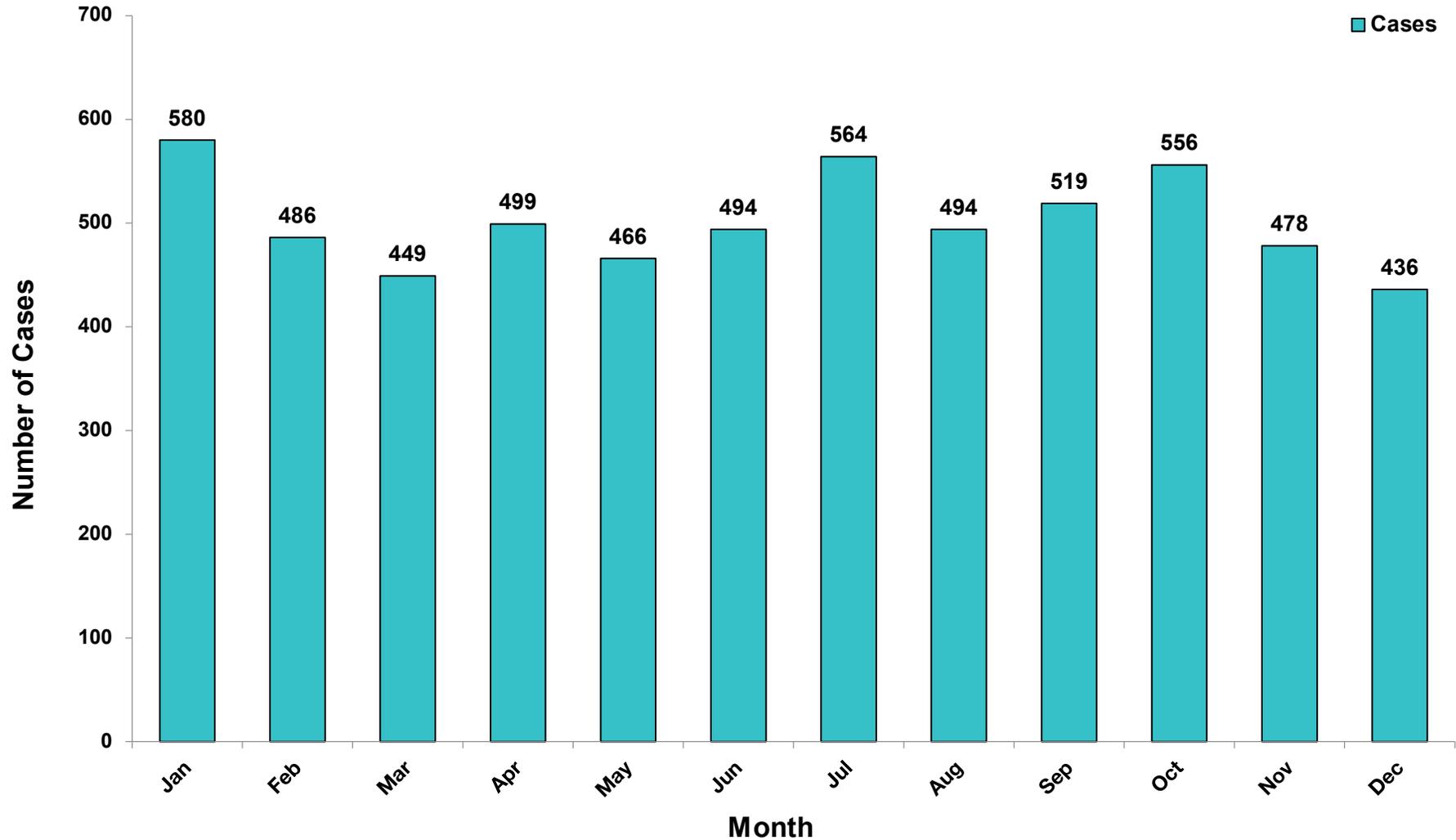
Gonorrhea in San Diego County

- Cases of gonorrhea decreased by 9.5% from 6,651 cases in 2023 to 6,021 cases in 2024.
- The overall rate of gonorrhea decreased by 10.1% from 202.1 cases per 100,000 in 2023 to 181.6 cases per 100,000 in 2024.
- The rate of gonorrhea in males is 3.3 times the rate in females and decreased by 6.1% between 2023 and 2024.
- From 2020 to 2024, the number of cases decreased by 0.6% from 6060 to 6021 cases, whereas rates increased by 0.2% from 181.3 cases per 100,000 to 181.6 cases per 100,000, respectively. Following the post-pandemic increase in 2021, both gonorrhea cases and rates have been steadily declining.
- Men aged 25 to 29 years have the highest rates of infection.
- The rate of gonorrhea in African-American/black males is 2.8 times that of white males and 2.6 times that of Hispanic males; the rate of infection in African-American/black females is 3.4 times that of white females and 3.1 times that of Hispanic females.

Gonorrhea Cases and Rates by Year, San Diego County, 2000-2024

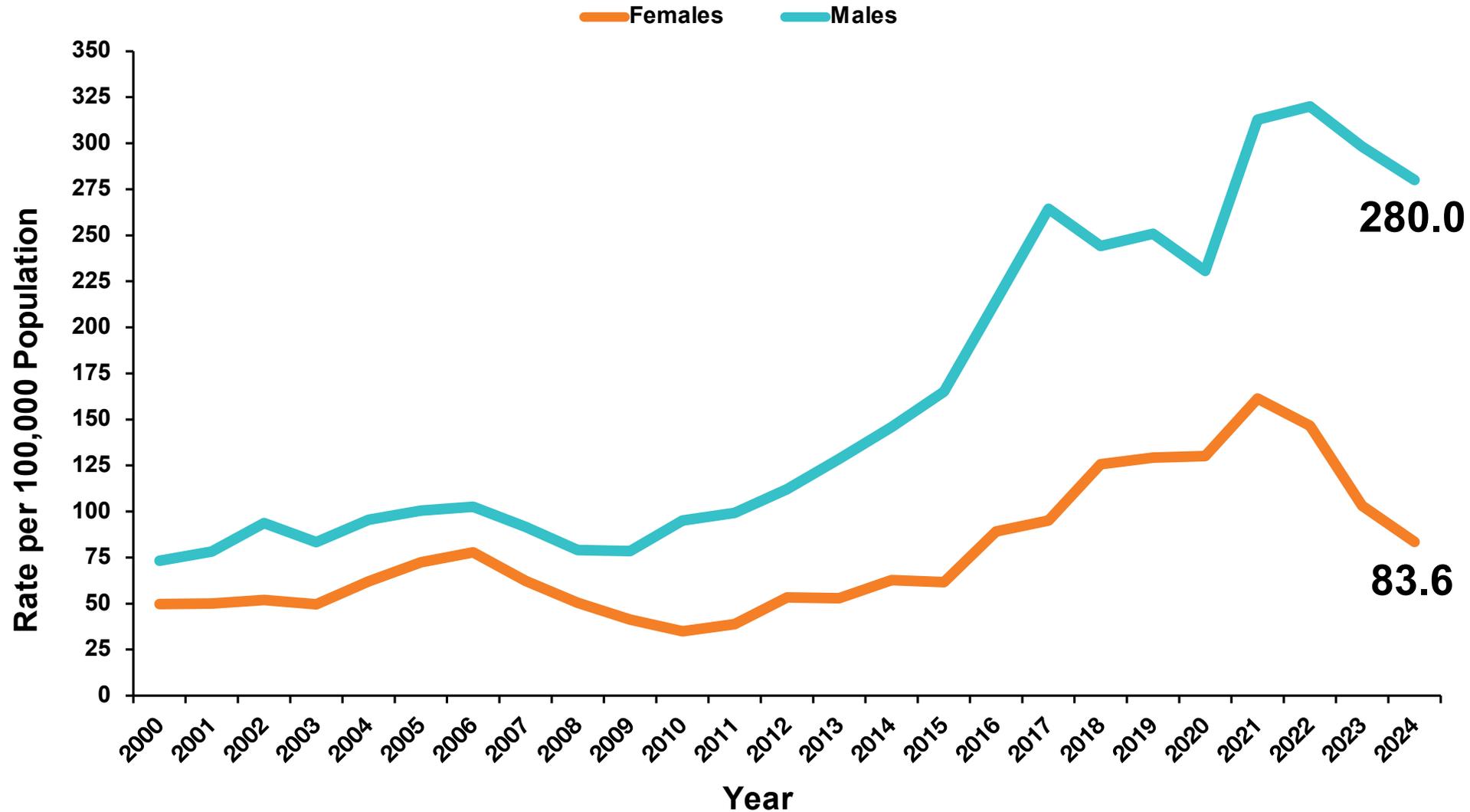


Gonorrhea Cases by Month of Episode, San Diego County, 2024

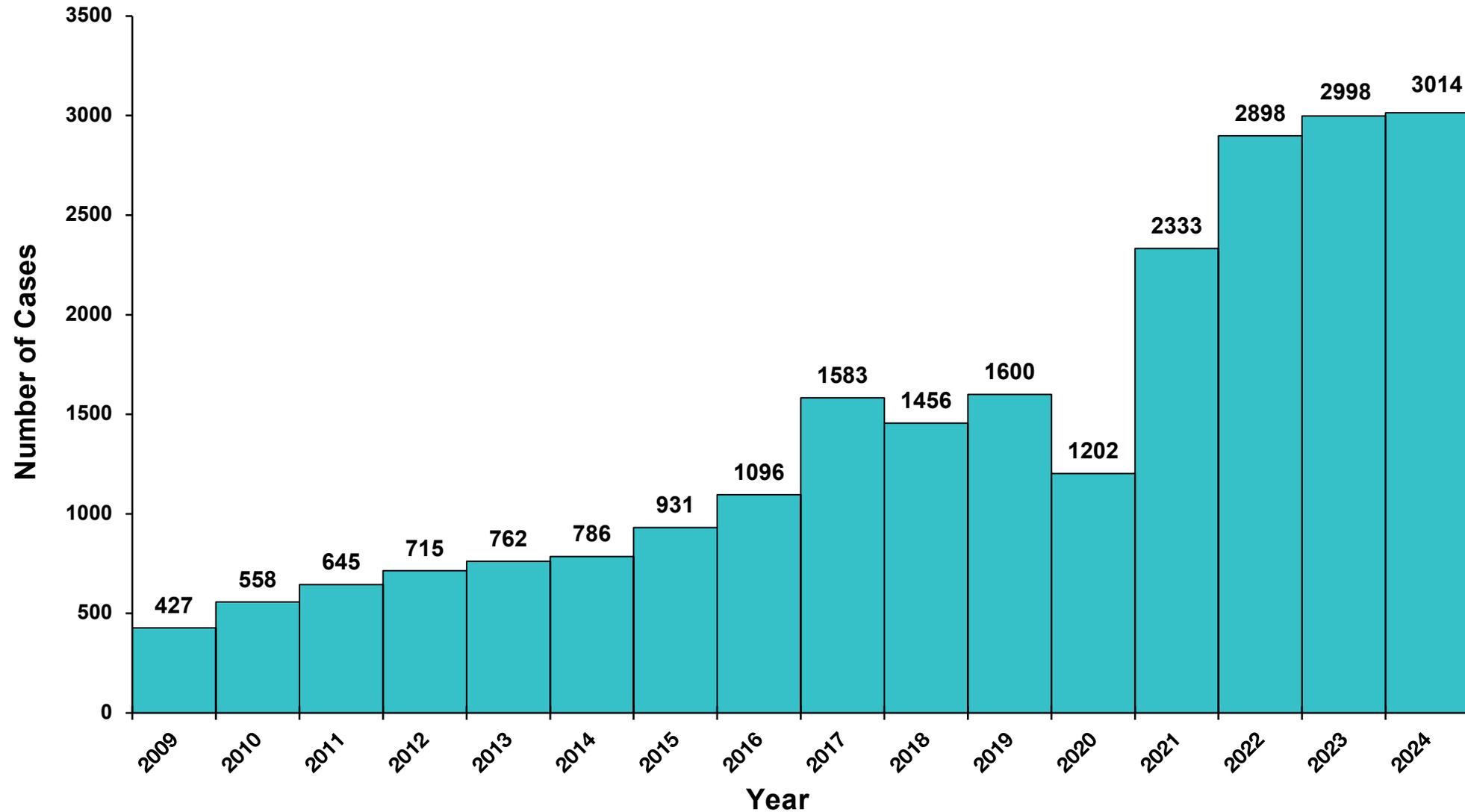


*Month of episode is based on the episode date, which is the earliest of the following dates: symptom onset date, specimen collection date, date of diagnosis, date of death, date reported.

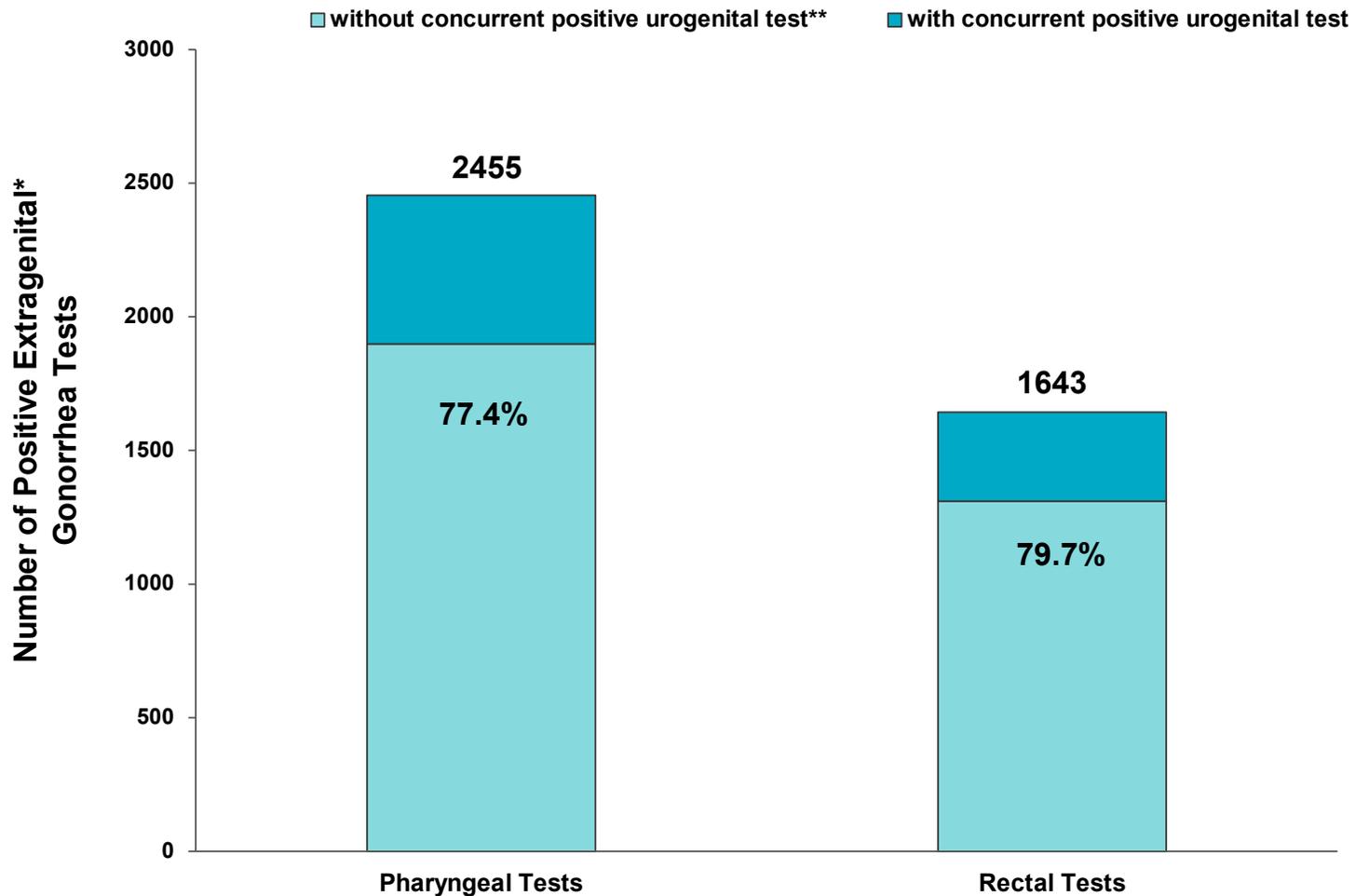
Gonorrhea Rates by Gender and Year, San Diego County, 2000-2024



Rectal or Pharyngeal Gonorrhea in Males, San Diego County, 2009-2024



Proportion of Extragenital* Gonorrhea With & Without Concurrent Positive Urogenital Test, San Diego County, 2024



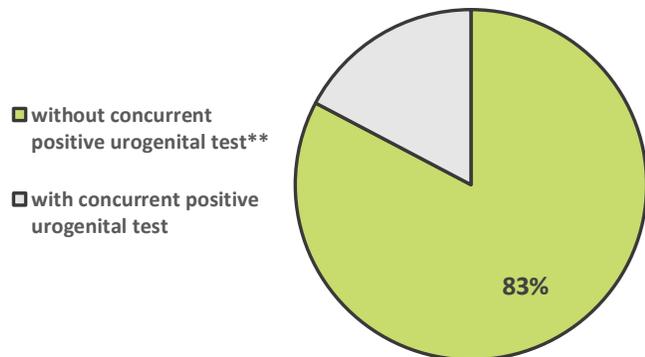
*Extragenital refers to pharyngeal and rectal anatomic sites.

**Note: Due to negative gonorrhea laboratory results not being reportable to the local public health departments, "without concurrent positive urogenital test" category means that no positive urogenital test result was reported to the County of San Diego HIV, STD, and Hepatitis Branch for the specified episode of extragenital infection and does not mean that the case had a negative urogenital test.

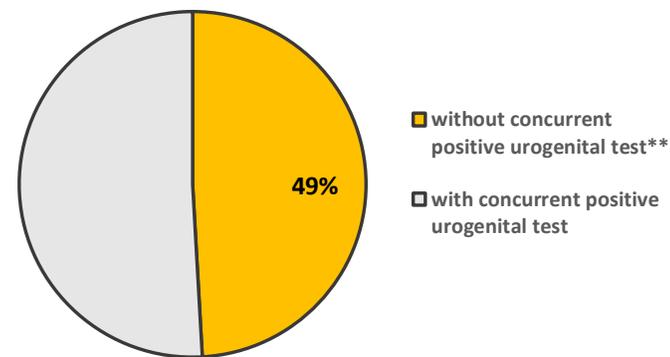
Proportion of Extragenital* Gonorrhea With & Without Concurrent Positive Urogenital Test by Gender, San Diego County, 2024



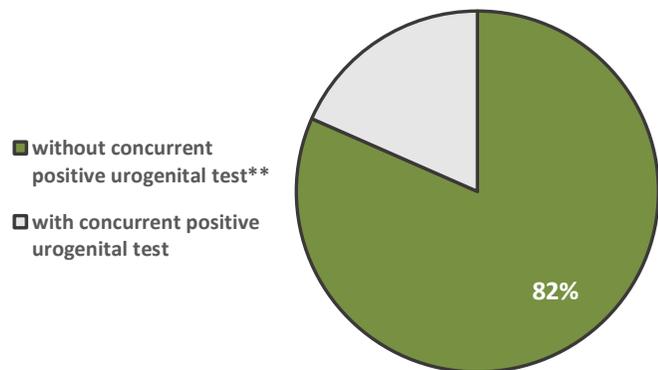
Pharyngeal Gonorrhea in Males



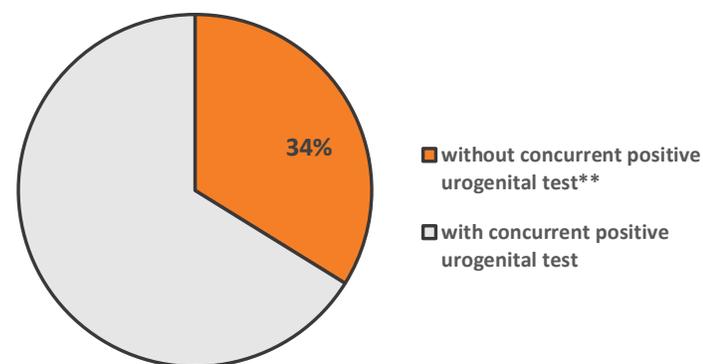
Pharyngeal Gonorrhea in Females



Rectal Gonorrhea in Males



Rectal Gonorrhea in Females



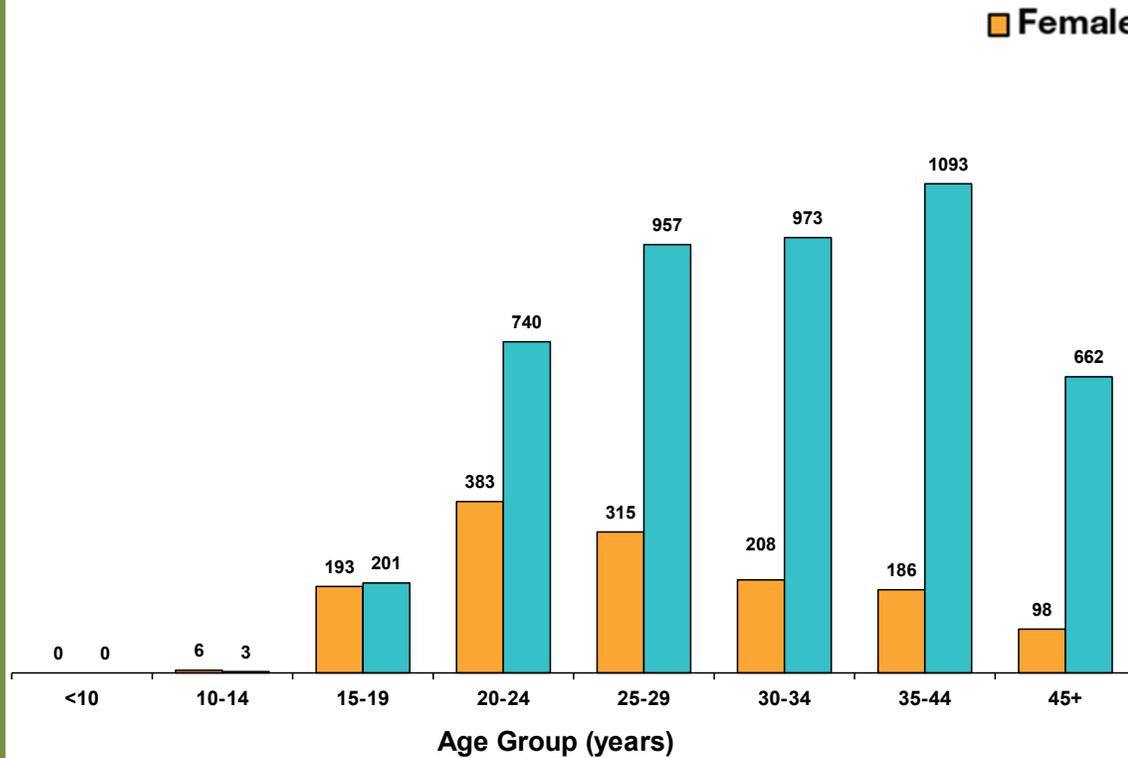
*Extragenital refers to pharyngeal and rectal anatomic sites.

**Note: Due to negative gonorrhea laboratory results not being reportable to the local public health departments, "without concurrent positive urogenital test" category means that no positive urogenital test result was reported to the County of San Diego HIV, STD, and Hepatitis Branch for the specified episode of extragenital infection and does not mean that the case had a negative urogenital test.

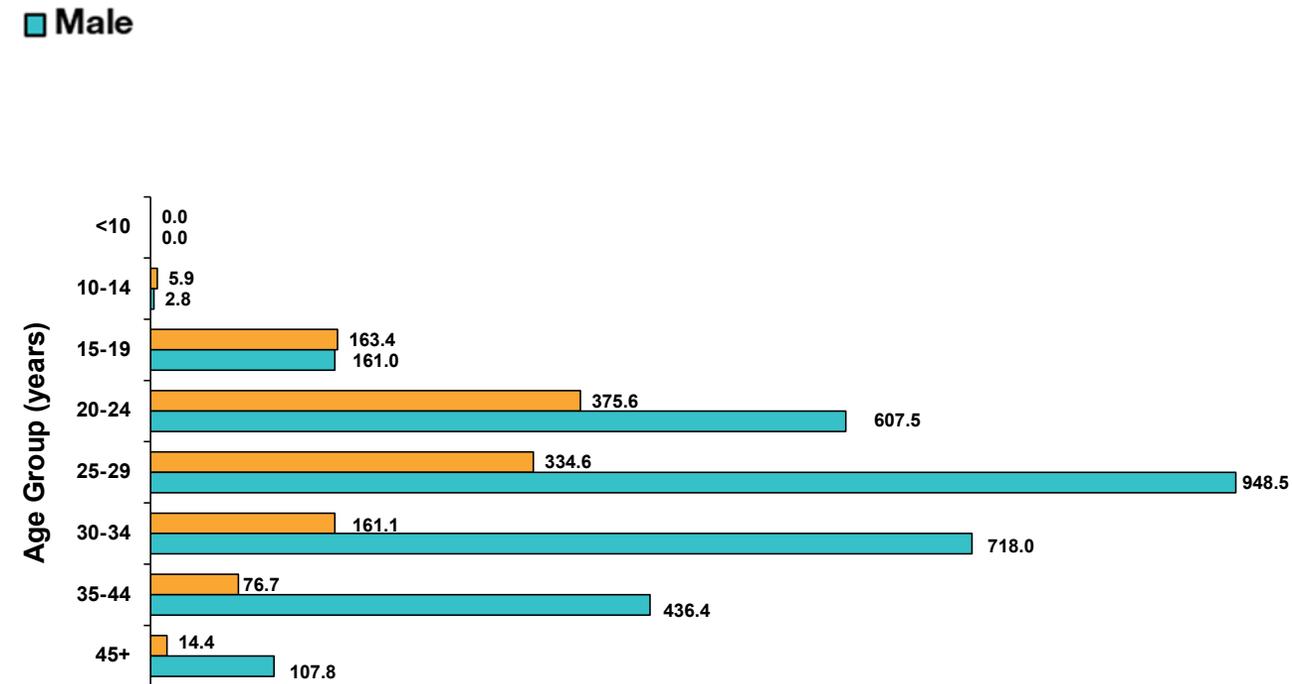
Gonorrhea Cases and Rates by Gender and Age, San Diego County, 2024



Cases



Rates per 100,000



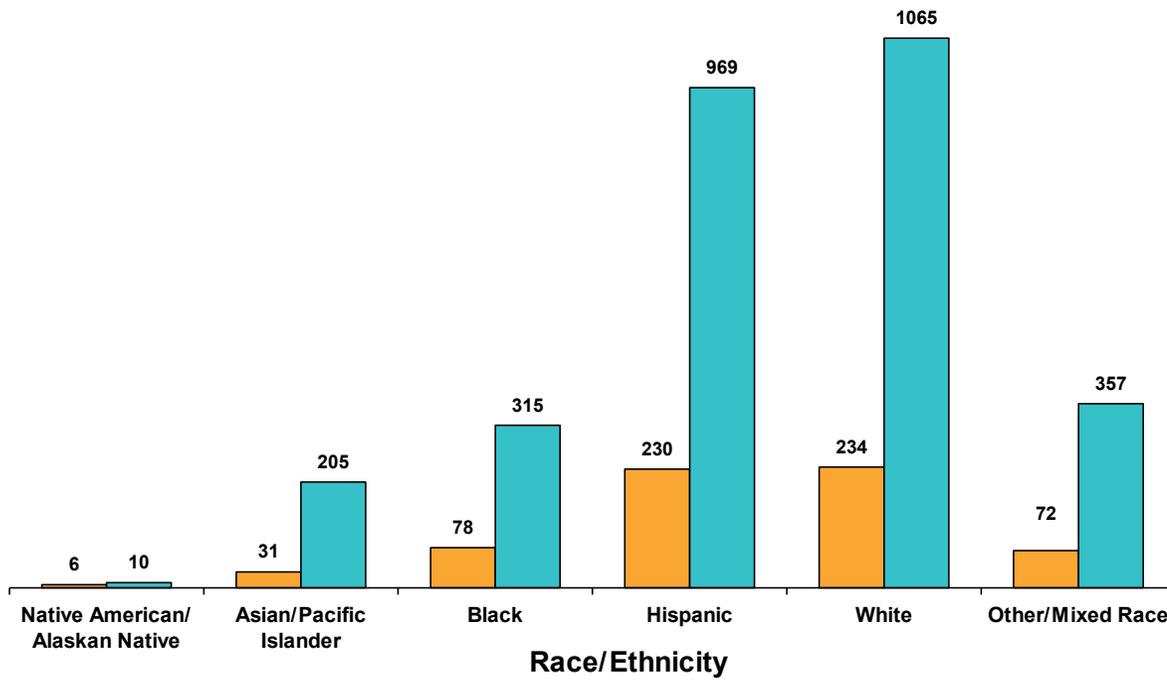
Note: 3 cases were missing gender information and are not included in the counts above.

