County of San Diego Monthly STD Report

Volume 17, Issue 8: Data through March 2025; Report released August 25, 2025.

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

	2024		2025	
	March	*Previous 12-Month Period**	*March*	*Previous 12-Month Period**
Chlamydia	1332	17133	1308	15843
Female age 18-25	469	5536	392	5168
Female age ≤ 17	39	615	56	592
Male rectal chlamydia	93	1612	72	1078
Gonorrhea	452	6270	398	5788
Female age 18-25	42	618	25	520
Female age ≤ 17	5	88	7	82
Male rectal gonorrhea	94	1503	87	1410
Early Syphilis (adult total)	61	934	41	607
Primary	9	132	10	97
Secondary	15	271	8	165
Early latent	37	531	23	345
Congenital syphilis	3	32	2	31

* 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	3907	475.0	118	113.1	166	429.9	454	158.8	535	150.3
Gonorrhea	1278	155.4	46	44.1	85	220.1	291	325.8	250	70.2
Early Syphilis	112	13.6	4	3.8	17	44.0	50	17.5	26	7.3
Under 20 yrs										
Chlamydia	600	292.7	6	27.7	27	285.3	50	56.0	74	104.1
Gonorrhea	56	27.3	2	9.2	8	84.5	9	10.1	3	4.2
Early Syphilis	4	2.0	0	0.0	2	21.1	1	1.1	1	1.4

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.

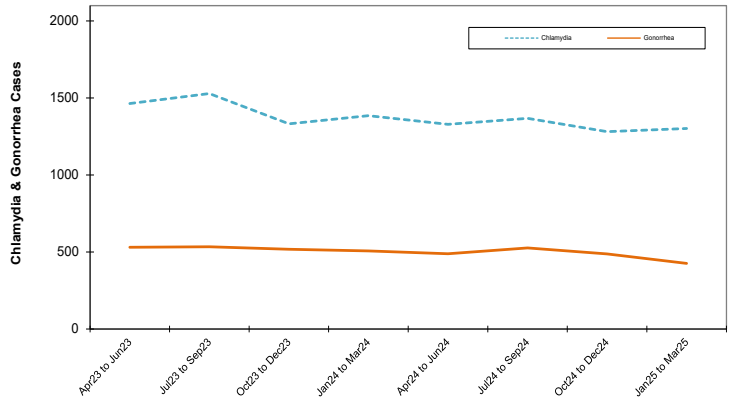
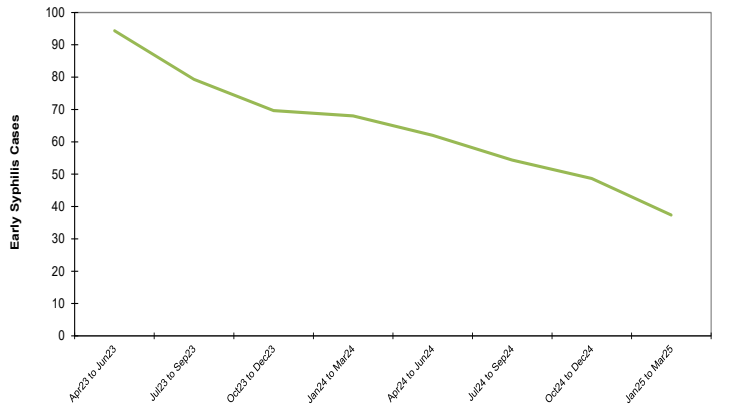


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: IAS-USA Updates HIV Pre-Exposure Prophylaxis Recommendations

In response to the Food and Drug Administration (FDA) approval of injectable lenacapavir for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), the International Antiviral Society-USA (IAS-USA) updated its 2024 PrEP recommendations [1]. Key recommendations include the following:

- Lenacapavir is recommended for prevention of sexual acquisition of HIV for all individuals (evidence rating: AIa) and for people who inject drugs and have sexual exposures (AIII).
- Lenacapavir for PrEP should be started with subcutaneous injections (927 mg) and two days of overlapping oral daily pills (two 300-mg tablets daily).
- Lenacapavir is administered as two injections in the abdomen, anterior thigh, upper gluteus, or posterior arm every 6 months, within 14 days before or after the target date (AIa); longer delays should be bridged with 300 mg of oral lenacapavir weekly (AIa).
- Recommendations for baseline and follow-up HIV testing, *the latter of which differ from Centers for Disease Control and Prevention (CDC) recommendations*, and testing for sexually transmitted infections are provided [1][2]. No other safety-related testing is needed for initiation or follow-up of lenacapavir PrEP.
- Lenacapavir is recommended for prevention of HIV infection for pregnant persons (AIa); there are insufficient data to recommend lenacapavir for use during breastfeeding.
- Based on a 2025 analysis that provided evidence for an 89% reduction in risk for HIV acquisition in cisgender women who had biomarker evidence of taking at least a mean of two doses of tenofovir alafenamide/emtricitabine (F/TAF) per week, F/TAF is now recommended for prevention of HIV acquisition from vaginal exposures for those in whom tenofovir disoproxil fumarate/emtricitabine is contraindicated or undesirable (AIIb). *F/TAF is not FDA-approved for prevention of HIV acquisition through vaginal or front hole exposures*.

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