



# County of San Diego Monthly STD Report

Issue No. 23: Data through November 30, 2010; Report prepared January 31, 2011.



**Table 1. STDs reported among San Diego County residents, by month (November 2010), and year to date.**

	2010		2009	
	Nov	YTD	Nov	YTD
<b>Gonorrhea</b>	148	1875	137	1680
Female age 18-25	26	306	26	349
Female age ≤ 17	1	32	4	57
Male rectal gonorrhea	16	282	20	197
<b>Chlamydia*</b>	1275	12912	1237	12047
Female age 18-25	555	5766	553	5474
Female age ≤ 17	84	948	83	1006
Male rectal chlamydia	42	318	32	260
<b>Early Syphilis (adult total)</b>	32	383	29	362
Primary	2	79	5	63
Secondary	19	156	13	173
Early latent	11	148	11	126
<b>Neurosyphilis**</b>	0	4	1	6
Congenital syphilis	0	1	0	10
<b>Pelvic Inflammatory Disease</b>	4	125	7	73
<b>HIV Infection</b>				
HIV (not AIDS)	36	450	34	526
AIDS	27	329	26	398

YTD: Year to Date

\*Chlamydia data are only through October 2010, and are compared with October 2009.

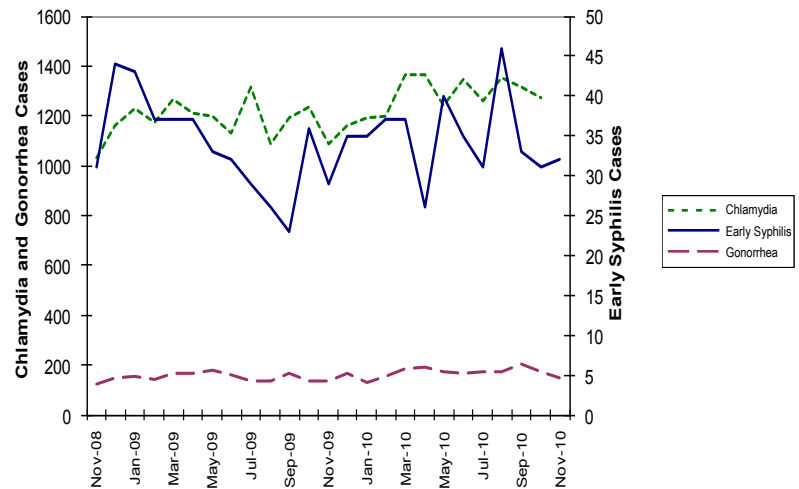
\*\*Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

**Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and race/ethnicity, by month.\***

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<b>All ages</b>										
Chlamydia*	12912	406.9	589	174.6	1174	705.0	2631	274.3	1789	113.3
Gonorrhea	1875	59.1	79	23.4	224	134.5	291	30.3	374	23.7
Early syphilis	383	12.1	13	3.9	54	32.4	105	10.9	201	12.7
<b>Under 20 yrs</b>										
Chlamydia*	3132	355.7	99	119.5	374	733.9	804	2058.9	338	98.0
Gonorrhea	202	22.9	6	7.2	51	100.1	43	110.1	16	4.6
Early syphilis	7	0.8	0	0.0	3	5.9	3	7.7	1	0.3

\*Gonorrhea and early syphilis data are through November 2010. Chlamydia data are only through October 2010.

**Figure 1. Chlamydia, early syphilis\* and gonorrhea cases reported among San Diego County residents, by month.\*\***



\*Early syphilis includes primary, secondary and early latent syphilis.

\*\*Gonorrhea and early syphilis data are through November 2010. Chlamydia data are only through October 2010.

### Key Points, comparing reported cases in 2010 with 2009

- Early syphilis has increased 4%
- Chlamydia has increased 7%, but...
  - Chlamydia in females 17 and under declined 6%
- Gonorrhea has increased 12%, and...
  - Male rectal gonorrhea has increased 50%

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.

### Editorial Note: CDC's STD Treatment Guidelines, 2010: Highlights of the new guidelines

In December 2010 the Centers for Disease Control and Prevention (CDC) released the first comprehensive update of its STD treatment guidelines since 2006. Highlights include the following:

**Syphilis: cerebrospinal fluid (CSF) examination for neurosyphilis.** CSF examination is no longer recommended for all HIV-infected persons with late latent syphilis. Indications for CSF examination in all syphilis patients are neurologic or ophthalmic signs or symptoms; tertiary syphilis; or serologic treatment failure.

**Gonorrhea.** Antimicrobial resistance in gonorrhea has prompted an increase in the recommended ceftiaxone dose to 250 mg from 125 mg, intramuscularly in a single dose. When ceftriaxone is not available, cefixime 400 mg orally in a single dose is an alternative treatment, except for pharyngeal gonorrhea, for which only ceftriaxone is recommended. In addition to cephalosporin treatment, azithromycin 1 g orally in a single dose or doxycycline 100 mg orally twice a day for 7 days is recommended, regardless of whether or not chlamydial infection has been ruled out.

**Bacterial vaginosis.** Recommended regimens are metronidazole 500 mg orally twice a day for 7 days; metronidazole gel 0.75%, one applicator full (5 g) intravaginally, once a day for 5 days; or clindamycin cream 2%, one applicator full (5 g) intravaginally at bedtime for 7 days. Alternative regimens are clindamycin 300 mg orally twice a day for 7 days; clindamycin ovules 100 mg intravaginally once at bedtime for 3 days; or (new in the 2010 guidelines) tinidazole 2 g orally once a day for 2 days, or 1 g orally once a day for 5 days.

**Trichomoniasis.** Recommended regimens include metronidazole, 2 g orally in a single dose, and tinidazole, 2 g orally in a single dose. The alternative regimen is metronidazole 500 mg orally twice a day for 7 days. In HIV-infected women, recent evidence demonstrated that the 7-day course of metronidazole is more effective than the single 2 g dose.

Of note, several errors in the original version of the 2010 guidelines have been corrected. The full corrected version is available at <http://www.cdc.gov/mmwr/pdf/rrr/rr5912.pdf>. /EP and KK