



# County of San Diego Monthly STD Report

Issue No. 55: Data through July 31, 2013; Report released October 31, 2013.



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

	2012		2013	
	Jul	YTD	Jul	YTD
Chlamydia	1357	9716	1665	10049
Female age 18-25	622	4216	702	4258
Female age ≤17	40	388	111	609
Male rectal chlamydia	45	312	49	330
Gonorrhea	203	1461	304	1746
Female age 18-25	34	277	46	272
Female age ≤17	6	27	5	29
Male rectal gonorrhea	25	206	36	225
Early Syphilis (adult total)	40	320	29	294
Primary	12	75	7	71
Secondary	14	122	10	123
Early latent	14	123	12	100
Neurosyphilis*	0	6	0	2
Congenital syphilis**	0	2	0	2
HIV Infection***				
HIV (not AIDS)	37	276	33	249
AIDS	24	176	27	185

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.**

	All races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	10049	548.0	343	165.2	665	817.9	2333	386.3	1497	172.0
Gonorrhea	1746	95.2	57	27.5	156	191.9	305	50.5	390	44.8
Early syphilis	294	16.0	15	7.2	20	24.6	99	16.4	151	17.3
<i>Under 20 yrs</i>										
Chlamydia	2052	417.0	54	110.4	207	943.9	594	267.6	249	148.2
Gonorrhea	155	8.5	2	4.1	30	136.8	32	14.4	17	10.1
Early syphilis	3	0.6	0	0.0	1	4.6	1	0.5	1	0.6

Note: Rates calculated using 2012 SANDAG population estimates.

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

## Editorial Note: HIV Pre-Exposure Prophylaxis (PrEP)

Pre-Exposure Prophylaxis, or PrEP, is a new prevention tool in the fight against HIV, in which high risk, HIV-negative individuals take a daily dose of antiviral medication to reduce their risk of acquiring HIV. When used correctly and consistently, PrEP has been shown to be very effective among high-risk adult men and women, including men who have sex with men (MSM), injecting drug users (IDU), and heterosexuals with HIV-infected partners.

Tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC, brand name Truvada) is a combination of two antiviral medications that are commonly used in combination with at least one other medication for the treatment of established HIV infection. [Several clinical trials](#) have shown that daily oral use of TDF/FTC alone leads to significant reductions in HIV transmission among various high-risk populations. The first of these was The National Institutes of Health's iPrEx study involving MSM from the U.S. and several other countries. This study showed that daily use of TDF/FTC conferred an average of 44% additional protection to MSM who also received a comprehensive package of prevention services that included monthly HIV testing, condom provision, and management of other sexually transmitted infections. The amount of protection varied widely and was correlated with medication adherence. Among those MSM who had detectable levels of the medication in their blood, the risk of HIV acquisition was reduced by more than 90%.

Based upon the results of the iPrEx study and subsequent trials among MSM and heterosexually active women and men, the U.S. Food and Drug Administration (FDA) approved TDF/FTC for use as PrEP among individuals at high risk of acquiring HIV through sexual transmission in July 2012. [Later successful trials among injecting drug users](#) in Thailand led the FDA to update its guidance regarding PrEP in June 2013, approving the use of TDF/FTC among this high risk population as well.

Providing PrEP to MSM, IDUs and other individuals at very high risk for HIV acquisition has the potential to reduce HIV incidence in the United States. However, PrEP is not intended to be used in isolation or as a replacement for safer sex practices, and will work best when combined with other prevention efforts and interventions, social and supportive services, substance abuse treatment and behavioral health care.

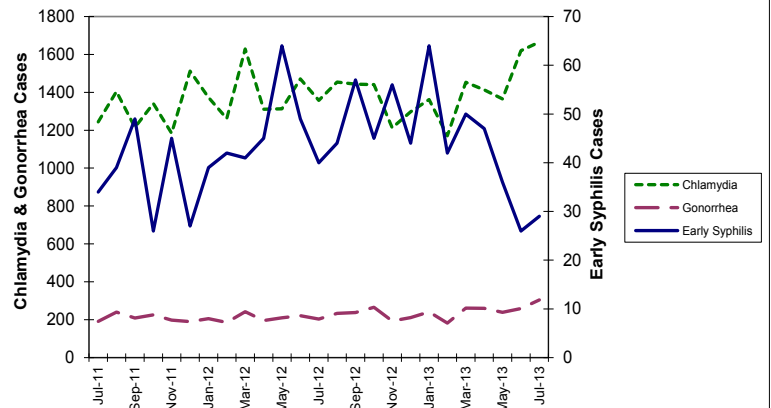
Private and public health insurance plans often cover the cost of PrEP. Alternatively, Gilead, the maker of Truvada, can provide PrEP to eligible individuals through their [PrEP-specific medication assistance program](#). For more information on PrEP, please visit the Center for Disease Control and Prevention's PrEP [webpage](#).

County of San Diego STD Clinics: [www.STDSanDiego.org](http://www.STDSanDiego.org)  
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**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.

## Key Points comparing YTD cases reported through July 2012 to July 2013.

- Chlamydia has increased 3.4%.
  - Female (age ≤17) chlamydia has increased 57.0%.
- Gonorrhea has increased 19.5%.
  - Male rectal gonorrhea has increased 9.2%.
- Early syphilis has decreased 8.1%.

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. In June 2013, the County of San Diego began to transition to a new data surveillance system. For the time being case counts may be slightly inflated, as some cases may have been entered into both systems.

