Gay/bi males when the annual summary is published later this year.

Francisco City Clinic and through community clinics and private providers continue to recommend that all sexually active transgender persons and men who have sex with men be screened every 3 months for syphilis, CT, and GC. Additionally, women 25 years old and younger should be screened for CT and GC annually. STD screening is available at San Francisco City Clinic and through community clinics and private providers.

These data are preliminary and are currently under a more complete review. Final data and more comprehensive information will be available when the annual summary is published later this year.

Preliminary 2017 San Francisco Data Show Increases in Reported Chlamydia, Gonorrhea, and Syphilis

Reported cases of chlamydia (CT) have increased nearly every year since 1995. This year’s increase of 12.0% (from 8091 in 2016 to 9061 cases in 2017) was similar to last year’s increase, with a more moderate increase of 13.3% in male rectal CT (from 2127 to 2411 cases) as compared to last year’s 19.2% increase.

The increase in gonorrhea (GC) of 10.7% (from 5196 in 2016 to 5750 cases in 2017) was also more moderate than the nearly 22% increase seen between 2015 and 2016. Rectal GC among men increased by 17.7% from 1415 to 1666 cases. Compared to 2016, early syphilis increased 25.5% from 1144 to 1436 cases in 2017. The 4th congenital syphilis case in 3 years was reported in 2017.

The San Francisco Department of Public Health continues to develop approaches to improving sexual health in San Francisco through expanded access to STD/HIV screening and treatment and by supporting condoms as one effective option for STD/HIV prevention. We continue to recommend that all sexually active transgender persons and men who have sex with men be screened every 3 months for syphilis, CT, and GC. Additionally, women 25 years old and younger should be screened for CT and GC annually. STD screening is available at San Francisco City Clinic and through community clinics and private providers.

These data are preliminary and are currently under a more complete review. Final data and more comprehensive information will be available when the annual summary is published later this year.

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