



San Francisco Monthly STD Report

Data for July, 2016
Report prepared September 6, 2016

Table 1. STDs among residents, July, 2016.

	2016		2015	
	month	YTD	month	YTD
Gonorrhea	432	2,828	353	2,443
Male rectal gonorrhea	120	799	96	637
Chlamydia	633	4,553	669	4,061
Male rectal chlamydia	172	1,227	182	937
Syphilis (adult total)	102	765	118	827
Primary & secondary	35	299	49	305
Early latent	49	349	61	414
Unknown latent	3	13	1	18
Late latent	15	104	7	90
Neurosyphilis	1	15	0	14
Congenital syphilis	0	0	0	0
PID	3	30	8	57

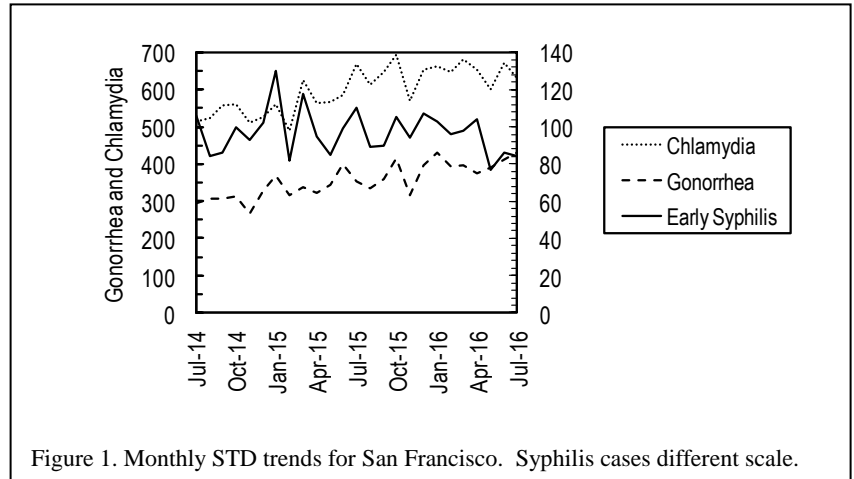


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2016 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
All ages										
Chlamydia	4,553	1,004.9	559	379.7	468	1,252.2	691	1,081.8	1,684	851.8
Gonorrhea	2,828	624.2	248	168.5	316	845.5	458	717.0	1,357	686.4
Early syphilis	648	143.0	67	45.5	63	168.6	148	231.7	327	165.4
Under 20 yrs										
Chlamydia	303	1,011.1	33	259.6	95	2,473.4	73	1,129.6	31	479.0
Gonorrhea	72	240.3	6	47.2	24	624.9	16	247.6	13	200.9
Early syphilis	2	6.7	0	0.0	1	26.0	1	15.5	0	0.0

Table 3. HIV testing among City Clinic patients, July, 2016.

	2016		2015	
	month	YTD	month	YTD
Tests	552	3,773	638	3,547
Antibody positive	2	36	4	31
Acute HIV infection	0	4	3	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.

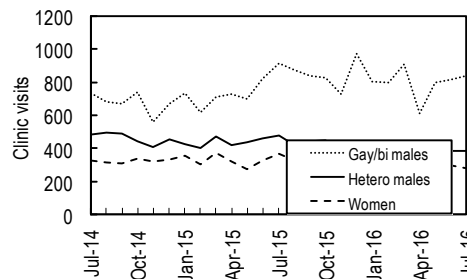


Figure 2. City Clinic visits by gender and orientation.

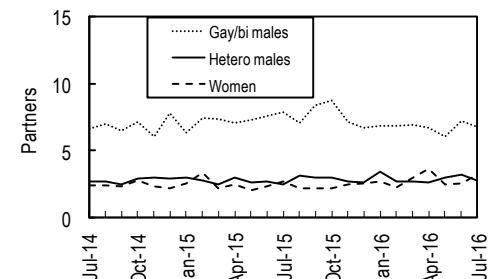


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Dual Treatment for Gonorrhea is Critical to Minimizing Opportunities for Resistance

The San Francisco Department of Public Health continues to urge providers to use **first-line treatment for gonorrhea – ceftriaxone 250mg IM AND azithromycin 1g orally as dual treatment for uncomplicated infections**. At a time when the number of gonorrhea cases continues to increase locally and nationally, emerging drug resistance and a recently reported treatment failure in the United Kingdom highlight the need for using combination therapy for gonorrhea. **Any providers who would like assistance with accessing appropriate medications or ensuring complete treatment of their patients can contact the Provider Reporting Line at San Francisco City Clinic: 415-487-5555.**

On June 23, 2016, the New England of Medicine reported a gonorrhea treatment failure in the UK in a heterosexual male treated with ceftriaxone 500mg IM and azithromycin 1g orally. On July 16, 2016, CDC released an MMWR describing trends from a US sentinel surveillance system monitoring trends in antimicrobial susceptibilities of *N. gonorrhoeae* strains, which showed an increase in 2014 in the proportion of isolates with reduced susceptibility to azithromycin or cephalosporins.

Providers are also encouraged to screen patients at all sites of reported sexual activity. In men, urethral screening only misses over 80% of chlamydial and gonococcal infections. Because of the challenge of completely treating pharyngeal infections (as was the case of the UK patient), a test of cure for gonorrhea at 14 days is recommended only for individuals with pharyngeal gonorrhea who receive any alternative to first-line treatment.

Additional information and contact details can be found at our website: www.sfcityclinic.org

NEJM - Reported GC Treatment Failure in UK: <http://www.nejm.org/doi/pdf/10.1056/NEJMc1512757>

CDC MMWR - *Neisseria gonorrhoeae* Antimicrobial Susceptibility Surveillance:

https://www.cdc.gov/mmwr/volumes/65/ss/ss6507a1.htm?s_cid=ss6507_w TQN

Provider STD Reporting: 415-487-5555, 415-431-4628 (fax)

www.sfcityclinic.org