



# County of San Diego Monthly STD Report

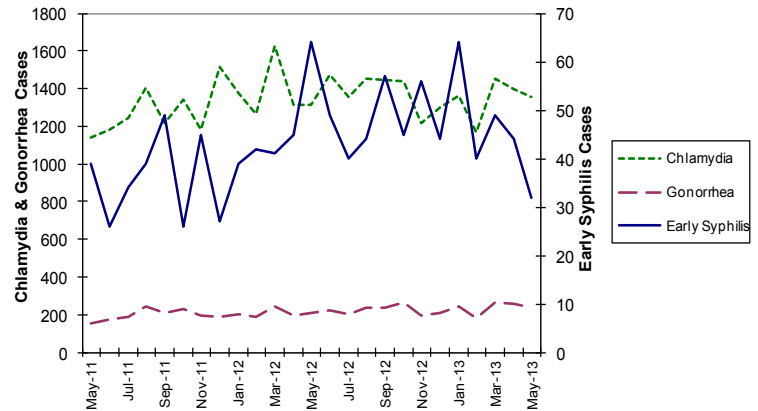
Issue No. 53: Data through May 31, 2013; Report released August 30, 2013.



Table 1. STDs reported among San Diego County residents, by month (May 2013) and year-to-date.

Table with 5 columns: STD Type, 2012 May, 2012 YTD, 2013 May, 2013 YTD. Rows include Chlamydia, Gonorrhea, Early Syphilis, HIV Infection, etc.

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



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

YTD: Year to Date

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

\*\*Includes confirmed and probable cases.

\*\*\*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, 2013.

Table with columns for All races, Asian/PI, Black, Hispanic, White. Sub-columns for cases and rate. Rows for All ages, Under 20 yrs, Chlamydia, Gonorrhea, Early syphilis.

Note: Rates calculated using 2012 SANDAG population estimates.

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

Key Points comparing YTD cases reported through May 2012 to May 2013. Includes bullet points for Chlamydia, Gonorrhea, and Early syphilis trends.

Note: All data are provisional. Case counts are 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: Update: Hepatitis C – Know More Hepatitis

Hepatitis C is a serious liver disease caused by the Hepatitis C Virus (HCV). Most new HCV infections are asymptomatic. Symptoms of acute illness occur in 20-30% of new infections, and include fever, fatigue, dark urine, nausea, vomiting, and jaundice.

The primary risk factor for HCV transmission is blood-to-blood contact, with the majority of infections occurring among injecting drug users. While HCV is not efficiently transmitted through sexual practices, recent studies have indicated that sexual transmission does occur, particularly among HIV-positive individuals.

Most people with hepatitis C do not know that they are infected. The age group at highest risk of hepatitis C includes the baby boomers, people born between 1945 and 1965. Some of these individuals may have been infected through contaminated blood and blood products before widespread screening of the blood supply began in 1992.

There is no vaccine to prevent HCV. Antiviral medication is available to treat chronic HCV, although not all patients will need or benefit from treatment. Due to the development of new medications for HCV, treatment is expected to become more tolerable and successful in the future.



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