



# San Francisco Monthly STD Report

Data for July, 2014  
Report prepared August 27, 2014

Table 1. STDs among residents, July, 2014.

	2014		2013	
	month	YTD	month	YTD
Gonorrhea	294	1,755	194	1,309
Male rectal gonorrhea	80	472	66	409
Chlamydia	514	3,297	418	2,943
Male rectal chlamydia	130	756	100	677
Syphilis (adult total)	117	754	84	719
Primary & secondary	51	277	44	315
Early latent	54	362	33	308
Unknown latent	1	3	0	0
Late latent	11	112	7	96
Neurosyphilis	1	7	0	10
Congenital syphilis	0	0	0	0
PID	14	70	7	46

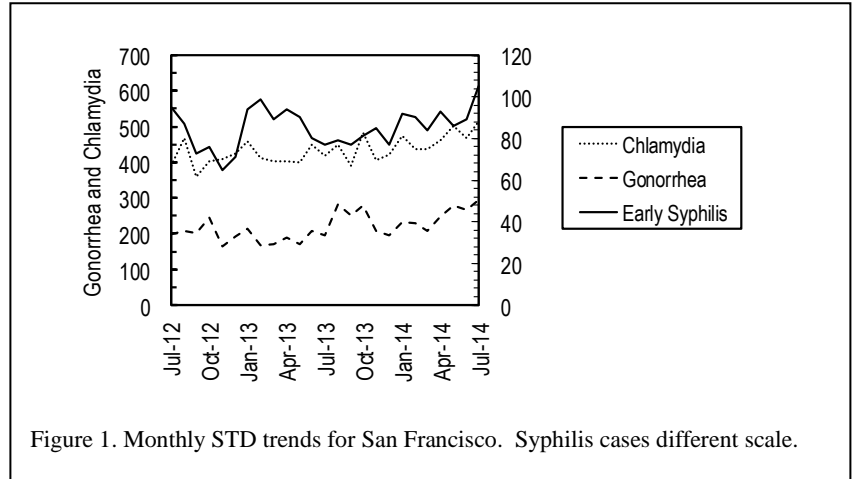


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2014 through 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	3,297	727.7	446	303.0	500	1,337.8	470	735.8	1,080	546.3
Gonorrhea	1,755	387.3	113	76.8	281	751.9	277	433.6	843	426.4
Early syphilis	639	141.0	45	30.6	52	139.1	121	189.4	368	186.1
<i>Under 20 yrs</i>										
Chlamydia	284	947.7	34	267.5	108	2,811.9	43	665.4	32	494.5
Gonorrhea	69	230.3	3	23.6	34	885.2	7	108.3	5	77.3
Early syphilis	3	10.0	0	0.0	1	26.0	0	0.0	1	15.5

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

	2014		2013	
	month	YTD	month	YTD
Tests	531	3,520	616	3,801
Antibody positive	9	37	4	35
Acute HIV infection	0	2	2	14

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.

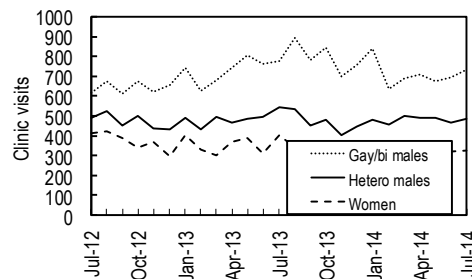


Figure 2. City Clinic visits by gender and orientation.

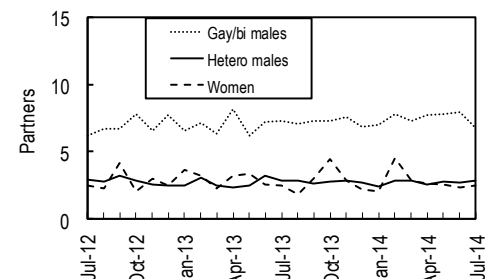


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Updated Recommendations: Laboratory Testing for the Diagnosis of HIV Infection

Over the last 30 years, both the HIV epidemic and the diagnostic technology used to detect infection have evolved. The CDC published guidelines for the diagnosis of HIV-1 in 1989, HIV-2 in 1992, and the confirmation of rapid test results in 2004. These diagnostic algorithms all relied on screening specimens with an enzyme immunoassay (EIA) and confirming their results with either a Western Blot (WB) or an indirect immunofluorescence assay (IFA). Importantly, the diagnostics used in these previous algorithms detected the patient's immune response to infection (antibodies), but were not capable of detecting the virus itself (antigen, nucleic acid). This diagnostic inability to detect HIV infections in the acute or early stages resulted in patients at the highest risk of transmitting the virus not being identified.

Since 2004, advances in diagnostic technology that detect both HIV antibodies and antigen have resulted in simpler rapid tests, more sensitive and specific laboratory-based tests, and tests capable of differentiating between HIV-1 and HIV-2. In June 2014, the CDC released updated guidelines that include these new diagnostic technologies and addresses the importance of detecting early infections. The San Francisco Public Health Laboratory (PHL) has implemented this updated algorithm and will screen all HIV specimens with a fourth-generation antigen/antibody combo assay, confirm positive results with an HIV 1/2 differentiation assay (MultiSpot), and resolve discordant results with an individual HIV viral load assay. In doing so, PHL improves its ability to identify acute and early HIV infections, which in turn when coordinated with Linkage to Care and Partner Services can lead to early treatment and care with clinical benefits to the patient and reduced HIV transmission risk to others.

Full CDC guidance available here: <http://www.cdc.gov/hiv/testing/lab/guidelines/>. SG/TQN

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