



County of San Diego Monthly STD Report

Issue No. 28: Data through April 30, 2011; Report prepared June 30, 2011.



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

	2011		2010	
	Apr	YTD	Apr	YTD
Gonorrhea	135	573	190	649
Female age 18-25	28	98	31	111
Female age ≤ 17	1	15	3	14
Male rectal gonorrhea	26	91	33	94
Chlamydia	1002	4889	1362	5094
Female age 18-25	433	2202	602	2308
Female age ≤ 17	93	367	103	402
Male rectal chlamydia	24	116	31	113
Early Syphilis (adult total)	32	142	25	139
Primary	3	35	4	27
Secondary	14	53	11	50
Early latent	15	54	10	62
Neurosyphilis*	0	1	0	0
Congenital syphilis	0	0	0	1
HIV Infection				
HIV (not AIDS)	31	155	41	174
AIDS	28	84	35	136

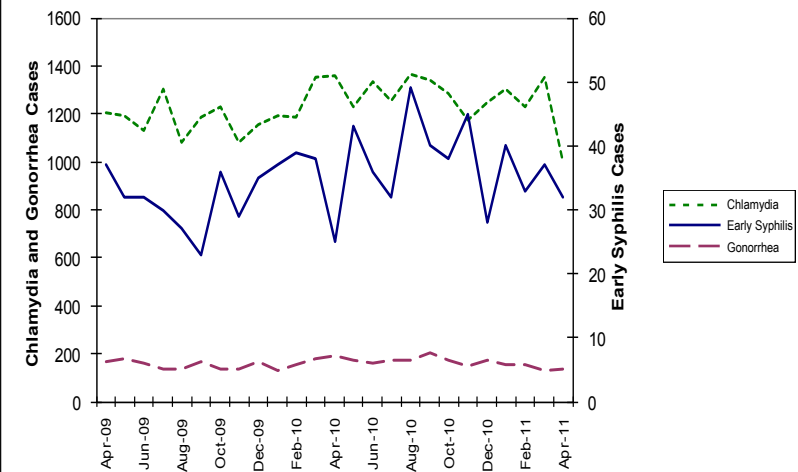
YTD: Year to Date

*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	4889	151.6	163	46.8	394	235.5	927	93.9	716	45.1
Gonorrhea	573	17.8	18	5.2	77	46.0	101	10.2	135	8.5
Early syphilis	142	4.4	8	2.3	16	9.6	39	4.0	76	4.8
Under 20 yrs										
Chlamydia	1138	129.6	20	23.9	121	245.6	264	74.2	138	40.9
Gonorrhea	61	6.9	2	2.4	11	22.3	13	3.7	10	3.0
Early syphilis	1	0.1	0	0.0	1	2.0	0	0.0	0	0.0

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.

Key Points, comparing reported cases in 2011 with 2010

- Early syphilis is stable, but...
 - Early latent syphilis has decreased 12%
 - Primary syphilis has increased 29%
- Chlamydia is stable
- Gonorrhea has decreased 11%

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: Growing Threat of Multidrug Resistant *Neisseria Gonorrhoeae*

On May 17, 2011, a *Neisseria gonorrhoeae* isolate from a young woman in Hawaii was found to have high-level resistance to azithromycin. The patient was successfully treated with ceftriaxone and azithromycin, as is recommended in the 2010 STD Treatment Guidelines. While this is the first known instance of a *N. gonorrhoeae* isolate with high-level resistance to azithromycin to be identified in the United States, isolates with decreased susceptibility to azithromycin have been detected over the past several years through the Centers for Disease Control and Prevention's (CDC) Gonococcal Isolate Surveillance Project. Five such isolates were detected among men who have sex with men here in San Diego and were described in a recent [Morbidity and Mortality Weekly Report](#).

In order to combat the growing threat of multidrug resistant *N. gonorrhoeae*, the CDC and County of San Diego recommend the following:

- Treat all uncomplicated urogenital, rectal and pharyngeal gonorrhea with dual therapy: ceftriaxone 250 mg intramuscularly and either azithromycin one gram orally single dose or doxycycline 100 mg orally twice daily for seven days, even if chlamydia infection has been ruled out. Cefixime 400 mg orally in a single dose should only be used if ceftriaxone is not available.
- For patients with a cephalosporin-allergy, azithromycin 2 gram orally single dose, not azithromycin one gram, should be used and a test-of-cure, ideally using culture, should be completed one week after treatment. The patient should be counseled to remain abstinent until a negative test result has been obtained.
- Gonorrhea cases in which treatment failure is suspected should be immediately reported to the County of San Diego, HIV, STD & Hepatitis Branch by calling (619) 692-8501 as well as to Bob Kirkcaldy, MD, MPH at the CDC (rkirkcaldy@cdc.gov or 404-639-8659).

For more information about the treatment of *N. gonorrhoeae*, and other STDs, please refer to the 2010 CDC STD Treatment Guidelines:

<http://www.cdc.gov/std/treatment/2010/intro.htm>.

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