



STD UPDATE 2018

*Patrick Loose, Chief
HIV, STD & Hepatitis Branch
March 15, 2018*





MISSION

**Improve health outcomes
in communities
disproportionately
impacted by HIV and
STDs**

STD UPDATE 2018



Collect, study and publish data

Diagnose and investigate priority diseases

Educate residents about sexual health

Work in partnership with communities

Provide policy recommendations

Connect people to care and treatment services

Provide or purchase services

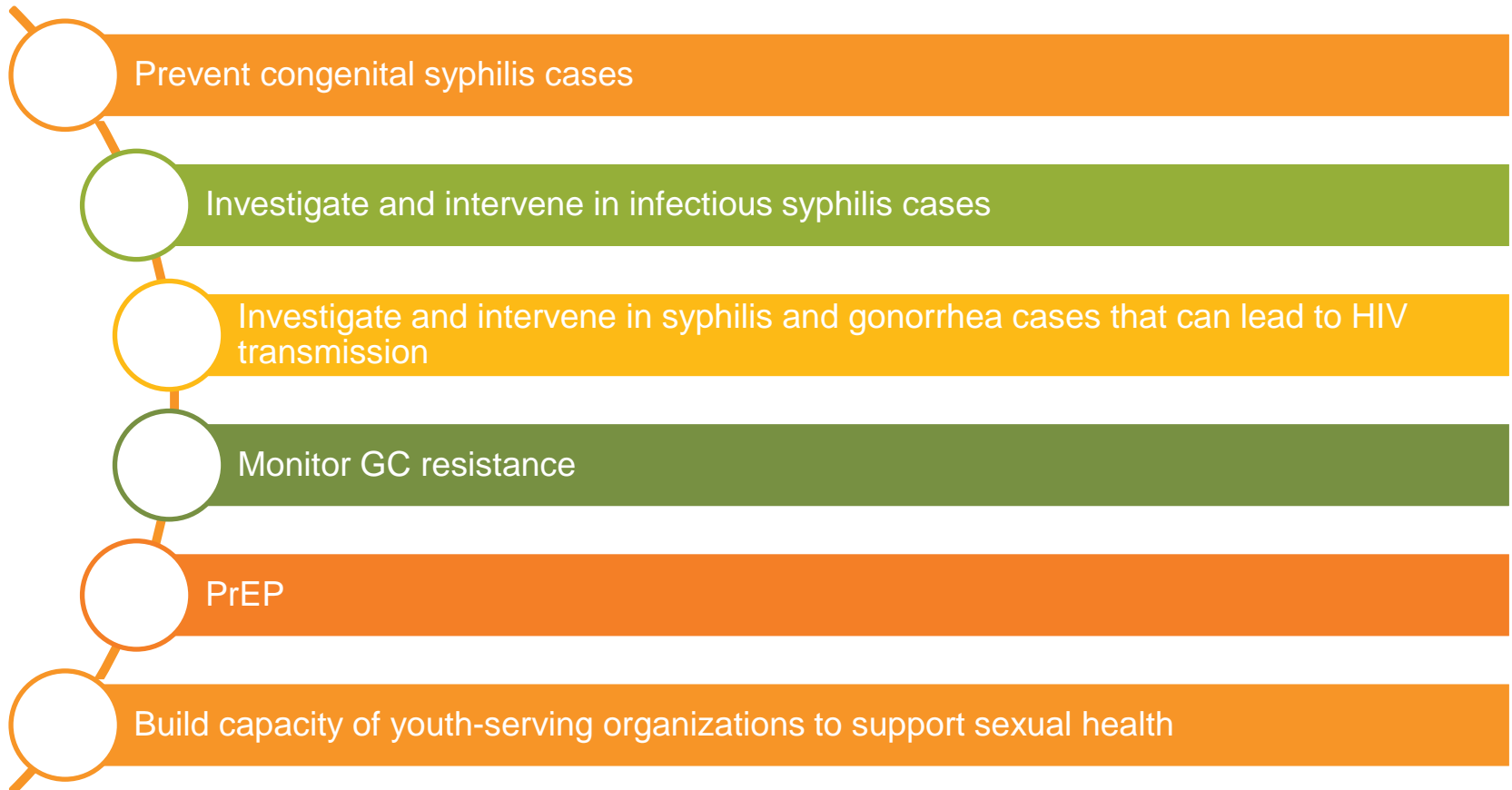
Develop workforce capacity & competency

Ensure quality

Support continued research



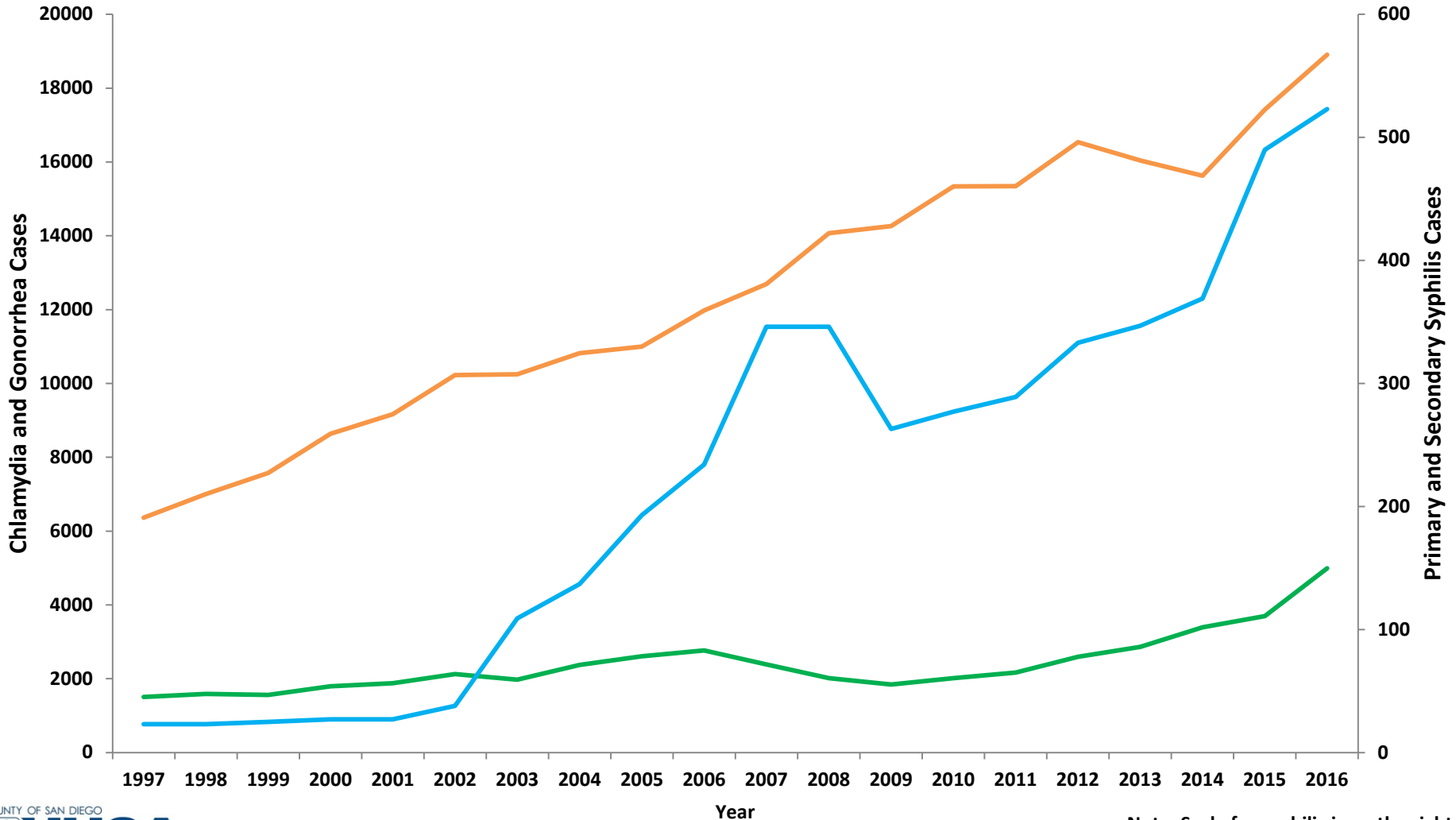
STD PRIORITIES



STDs Reported Among San Diego County Residents, 1997 – 2016

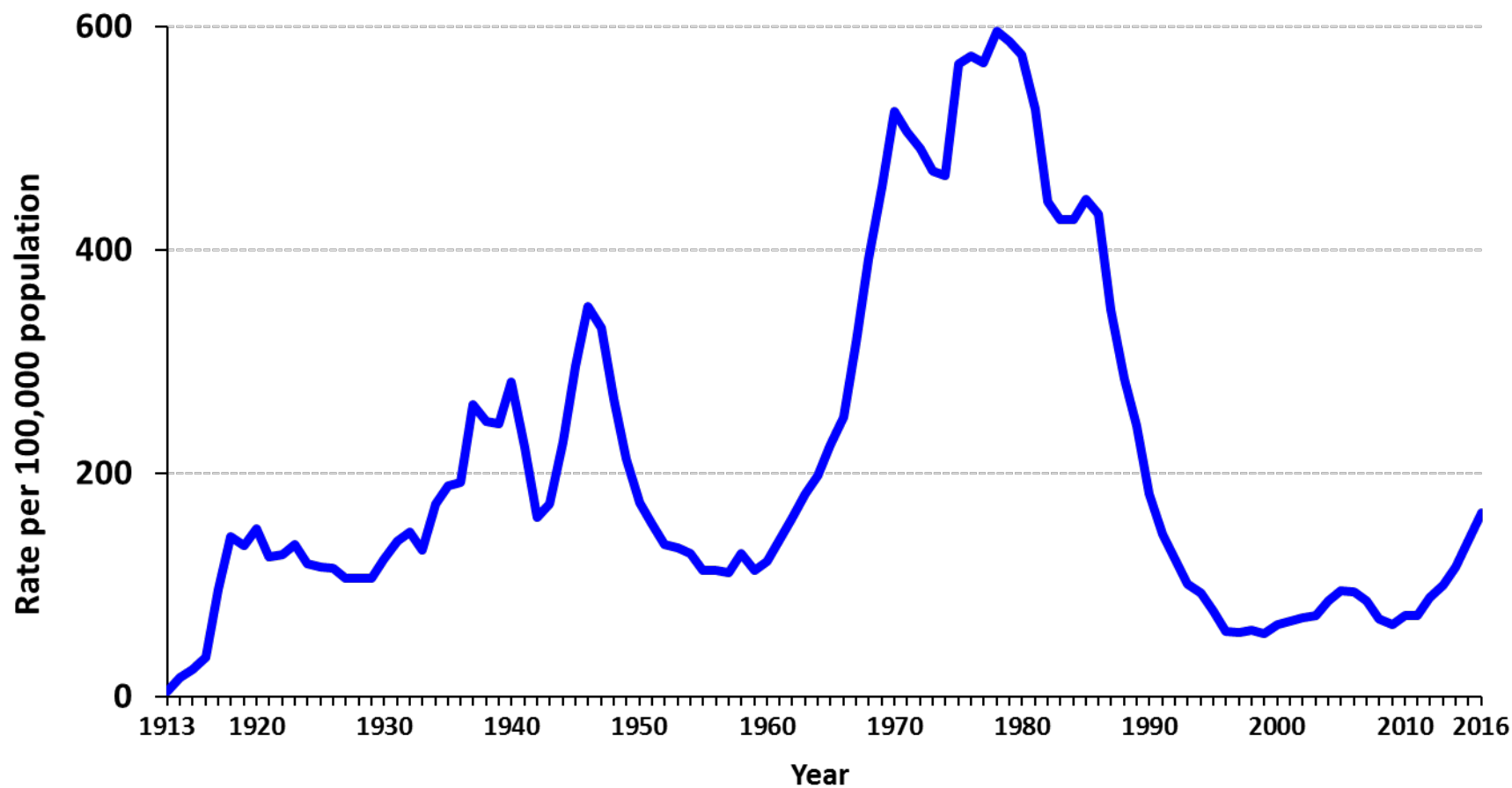


Chlamydia Gonorrhea Primary & Secondary Syphilis

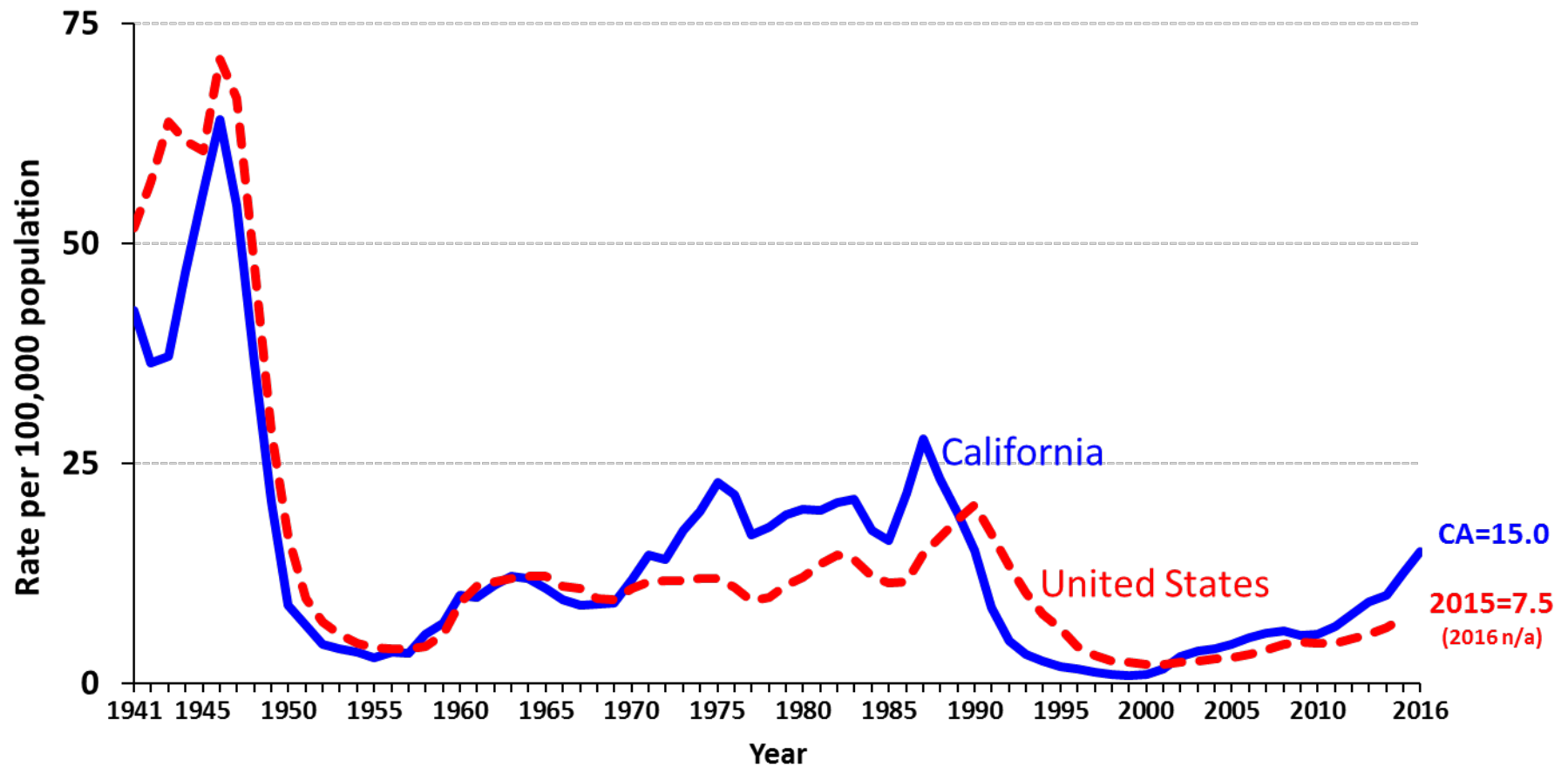


Note: Scale for syphilis is on the right.