Gonorrhea Cases and Rates by Gender and Race/Ethnicity, San Diego County, 2024

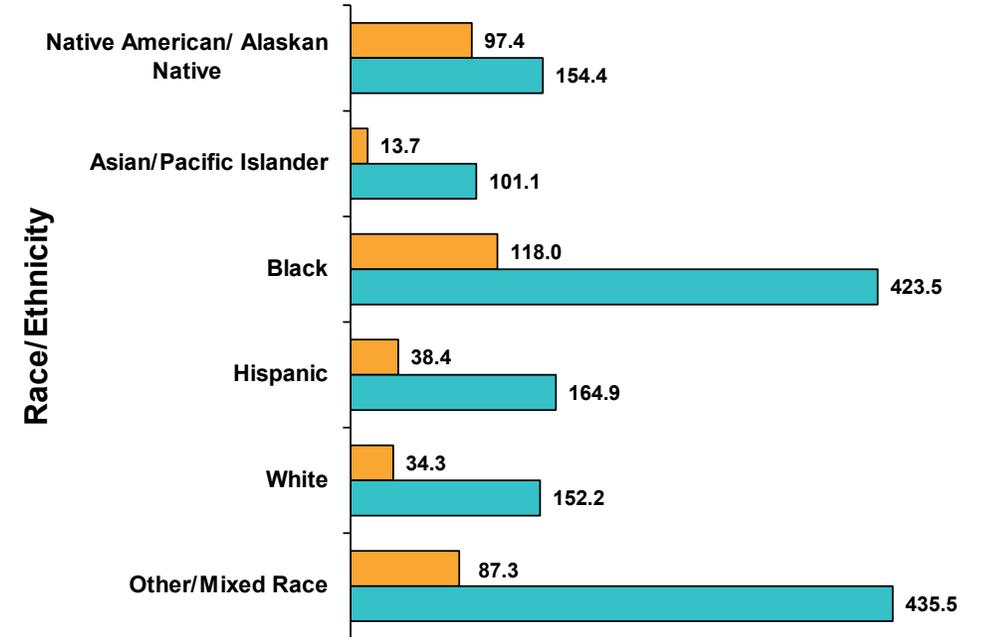


Cases

Female Male

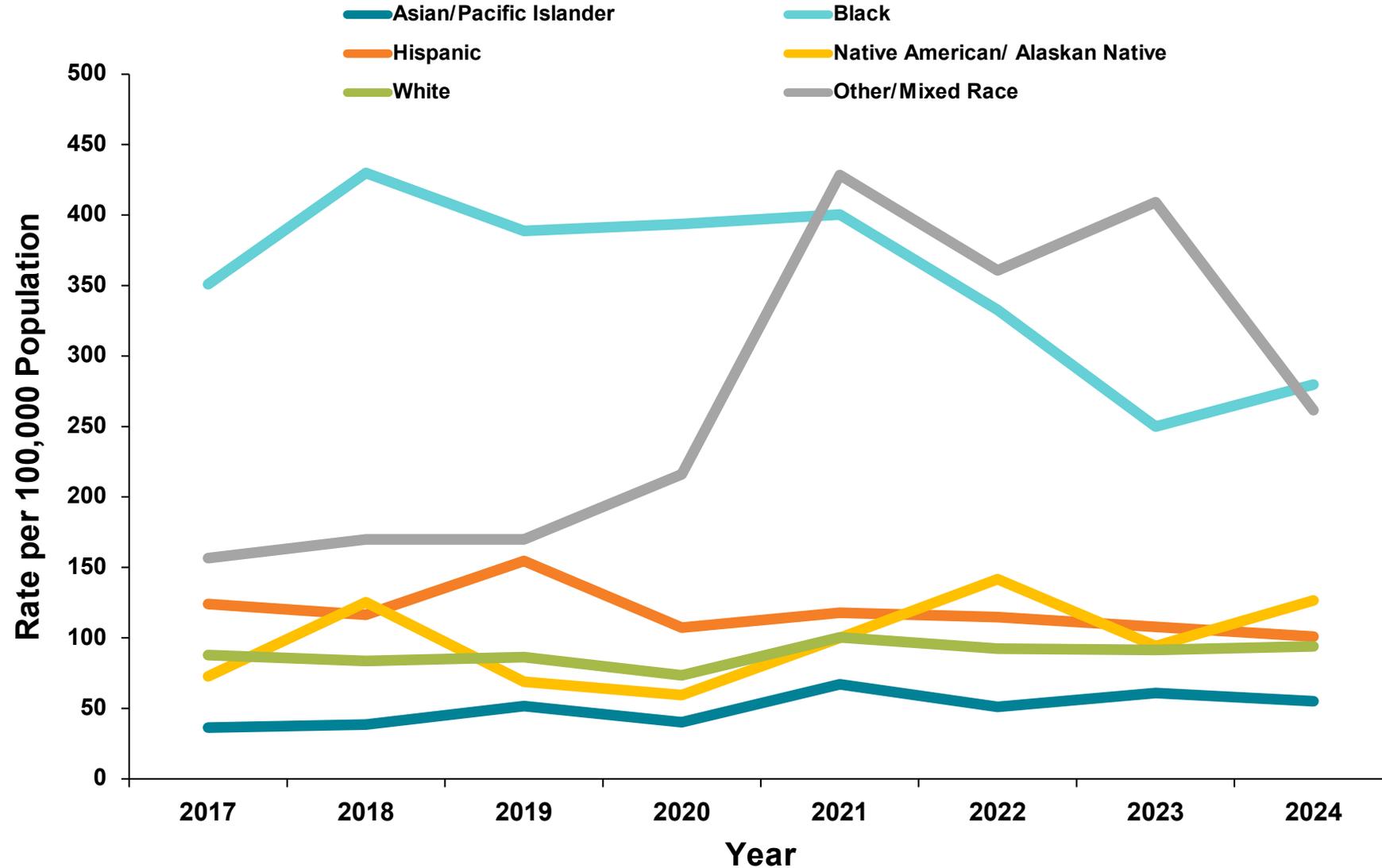


Rates per 100,000



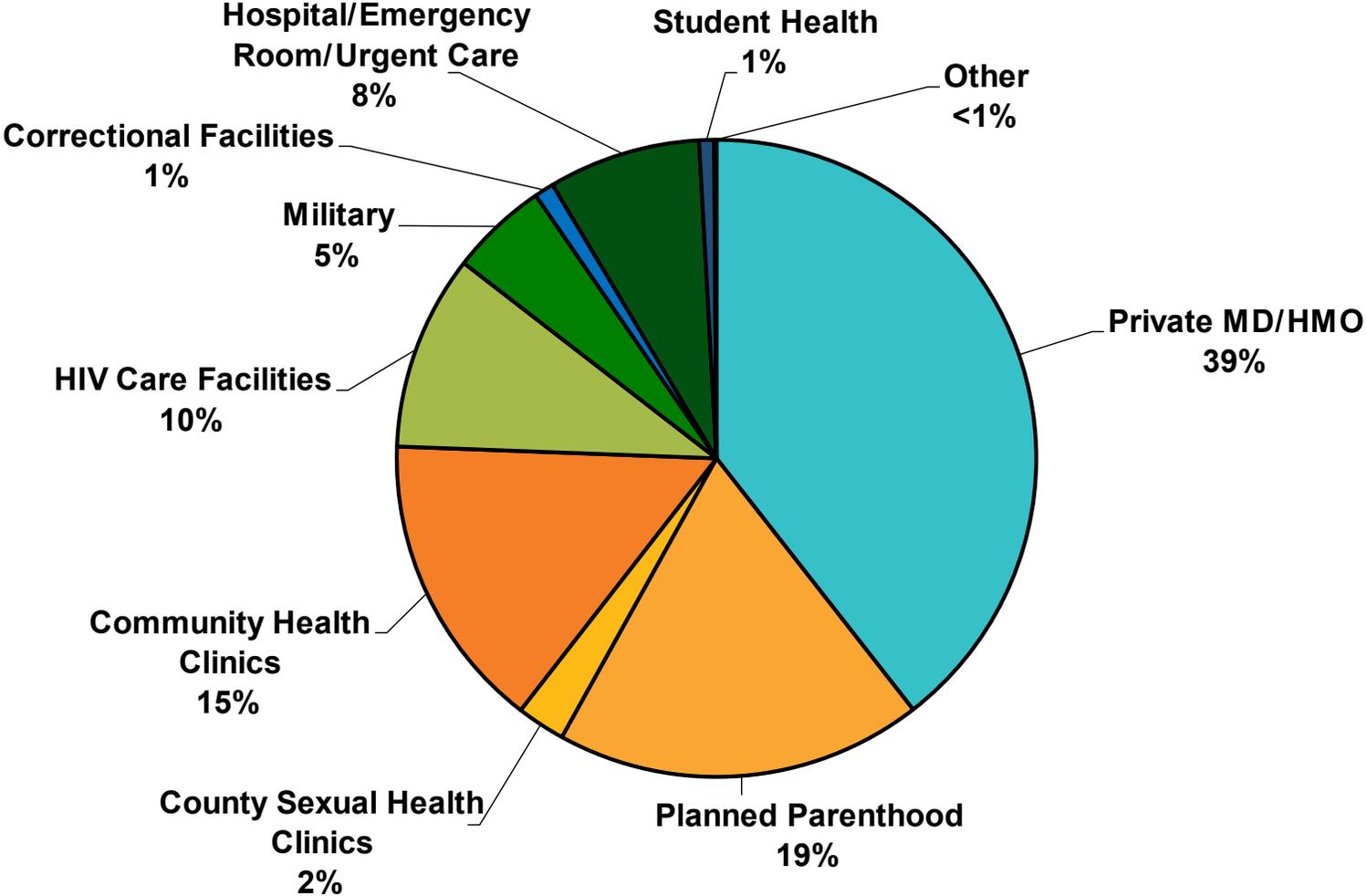
Note: 40.7% of cases were missing race/ethnicity or gender information and are not included in the counts above.

Gonorrhea Rates by Race/Ethnicity, San Diego County, 2017-2024



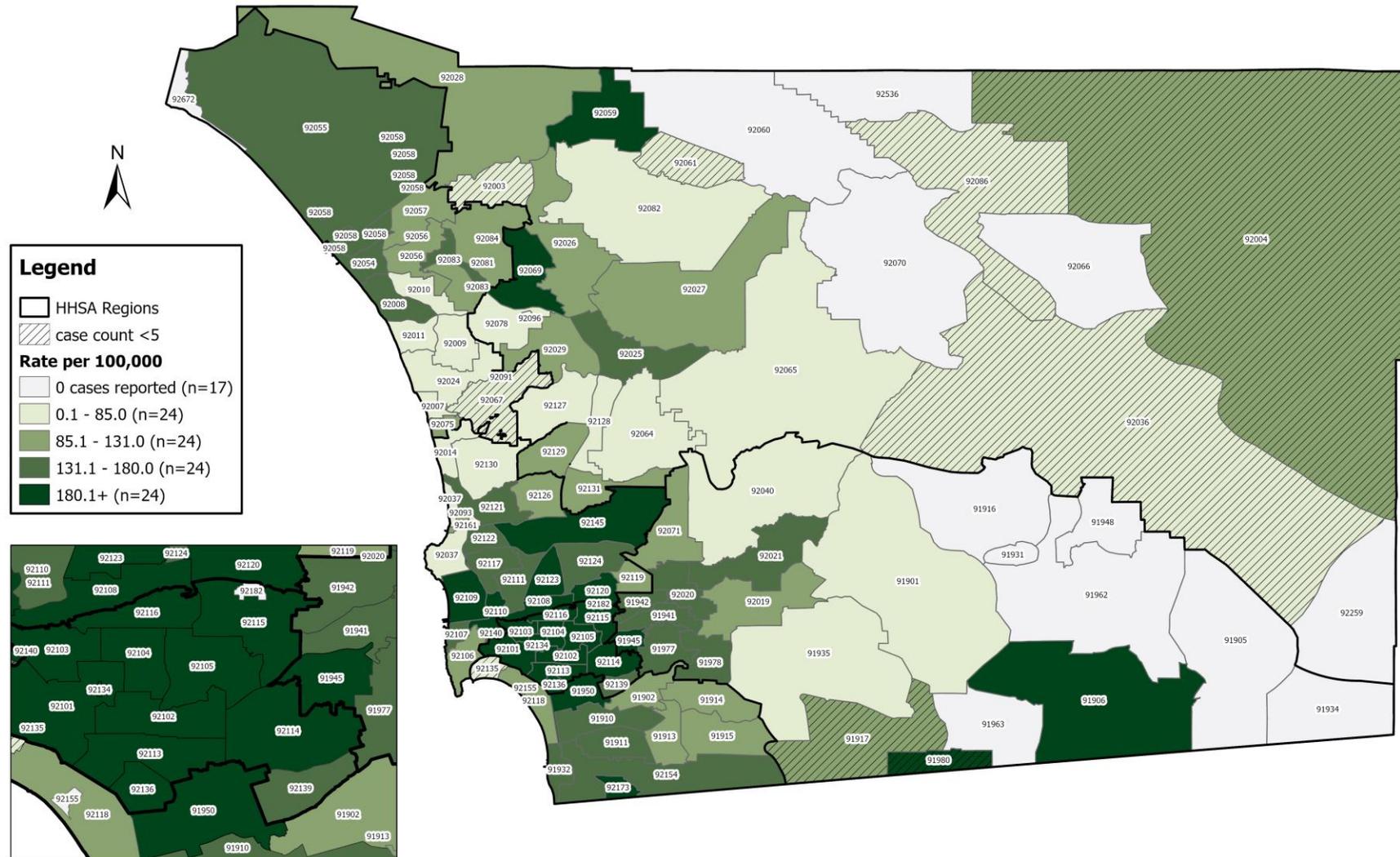
Note: Race/ethnicity data for gonorrhea are limited. The sharp changes in gonorrhea rate among Other/Mixed category is most likely due to reporting.

Gonorrhea Cases by Reporting Facility Type, San Diego County, 2024



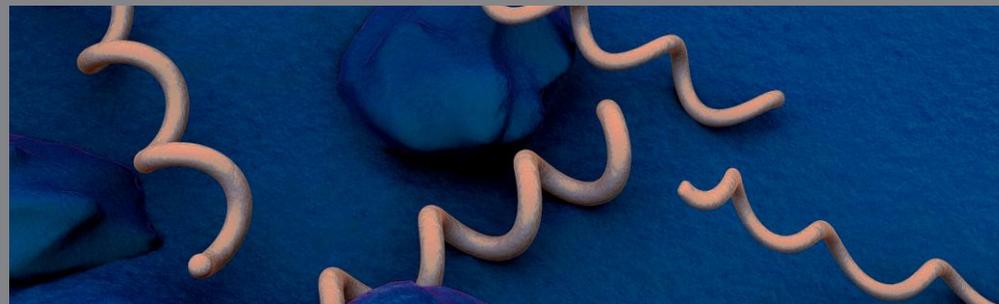
Note: 68 cases were missing provider type information.

Gonorrhea Cases by Zip Code, San Diego County, 2024



Source: County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch; December 16, 2025

SYPHILIS



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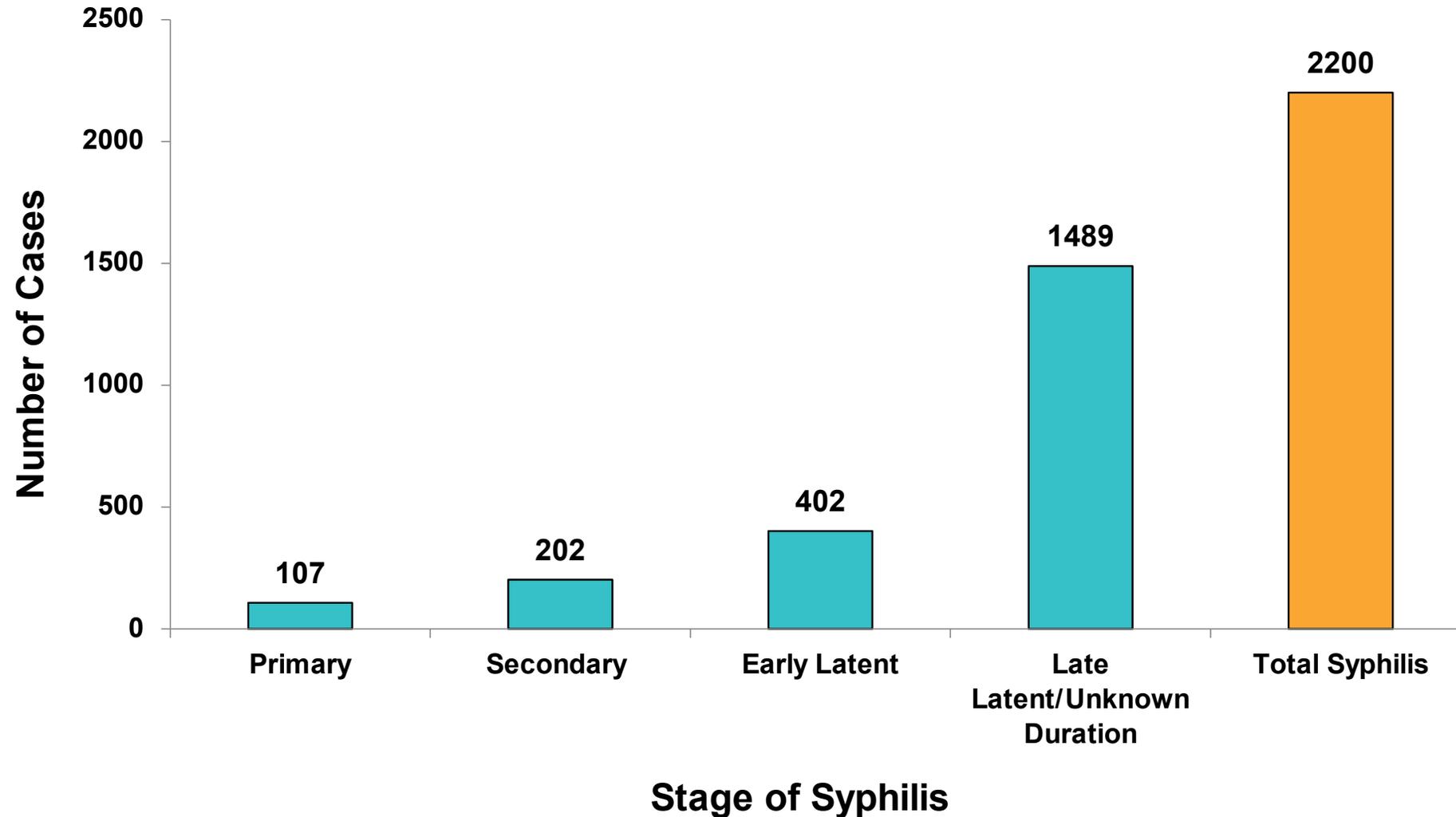
Key Points



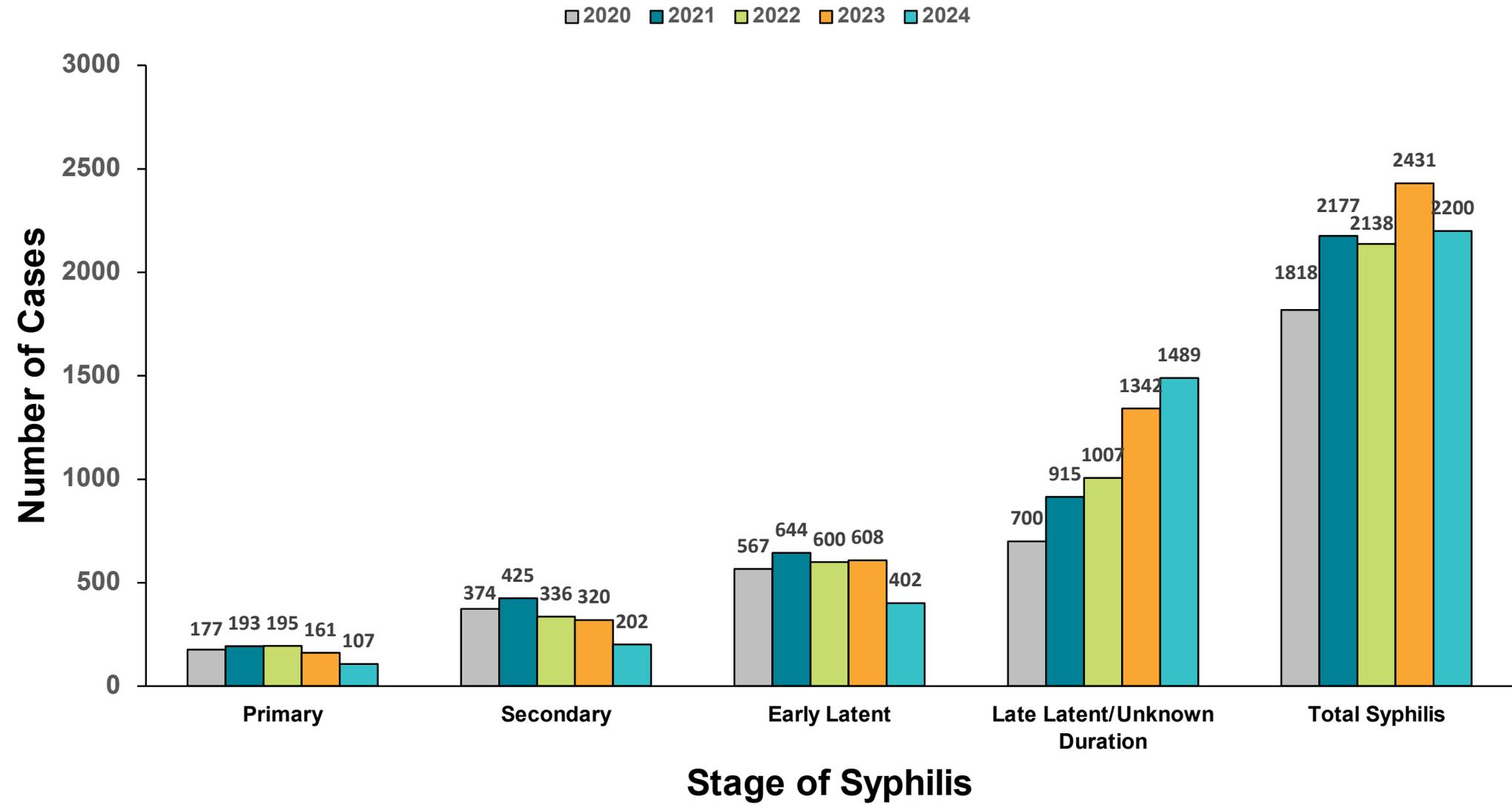
All Syphilis Stages and Significance

- Primary: painless ulcer(s) at site of initial contact with bacteria (*Treponema pallidum*); atypical (i.e., painful) lesions may occur.
- Secondary: widespread infection with variable presentation; typical findings include, but are not limited to, rash (may involve palms and soles), condylomata lata (wart-like lesions), mucous patches, and/or patchy alopecia.
- Early latent: no signs or symptoms of active infection; infection can be proven to have occurred <1 year ago.
- Late latent: no signs or symptoms of active infection; infection occurred ≥ 1 year ago, or duration is unknown.
- Sexual transmission between adults is only possible during early syphilis (i.e., primary, secondary, & early latent stages).
- Transmission from a pregnant person to a fetus can occur during any stage of infection.

