

County of San Diego Monthly STD Report

Volume 12, Issue 5: Data through December 2019; Report released June 7, 2020.



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

	2018		2019	
	Dec	Previous 12-Month Period*	Dec	Previous 12-Month Period*
Chlamydia	1672	22010	1843	23109
Female age 18-25	620	8245	718	8413
Female age ≤ 17	59	966	59	836
Male rectal chlamydia	76	1062	92	1332
Gonorrhea	462	6203	579	6399
Female age 18-25	73	969	107	1004
Female age ≤ 17	9	106	8	97
Male rectal gonorrhea	56	762	59	810
Early Syphilis (adult total)	90	1075	104	1152
Primary	14	168	16	164
Secondary	26	374	36	382
Early latent	50	533	52	606
Congenital syphilis	3	16	2	21

* 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	23005	689.3	784	206.9	1373	929.5	4925	428.0	3646	239.0
Gonorrhea	6397	191.7	219	57.8	649	439.4	1684	146.3	1296	85.0
Early Syphilis	1155	34.6	69	18.2	106	71.8	485	42.1	419	27.5
<i>Under 20 yrs</i>										
Chlamydia	3727	414.1	104	125.9	289	729.9	899	214.1	520	173.6
Gonorrhea	563	62.6	13	15.7	75	189.4	179	42.6	57	19.0
Early Syphilis	26	2.9	4	4.8	2	5.1	16	3.8	2	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.

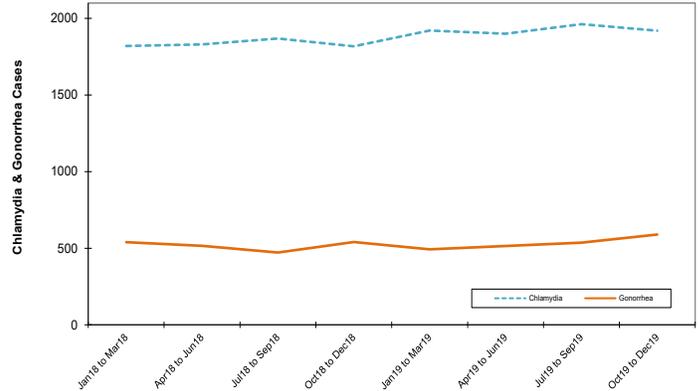
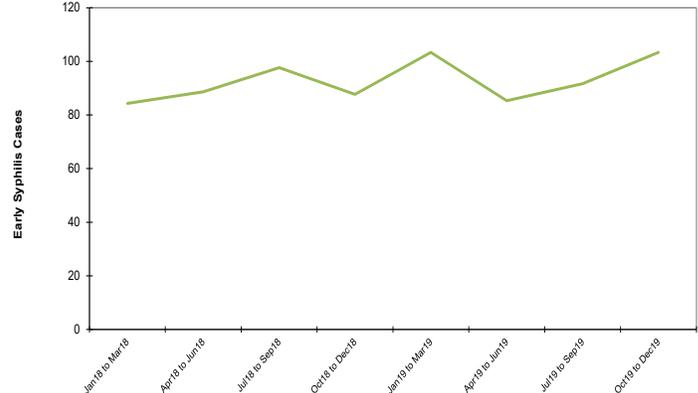


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Genital *Chlamydia Trachomatis* Infections in Women: Danger in Numbers

Chlamydia is a common sexually transmitted infection caused by the obligate intracellular bacterium *Chlamydia trachomatis*. Serovars D through K typically cause cervicitis in women and urethritis and proctitis in both men and women. Women with genital chlamydia are at risk of serious complications, including pelvic inflammatory disease, tubal scarring, infertility, ectopic pregnancy, and chronic pelvic pain [1]. Although gonorrhea can cause similar complications, chlamydia presents a risk to more women, since it is extremely common (in 2018, the rate of chlamydia among women in San Diego County was 814.4 cases per 100,000 population, 6.5 times that of gonorrhea) [2]. Women of color are disproportionately affected by chlamydia and therefore more vulnerable to these long-term effects [3].

Due to the potential for long-term reproductive health complications, the asymptomatic nature of most chlamydia infections, and the fact that the highest rates of infection are observed among women aged 15-29 years, screening is critical [2]. The United States Preventive Services Task Force recommends screening for chlamydia (and gonorrhea) for all sexually active women aged 24 years and younger and for older women with risk factors [4]. Highly sensitive nucleic acid amplification tests are available for chlamydia and gonorrhea screening, and women can be screened for genital infection using a vaginal (preferred) or endocervical swab or urine sample [5][6]. For women who experience barriers getting tested in traditional clinical settings, the County of San Diego operates a home testing program ([Don't Think, Know](#)) [7].

In the absence of complications, chlamydia is easily treatable with oral antibiotics alone, and resistance is uncommon. For nonpregnant women, recommended treatment regimens include azithromycin 1 gram orally, in a single dose, or doxycycline 100 mg orally twice a day for seven days. For pregnant women, doxycycline should be avoided [5]. Partner treatment is very important to prevent reinfection, and patient-delivered partner therapy is an option for partners who are unwilling or unlikely to seek medical care [8][9]. Additional steps to prevent reinfection include notification of partners from the 60 days prior to diagnosis, plus duration of symptoms if present, and abstinence for at least 7 days after patients and active partners have been treated. Due to high re-infection rates, repeat testing is recommended three months after treatment [5].

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