

# County of San Diego Monthly STD Report

Volume 13, Issue 8: Data through March 2021; Report released September 27, 2021.



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

	2020		2021	
	Mar	Previous 12-Month Period*	Mar	Previous 12-Month Period*
Chlamydia	1418	22715	1581	17335
Female age 18-25	544	8357	582	6524
Female age ≤ 17	71	828	46	595
Male rectal chlamydia	77	1326	110	1198
Gonorrhea	451	6446	666	6602
Female age 18-25	75	1054	109	1016
Female age ≤ 17	12	98	6	125
Male rectal gonorrhea	59	782	111	911
Early Syphilis (adult total)	68	1126	112	1166
Primary	6	152	16	197
Secondary	28	371	39	401
Early latent	34	603	57	568
Congenital syphilis	5	21	3	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.**

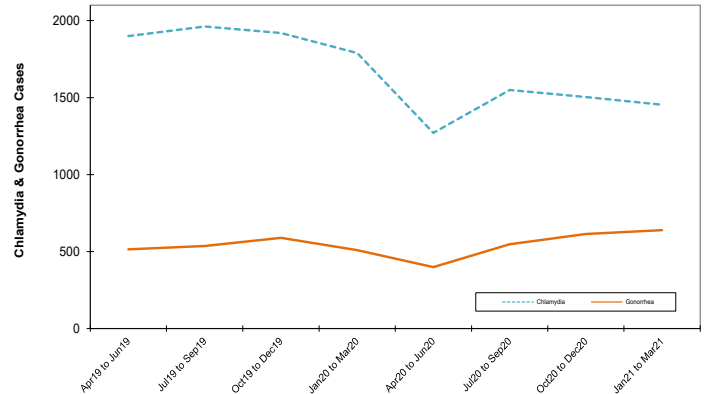
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	4362	520.6	112	101.4	149	353.8	404	147.8	529	140.1
Gonorrhea	1918	228.9	58	52.5	174	413.2	297	108.7	357	94.5
Early Syphilis	338	40.3	16	14.5	40	95.0	141	51.6	112	29.7
<i>Under 20 yrs</i>										
Chlamydia	690	318.3	10	41.6	22	209.0	56	61.6	91	115.5
Gonorrhea	182	83.9	3	12.5	10	95.0	18	19.8	22	27.9
Early Syphilis	4	1.8	0	0.0	0	0.0	2	2.2	1	1.3

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.

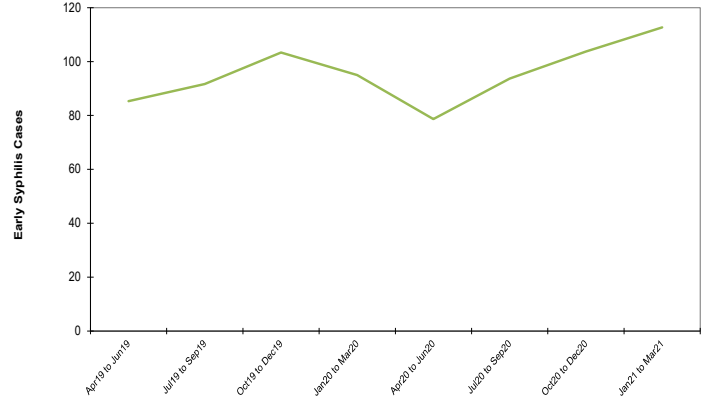
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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.

**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: : 2021 CDC STI Treatment Guidelines Highlights – Syphilis

In the 2021 Sexually Transmitted Infections (STI) Treatment Guidelines recently released by the Centers for Disease Control and Prevention (CDC), there was no major change in treatment recommendations for syphilis. Penicillin G continues to be the preferred drug for treating all stages of syphilis and the only agent recommended for treatment of syphilis in pregnancy. Stage-specific formulations and dosages of penicillin G are consistent with previous guidelines.

The 2021 guidelines included new guidance regarding the diagnostic evaluation of patients with suspected ocular and otic syphilis and follow-up of neurosyphilis cases. Key changes include the following:

- For patients with ocular symptoms and reactive syphilis serology, a full ocular examination, including cranial nerve evaluation, is recommended.
  - If cranial nerve dysfunction is present, a cerebrospinal fluid (CSF) examination is recommended.
  - For patients with isolated ocular symptoms (i.e., no cranial nerve abnormalities), reactive syphilis serology, and confirmed ocular abnormalities on examination, CSF examination is not necessary before treatment.
  - Patients with ocular syphilis should receive the same treatment regimen as for neurosyphilis, *regardless of the results of CSF examination* (i.e., aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion for 10-14 days).



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## Editorial Note (Continued):

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- For patients with isolated auditory symptoms, normal neurologic examination, and reactive syphilis serology, CSF examination is likely to be normal and is not recommended before treatment. Orosyphilis treatment is the same as that of neurosyphilis and ocular syphilis.
- For patients with neurosyphilis who are immunocompetent or living with human immunodeficiency virus (HIV) and on effective antiretroviral therapy, repeated CSF evaluation following neurosyphilis treatment is not necessary if they have had an appropriate clinical response and the serum rapid plasma reagin (RPR) has normalized.

For more information, the full syphilis treatment guidelines are available [here](#). For expert consultation for syphilis (and other STI) cases, please call (619) 609-3245.