

County of San Diego Monthly STD Report

Volume 10, Issue 5: Data through December 2017; Report released June 13, 2018.



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

	2016		2017	
	Dec	Previous 12-Month Period*	Dec	Previous 12-Month Period*
Chlamydia	1505	18954	1619	20830
Female age 18-25	551	7254	619	7875
Female age ≤ 17	66	769	58	889
Male rectal chlamydia	35	554	37	505
Gonorrhea	428	5001	523	5971
Female age 18-25	61	666	80	723
Female age ≤ 17	5	108	6	102
Male rectal gonorrhea	52	636	48	864
Early Syphilis (adult total)	92	975	93	1123
Primary	12	174	15	184
Secondary	32	347	30	390
Early latent	48	454	48	549
Congenital syphilis	1	10	0	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
All ages										
Chlamydia	20830	633.4	293	74.9	692	441.0	1515	137.9	1878	123.4
Gonorrhea	5971	181.6	137	35.0	571	363.9	1327	120.8	1336	87.8
Early Syphilis	1130	34.4	49	12.5	85	54.2	475	43.2	428	28.1
Under 20 yrs										
Chlamydia	3444	421.7	29	35.3	105	276.6	270	72.9	239	86.9
Gonorrhea	510	62.5	7	8.5	65	171.2	143	38.6	69	25.1
Early Syphilis	34	4.2	1	1.2	2	5.3	24	6.5	3	1.1

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.

Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.

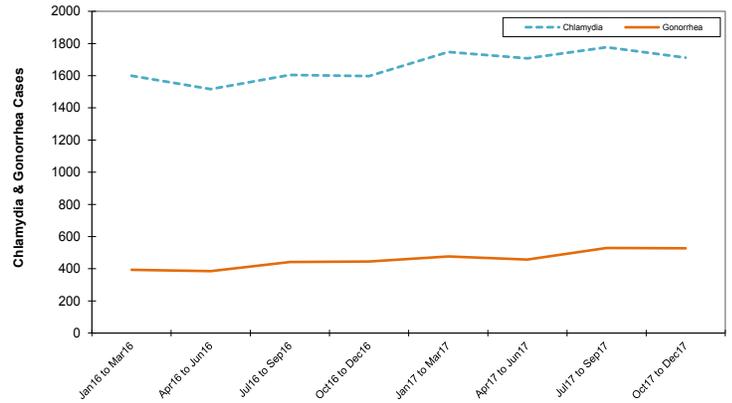
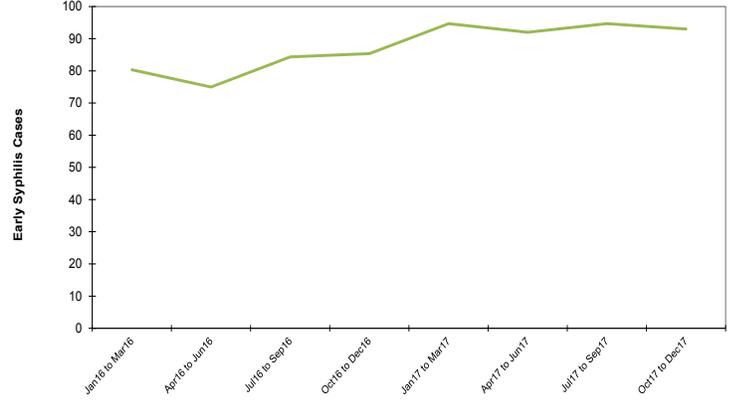


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: FDA Approves Truvada for Pre-Exposure Prophylaxis in Adolescents

On May 15, 2018, the United States (U.S.) Food and Drug Administration (FDA) approved the use of Truvada (emtricitabine and tenofovir disoproxil fumarate, or FTC/TDF) as HIV pre-exposure prophylaxis (PrEP) for adolescents weighing at least 35 kg (77lb) who are at risk of HIV infection[1]. The indications for PrEP and recommendations for initial and follow-up prescribing and laboratory testing for adolescents are the same as those for adults [2]. Although the most recent PrEP guidelines were published around two months prior to the FDA announcement, the use of PrEP in adolescents will be included in the next update to those guidelines.

The FDA action was based on the results of the Adolescent Medicine Trials Network for HIV/AIDS Interventions 113 (ATN 113) study, which enrolled 78 males aged 15 to 17 years (mean 16.5 +/-0.73 years) from six U.S. cities to receive a behavioral intervention and daily FTC/TDF for 48 weeks. All were HIV-negative based on blood-based antibody testing, but were at risk of acquiring HIV infection (most were gay or bisexual men). The 72 participants who began daily PrEP were followed monthly for the first three months after enrollment and quarterly thereafter. They were tested regularly for HIV and monitored for adverse clinical events and abnormal laboratory tests. Adherence was assessed at each visit by measuring intracellular tenofovir diphosphate (TFV-DP) and emtricitabine triphosphate (FTC-TP) concentrations from dried blood spots[3].

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Editorial Note: FDA Approves Truvada for Pre-Exposure Prophylaxis in Adolescents (Continued)

FTC/TDF was well-tolerated, and there were no renal events, rises in serum creatinine levels, or bone fractures. There were three HIV seroconversions during the study, all of which were associated with very low or nonexistent levels of medication at the time of seroconversion. Levels of TFV-DP that were associated with high levels of protection against rectal HIV exposure or the equivalent of taking at least 4 pills of FTC/TDF per week were present in 42 (54%), 37 (47%), 38 (49%), 22 (28%), 13 (17%), and 17 (22%) of participants at weeks 4, 8, 12, 24, 36, and 48, respectively. This decline in adherence after the follow-up visit frequency decreased from monthly to quarterly led the authors to conclude that more frequent visits may be required for adolescents who are on PrEP[3].

New HIV infections in adolescents are rare in San Diego County; of the 392 new HIV diagnoses reported in 2017, three (0.77%) were among persons aged 12 to 18 years.* However, according to the Centers for Disease Control and Prevention, youth (defined as persons 13 to 24 years of age), made up 21% of all new HIV diagnoses in the U.S., with most occurring among young gay and bisexual men and a disproportionate impact on young Black/African-American and Hispanic/Latino men[4]. The approval of FTC/TDF as PrEP for adolescents is an important step in making this intervention available to at-risk adolescents and ending the HIV epidemic in the U.S.

*Unpublished data provided by the HIV Epidemiology Unit, Epidemiology and Immunization Services Branch, Division of Public Health Services, County of San Diego Health and Human Services Agency