



# San Francisco Monthly STD Report

Data for January, 2021  
Report prepared March 22, 2021

Table 1. STDs among residents, January, 2021. Female syphilis cases include patients assigned as female at birth.

	2021		2020	
	month	YTD	month	YTD
Gonorrhea	260	260	579	579
Male rectal gonorrhea	86	86	160	160
Chlamydia	426	426	908	908
Male rectal chlamydia	120	120	274	274
Syphilis (adult total)	159	159	151	151
Primary & secondary	36	36	50	50
Early latent	77	77	78	78
Unknown latent	21	21	9	9
Late latent	25	25	14	14
Neurosyphilis	3	3	1	1
Congenital syphilis	1	1	0	0
Female syphilis	12	12	15	15

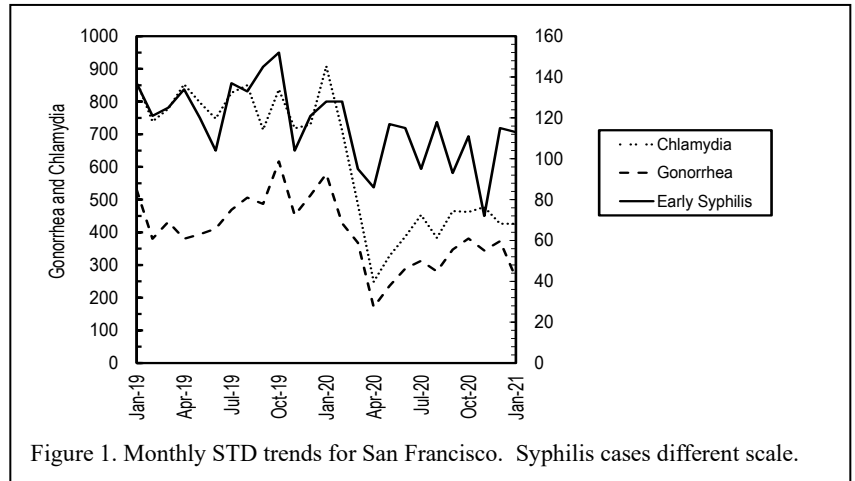


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2021 through January 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
<i>All ages</i>										
Chlamydia	426	634.9	57	257.4	62	1,590.4	67	660.2	115	409.0
Gonorrhea	260	387.5	24	108.4	49	1,256.9	45	443.4	79	280.9
Early syphilis	113	168.4	20	90.3	8	205.2	24	236.5	50	177.8
<i>Under 20 yrs</i>										
Chlamydia	40	863.4	3	162.6	13	3,317.0	6	569.1	3	293.6
Gonorrhea	5	107.9	0	0.0	1	255.2	2	189.7	0	0.0
Early syphilis	1	21.6	0	0.0	0	0.0	1	94.9	0	0.0

Table 3. HIV testing among City Clinic patients, January, 2021.

	2021		2020	
	month	YTD	month	YTD
Tests	190	190	451	451
Antibody positive	2	2	3	3
Acute HIV infection	0	0	0	0

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.

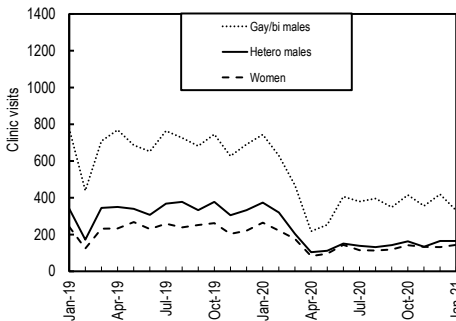


Figure 2. City Clinic visits by gender and orientation.

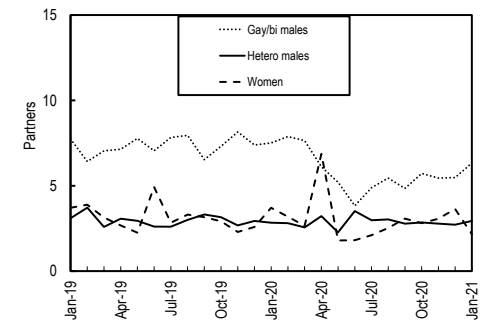


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Increasing Reports of Disseminated Gonococcal Infections (DGI) in California

California has recently experienced increases in reports of [disseminated gonococcal infection \(DGI\)](#), a severe complication of untreated gonorrhea.

- DGI occurs when gonorrhea invades the bloodstream and spreads to distant sites in the body, leading to clinical manifestations such as septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, bacteremia, or, on rare occasions, endocarditis or meningitis.
- If there is clinical suspicion for DGI, nucleic acid amplification test (NAAT) and culture specimens from urogenital and extragenital (e.g., pharyngeal and rectal) mucosal sites, as applicable, should be collected and processed, in addition to NAAT and culture specimens from disseminated sites of infection (e.g., skin, synovial fluid, blood, cerebrospinal fluid).
- DGI should be reported to SFPDPH on a [confidential morbidity form](#). If the patient has a positive gonococcal culture from a sterile site, SFPDPH will arrange for shipment of an isolate to CDC for whole genome sequencing.
- Management of DGI cases should be guided by the CDC STD Treatment Guidelines. Hospitalization and consultation with an infectious disease specialist when available are recommended for initial therapy. Providers can call the SF City Clinical team for clinical consultation at 415-487-5595.

Screening for HIV and other STIs has declined sharply during the COVID-19 pandemic. Screening patients at risk for HIV and STIs, and promptly administering effective treatment can prevent complications and reduce transmission. SEC