

County of San Diego Monthly STD Report

Volume 16, Issue 5: Data through December 2023; Report released June 11, 2024.



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

	2022		2023	
	Dec	Previous 12-Month Period*	Dec	Previous 12-Month Period*
Chlamydia	1331	18141	1215	17509
Female age 18-25	450	6271	409	5664
Female age ≤ 17	35	531	47	634
Male rectal chlamydia	137	1683	115	1692
Gonorrhea	604	7792	507	6427
Female age 18-25	74	1113	37	709
Female age ≤ 17	11	100	8	89
Male rectal gonorrhea	130	1594	137	1510
Early Syphilis (adult total)	81	1098	58	1020
Primary	16	191	8	155
Secondary	14	325	11	304
Early latent	51	582	39	561
Congenital syphilis	4	33	1	35

* 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	17509	532.6	521	121.4	537	374.7	1733	154.4	2246	160.7
Gonorrhea	6427	195.5	229	53.4	357	249.1	1072	95.5	1164	83.3
Early Syphilis	1024	31.2	43	10.0	104	72.6	448	39.9	299	21.4
<i>Under 20 yrs</i>										
Chlamydia	2361	286.0	38	44.5	98	274.5	229	63.6	301	111.5
Gonorrhea	417	50.5	8	9.4	38	106.5	85	23.6	33	12.2
Early Syphilis	18	2.2	1	1.2	3	8.4	13	3.6	0	0.0

Note: Rates are calculated using 2022 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 10/2023.

* 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.

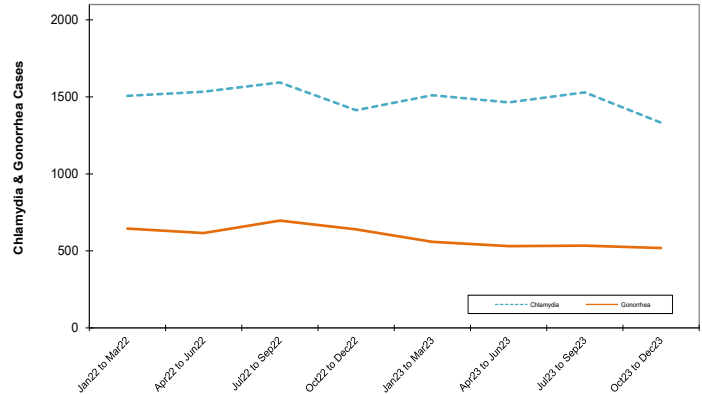
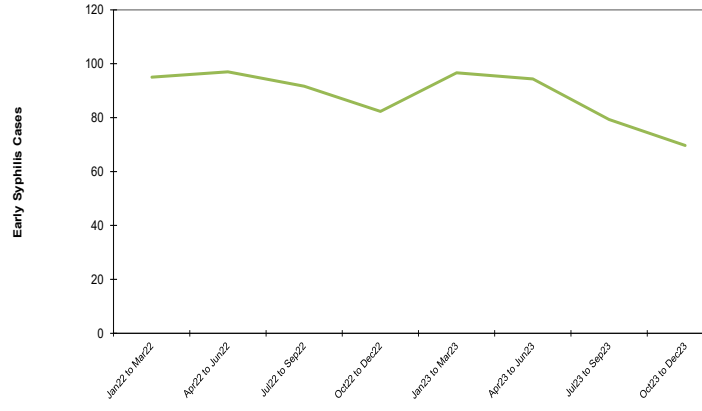


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: CDC Confirms JYNNEOS Vaccine Effectiveness Against Mpox Virus Infection

According to a recent report from the Centers for Disease Control and Prevention (CDC), mpox virus infection after receipt of two JYNNEOS vaccine doses is estimated to have occurred in <1% of fully vaccinated persons and comprises a small proportion of national cases (271 of 32,819 cases reported during May 11, 2022-May 1, 2024). The odds of having systemic illness and prevalence of hospitalization were lower among fully vaccinated mpox cases than among unvaccinated cases ($p < 0.05$), and no deaths were reported among fully vaccinated mpox cases. This report corroborated other published findings that mpox virus infection in fully vaccinated persons in the United States (U.S.) is rare and less severe regardless of the route of vaccination (i.e., subcutaneous, intradermal, and heterologous) [1].

Despite public perception of an increase in mpox cases among fully vaccinated persons in 2024 and studies indicating that vaccine antibody titers decrease a few months after vaccination, CDC has confirmed that, to date, persistent vaccine-derived immunologic response among persons who received the two-dose vaccine series exists [1][2]. This was based on disparate time intervals from vaccination to infection among fully vaccinated persons, which suggest that immunity is not waning. The clinical significance of waning antibody levels is uncertain, as the level of circulating antibody titers is likely not the only marker of protection conferred by mpox vaccinations. Breakthrough infections have not comprised a significant proportion of mpox infections, including in 2024. Currently, booster doses are not recommended for persons at risk of mpox exposure during the ongoing outbreak [1].

Since October 2023, the Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with the 2-dose JYNNEOS vaccine series for people aged 18 years and older at risk for mpox [3]. With only one in four eligible U.S. persons fully vaccinated, efforts should be made to increase vaccine coverage and integrate mpox vaccination into routine healthcare of persons who are vulnerable to mpox and at higher risk of complicated or life-threatening mpox illness. Persons who received the first dose >28 days ago should receive their second vaccination as soon as possible to complete the series [1].

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