

# County of San Diego Monthly STD Report

Volume 15, Issue 9: Data through April 2023; Report released October 5, 2023.



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

	2022		2023	
	Apr	Previous 12-Month Period*	Apr	Previous 12-Month Period*
Chlamydia	1576	18333	1249	17489
Female age 18-25	571	6485	417	5938
Female age ≤ 17	44	609	44	531
Male rectal chlamydia	116	1667	141	1682
Gonorrhea	626	8066	485	7420
Female age 18-25	104	1262	60	994
Female age ≤ 17	7	120	9	87
Male rectal gonorrhea	115	1460	127	1582
Early Syphilis (adult total)	94	1179	72	1015
Primary	11	168	15	193
Secondary	20	384	17	291
Early latent	63	627	40	531
Congenital syphilis	3	36	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.**

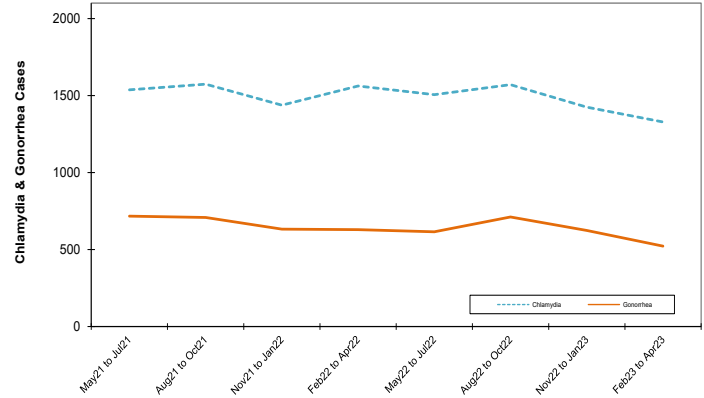
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	5443	492.5	151	124.1	139	263.3	528	139.3	595	117.6
Gonorrhea	2190	198.2	67	55.0	108	204.6	307	81.0	350	69.1
Early Syphilis	297	26.9	9	7.4	37	70.1	128	33.8	84	16.6
<i>Under 20 yrs</i>										
Chlamydia	760	257.5	14	51.2	31	215.2	65	51.6	88	80.2
Gonorrhea	137	46.4	1	3.7	11	76.4	26	20.6	7	6.4
Early Syphilis	9	3.0	1	3.7	2	13.9	5	4.0	0	0.0

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.

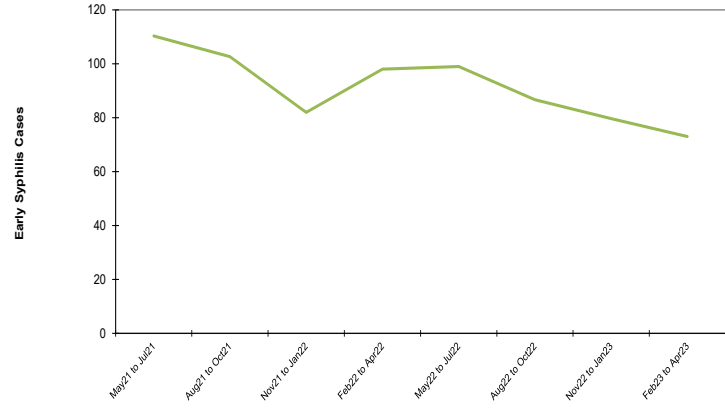
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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: Additional Guidance for Extended Bicillin® L-A Shortage

In [Vol 15, Issue 4](#) and [Vol 15, Issue 6](#) of this series and health alerts issued on [April 25, 2023](#) and [June 15, 2023](#), the County of San Diego announced a national shortage of long-acting penicillin G benzathine (Bicillin® L-A) and recommended that the medication be prioritized for syphilis treatment of pregnant persons, infants exposed to syphilis in utero, and persons with a medical contraindication to alternative agents such as doxycycline. These recommendations remain in place, as inadequate supplies of Bicillin® L-A are anticipated at least until the second quarter of 2024.

To assist providers who are treating syphilis cases for which Bicillin® L-A is not an option under current restrictions, the California Department of Public Health (CDPH) recently released a [Dear Colleague Letter](#) that provides further guidance regarding the use of alternative therapies for syphilis, including:

- A recommendation **against** combining use of Bicillin® L-A and doxycycline for patients with late latent syphilis or syphilis of unknown duration who have already received one or two doses of Bicillin® L-A. Examples of combined treatment are prescription of doxycycline 100 mg p.o. BID for 21 days one week after a single Bicillin® L-A injection or doxycycline 100 mg p.o. BID x 14 days one week after two weekly injections of Bicillin® L-A. There are no data to support these approaches, and they are not recommended. When switching from Bicillin® L-A to doxycycline in these cases, CDPH recommends **doxycycline 100 mg p.o. BID x 28 days**.
- Limited data regarding the use of ceftriaxone as alternative treatment for primary and secondary syphilis and, in the theoretical case of an aqueous crystalline penicillin G shortage, for neurosyphilis (including ocular and otic syphilis).
- Recommendation for more frequent clinical and serologic follow-up (i.e., at three-month intervals) if any of the above alternative therapies are used.

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