



San Francisco Monthly STD Report

Data for July, 2012
Report prepared August 31, 2012

Table 1. STDs among residents, July, 2012.

	2012		2011	
	month	YTD	month	YTD
Gonorrhea	198	1,475	206	1,221
Male rectal gonorrhea	59	456	54	321
Chlamydia	383	2,801	374	2,662
Male rectal chlamydia	71	628	76	553
Syphilis (adult total)	109	608	85	477
Primary & secondary	53	296	45	236
Early latent	40	222	28	173
Unknown latent	0	1	0	0
Late latent	16	89	12	68
Neurosyphilis	0	1	1	9
Congenital syphilis	0	0	0	0
PID	8	68	9	56

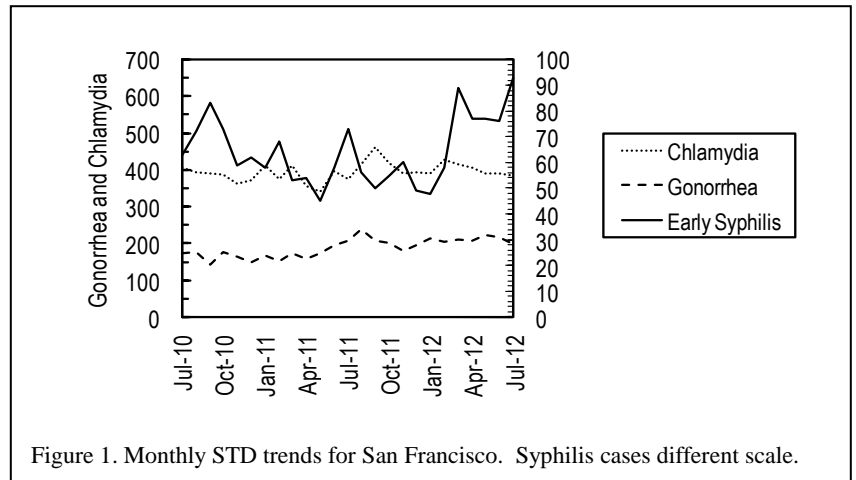


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2012 through July 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	2,801	618.2	369	250.7	434	1,161.2	431	674.7	920	465.4
Gonorrhea	1,475	325.5	108	73.4	169	452.2	231	361.6	818	413.8
Early syphilis	518	114.3	29	19.7	58	155.2	113	176.9	292	147.7
<i>Under 20 yrs</i>										
Chlamydia	356	1,188.0	37	291.1	131	3,410.7	61	943.9	31	479.0
Gonorrhea	50	166.9	4	31.5	19	494.7	9	139.3	8	123.6
Early syphilis	3	10.0	0	0.0	0	0.0	1	15.5	2	30.9

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

	2012		2011	
	month	YTD	month	YTD
Tests	427	2,923	397	2,838
Antibody positive	9	51	10	39
Acute HIV infection	1	13	2	7

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.

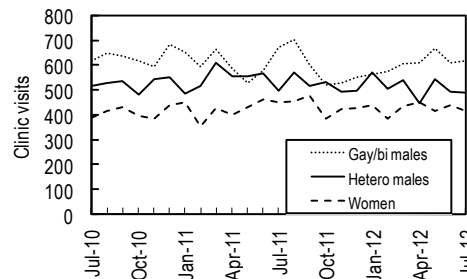


Figure 2. City Clinic visits by gender and orientation.

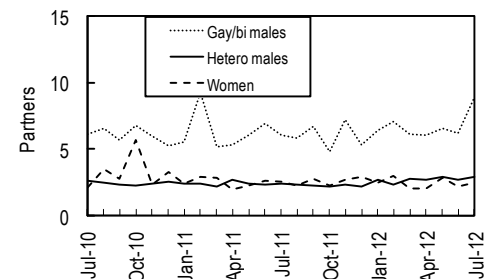


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.

*Recall period is 3 months.

Revised Gonorrhea Treatment Guidelines – August 2012

Due to ongoing concerns about the potential emergence in the U.S. of cephalosporin resistant *Neisseria gonorrhoea*, the Centers for Disease Control and Prevention (CDC) updated its Sexually Transmitted Disease Treatment Guidelines for gonorrhea treatment in the August 10, 2012 *Morbidity and Mortality Weekly Report (MMWR)*. **Effective immediately, the only recommended treatment for uncomplicated urogenital, rectal or pharyngeal gonorrhea infection is dual antibiotic therapy with ceftriaxone 250 mg IM plus either azithromycin 1g orally once or doxycycline 100 mg orally twice daily for 7 days.**

Cefixime 400 mg orally once plus either azithromycin or doxycycline is now moved down to an alternative treatment regimen, and should only be used if a patient cannot be treated with a ceftriaxone-based dual regimen as outlined above.

Based on earlier resistance patterns to other classes of antibiotics, California will likely be among the first U.S. states to see cases of cephalosporin resistant GC. For this reason, in San Francisco, we urge providers to use ceftriaxone-based dual antibiotic regimens to treat gonorrhea per CDC guidelines. Sexually active gay men and other MSM should be screened for gonorrhea (GC) and chlamydia (CT) every 3-6 months at all exposed sites using nucleic acid amplification tests (NAAT). Screening for GC and CT in the throat and rectum is essential as these sites are where the majority of infections are found and most are asymptomatic and therefore would not be detected without screening. Providers and providers should also be alert for possible treatment failures. Patients treated for gonorrhea should be advised to return if their symptoms do not resolve. In these cases, please notify SFDPH STD Prevention and Control via City Clinic's provider line: (415) 487-5595. For the most current GC updates including alternative regimens and partner therapy, please see www.sfcityclinic.org/providers/#gonorrhea. For additional consultation, please contact [Stephanie Cohen](#) (415 487-5503) or [Susan Philip](#) (415 355-2007). SP