



# San Francisco Monthly STD Report

Data for December, 2020  
Report prepared March 5, 2021

Table 1. STDs among residents, December, 2020. Female syphilis cases include patients assigned as female at birth.

	2020		2019	
	month	YTD	month	YTD
Gonorrhea	373	4,109	513	5,571
Male rectal gonorrhea	99	1,160	157	1,562
Chlamydia	426	5,735	730	9,454
Male rectal chlamydia	116	1,565	209	2,428
Syphilis (adult total)	164	1,730	144	1,864
Primary & secondary	29	510	41	579
Early latent	86	763	80	954
Unknown latent	16	211	6	96
Late latent	33	246	17	235
Neurosyphilis	2	18	2	25
Congenital syphilis	0	5	1	4
Female syphilis	15	178	12	158

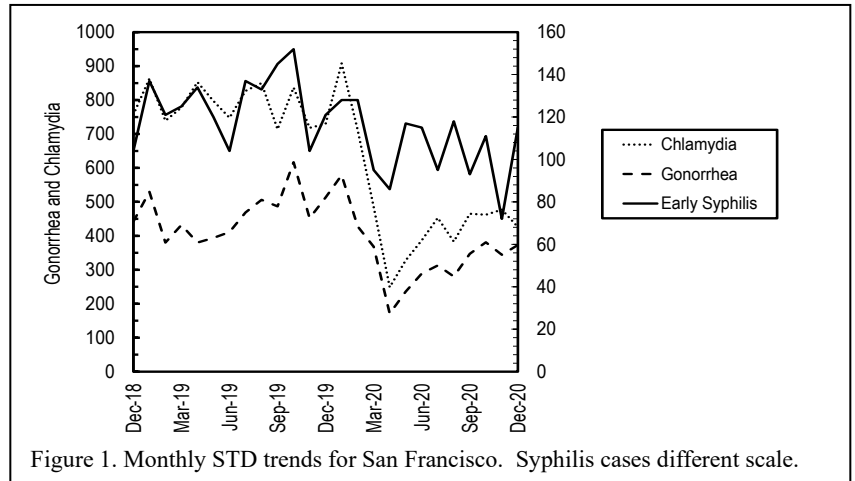


Figure 1. Monthly STD trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STD cases and rates for San Francisco by age and race/ethnicity, 2020 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	5,735	712.2	693	260.8	676	1,445.0	916	752.2	1,572	465.9
Gonorrhea	4,109	510.3	399	150.2	607	1,297.5	815	669.3	1,454	430.9
Early syphilis	1,273	158.1	152	57.2	176	376.2	327	268.5	478	141.7
<i>Under 20 yrs</i>										
Chlamydia	476	856.2	47	212.3	117	2,487.8	90	711.4	46	375.1
Gonorrhea	117	210.5	11	49.7	43	914.3	21	166.0	10	81.6
Early syphilis	2	3.6	0	0.0	0	0.0	1	7.9	0	0.0

Table 3. HIV testing among City Clinic patients, December, 2020.

	2020		2019	
	month	YTD	month	YTD
Tests	214	2,670	425	5,795
Antibody positive	2	38	4	32
Acute HIV infection	0	2	0	4

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.

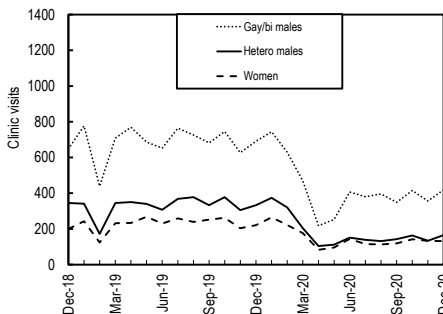


Figure 2. City Clinic visits by gender and orientation.

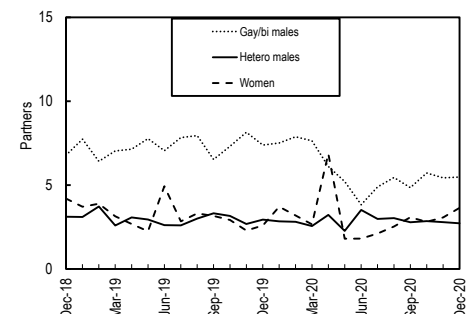


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Preliminary 2020 San Francisco Department of Public Health Data Show Sustained Concerning Increase in Congenital Syphilis and Syphilis among Women, Despite Impact of COVID-19 on STI testing

Preliminary year-end 2020 data on reportable sexually transmitted infections (STIs) in San Francisco reflect the impact that COVID-19 has had on testing rates. Chlamydia (CT) and gonorrhea (GC) testing at San Francisco's Public Health Laboratory declined by 40% from 2019 to 2020 due to changes in access to and demand for services during the COVID-19 pandemic. Reported CT (5735) and GC (4109) cases decreased from 2019 to 2020 and syphilis remained stable (1730 total cases, 1273 early syphilis cases). STI and HIV screening are [essential](#) health services and providers should offer and encourage patients to continue to get tested at regular intervals as per SFDPH [guidelines](#).

**Total syphilis among women increased to 178 cases in 2020, a 13% increase from 2019.** There were **five congenital syphilis (CS) cases in 2020, a 25% increase from 2019.** Collaboration and timely communication between clinical providers, SFDPH [LINCS](#), [Team Lily](#) and community/street outreach teams were critical in ensuring that pregnant women with syphilis received timely treatment and low-barrier prenatal services.

CDPH's recently released [syphilis screening recommendations for the prevention of congenital syphilis](#) advise providers to:

- Test all pregnant people for syphilis at least **twice** during pregnancy: 1) at the first clinical encounter (ideally during the first trimester) and 2) during third trimester. Patients should be tested again at delivery except those at low risk\* who have a documented negative screen in the third trimester.
- Test all people who could become pregnant for syphilis annually if they are experiencing homelessness and/or using methamphetamine. Those entering an adult correctional facility should be tested at intake.
- All sexually active people who could become pregnant should receive at least one lifetime screen for syphilis.

\* Risk factors for syphilis include substance use, homelessness, sex work, sex in exchange for money, housing or drugs, intimate partner violence, a history of incarceration, or sex with a partner who may be at risk for syphilis.

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

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