GONORRHEA CALIFORNIA INCIDENCE RATES, 1913–2016

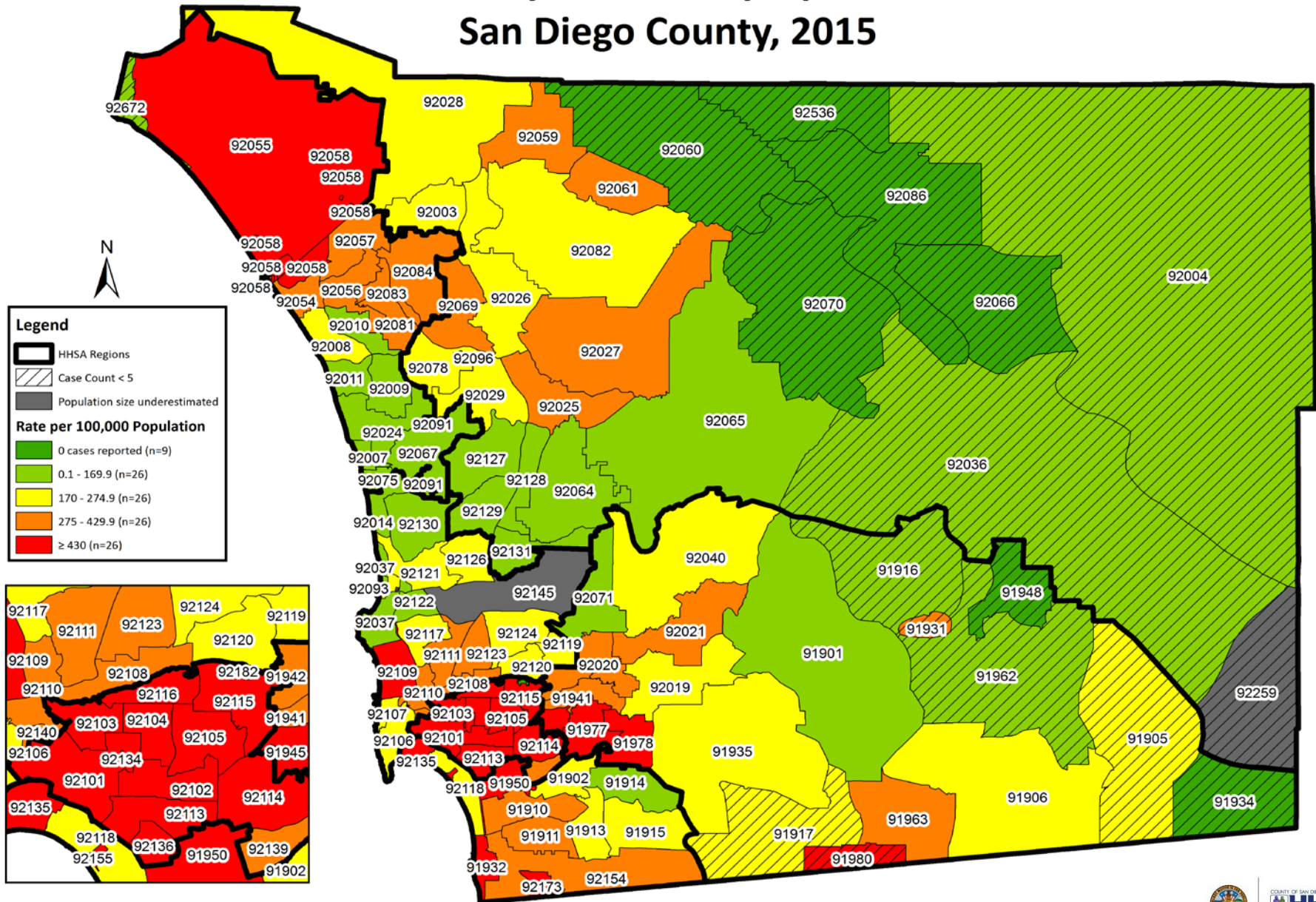


PRIMARY & SECONDARY SYPHILIS, CA & UNITED STATES INCIDENCE RATES, 1941–2016



Chlamydia Rates by Zip Code

San Diego County, 2015



Note: Rate categories are different from the last iteration of this report

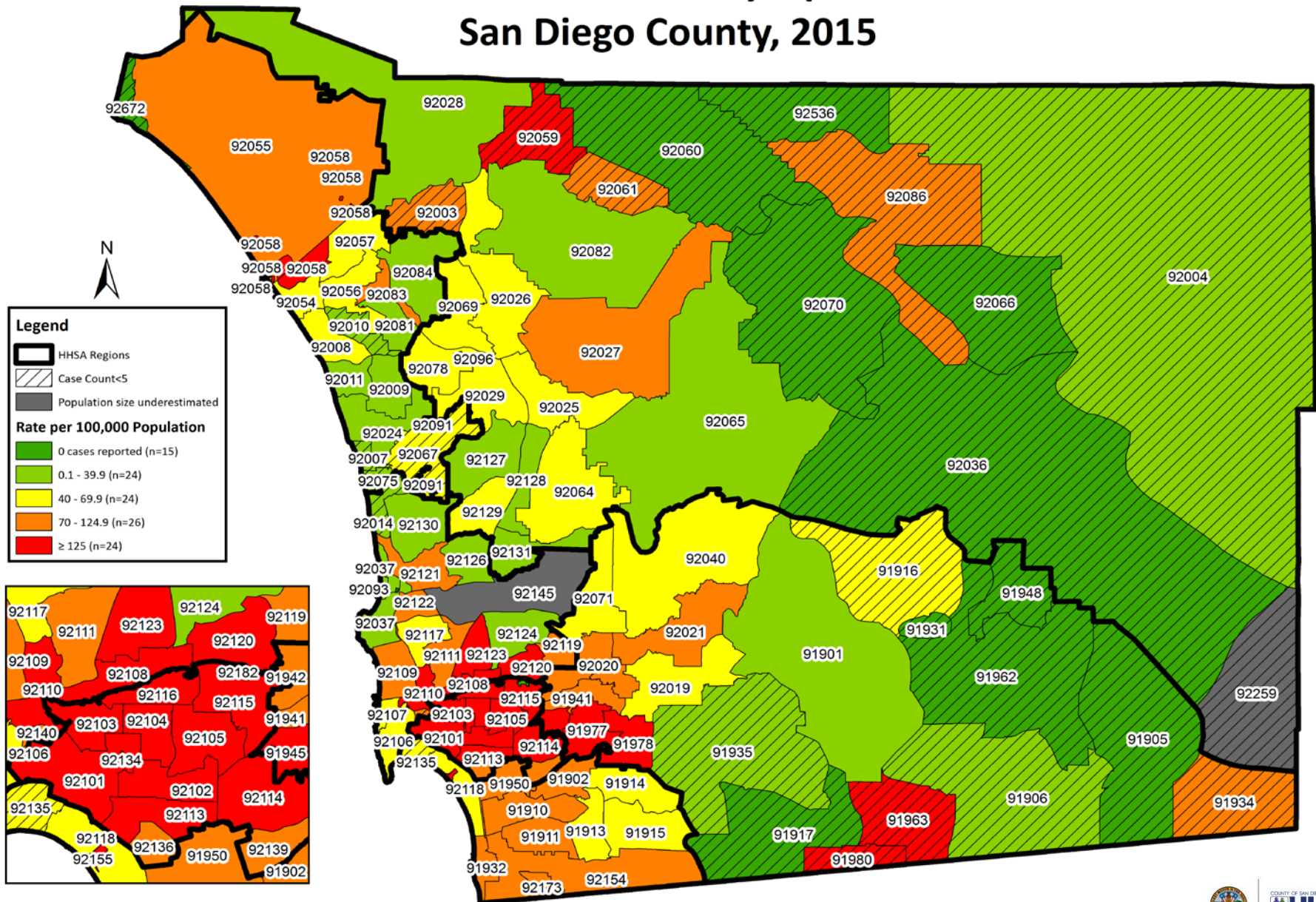
Source: County of San Diego, Health and Human Services Agency, HSHB (HIV, STD, Hepatitis Branch), CalREDIE Database

Map Date: June 10, 2016

Contact: Lawrence Wang

Gonorrhea Rates by Zip Code

San Diego County, 2015



Note: Rate categories are different from the last iteration of this report

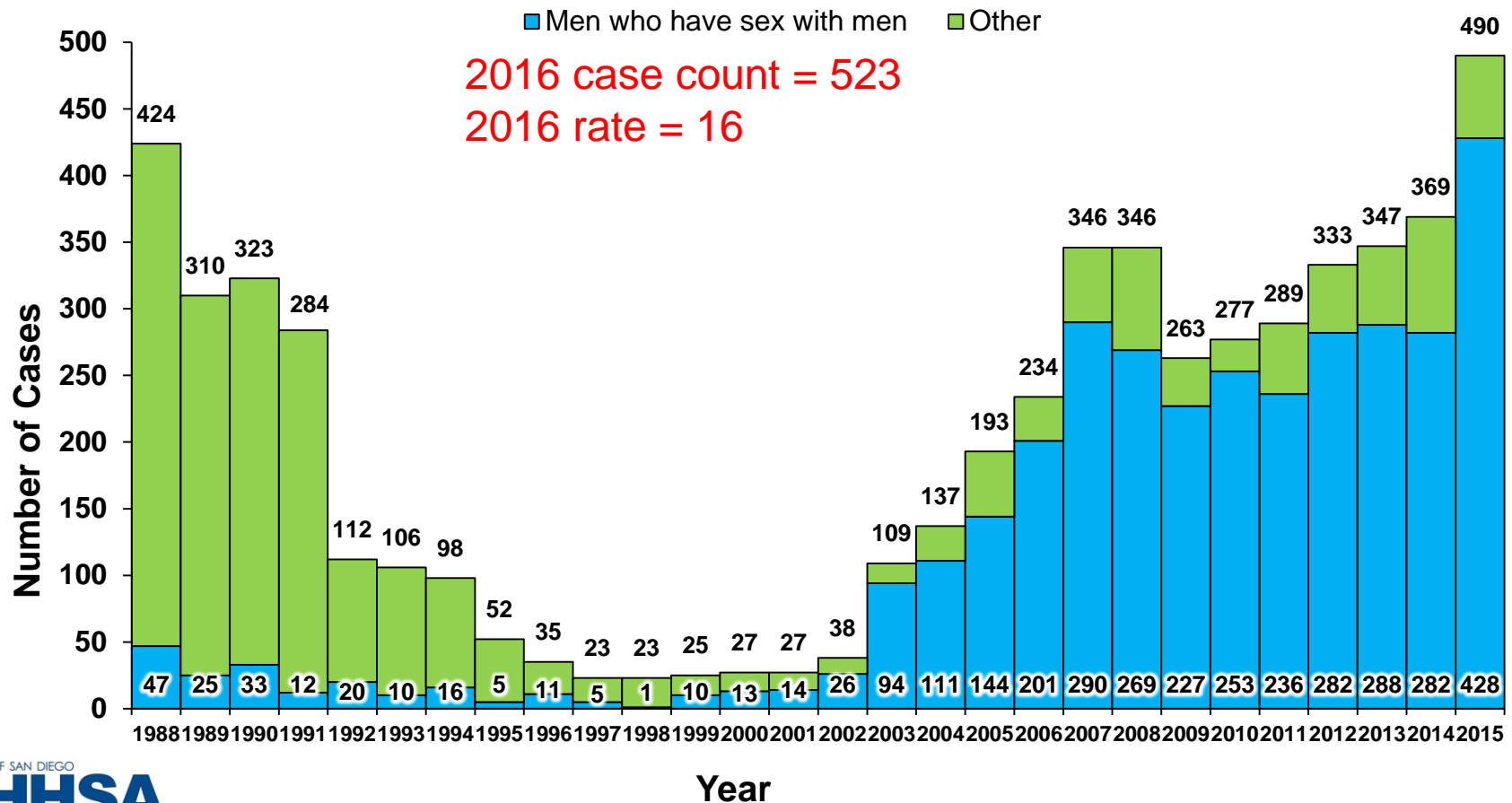
Source: County of San Diego, Health and Human Services Agency, HSHB (HIV, STD, Hepatitis Branch), CalREDIE Database

