

County of San Diego Monthly STD Report

Volume 13, Issue 2: Data through September 2020; Report released February 26, 2021.



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

	2019		2020	
	Sep	Previous 12-Month Period*	Sep	Previous 12-Month Period*
Chlamydia	1890	22802	1589	19606
Female age 18-25	685	8261	595	7448
Female age ≤ 17	75	853	64	714
Male rectal chlamydia	106	1295	100	1113
Gonorrhea	524	6253	577	6137
Female age 18-25	74	951	82	1002
Female age ≤ 17	9	98	14	112
Male rectal gonorrhea	60	810	80	726
Early Syphilis (adult total)	106	1104	98	1114
Primary	16	158	12	167
Secondary	35	360	40	387
Early latent	55	586	46	560
Congenital syphilis	0	17	3	23

* Cumulative case count of the previous 12 months.

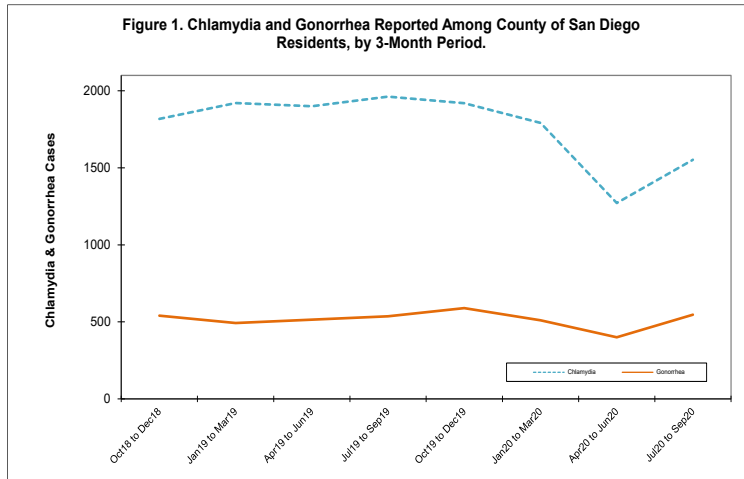
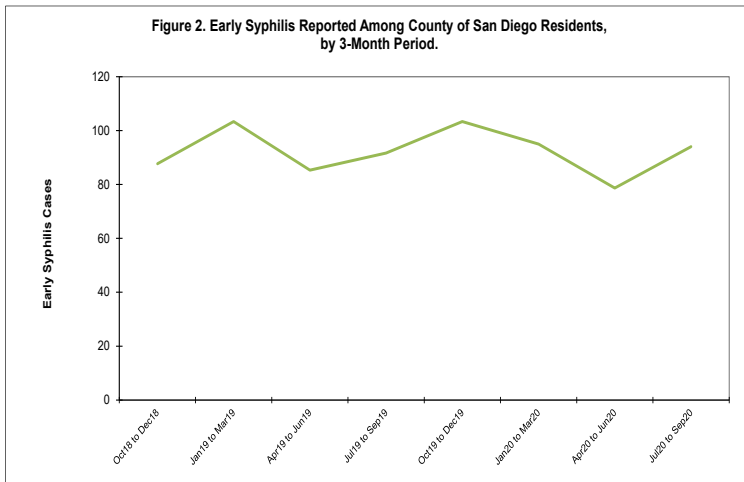


Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	13846	550.8	237	71.5	488	386.3	1131	137.9	1243	109.7
Gonorrhea	4370	173.8	97	29.3	480	379.9	916	111.7	838	74.0
Early Syphilis	807	32.1	59	17.8	76	60.2	319	38.9	302	26.7
<i>Under 20 yrs</i>										
Chlamydia	2311	355.3	22	30.5	108	342.0	192	70.4	196	82.9
Gonorrhea	395	60.7	10	13.9	50	158.3	102	37.4	50	21.1
Early Syphilis	16	2.5	2	2.8	1	3.2	11	4.0	2	0.8

Note: Rates are calculated using 2019 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 6/2020.

* 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: Human Papillomavirus – A Virus We Can All Beat

March 4, 2021 is International Human Papillomavirus (HPV) Awareness Day, and the theme is *HPV: A Virus We Can All Beat*. Further information about the campaign is available at the [Ask About HPV](https://www.cdc.gov/askabout/hpv/) website. Further, Preteen Vaccine Week is March 1-6, 2021, and HPV vaccination is a priority for this age group. For more information, please visit <https://tinyurl.com/PreteenVaccineWeek>.

According to the Centers for Disease Control and Prevention (CDC), HPV prevalence among adults and adolescents aged 15 years or older in the United States (U.S.) is 42.5 million, and the annual incidence of new cases of HPV infection is 13 million [1]. Every year in the U.S., 35,900 people are estimated to be diagnosed with an HPV-related (e.g., cervical, oropharyngeal, anal, vulvar/vaginal, penile) cancer. Even with screening, HPV causes 11,000 cases of cervical cancer each year, and 4,000 people die of cervical cancer in the U.S. each year [2]. Further, there are an estimated 196,000 cervical precancers in the U.S. each year, treatment of which can limit future ability to have children [3].

A nonavalent vaccine is available that prevents infection with the two HPV subtypes that account for 90% of anogenital warts (6 and 11) and seven subtypes that account for over 80% of HPV-related cancers (16, 18, 31, 33, 45, 52, and 58). A recent population-based cohort study in Sweden demonstrated an 88% reduction in risk of invasive cervical cancer among women vaccinated with the quadrivalent HPV vaccine (covering subtypes 6, 11, 16, and 18) before age 17 and a 53% risk reduction among women vaccinated between the ages of 17 and 30, compared to unvaccinated women [4]. Information about [HPV vaccine schedule and dosing](https://www.cdc.gov/od/oc/ohrt/HPV-vaccine-schedule-and-dosing/), as well as [safety and effectiveness data](https://www.cdc.gov/od/oc/ohrt/safety-and-effectiveness-data/), is available through CDC.

COVID-19 resulted in a decrease in cervical cancer screening rates of approximately 80% in a large southern California healthcare system during the state stay-at-home order that returned to near normal after reopening. CDC encourages healthcare systems to enhance efforts to reach overdue patients, evaluate groups at higher risk first, and use innovative technologies (e.g., telemedicine, self-collected tests) to reach patients [5]. Cervical cancer screening guidelines are available from the [American Cancer Society \(2020\)](https://www.americancancer.org/cancer-prevention-and-control/cervical-cancer-prevention/), and the [American College of Obstetricians and Gynecologists \(2016\)](https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2016/03/01/).

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