Table 1. STIs among residents, October, 2022. Female syphilis cases include patients assigned as female at birt

sypnilis cases include patients assigned as female at birth.						
	2022		2021			
	month	YTD	month	YTD		
Gonorrhea	423	4,386	544	4,233		
Male rectal gonorrhea	124	1,614	213	1,439		
Chlamydia	541	5,388	538	5,062		
Male rectal chlamydia	156	1,724	187	1494		
Syphilis (adult total)	128	1483	137	1593		
Primary & secondary	26	307	25	343		
Early latent	68	702	75	682		
Unknown latent	3	157	10	211		
Late latent	31	317	27	357		
Neurosyphilis	0	11	3	22		
Congenital syphilis	0	2	0	2		
Female syphilis	14	173	13	150		

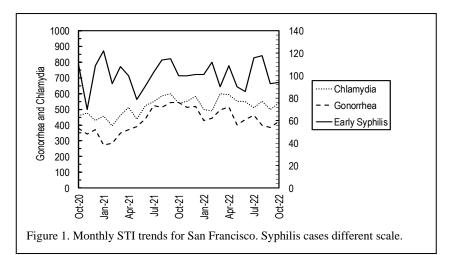


Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2022 through October only. Rates equal cases per 100,000 residents per year based on 2010 US Census Data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	5,388	803.0	562	253.8	525	1,346.7	810	798.2	1,392	495.0
Gonorrhea	4,386	653.6	421	190.1	396	1,015.8	772	760.8	1,599	568.6
Early syphilis	1,009	150.4	119	53.7	107	274.5	259	255.2	359	127.7
Under 20 yrs										
Chlamydia	419	904.4	25	135.5	98	2,500.5	49	464.8	38	371.9
Gonorrhea	94	202.9	5	27.1	25	637.9	13	123.3	10	97.9
Early syphilis	5	10.8	0	0.0	2	51.0	1	9.5	1	9.8

Table 3. HIV testing among City Clinic patients, October, 2022.

	2022		2021	
	month	YTD	month	YTD
Tests	323	3,209	331	2,785
Antibody positive	9	43	5	32
Acute HIV infection	1	4	1	5

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

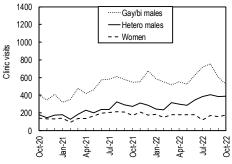


Figure 2. City Clinic visits by gender and orientation.

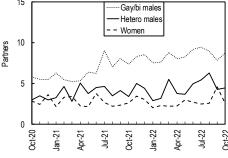


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

SF Ends Public Health Emergency on MPX

In early June, the first case of monkeypox (now known as MPX) was identified in San Francisco, and as of November 2, 2022, a total of 833 cases have been identified in SF. There has been a notable decline in MPX case counts, and now over 27,000 San Franciscans have been vaccinated against MPX. In response, the SFDPH ended the public health emergency on MPX on October 31, 2022.

Despite the drastic decline in MPX cases since the peak of the outbreak in August 2022, MPX has not been eradicated and we must remain vigilant to prevent future outbreaks. We request that clinicians:

- Maintain clinical suspicion for MPX when seeing a patient with new rash or lesions characteristic of MPX
- <u>Test</u> patients with symptoms suspicious for MPX
- Continue to offer vaccine to ALL eligible patients. The most up to date MPX vaccine eligibility criteria are <u>here</u>, which includes gay or bisexual men, or any man, trans or
 nonbinary person who has sex with men, trans or nonbinary people; sex workers of any sexual orientation or gender identity; all persons living with HIV; and all persons who
 are taking or are eligible to take PrEP
- Ensure that patients receive **BOTH DOSES** of the 2-dose Jynneos vaccine series. The MPX vaccine is most effective when administered as a series of 2 injections at least 4 weeks apart.
- Provide the option for subcutaneous vaccine administration. Preliminary evidence suggests patients are hesitant to receive the vaccine intradermally due to concerns of a
 localized injection site reaction and/or potential stigma. CDC and CDPH are now allowing flexibility with route of vaccine administration in response to these concerns and
 the increasing vaccination supply.

While the MPX emergency response has ended, you can continue to find updated MPX guidance for SF providers at www.sfcdcp.org/monkeypoxHCP, including information on testing, treatment, and patient education.