Map Date: June 10, 2016

Contact: Lawrence Wang

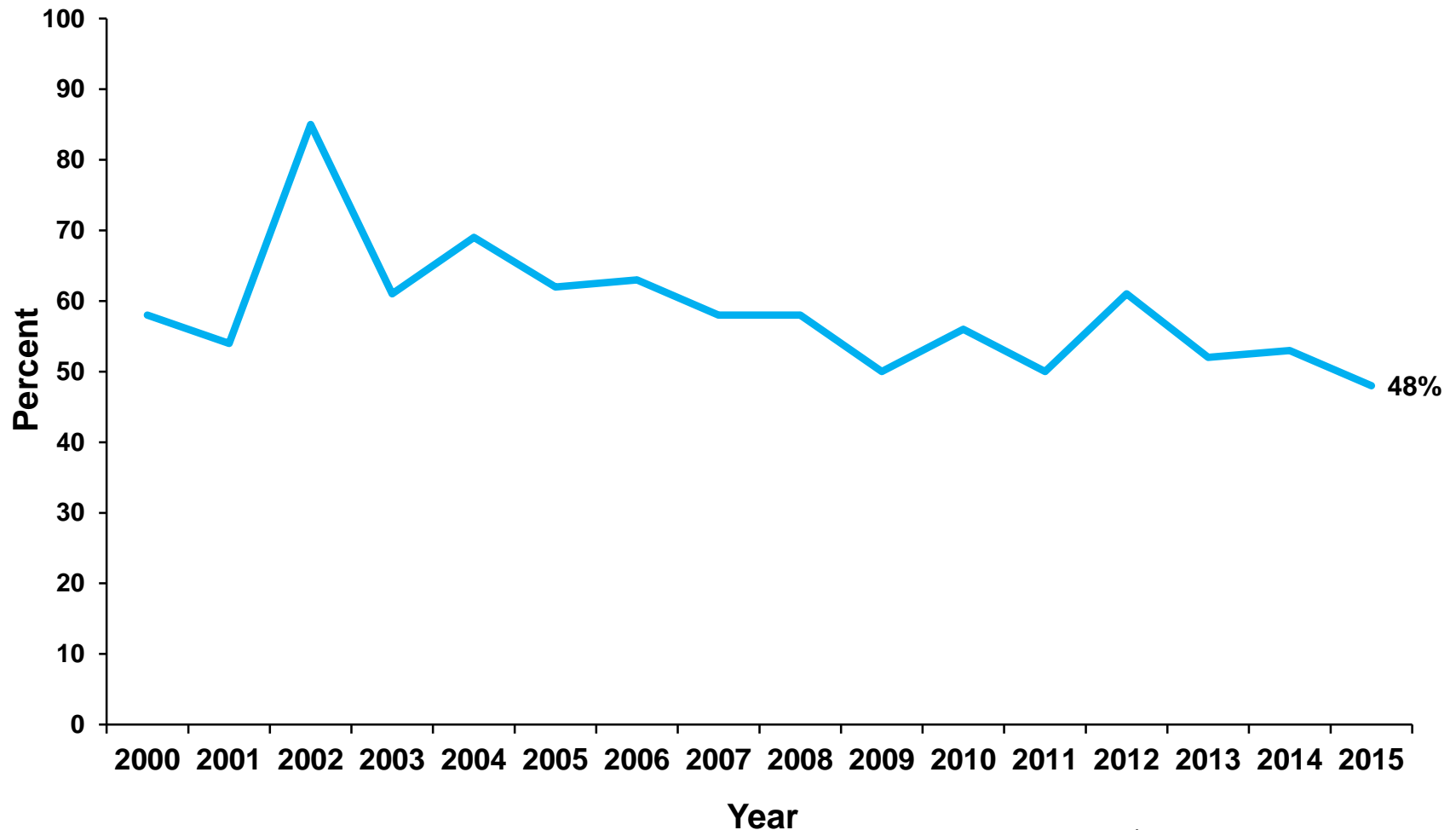


PRIMARY & SECONDARY SYPHILIS, 1988 – 2015



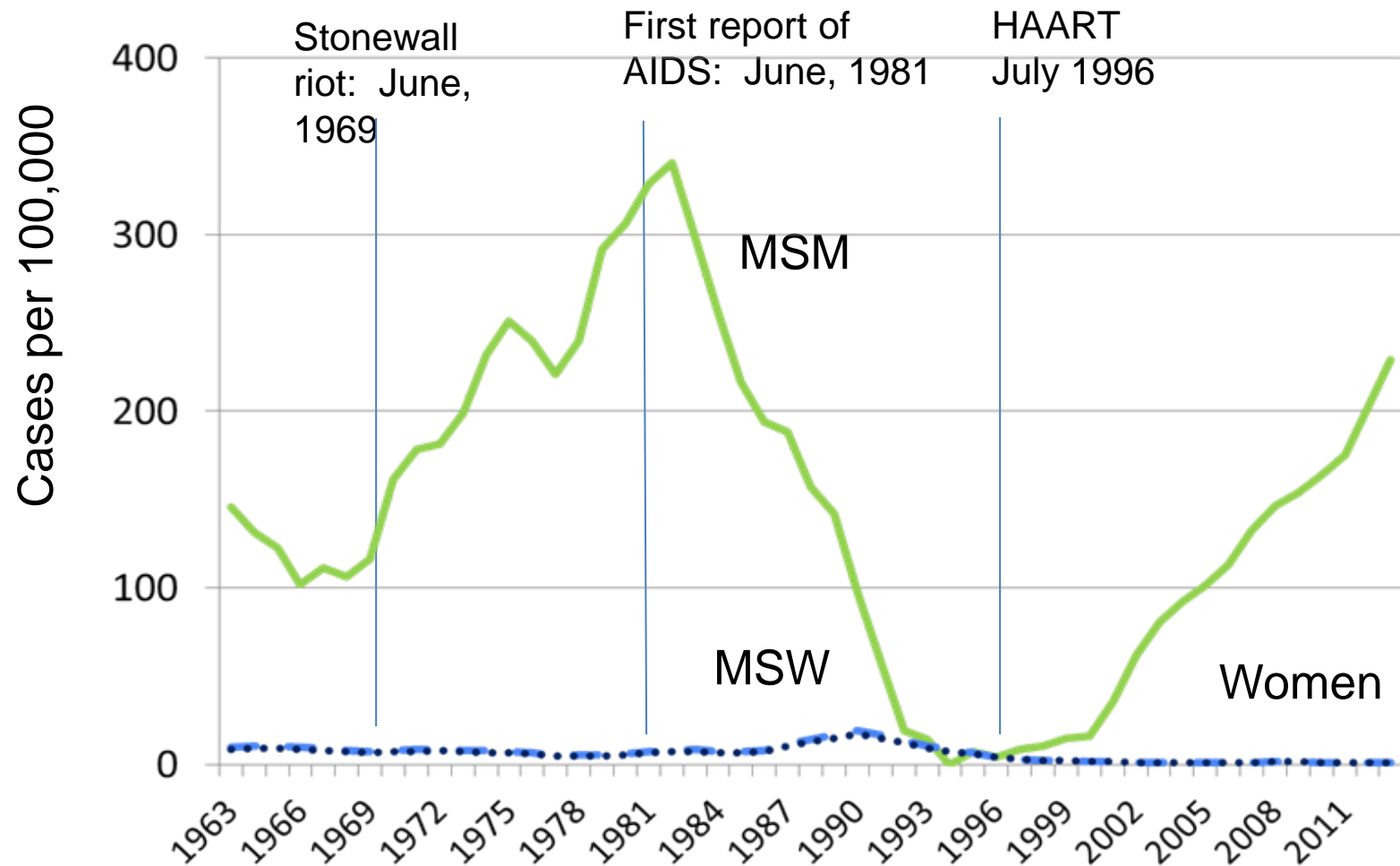


HIV CO-INFECTION AMONG MSM CASES



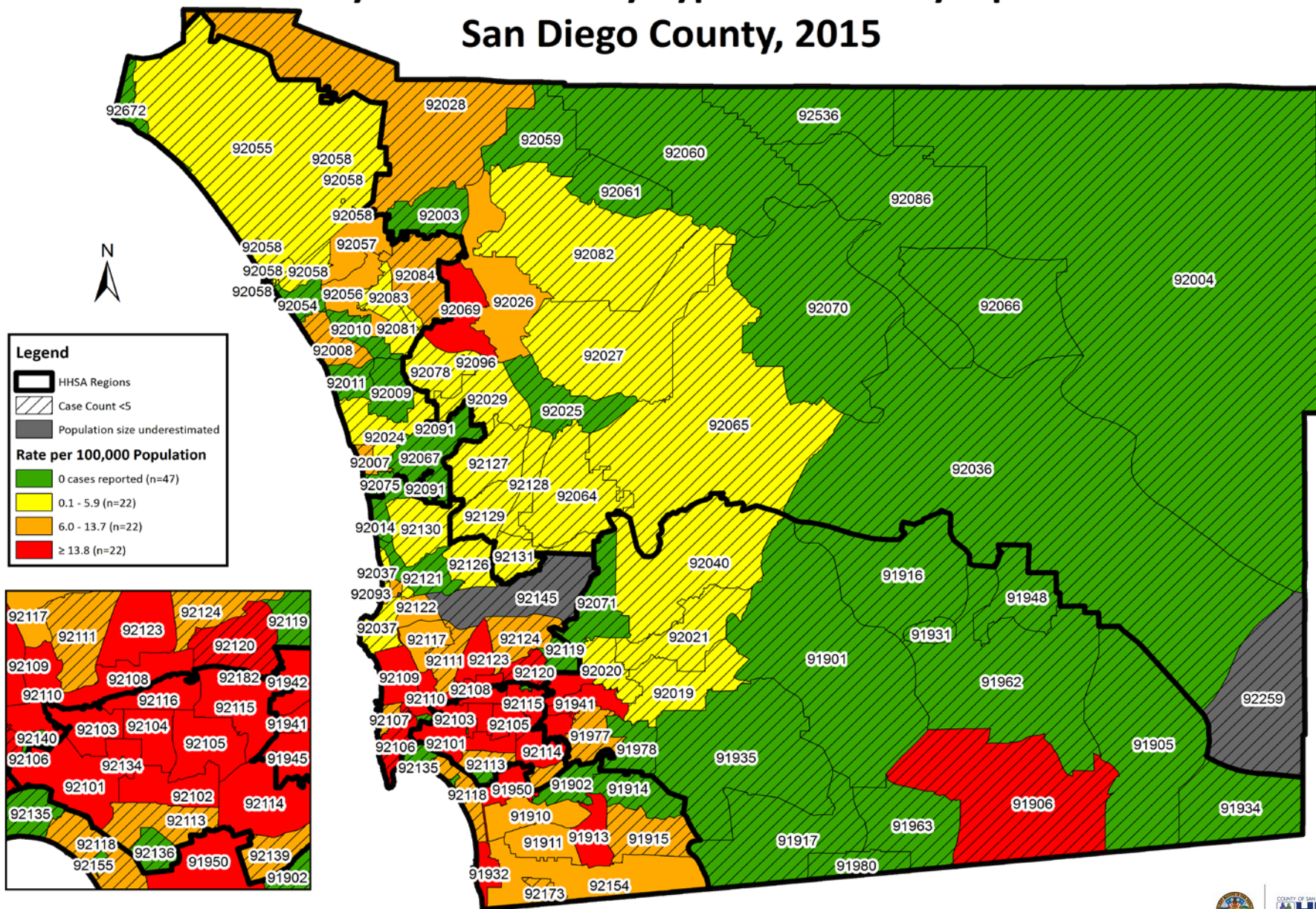
*MSM: Men Who Have Sex With Men.

Rates of Primary and Secondary Syphilis among Men who have sex with Men (MSM), men who have sex with women only (MSW), and women. United States, 1963-2013



Estimated using modified Heffelfinger M:F rate ratio of 1.1236, assuming no MSM had syphilis in 1994, and estimating 3.9% of men are MSM