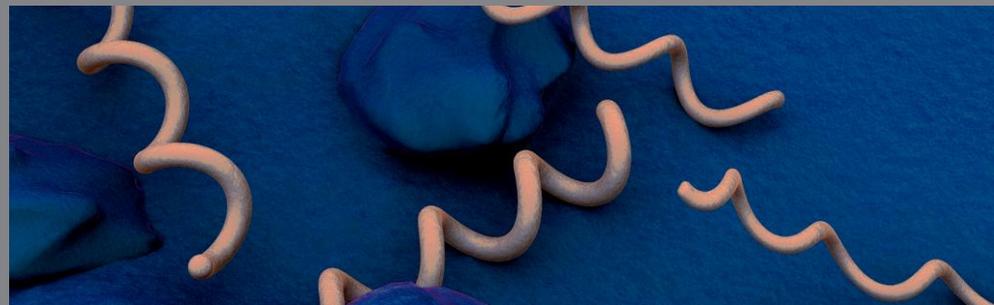
Case Count by Stage of Syphilis, San Diego County, 2024



Case Count by Stage of Syphilis, San Diego County, 2020-2024



SYPHILIS (ALL STAGES)



Primary, Secondary, Early Latent, and Late/Unknown Duration Stages of Syphilis



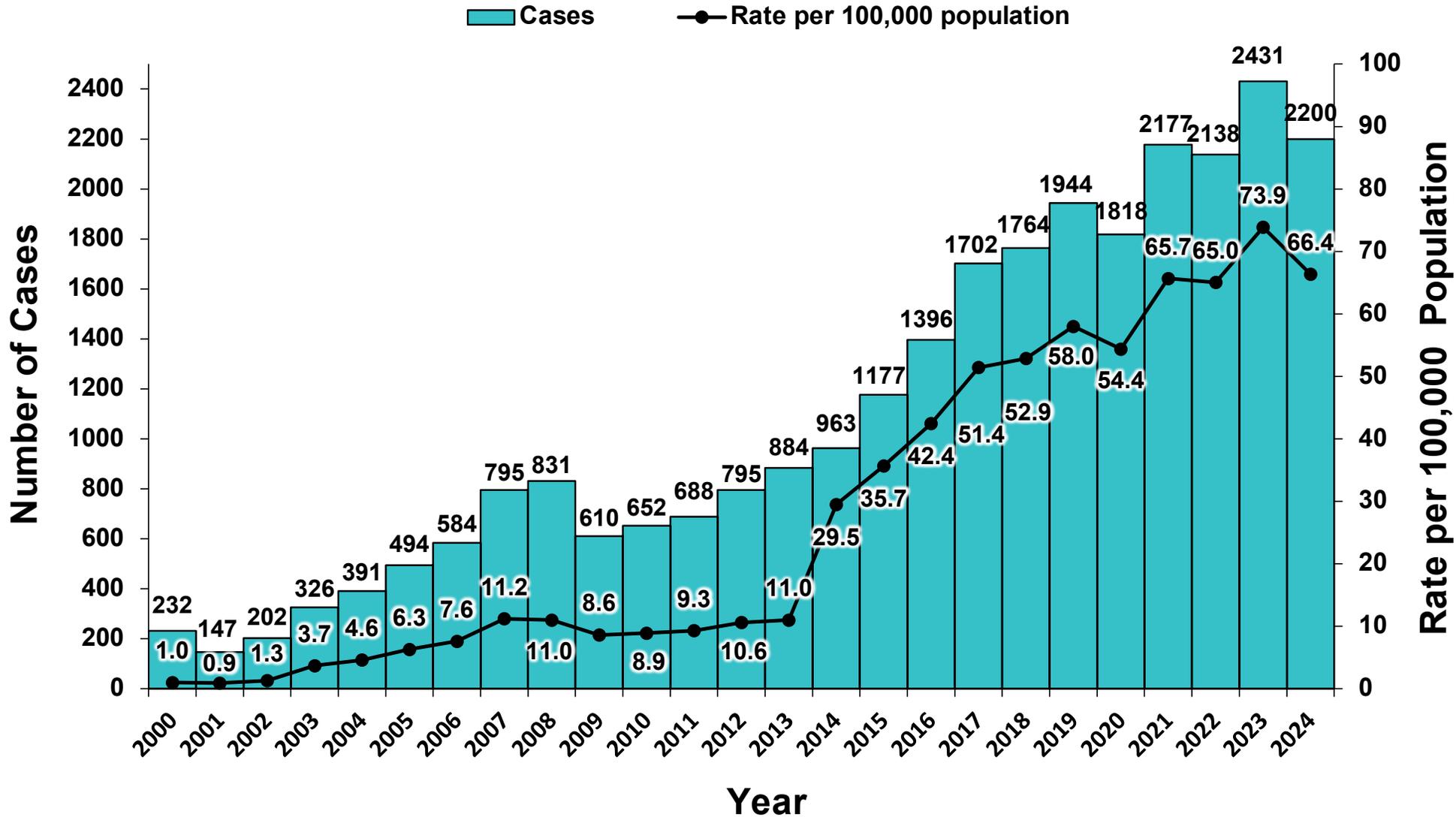
COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



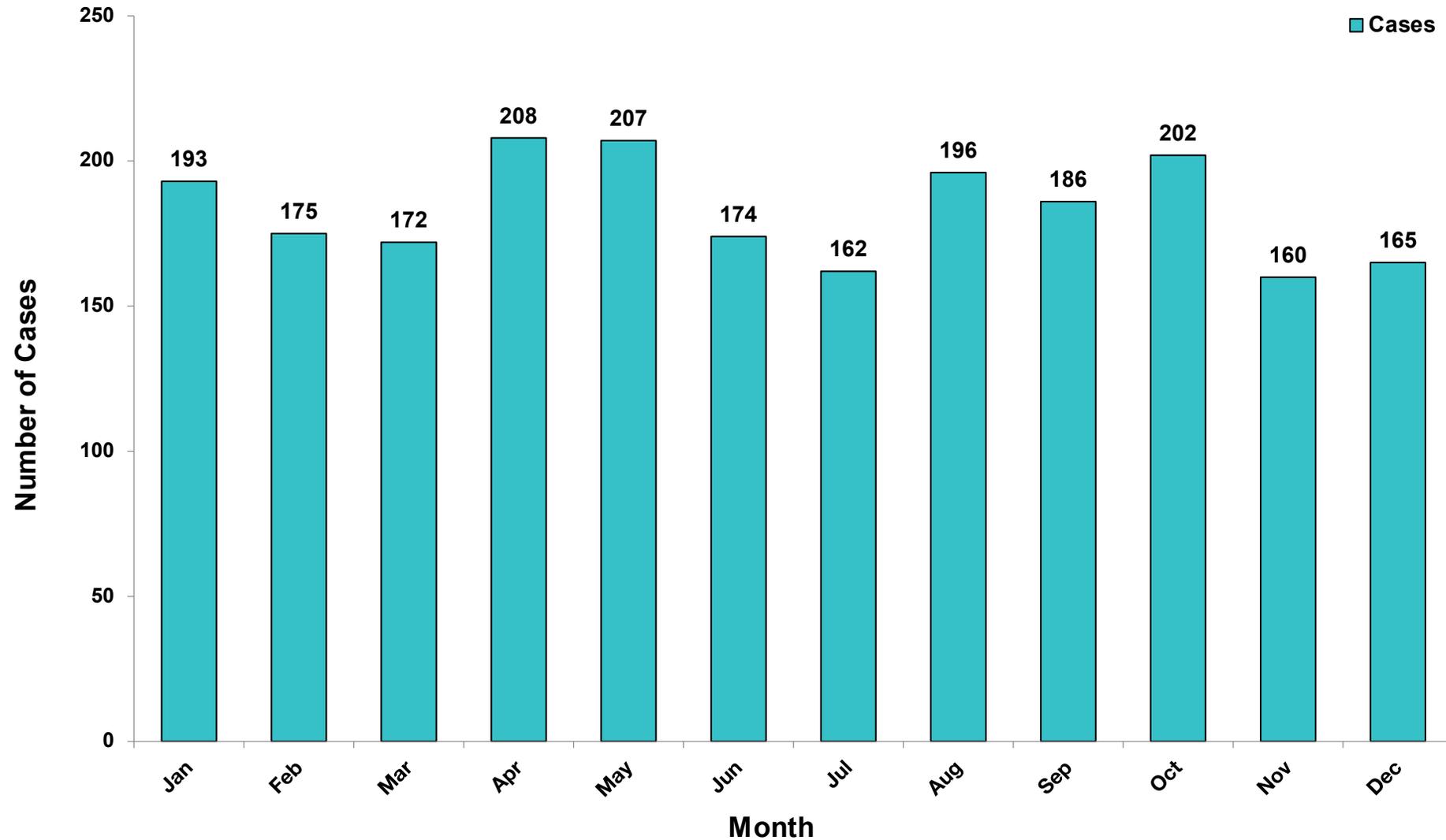
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Syphilis (All Stages) Cases and Rates by Year, San Diego County, 2000-2024

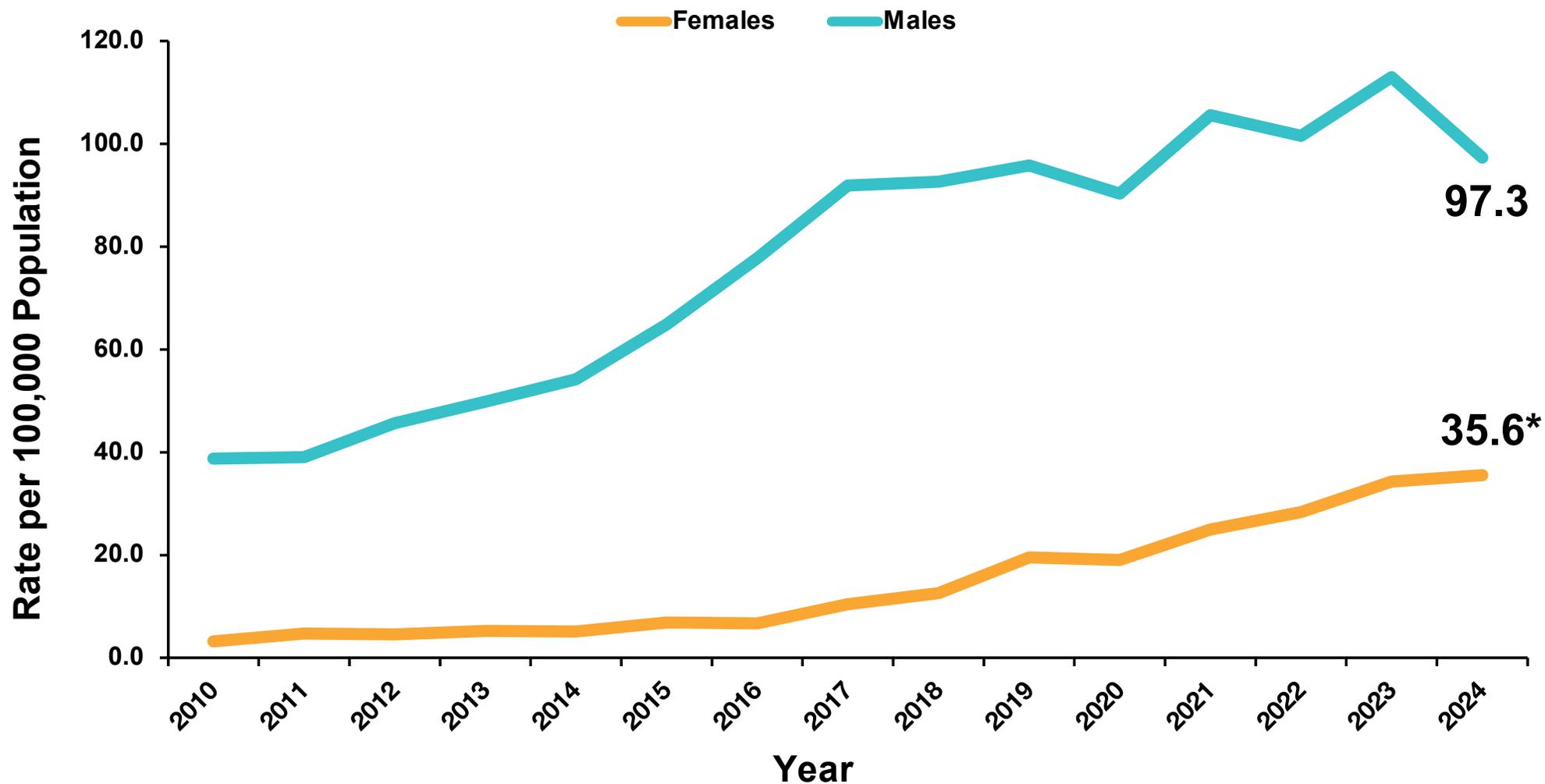


Syphilis (All Stages) Cases by Month of Episode*, San Diego County, 2024



*Month of episode is based on the episode date, which is the earliest of the following dates: symptom onset date, specimen collection date, date of diagnosis, date of death, date reported.

Syphilis (All Stages) Rates by Gender and Year, San Diego County, 2010-2024



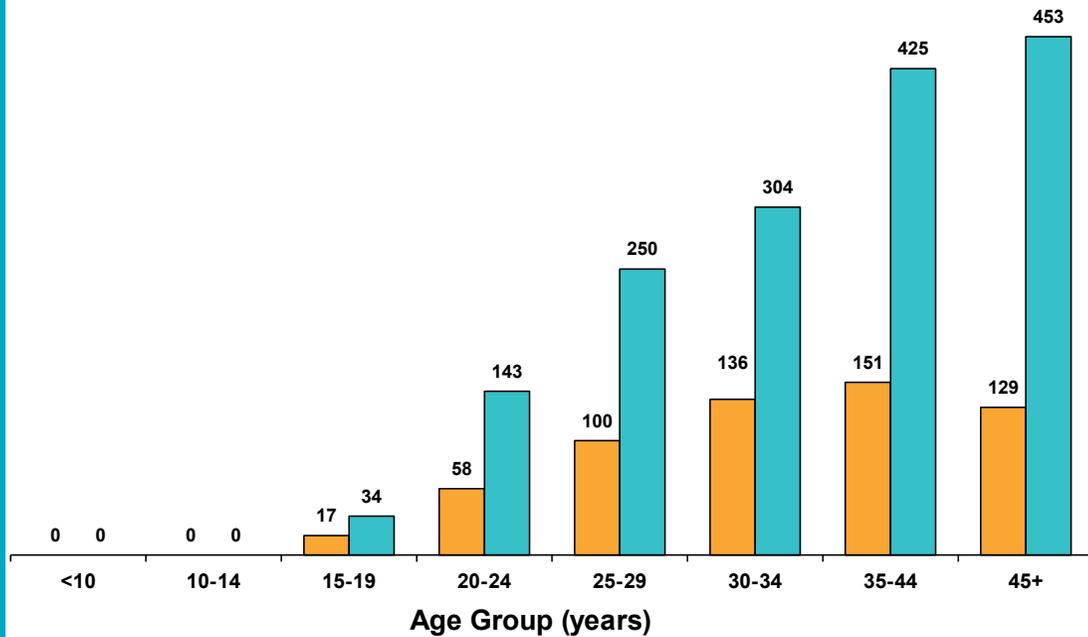
*Between 2023 and 2024 the female syphilis rate increased by 3.8% and the number of cases increased by 5.3%.

Syphilis (All Stages) Cases and Rates by Gender and Age, San Diego County, 2024

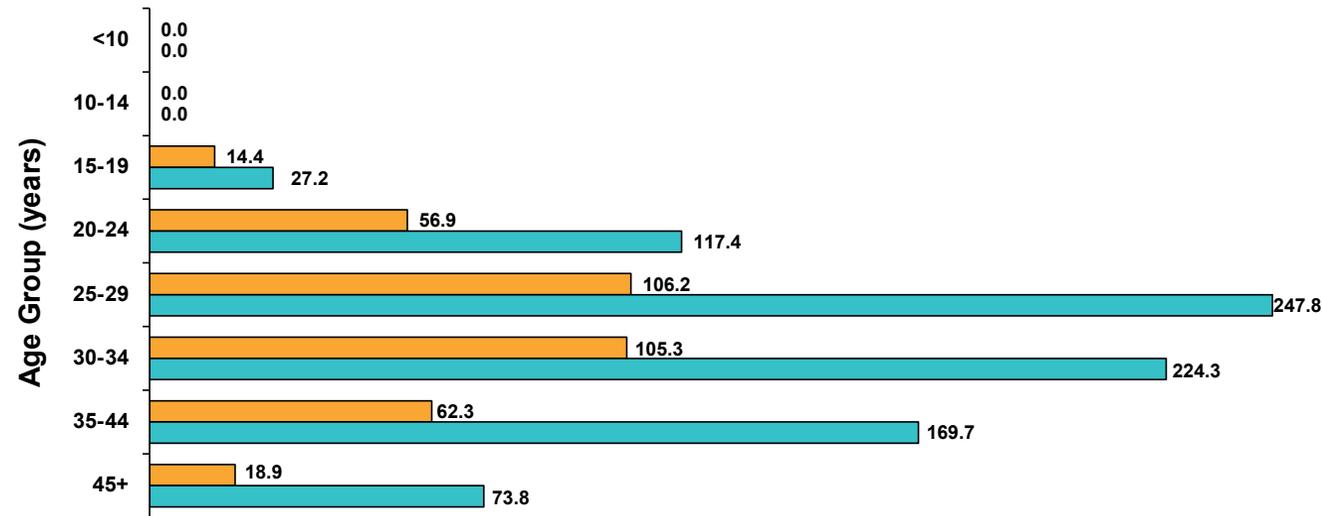


Cases

Female Male



Rates per 100,000



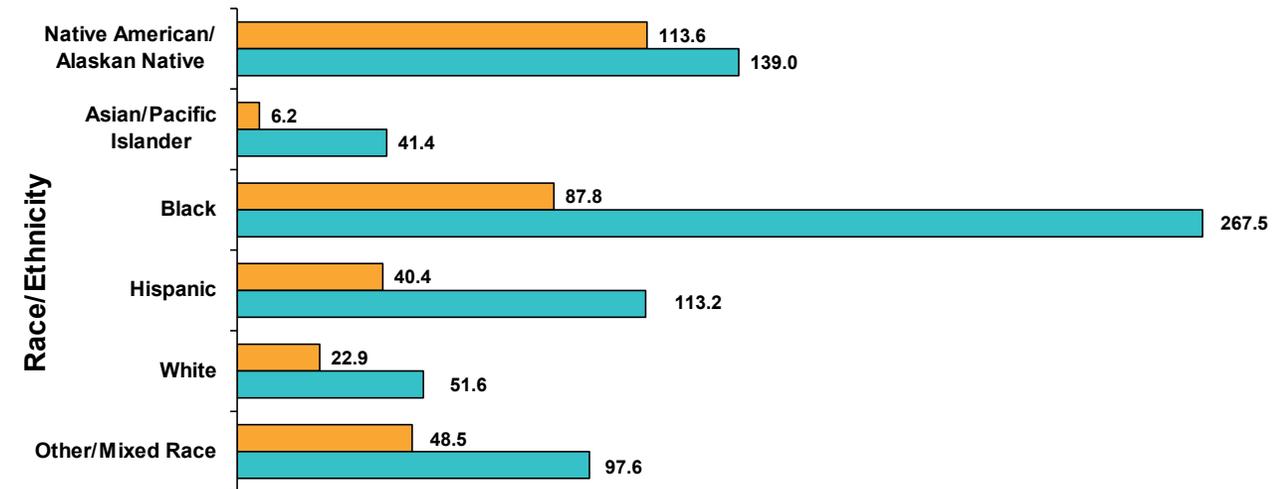
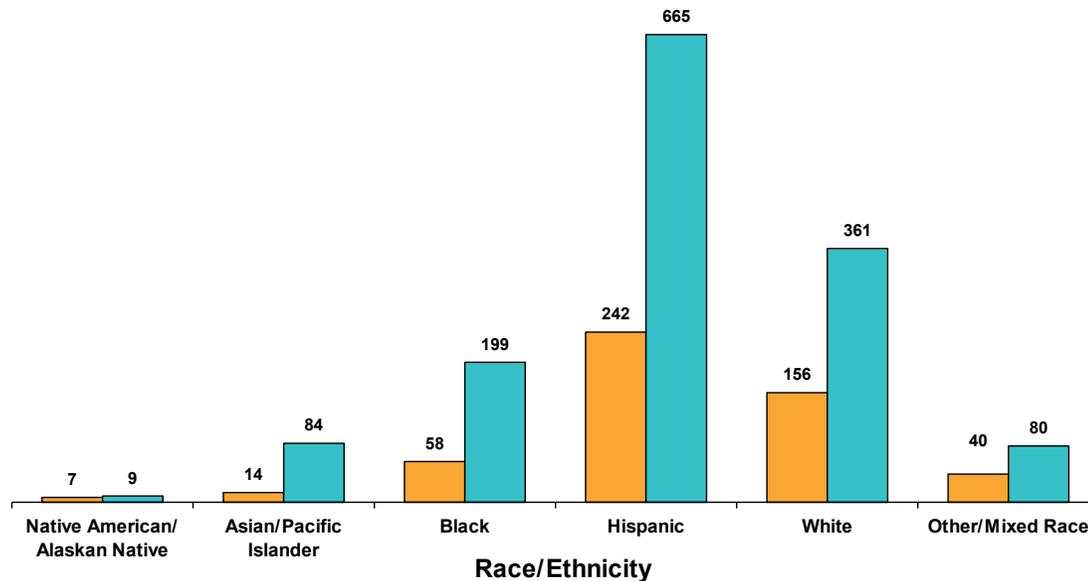
Syphilis (All Stages) Cases and Rates by Gender and Race/Ethnicity, San Diego County, 2024



Cases

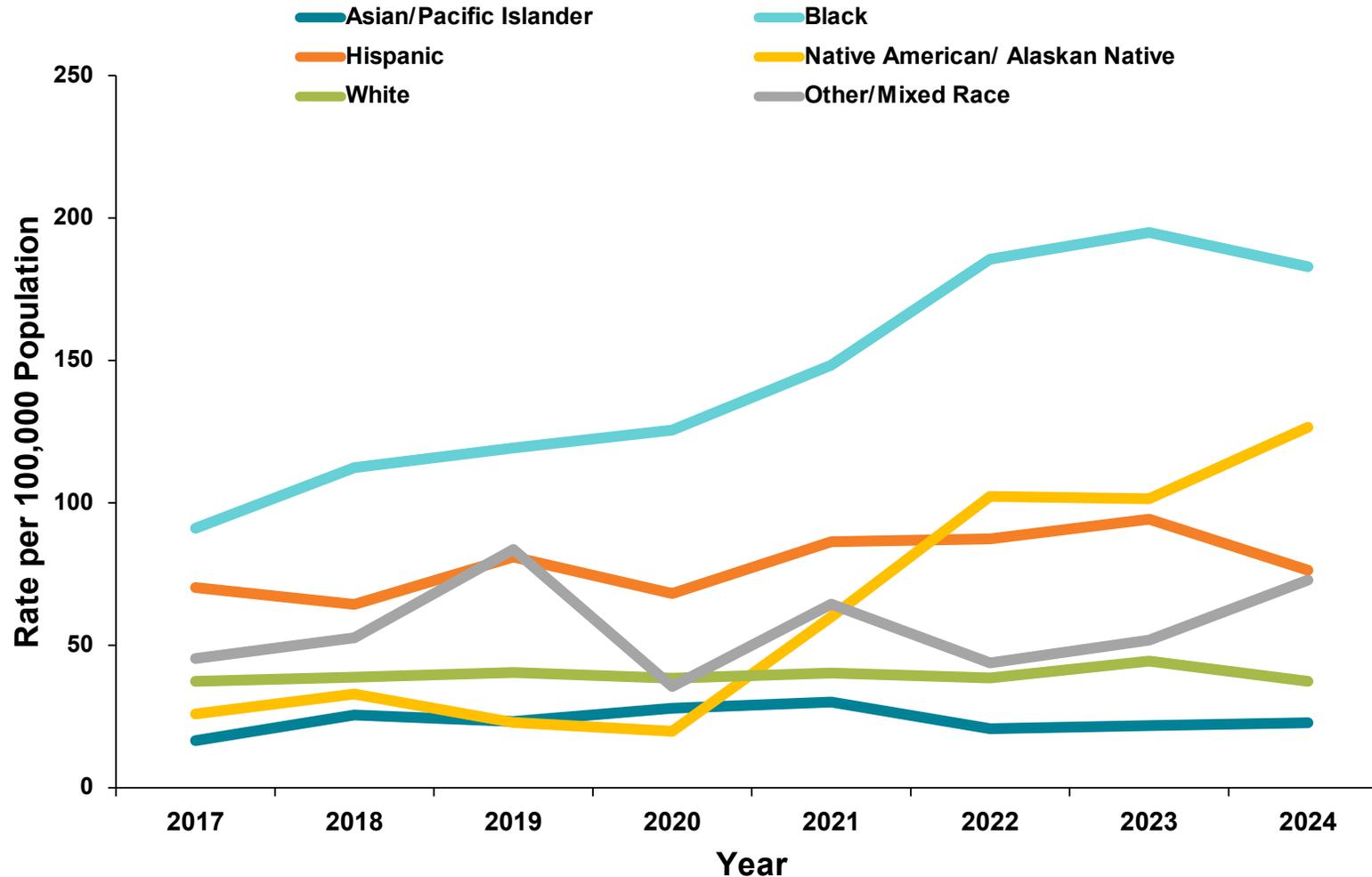
Rates per 100,000

Female Male



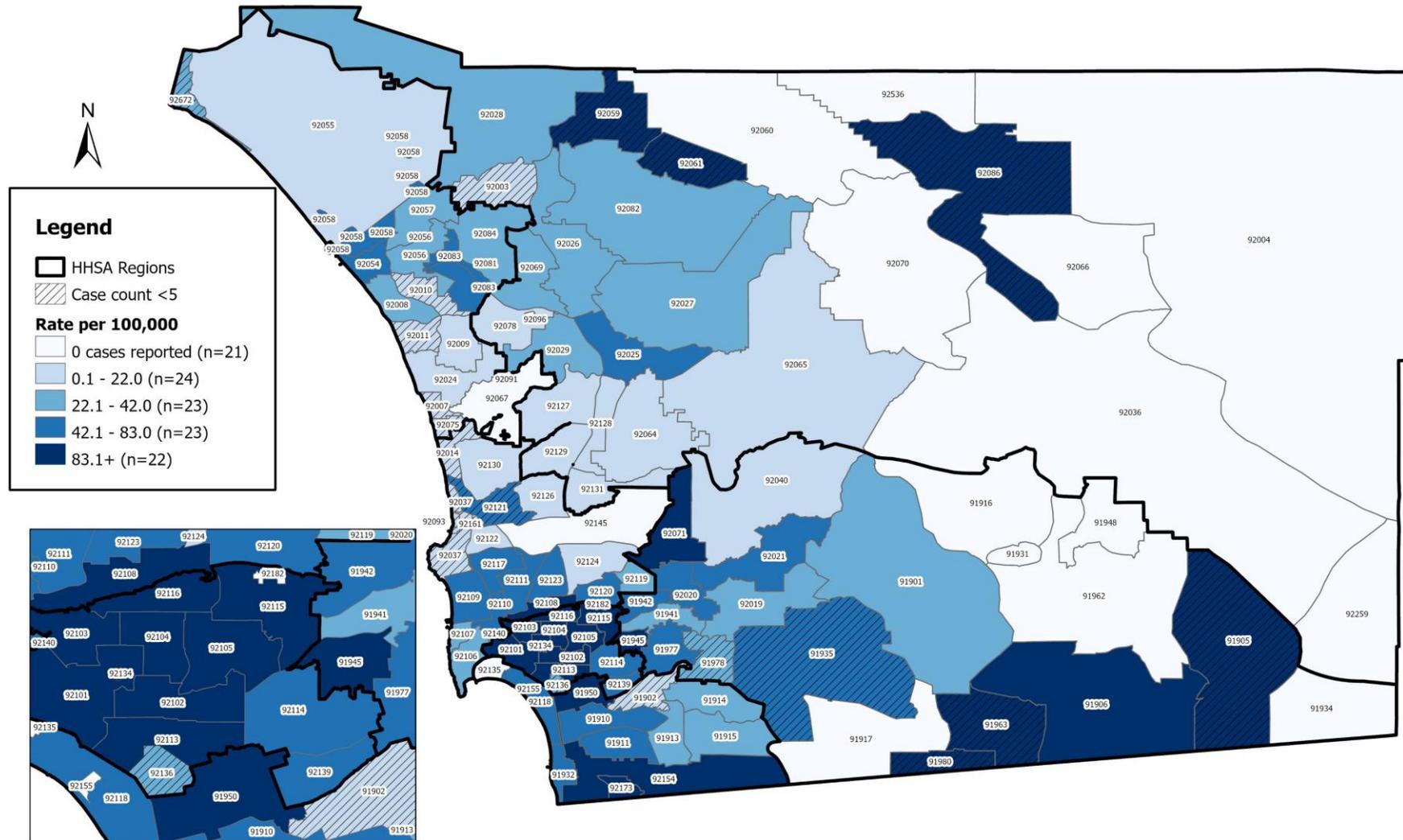
Note: Counts exclude 285 cases with missing race/ethnicity.

