



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.

	Sep	2016 Previous 12- Month Period*	Sep	2017 Previous 12- Month Period*
Chlamydia	1654	18772	1725	20556
Female age 18-25	597	7290	653	7732
Female age ≤ 17	63	781	76	874
Male rectal chlamydia	41	605	45	763
Gonorrhea	416	4681	502	5735
Female age 18-25	51	607	62	698
Female age ≤ 17	8	104	8	107
Male rectal gonorrhea	61	631	72	879
Early Syphilis (adult total)	77	915	70	1063
Primary	14	175	11	179
Secondary	32	324	28	380
Early latent	31	416	31	505
Congenital syphilis	0	9	1	13

* Cumulative case count of the previous 12 months.

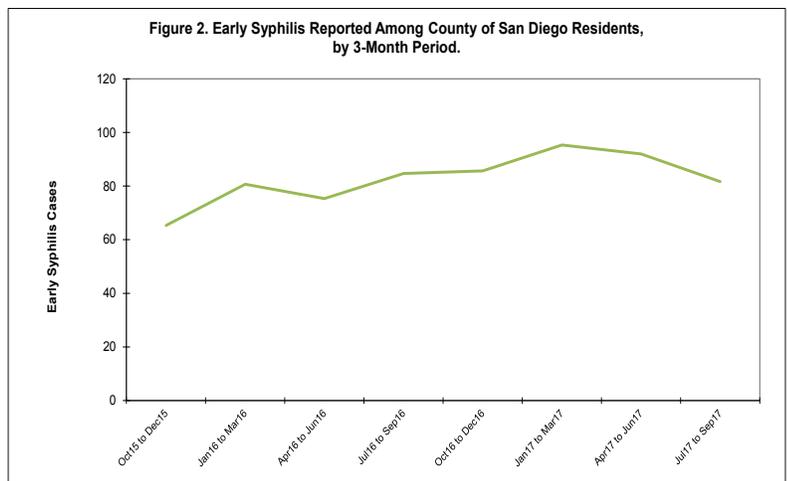
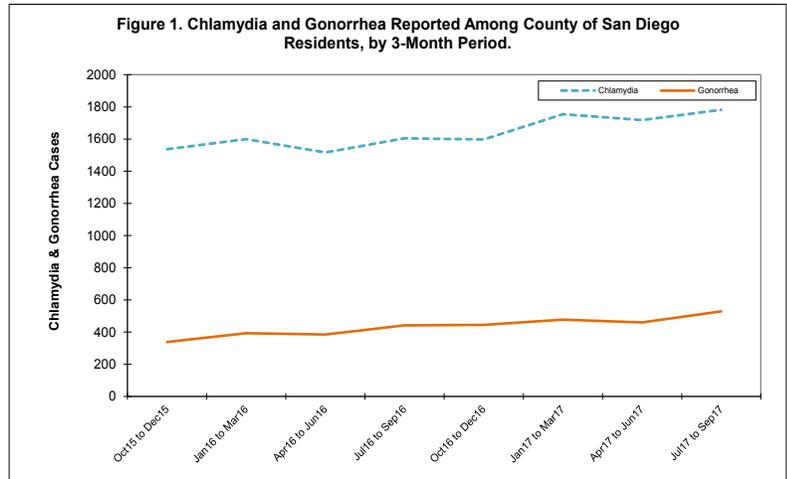
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	15763	639.1	220	75.0	499	424.0	1123	136.3	1383	121.2
Gonorrhea	4399	178.4	100	34.1	439	373.0	999	121.3	1043	91.4
Early Syphilis	736	29.8	36	12.3	50	42.5	327	39.7	323	28.3
<i>Under 20 yrs</i>										
Chlamydia	2570	419.6	20	32.5	71	249.3	196	70.5	169	81.9
Gonorrhea	387	63.2	3	4.9	49	172.1	114	41.0	58	28.1
Early Syphilis	19	3.1	0	0.0	0	0.0	13	4.7	2	1.0

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: Public Health Outreach to HIV-Negative Men with Rectal Gonorrhea

Bacterial sexually transmitted infections (STIs), and rectal STIs in particular, are associated with increased risk of HIV acquisition among men who have sex with men (MSM). This increase in risk is likely multifactorial and includes biological factors, such as disruption of anogenital epithelium and inflammation resulting in recruitment of HIV target cells. Rectal STIs also are likely to be reflective of high-risk sexual behaviors (i.e., condomless receptive anal intercourse) and sexual activity within high-risk networks.

Analysis of STI and HIV surveillance data from Washington State demonstrated that rectal gonorrhea was associated with the highest risk of HIV acquisition among MSM compared to other STIs, followed by early syphilis[1]. A study of HIV incidence among MSM with rectal STIs in New York City demonstrated that one in 15 MSM with rectal gonorrhea or chlamydia would be diagnosed with HIV infection within one year of STI diagnosis[2]. Given the high risk of HIV acquisition following a diagnosis of rectal gonorrhea, it is critical that men with rectal gonorrhea know their HIV status and are linked to appropriate HIV prevention or treatment services.

Although infectious syphilis continues to be an investigative priority for the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services, as of May 2017, HSHB communicable disease investigators also reach out to reported cases of rectal gonorrhea occurring among men who are HIV-negative based on local HIV surveillance data. The objective of this outreach is to ensure that these individuals are aware of their current HIV status (i.e., are tested for HIV) and are aware of available HIV prevention methods, including biomedical HIV pre-exposure prophylaxis (PrEP). Linkage of high-risk HIV-negative MSM to PrEP is part of the County of San Diego's [Getting to Zero](#) initiative to end the HIV epidemic. **Providers can assist these efforts by 1) reporting all rectal gonorrhea cases to the health department and 2) notifying HIV-negative men with rectal gonorrhea that they may be contacted by the local health department.**

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