

# County of San Diego Monthly STD Report

Volume 18, Issue 2: Data through September 2025; Report released February 27, 2026.



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

	2024		2025	
	September	Previous 12-Month Period*	September	Previous 12-Month Period*
Chlamydia	1358	16243	1273	15508
Female age 18-25	418	5279	410	5052
Female age ≤ 17	50	600	54	609
Male rectal chlamydia	106	1309	71	892
Gonorrhea	520	6121	534	5390
Female age 18-25	58	588	37	422
Female age ≤ 17	7	83	1	50
Male rectal gonorrhea	117	1468	124	1290
Early Syphilis (adult total)	45	762	47	540
Primary	11	109	9	81
Secondary	8	202	12	151
Early latent	26	451	26	308
Congenital syphilis	1	24	3	32

\* 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.**

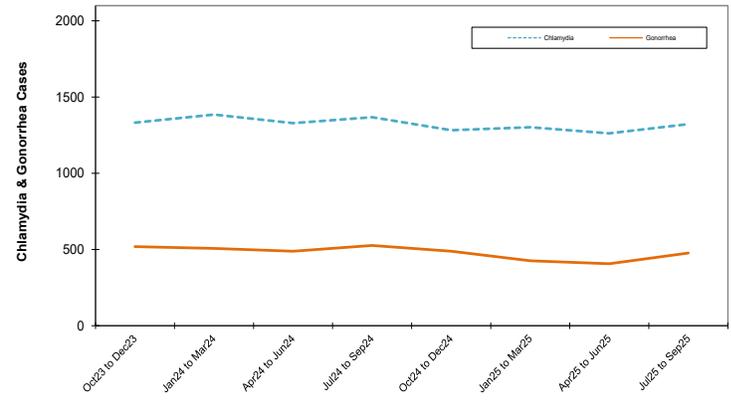
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	11662	472.6	351	112.2	499	430.8	1334	155.5	1509	141.3
Gonorrhea	3926	159.1	145	46.3	271	234.0	852	317.9	779	72.9
Early Syphilis	394	16.0	14	4.5	51	44.0	175	20.4	101	9.5
<i>Under 20 yrs</i>										
Chlamydia	1951	317.2	31	47.7	78	274.8	161	60.1	249	116.8
Gonorrhea	194	31.5	7	10.8	17	59.9	33	12.3	31	14.5
Early Syphilis	9	1.5	0	0.0	3	10.6	3	1.1	2	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.

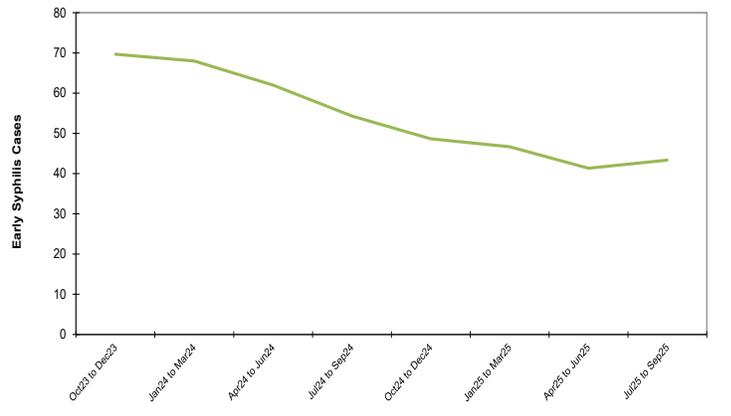
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**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: *Trichophyton mentagrophytes* genotype VII (TMVII)

*Trichophyton mentagrophytes* genotype VII (TMVII) is an emerging dermatophyte infection that causes highly inflammatory, painful, and persistent lesions, often affecting the anogenital and perioral areas (see **Figure 3**), and may not respond to standard topical antifungal therapy. It is associated with close skin-to-skin contact and sexual contact and can also be spread through sharing clothing, towels, and bedding. TMVII has been circulating in Europe for several years, primarily among sexual networks of men who have sex with men, and there have been some cases associated with sex tourism in Southeast Asia. Since the first United States case was reported in New York City in 2024, there have been additional cases in other areas, including two in California [1] and a recent outbreak in Minnesota [2].

Providers should suspect TMVII in patients presenting with inflammatory, painful, or persistent skin lesions affecting the genitals, buttocks, or face, especially if severe/extensive or not responding to standard topical antifungal therapy. If TMVII is suspected, testing should be performed to confirm infection. Potassium hydroxide (KOH) preparation of skin scrapings can identify fungal elements, and fungal culture can identify *Trichophyton* species. Confirmatory genotype testing for TMVII is available at three reference laboratories. Providers who suspect TMVII should submit skin scrapings in a sterile container for fungal culture and, if *Trichophyton* is identified, contact the HIV, STD, and Hepatitis Branch at (619) 692-5500 to arrange confirmatory testing.



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## Editorial Note (Continued):

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Oral terbinafine 250 mg daily is recommended as empiric treatment for TMVII and should be continued until infection is resolved. Prolonged therapy ( $\geq 6$  weeks) may be required. If there is no clinical improvement with terbinafine after 2-4 weeks of treatment, consider referral to an infectious disease specialist or dermatologist or switching to oral itraconazole 200 mg once daily.



**Figure 3:** Clinical appearance of TMVII in men in France, 2022 (Source: Jabet, Arnaud, et al. “Sexually transmitted *Trichophyton mentagrophytes* genotype VII infection among men who have sex with men.” *Emerging Infectious Diseases* 29.7 (2023): 1411.