

County of San Diego Monthly STD Report

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

	2023		2024	
	Jan	Previous 12-Month Period*	Jan	Previous 12-Month Period*
Chlamydia	1500	18232	1294	17303
Female age 18-25	506	6274	429	5587
Female age ≤ 17	43	526	46	637
Male rectal chlamydia	139	1686	136	1689
Gonorrhea	616	7736	552	6363
Female age 18-25	79	1080	52	682
Female age ≤ 17	2	93	3	90
Male rectal gonorrhea	129	1596	132	1513
Early Syphilis (adult total)	89	1102	39	970
Primary	14	196	7	148
Secondary	26	327	11	289
Early latent	49	579	21	533
Congenital syphilis	3	34	1	33

* 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	1294	472.4	38	106.3	59	494.0	145	155.0	173	148.6
Gonorrhea	552	201.5	27	75.5	21	175.8	115	123.0	101	86.7
Early Syphilis	39	14.2	2	5.6	2	16.7	20	21.4	10	8.6
<i>Under 20 yrs</i>										
Chlamydia	196	284.9	1	14.1	10	336.2	21	70.0	36	160.1
Gonorrhea	23	33.4	0	0.0	2	67.2	6	20.0	3	13.3
Early Syphilis	1	1.5	0	0.0	0	0.0	0	0.0	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.

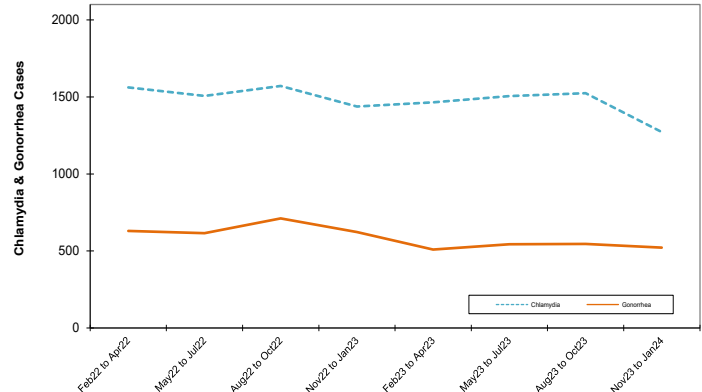
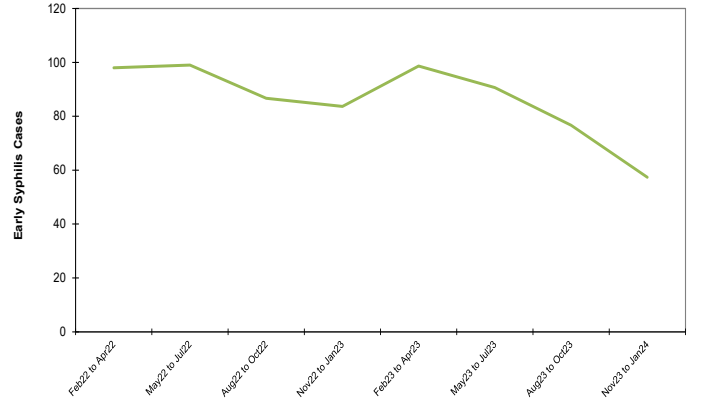


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Severe Dermatophyte Infections Associated with Sexual Contact Reported in U.S.

The first known United States (U.S.) case of sexually transmitted *Trichophyton mentagrophytes* genotype 7 (TMVII) infection was reported in June 2024 in a patient in New York City who reported recent travel to California and Europe and multiple male sex partners. The patient presented with a scaly, erythematous, and pruritic rash involving the groin, genitals, and legs and was successfully treated with prolonged antifungal therapy that included oral terbinafine and itraconazole [1]. Further, a case of sexually transmitted *Trichophyton indotineae* infection was reported in Pennsylvania in a woman who had recently traveled to South Asia. The fungal isolate was resistant to terbinafine, a commonly used antifungal agent, but responded to itraconazole [2].

TMVII is a rare dermatophyte (e.g., ringworm, tinea) infection that can cause highly inflammatory, painful, and persistent lesions that often affect the anogenital or perioral areas. Sexual transmission of TMVII, primarily among men who have sex with men (MSM), has been reported previously in France and other European countries and has been associated with sex tourism in Southeast Asia [3]. TMVII is reported to be spreading locally in Europe and other global regions [4]. *Trichophyton indotineae*, which was previously classified as *T. mentagrophytes* genotype 8 but is now recognized as a distinct species, is causing ongoing outbreaks of extensive and recalcitrant dermatophytosis in immunocompetent persons in South Asia [2]. In contrast to TNVII, *T. indotineae* is commonly resistant to terbinafine, a first-line antifungal medication. Both TNVII and *T. indotineae* usually fail commonly used topical antifungal treatments [5].

Providers should suspect TMVII in people with highly inflammatory, painful, or persistent skin lesions affecting the genitals, buttocks, or face. The presence of fungal infection can be demonstrated by potassium hydroxide (KOH) preparation or fungal culture of skin scrapings, although the sensitivity of KOH preparation is low. When ordering fungal cultures, providers should request that the isolate be speciated and saved for further testing. As microscopy and culture do not differentiate between *Trichophyton* species, genomic sequencing can be performed by select laboratories to differentiate TMVII, *T. indotineae*, and other species. For further details about testing for and management of suspected TMVII infections, please see the recent [health advisory](#) from the California Department of Public Health.

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