



San Francisco Monthly STD Report

Data for January, 2011
Report prepared February 18, 2011

Table 1. STDs among residents, January, 2011.

	2011		2010	
	month	YTD	month	YTD
Gonorrhea	170	170	171	171
Male rectal gonorrhea	48	48	55	55
Chlamydia	409	409	410	410
Male rectal chlamydia	88	88	71	71
Syphilis (adult total)	68	68	46	46
Primary & secondary	35	35	23	23
Early latent	23	23	17	17
Unknown latent	0	0	0	0
Late latent	10	10	6	6
Neurosyphilis	0	0	0	0
Congenital syphilis	0	0	0	0
PID	6	6	11	11

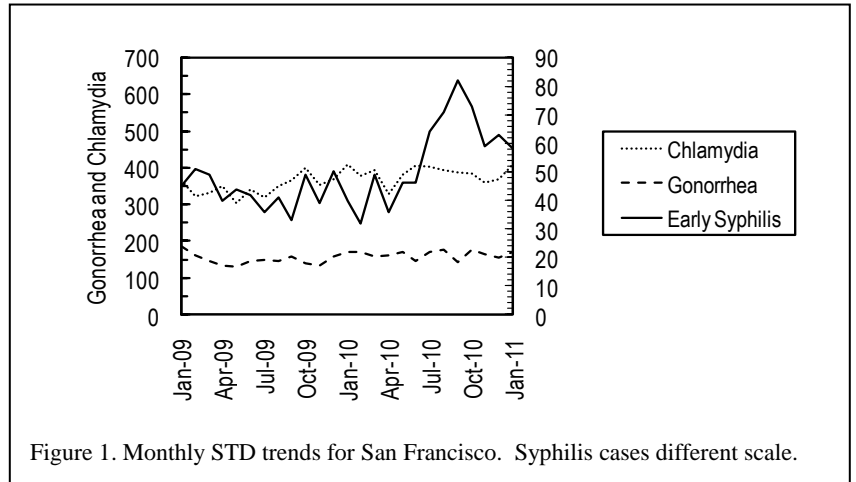


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2011 through January only. Rates equal cases per 100,000 residents per year based on 2000 US Census data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	409	631.9	47	223.5	82	1,535.8	66	723.3	110	389.5
Gonorrhea	170	262.6	7	33.3	34	636.8	36	394.5	73	258.5
Early syphilis	58	89.6	3	14.3	1	18.7	14	153.4	33	116.9
<i>Under 20 yrs</i>										
Chlamydia	54	1,261.4	6	330.4	20	3,645.0	13	1,408.1	3	324.5
Gonorrhea	10	233.6	1	55.1	7	1,275.8	1	108.3	0	0.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, January, 2011.

	2011		2010	
	month	YTD	month	YTD
Tests	435	435	333	333
Antibody positive	9	9	10	10
Acute HIV infection	0	0	1	1

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.

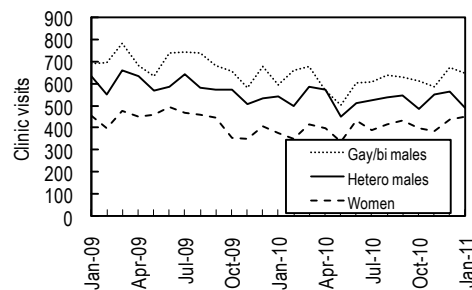


Figure 2. City Clinic visits by gender and orientation.

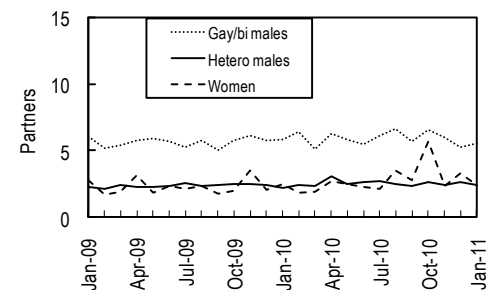


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.

*Recall period is 3 months.

2010 CDC STD Treatment Guidelines Released

In December, the Centers for Disease Control released its Sexually Transmitted Diseases Treatment Guidelines, 2010. The guidelines provide many important updates regarding the etiology, diagnosis and treatment of STDs. We highlight two notable changes here: revised criteria for cerebrospinal fluid (CSF) examination in patients with syphilis and new treatment recommendations for *Neisseria gonorrhoeae* (GC). 1. CSF analysis should be performed only in patients with syphilis who have neurologic symptoms (e.g. cranial nerve dysfunction, meningitis, and auditory or ophthalmic abnormalities) or in whom there is a concern for treatment failure. CSF examination in patients with early syphilis without neurologic abnormalities has not been shown to improve clinical outcomes and is not recommended. 2. Due to concerns about the prevalence of antimicrobial-resistant GC, the guidelines now recommend *dual therapy* for uncomplicated GC infections of the cervix, urethra, rectum and pharynx. Dual treatment should be given even if NAAT tests for *Chlamydia trachomatis* are negative.

The revised GC treatment recommendations are:

Ceftriaxone 250 mg intramuscularly (IM) once
<i>plus</i>
Azithromycin 1 g orally once or Doxycycline 100 mg orally twice daily for 7 days

Alternative therapy if ceftriaxone is not an option:

Cefixime* 400 mg orally once
<i>plus</i>
Azithromycin 1 g orally once or Doxycycline 100 mg orally twice daily for 7 days

*Cefixime is not recommended for pharyngeal infections. Ceftriaxone is the treatment of choice for pharyngeal GC.

For answers to frequently asked questions about the new GC treatment guidelines and a link to the complete CDC STD treatment guidelines, please visit our website: <http://www.sfcityclinic.org/providers>.