



San Francisco Monthly STD Report

Data for September, 2015
Report prepared October 30, 2015

Table 1. STDs among residents, September, 2015.

	2015		2014	
	month	YTD	month	YTD
Gonorrhea	353	3,131	308	2,369
Male rectal gonorrhea	87	811	81	644
Chlamydia	639	5,317	558	4,371
Male rectal chlamydia	164	1,266	130	1,026
Syphilis (adult total)	98	1,045	97	952
Primary & secondary	40	379	36	343
Early latent	43	524	53	469
Unknown latent	3	25	1	6
Late latent	12	117	7	134
Neurosyphilis	1	14	3	10
Congenital syphilis	0	1	0	0
PID	5	66	7	83

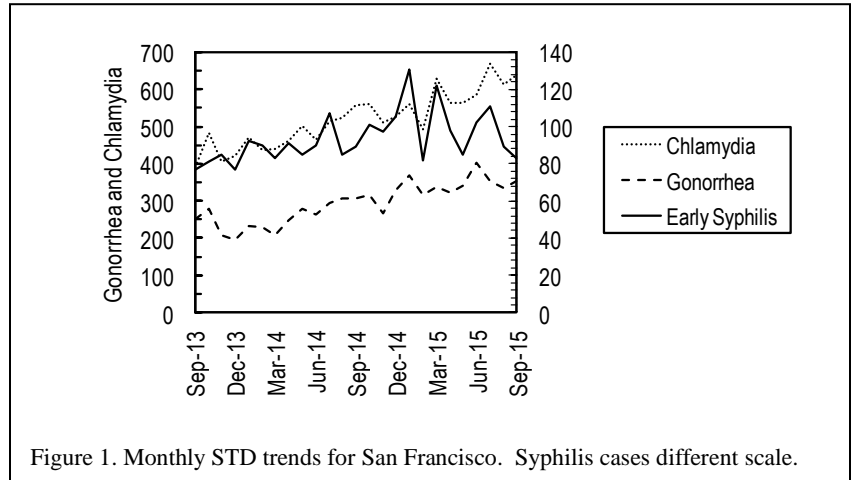


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2015 through September 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	5,317	912.7	672	355.0	573	1,192.5	759	924.2	1,949	766.8
Gonorrhea	3,131	537.5	280	147.9	386	803.3	527	641.7	1,442	567.3
Early syphilis	903	155.0	75	39.6	94	195.6	208	253.3	456	179.4
Under 20 yrs										
Chlamydia	357	926.6	36	220.3	107	2,166.8	92	1,107.2	47	564.9
Gonorrhea	72	186.9	12	73.4	24	486.0	11	132.4	13	156.2
Early syphilis	8	20.8	1	6.1	3	60.8	3	36.1	0	0.0

Table 3. HIV testing among City Clinic patients, September, 2015.

	2015		2014	
	month	YTD	month	YTD
Tests	553	4,678	504	4,601
Antibody positive	1	38	4	44
Acute HIV infection	0	7	0	2

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.

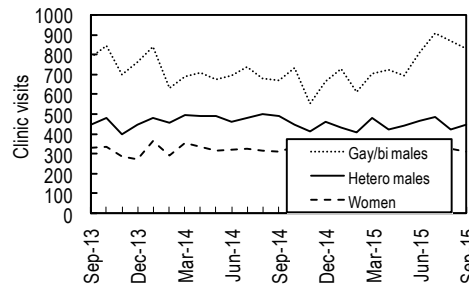


Figure 2. City Clinic visits by gender and orientation.

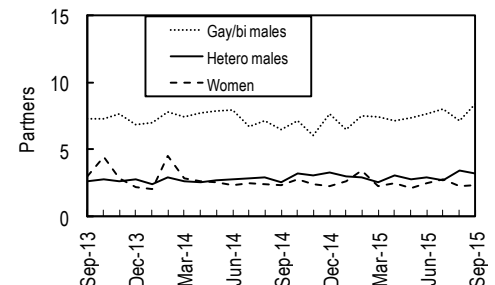


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Increases in Syphilis among Women and Newborns in California

Increases in syphilis cases among women, pregnant women, and newborns have continued in California. The number of reported early syphilis cases among women more than doubled from 248 in 2012 to 594 in 2014; the number of reported congenital syphilis cases more than tripled in the same time period, from 30 to 100. Most of the congenital syphilis cases were reported from the Central Valley and Los Angeles County. Surveillance data indicate multiple contributing factors to the rise in congenital syphilis, including delayed or inadequate treatment and lack of recommended syphilis screening in pregnancy.

Comprehensive prenatal care is critical for pregnant women, including STD testing to prevent transmitting infections to their babies. The San Francisco Department of Public Health (SFDPH) recommends syphilis, HIV, gonorrhea and chlamydia screening of pregnant women in the 1st trimester (and again in the 3rd trimester for high risk women).

Immediate case reporting of syphilis in SF residents is required within 1 working day of identification and aids the SFDPH's efforts to prevent further transmission. Providing all required reporting elements, including gender of the patients and their sex partners, pregnancy status, and treatment, ensures timely case follow-up. Preventing congenital syphilis is a high priority for SFDPH; we will follow up to confirm adequate treatment of all reported syphilis cases in pregnant women and can assist patients in notifying their sex partners for testing and treatment.

SFDPH Case Morbidity Reporting Form: <http://www.sfcityclinic.org/providers/CMRandReportableDiseaseList.pdf>

SFDPH STD Screening Guidelines: http://www.sfcityclinic.org/providers/SFDPH_STDScreeningRecs2009v2.pdf TQN/SSP