



County of San Diego Monthly STD Report

Volume I, Issue I: Data through October 31, 2013; Report released January 31, 2014.



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

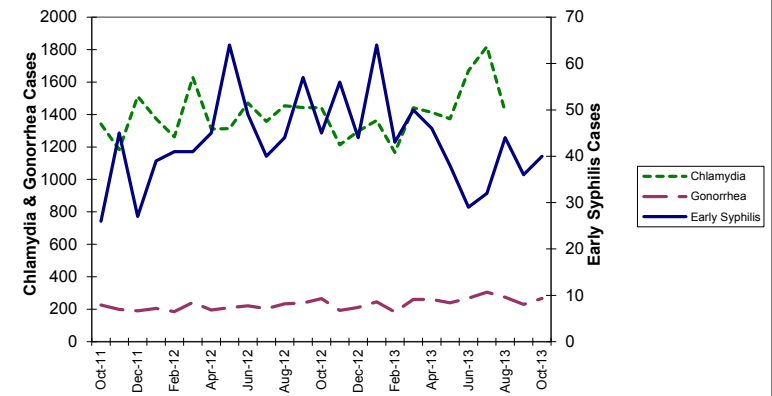
	2012		2013	
	Oct	YTD	Oct	YTD
Gonorrhea	265	2197	266	2530
Female age 18-25	49	411	35	372
Female age ≤ 17	6	38	5	43
Male rectal gonorrhea	36	305	39	362
Early Syphilis (adult total)	45	465	40	422
Primary	10	99	9	94
Secondary	14	178	15	173
Early latent	21	188	16	155
Neurosyphilis*	0	6		
Congenital syphilis*	0	2	1	3
HIV Infection**				
HIV (not AIDS)	38	393	45	352
AIDS	22	231	20	243

YTD: Year to Date

*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.

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.

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>										
Gonorrhea	2530	96.6	82	27.6	225	193.7	434	50.3	580	46.6
Early syphilis	422	16.1	22	7.4	32	27.5	149	17.3	196	15.8
<i>Under 20 yrs</i>										
Gonorrhea	227	8.7	2	2.9	43	137.3	45	14.2	28	11.7
Early syphilis	8	1.1	1	1.4	1	3.2	5	1.6	1	0.4

Note: Rates calculated using 2012 SANDAG population estimates.

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

Key Points comparing YTD cases reported through October 2012 to October 2013.

- Chlamydia information is omitted due to data entry delay.
- Gonorrhea has increased 15.2%.
- Early syphilis has decreased 9.2%

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 unavailable or slightly inflated, as some cases may have been entered into both systems.

Editorial Note: The San Diego HIV Cascade of Care

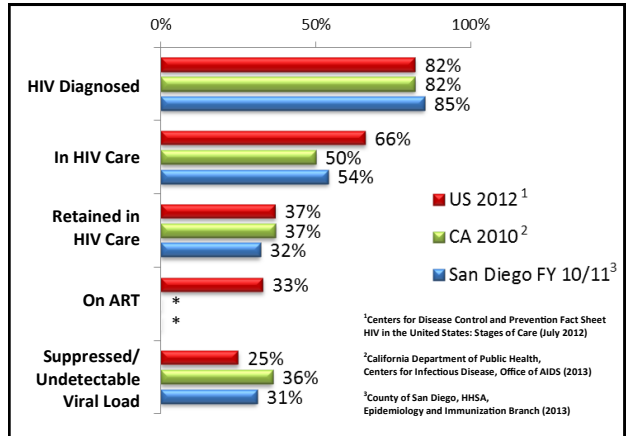
For individuals with HIV to fully benefit from available therapy, they need to know that they are infected, be engaged in HIV care, and adhere to effective antiretroviral therapy (ART). The HIV/AIDS treatment cascade is a way to model the proportion of people living with HIV/AIDS who are receiving the full benefits of care. Despite certain limitations, it is a powerful tool to assist communities in assessing diagnosis and treatment needs. The figure to the right demonstrates the treatment cascade with available data from national, state and local levels.

An examination of national data demonstrated that the success of early diagnosis and ART was limited by poor engagement in care. The [national HIV treatment cascade](#) was developed by [Gardner et al](#) to quantify gaps in the continuum of HIV care. Recently, the County of San Diego completed its own treatment cascade using local data.

It is estimated that 85% of the ~20,000 San Diegans living with HIV are aware that they are infected (i.e. have been diagnosed with HIV), and about half are in medical care (54%). Only about one-third are retained in care (32%) and 31% have a suppressed or undetectable viral load. There is a close relationship between retention in care and viral suppression. Comparing the cascade for the U.S., California and San Diego County, the U.S. had a higher percent in care but lower percent virally suppressed than California or San Diego.

One of the challenges to building a cascade is finding representative data. Locally and statewide, ART data are not available. A second issue is the inability to know when individuals move in or out of a jurisdiction. Individuals who move out remain part of the local database yet do not generate new local laboratory data, thus appearing to have fallen out of care when they may be enrolled in another jurisdiction.

The County of San Diego is utilizing this cascade as a tool to inform planning and evaluation efforts related to the delivery of HIV services. For more information, call (619) 692-8433 or visit the [San Diego Health Services HIV Planning Council website](#).



¹Centers for Disease Control and Prevention Fact Sheet HIV in the United States: Stages of Care (July 2012)

²California Department of Public Health, Centers for Infectious Disease, Office of AIDS (2013)

³County of San Diego, HHS, Epidemiology and Immunization Branch (2013)

