



San Francisco Monthly STD Report

Data for April, 2013
Report prepared May 20, 2013

Table 1. STDs among residents, April, 2013.

	2013		2012	
	month	YTD	month	YTD
Gonorrhea	189	737	208	837
Male rectal gonorrhea	51	213	55	260
Chlamydia	401	1,669	408	1,641
Male rectal chlamydia	93	386	92	377
Syphilis (adult total)	106	442	83	317
Primary & secondary	62	190	43	155
Early latent	34	190	34	117
Unknown latent	0	0	0	1
Late latent	10	62	6	44
Neurosyphilis	0	3	0	1
Congenital syphilis	0	0	0	0
PID	10	26	11	41

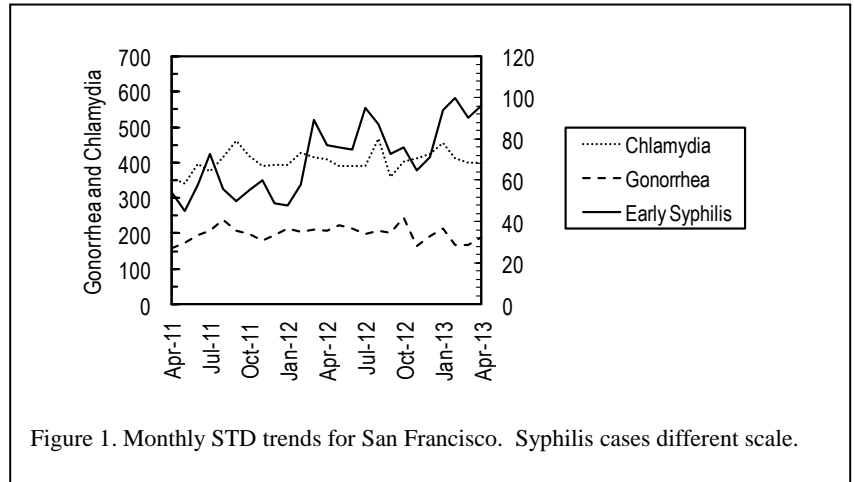


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2013 through April only. Rates equal cases per 100,000 residents per year based on 2000 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	1,669	644.6	228	271.0	252	1,180.0	243	665.7	547	484.2
Gonorrhea	737	284.7	60	71.3	83	388.6	122	334.2	373	330.2
Early syphilis	380	146.8	24	28.5	38	177.9	76	208.2	224	198.3
<i>Under 20 yrs</i>										
Chlamydia	168	981.1	19	261.6	71	3,235.0	22	595.7	12	324.5
Gonorrhea	25	146.0	1	13.8	14	637.9	2	54.2	4	108.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table 3. HIV testing among City Clinic patients, April, 2013.

	2013		2012	
	month	YTD	month	YTD
Tests	547	2,097	408	1,627
Antibody positive	3	24	4	26
Acute HIV infection	0	5	3	8

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.

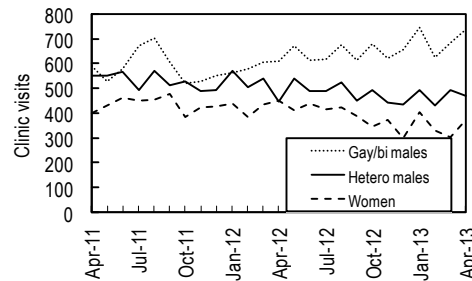


Figure 2. City Clinic visits by gender and orientation.

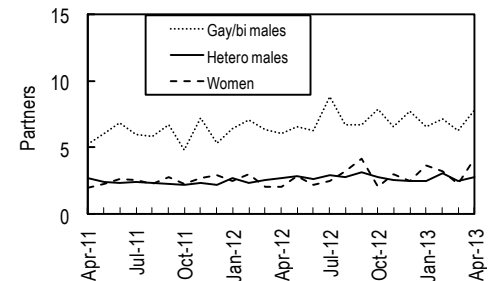


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Assessing the added value of internet partner services for syphilis and HIV

Internet partner services (IPS) is the process of notifying named sexual partners to a newly diagnosed syphilis or HIV patient, where the only contact information for that partner is an email address or website handle. San Francisco STD Prevention and Control Services implemented IPS over a decade ago. We examined IPS data collected between 2006 and 2011 from newly diagnosed HIV and syphilis index patients and the subsequent outcomes of their partner investigations. Between 2006 and 2011, 4,255 partners were elicited from syphilis cases and 3,607 partners from HIV cases. Of these partners, 645 from syphilis index cases and 691 from HIV index cases only had internet contact information. Overall, 47.1% and 46.6% of the syphilis and HIV internet partners, respectively, were successfully contacted and resulted in additional contact information being gathered. Of the syphilis internet partners with updated contact information, 129 (42.4%) were either presumptively treated or brought to treatment, representing an increase of 7.2% in successful partner service outcomes. Among the HIV internet contacts, 55 (17.1%) were tested for HIV, a 7.9% increase in successful partner outcomes. By developing and maintaining IPS infrastructure in San Francisco, a substantially larger proportion of partners were able to be contacted by Disease Intervention Specialists (DIS) and successful outcomes of partner services increased for both syphilis and HIV. KB