Primary and Secondary Syphilis Rates by Zip Code San Diego County, 2015



Note: Rate categories are different from the last iteration of this report

Source: County of San Diego, Health and Human Services Agency, HSHB (HIV, STD, Hepatitis Branch), CalREDIE Database

Map Date: June 10, 2016

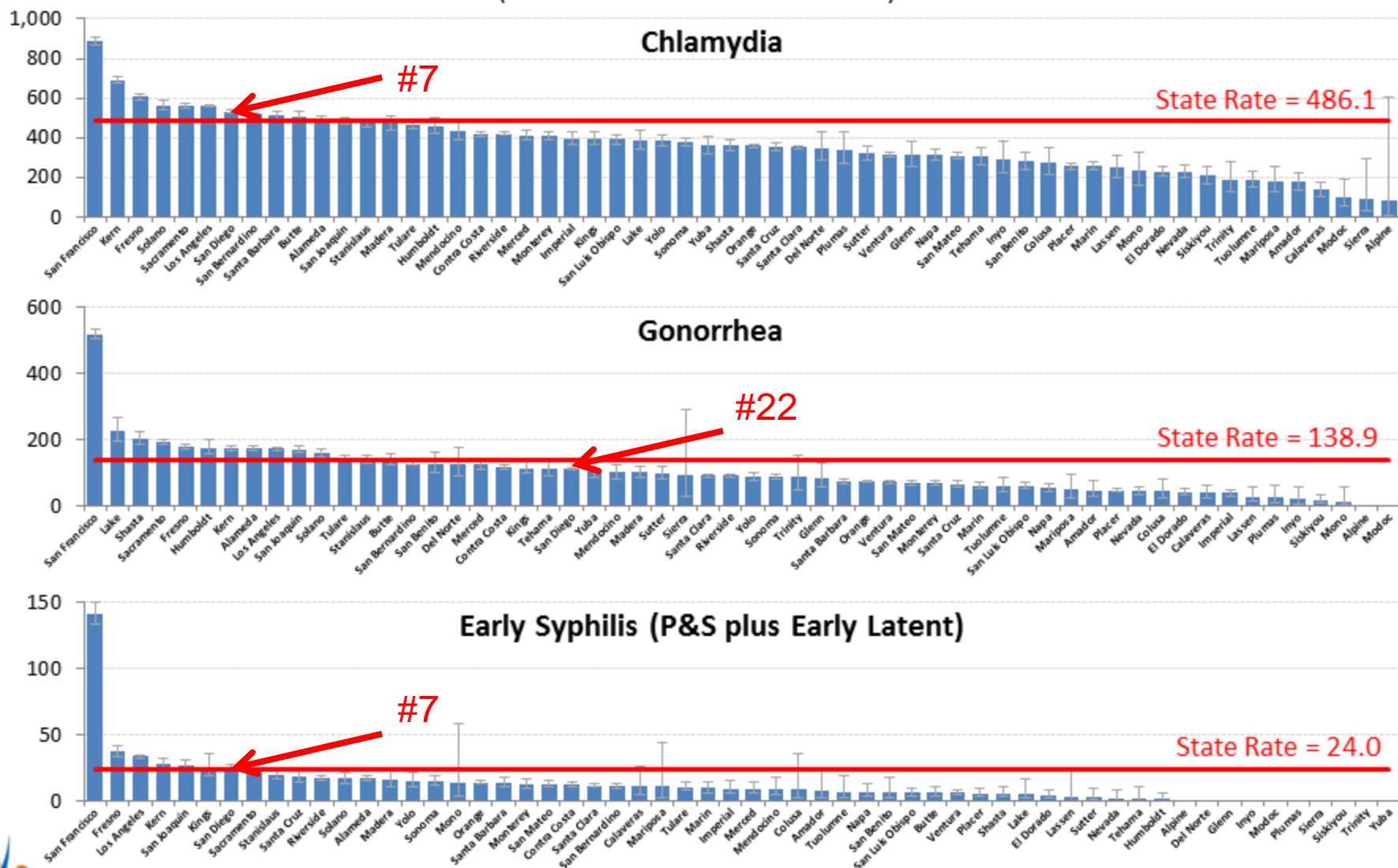
Contact: Lawrence Wang



Chlamydia, Gonorrhea, and Early Syphilis

Ranking of County Incidence Rates, California, 2015

(with 95% Confidence Intervals*)



* Confidence intervals were calculated using Poisson exact method; not shown for counties with zero cases.

