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.

	2025		2026	
	May	*Previous 12-Month Period**	*May*	*Previous 12-Month Period**
Chlamydia	1236	15631	1229	14938
Female age 18-25	406	5062	440	5137
Female age ≤ 17	41	581	43	572
Male rectal chlamydia	70	994	44	724
Gonorrhea	409	5592	498	5632
Female age 18-25	39	495	49	470
Female age ≤ 17	1	73	5	58
Male rectal gonorrhea	83	1134	110	1387
Early Syphilis (adult total)	45	583	26	498
Primary	5	99	4	72
Secondary	16	158	9	117
Early latent	24	326	13	308
Congenital syphilis	0	27	3	27

* 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	6082	437.1	177	98.3	232	395.6	666	134.7	808	138.4
Gonorrhea	2416	173.6	91	50.5	127	216.6	491	309.0	549	94.0
Early Syphilis	175	12.6	4	2.2	23	39.2	81	16.4	41	7.0
Under 20 yrs										
Chlamydia	1101	311.8	16	45.4	41	302.1	97	61.0	138	118.4
Gonorrhea	141	39.9	10	28.4	4	29.5	26	16.4	19	16.3
Early Syphilis	1	0.3	0	0.0	0	0.0	0	0.0	1	0.9

Note: Rates are calculated using 2024 Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 09/2025.

* 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.

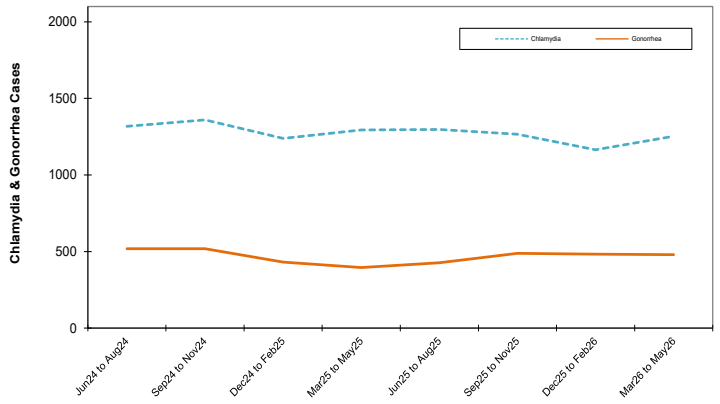
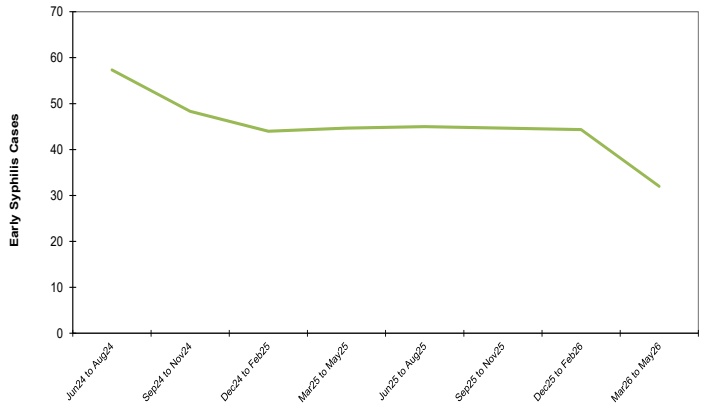


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Likely Sustained Community Transmission of Clade Ib Mpox in California

Recently, there has been an increase in clade Ib mpox cases in San Diego County, California, and the United States, with public health data suggesting a likely transition toward sustained community transmission of clade Ib mpox [1]. Of the 15 confirmed mpox cases reported in San Diego County since July 1, 2026, for which clade is known, 10 (67%) were clade I, and 5 (33%) were clade II. Additional cases of both travel-related and domestically acquired cases of clade Ib mpox are expected. Currently, clade Ib mpox disease severity and transmission dynamics appear largely similar to clade IIb mpox. Risk of severe disease from either clade is highest for people with compromised immune systems. The two-dose JYNNEOS vaccine remains the best tool to reduce risk of mpox infection and prevent severe disease, hospitalization, and death from either clade of mpox.

The California Department of Public Health (CDPH) recommends the following:

- Any positive orthopoxvirus (OPXV), non-variola orthopoxvirus (NVO), or monkeypox virus (MPXV) result is sufficient for diagnosis of mpox. Do not await confirmatory or clade-specific testing.
  - Clade determination does not impact clinical management or care plans.
  - Most commercial mpox testing is done via nonspecific assays (NVO, OPXV) and/or assays specific to clade II MPXV. A common result pairing is positive OPXV or NVO with a negative clade II MPXV result. This indicates clade I mpox.
  - Any positive result (OPXV, NVO, or MPXV) should continue to be reported to local public health according to standard Title 17 reporting procedures.

CDPH continues to emphasize the importance of isolation and extra household precautions for people with mpox, supportive care and pain management for mpox infections, antiviral treatment for people with severe mpox or high risk for complications, and the use of the JYNNEOS vaccine for primary prevention for those who are vulnerable to mpox and as post-exposure prophylaxis for high-risk contacts to mpox.

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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