



San Francisco Monthly STD Report

Data for August, 2016
Report prepared October 4, 2016

Table 1. STDs among residents, August, 2016.

	2016		2015	
	month	YTD	month	YTD
Gonorrhea	494	3,323	335	2,778
Male rectal gonorrhea	129	928	89	726
Chlamydia	715	5,276	613	4,673
Male rectal chlamydia	172	1400	160	1096
Syphilis (adult total)	115	881	106	933
Primary & secondary	50	349	30	335
Early latent	50	399	59	473
Unknown latent	0	12	3	21
Late latent	15	121	14	104
Neurosyphilis	0	15	4	20
Congenital syphilis	0	0	1	1
PID	1	31	4	61

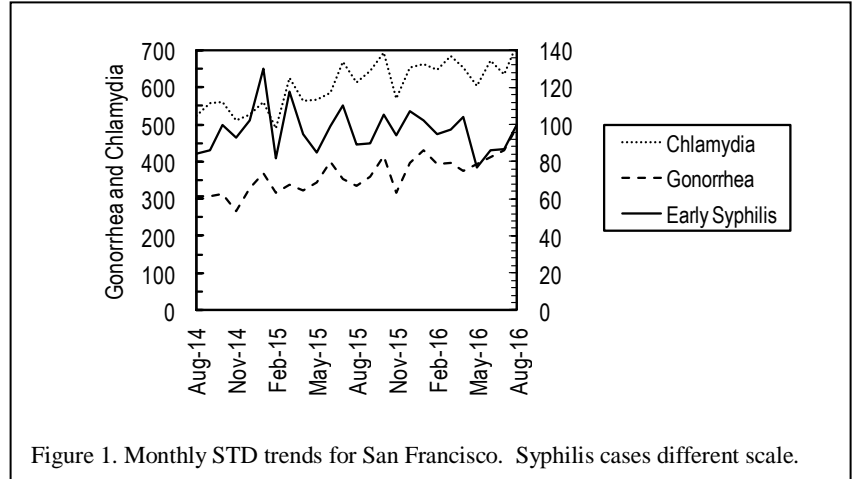


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2016 through August 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	5,276	1,018.9	636	378.0	554	1,297.0	821	1,124.6	1,906	843.6
Gonorrhea	3,323	641.7	286	170.0	382	894.3	533	730.1	1,589	703.3
Early syphilis	748	144.5	83	49.3	74	173.3	165	226.0	372	164.7
Under 20 yrs										
Chlamydia	356	1,039.5	40	275.3	112	2,551.5	93	1,259.1	36	486.8
Gonorrhea	78	227.8	7	48.2	29	660.7	16	216.6	14	189.3
Early syphilis	2	5.8	0	0.0	1	22.8	1	13.5	0	0.0

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

	2016		2015	
	month	YTD	month	YTD
Tests	660	4,433	578	4,125
Antibody positive	4	40	6	37
Acute HIV infection	0	4	0	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.

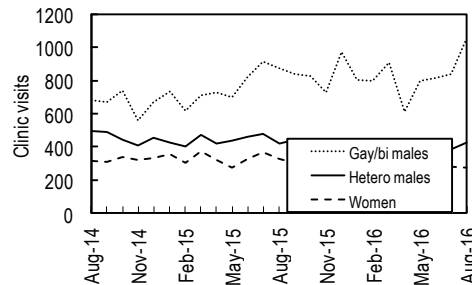


Figure 2. City Clinic visits by gender and orientation.

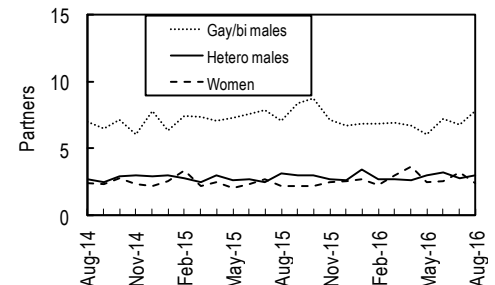


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Sexual Transmission of Zika Virus

The CDC has confirmed that the Zika virus, while primarily spread through mosquito bites, can also be transmitted through sex via body fluids including semen, vaginal fluid, and blood. All types of sex can lead to transmission; sexual orientation or gender identity does not affect the ability to transmit the virus or become infected with it. Sexual transmission can occur from both symptomatic and asymptomatic Zika-infected persons to their partners. **Condoms and other barrier methods are recommended as effective protection from sexually-acquired Zika infection. Prevention of sexual transmission is especially crucial for those who are pregnant or planning pregnancy, because Zika virus is known to cause birth defects such as microcephaly.**

The San Francisco Department of Public Health (SFPDH) continues to promote condoms as a highly effective and recommended mode of prevention for sexually transmitted diseases, including chlamydia, gonorrhea, syphilis, HIV, and now, Zika virus.

Local mosquito-borne Zika virus transmission is not occurring in San Francisco or elsewhere in California, but has been reported in small areas of Florida and in three US territories, as well as most countries in Latin America and the Caribbean. The recommended tests for Zika in adults are the same whether infection is suspected through mosquito exposure or sex. The testing algorithms can be complicated, so providers should refer to current guidelines for testing and reporting at: http://www.sfdcp.org/zika_providers.html

More information can be found on CDC's or SFPDH's websites:

<http://www.cdc.gov/zika/index.html>

<http://www.sfdcp.org/zika>

A fact sheet on prevention of sexually transmitted Zika virus for the LGBT community is available:

<https://www.cdc.gov/zika/pdfs/lgbt-zika-fact-sheet.pdf> TQN/SSP/CH

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

www.sfcityclinic.org