



County of San Diego Monthly STD Report

Issue No. 19: Data through July 31, 2010; Report prepared September 30, 2010.



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

	2010		2009	
	July	YTD	July	YTD
Gonorrhea	170	1166	137	1103
Female age 18-25	34	199	31	231
Female age ≤ 17	3	23	7	43
Male rectal gonorrhea	22	169	18	128
Chlamydia*	1318	7671	1133	7212
Female age 18-25	569	3433	551	3299
Female age ≤ 17	109	602	90	621
Male rectal chlamydia	26	164	20	154
Early Syphilis (adult total)	26	231	29	249
Primary	4	49	6	44
Secondary	11	91	14	118
Early latent	11	91	9	87
Neurosyphilis**	1	2	0	4
Congenital syphilis	0	1	0	7
Pelvic Inflammatory Disease	7	76	8	46
HIV Infection				
HIV (not AIDS)	41	298	50	351
AIDS	28	226	42	265

YTD: Year to Date

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

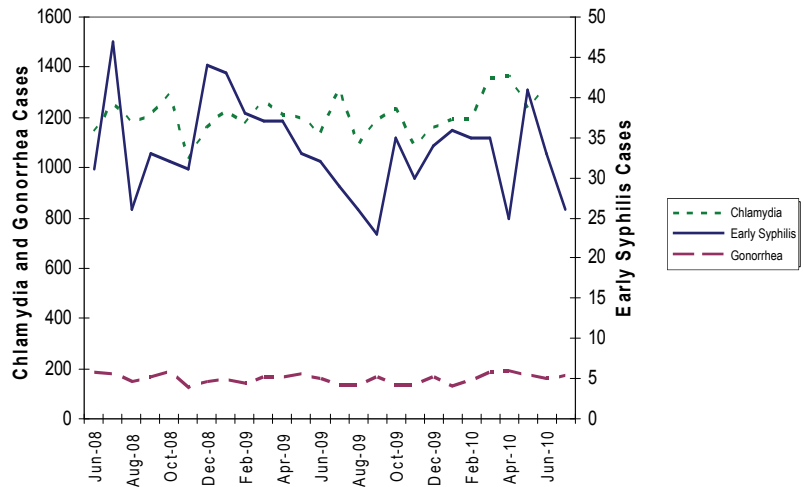
**Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

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
All ages										
Chlamydia*	7671	241.7	305	90.4	694	416.8	1589	165.7	1035	65.5
Gonorrhea	1166	36.7	43	12.7	130	78.1	169	17.6	230	14.6
Early syphilis	231	7.3	8	2.4	32	19.2	63	6.6	126	8.0
Under 20 yrs										
Chlamydia*	1922	218.3	63	76.0	233	457.2	502	1285.5	199	57.7
Gonorrhea	120	13.6	2	2.4	31	60.8	26	66.6	8	2.3
Early syphilis	3	0.3	0	0.0	1	2.0	1	2.6	1	0.3

*Gonorrhea and early syphilis data are through July 2010. Chlamydia data are only through June 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 July 2010. Chlamydia data are only through June 2010.

Key Points, comparing 2010 with 2009

- Early syphilis declined 7%
- Overall, Chlamydia and gonorrhea are stable, but...
 - Gonorrhea in females age 18–25 declined 14%
 - Male rectal gonorrhea increased 32%

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: Expedited Partner Therapy to Prevent Reinfection with Chlamydia or Gonorrhea

Patients with Chlamydia and gonorrhea are at high risk for reinfection, in part because their sex partner(s) might not be treated. Clinicians have an obligation to attempt to ensure treatment of sex partners of persons with STDs. To facilitate partner treatment, California legalized expedited partner therapy (EPT) in 2001 for Chlamydia and in 2007 for gonorrhea. EPT can significantly decrease reinfection rates compared with simply advising patients to tell sex partners to seek medical evaluation (Figure 2).

EPT means providing treatment to sex partners of patients with Chlamydia or gonorrhea without the partners being examined by a clinician. EPT can be done by giving medication or a prescription to a patient to take to his/her sex partner(s). Although sex partners should ideally be examined by a clinician, EPT is appropriate for partners who, the patient believes, are unable or unwilling to seek timely medical evaluation.

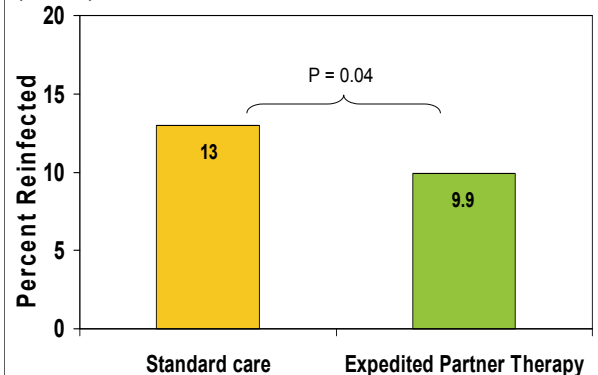
EPT treatment is as follows:

- Chlamydia: single oral dose of azithromycin, 1 g.
- Gonorrhea: single oral dose of cefixime 400 mg, as well as a single oral dose of azithromycin, 1 g, unless Chlamydia in the original patient has been excluded by a highly sensitive nucleic acid amplification test.

Educational literature should accompany EPT and should include advice to seek medical evaluation whether or not the medication is taken, and to not take the medication and seek medical evaluation if symptomatic, allergic to the medication, or pregnant. Importantly, no adverse events associated with EPT have been reported to the State of California EPT reporting hotline since it was launched in 2001/EP

For more information on EPT, see resources from the California Department of Public Health (<http://www.cdph.ca.gov/healthinfo/discond/documents/chlamydia-pdpt-guidelines-ptnr-info.pdf>). For technical assistance, contact Tom Gray at (619) 692-8835 or tom.gray@sdcountry.ca.gov.

Figure 2. Reinfection at 3–19 weeks among women and heterosexual men with gonorrhea or Chlamydia receiving standard care or expedited partner therapy in a randomized controlled trial (N=1860)



Source: Golden MR, et al. New Engl J Med. 2005;352:676-85.