

STD/HIV Quarterly Report

San Mateo County Health System, STD/HIV Program

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Table 1 STD Cases Reported Among County of San Mateo Residents by Quarter (Apr 1 - Jun 30) and Year to Date for 2021 and 2020

	2021		2020	
	2nd Qtr	YTD	2nd Qtr	YTD
Chlamydia trachomatis (CT)	639	1179	356	1024
Male	270	493	179	487
Female	367	681	176	532
Transgender/Other/Unknown	2	5	1	5
Lymphogranuloma Venereum	0	0	1	1
Gonorrhea (GC)	213	407	165	416
Male	155	298	128	320
Female	57	106	37	95
Transgender/Other/Unknown	1	3	0	1
Urine	84	182	62	158
Genitourinary	30	58	18	37
Rectal and/or Pharyngeal	83	142	78	206
Unknown/Missing	16	25	7	15
Early Syphilis (total)¹	31	69	56	114
Male	25	57	49	100
Female	4	10	7	13
Transgender/Other/Unknown	2	2	0	1
Syphilis (total)	45	103	66	136
Primary	6	12	10	19
Secondary	12	25	13	36
Early Latent	13	32	33	59
Late Latent	14	33	10	22
Congenital	0	1	0	0
Neurosyphilis ²	1	1	0	1

YTD: Year to Date. ¹Early Syphilis is defined as primary, secondary, and early latent ²Cases not included in the total as neurosyphilis is a sequelae and cases are captured in other syphilis stages.

- CT increased 1% in men and 28% in women compared to the second quarter of 2020. GC decreased 7% in men and increased 12% in women compared to last year.
- Total syphilis cases decreased 24% and early syphilis decreased 39% compared to this time last year. As of June 2021, for all syphilis stages, 18 syphilis cases (17%) were female. There were 10 female early syphilis cases and eight late latent cases.
- Specimens tested for HIV increased 25% compared to last year. To date in 2021 HIV positive prevalence is higher than the first two quarters of 2020 (0.9% versus 0.8%).

Table 2 HIV testing through the San Mateo County Health System by Quarter (Apr 1 - Jun 30) and Year to Date for 2021 and 2020¹

	2021		2020	
	2nd Qtr	YTD	2nd Qtr	YTD
Total Specimens Tested for HIV	2,078	3,929	956	2,927
SMC-STD Clinic	0	0	0	155
STD/HIV Program Outreach ²	0	0	0	73
Other County Clinics ³	2,078	3,929	956	2,699
Total New HIV Cases	16	35	12	24
SMC-STD Clinic	0	0	0	1
STD/HIV Program Outreach ²	0	0	0	0
Other County Clinics ³	15	34	12	23
Total New HIV Cases	7	12	1	4

¹The HIV antibody positives do not reflect the true burden of disease. Some patients may be repeat testers. ²Includes data from Testing on Demand and other STD/HIV program outreach. ³Includes all HIV testing (oral and blood) at San Mateo Medical Center (SMCC), SMCC Satellite Clinics, SMC Public Health (PH) Clinics, and PH Subcontractors. Beginning Aug 2015, a 4th generation HIV screening test was implemented. HIV positive cases may not yet be confirmed by HIV-1/HIV-2 differentiation immunoassay.

CDC Releases 2021 STI Treatment Guidelines



On July 22, 2021, CDC released their [Sexually Transmitted Infections Treatment Guidelines, 2021](#). Printable copies of [CDC wall chart and pocket guide](#) are available for download on the CDC STD website.

Important updates include:

- Chlamydia: Doxycycline 100 mg PO BID x 7 days recommended for uncomplicated infection at all sites. Azithromycin 1 g PO x 1 is an alternative, 2nd line treatment, though remains 1st line if pregnancy cannot be ruled out.
- Gonorrhea: 1st line treatment is now ceftriaxone 500 mg IM x1 MONOTHERAPY. Doxycycline 100 mg PO BID x 7 days should be added in cases where chlamydial co-infection has not been ruled out.
- Mycoplasma genitalium (M. gen): Recommended treatment: Doxycycline 100 mg PO BID x 7 days FOLLOWED BY moxifloxacin 400 mg PO daily x 7 days. NAAT testing for M. gen is indicated in patients with recurrent/persistent urethritis.
- Pelvic Inflammatory Disease (PID): 1st line treatment for PID now includes anaerobic coverage for all patients, regardless of whether BV infection is detected. For outpatient therapy: Ceftriaxone IM x 1 (dosed per weight-based GC guidance) PLUS Doxycycline 100 mg PO BID AND Metronidazole 500 mg PO BID (both x 14 days).
- Nongonococcal Urethritis (NGU): Doxycycline 100 mg PO BID x 7 days has replaced azithromycin 1 g PO once as the preferred initial therapy for NGU.
- Trichomonas: Treatment no longer varies by HIV status. Vaginal infection: Metronidazole 500 mg PO BID x 7 days. Penile/urethral infection: Metronidazole or tinidazole, both dosed at 2 gm PO x 1.