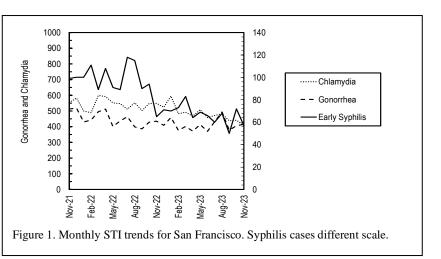


## San Francisco Monthly STI Report

Table 1. STIs among residents, November, 2023. Female syphilis cases include patients assigned as female at birth.

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	415	4,520	435	4,832
Male rectal gonorrhea	130	1,457	159	1,753
Chlamydia	406	5,242	549	5,941
Male rectal chlamydia	67	1,346	169	1874
Syphilis (adult total)	87	1163	97	1562
Primary & secondary	19	252	13	320
Early latent	38	480	52	750
Unknown latent	12	150	15	167
Late latent	18	281	17	325
Neurosyphilis	2	16	1	14
Congenital syphilis	1	5	0	2
Female syphilis	21	198	9	166



artners

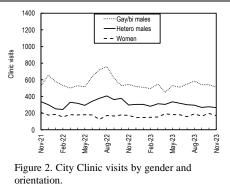
Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through November only. Rates equal cases per 100,000 residents per year based on 2010 US Census Data.

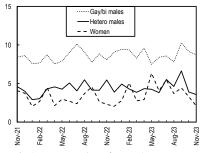
	(All race	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	
All ages											
Chlamydia	5,242	710.2	500	205.3	580	1,352.5	809	724.7	1,273	411.5	
Gonorrhea	4,520	612.4	452	185.6	415	967.8	822	736.4	1,516	490.1	
Early syphilis	732	99.2	55	22.6	108	251.9	211	189.0	239	77.3	
Under 20 yrs											
Chlamydia	453	888.9	30	147.8	135	3,131.5	34	293.2	35	311.4	
Gonorrhea	94	184.5	5	24.6	28	649.5	12	103.5	5	44.5	
Early syphilis	4	7.9	1	4.9	0	0.0	2	17.2	0	0.0	

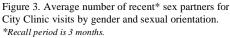
## Table 3. HIV testing among City Clinic patients, November, 2023.

	2023		2022	
	month	YTD	month	YTD
Tests	297	3,537	334	3,542
Antibody positive	4	47	7	49
Acute HIV infection	0	3	2	6

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.







## Mpox Cases Among SF Residents

From July 1, 2023 – January 29, 2024, there have been 89 confirmed or probable mpox cases. Mpox cases rose beginning in August 2023, from an average of 1 case per month from January to June 2023 to **an average of 20 cases per month** from September to December 2023. Please continue to strongly recommend and administer JYNNEOS vaccine to those who may be at risk of mpox infection. No vaccine is 100% effective and people who have been vaccinated may still get mpox, but vaccination with the 2-dose series may decrease the risk of illness, and among persons diagnosed with mpox, <u>decrease illness severity and reduce the risk of hospitalization</u>.

## **Actions Requested of SF Clinicians**

- 1. Maintain awareness of potential mpox cases and test suspected lesions.
- 2. Continue to strongly recommend and administer mpox vaccine to those who may be at risk and ensure that all who have received JYNNEOS complete the 2-dose series in order to achieve more lasting immunity.
- 3. Counsel patients on how to reduce risk. Getting vaccinated is a great way to protect individuals and communities from a resurgence of mpox disease, but it is not 100% effective. Using condoms and reducing number of sex partners are additional strategies to reduce risk.
- 4. **Include** assessment of mpox risk and vaccination status at all sexual health visits for men, trans or nonbinary people who have sex with men, trans or nonbinary people.
- 5. **Consider referring** anyone diagnosed with mpox to the <u>STOMP Trial</u>, a national randomized controlled trial on the efficacy and safety of tecovirimat (TPOXX). Persons with severe disease will be prescribed TPOXX and persons with mild to moderate disease will be randomized to either TPOXX or placebo.
- 6. Provide mpox vaccine as part of a comprehensive package that includes HIV PrEP, linkage to HIV care for those living with HIV, every 3-month screening for STIs, and offering vaccines against other sexually transmitted or sexually associated infections.

Provider STI Reporting: 628-217-6653, 628-217-6603 (fax)