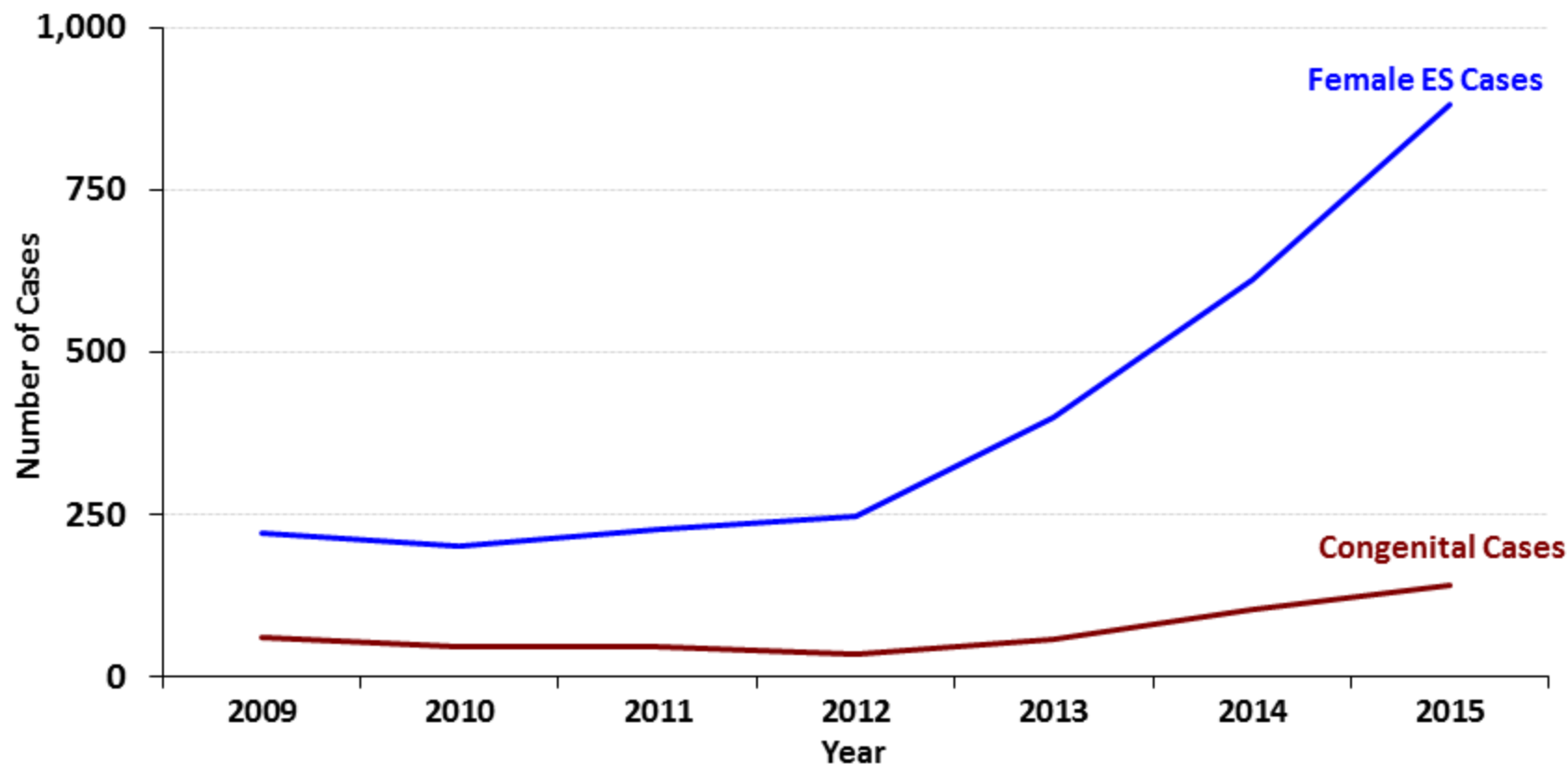
Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Rev. 7/2016

STD Control Branch

Female Early Syphilis* and Congenital Syphilis Cases California, 2009–2015



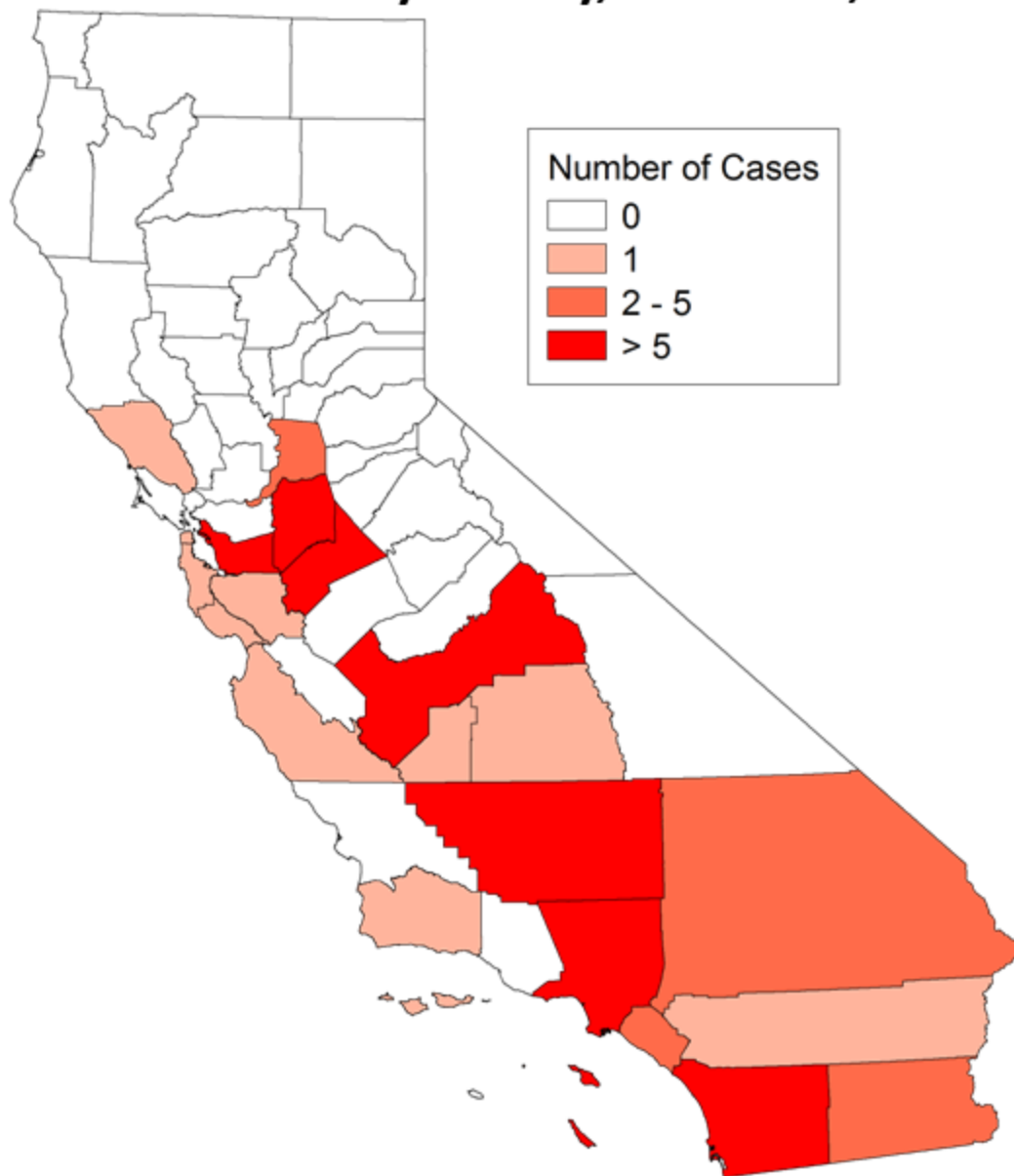
* Includes primary, secondary, and early latent syphilis.

