San Francisco Monthly STD Report

Data for July, 2017
Report prepared September 11, 2017

Table 1. STDs among residents, July, 2017.

	2017		2016	
	month	*YTD*	*month*	*YTD*
Gonorrhea	544	3,183	434	2,842
Male rectal gonorrhea	158	948	120	797
Chlamydia	735	5,132	638	4,591
Male rectal chlamydia	200	1352	173	1229
Syphilis (adult total)	156	995	103	758
Primary & secondary	61	375	33	294
Early latent	74	487	51	347
Unknown latent	2	3	2	12
Late latent	19	130	17	105
Neurosyphilis	0	7	1	15
Congenital syphilis	0	0	0	1
PID	6	31	3	30

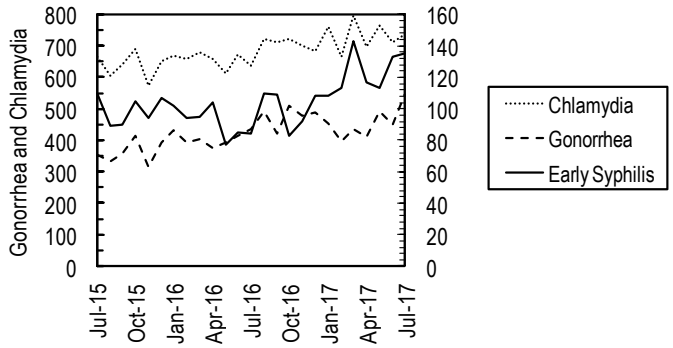

Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2017 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	5,132	1,132.7	712	483.6	530	1,418.1	831	1,300.9	1,805	913.0
Gonorrhea	3,183	702.5	312	211.9	386	1,032.8	564	882.9	1,474	745.6
Early syphilis	862	190.3	87	59.1	84	224.8	182	284.9	437	221.1
Under 20 yrs										
Chlamydia	390	1,301.4	42	330.4	115	2,994.1	87	1,346.2	61	942.6
Gonorrhea	80	267.0	3	23.6	35	911.3	16	247.6	20	309.1
Early syphilis	5	16.7	1	7.9	2	52.1	1	15.5	0	0.0

Table 3. HIV testing among City Clinic patients, July, 2017.

	2017		2016	
	month	*YTD*	*month*	*YTD*
Tests	598	3,736	552	3,772
Antibody positive	3	27	2	37
Acute HIV infection	0	6	0	4

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.

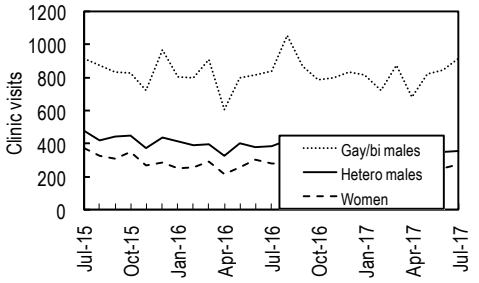

Figure 2. City Clinic visits by gender and orientation.

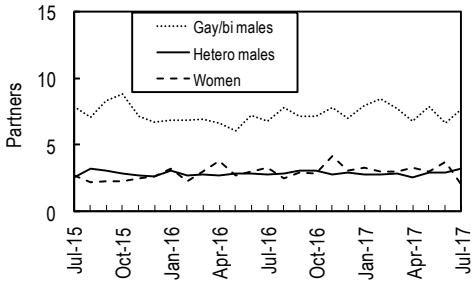

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Potential for a Vaccine against Gonorrhea?

In July 2017, Lancet published an observational study from New Zealand describing a 31% estimate of effectiveness against gonorrhea for a group B meningococcal vaccine. While a few other similar ecologic data analyses have suggested a similar effect, all such studies show associations, and do not prove causality; the results should be interpreted very cautiously. Still, the potential for a vaccine that provides some protection from gonorrhea offers a glimmer of hope for a new addition to the STD prevention toolbox, of particular need in light of the increasing incidence of gonorrhea in San Francisco and in the US and the continuing concern that *Neisseria gonorrhoeae*, the bacteria that causes gonorrhea, can build resistance to antibiotics.

We in the SFDPH STD group are certainly watching next steps for this potential vaccine candidate closely. In the meantime we thank San Francisco providers for their efforts to prevent ongoing STD transmission by ensuring prompt treatment of all diagnosed gonorrhea, chlamydia, and syphilis according to the CDC STD Treatment Guidelines (last updated 2015). **Providers who need any assistance in treating their patients for syphilis, please call 415-487-5531; for assistance with treating gonorrhea or chlamydia can call 415-487-5530.**

The full Lancet article referenced above can be found on our SF City Clinic webpage here: http://sfcityclinic.org/moreresources/#Publications
Effectiveness of a group B outer membrane vesicle meningococcal vaccine against gonorrhoea in New Zealand: a retrospective case-control study. Petousis-Harris H, Paynter J, Morgan J, Saxton P, McArdle B, Goodyear-Smith F, Black S. Lancet. 2017 Jul 7. *TQN/SSP*