



San Francisco Monthly STD Report

Data for December, 2018
Report prepared February 7, 2019

Table 1. STDs among residents, December, 2018. Female syphilis cases include patients assigned as female at birth.

	2018		2017	
	month	YTD	month	YTD
Gonorrhea	441	5,931	485	5,756
Male rectal gonorrhea	111	1,629	118	1,657
Chlamydia	758	9,481	747	9,089
Male rectal chlamydia	161	2,450	186	2,415
Syphilis (adult total)	130	1,689	132	1,694
Primary & secondary	54	560	37	582
Early latent	51	856	76	871
Unknown latent	2	34	1	6
Late latent	23	239	18	235
Neurosyphilis	2	22	0	12
Congenital syphilis	0	0	0	1
Female syphilis	11	120	3	64

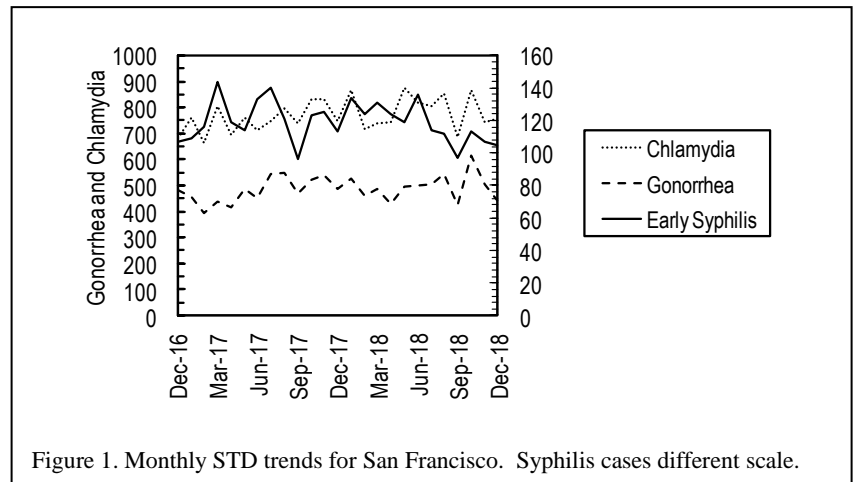


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2018 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	9,481	1,177.4	1,255	472.3	982	2,099.1	1,634	1,341.8	3,069	909.5
Gonorrhea	5,931	736.6	568	213.8	690	1,475.0	1,203	987.9	2,387	707.4
Early syphilis	1,416	175.9	141	53.1	187	399.7	327	268.5	632	187.3
<i>Under 20 yrs</i>										
Chlamydia	729	1,311.3	77	347.7	207	4,401.5	192	1,517.6	75	611.7
Gonorrhea	155	278.8	11	49.7	53	1,126.9	39	308.3	21	171.3
Early syphilis	13	23.4	0	0.0	4	85.1	8	63.2	0	0.0

Table 3. HIV testing among City Clinic patients, December, 2018.

	2018		2017	
	month	YTD	month	YTD
Tests	455	6,222	518	6,565
Antibody positive	2	37	4	48
Acute HIV infection	2	12	0	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.

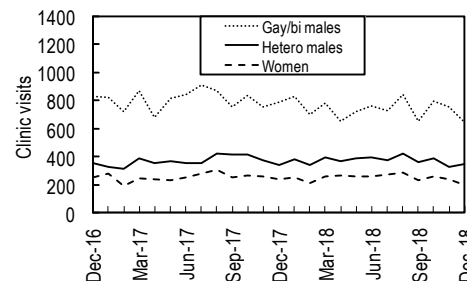


Figure 2. City Clinic visits by gender and orientation.

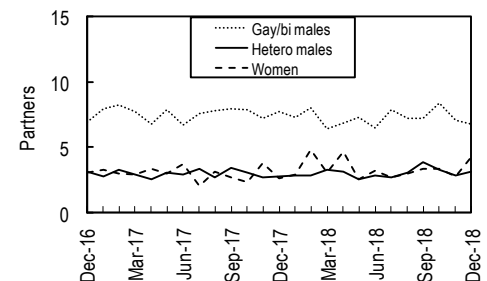


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Preliminary 2018 San Francisco Department of Public Health (SFPDH) Data Show Continuing Increases in Reported Chlamydia and Gonorrhea, and a Striking Increase in Syphilis among Females

Preliminary year-end 2018 data on reportable STDs in San Francisco show continuing increases for chlamydia (CT), gonorrhea (GC), and syphilis. From 2017 to 2018, reported CT increased by 4% to 9481 cases and reported GC increased by 3% to 5931 cases.

Total syphilis remained similar between 2017 and 2018 (1694 vs. 1689 cases). Total syphilis among females increased by 88% to 120 in 2018. A majority (71%) of female primary and secondary cases were of childbearing ages 18-44 years. Very few had evidence of recent STD testing, 16% were homeless at their diagnosis, and 37% reported meth use in the past year. Cases were reported from private and public clinics and hospitals. Screening (in the absence of symptoms) helped to identify cases. The nearly two-fold increase in syphilis among females is concerning because increases among females often precede increases in congenital syphilis, a potentially devastating complication that is preventable with screening and treatment. From 2012 to 2017, CS cases increased by over 750% in CA and 174% nationwide. Although no congenital syphilis cases were reported in SF in 2018, there were SF females diagnosed with syphilis during pregnancy or who became pregnant. In some of these cases, information on pregnancy outcome is incomplete. In others, we confirmed that timely treatment assured healthy outcomes for their babies.

Given these ongoing increases, clinical providers in San Francisco should continue to screen and treat patients for STDs:

- All sexually active men who have sex with men, trans women, and trans men who have sex with men should be screened every 3 months for syphilis, CT, GC, and HIV.
- All women 25 years old and younger should be screened for CT and GC annually.
- All women of reproductive age who have risk factors for syphilis* should be screened for syphilis annually.
 - By law, all pregnant women must be tested for syphilis at their first prenatal visit. Syphilis testing should be repeated during the third trimester (28-32 weeks gestational age) and at delivery in women who are at increased risk for syphilis.
- * Substance use, incarceration, intimate partner violence, and homelessness place women at greater risk of syphilis, as does having male partner(s) who have sex with men, have been incarcerated, or have used injection drugs.
- Patients who have been diagnosed with syphilis and are not known to be HIV positive should be screened for HIV.
- All HIV negative patients with syphilis should be offered PrEP.

Full STD Screening recommendations for San Francisco can be found here: http://sfcityclinic.org/providers/ScreeningandSurveillance_CitywideSTDscreeningguidance.pdf

These data are preliminary. More comprehensive information will be available when the annual summary is published. --TQN/SSP/SEC

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