Rev. 7/2016

STD Control Branch

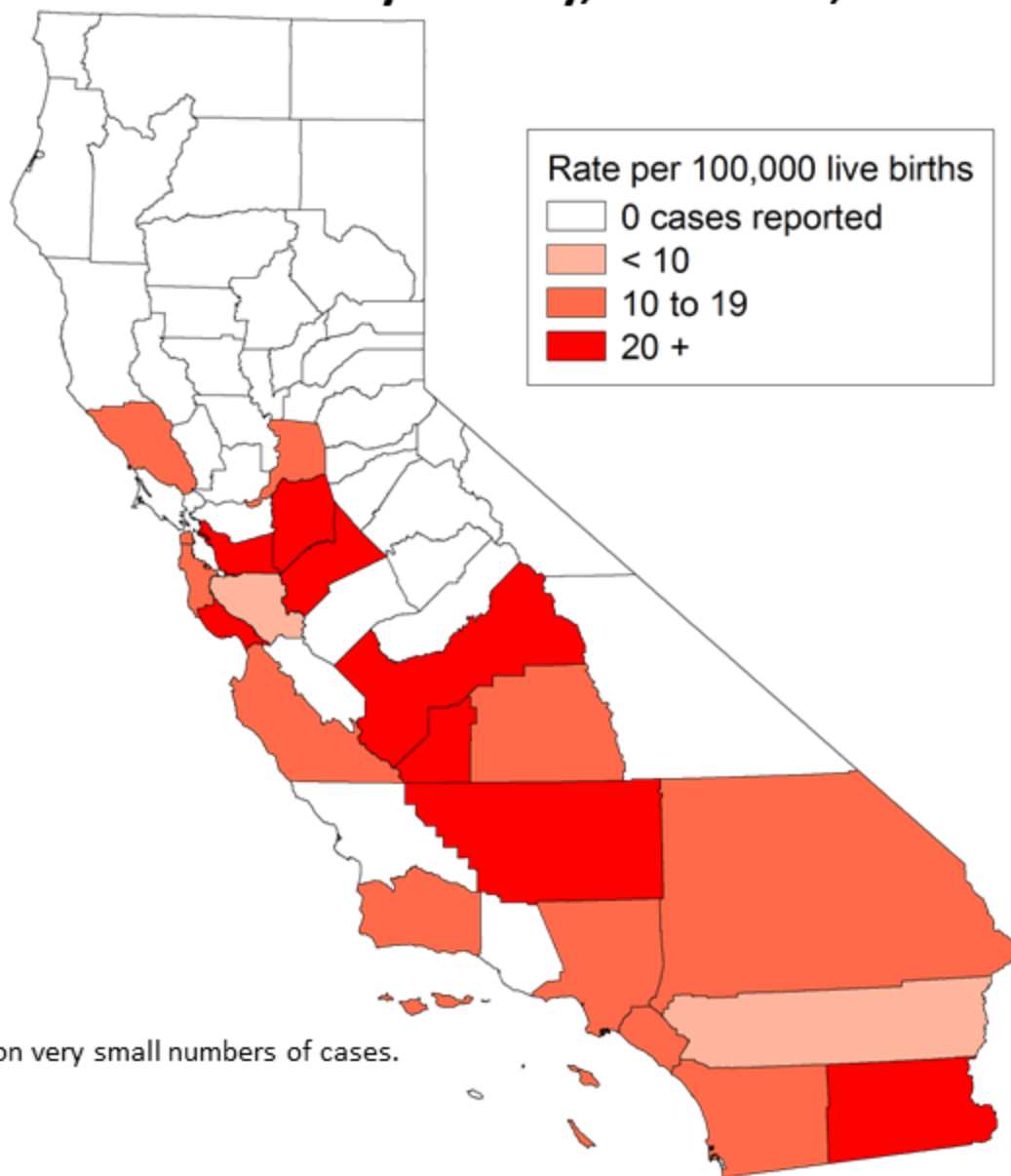
Congenital Syphilis

Number of Cases by County, California, 2015



Congenital Syphilis

Incidence Rates by County, California, 2015



Note: Rates are based on very small numbers of cases.



STD PREVENTION

**Chlamydia
Screening
Project**

**STD
Community
Intervention
Project**

**Don't Think,
Know**

STD UPDATE 2018



LIVE WELL
SAN DIEGO



I know that getting some might mean getting something else!

I know that almost 10,000 young women in San Diego County got chlamydia or gonorrhea last year.

I know.

That I can get a **FREE** home test kit for chlamydia and gonorrhea.

Get your **FREE** home test kit or find a low-cost clinic at:

DontThinkKnow.org
(619) 692-KNOW (5669)

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
Live Well, San Diego!



Yo sé que podría tener clamidia y gonorrea y no saberlo.

Yo sé.

Que puedo obtener la prueba casera para clamidia y gonorrea **GRATIS.**

Puede ordenar la prueba casera **GRATIS** o encontrar una clínica en:

DontThinkKnow.org
(619) 692-KNOW (5669)

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
Live Well, San Diego!

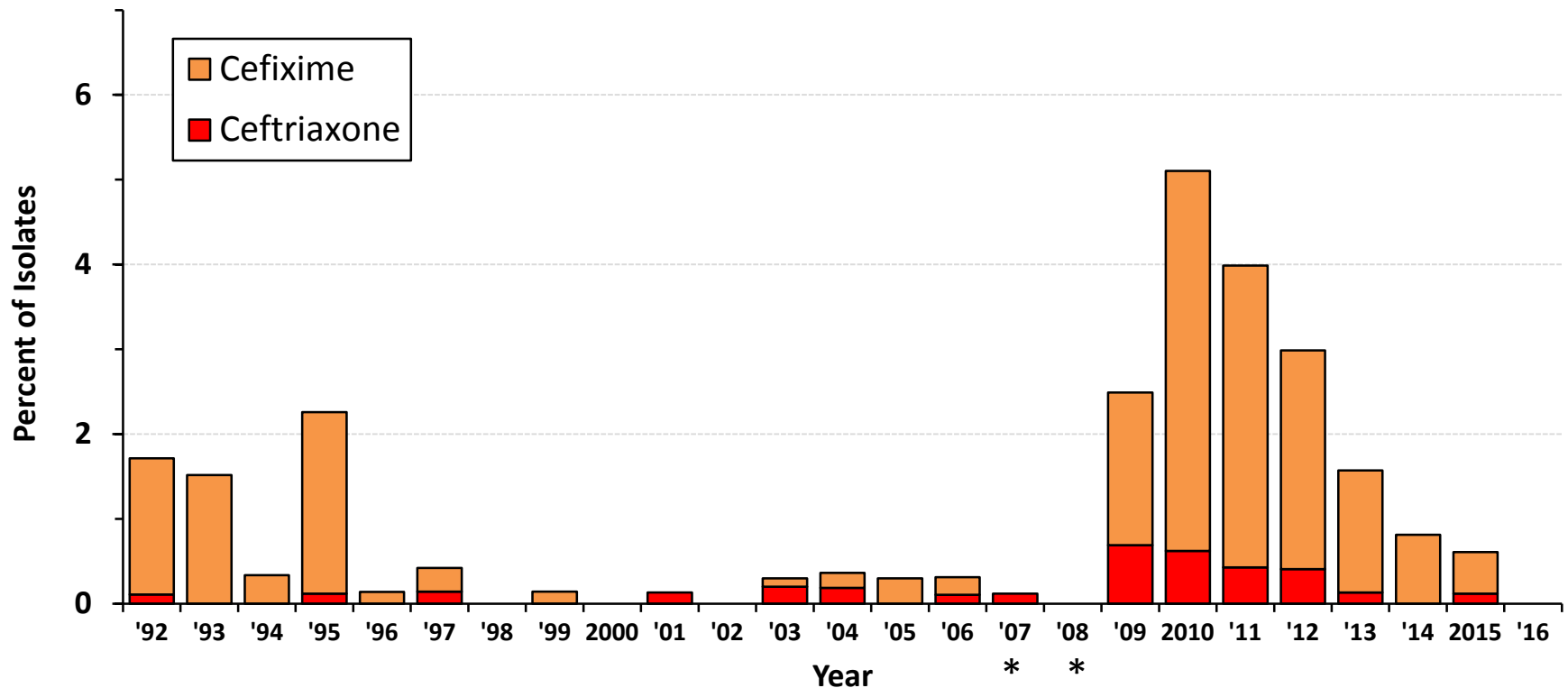


GONORRHEA SURVEILLANCE

California Gonorrhea Surveillance System

Gonococcal Isolate Surveillance Project

Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with CDC "Alert" Values for Selected Cephalosporins in California GISP STD Clinic Sites, 1992–April 2016

