



San Francisco Monthly STI Report

Data for December, 2022
Report prepared January 31, 2023
Revised February 6, 2023

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

	2022		2021	
	month	YTD	month	YTD
Gonorrhea	398	5,229	519	5,264
Male rectal gonorrhea	162	1,937	183	1,808
Chlamydia	518	6,467	583	6,198
Male rectal chlamydia	197	2,084	197	1,860
Syphilis (adult total)	116	1,684	140	1,879
Primary & secondary	20	341	36	409
Early latent	54	802	66	819
Unknown latent	8	178	11	238
Late latent	34	363	27	413
Neurosyphilis	2	14	1	28
Congenital syphilis	1	3	1	3
Female syphilis	13	186	10	182

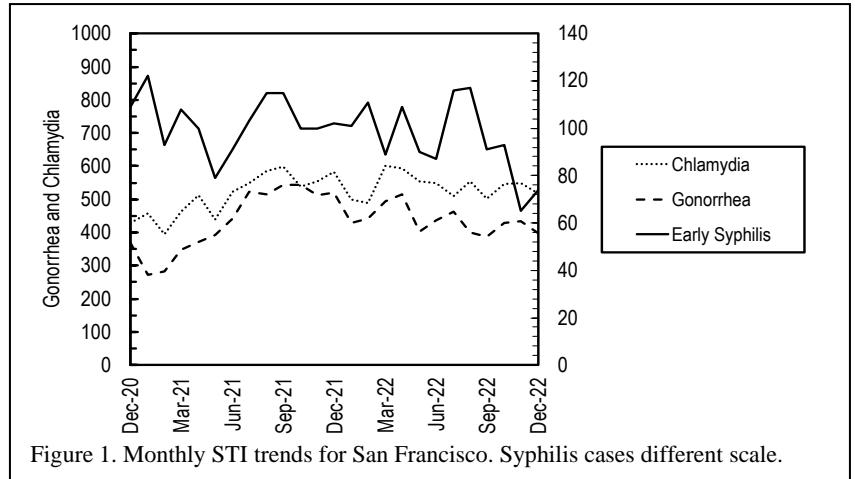


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2022 through December. 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	6,467	803.1	686	258.2	638	1,363.8	1,002	822.8	1,689	500.5
Gonorrhea	5,229	649.4	498	187.4	460	983.3	977	802.3	1,907	565.1
Early syphilis	1,143	142.0	132	49.7	128	273.6	296	243.1	404	119.7
<i>Under 20 yrs</i>										
Chlamydia	515	926.4	31	140.0	123	2,615.4	59	466.3	44	358.8
Gonorrhea	112	201.5	8	36.1	27	574.1	16	126.5	13	106.0
Early syphilis	5	9.0	0	0.0	2	42.5	1	7.9	1	8.2

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

	2022		2021	
	month	YTD	month	YTD
Tests	316	3,859	339	3,488
Antibody positive	5	55	4	39
Acute HIV infection	0	6	0	5

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.

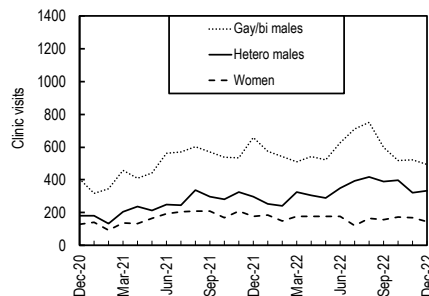


Figure 2. City Clinic visits by gender and orientation.

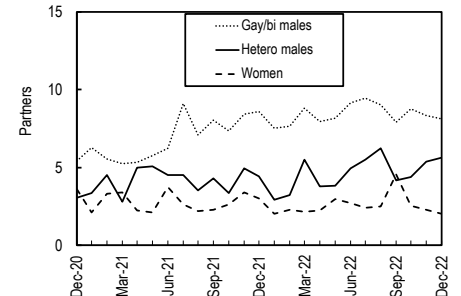


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.

Doxy-PEP is here!

A recent study showed that doxycycline post-exposure prophylaxis (doxy-PEP) significantly reduces acquisition of chlamydia, gonorrhea, and syphilis. Doxy-PEP is taking a single dose of doxycycline 200 mg ideally within 24 hours but no later than 72 hours after condomless oral, anal, or vaginal sex for prevention of STIs in men who have sex with men (MSM) and transgender women (TGW). [Results](#) from a randomized control trial conducted in collaboration with the San Francisco Department of Public Health, UCSF Zuckerberg San Francisco General, and the University of Washington, showed that participants randomized to doxy-PEP had a 66% (HIV negative on PrEP) and 62% (people living with HIV) reduction in STIs compared to participants randomized to no doxy-PEP. Currently there is insufficient data to recommend doxy-PEP to individuals who report receptive vaginal sex, although there is a study in Kenya studying this intervention for STI prevention in cisgender-women.

The SFDPH released a [health alert](#) on October 21, 2022 outlining who doxy-PEP is recommended for and also includes important information about efficacy, [dosing](#) and prescribing, monitoring, and [counseling messages](#). The CDC has released [considerations](#) for doxy-PEP as an STI prevention strategy, but there is not yet detailed guidance from CDC on doxy-PEP, for which its indication is currently off-label.

Doxy-PEP is the first STI biomedical prevention tool that has been shown to be effective and well-tolerated, community awareness is growing, and many providers in SF are already prescribing doxy-PEP to their patients at risk for STIs. SF City Clinic has noted robust patient interest and has already initiated over 300 patients on doxy-PEP since November 2022! Patients can find more information [here](#). If you are a clinical provider and would like more information about prescribing doxy-PEP, email alyson.decker@ucsf.edu.