Syphilis (All Stages) Rates by Race/Ethnicity, San Diego County, 2017-2024



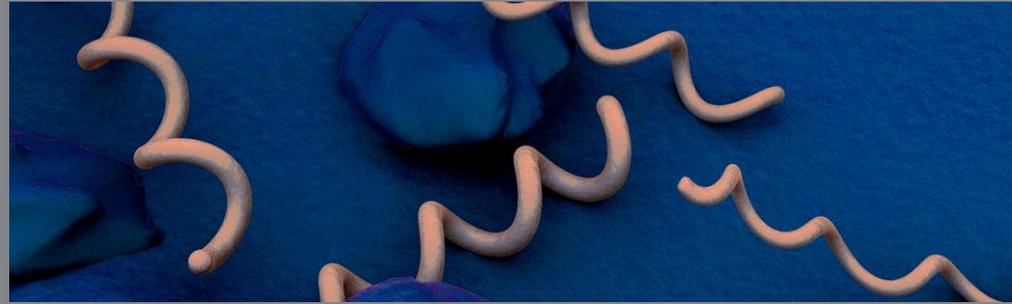
Note: Syphilis (All Stages) rates for Native American/Alaskan Native race should be interpreted with caution, as the counts for this race category are small (<20) for all years.

Syphilis (All Stages) Rates by Zip Code, San Diego County, 2024



Source: County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch; January 29, 2026

P&S SYPHILIS



Primary and Secondary Stages of Syphilis



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO



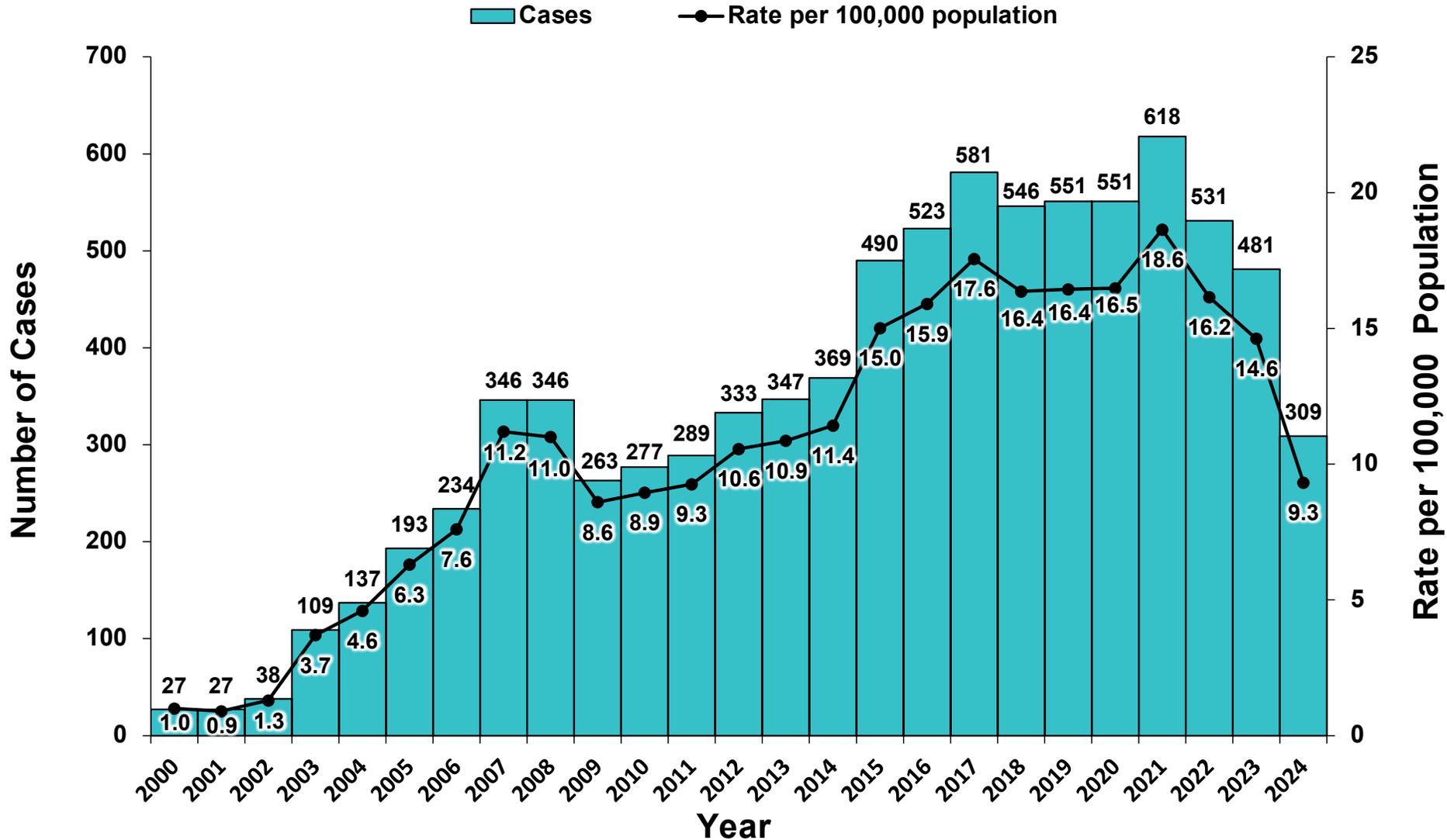
Key Points



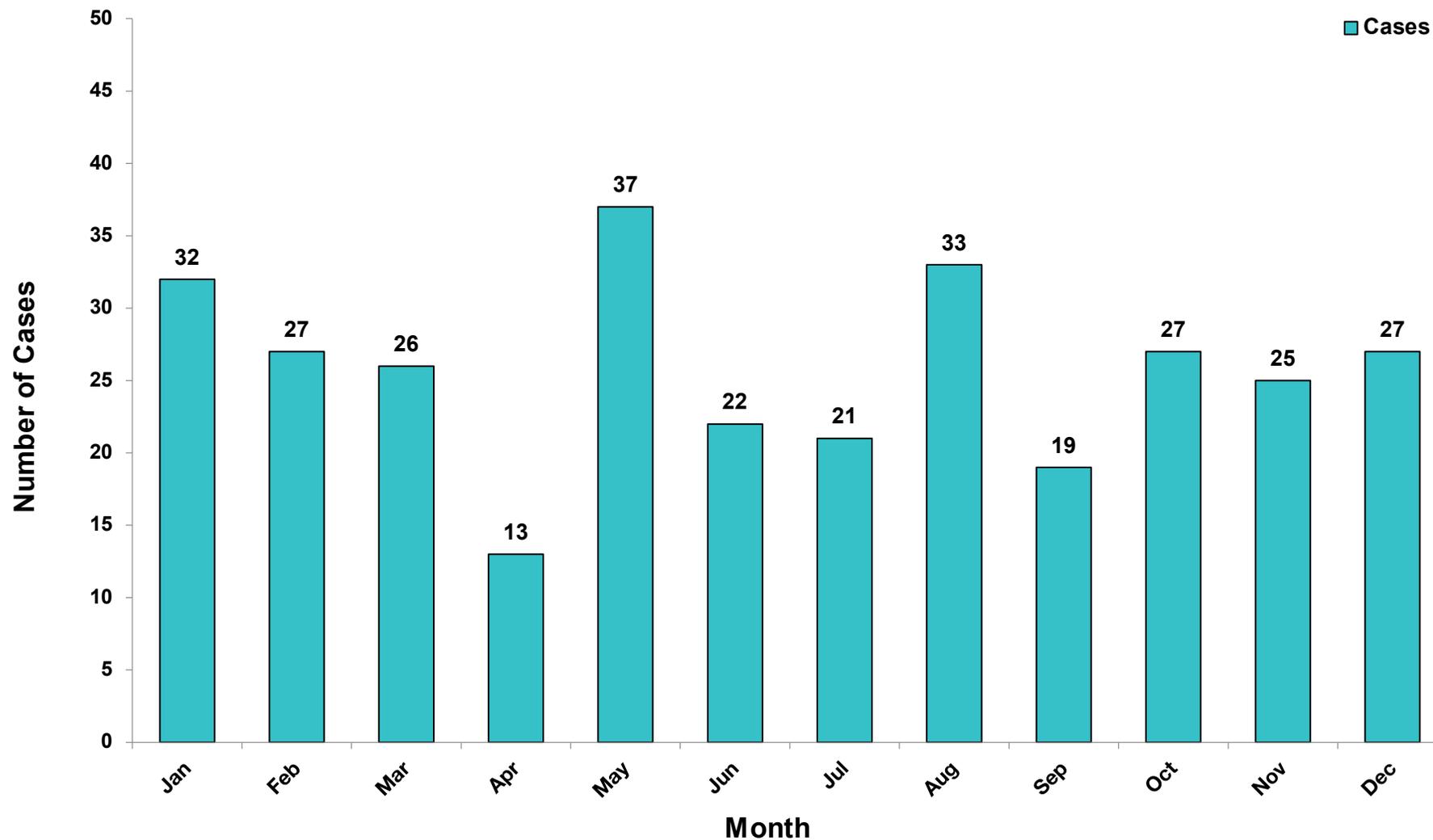
Primary & Secondary Syphilis in San Diego County

- Cases of primary and secondary syphilis decreased by 35.8% from 481 cases in 2023 to 309 cases in 2024.
- The overall rate of primary and secondary syphilis decreased by 36.3% from 14.6 cases per 100,000 in 2023 to 9.3 cases per 100,000 in 2024.
- Between 2020-2024, primary and secondary syphilis cases decreased by 43.9% from 551 to 309 cases and rates decreased by 43.6% from 16.5 cases per 100,000 to 9.3 cases per 100,000.
- Less than half of primary and secondary syphilis cases (43%) are men who have sex with men (MSM). An estimated 45% of MSM primary and secondary syphilis cases are living with HIV.
- Rates are highest among males aged 25 to 34 years.
- African-American/black males have the highest rate of infection; the rate of infection in African-American/black males is 3.6 times that of white males.

Primary & Secondary Syphilis Cases and Rates by Year, San Diego County, 2000-2024

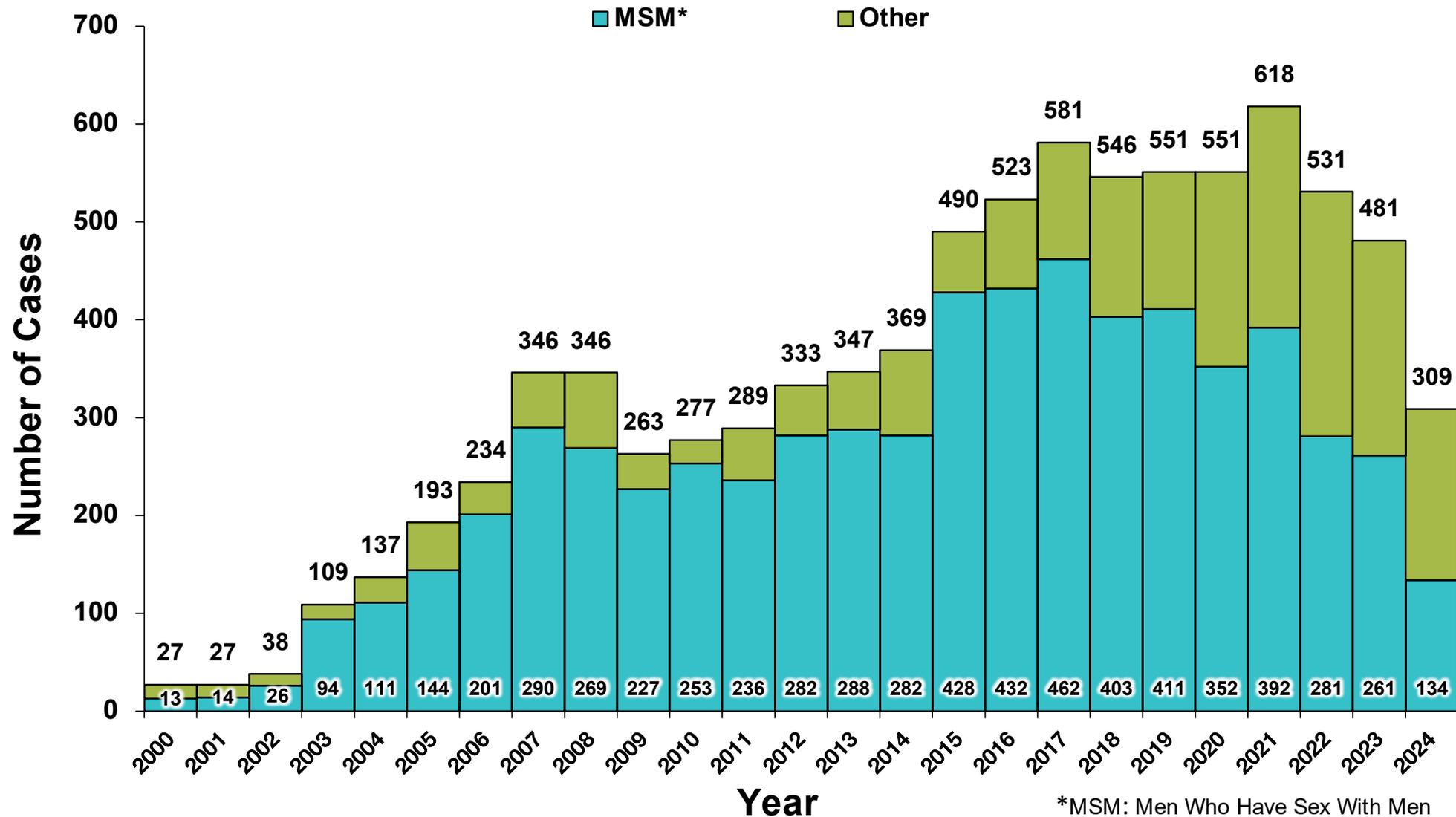


Primary & Secondary Syphilis Cases by Month of Episode*, San Diego County, 2024



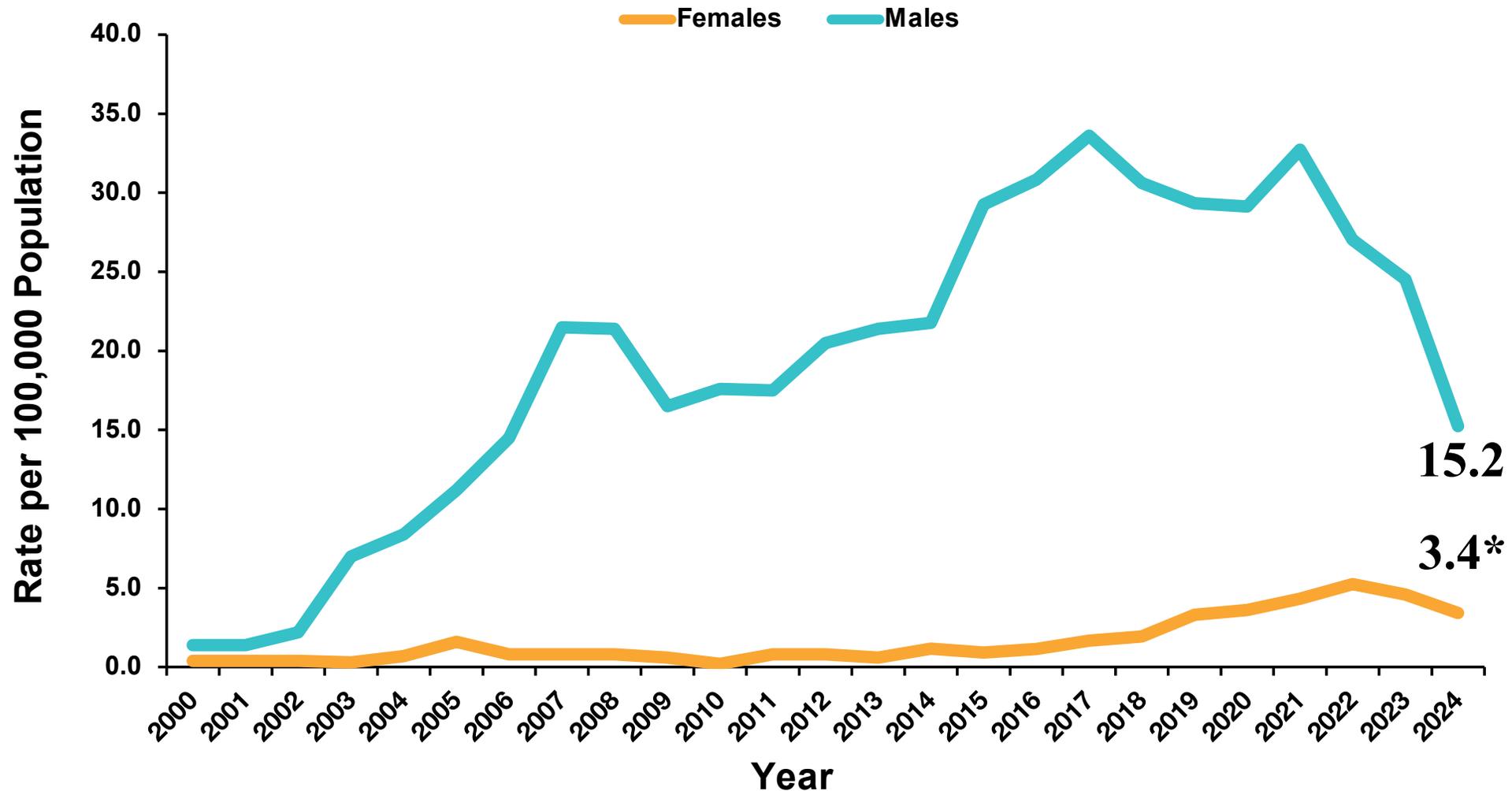
*Month of episode is based on the episode date, which is the earliest of the following dates: symptom onset date, specimen collection date, date of diagnosis, date of death, date reported.

Primary & Secondary Syphilis Cases by Year, San Diego County, 2000-2024



*MSM: Men Who Have Sex With Men

Primary & Secondary Syphilis Rates by Gender and Year, San Diego County, 2000-2024

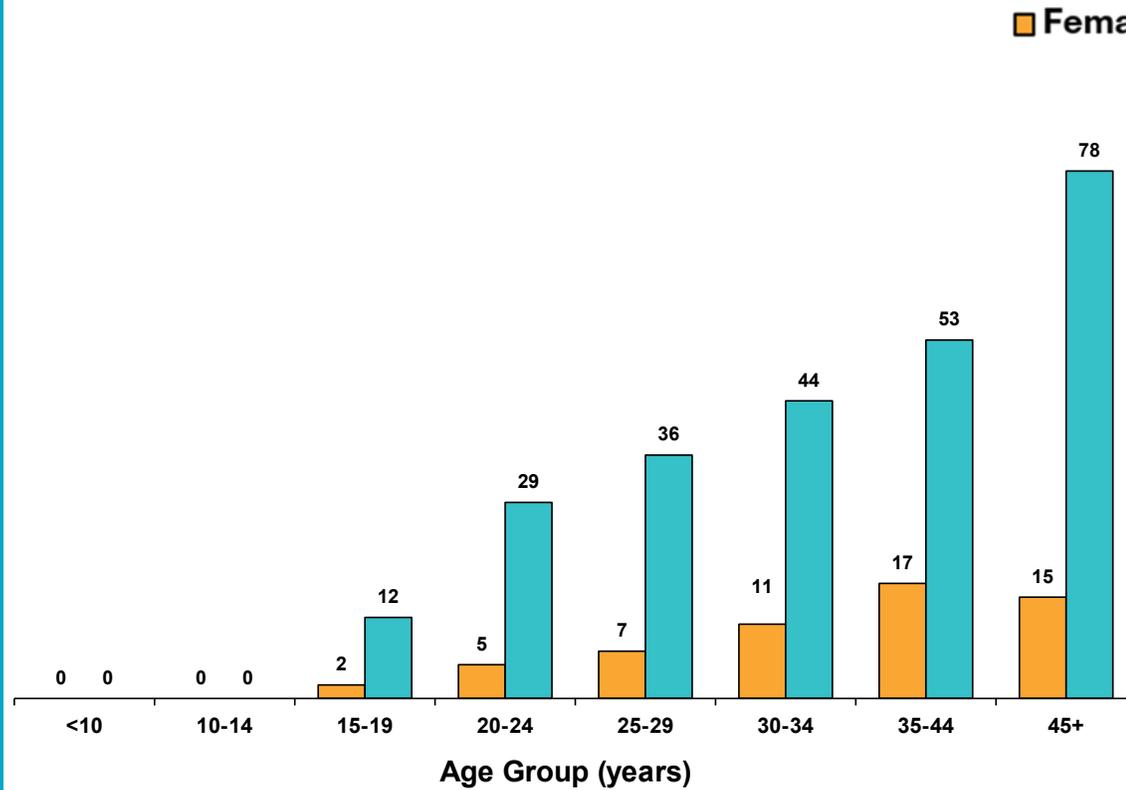


* Between 2023 and 2024 primary and secondary syphilis rates decreased in both females and males by 26.1% and 38.0%, respectively.

