County of San Diego Monthly STD Report

Volume 18, Issue 7: Data through February 2026; Report released August 3, 2026.

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

	2025		2026	
	February	*Previous 12-Month Period**	*February*	*Previous 12-Month Period**
Chlamydia	1255	15860	1084	15062
Female age 18-25	415	5241	388	5031
Female age ≤ 17	42	575	46	584
Male rectal chlamydia	69	1099	53	775
Gonorrhea	380	5827	441	5382
Female age 18-25	25	534	33	398
Female age ≤ 17	4	80	5	31
Male rectal gonorrhea	95	1417	103	1300
Early Syphilis (adult total)	32	642	33	535
Primary	8	99	6	75
Secondary	9	174	8	130
Early latent	15	369	19	330
Congenital syphilis	5	32	2	24

* 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	2324	423.8	68	97.8	76	295.3	252	132.2	309	130.2
Gonorrhea	980	178.7	34	48.9	41	159.3	168	282.1	237	99.9
Early Syphilis	78	14.2	2	2.9	13	50.5	30	15.7	18	7.6
Under 20 yrs										
Chlamydia	442	323.4	7	48.4	18	285.3	35	58.8	55	116.1
Gonorrhea	47	34.4	3	20.8	0	0.0	3	5.0	6	12.7
Early Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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.

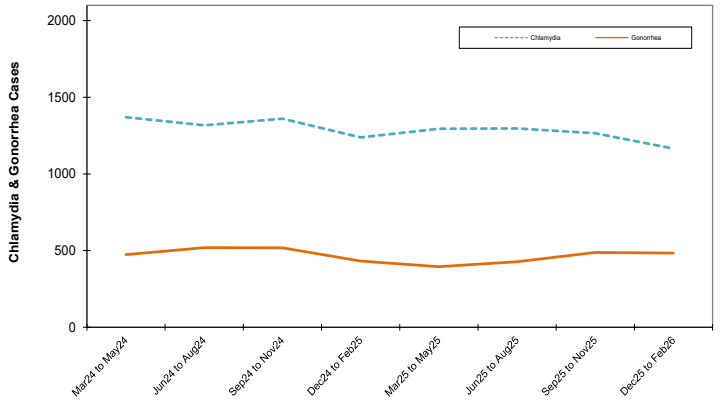
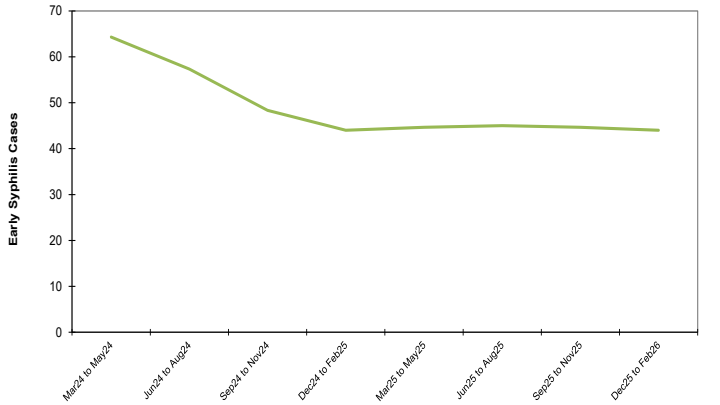


Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.



Editorial Note: Congenital Syphilis in San Diego County, 2018-2024

Despite a 14% decrease in cases from 36 in 2023 to 31 in 2024, congenital syphilis (CS) continues to be a major public health issue in San Diego County [1]. Based on an analysis of 182 CS cases reported from 2018-2024 in the region, 12 (7%) were stillborn and one (1%) was born alive and died later. Of alive CS cases, 21 (12%) had signs or symptoms of CS, and 148 (88%) were asymptomatic but at risk of complications later in life. Of birthing parents to CS cases during this period, 93 (51%) reported not receiving prenatal care during the current pregnancy. Over half of birthing parents to babies with CS were Hispanic (108 or 59%), 38 (21%) were White, and 25 (14%) were Black or African American. Most birthing parents delivered in the Central and South Regions of San Diego County, although these may not correspond to their places of residence (unpublished data from the HIV, STD, and Hepatitis Branch, Department of Public Health Services, County of San Diego Health and Human Services Agency).

CS is preventable through timely diagnosis and treatment of syphilis before or during pregnancy. Penicillin G is the only antibiotic that has been demonstrated to prevent congenital syphilis and is the only antibiotic recommended for treatment of syphilis in pregnancy. Adequate treatment of syphilis in pregnancy is use of a penicillin-based regimen that is recommended by the Centers for Disease Control and Prevention, appropriate to the stage of infection, and initiated at least 30 days prior to delivery [2].

(Report continues on next page.)

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)

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Editorial Note: Continued

Providers can prevent additional CS cases in the region by:

- Screening for syphilis at least three times during pregnancy (upon confirmation of pregnancy, during the third trimester at around 28 weeks' gestation, and at delivery), per California Department of Public Health guidelines.
- Prioritizing use of long-acting penicillin G benzathine (Bicillin L-A®) and Lentocilin© for treatment of pregnant patients and infants exposed to syphilis in utero.
- Obtaining documentation of appropriate syphilis treatment for pregnant patients who report a previous history of syphilis treatment.
- Utilizing resources available through the HIV, STD, and Hepatitis Branch of Public Health Services (HSHB), including the clinical consultation warmline (see below) and syphilis lab and treatment histories.
- Reporting all syphilis cases to HSHB within 24 hours of diagnosis (provider reports are required by Title 17, Section 2500 of the California Code of Regulations). While laboratory reports are also received for abnormal or positive tests, provider reports contain valuable information that facilitates timely case investigations and intervention to prevent further spread of disease.