



San Francisco Monthly STI Report

Data for November, 2021
Report prepared January 19, 2022

Table 1. STIs among residents, November, 2021. Female syphilis cases include patients assigned as female at birth.

	2021		2020	
	month	YTD	month	YTD
Gonorrhea	506	4,751	344	3,733
Male rectal gonorrhea	187	1,629	90	1,056
Chlamydia	535	5,598	477	5,306
Male rectal chlamydia	169	1,668	117	1,447
Syphilis (adult total)	148	1,779	121	1,530
Primary & secondary	29	376	22	474
Early latent	74	764	49	662
Unknown latent	15	226	25	183
Late latent	30	413	25	211
Neurosyphilis	2	23	1	16
Congenital syphilis	0	1	1	5
Female syphilis	20	180	14	157

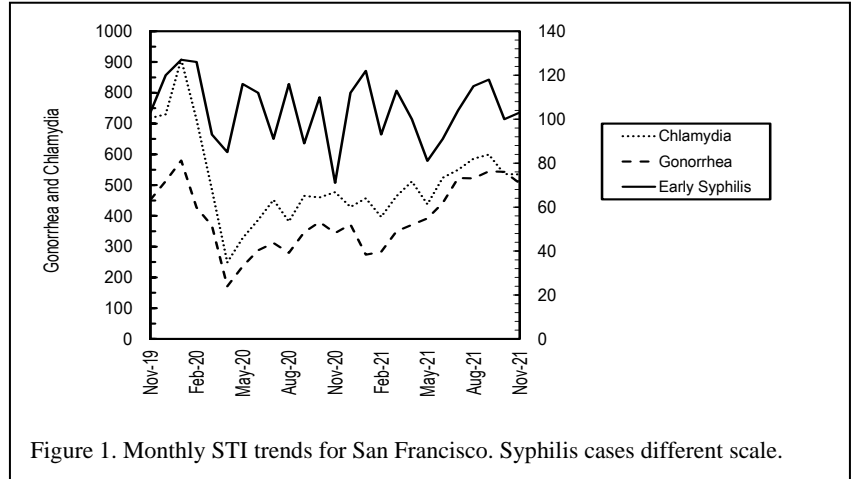


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2021 through November 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	5,598	758.4	603	247.6	656	1,529.8	934	836.7	1,473	476.2
Gonorrhea	4,751	643.7	434	178.2	614	1,431.8	874	783.0	1,745	564.1
Early syphilis	1,140	154.4	129	53.0	133	310.2	269	241.0	459	148.4
<i>Under 20 yrs</i>										
Chlamydia	397	779.0	29	142.9	101	2,342.8	70	603.6	34	302.5
Gonorrhea	100	196.2	8	39.4	31	719.1	15	129.3	11	97.9
Early syphilis	7	13.7	0	0.0	1	23.2	3	25.9	0	0.0

Table 3. HIV testing among City Clinic patients, November, 2021.

	2021		2020	
	month	YTD	month	YTD
Tests	364	3,150	187	2,456
Antibody positive	3	35	3	36
Acute HIV infection	0	5	1	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.

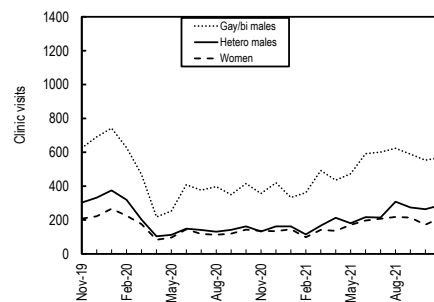


Figure 2. City Clinic visits by gender and orientation.

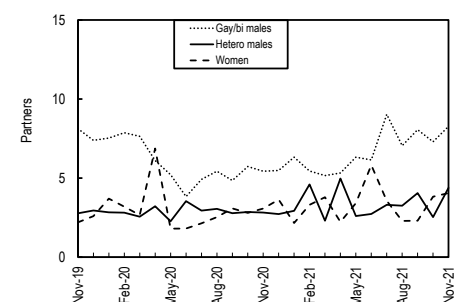


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Updated CDC STI Treatment Guidelines Now Available

On July 22nd the Centers for Disease Control and Prevention (CDC) released the [Sexually Transmitted Infections \(STI\) Treatment Guidelines, 2021](#). These updated guidelines provide evidence-based recommendations on the prevention, diagnosis, and treatment of STIs. Provider resources include a downloadable [wall chart and pocket guide](#). A new mobile app is coming soon. Key treatment updates include:

- Chlamydia:** Doxycycline 100 mg PO BID x 7 days recommended for uncomplicated infection at all sites.
 - Azithromycin 1 g PO x 1 is an alternative, 2nd line treatment, though remains 1st line if pregnancy cannot be ruled out.
- Gonorrhea:** 1st line treatment is now ceftriaxone 500 mg IM x1 MONOTHERAPY
 - Doxycycline 100 mg PO BID x 7 days should be added in cases where chlamydial co-infection has not been ruled out.
- Mycoplasma genitalium (M. gen):** Recommended treatment: Doxycycline 100 mg PO BID x 7 days FOLLOWED BY moxifloxacin 400 mg PO daily x 7 days.
 - NAAT testing for M. gen is indicated in patients with recurrent/persistent urethritis.
- Pelvic Inflammatory Disease (PID):** 1st line treatment for PID now includes anaerobic coverage for all patients, regardless of whether BV infection is detected.
 - For outpatient therapy: Ceftriaxone IM x 1 (dosed per weight-based GC guidance) PLUS Doxycycline 100 mg PO BID AND Metronidazole 500 mg PO BID (both x 14 days).
- Nongonococcal Urethritis (NGU):** Doxycycline 100 mg PO BID x 7 days has replaced azithromycin 1 g PO once as the preferred initial therapy for NGU.
- Trichomonas:** Treatment no longer varies by HIV status.
 - Vaginal infection: Metronidazole 500 mg PO BID x 7 days.
 - Penile/urethral infection: Metronidazole or tinidazole, both dosed at 2 gm PO x 1.