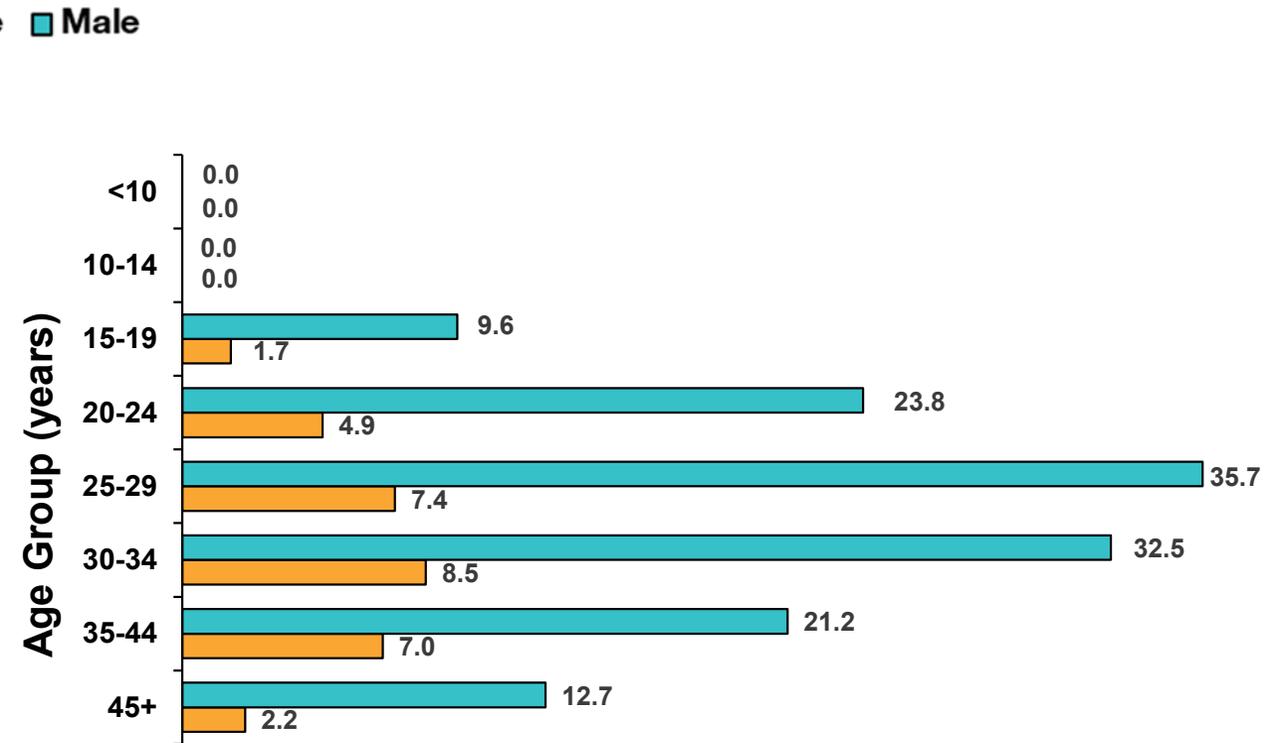
Primary & Secondary Syphilis Cases and Rates by Gender and Age, San Diego County, 2024



Cases



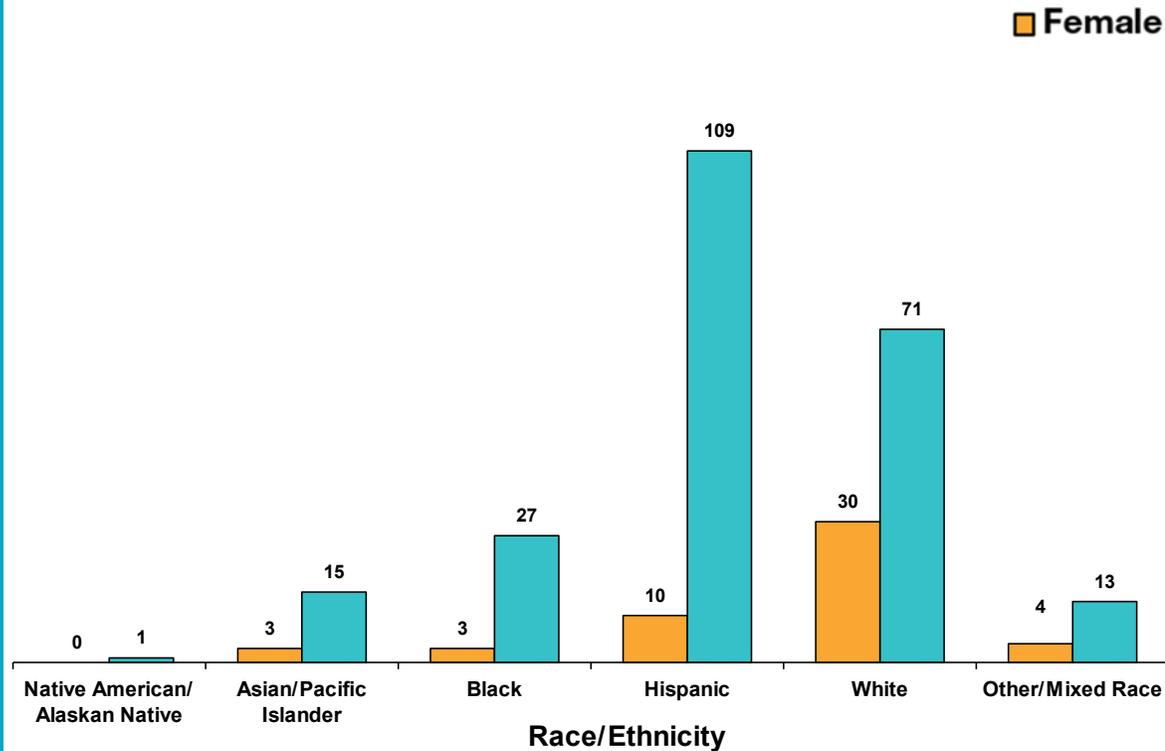
Rates per 100,000



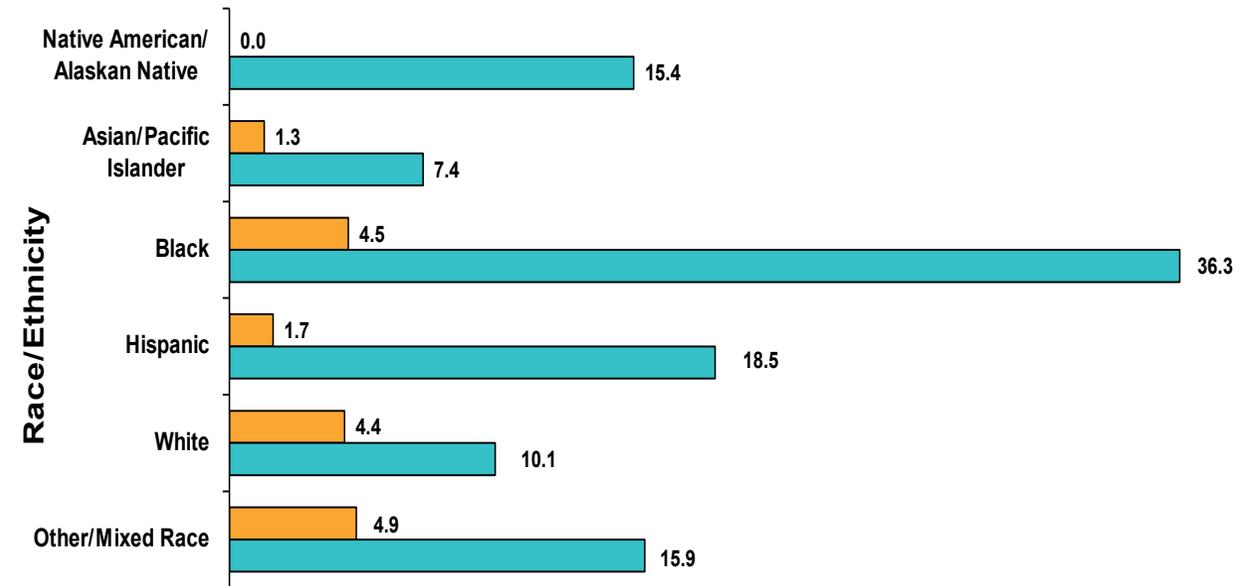
Primary & Secondary Syphilis Cases and Rates by Gender and Race/Ethnicity, San Diego County, 2024



Cases

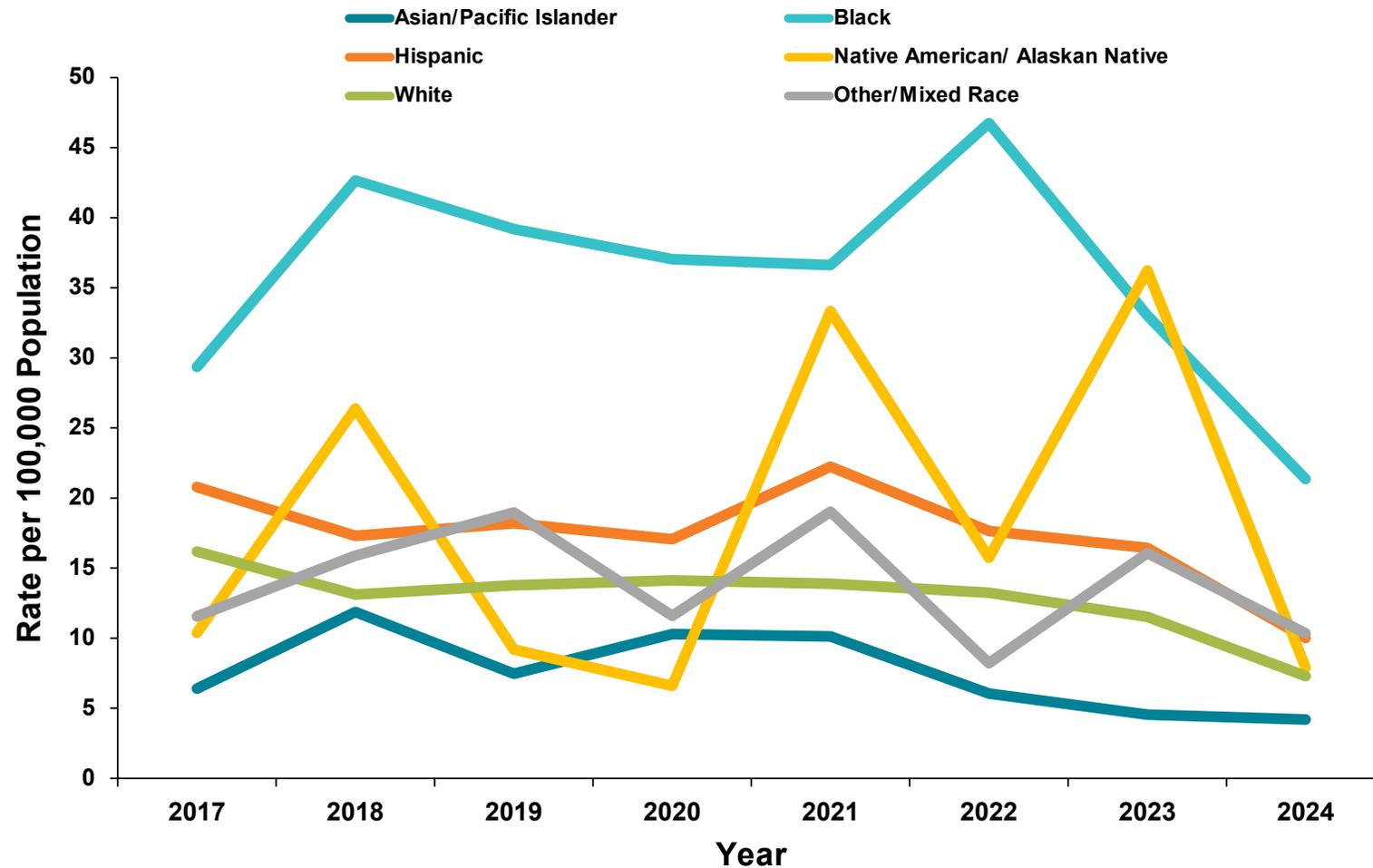


Rates per 100,000



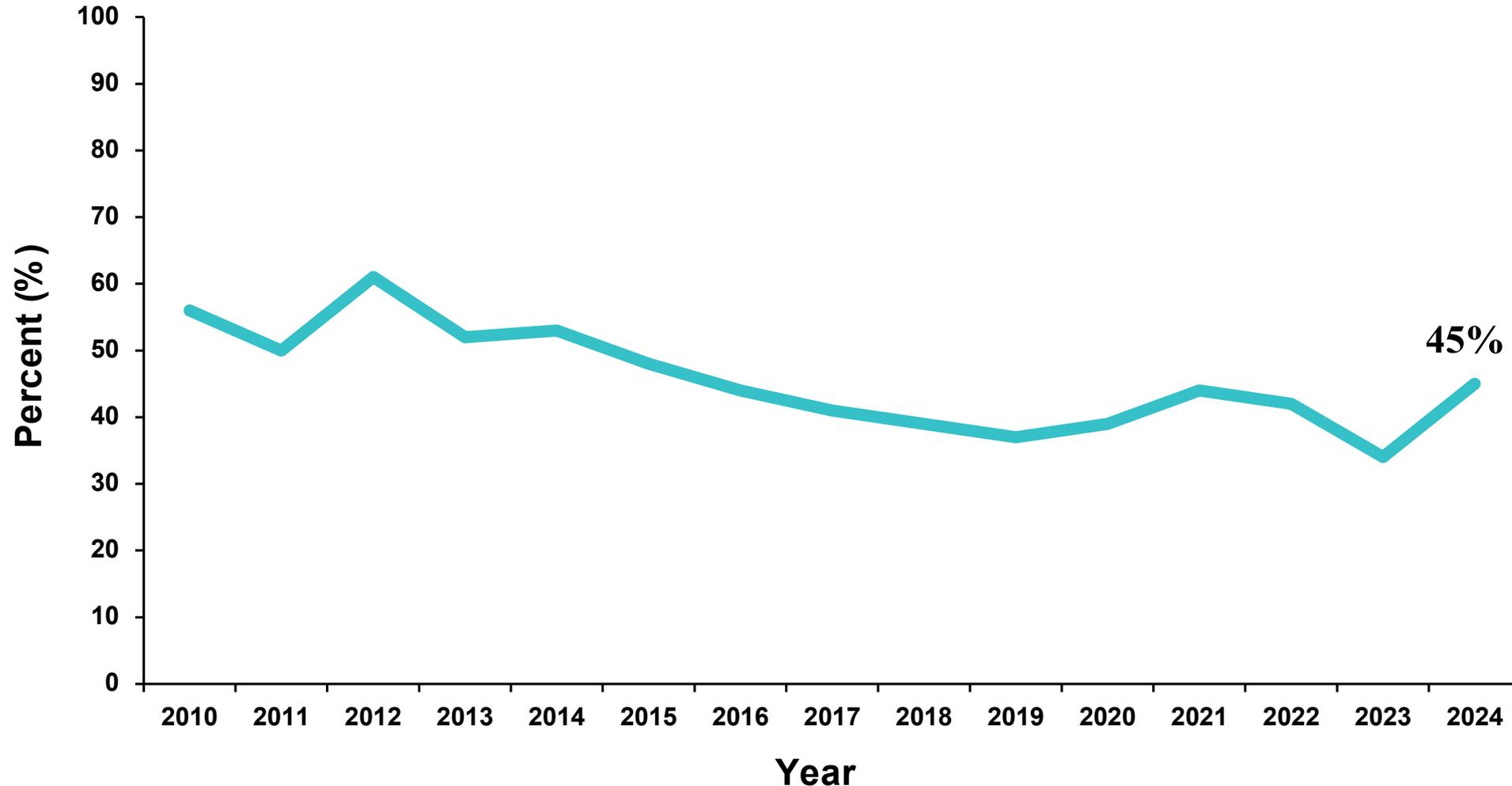
Note: Counts exclude 23 cases with missing race/ethnicity.

Primary & Secondary Syphilis Rates by Race/Ethnicity, San Diego County, 2017-2024



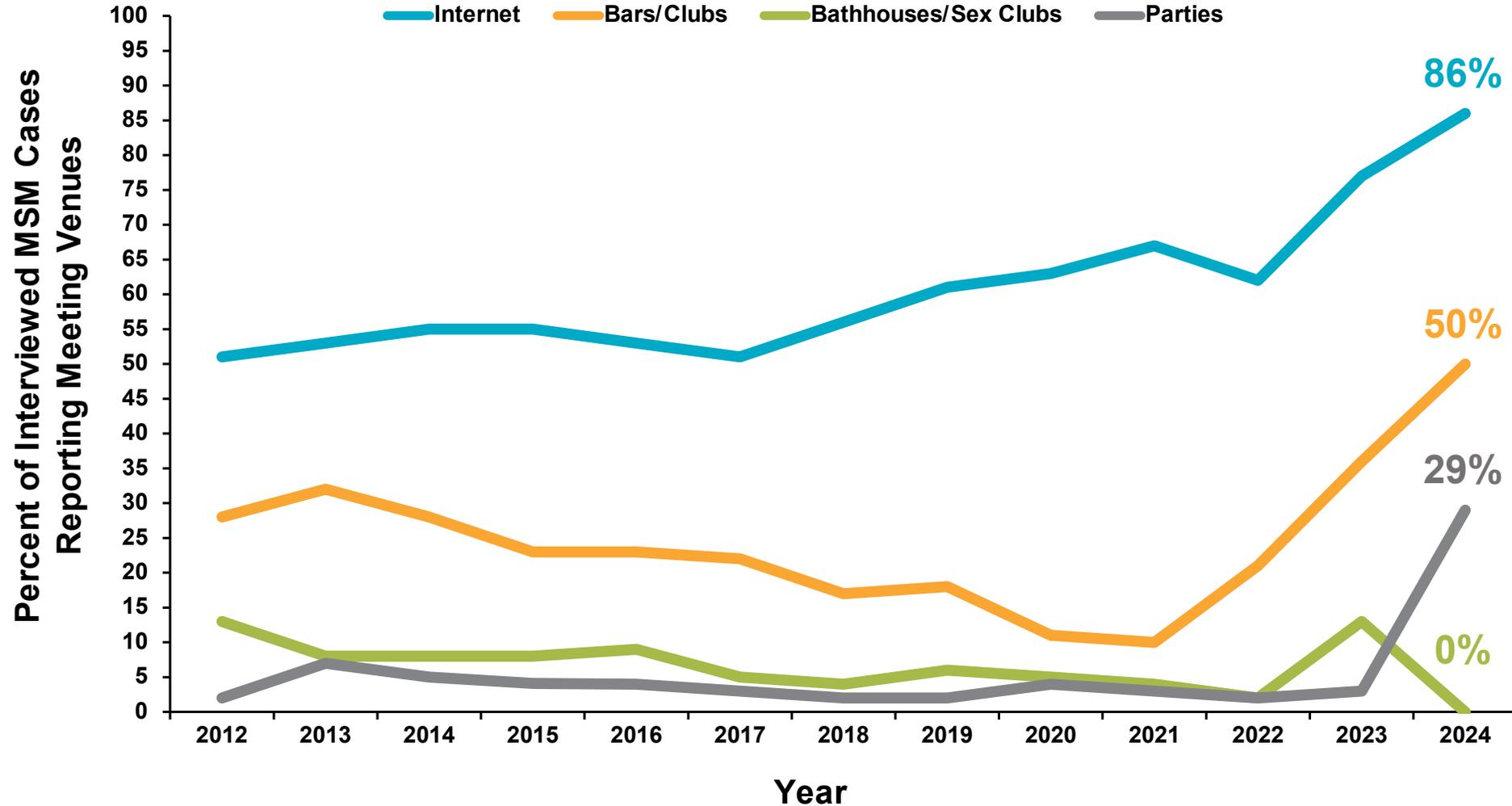
Note: Primary and secondary syphilis rates for Native American/Alaskan Native race should be interpreted with caution, as the counts for this race category are small (≤ 5) for all years.

Percent of MSM* Primary & Secondary Syphilis Cases Living with HIV by Year, San Diego County, 2010-2024



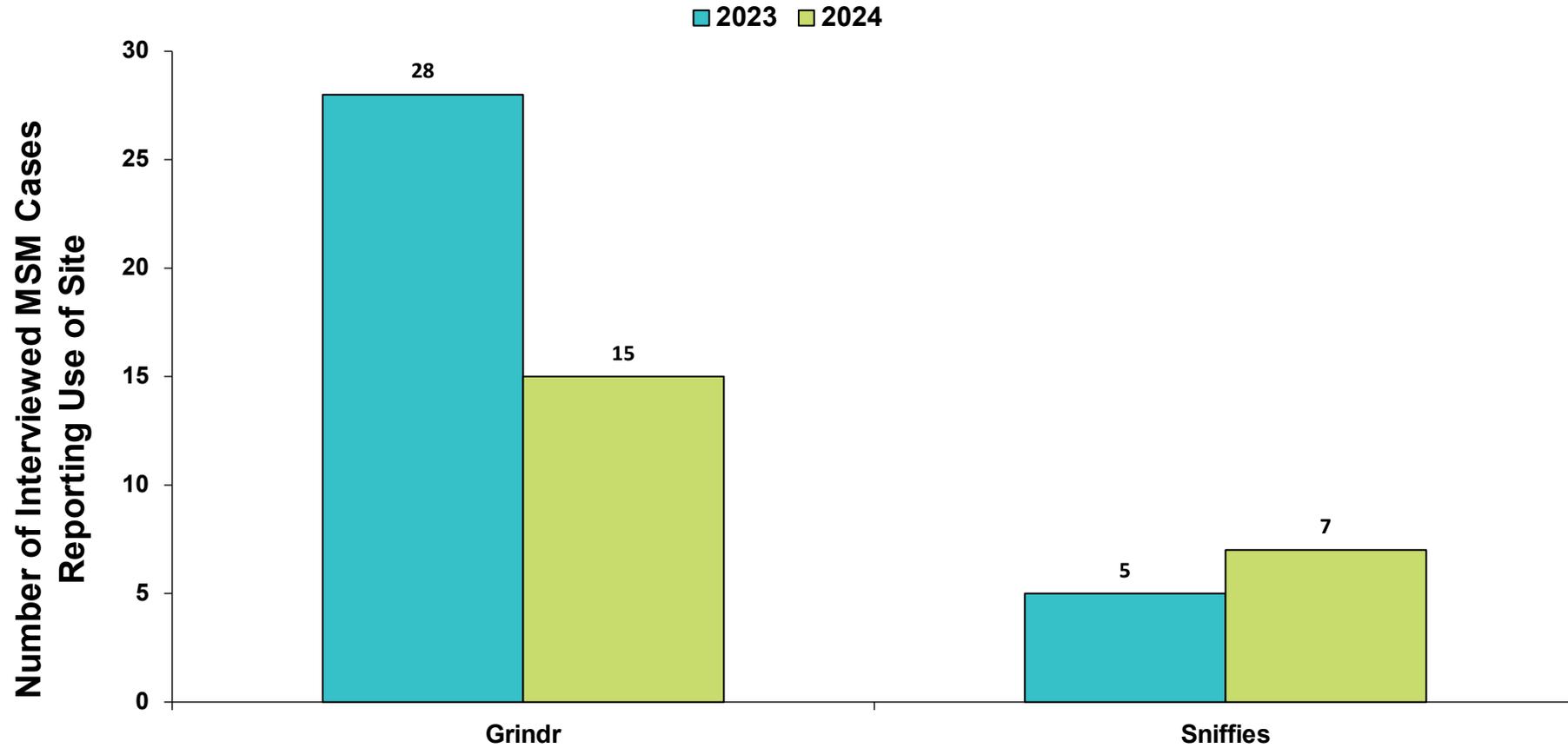
*MSM: Men Who Have Sex With Men

Meeting Venues Reported by Interviewed MSM* Primary & Secondary Syphilis Cases, San Diego County, 2012-2024



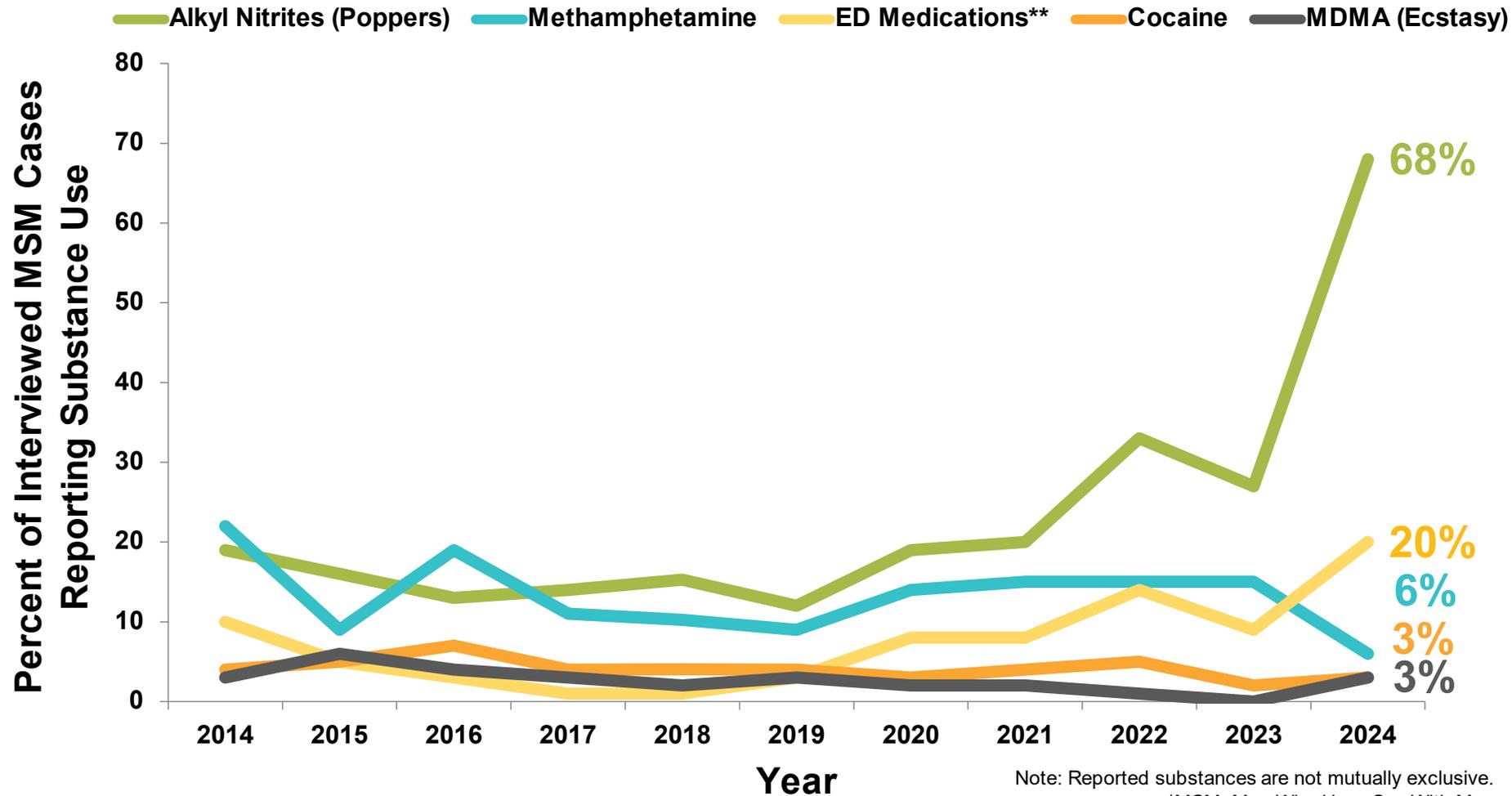
Note: Reported use of venues is not mutually exclusive.
 *MSM: Men Who Have Sex With Men.

