

# County of San Diego Monthly STD Report

Volume 17, Issue 9: Data through April 2025; Report released September 26, 2025.



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

	2024		2025	
	April	Previous 12-Month Period*	April	Previous 12-Month Period*
Chlamydia	1420	17189	1345	15768
Female age 18-25	475	5564	425	5118
Female age ≤ 17	50	618	47	589
Male rectal chlamydia	120	1592	72	1030
Gonorrhea	501	6304	393	5677
Female age 18-25	55	616	30	495
Female age ≤ 17	3	83	4	83
Male rectal gonorrhea	121	1503	80	1369
Early Syphilis (adult total)	54	893	27	593
Primary	5	122	2	96
Secondary	8	252	8	168
Early latent	41	519	17	329
Congenital syphilis	2	30	2	30

\* 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.**

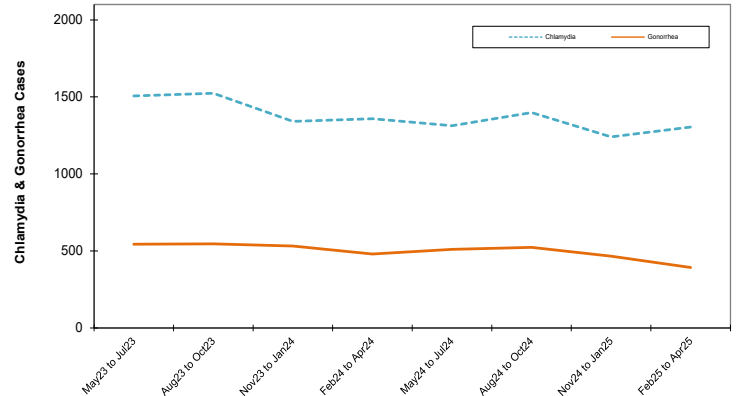
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<b>All ages</b>										
Chlamydia	5252	478.8	158	113.6	224	435.1	584	153.2	686	144.5
Gonorrhea	1668	152.1	60	43.1	116	225.3	368	309.0	311	65.5
Early Syphilis	152	13.9	5	3.6	22	42.7	65	17.0	39	8.2
<b>Under 20 yrs</b>										
Chlamydia	826	302.2	13	45.0	38	301.2	64	53.7	110	116.1
Gonorrhea	75	27.4	3	10.4	10	79.3	13	10.9	5	5.3
Early Syphilis	4	1.5	0	0.0	2	15.9	1	0.8	1	1.1

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.

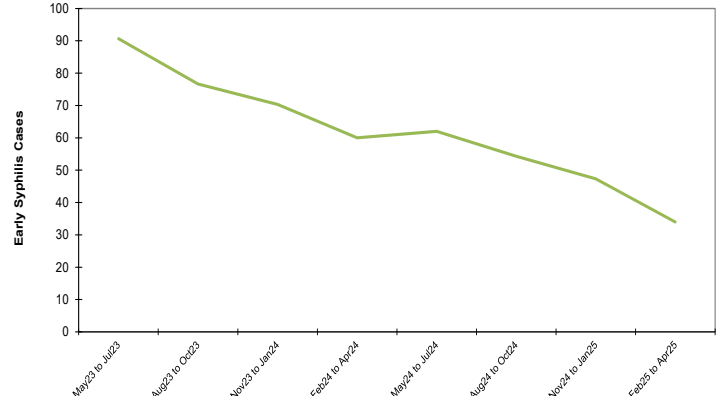
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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: Brief STI and HIV Updates

- The Centers for Disease Control and Prevention (CDC) released [provisional 2024 national sexually transmitted infection \(STI\) surveillance data](#) on September 24, 2025. Over 2.2 million cases of chlamydia, gonorrhea, and syphilis were reported in 2024, representing a 9% decline in overall STI morbidity compared to 2023 and three consecutive years of decrease. Cases of chlamydia, gonorrhea, and primary and secondary syphilis decreased by 8%, 10%, and 22%, respectively, since 2023. Despite these encouraging trends, CDC emphasized that there is still more work to do, since congenital syphilis cases increased by 2% since 2023, with over 4,000 cases reported in 2024, and the overall STI case burden in the United States remains 13% higher than it was a decade ago.
- A recently published [randomized, controlled, open-label, noninferiority trial](#) demonstrated that **treatment of early (i.e., primary, secondary, and early latent) syphilis with one dose of 2.4 million units of benzathine penicillin G was noninferior to treatment with three weekly 2.4-million-unit doses in achieving a serologic response six months after treatment.** When stratified by HIV infection status, there was no apparent difference in the percentage of participants in each arm with serologic response to treatment. This trial, which excluded pregnant persons and persons with neurosyphilis and enrolled a low number of women, supports current CDC early syphilis treatment recommendations.
- CDC published [new clinical recommendations](#) for twice-a-year injectable lenacapavir as an additional option for HIV pre-exposure prophylaxis.
- The Food and Drug Administration (FDA) has accepted priority review of two oral agents for treatment of **uncomplicated gonorrhea.** Planned action dates for [gepottidacin](#) and [zoliflodacin](#) are December 11, 2025 and December 15, 2025, respectively. These agents were described previously in [Volume 16, Issue 4](#) of this report.

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