



San Francisco Monthly STD Report

Data for June, 2012
Report prepared July 24, 2012

Table 1. STDs among residents, June, 2012.

	2012		2011	
	month	YTD	month	YTD
Gonorrhea	217	1,278	194	1,015
Male rectal gonorrhea	77	395	50	267
Chlamydia	386	2,412	395	2,288
Male rectal chlamydia	93	555	89	477
Syphilis (adult total)	83	492	63	392
Primary & secondary	40	241	34	191
Early latent	32	179	24	145
Unknown latent	0	1	0	0
Late latent	11	71	5	56
Neurosyphilis	0	1	0	8
Congenital syphilis	0	0	0	0
PID	10	59	12	47

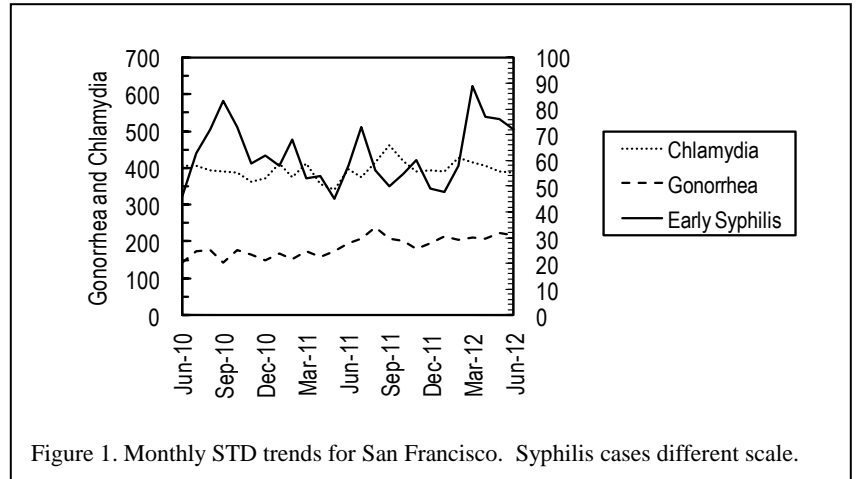


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2012 through June 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	2,412	621.1	301	238.5	375	1,170.6	377	688.6	805	475.1
Gonorrhea	1,278	329.1	84	66.6	145	452.6	199	363.5	714	421.4
Early syphilis	420	108.2	21	16.6	46	143.6	90	164.4	247	145.8
<i>Under 20 yrs</i>										
Chlamydia	310	1,206.9	30	275.3	115	3,493.2	56	1,010.9	25	450.7
Gonorrhea	46	179.1	3	27.5	18	546.8	7	126.4	8	144.2
Early syphilis	3	11.7	0	0.0	0	0.0	1	18.1	2	36.1

Table 3. HIV testing among City Clinic patients, June, 2012.

	2012		2011	
	month	YTD	month	YTD
Tests	414	2,496	369	2,441
Antibody positive	7	42	3	29
Acute HIV infection	1	12	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.

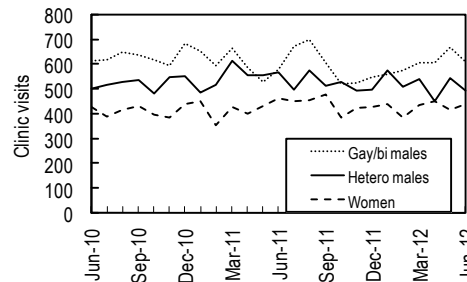


Figure 2. City Clinic visits by gender and orientation.

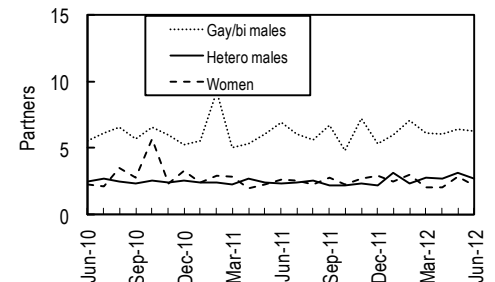


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

“RSVP: Re-engaging HIV patients in San Francisco”

STD Control and Prevention and HIV Prevention, and HIV Epidemiology and Surveillance are collaborating on a pilot project to determine if HIV positive patients who are out of care can be identified through HIV surveillance data and be re-linked to HIV care. Patients with an unsuppressed HIV viral load who subsequently fall out of care may experience worse clinical outcomes and potentially transmit HIV to others. HIV surveillance registries are a source of population-based data from which to identify and locate such persons to re-link them to HIV care. To assess the feasibility of using the surveillance case registry for this purpose, the “Re-engaging Surveillance-identified Viremic Patients” (RSVP) project was developed. Using the enhanced HIV surveillance system (eHARS) data in San Francisco, HIV cases aged 18 years and older who had an HIV viral load > 200 copies/mL at last measurement and no HIV viral load or CD4+ cell counts in eHARS during the past 9 to 15 months were identified for potential follow up. The RSVP pilot project is ongoing. For more information about the RSVP project please contact Dr. Susan Scheer (Susan.Scheer@sfdph.org). KB/SS/EA/NC