## County of San Diego Monthly STD Report

Volume 14, Issue 7: Data through February 2022; Report released September 8, 2022.





Table 1. STDs Reported Among County of San Diego Residents, by Month and

		<b>2022</b> <i>Previous 12-</i>		
	Feb	Month Period*	Feb	Month Period*
Chlamydia	1350	17185	1415	18061
Female age 18-25	498	6493	481	6398
Female age ≤ 17	46	621	52	616
Male rectal chlamydia	120	1154	162	1644
Gonorrhea	606	6386	611	8142
Female age 18-25	96	981	89	1261
Female age ≤ 17	18	132	11	127
Male rectal gonorrhea	96	859	120	1451
Early Syphilis (adult total)	92	1121	100	1209
Primary	18	188	19	174
Secondary	32	389	43	405
Early latent	42	544	38	630
Congenital syphilis	0	15	3	34

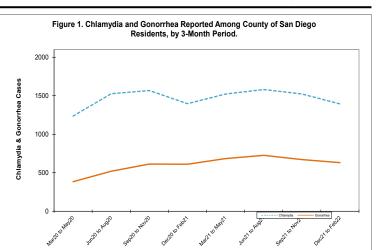
<sup>\*</sup> Cumulative case count of the previous 12 months.

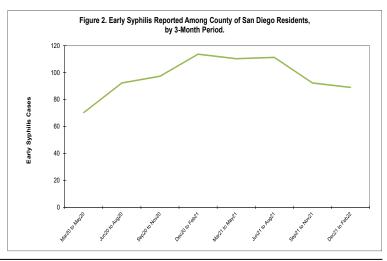
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.

San Diego County by Age and Nace/Ethnicity, Tear-to-Date.												
	All Races*		Asian/PI		Black		Hispanic		White			
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate		
All ages												
Chlamydia	2731	490.1	76	123.6	88	331.5	293	153.8	330	128.9		
Gonorrhea	1269	227.7	39	63.4	90	339.0	179	94.0	237	92.6		
Early Syphilis	180	32.3	4	6.5	20	75.3	71	37.3	59	23.0		
Under 20 yrs												
Chlamydia	388	263.8	9	55.5	17	243.1	44	87.5	40	59.3		
Gonorrhea	118	80.2	2	12.3	10	143.0	15	29.8	10	14.8		
Early Syphilis	2	1.4	0	0.0	1	14.3	1	2.0	0	0.0		
Note: Rates are calculated using 2020 Population Estimates: County of San Diego, Health												

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.

**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: Post-Exposure Prophylaxis for Sexually Transmitted Infections - Coming Soon?

A single 200-mg dose of doxycycline given within 72 hours of condomless sex significantly reduced overall incidence of bacterial sexually transmitted infections (STIs), including chlamydia, gonorrhea, and syphilis, among men who have sex with men (MSM) and transgender women (TGW). DoxyPEP is a randomized open-label trial among Seattle and San Francisco MSM and TGW living with human immunodeficiency virus (HIV) or on HIV pre-exposure prophylaxis (PrEP) who had a bacterial STI diagnosis in the previous 12 months and were randomized 2:1 to receive doxycycline hyclate 200 mg within 24-72 hours of condomless sex or no pharmacologic intervention. The control arm was stopped after an interim analysis at ~50% of follow-up time indicated that pre-specified efficacy thresholds had been met in both treatment cohorts. Doxycycline PEP reduced overall STI incidence among people living with HIV (n=194) and PrEP users (n=360) by 62% and 66%, respectively, per quarter compared to the control arm. These findings were presented at the 2022 International AIDS Conference in July 2022 [1].

While doxycycline PEP was found to be safe and tolerable in the study, with no severe or Grade 2 adverse effects attributed to the medication, additional questions remain regarding individual and public health risks and benefits [2]. Antimicrobial resistance is an important consideration, both in terms of treatment efficacy for STIs such as gonorrhea and *Mycoplasma genitalium*, as well as potential effects on gut flora, commensal *Neisseria* species, and *Staphylococcus aureus* [3]. Questions also remain regarding the benefit of doxycycline PEP for MSM and TGW at lower risk of STI acquisition and other populations (e.g., heterosexual cisgender women) for whom bacterial STIs confer risk for long-term complications.

The Centers for Disease Control and Prevention (CDC) will review the data from this trial to develop interim clinical guidance and to outline key additional research questions moving forward. Considerations for providers who are considering off-label use of doxycycline as a prevention strategy are available through the <a href="CDC STI Treatment Guidelines website">CDC STI Treatment Guidelines website</a>.

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