

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	
	October	Previous 12-Month Period*	October	Previous 12-Month Period*
Chlamydia	1474	17800	1392	16112
Female age 18-25	441	5808	464	5292
Female age ≤ 17	56	596	45	589
Male rectal chlamydia	148	1743	106	1267
Gonorrhea	541	6664	547	6151
Female age 18-25	55	773	50	586
Female age ≤ 17	8	92	5	80
Male rectal gonorrhea	132	1533	114	1480
Early Syphilis (adult total)	76	1049	27	542
Primary	6	163	3	78
Secondary	24	309	10	149
Early latent	46	577	14	315
Congenital syphilis	0	39	3	26

* 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	13589	495.6	413	118.8	550	427.3	1473	154.5	1799	151.6
Gonorrhea	5137	187.3	207	59.5	329	255.6	1032	346.6	1101	92.8
Early Syphilis	414	15.1	26	7.5	42	32.6	176	18.5	116	9.8
Under 20 yrs										
Chlamydia	2025	296.3	34	47.1	82	260.0	204	68.5	290	122.4
Gonorrhea	336	49.2	4	5.5	26	82.4	61	20.5	41	17.3
Early Syphilis	14	2.0	1	1.4	2	6.3	7	2.4	1	0.4

Note: Rates are calculated using 2023 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 01/2025.

* 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.

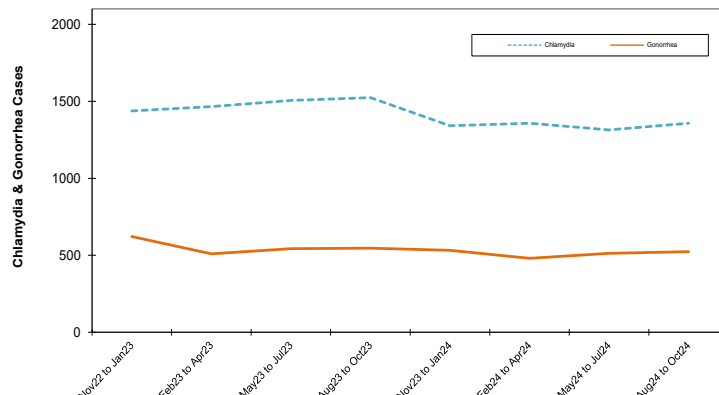
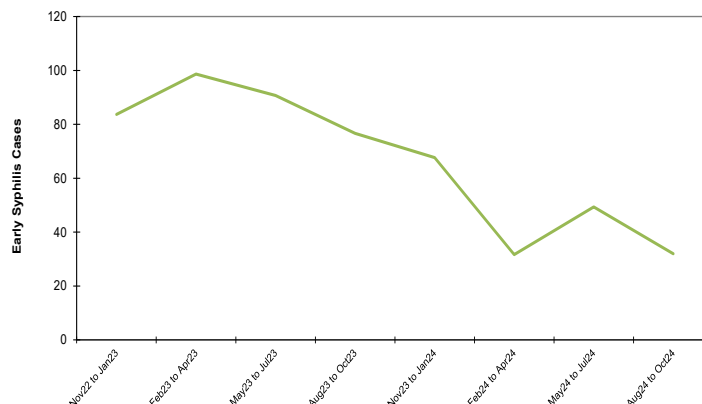


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Combination Partner Therapy Reduces Bacterial Vaginosis Recurrence in Recent Randomized Trial

Bacterial vaginosis (BV), a dysbiosis of the vaginal microbiota, is associated with high rates of persistence and recurrence. Although it is not classified as a sexually transmitted infection, it is associated with having male sex partners, female partners, sexual relationships with more than one person, a new sex partner, and lack of condom use. Male circumcision is associated with lower risk of BV, and prevalence is higher among women with intrauterine devices (IUD) [1].

A recently published open-label randomized, controlled trial in Australia enrolled couples in which a woman had BV and was in a monogamous relationship with a male partner. In both arms, the partner with BV received first-line therapy. Couples were randomized for the male partner to receive combined oral and topical antimicrobial treatment for 7 days (metronidazole 400 orally twice daily plus 2% clindamycin cream applied to the glans penis and upper penile shaft, including the foreskin if applicable, n=81 couples) or no treatment (n=83 couples). The inclusion of topical treatment was designed to clear penile carriage of BV-associated organisms that may not be sufficiently cleared by oral agents alone. The primary outcome was recurrence of BV, based on both Amsel criteria and Nugent score, within 12 weeks [2].

The trial was stopped by the data and safety monitoring board after 150 couples had completed the 12-week follow-up period because treatment of the woman only was inferior to treatment of both the woman and her male partner, with recurrence within 12 weeks observed in 24 of 69 women (35%) in the partner treatment group compared to 43 of 68 women (63%) in the control group (incidence rates of 1.6 and 4.2 per person-year, respectively, absolute risk difference of -2.6 recurrences per person year, p<0.001). Stratification by IUD use and male circumcision did not significantly alter the treatment effect. Adverse events in treated men included nausea, headache, and metallic taste [2].

Routine treatment of partners of persons with BV is not currently recommended by the Centers for Disease Control and Prevention (CDC), based on guidelines last updated in 2021 [1].

County of San Diego STD Clinics: www.STDSanDiego.org
 Phone: (619) 692-8550 Fax: (619) 692-8543
 STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M-F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
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