Reported Use of Internet-Based Services* Among MSM** Primary & Secondary Syphilis Cases, San Diego County, 2023-2024



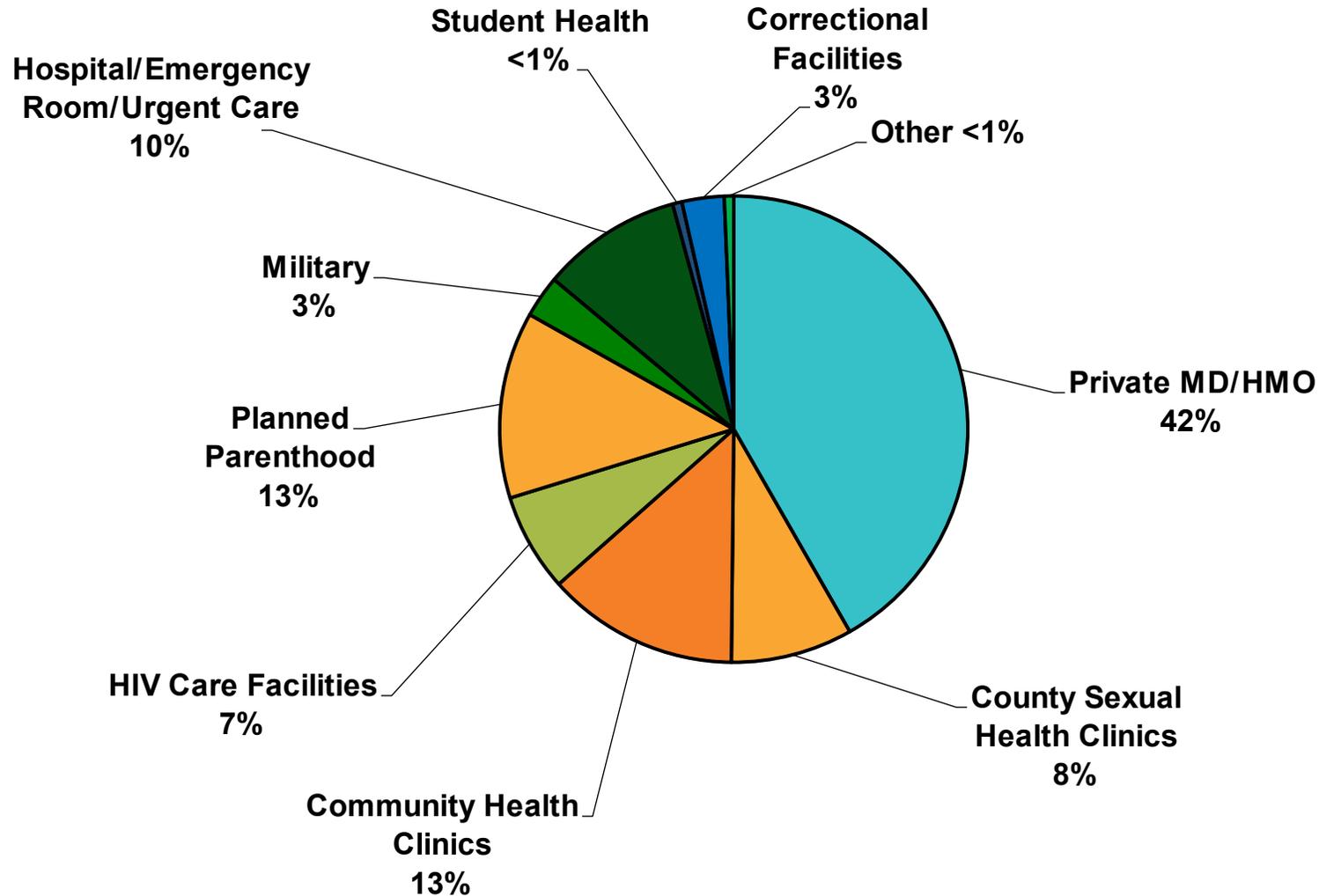
Note: Reported use of sites is not mutually exclusive.
* Included websites have been used by at least 2 MSM cases per year in 2023 or 2024.
**MSM: Men Who Have Sex With Men

Reported Substance Use of Interviewed MSM* Primary & Secondary Syphilis Cases by Year, San Diego County, 2014-2024

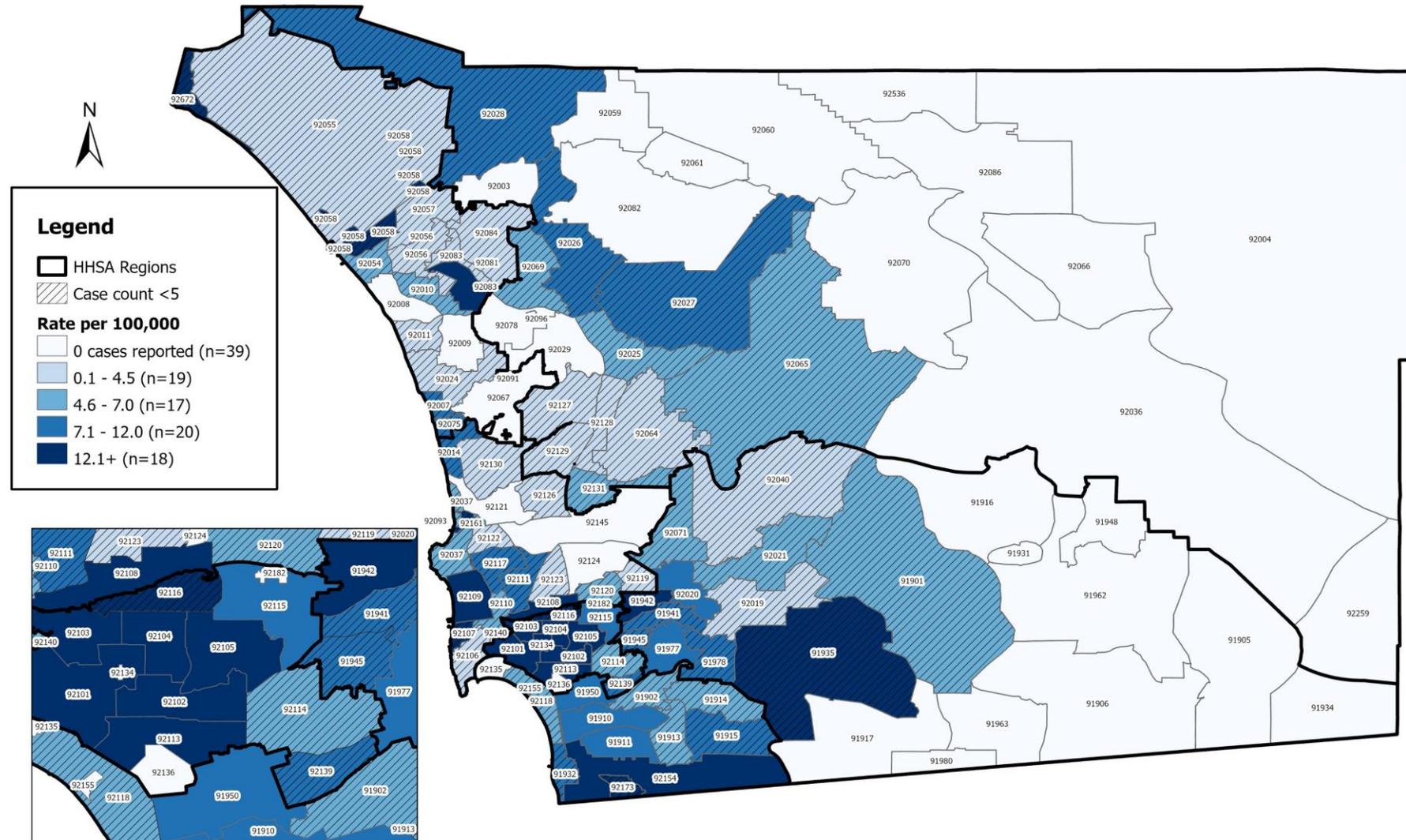


Note: Reported substances are not mutually exclusive.
*MSM: Men Who Have Sex With Men
** ED Medications: Erectile Dysfunction Medications

Primary & Secondary Syphilis Cases by Reporting Facility Type, San Diego County, 2024

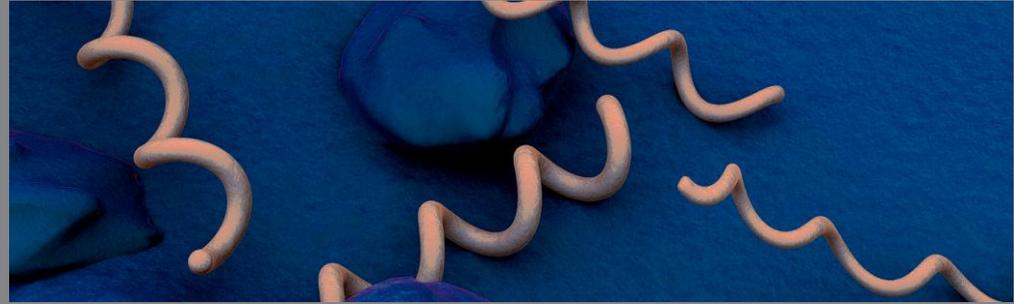


Primary & Secondary Syphilis Rates by Zip Code, San Diego County, 2024



Source: County of San Diego, Health and Human Services Agency, HIV, STD, and Hepatitis Branch; January 29, 2026

EARLY SYPHILIS



Primary, Secondary, and Early Latent Stages of Syphilis



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



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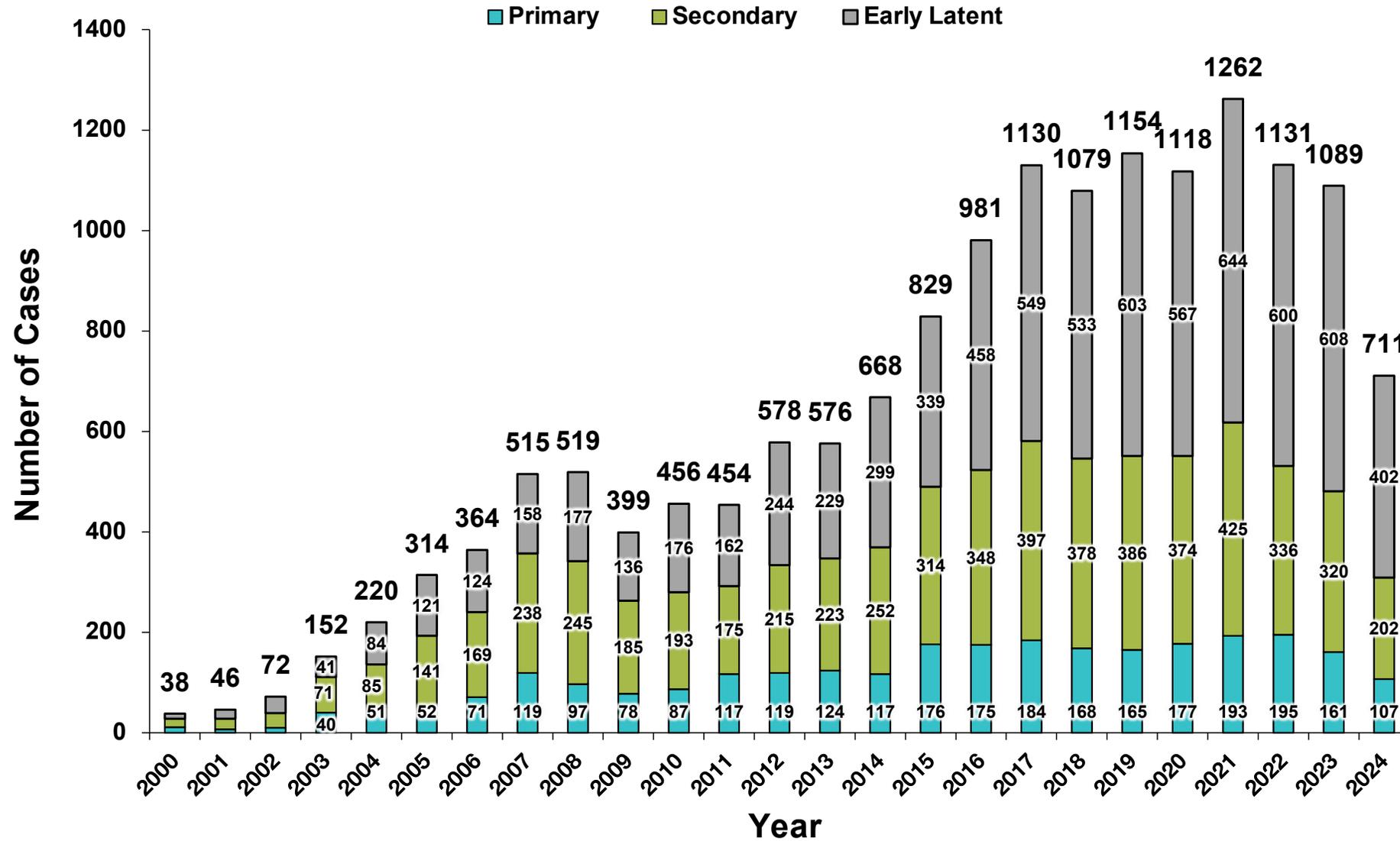
Key Points



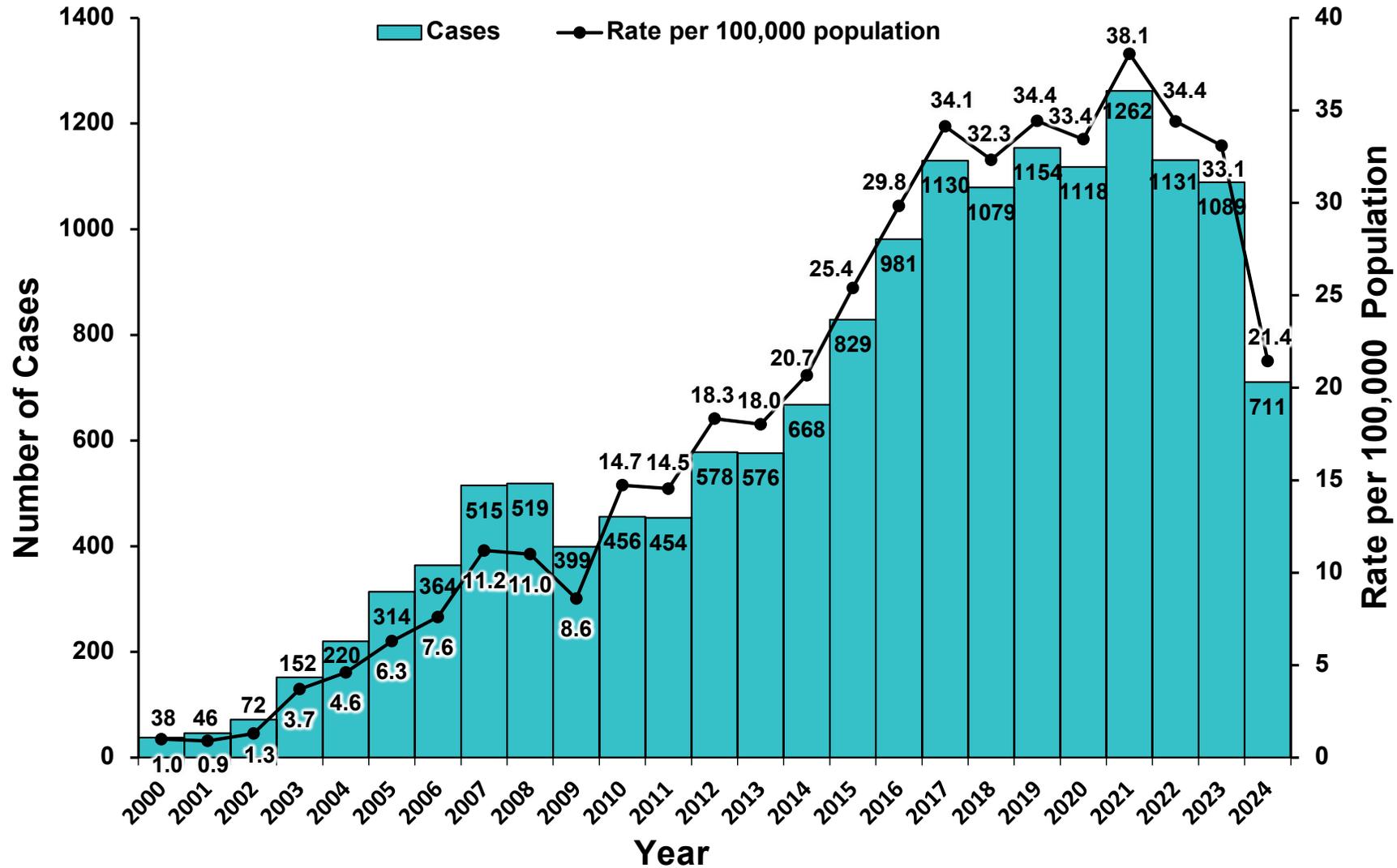
Early Syphilis in San Diego County

- Cases of early syphilis decreased by 34.7% from 1,089 cases in 2023 to 711 cases in 2024.
- The overall rate of early syphilis decreased by 35.3% from 33.1 to 21.4 cases per 100,000 between 2023 and 2024.
- Between 2020-2024, early syphilis cases decreased by 36.4% from 1,118 to 711 cases and rates decreased by 35.9% from 33.4 cases per 100,000 to 21.4 cases per 100,000.
- The majority of early syphilis cases (54.4%) are men who have sex with men (MSM). An estimated 35.2% of MSM early syphilis cases are living with HIV.
- After continued increase since 2017, early syphilis rate in females decreased by 25.0% from 8.4 per 100,000 in 2023 to 6.3 per 100,000 in 2024.
- Rates are highest among males aged 25 to 44 years.
- The highest rates of infection are observed in the African-American/black population. The rate in African-American/black males is 3.6 times that of white males; the rate in African-American/black females is 1.9 times that of white females.

Early Syphilis Cases by Year and Stage, San Diego County, 2000-2024

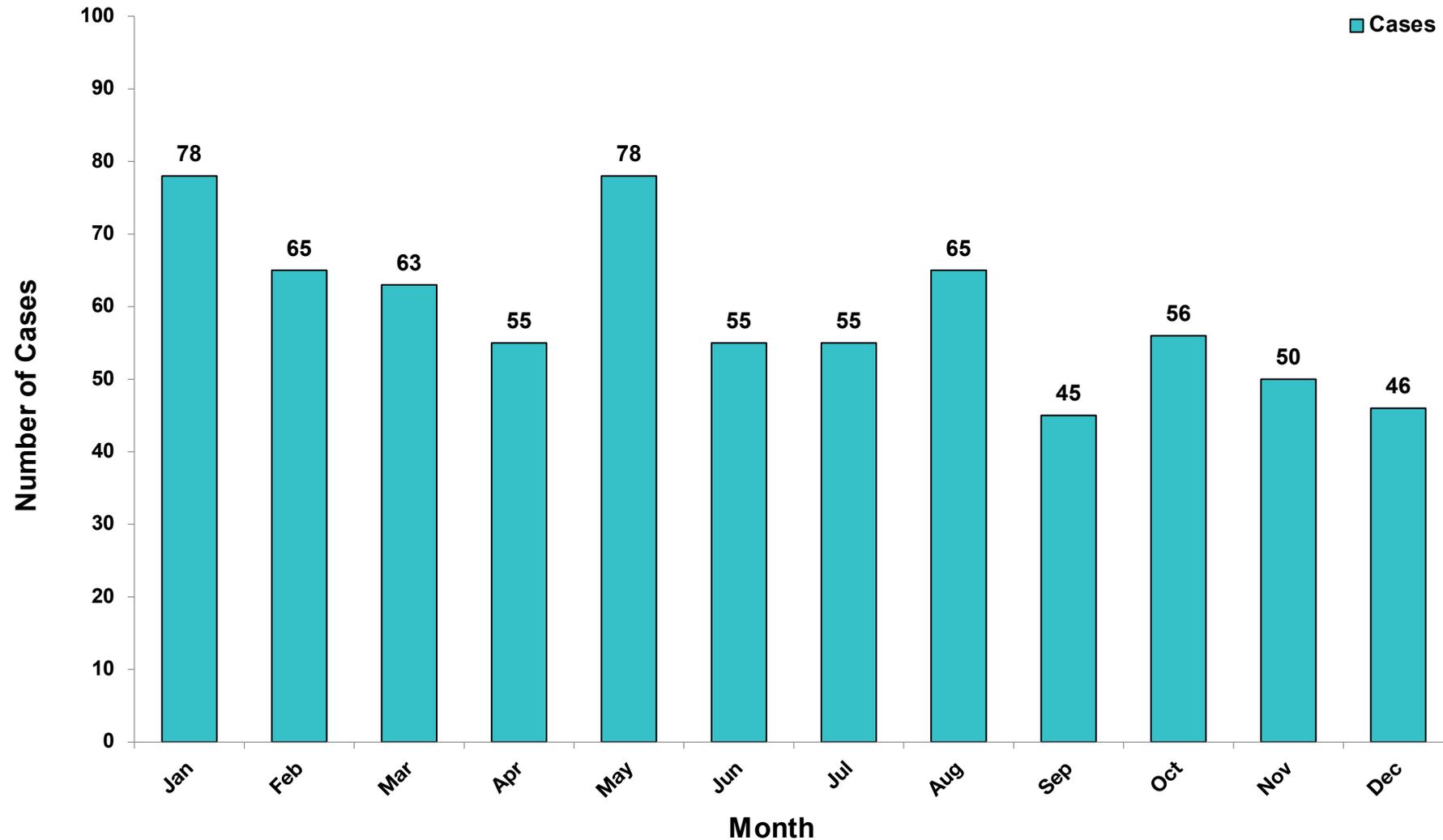


Early Syphilis Cases and Rates by Year, San Diego County, 2000-2024



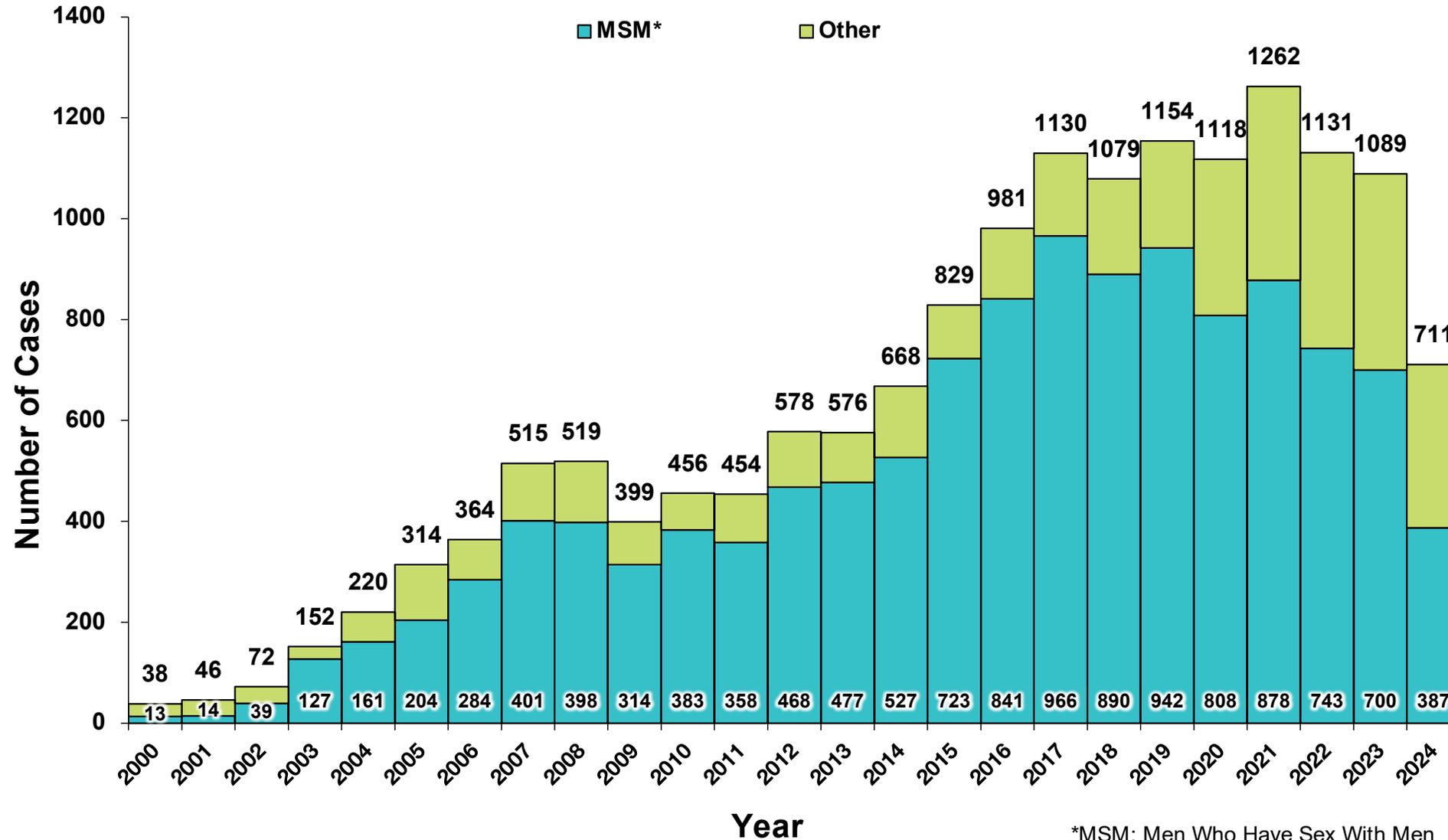
Note: Early Syphilis includes primary, secondary and early latent

Early Syphilis Cases by Month of Episode*, San Diego County, 2024



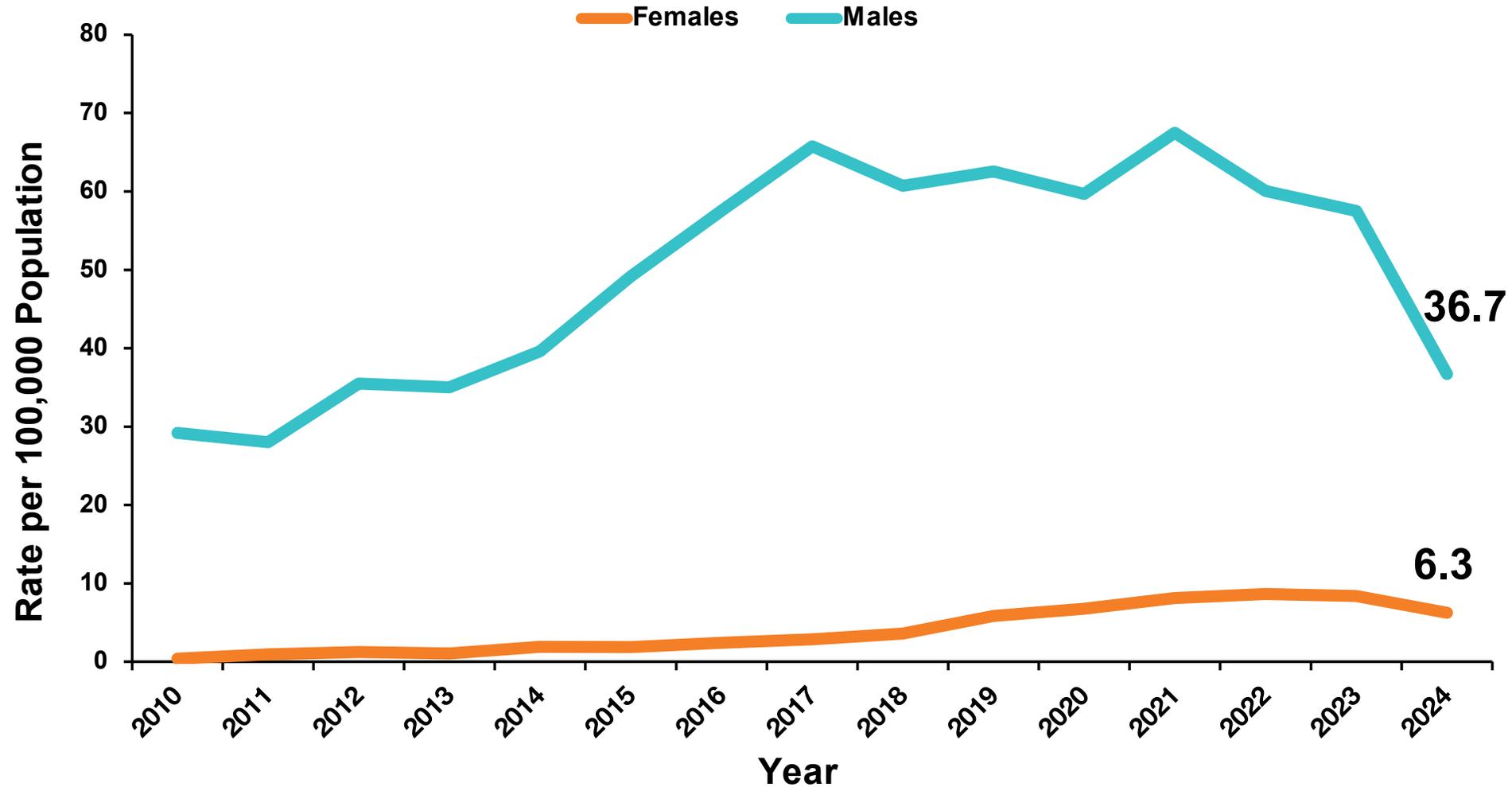
*Month of episode is based on the episode date, which is the earliest of the following dates: symptom onset date, specimen collection date, date of diagnosis, date of death, date reported.

