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.

	2021		2022	
	Jun	*Previous 12-Month Period**	*Jun*	*Previous 12-Month Period**
Chlamydia	1663	18183	1388	17966
Female age 18-25	607	6739	492	6349
Female age ≤ 17	56	619	33	584
Male rectal chlamydia	139	1369	149	1671
Gonorrhea	723	7514	633	8005
Female age 18-25	114	1139	109	1259
Female age ≤ 17	12	139	4	108
Male rectal gonorrhea	138	1173	132	1471
Early Syphilis (adult total)	126	1274	83	1116
Primary	17	201	17	177
Secondary	38	429	24	368
Early latent	71	644	42	571
Congenital syphilis	4	18	4	39

* 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	8865	530.3	254	137.7	261	327.7	870	152.2	950	123.7
Gonorrhea	3909	233.8	103	55.8	238	298.8	570	99.7	625	81.4
Early Syphilis	547	32.7	29	15.7	46	57.8	229	40.1	172	22.4
Under 20 yrs										
Chlamydia	1262	286.0	33	67.8	47	224.1	127	84.2	109	53.8
Gonorrhea	331	75.0	6	12.3	34	162.1	53	35.1	25	12.3
Early Syphilis	10	2.3	1	2.1	2	9.5	5	3.3	2	1.0

Note: Rates are calculated using 2020 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 8/2021.

* 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.

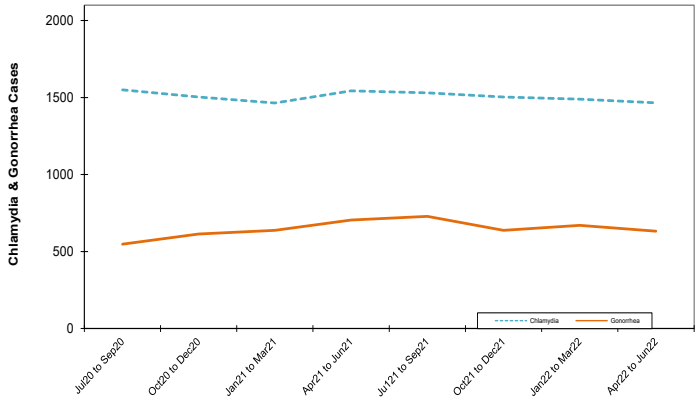
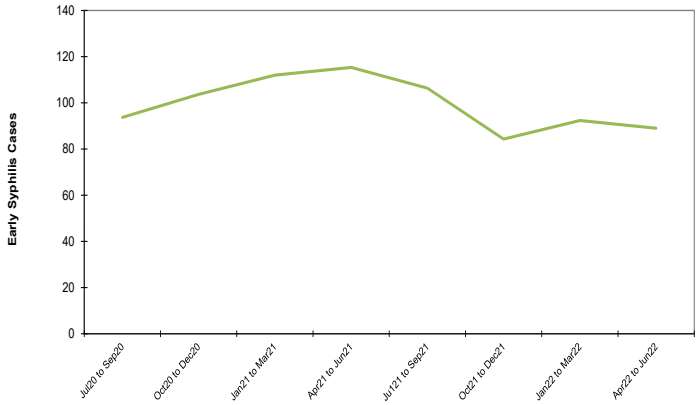


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: *Mycoplasma genitalium* Treatment and New Online Resources

In conjunction with the U.S. Antibiotic Awareness Week (USAAW), observed November 18-24, 2022, the Centers for Disease Control and Prevention (CDC) announced new online *Mycoplasma genitalium* (*Mgen*) resources that include fact sheets for healthcare providers and individuals, treatment guidance, and available resources. *Mgen* causes symptomatic and asymptomatic penile urethritis (including 40% of persistent or recurrent urethritis) and may also play a role in cervicitis, pelvic inflammatory disease, preterm delivery, spontaneous abortion, and infertility [1]. In recent years, diagnosis has been facilitated by Food and Drug Administration (FDA) approval of two *Mgen* nucleic acid amplification tests (NAATs)[2].

Mgen treatment is complicated by high rates of macrolide resistance and increasing resistance to moxifloxacin. A sequential/two-stage approach is recommended, with doxycycline (100 mg orally twice daily for seven days) as the first agent to reduce bacterial load and facilitate organism clearance despite low cure rates with monotherapy. Ideally, the second agent is selected using a resistance-guided approach (i.e., using results of testing for macrolide resistance mutations, which are strongly associated with azithromycin treatment failure, to determine whether azithromycin can be used). However, this approach is not feasible in most centers in the U.S., since there is no FDA-approved test for macrolide-resistant *Mgen*. In the absence of macrolide resistance testing, or if testing is available and resistance is present, moxifloxacin (400 mg orally once daily for seven days) should be used. If macrolide resistance testing is available and negative, azithromycin (1 gram orally as an initial dose, followed by 500 mg orally once daily for three additional days for a total cumulative dose of 2.5 grams) is recommended [1].

For questions regarding *Mgen* and assistance with management, please call (619) 609-3245.

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