



County of San Diego Monthly STD Report

Issue No. 25: Data through January 31, 2011; Report prepared March 30, 2011.



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

	2011		2010	
	Jan	YTD	Jan	YTD
Gonorrhea	155	155	127	127
Female age 18-25	25	25	26	26
Female age ≤ 17	7	7	3	3
Male rectal gonorrhea	18	18	16	16
Chlamydia	1289	1289	1197	1197
Female age 18-25	593	593	561	561
Female age ≤ 17	87	87	88	88
Male rectal chlamydia	22	22	32	32
Early Syphilis (adult total)	41	41	36	36
Primary	12	12	11	11
Secondary	14	14	10	10
Early latent	15	15	15	15
Neurosyphilis**	0	0	0	0
Congenital syphilis	0	0	0	0
Pelvic Inflammatory Disease	11	11	11	11
HIV Infection				
HIV (not AIDS)	53	53	34	34
AIDS	18	18	29	29

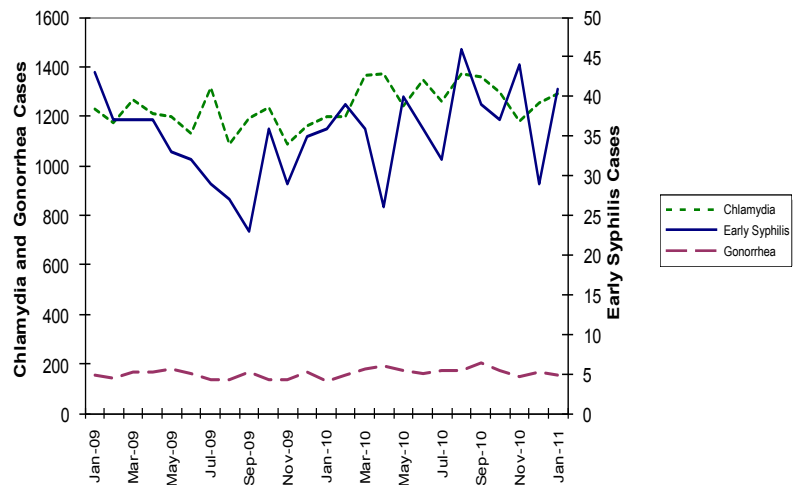
YTD: Year to Date

*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	1289	40.0	29	8.3	114	68.1	235	23.8	180	11.3
Gonorrhea	155	4.8	4	1.1	29	17.3	30	3.0	37	2.3
Early syphilis	41	1.3	2	0.6	6	3.6	13	1.3	20	1.3
Under 20 yrs										
Chlamydia	290	33.0	2	2.4	35	71.0	51	14.3	37	11.0
Gonorrhea	20	2.3	0	0.0	3	6.1	3	0.8	6	1.8
Early syphilis	1	0.1	1	1.2	0	0.0	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 has increased 14%
- Chlamydia has increased 8%
- Gonorrhea has increased 22%

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: Caring for Adult and Adolescent Survivors of Sexual Assault

An estimated 203,830 cases of rape or sexual assault occurred in the United States in 2008, according to a U.S. Department of Justice survey. The following summarizes CDC guidelines for identification, prophylaxis, and treatment of STDs in adult and adolescent survivors of sexual assault at the time of an initial visit:

- **Physical examination** by an experienced clinician.
- **Laboratory examination**, including
 - Nucleic acid amplification tests for *chlamydia* and *gonorrhea* at all sites of penetration or attempted penetration.
 - Wet mount and culture or point-of-care testing of a vaginal-swab specimen for *trichomoniasis*. Also examine the wet mount for evidence of bacterial vaginosis and candidiasis.
 - Serologic testing for HIV infection, hepatitis B, and syphilis.
- **Prophylaxis**, including
 - Hepatitis B vaccination, if not previously vaccinated or infected.
 - Treatment for chlamydia, gonorrhea, and trichomoniasis, including
 - Ceftriaxone 250 mg intramuscularly in a single dose OR cefixime 400 mg orally in a single dose; PLUS
 - Metronidazole 2 g orally in a single dose; PLUS
 - Azithromycin 1 g orally in a single dose OR doxycycline 100 mg orally twice a day for 7 days.
 - Emergency contraception, if appropriate.
 - Consider HIV post-exposure prophylaxis (PEP); for assistance with PEP, call the National Clinician's PEP Hotline, at (888) 448-4911.
- **Counseling** regarding trauma and STD symptoms and abstinence until STD prophylactic treatment is completed.
- **Reporting** to law enforcement in the jurisdiction where the assault occurred. Law enforcement might notify a County [Sexual Assault Response Team \(SART\)](#) to help arrange forensic examinations and connect survivors with other services. Reporting to law enforcement includes
 - Immediate report by phone, AND
 - Within 24 hours by fax, using form [OES 920: Suspicious Injury Report](#) (with instructions [here](#))

Notes: (1) For alternative prophylactic treatments and recommendations regarding follow-up care, see CDC's [STD Treatment Guidelines, 2010](#). (2) Clinical and reporting requirements are different for other types of assaults and for sexual assault survivors <18 years old, >64 years old, and 18–64 years old with physical or mental limitations ("dependent adults"). (3) Use special forms for forensic examinations. (4) This report, also accessible through the "Reports and Statistics" link at [www.STDSanDiego.org](#), contains hyperlinks to other documents and forms. /DR, EP, KK