Early Syphilis Cases by Year, San Diego County, 2000-2024



*MSM: Men Who Have Sex With Men

Early Syphilis Rates by Gender and Year, San Diego County, 2010-2024

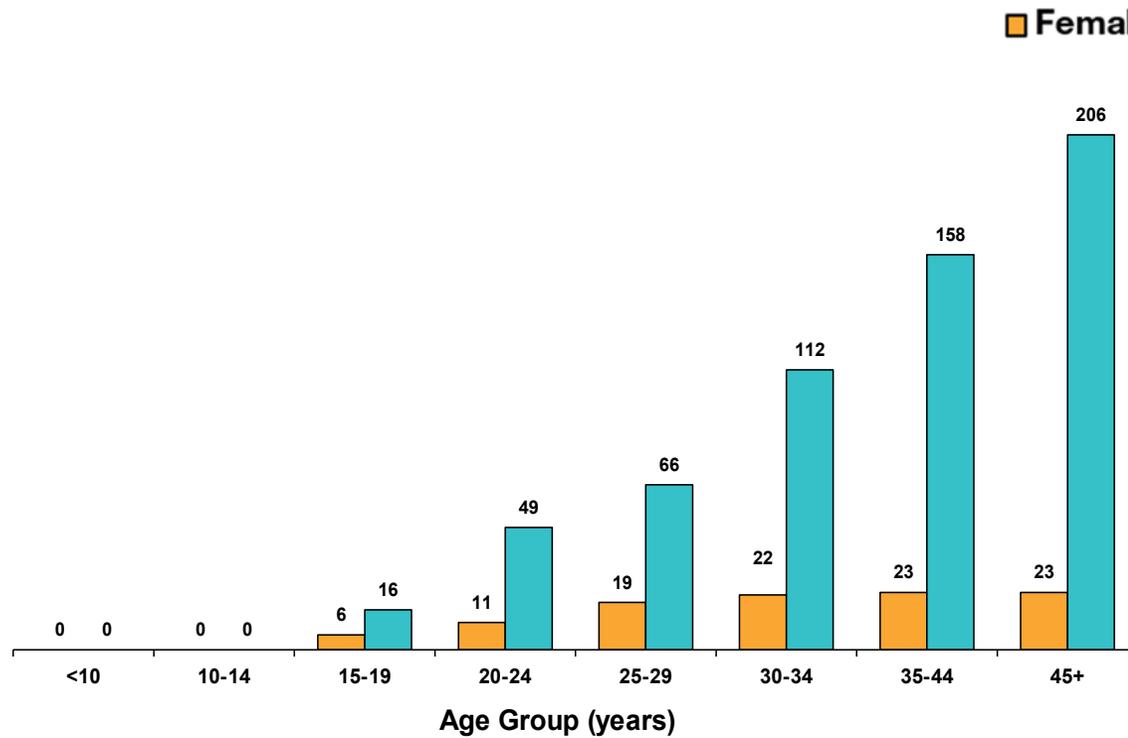


Between 2023 and 2024, the early syphilis cases and rate among females decreased by 24.1% and 25.0%, respectively; the early syphilis cases and rate among males both decreased by 36.2%.

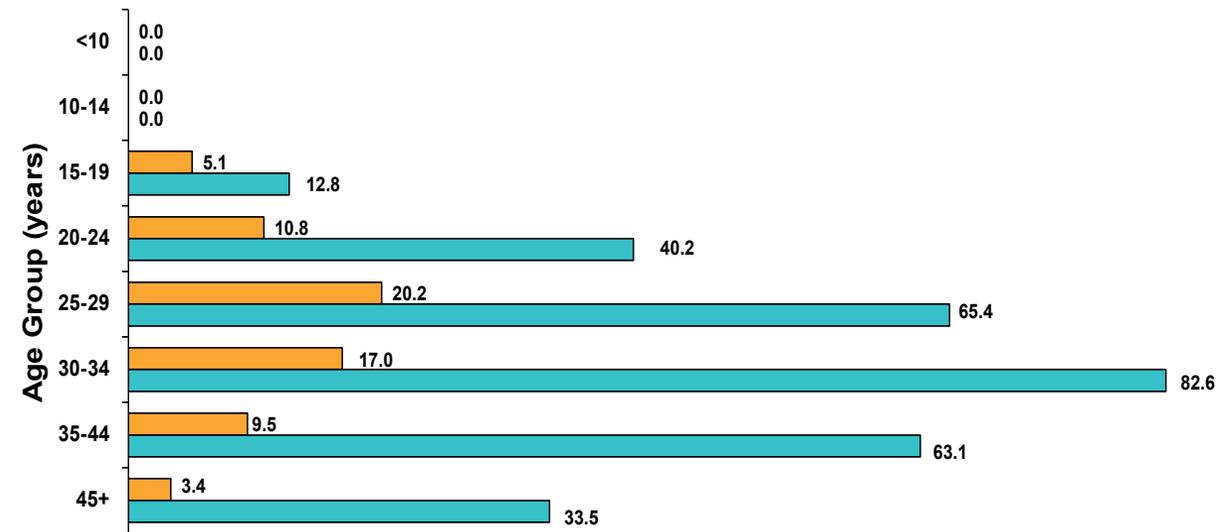
Early Syphilis Cases and Rates by Gender and Age, San Diego County, 2024



Cases



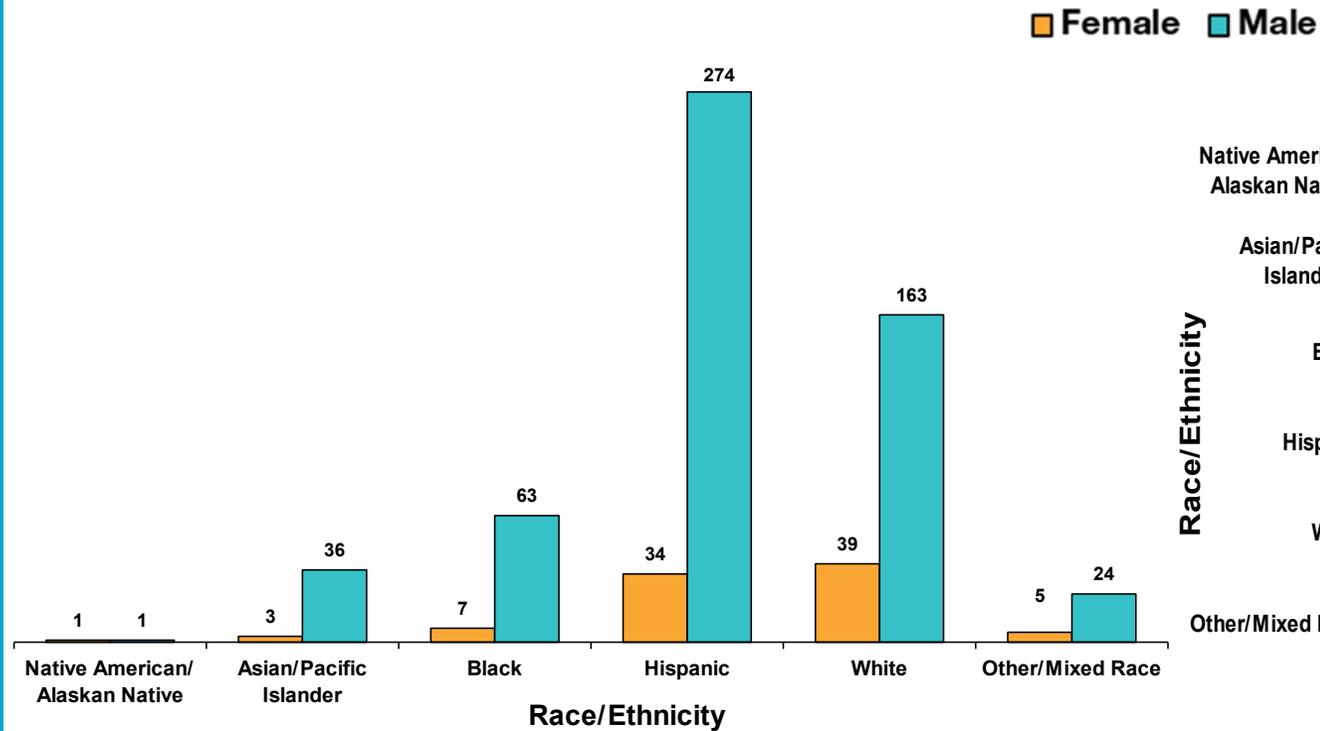
Rates per 100,000



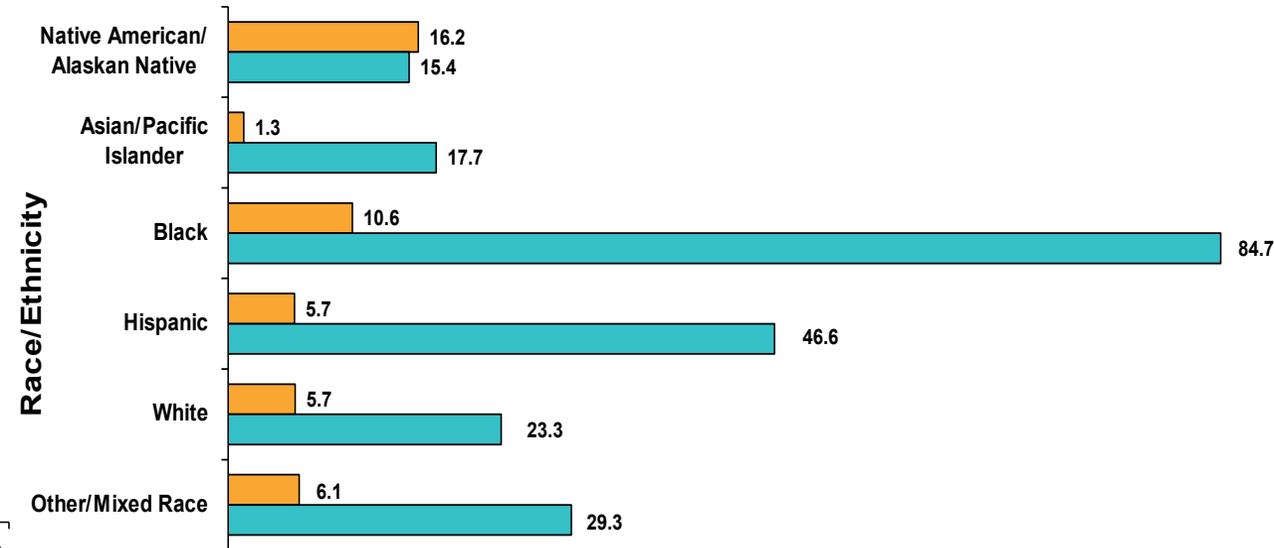
Early Syphilis Cases and Rates by Gender and Race/Ethnicity, San Diego County, 2024



Cases

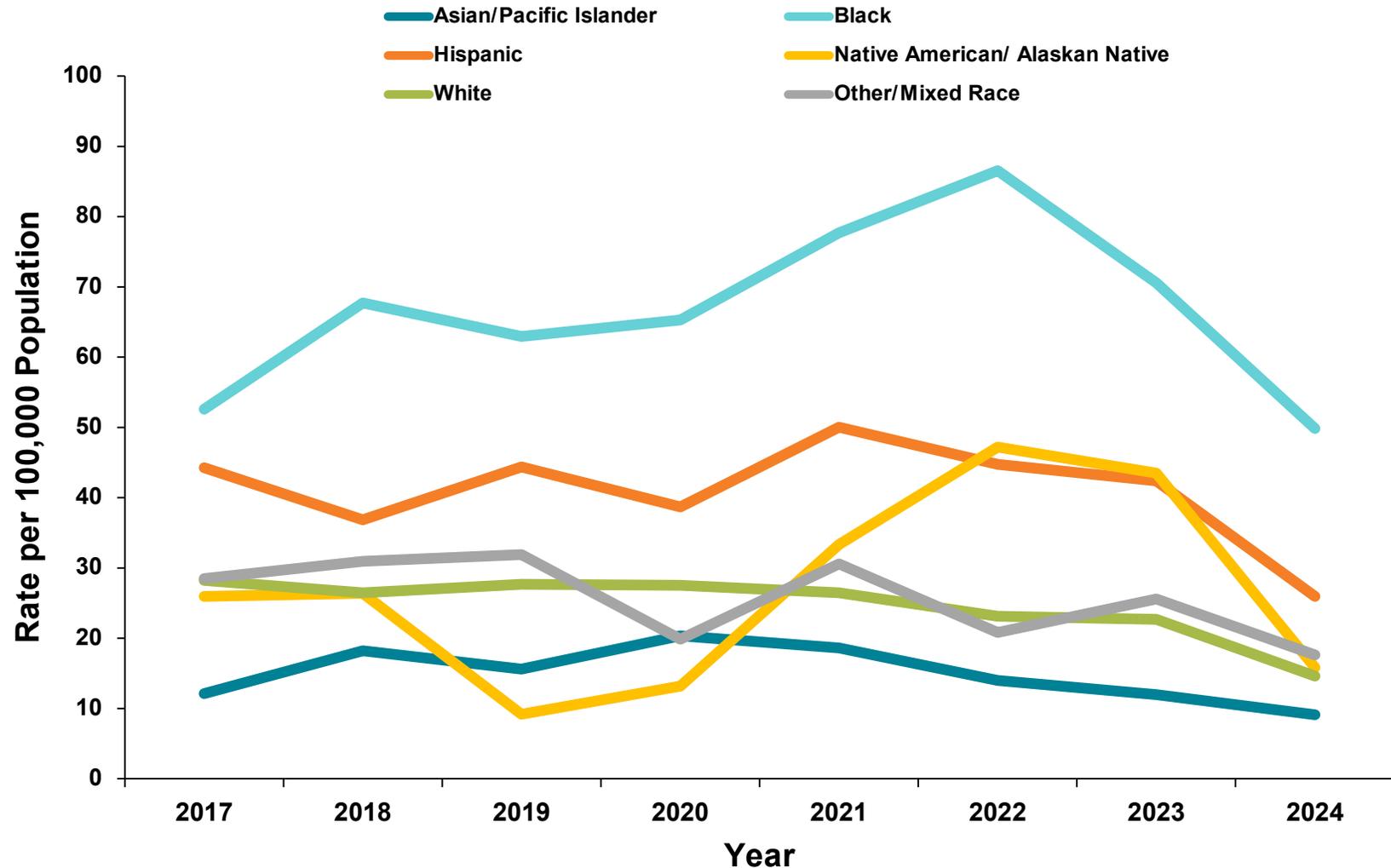


Rates per 100,000



Note: Counts exclude 61 cases with missing race/ethnicity.

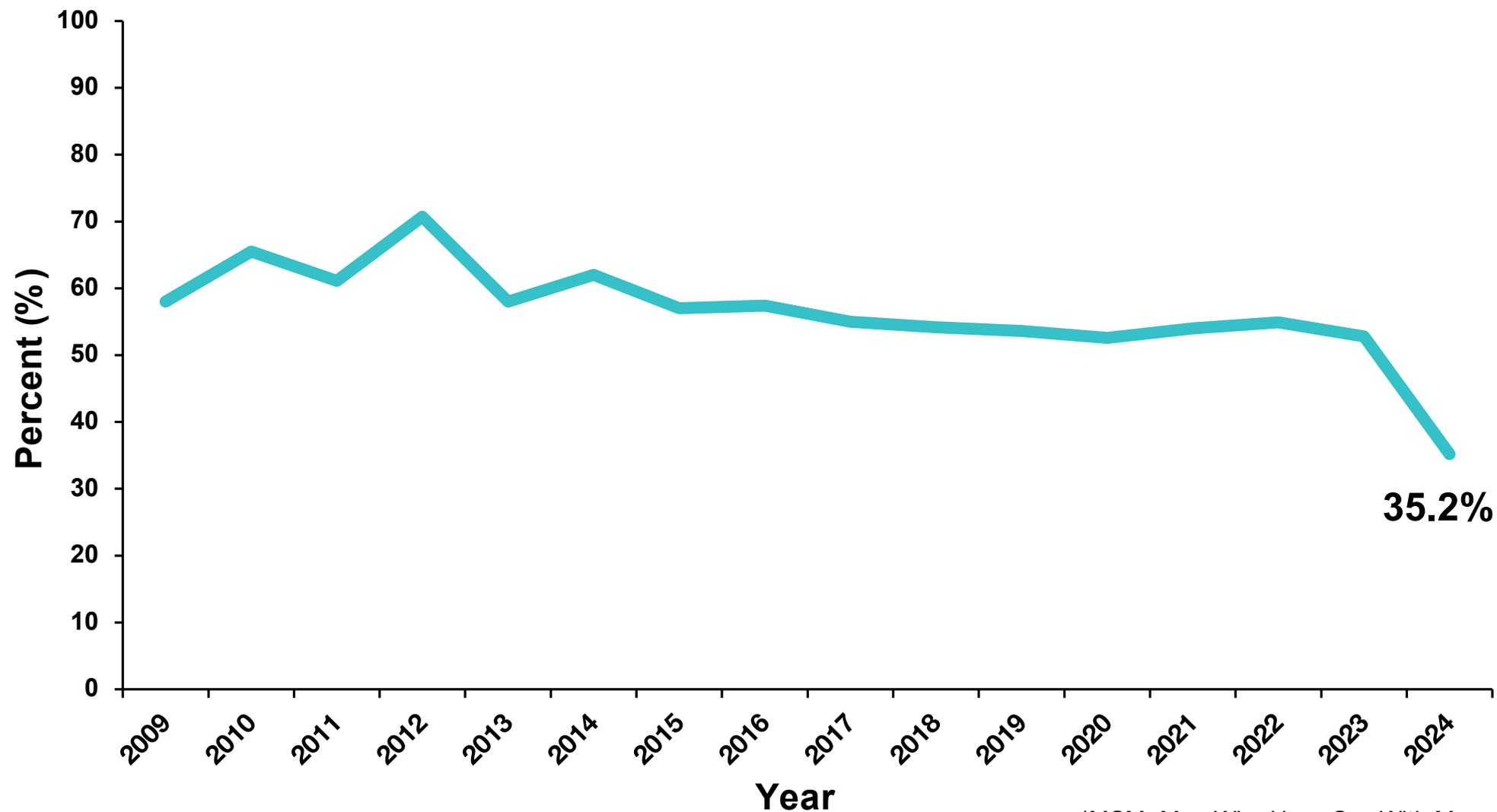
Early Syphilis Rates by Race/Ethnicity, San Diego County, 2017-2024



Note: Early syphilis rates for Native American/Alaskan Native race should be interpreted with caution, as the counts for this race category are small (< 10) for all years.

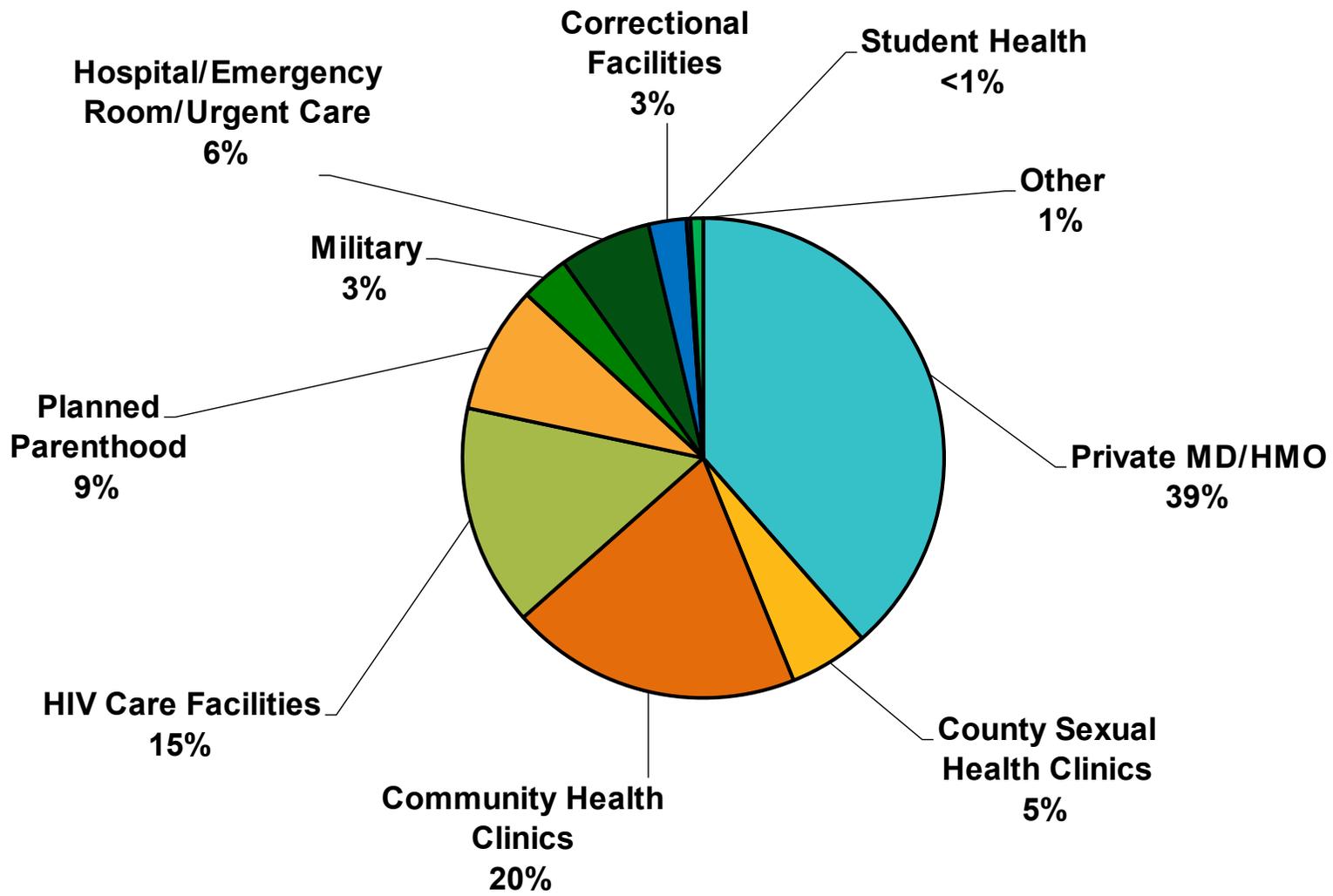


Percent of MSM* Early Syphilis Cases Living with HIV by Year, San Diego County, 2009-2024

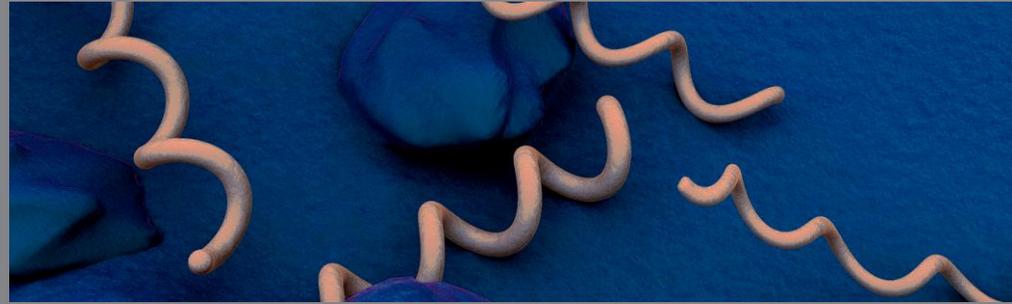


*MSM: Men Who Have Sex With Men

Early Syphilis Cases by Reporting Facility Type, San Diego County, 2024



SYPHILIS IN WOMEN & CONGENITAL SYPHILIS



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
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Definitions



Congenital Syphilis Surveillance

- Congenital Syphilis (C.S.): Any infant whose birthing parent had untreated or inadequately treated* syphilis at the time of delivery, regardless of findings in the infant or child.
 - Confirmed C.S.: Infant or child in whom *Treponema pallidum* is identified by darkfield microscopy, direct fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material.
 - Probable C.S.: Meets case definition of C.S. This may also include an infant or child with a reactive treponemal test for syphilis and evidence of C.S. on physical examination, cerebrospinal fluid analysis, and/or long bone X-ray.
 - Syphilitic Stillbirth: Fetal death in which the birthing parent had untreated or inadequately treated* syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing >500 grams.

*Inadequate birthing parent treatment refers to incomplete treatment, treatment that is not in accordance with national guidelines, and/or treatment that was not initiated at least 30 days prior to delivery.

