County of San Diego Monthly STD Report

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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

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

	2020		2021	
	Dec	*Previous 12-Month Period**	*Dec*	*Previous 12-Month Period**
Chlamydia	1397	18341	1451	18124
Female age 18-25	494	6953	489	6495
Female age ≤ 17	35	650	52	613
Male rectal chlamydia	118	1166	163	1584
Gonorrhea	582	6210	626	8124
Female age 18-25	98	985	89	1254
Female age ≤ 17	10	117	12	138
Male rectal gonorrhea	96	785	105	1399
Early Syphilis (adult total)	116	1113	87	1254
Primary	25	178	11	189
Secondary	34	372	31	425
Early latent	57	563	45	640
Congenital syphilis	2	15	2	29

* 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	18124	542.1	469	127.1	653	409.9	1751	153.2	2182	142.0
Gonorrhea	8124	243.0	243	65.9	630	395.5	1311	114.7	1545	100.6
Early Syphilis	1257	37.6	68	18.4	122	76.6	566	49.5	398	25.9
Under 20 yrs										
Chlamydia	2765	313.4	45	46.3	115	274.1	279	92.5	311	76.8
Gonorrhea	690	78.2	14	14.4	69	164.5	93	30.8	90	22.2
Early Syphilis	20	2.3	2	2.1	2	4.8	12	4.0	3	0.7

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.

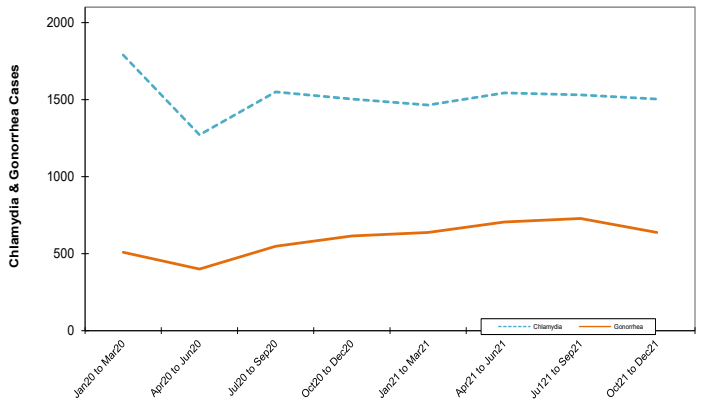
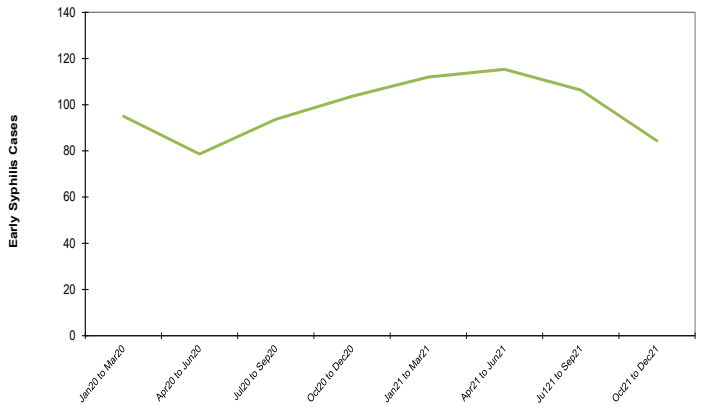


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Monkeypox Virus Infection in the United States and Other Non-Endemic Countries

Recently, cases and clusters of monkeypox have been identified in several countries among persons without a history of travel to endemic countries, including nine confirmed or presumed cases, as of May 25, 2022, in the United States. Unlike previous cases of monkeypox, which were identified following travel to or among residents of West or Central African countries, most recent cases do not have direct travel-associated risk, and some have been identified among men who have had close or intimate contact with other men. For further details, please see recent health advisories from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health, and the California Health Alert Network San Diego.

Some recent monkeypox cases have begun in the genital and perianal regions, in the absence of fever and prodromal symptoms (i.e., fever, lymphadenopathy, malaise, headache, muscle aches), and some patients may present with proctitis. Therefore, cases may be easily mistaken for common sexually transmitted infections (STIs), such as syphilis and anogenital herpes, or varicella-zoster virus. Typical monkeypox lesions are deep-seated and well-circumscribed lesions, often with central umbilication, and progress through specific sequential stages: macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs at specific anatomic sites, and scabs eventually fall off. Lesions may occur on the palms and soles.

County of San Diego STD Clinics: www.STDSanDiego.org
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Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
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Editorial Note (Continued):

Transmission occurs most efficiently through large respiratory droplets, which requires prolonged face-to-face exposure, and direct contact with rash lesions or body fluids. A person is considered infectious from the onset of symptoms (prodrome or lesions) and is presumed to be infectious until all lesions have crusted, the crusts have separated, and a fresh layer of healthy skin has formed underneath them.

A diagnosis of monkeypox should be considered in people who present with the characteristic rash and who, in the month preceding illness:

- Have traveled to countries where monkeypox cases have been recently reported;
- Have had direct or indirect contact with someone who is arriving or returning from Africa, has a similar rash, and/or has received a diagnosis of confirmed or suspected monkeypox; or
- Are men who have had close or intimate in-person contact with other men.

Suspected cases should be reported immediately by telephone to the San Diego County Epidemiology Unit by calling (619) 692-8499 (8:00am-5:00pm, Monday through Friday) or (858) 565-5255 (after hours, weekends, holidays) prior to testing. Confirmatory monkeypox virus-specific testing requires a dry lesion swab specimen. Collect multiple specimens from different lesions for preliminary and confirmatory testing.

Source: CDC

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