



# San Francisco Monthly STD Report

Data for February, 2017  
Report prepared April 11, 2017

Table 1. STDs among residents, February, 2017.

	2017		2016	
	month	YTD	month	YTD
Gonorrhea	397	850	394	825
Male rectal gonorrhea	122	274	109	221
Chlamydia	664	1,418	658	1,327
Male rectal chlamydia	173	386	166	341
Syphilis (adult total)	110	234	117	234
Primary & secondary	53	107	51	98
Early latent	47	101	44	99
Unknown latent	0	0	4	5
Late latent	10	26	18	32
Neurosyphilis	0	0	6	7
Congenital syphilis	0	0	1	1
PID	4	8	3	10

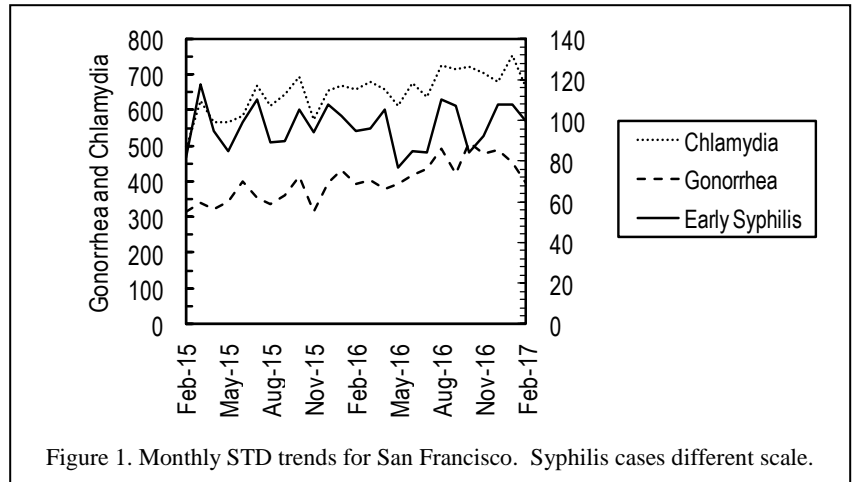


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2017 through February 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
All ages										
Chlamydia	1,418	1,095.4	185	439.8	143	1,339.2	226	1,238.3	485	858.6
Gonorrhea	850	656.6	80	190.2	102	955.2	149	816.4	375	663.9
Early syphilis	208	160.7	31	73.7	16	149.8	49	268.5	95	168.2
Under 20 yrs										
Chlamydia	103	1,203.0	12	330.4	36	3,280.5	15	812.4	18	973.5
Gonorrhea	27	315.4	0	0.0	8	729.0	3	162.5	11	594.9
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, February, 2017.

	2017		2016	
	month	YTD	month	YTD
Tests	478	1,013	530	1,091
Antibody positive	5	10	0	8
Acute HIV infection	2	2	0	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.

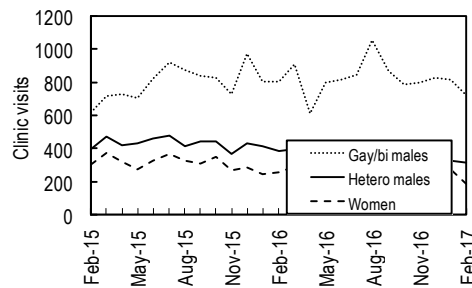


Figure 2. City Clinic visits by gender and orientation.

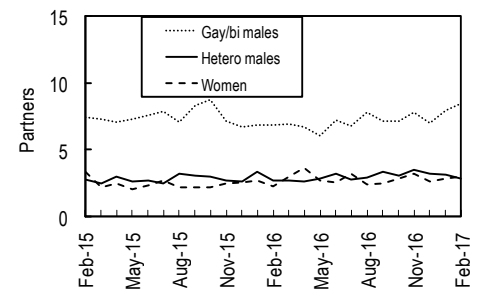


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## April is STD Awareness Month

### How can we be innovative so that more people can know their STD status?

Current screening guidelines generally recommend annual screening for females and males, 3-month screening for men who have sex with men, and more specific guidelines for pregnant women, persons with HIV, and those who have different individual risk and STD prevalence in their area.

[http://sfccityclinic.org/providers/SFDPH\\_STDScreeningRecs2009v2.pdf](http://sfccityclinic.org/providers/SFDPH_STDScreeningRecs2009v2.pdf)

For all types of clients, making screening more patient-centered – that is, in part, easier to access, less stigmatizing, and less disruptive to their daily routine – can increase screening rates and improve patient satisfaction.

One innovative model recently implemented at San Francisco City Clinic (SFCC) is **Express Visits** for female patients returning for the recommended 3-month follow-up test after a positive chlamydia or gonorrhea result. Patients complete a **brief screener** to verify that they do not need to see a clinician (e.g., asymptomatic, no other complaints); patients eligible for an Express Visit are given kits that they take into the bathroom in order to provide **self-collected swabs** of vaginal specimens. Clinic-based CT/GC testing using self-collected specimens is FDA-cleared for vaginal swabs, and has been validated for rectal and pharyngeal swabs at the San Francisco Public Health Laboratory.

The availability of Express Visits at SFCC has encouraged more people to test who might not have otherwise done so and has received positive feedback (e.g., minimized time at the clinic, empowered patients through self-collection). SFCC anticipates making this model of screening available for all returning patients who do not need to see a clinician and will include kits to collect specimens to collect urine, and rectal and pharyngeal swabs. *TQN/SSP*