



# San Francisco Monthly STD Report

Data for August, 2018  
Report prepared October 30, 2018

Table 1. STDs among residents, August, 2018. Female syphilis cases include patients assigned as female at birth.

	2018		2017	
	month	YTD	month	YTD
Gonorrhea	543	3,938	549	3,740
Male rectal gonorrhea	24	178	23	193
Chlamydia	854	6,405	798	5,944
Male rectal chlamydia	238	1,781	224	1,582
Syphilis (adult total)	125	1,164	137	1,144
Primary & secondary	46	367	41	420
Early latent	62	622	79	575
Unknown latent	2	24	0	2
Late latent	15	151	17	147
Neurosyphilis	0	10	1	9
Congenital syphilis	0	0	0	0
Female syphilis	9	73	1	43

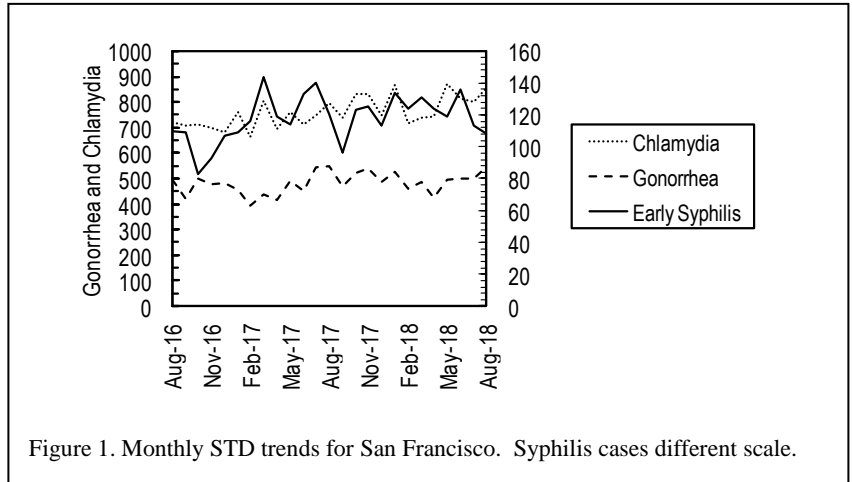


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2018 through August only. Rates equal cases per 100,000 residents per year based on 2010 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	6,405	1,193.1	839	473.7	674	2,161.1	1,097	1,351.3	2,058	914.8
Gonorrhea	3,938	733.6	348	196.5	481	1,542.3	778	958.3	1,573	699.2
Early syphilis	989	184.2	106	59.8	122	391.2	230	283.3	446	198.3
<i>Under 20 yrs</i>										
Chlamydia	503	1,357.2	55	372.6	147	4,688.5	133	1,576.8	45	550.5
Gonorrhea	98	264.4	6	40.6	41	1,307.7	18	213.4	11	134.6
Early syphilis	7	18.9	0	0.0	3	95.7	3	35.6	0	0.0

Table 3. HIV testing among City Clinic patients, August, 2018.

	2018		2017	
	month	YTD	month	YTD
Tests	563	4,220	601	4,337
Antibody positive	2	27	9	38
Acute HIV infection	1	8	0	6

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.

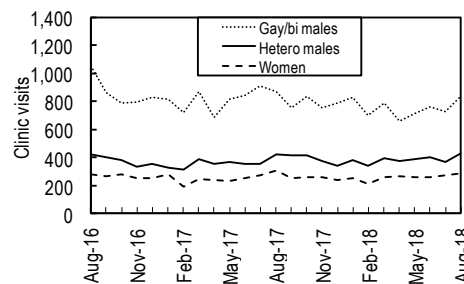


Figure 2. City Clinic visits by gender and orientation.

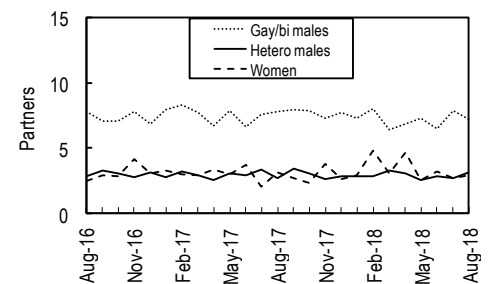


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Updates on Trichomoniasis Laboratory Testing for SF Department of Public Health (SFDPH) clinics

In January 2018, the San Francisco Public Health Laboratory (PHL) began offering a nucleic acid amplification test (NAAT) for the causative agent of trichomoniasis, *Trichomonas vaginalis*, for patients seen at SFDPH clinical sites. Trichomoniasis is the most common non-viral sexually transmitted infection among women worldwide and is often asymptomatic; when symptomatic, it most commonly presents as vaginitis. It can also cause urethritis in men. These infections are associated with serious reproductive morbidity, poor birth outcomes and amplified HIV transmission. The NAAT is highly sensitive and detects 3-5x more *T. vaginalis* infections than wet-mount microscopy.

Indications for trichomoniasis testing include: 1) Diagnostic evaluation of vaginitis; 2) Diagnostic evaluation of persistent or recurrent non-gonococcal urethritis; 3) Annual asymptomatic screening in HIV-positive women; and 4) 3-month follow-up re-screening for patients who test positive for trichomoniasis.

Trichomoniasis currently is not a reportable condition either nationally or locally. Overall positivity out of 1619 tests conducted at PHL during February-August 2018 was 9.7%. Positivity was higher for females than males (11% vs 6%) and for African Americans compared with other race/ethnicities (Black/African American 17%, White 9%, Latino 4%).

For providers outside of SFDPH, the trichomoniasis NAAT can be ordered through commercial laboratories. Providers who have questions about trichomoniasis can call the SFCC clinical consultation line: 415-487-5595. --HB/SEC