



San Francisco Monthly STD Report

Data for March, 2014
Report prepared April 22, 2014

Table 1. STDs among residents, March, 2014.

	2014		2013	
	month	YTD	month	YTD
Gonorrhea	209	671	168	548
Male rectal gonorrhea	53	187	42	161
Chlamydia	438	1,348	402	1,271
Male rectal chlamydia	106	282	87	293
Syphilis (adult total)	95	307	107	335
Primary & secondary	35	124	42	127
Early latent	49	139	47	155
Unknown latent	0	0	0	0
Late latent	11	44	18	53
Neurosyphilis	1	5	3	4
Congenital syphilis	0	0	0	0
PID	9	31	4	16

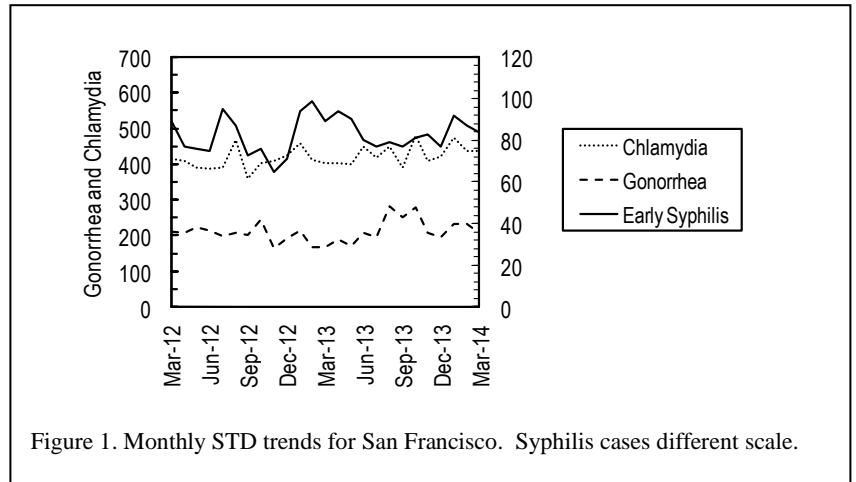


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2014 through March 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	1,348	694.2	178	282.1	216	1,348.5	192	701.3	430	507.5
Gonorrhea	671	345.6	52	82.4	120	749.2	106	387.2	298	351.7
Early syphilis	263	135.4	23	36.5	23	143.6	52	190.0	142	167.6
<i>Under 20 yrs</i>										
Chlamydia	125	973.3	15	275.3	43	2,612.3	17	613.8	13	468.7
Gonorrhea	33	257.0	2	36.7	16	972.0	2	72.2	3	108.2
Early syphilis	1	7.8	0	0.0	1	60.8	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, March, 2014.

	2014		2013	
	month	YTD	month	YTD
Tests	499	1,587	532	1,550
Antibody positive	3	18	5	21
Acute HIV infection	1	1	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.

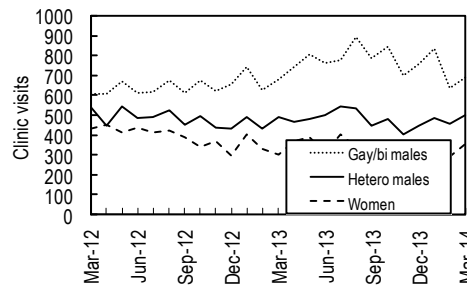


Figure 2. City Clinic visits by gender and orientation.

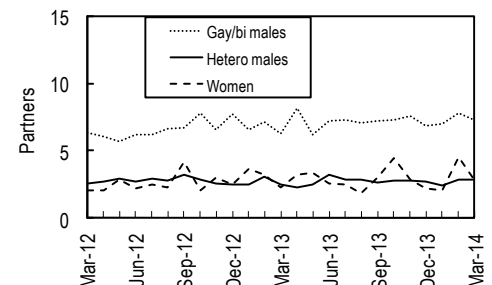


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Initiation of a Hepatitis C Virus (HCV) Pilot Testing Program

Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States; approximately 3.2 million persons are chronically infected with the majority unaware that they have HCV and are at risk for chronic liver disease, cirrhosis, and hepatocellular carcinoma. The most common mode of transmission of HCV is through exposure to infected blood; occupational, perinatal, and sexual transmission also occurs. With the advent of more effective and better tolerated treatment for Hepatitis C, there is a heightened interest in improving access to HCV screening and treatment. The CDC and USPSTF recommend screening individuals with any of the following risk factors for HCV:

Past or current injection drug use, receiving a blood transfusion before 1992, long-term hemodialysis, being born to an HCV-infected mother, incarceration, intranasal drug use, getting an unregulated tattoo, and other percutaneous exposures. In addition, "baby boomers", adults born between 1945 and 1965, should be screened for HCV and all HIV-infected patients should be tested routinely.

In December 2013, the San Francisco Department of Public Health initiated a pilot program to conduct 3,000 HCV tests in 3 community settings: (1) San Francisco City Clinic, (2) Community-Based Sites where HCV screening will be offered alongside HIV/STD testing during outreach events, and (3) Community-Based Organizations including Glide, Alliance Health Project, and San Francisco AIDS Foundation's needle-exchange programs. Results of the pilot project are expected in approximately 3 months. *SS/SC/TQN*