

# 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.**

	2018		2019	
	June	Previous 12-Month Period*	June	Previous 12-Month Period*
Chlamydia	1777	21406	1402	21925
Female age 18-25	693	8092	539	8038
Female age ≤ 17	68	928	59	923
Male rectal chlamydia	93	827	84	1098
Gonorrhea	537	6332	528	6102
Female age 18-25	78	917	66	919
Female age ≤ 17	9	108	6	98
Male rectal gonorrhea	69	793	78	808
Early Syphilis (adult total)	97	1082	69	1123
Primary	22	179	9	158
Secondary	26	371	17	382
Early latent	49	532	43	584
Congenital syphilis	1	14	1	23

\* 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.**

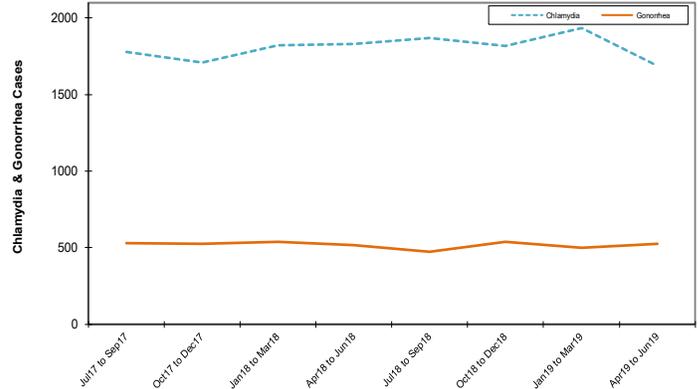
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	10866	651.2	347	183.2	618	836.7	2194	381.3	1666	218.4
Gonorrhea	3066	183.7	96	50.7	299	404.8	807	140.3	637	83.5
Early Syphilis	568	34.0	31	16.4	58	78.5	241	41.9	207	27.1
<i>Under 20 yrs</i>										
Chlamydia	1819	404.2	50	121.1	114	575.8	406	193.4	269	179.6
Gonorrhea	277	61.6	8	19.4	38	191.9	90	42.9	32	21.4
Early Syphilis	15	3.3	3	7.3	0	0.0	8	3.8	1	0.7

Note: Rates calculated using 2018 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 7/2019.

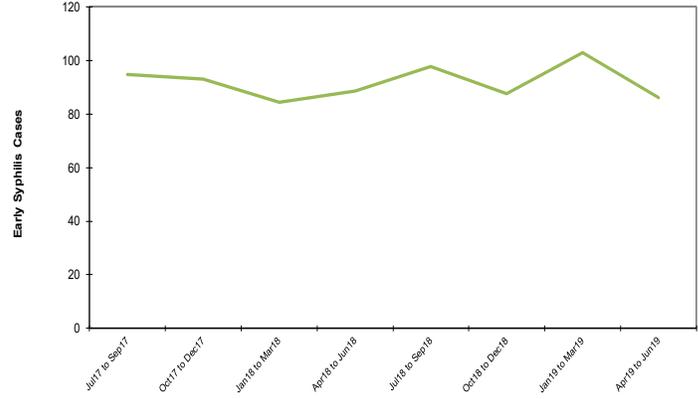
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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 Second Medication for HIV PrEP (But Not for Everyone)

On October 3, 2019, the U.S. Food and Drug Administration (FDA) approved Descovy (Gilead Sciences, Inc., Foster City, CA), a fixed-dose combination of emtricitabine 200 mg and tenofovir alafenamide 25 mg, or F/TAF, for use as human immunodeficiency virus-1 (HIV-1) pre-exposure prophylaxis (PrEP) by adults and adolescents weighing at least 35 kg who are vulnerable to acquiring HIV-1, *excluding those at risk of acquiring HIV-1 through receptive vaginal sex* [1]. The limitation of this approval is due to the lack of clinical trial data for F/TAF as PrEP for cis-women and transgender men who are at risk of acquiring HIV through receptive vaginal sex.

The approval for cis-MSM and transgender women was based on the results of a randomized double-blind clinical trial (DISCOVER) in which 5,387 HIV-negative cis-men and transgender women who have sex with men received either once daily Descovy or Truvada (fixed-dose combination of emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, or F/TDF) and followed for 48-96 weeks. Both F/TAF and F/TDF were highly effective in reducing the risk of HIV acquisition compared to the expected rate of HIV acquisition for a similar population not using PrEP, and both medications were tolerated well, with gastrointestinal side effects being the most common reason for discontinuation of either medication [2].

Truvada (F/TDF, Gilead Sciences, Foster City, CA) was approved for use as PrEP by the FDA in July 2012 for adults, and this approval was expanded to include adolescents weighing 35 kg or more in in 2018 [3]. TAF has higher intracellular tenofovir (TFV) diphosphate levels and lower plasma TFV levels and has fewer effects on renal function and bone mineral density than TDF. Therefore, F/TAF may be a desirable option for people with history of or predisposing factors for renal insufficiency or osteoporosis, but it is currently not recommended over F/TDF for PrEP, as the DISCOVER trial demonstrated non-inferiority, but not superiority, of F/TAF versus F/TDF for prevention of HIV infection.

PrEP for those who are vulnerable to HIV acquisition is one of the primary prevention strategies for the County of San Diego's Getting to Zero initiative to end the HIV epidemic in the region. More information is available at <https://getting2zerosd.com/>.

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