Key Points



Female & Congenital Syphilis in San Diego County

Among women aged 15-44 years (i.e., women of childbearing potential)

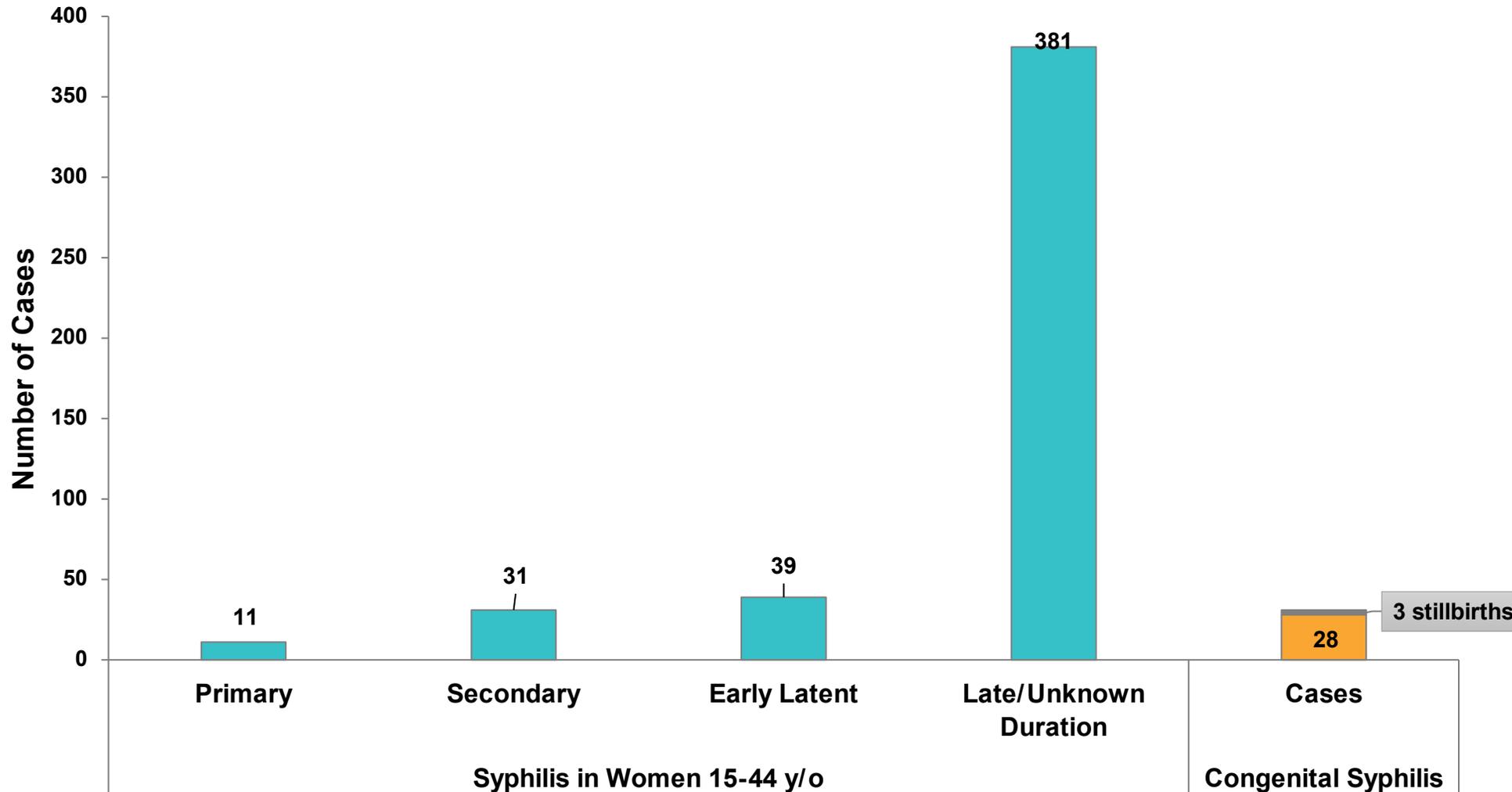
- Cases of **total syphilis (all stages)** increased by 2.4% from 451 cases in 2023 to 462 cases in 2024; rates of total syphilis (all stages) decreased by 4.1% from 70.3 cases per 100,000 in 2023 to 67.4 cases per 100,000 in 2024. At the time of diagnosis, 18.8% of total syphilis cases among women of childbearing age were pregnant.
- Cases of **early syphilis** decreased by 31.9% from 119 cases in 2023 to 81 cases in 2024; rates of early syphilis decreased by 36.6% from 18.6 cases per 100,000 in 2023 to 11.8 cases per 100,000 in 2024. At the time of diagnosis, 19.8% of early syphilis cases among women of childbearing age were pregnant.
- Cases of **syphilis of late/unknown duration** increased by 14.8% from 332 cases in 2023 to 381 cases in 2024; rate of syphilis of late/unknown duration increased by 7.3% from 51.8 cases per 100,000 in 2023 to 55.6 cases per 100,000 in 2024. Among women of childbearing age diagnosed with syphilis of late/unknown duration, 18.6% were pregnant.
- Compared to 2020, total syphilis cases and rates increased by 70.5% and 64.0%, respectively, in 2024 while early syphilis cases and rates decreased by 19.8% and 22.9%, respectively. Cases and rate of syphilis of late/unknown duration increased by 41.1% and 115.5%, respectively, between 2020 and 2024.

Among pregnant women

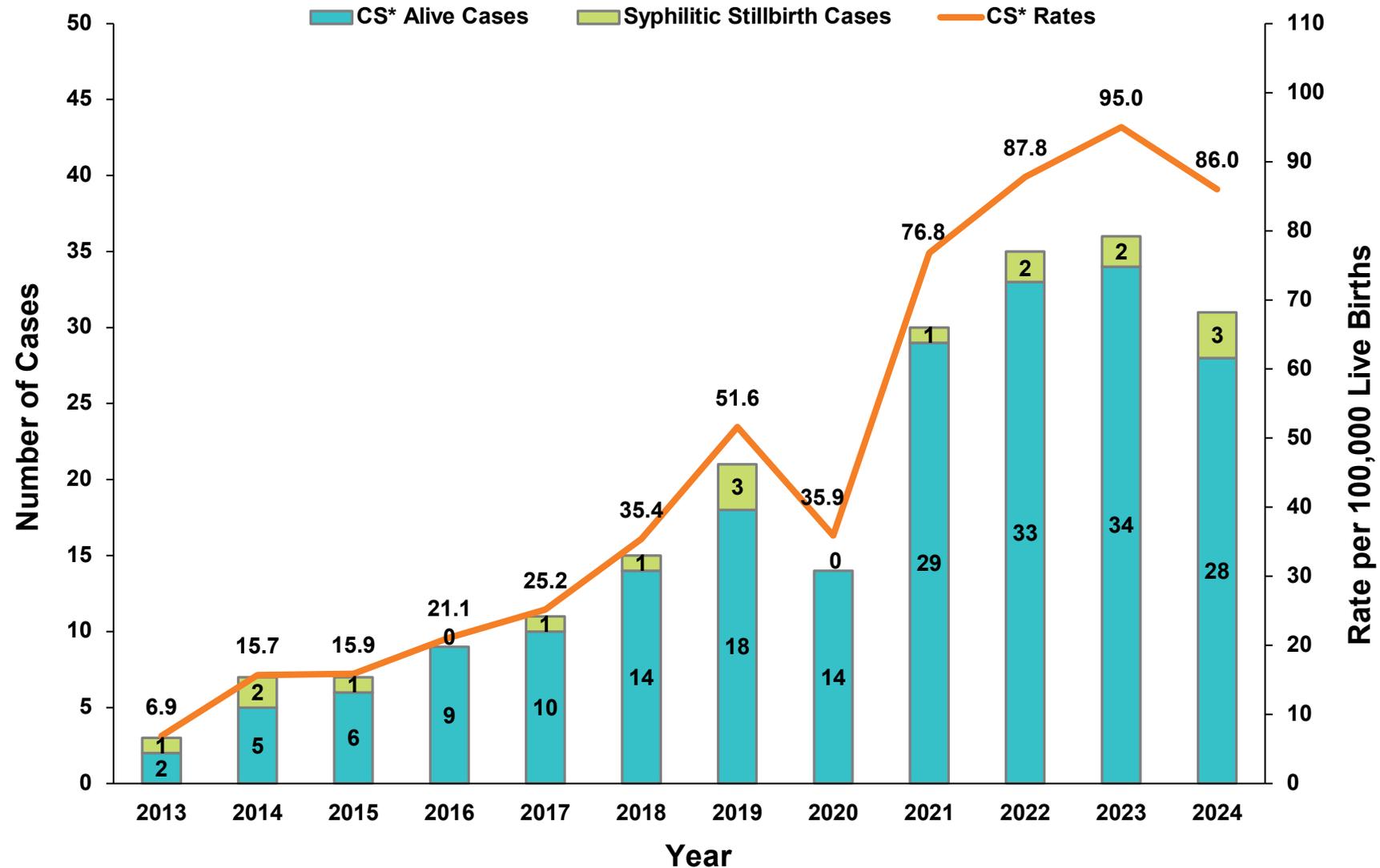
- Cases of **total syphilis (all stages)** increased by 7.4% from 81 cases in 2023 to 87 cases in 2024; rates of total syphilis (all stages) increased by 0.8% from 12.6 cases per 100,000 in 2023 to 12.7 cases per 100,000 in 2024.
- Cases of **early syphilis** decreased by 33.3% from 24 cases in 2023 to 16 cases in 2024; rates of early syphilis decreased by 37.8% from 3.7 cases per 100,000 in 2023 to 2.3 cases per 100,000 in 2024.
- Cases of **syphilis of late/unknown duration** increased by 24.6% from 57 cases in 2023 to 71 cases in 2024; rates of syphilis of late/unknown duration increased by 16.9% from 8.9 cases per 100,000 in 2023 to 10.4 cases per 100,000 in 2024.
- Compared to 2020, total syphilis cases and rates increased by 29.9% and 24.5%, respectively, in 2024, while early syphilis cases and rates decreased by 11.1% and 14.8%, respectively. Cases and rate of syphilis of late/unknown duration increased by 44.9% and 40.5%, respectively, between 2020 and 2024.

Congenital syphilis (CS) cases decreased between 2023 and 2024. The total of 31 reported CS cases included three syphilitic stillbirths. Compared to 2013, the congenital syphilis rate in 2024 increased by 1146%. Between 2023 and 2024, the congenital syphilis rate decreased by 9.5%.

Cases of Syphilis in Women of Childbearing Age (15-44 y/o) and Congenital Syphilis, San Diego County, 2024

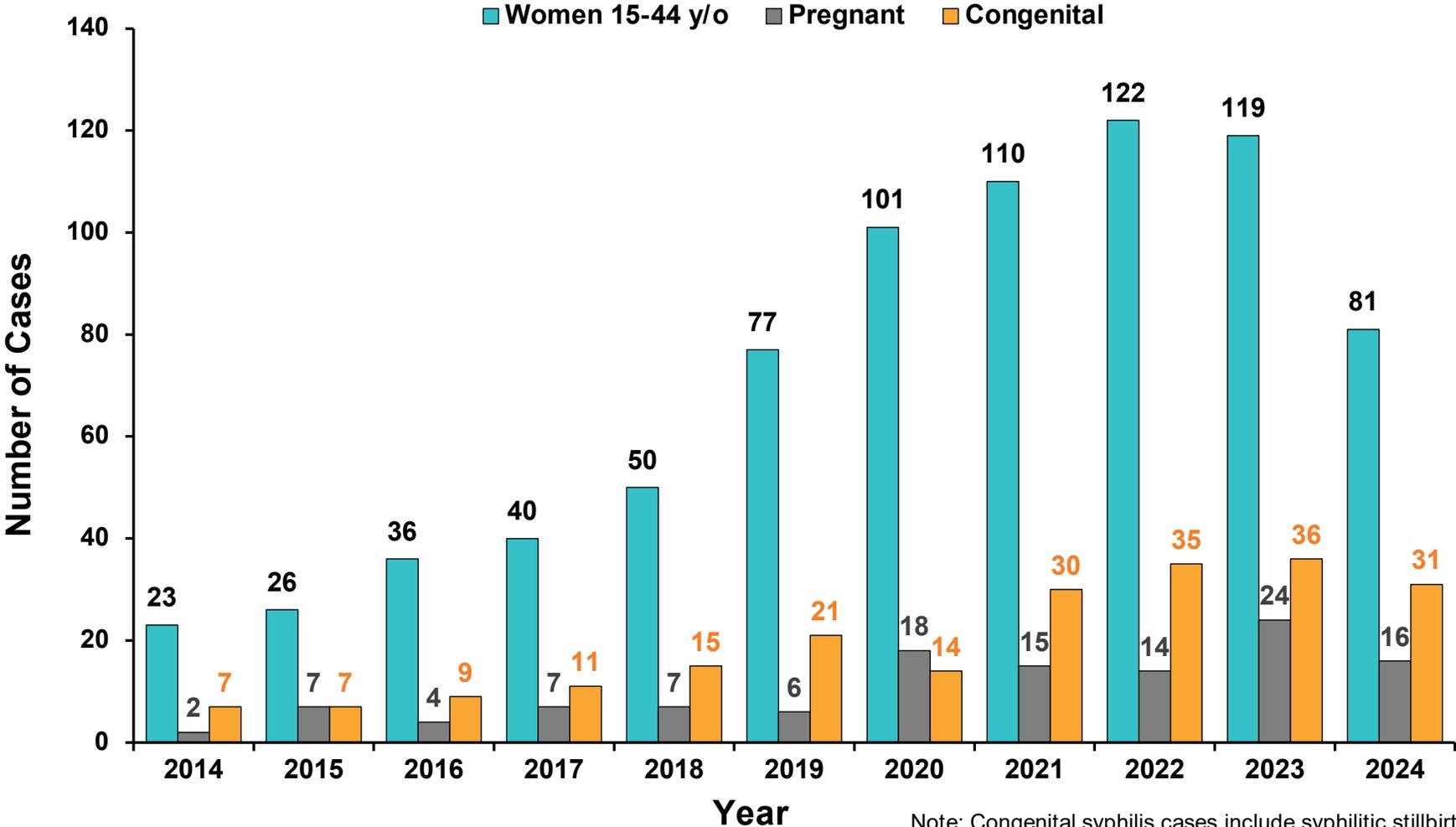


Congenital Syphilis Cases and Rates, San Diego County, 2013-2024



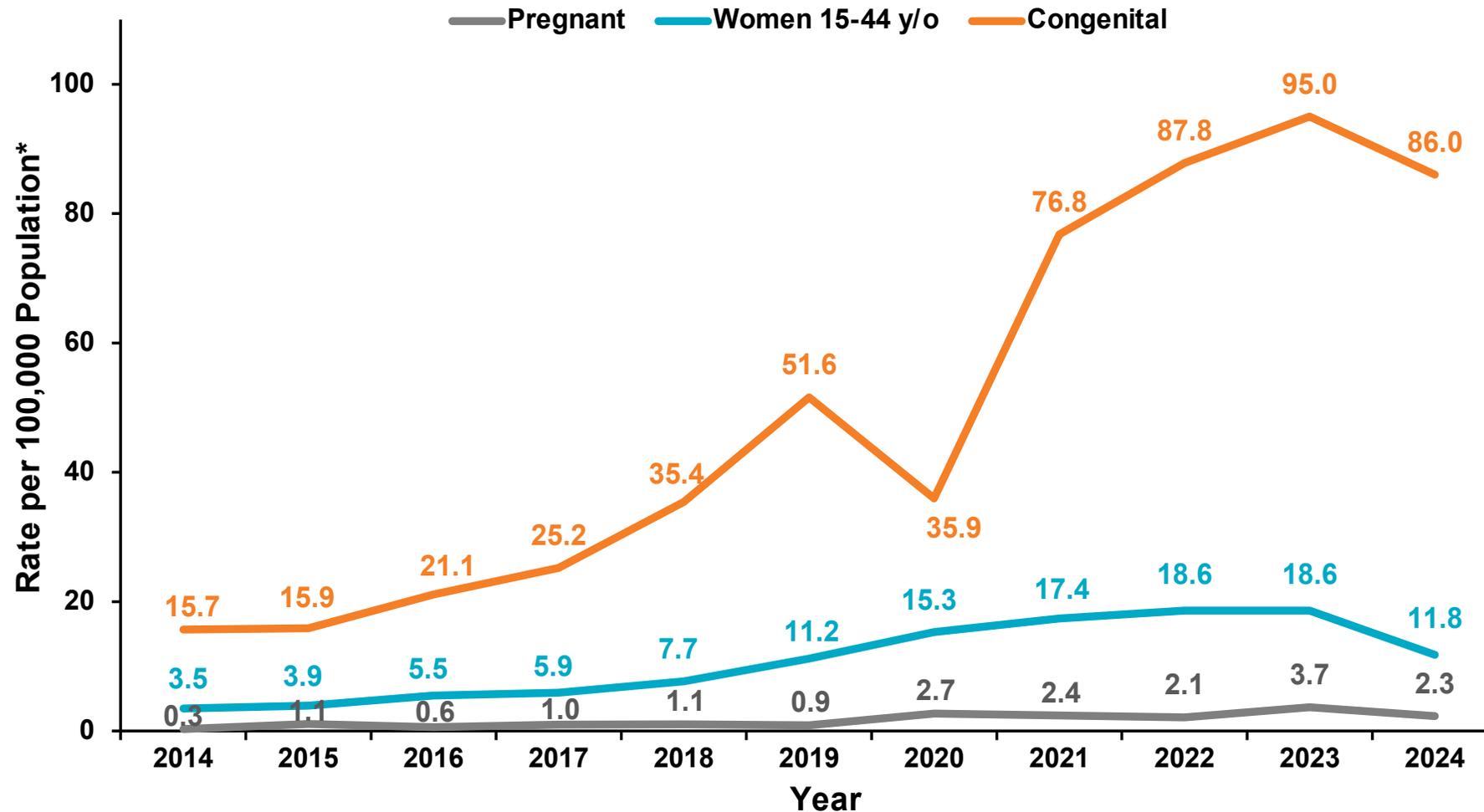
*CS: Congenital Syphilis. Rates for congenital syphilis were defined based on the number of live births and include syphilitic stillbirths.
 2023 CS Alive Cases include one case who was born alive, then died.

Cases – Early Syphilis in Women of Childbearing Age (15-44 y/o) & Pregnant Women, Congenital Syphilis, San Diego County, 2014-2024



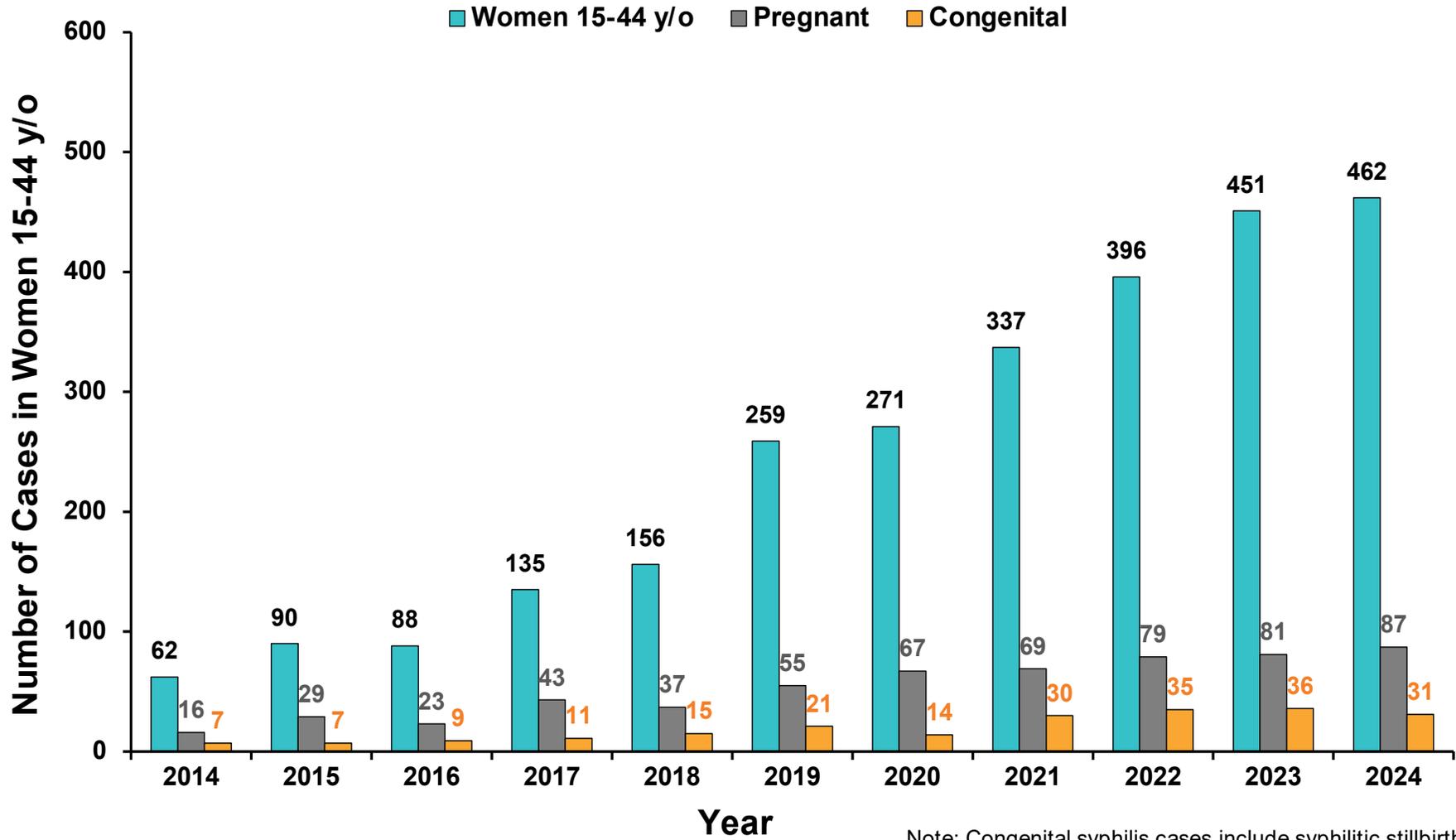
Note: Congenital syphilis cases include syphilitic stillbirths.

Rates – Early Syphilis in Women of Childbearing Age (15-44 y/o) & Pregnant Women, Congenital Syphilis, San Diego County, 2014-2024



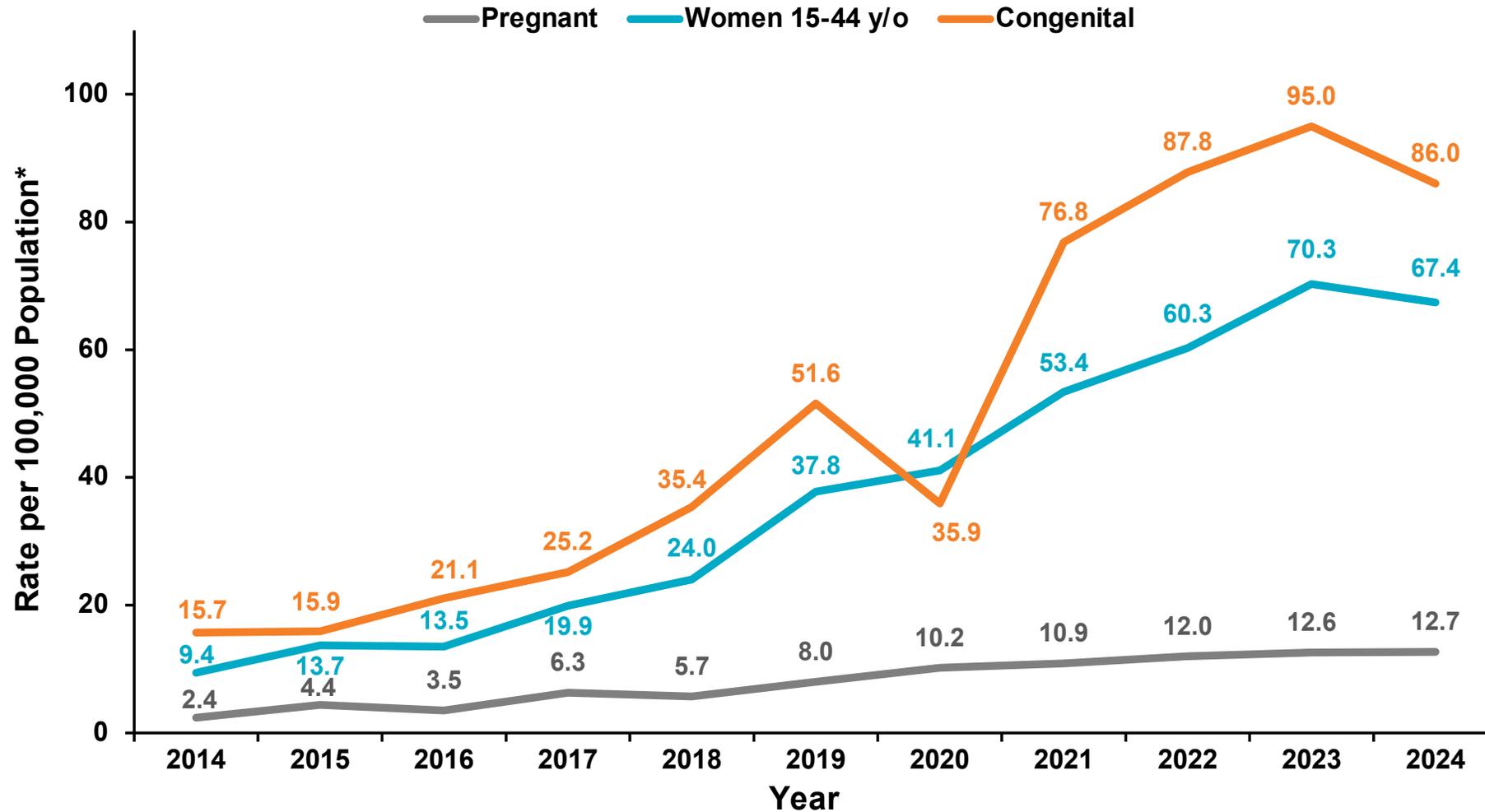
*Rates for women 15-44 y/o and pregnant women were defined based on population estimates of women 15-44 years of age. Rates for congenital syphilis were defined based on the number of live births.

Cases – Syphilis (All Stages) in Women of Childbearing Age (15-44 y/o) & Pregnant Women, Congenital Syphilis, San Diego County, 2014-2024



Note: Congenital syphilis cases include syphilitic stillbirths.

Rates – Syphilis (All Stages) in Women of Childbearing Age (15-44 y/o) & Pregnant Women, Congenital Syphilis, San Diego County, 2014-2024



*Rates for women 15-44 y/o and pregnant women were defined based on population estimates of women 15-44 years of age. Rates for congenital syphilis were defined based on the number of live births.

Contact Information

For questions or requests for data that are not included in these slides, please send an e-mail to std@sdcountry.ca.gov, or visit www.STDSanDiego.org (click on “Reports and Statistics”).



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.