



San Francisco Monthly STI Report

Data for September, 2022
Report prepared November 14, 2022

Table 1. STIs among residents, September, 2022. Female syphilis cases include patients assigned as female at birth.

	2022		2021	
	month	YTD	month	YTD
Gonorrhea	384	3,963	544	3,689
Male rectal gonorrhea	135	1,490	198	1,229
Chlamydia	498	4,847	599	4,524
Male rectal chlamydia	168	1,570	182	1309
Syphilis (adult total)	142	1361	167	1456
Primary & secondary	33	281	34	318
Early latent	62	638	81	607
Unknown latent	19	154	9	201
Late latent	28	288	43	330
Neurosyphilis	0	11	2	19
Congenital syphilis	0	2	0	2
Female syphilis	14	160	19	137

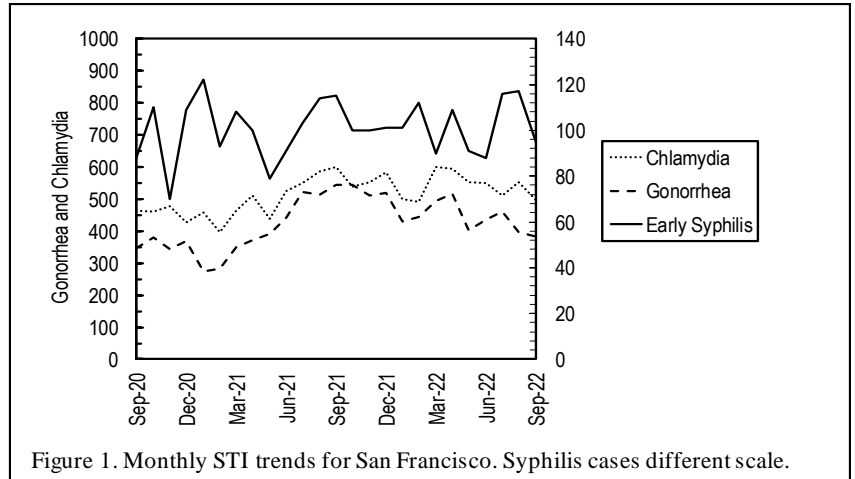


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2022 through September 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	4,847	802.6	509	255.4	478	1,362.4	739	809.2	1,237	488.8
Gonorrhea	3,963	656.2	384	192.7	355	1,011.8	694	759.9	1,452	573.7
Early syphilis	919	152.2	111	55.7	99	282.2	233	255.1	326	128.8
<i>Under 20 yrs</i>										
Chlamydia	369	885.0	23	138.5	89	2,523.2	45	474.2	31	337.1
Gonorrhea	87	208.7	5	30.1	22	623.7	12	126.5	9	97.9
Early syphilis	5	12.0	0	0.0	2	56.7	1	10.5	1	10.9

Table 3. HIV testing among City Clinic patients, September, 2022.

	2022		2021	
	month	YTD	month	YTD
Tests	317	2,886	370	2,454
Antibody positive	3	34	1	27
Acute HIV infection	0	3	1	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.

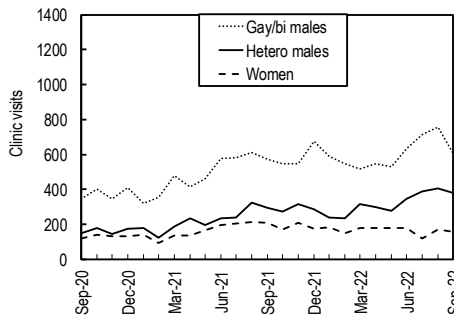


Figure 2. City Clinic visits by gender and orientation.

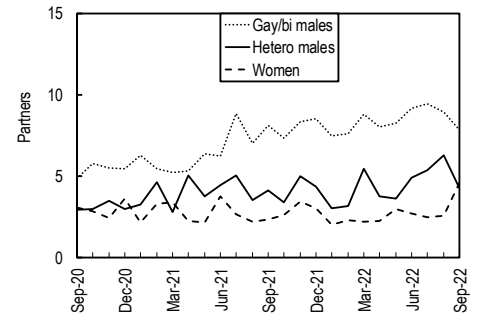


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.

*Recall period is 3 months.

SF Ends Public Health Emergency on MPX

In early June, the first case of monkeypox (now known as MPX) was identified in San Francisco, and as of November 2, 2022, a total of [833 cases](#) have been identified in SF. There has been a notable decline in MPX case counts, and now over [27,000](#) San Franciscans have been vaccinated against MPX. In response, the SFPDPH ended the public health emergency on MPX on October 31, 2022.

Despite the drastic decline in MPX cases since the peak of the outbreak in August 2022, MPX has not been eradicated and we must remain vigilant to prevent future outbreaks. We request that clinicians:

- Maintain clinical suspicion for MPX when seeing a patient with new rash or lesions characteristic of MPX
- [Test](#) patients with symptoms suspicious for MPX
- Continue to offer vaccine to ALL eligible patients. The most up to date MPX vaccine eligibility criteria are [here](#), which includes gay or bisexual men, or any man, trans or nonbinary person who has sex with men, trans or nonbinary people; sex workers of any sexual orientation or gender identity; all persons living with HIV; and all persons who are taking or are eligible to take PrEP
- Ensure that patients receive **BOTH DOSES** of the 2-dose Jynneos vaccine series. The MPX vaccine is most effective when administered as a series of 2 injections at least 4 weeks apart.
- Provide the option for subcutaneous vaccine administration. Preliminary evidence suggests patients are hesitant to receive the vaccine intradermally due to concerns of a localized injection site reaction and/or potential stigma. CDC and CDPH are now allowing flexibility with route of vaccine administration in response to these concerns and the increasing vaccination supply.

While the MPX emergency response has ended, you can continue to find updated MPX guidance for SF providers at www.sfdcp.org/monkeypoxHCP, including information on testing, treatment, and patient education.