## County of San Diego Monthly STD Report

HEALTH AND HUMAN SERVICES AGENCY



Volume 15, Issue 3: Data through October 2022; Report released March 27, 2023.

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

2021 2022									
		2022							
		Previous 12-							
	Oct	Month Period*	Oct	Month Period*					
Chlamydia	1604	18052	1364	17688					
Female age 18-25	568	6528	457	6157					
Female age ≤ 17	59	591	44	551					
Male rectal chlamydia	146	1513	146	1655					
Gonorrhea	684	8084	686	7766					
Female age 18-25	111	1252	89	1155					
Female age ≤ 17	13	140	12	99					
Male rectal gonorrhea	120	1369	131	1510					
Early Syphilis (adult total)	92	1312	74	1036					
Primary	10	206	12	177					
Secondary	34	427	20	331					
Early latent	48	679	42	528					
Congenital syphilis	8	27	2	31					

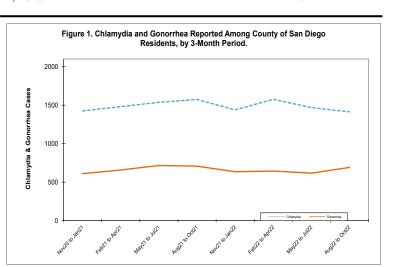
<sup>\*</sup> Cumulative case count of the previous 12 months.

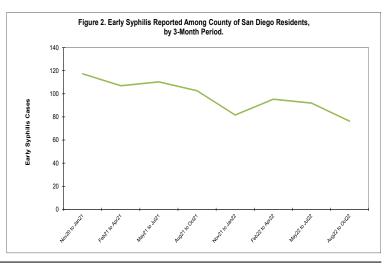
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date

	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	14782	535.0	385	126.5	435	329.6	1484	156.6	1501	118.6
Gonorrhea	6538	236.6	169	55.5	392	297.1	1028	108.5	1016	80.3
Early Syphilis	879	31.8	45	14.8	88	66.7	379	40.0	261	20.6
Under 20 yrs										
Chlamydia	2025	274.5	45	65.8	80	222.2	209	66.3	164	59.8
Gonorrhea	493	66.8	7	10.2	50	138.9	79	25.1	39	14.2
Early Syphilis	15	2.0	1	1.5	2	5.6	10	3.2	2	0.7

Note: Rates are calculated using 2021 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 9/2022.

**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: Increases in Gonorrhea, Early Syphilis, and Congenital Syphilis in 2021.

Except for chlamydia, bacterial sexually transmitted diseases (STDs) continued to increase in San Diego County during the second year of the COVID-19 pandemic, based on <a href="2021 STD surveillance data">2021 STD surveillance data</a> released by the County of San Diego Health and Human Services Agency. Local trends largely mirrored national trends, based on <a href="preliminary 2021 STD surveillance data">preliminary 2021 STD surveillance data</a> released by the Centers for Disease Control and Prevention (CDC). The 2021 STD Data Slides are now available at <a href="http://www.stdsandiego.org">http://www.stdsandiego.org</a> by clicking on the "Reports and Statistics" tab. Key observed trends include:

- 1,262 reported cases of early syphilis (i.e., primary, secondary, and early latent), with a rate of 38.1 cases per 100,000 population (a 10.8% increase from the pre-pandemic rate in 2019).
- 30 cases of congenital syphilis, including one syphilitic stillbirth, with a rate of 76.8 cases per 100,000 live births (a 48.8% rate increase from 2019).
- 7,884 cases of gonorrhea, with a rate of 237.8 cases per 100,000 population (a 24.6% rate increase from 2019).
- 18,075 cases of chlamydia, with a rate of 545.2 cases per 100,000 population (a 20.6% rate decrease from 2019).

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

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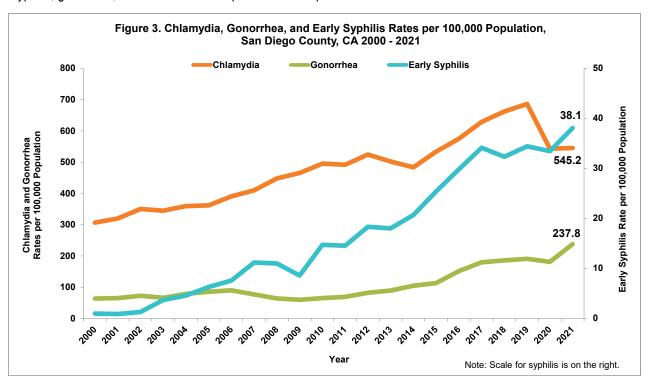


## **Editorial Note:**

While the proportion of cases of congenital syphilis and syphilis among persons of childbearing potential is low compared to overall syphilis morbidity in the region, upward trends are concerning due to the multiple severe complications that congenital syphilis can cause, including fetal demise and stillbirth. The HIV, STD, and Hepatitis Branch (HSHB), of the County of San Diego, Health and Human Services Agency, Department of Public Health Services, has partnered with the California Chapter 3 of the American Academy of Pediatrics (AAP-CA3) to increase provider and community awareness of congenital syphilis and California state recommendations for syphilis screening during pregnancy and prevention of congenital syphilis. Further information and resources are available through the AAP-CA3 Congenital Syphilis webpage.

Significant health disparities persist, with disproportionate impacts of STDs on communities of color, men who have sex with men (MSM), and youth. The rates of early syphilis, for which race/ethnicity information is most complete, among Black men and women were 2.6 and 4.5 times the rates among White men and women, respectively. While the proportion of early syphilis cases who are MSM has declined in recent years, MSM accounted for 69.6% of the reported cases in 2021. The highest rates of chlamydia, the most reported bacterial STI despite consecutive decreases in reported cases and rates over the past two years (possibly due to decreases in routine screening), were among women aged 15-24 years. These disparities highlight the importance of ensuring access to sexual health care and recommended STD prevention information and testing to all populations.

To prevent further increases in STDs, providers are encouraged to: 1) normalize sexual health discussions with patients by providing welcoming, inclusive, and stigma-free spaces for patients to address sexual health issues and concerns; 2) providing low-barrier access to STD screening and diagnostic testing based on the <a href="2021 CDC STI Treatment Guidelines">2021 CDC STI Treatment Guidelines</a> and <a href="Grade A and B recommendations from the United States Preventive Services Task Force">Task Force</a>; adhering to evidence-based <a href="STD treatment guidelines">STD treatment guidelines</a>; and 3) <a href="promptly reporting">promptly reporting</a> cases of syphilis, gonorrhea, and chancroid to the public health department.



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