



# San Francisco Monthly STD Report

Data for March, 2015  
Report prepared April 17, 2015

Table 1. STDs among residents, March, 2015.

	2015		2014	
	month	YTD	month	YTD
Gonorrhea	334	1,018	209	670
Male rectal gonorrhea	86	259	57	191
Chlamydia	621	1,672	439	1,348
Male rectal chlamydia	130	346	107	282
Syphilis (adult total)	115	360	96	310
Primary & secondary	46	131	33	122
Early latent	61	187	50	143
Unknown latent	2	5	0	0
Late latent	6	37	13	45
Neurosyphilis	0	3	1	5
Congenital syphilis	0	0	0	0
PID	11	27	9	32

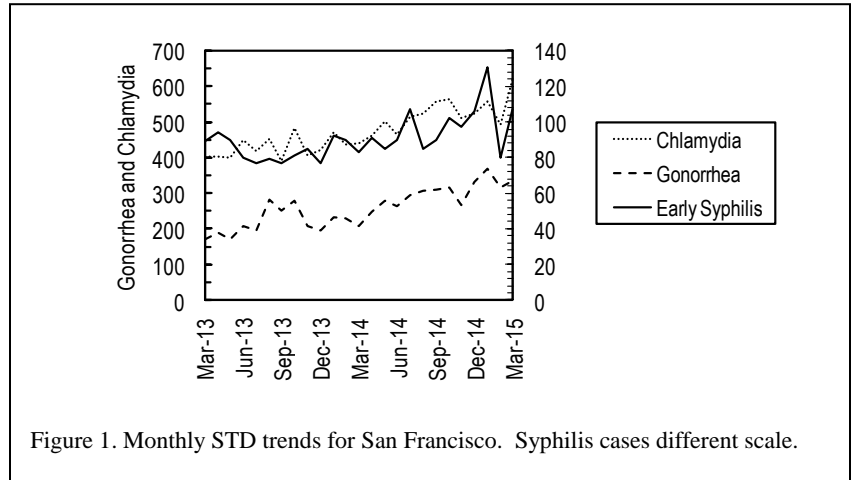


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2015 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	1,672	861.0	209	331.3	187	1,167.5	221	807.3	587	692.8
Gonorrhea	1,018	524.3	86	136.3	120	749.2	169	617.3	478	564.2
Early syphilis	318	163.8	24	38.0	34	212.3	72	263.0	167	197.1
<i>Under 20 yrs</i>										
Chlamydia	122	949.9	10	183.6	35	2,126.3	31	1,119.2	15	540.8
Gonorrhea	24	186.9	3	55.1	8	486.0	5	180.5	5	180.3
Early syphilis	1	7.8	0	0.0	0	0.0	1	36.1	0	0.0

Table 3. HIV testing among City Clinic patients, March, 2015.

	2015		2014	
	month	YTD	month	YTD
Tests	505	1,413	499	1,587
Antibody positive	3	13	3	18
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.

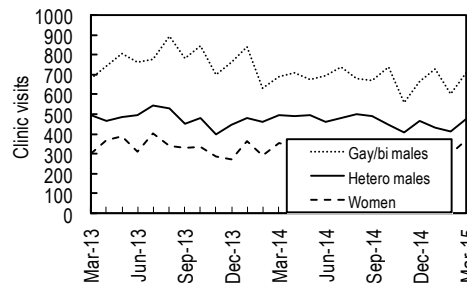


Figure 2. City Clinic visits by gender and orientation.

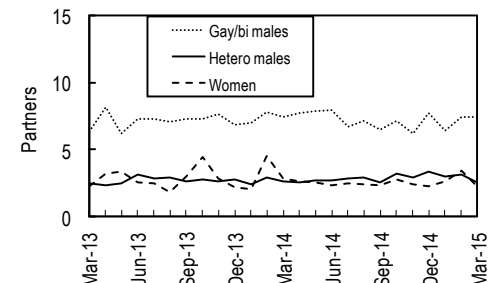


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Unusually high number of Shigella infections in San Francisco since December 2014

The San Francisco Department of Public Health has received an unusually high number of Shigella case reports in recent months — 6-10 times more than expected in December. By the end of March 2015, over 200 confirmed and suspected outbreak cases had been identified, nearly 30% of whom were homeless. Though the outbreak seems to be ebbing, providers and residents are asked to maintain vigilance regarding the need for proper hygiene and testing suspected cases.

The strain causing the recent San Francisco outbreak is resistant to ciprofloxacin, the antibiotic that is most commonly prescribed to treat shigellosis. Concerns regarding antibiotic-resistant Shigella are increasing. Shigella strains with reduced susceptibility to azithromycin also occur in the US and data suggest that MSM, especially HIV-infected MSM, are at greater risk for infection with this particular strain. Unfortunately, azithromycin susceptibility testing is not included in standard susceptibility panels. Nonetheless, clinicians should culture stool specimens of suspected of shigellosis and tailor treatment plans to susceptibility results.

Shigella bacteria are highly contagious and usually cause diarrhea lasting a few days. Young children, the elderly and HIV-positive people are more likely to have severe symptoms including prolonged diarrhea, dehydration, and bacteria in the blood. San Franciscans are reminded to wash their hands thoroughly before preparing or serving food, before eating, and after using the bathroom. Because Shigella can be spread through sexual contact, sexual partners should avoid unprotected direct oral-anal contact and, after sex, thoroughly wash hands, other body parts, and any objects used during sex.

The Health Department will continue to track and investigate Shigella cases and will provide updates when there is new information. For more information, go to: [www.sfdcdp.org/shigella.html](http://www.sfdcdp.org/shigella.html) or <http://www.cdc.gov/shigella/>. TQN/CH

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[www.sfcityclinic.org](http://www.sfcityclinic.org)