



San Francisco Monthly STD Report

Data for August, 2017
Report prepared October 16, 2017

Table 1. STDs among residents, August, 2017.

	2017		2016	
	month	YTD	month	YTD
Gonorrhea	542	3,727	491	3,333
Male rectal gonorrhea	170	1120	133	930
Chlamydia	790	5,922	723	5,314
Male rectal chlamydia	224	1575	181	1410
Syphilis (adult total)	122	1121	127	885
Primary & secondary	41	418	51	345
Early latent	69	561	59	406
Unknown latent	0	2	0	12
Late latent	12	140	17	122
Neurosyphilis	2	11	1	16
Congenital syphilis	0	0	0	1
PID	5	36	1	31

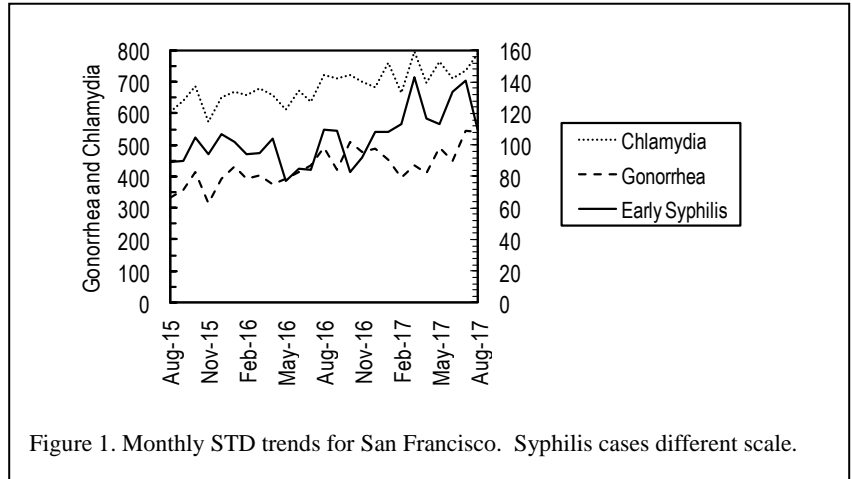


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2017 through 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
<i>All ages</i>										
Chlamydia	5,922	1,143.6	830	493.3	604	1,414.1	956	1,309.5	2,077	919.3
Gonorrhea	3,727	719.8	369	219.3	445	1,041.8	653	894.5	1,706	755.1
Early syphilis	979	189.1	103	61.2	88	206.0	210	287.7	500	221.3
<i>Under 20 yrs</i>										
Chlamydia	451	1,316.9	54	371.7	135	3,075.5	100	1,353.9	64	865.3
Gonorrhea	93	271.6	4	27.5	41	934.0	18	243.7	21	283.9
Early syphilis	6	17.5	1	6.9	2	45.6	2	27.1	0	0.0

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

	2017		2016	
	month	YTD	month	YTD
Tests	601	4,337	660	4,432
Antibody positive	8	35	4	41
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.

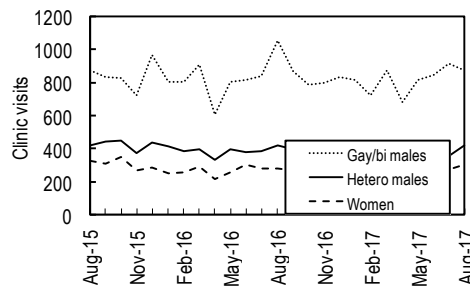


Figure 2. City Clinic visits by gender and orientation.

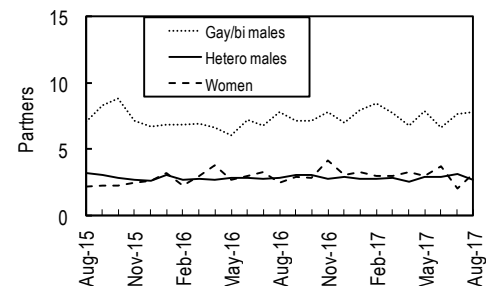


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Hepatitis A among Men Who Have Sex with Men, San Francisco

On September 28, 2017, the San Francisco Department of Public Health (SFPDH) released a Health Advisory recommending Hepatitis A Virus (HAV) vaccination for all gay, bisexual, and other men who have sex with men (MSM).

Since August 1, 2017, seven cases among MSM representing an increase in HAV in San Francisco have been confirmed. All seven cases lacked documentation of prior HAV immunization. No clear chain of transmission or common exposure among these cases has been identified, nor was international travel a risk factor. Limited genotype information suggests at least some of the cases could be linked to other HAV outbreaks among MSM in the United States and Europe. These cases were NOT linked to current HAV outbreaks in San Diego, Santa Cruz and Los Angeles counties among homeless and drug using persons.

Clinicians are asked to:

- Routinely identify and immediately vaccinate unvaccinated patients who are at risk for HAV.** Populations at risk include MSM and persons who use injection or noninjection drugs or are homeless. Either monovalent HAV vaccine or combined hepatitis A/B vaccine can be used.
- Suspect acute hepatitis A in individuals from the risk groups mentioned above who present with consistent symptoms** (abdominal pain, nausea, vomiting, fever, jaundice and significant elevation in LFTs). Confirm via serum hepatitis A IgM testing.
- Report cases of symptomatic, lab-confirmed hepatitis A infection by phone** to the SFPDH Communicable Disease Control Unit at (415) 554-2830. After hours, follow instructions to contact the On Call Physician.

For more information: <http://www.sfdcph.org/healthalerts.html> TQN/SSP

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

www.sfcityclinic.org