



County of San Diego Monthly STD Report

Issue No. 48: Data through December 31, 2012; Report released March 29, 2013.



Table 1. STDs reported among San Diego County residents, by month (December 2012) and year-to-date.

	2011		2012	
	Dec	YTD	Dec	YTD
Chlamydia	1512	15448	1286	16543
Female age 18-25	667	6790	536	7170
Female age ≤17	107	1076	76	771
Male rectal chlamydia	42	455	44	520
Gonorrhea	190	2168	211	2599
Female age 18-25	27	337	40	485
Female age ≤17	9	64	1	44
Male rectal gonorrhea	24	357	32	367
Early Syphilis (adult total)	27	454	42	554
Primary	5	115	9	118
Secondary	10	174	13	211
Early latent	12	165	20	225
Neurosyphilis*	1	5	0	7
Congenital syphilis	1	1	0	1
HIV Infection**				
HIV (not AIDS)	30	475	29	444
AIDS	16	251	22	277

YTD: Year to Date

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

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

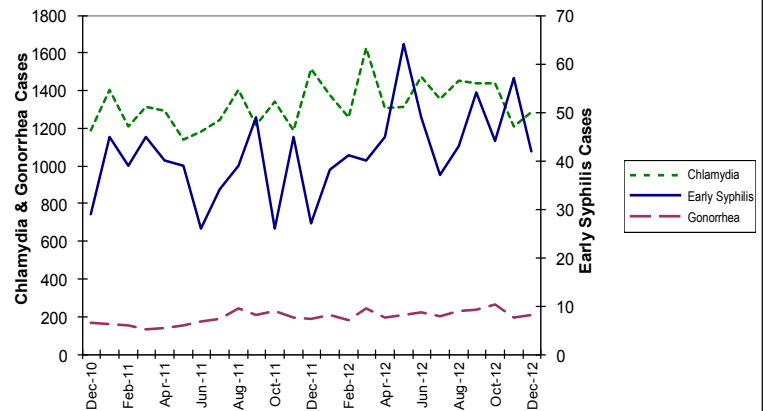
Table 2. Selected STD cases and annualized rates per 100,000 population for San Diego County, by age and race/ethnicity, year-to-date, 2012.

	All races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	16543	526.3	391	109.9	995	713.9	3715	358.9	2505	167.9
Gonorrhea	2599	82.7	79	22.2	250	179.4	415	40.1	551	36.9
Early syphilis	554	17.6	29	8.1	48	34.4	179	17.3	278	18.6
<i>Under 20 yrs</i>										
Chlamydia	2909	344.9	44	52.5	245	651.7	877	230.5	337	117.0
Gonorrhea	229	7.3	6	7.2	38	101.1	39	10.3	26	9.0
Early syphilis	10	1.2	1	1.2	0	0.0	5	1.3	4	1.4

Note: Rates calculated using 2012 SANDAG population estimates.

*Includes cases denoted as "other" or "unknown" and for which no race/ethnicity data are specified.

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 YTD cases reported through December 2011 to December 2012.

- Chlamydia has increased 7.1%.
 - Female (≤17) chlamydia has decreased 28.3%.
 - Male rectal chlamydia has increased 14.3%.
- Gonorrhea has increased 19.9%.
 - Female (18-25) gonorrhea has increased 43.9%.
 - Female (≤17) gonorrhea has decreased 31.3%.
- Early syphilis has increased 22.0%.

Note: All data are provisional. Case count is 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: Appropriate Screening and Presumptive Treatment for Individuals Exposed to Syphilis

Syphilis continues to be a major public health concern in San Diego County. Preliminary data indicate that reported early syphilis cases increased 22% in 2012 over 2011, with 554 cases in the county. The most infectious stages, primary and secondary, increased 14% to 329 cases in 2012.

Screening of individuals exposed to syphilis plays an important role in controlling the spread of disease. **Individuals reporting a recent exposure to syphilis should be screened with both a non-treponemal (RPR, VDRL) and a treponemal (TPPA, FTA) syphilis test.** The reactivity of a treponemal test in an individual with no previous history of syphilis will indicate an early infection. An individual with a previous history of syphilis infection will likely have a reactive treponemal test. In this case, a non-treponemal quantitative titer should be evaluated for a four-fold or two-dilution increase in titer indicating re-infection. For more information on these tests, please view the CDC webinar, [Reverse Sequence Syphilis Screening](#).

Newly identified syphilis infections should be treated according to [established protocols](#). Persons without serologic evidence of infection, but who were exposed within the 90 days preceding the diagnosis of primary, secondary or early latent syphilis in a sex partner, should be treated presumptively. Persons who were exposed >90 days before the diagnosis of primary, secondary or early latent syphilis in a sex partner should be treated presumptively if serologic test results are not available immediately and the opportunity for follow-up is uncertain. **Presumptive treatment options include benzathine penicillin G, 2.4 million units IM or doxycycline 100 mg bid x 14 days (if PCN allergic).**

County of San Diego HIV, STD & Hepatitis Branch Health Advisors interview all early infectious syphilis cases to assure adequate treatment, and provide disease education and prevention messages. Most importantly, the advisors elicit a sexual contact history. All contacts are then notified of their potential exposure to syphilis and are advised to seek testing and presumptive treatment. Clients are referred to their primary care provider or offered services in the [County of San Diego STD Clinics](#), which screen and presumptively treat individuals who have been exposed to syphilis.

For further information regarding appropriate screening and/or recommendations regarding presumptive treatment please call (619) 692-8501.