



# San Francisco Monthly STD Report

Data for October, 2017  
Report prepared November 22, 2017

Table 1. STDs among residents, October, 2017.

	2017		2016	
	month	YTD	month	YTD
Gonorrhea	524	4,715	504	4,241
Male rectal gonorrhea	150	1386	142	1173
Chlamydia	828	7,485	713	6,714
Male rectal chlamydia	240	2001	193	1782
Syphilis (adult total)	126	1380	97	1114
Primary & secondary	48	496	44	427
Early latent	62	697	39	516
Unknown latent	1	3	0	13
Late latent	15	184	14	158
Neurosyphilis	0	10	0	14
Congenital syphilis	0	0	0	2
PID	4	43	2	36

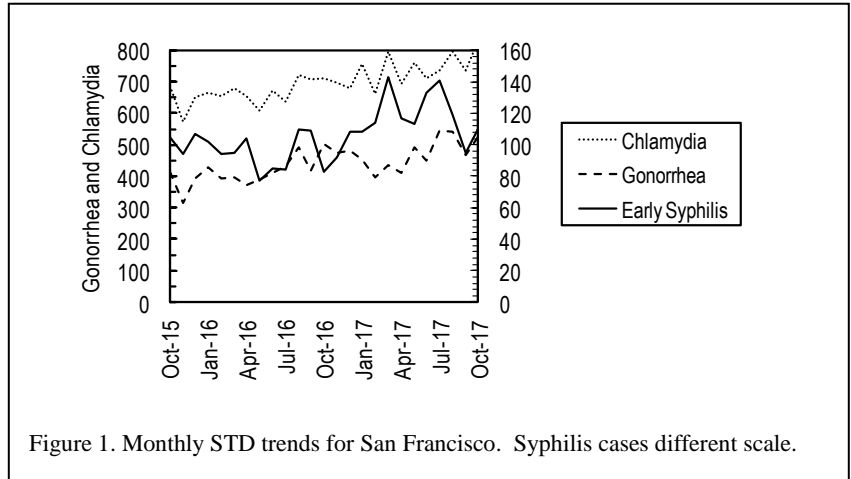


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2017 through October 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	7,485	1,156.4	1,024	486.9	763	1,429.1	1,191	1,305.2	2,602	921.3
Gonorrhea	4,715	728.4	483	229.7	574	1,075.1	812	889.8	2,118	749.9
Early syphilis	1,193	184.3	121	57.5	113	211.6	253	277.3	608	215.3
<i>Under 20 yrs</i>										
Chlamydia	572	1,336.1	64	352.4	168	3,061.8	132	1,429.7	80	865.3
Gonorrhea	126	294.3	7	38.6	52	947.7	22	238.3	26	281.2
Early syphilis	7	16.4	1	5.5	3	54.7	2	21.7	0	0.0

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

	2017		2016	
	month	YTD	month	YTD
Tests	598	5,516	539	5,541
Antibody positive	1	43	3	47
Acute HIV infection	1	8	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.

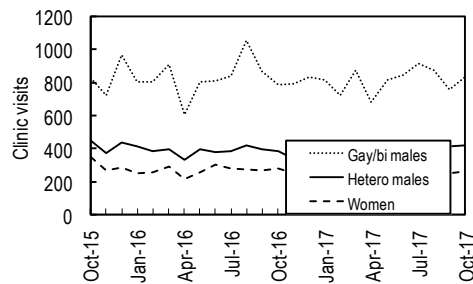


Figure 2. City Clinic visits by gender and orientation.

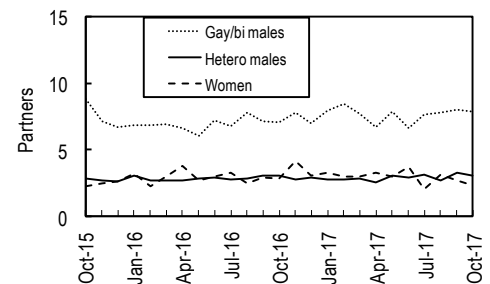


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## How We Can Combat Gonorrhea's Growing Antibiotic Resistance

Gonorrhea (GC) continues to be the second most commonly reported infectious disease in the United States, California, and San Francisco, where we have seen a 23% increase in cases in 2016 compared to 2015. In addition, in 2013 GC was named one of the top 3 antibiotic resistance threats in the U.S. by the Centers for Disease Control and Prevention.

As part of the CDC's response to this threat, SFDPH and CA DPH have been jointly awarded a competitive CDC grant: "Strengthening the U.S. Response to Resistant Gonorrhea" or SURRG. Enhanced GC response activities include novel antibiotic susceptibility testing at the SFDPH Public Health Lab, increased testing at City Clinic and expanded epidemiology, disease investigation, and partner notification services.

Healthcare providers can also help address antibiotic-resistant gonorrhea:

- Take a sexual history to help you know which STDs to test your patient for and at which anatomical sites. Screening recommendations include:
  - Annual NAAT testing in all sexually active women younger than 25 years
  - 3 month NAAT testing of MSM and transgender patients, including throat and rectum if they have receptive oral and anal sex
- Adhere to CDC's recommendations by always treating GC promptly with a 250 mg intramuscular dose of ceftriaxone in combination with a 1 g oral dose of azithromycin.
- Evaluate and treat all patients' sex partners from the previous 60 days.
- Report possible treatment failures to SFDPH.

Providers who need any assistance in treating their patients or partners for gonorrhea (or chlamydia or syphilis) can call SF City Clinic at 415-487-5530. TQN/SSP

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

www.sfcityclinic.org