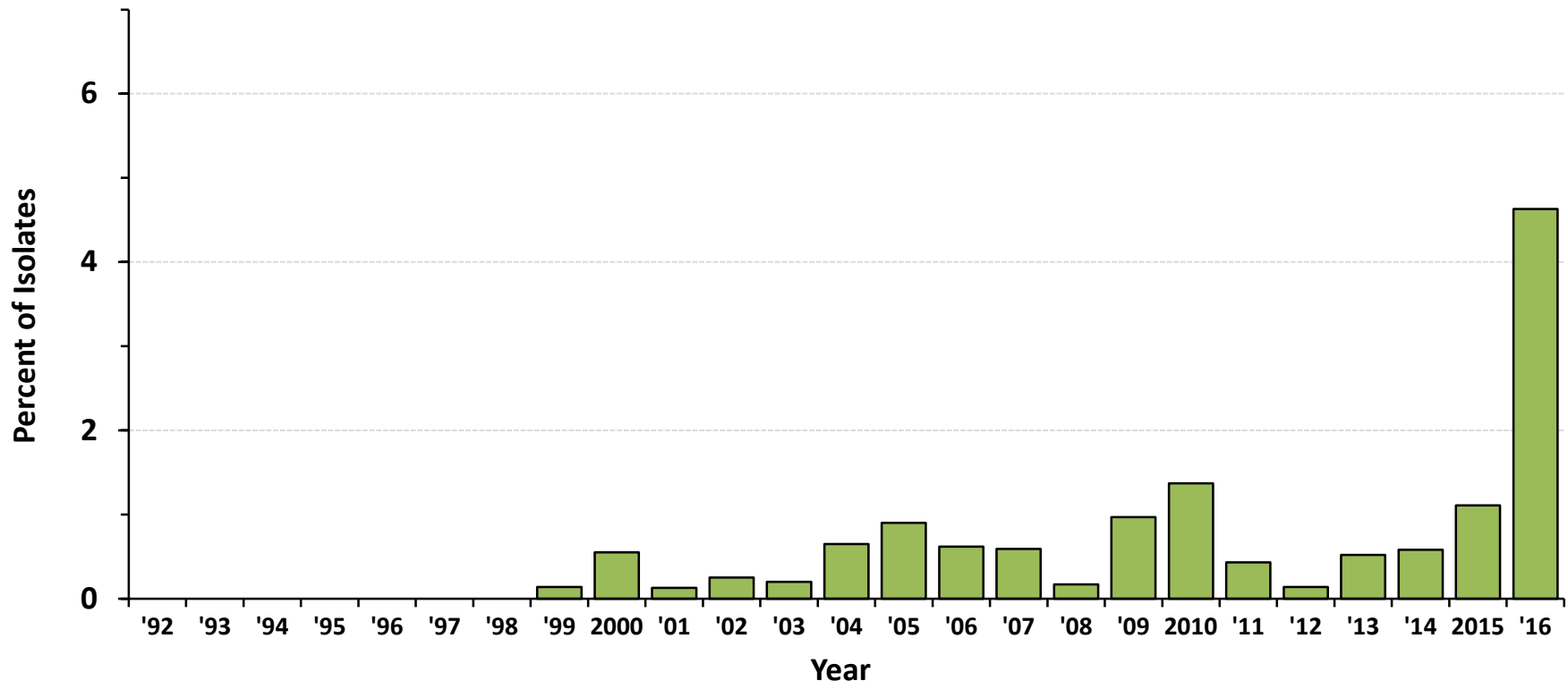


* Cefixime susceptibility was not run in 2007-2008.

Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Cefixime alerts have MICs ≥ 0.25 $\mu\text{g/mL}$. Ceftriaxone alerts have MICs ≥ 0.125 $\mu\text{g/mL}$. 2015-2016 data are provisional as of 6/20/2016.

STD Clinic Sites: Long Beach (ended participation in 2007), Los Angeles (added in 2003), Orange, San Diego, San Francisco

Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with CDC "Alert" Values for Azithromycin in California GISP STD Clinic Sites, 1992–April 2016



Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Azithromycin alerts have MICs ≥ 2.0 $\mu\text{g/mL}$. No data before 1992. 2015-2016 data are provisional as of 6/20/2016.

STD Clinic Sites: Long Beach (ended participation in 2007), Los Angeles (added in 2003), Orange, San Diego, San Francisco

STD UPDATE 2018



County of San Diego Monthly STD Report

Volume 8, Issue 6. Data Through Feb 2016; Report Released June 10, 2016.



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

	Feb	2015 Previous 12- Month Period*	Feb	2016 Previous 12- Month Period*
Chlamydia	1267	15481	1482	18009
Female age 15-25	538	6270	607	7184
Female age ≤ 17	62	665	63	816
Male rectal chlamydia	51	509	42	617
Gonorrhea	293	3382	389	3898
Female age 15-25	43	499	55	511
Female age ≤ 17	3	67	9	72
Male rectal gonorrhea	54	452	56	531
Early Syphilis (adul total)	61	706	77	649
Primary	10	124	13	186
Secondary	27	260	27	318
Early latent	24	322	37	345
Congenital syphilis	0	4	0	10
HIV infection†				
HIV (not AIDS)	37	441	43	476
AIDS	28	239	22	212

* Cumulative case count of the previous 12 months.

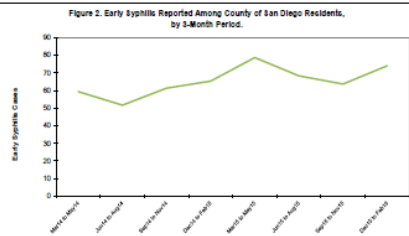
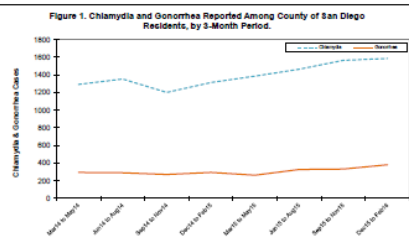
† New infections are reported either as HIV, or if an individual was also diagnosed with AIDS within one month, as AIDS.

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	3248	627.4	20	32.2	52	225.7	215	119.6	130	51.5
Gonorrhea	785	151.6	9	14.5	62	269.2	160	89.0	149	59.0
Early Syphilis	149	28.8	9	14.5	10	43.4	54	30.0	60	23.7
Under 20 yrs										
Chlamydia	555	414.0	4	26.8	9	149.4	36	56.8	11	22.1
Gonorrhea	65	48.5	2	13.4	7	116.2	19	30.0	3	6.0
Early Syphilis	6	4.5	2	13.4	0	0.0	3	4.7	1	2.0

Note: Rates calculated using 2015 SANDAG population estimates.

* 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.

Editorial Note: Changes in Pelvic Inflammatory Disease Reporting Requirements

The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated Title 17 sections 2500, 2502 and 2505 of the California Code of Regulations. Effective June 3, 2016, CDPH no longer requires that pelvic inflammatory disease (PID) be reported to the local health department. Therefore, cases of PID, other than those caused by a reportable sexually transmitted pathogen (i.e., *Neisseria gonorrhoeae* or *Chlamydia trachomatis*), do not require a Confidential Morbidity Report to the health department.

PID comprises a spectrum of inflammatory disorders of the upper female genital tract and may include endometritis, salpingitis, tubo-ovarian abscess, and/or pelvic peritonitis. A significant but declining proportion of PID cases are due to *N. gonorrhoeae* or *C. trachomatis*. Anaerobic bacteria, *Gardnerella vaginalis*, *Haemophilus influenzae*, enteric Gram-negative rods, *Streptococcus agalactiae*, cytomegalovirus, *Mycoplasma hominis*, *Ureaplasma urealyticum*, and *Mycoplasma genitalium* also have been implicated in this condition. Most cases of PID are diagnosed based on the presence of pelvic or lower abdominal pain plus lack of any other cause of the pain plus one of the following minimum clinical criteria: cervical motion tenderness or uterine tenderness or adnexal tenderness [1].

Recommended treatment regimens reflect the polymicrobial nature of many cases of PID. Women with mild to moderate disease may be treated with intramuscular/oral antibiotic regimens, while women with severe illness, signs/symptoms indicative of a surgical emergency, tubo-ovarian abscess, pregnancy, or inability to follow or tolerate an outpatient regimen should be hospitalized and receive parenteral therapy. These recommendations are outlined in the Centers for Disease Control and Prevention (CDC) 2015 STD Treatment Guidelines.

Providers should indicate the presence of PID in case reports for *N. gonorrhoeae* and *C. trachomatis* by checking "Gonococcal PID" and/or "Chlamydial PID," in addition to providing other required information about these infections (i.e., specimen sources, presence of symptoms, treatment, and/or reporting requirements please page (877) 217-1816. For other Title 17 changes that may be relevant to your practice, please see the attached letter from CDPH.

A current list of reportable communicable diseases under Title 17 Section 2500 can be found [here](https://www.cdph.ca/Programs/CID/DCDC/Pages/Imz/PID/PID-Reporting-Requirements.aspx). For questions regarding PID diagnosis, management, and/or reporting requirements please page (877) 217-1816. For other Title 17 changes that may be relevant to your practice, please see the attached letter from CDPH.

STD UPDATE 2018



To: CAHAN San Diego Participants [CAHANSANDIEGOMASTHEAD-8-25-09](#)
Date: June 19, 2015

Invasive Meningococcal Disease in Men Who Have Sex with Men

This health advisory informs local healthcare professionals of cases of invasive meningococcal disease (IMD) in men who have sex with men (MSM) in several U.S. cities and provides vaccine recommendations for at-risk individuals who plan travel to these locations. At this time, there have been no reported IMD cases in MSM in San Diego County.



Date: May 10, 2016
To: CAHAN San Diego Participants
From: Public Health Services, HIV, STD and Hepatitis Services Branch

Limited Availability of Long-Acting Bicillin

This health advisory notifies CAHAN participants that there is a national shortage of the long-acting form of benzathine penicillin G that is recommended for treatment of most stages of syphilis and all pregnant women with syphilis (i.e., Bicillin LA) and requests local providers to prioritize the use of Bicillin LA for pregnant women who are infected with or exposed to syphilis.





STD CLINICAL SERVICES



Rosecrans STD Clinic



Central Regional Public Health Center



North Coastal Regional Public Health Center



South Regional Public Health Center



STD & HIV FIELD SERVICES

Syphilis
Investigation

HIV Results
Disclosure

HIV/STD
Integration
(Rectal GC)

Partner Services
(HIV, Syphilis,
some GC)

Surveillance-
Based HIV
Partner Services

Data to Care



OPPORTUNITIES AND FUTURE DIRECTIONS

Increase epidemiology
workforce to collect
and analyze data

Integrate HIV and STD
epidemiology and
surveillance

Expand workforce

Invest in workforce
competency
development

Develop medical
systems' capacity to
prevent congenital
syphilis

Advocate for increased
funding and resources
for STDs

Advocate for building
capacity of medical
systems and youth-
serving organizations to
address sexual health

Advocate for research

STD UPDATE 2018



LIVE WELL
SAN DIEGO

