



County of San Diego Monthly STD Report

Issue No. 29: Data through May 31, 2011; Report prepared July 29, 2011.



Table 1. STDs reported among San Diego County residents, by month (May 2011), and year to date.

| | 2011 | | 2010 | |
|------------------------------|------|------|------|------|
| | May | YTD | May | YTD |
| Gonorrhea | 148 | 721 | 173 | 822 |
| Female age 18-25 | 22 | 120 | 28 | 139 |
| Female age ≤ 17 | 4 | 19 | 3 | 17 |
| Male rectal gonorrhea | 26 | 117 | 32 | 126 |
| Chlamydia* | 1204 | 5089 | 1362 | 5094 |
| Female age 18-25 | 533 | 2300 | 602 | 2308 |
| Female age ≤ 17 | 100 | 374 | 103 | 402 |
| Male rectal chlamydia | 27 | 119 | 31 | 113 |
| Early Syphilis (adult total) | 33 | 183 | 43 | 182 |
| Primary | 7 | 48 | 14 | 41 |
| Secondary | 17 | 70 | 21 | 71 |
| Early latent | 9 | 65 | 8 | 70 |
| Neurosyphilis** | 0 | 1 | 0 | 0 |
| Congenital syphilis | 0 | 0 | 0 | 1 |
| HIV Infection | | | | |
| HIV (not AIDS) | 35 | 190 | 44 | 218 |
| AIDS | 19 | 103 | 30 | 169 |

YTD: Year to Date

*Chlamydia data through April 2011 due to data entry delay, with comparison data through April 2010.

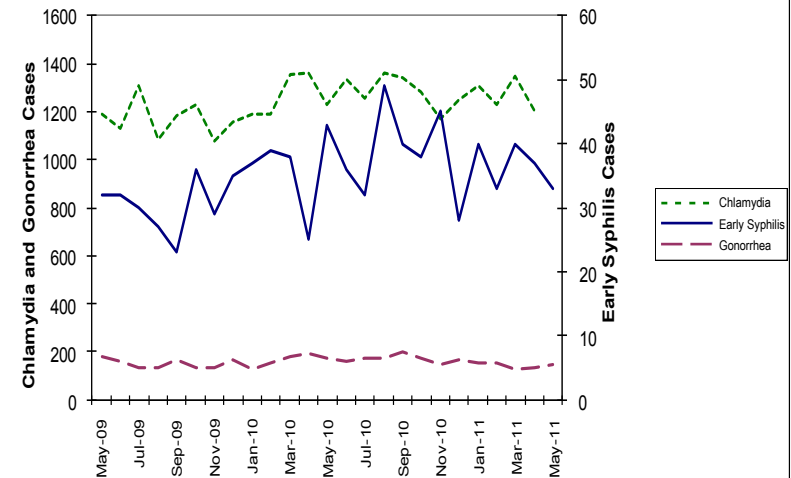
**Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and race/ethnicity, and year to date.

| | (All races) | | Asian/PI | | African American | | Hispanic | | White | |
|---------------------|-------------|-------|----------|------|------------------|-------|----------|-------|-------|------|
| | cases | rate | cases | rate | cases | rate | cases | rate | cases | rate |
| All ages | | | | | | | | | | |
| Chlamydia* | 5089 | 157.8 | 167 | 47.9 | 417 | 249.2 | 1011 | 102.4 | 752 | 47.4 |
| Gonorrhea | 721 | 22.4 | 21 | 6.0 | 92 | 55.0 | 123 | 12.5 | 165 | 10.4 |
| Early syphilis | 183 | 5.7 | 8 | 2.3 | 19 | 11.4 | 58 | 5.9 | 93 | 5.9 |
| Under 20 yrs | | | | | | | | | | |
| Chlamydia* | 1183 | 134.8 | 23 | 27.5 | 132 | 267.9 | 291 | 81.8 | 148 | 43.9 |
| Gonorrhea | 76 | 8.7 | 2 | 2.4 | 15 | 30.4 | 17 | 4.8 | 12 | 3.6 |
| Early syphilis | 3 | 0.3 | 0 | 0.0 | 2 | 4.1 | 1 | 0.3 | 0 | 0.0 |

*Chlamydia data through April 2011 due to data entry delay.

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



*Chlamydia data through April 2011 due to data entry delay.

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

Key Points, comparing reported cases in 2011 with 2010

- Early syphilis is stable, but...
 - Early latent syphilis has decreased 7%
 - Primary syphilis has increased 17%
- Chlamydia is stable
- Gonorrhea has decreased 12%

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: Common Problems in the Reporting of STDs in San Diego County

The California Health and Safety Code requires health care providers to report cases and/or suspected cases of diseases, including many sexually transmitted diseases (STDs). Providers report STD cases to the local health department using the Confidential Morbidity Report (CMR) form. Laboratories also required to report any specimens that are positive for a reportable disease. Reporting by either the health care provider or laboratory does **not** relieve the other of its reporting responsibility.

In 2010, 17,792 cases of chlamydia, early syphilis and gonorrhea were reported to the County of San Diego Health and Human Services Agency. Providers submitted the required CMR in only 11,363 (64%) of these cases. Among cases for which a CMR was received, reporting timeliness was an issue. Diagnosed or suspected cases of syphilis should be reported within one day, and chlamydia and gonorrhea should be reported within seven days, however 21% of early syphilis cases and 50% of chlamydia and gonorrhea cases were reported more than seven days after the date of specimen collection. And 22% of chlamydia and gonorrhea cases were reported more than 14 days after specimen collection.

Completeness of reported data is important because demographic data are used to inform prevention and control activities. Since laboratories often do not have access to most of this information, it is crucial that providers provide this on a CMR. This is illustrated in the table below which summarizes common missing data elements among chlamydia and gonorrhea cases, comparing those with a CMR to those without a CMR.

| Diagnosis | Percent of Cases with Missing Data, Jan-Dec 2010 | | | | | | | |
|-----------|--|-----------|-----------------|-----------|---------------------|-----------|-----------------|-----------|
| | Cases with a CMR | | | | Cases without a CMR | | | |
| | Race | Ethnicity | Patient Address | Treatment | Race | Ethnicity | Patient Address | Treatment |
| Chlamydia | 39% | 29% | 4% | 18% | 97% | 98% | 35% | 100% |
| Gonorrhea | 30% | 35% | 5% | 17% | 96% | 98% | 35% | 100% |

Please visit our website at www.STDSanDiego.org and click on [Disease Reporting Information](#) under Related Links for a copy of the latest version of the CMR and detailed instructions for the reporting of STDs.

Note: This report, also accessible through the "Reports and Statistics" link at www.STDSanDiego.org, contains hyperlinks to other documents.

Information about the County of San Diego STD Clinics: www.STDSanDiego.org
STD Clinical Consultation Pager: (877) 217-1816 (8 a.m.–5 p.m., M–F, except major holidays)

Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
STD Clinic: (619) 692-8550; fax (619) 692-8543