

# Sexually Transmitted Infection (STI) /HIV Quarterly Report

San Mateo County (SMC) Health, STI/HIV Program

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**Table 1** STI Cases Reported Among County of San Mateo Residents by Quarter (Oct 1 - Dec 31) and Year to Date for 2022 and 2021

		2022		2021	
		4th Qtr	YTD	4th Qtr	YTD
<b>Chlamydia trachomatis (CT)</b>	Total	667	2,492	579	2,347
	Male	313	1,135	269	1,019
	Female	352	1,349	308	1,320
	Transgender/Other/Unknown <sup>1</sup>	2	8	2	8
<b>Lymphogranuloma Venereum (LGV)</b>		0	0	0	0
<b>Gonorrhea (GC)</b>	Total	224	863	198	792
	Male	169	669	154	586
	Female	51	183	42	199
	Transgender/Other/Unknown <sup>1</sup>	4	10	2	7
<b>GC Clinical Site<sup>2</sup></b>	Urine	115	440	101	404
	Genitourinary	18	57	17	94
	Rectal	63	237	56	182
	Pharyngeal	57	261	46	195
	Unknown/Missing	10	21	3	28
	DGI <sup>3</sup>	0	1	1	6
<b>Syphilis</b>	Total	78	311	55	225
	Female	13	49	12	49
<b>Early Syphilis<sup>4</sup></b>	Total	47	201	39	146
	Male	39	169	32	120
	Female	6	25	6	23
	Transgender/Other/Unknown <sup>1</sup>	2	7	1	3
<b>Syphilis by Stage</b>	Primary	17	39	5	23
	Secondary	8	52	9	43
	Early Latent	22	110	25	80
	Late Latent	31	107	15	76
	Congenital	0	3	1	3
	Neurosyphilis <sup>5</sup>	1	9	3	7

YTD: Year to Date. <sup>1</sup>Due to data limitations and confidentiality concerns, transgender women, transgender men, and gender diverse persons are combined <sup>2</sup>Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). <sup>3</sup>Disseminated Gonococcal Infection. <sup>4</sup>Early Syphilis is defined as primary, secondary, and early latent. <sup>5</sup>Cases not included in the total as neurosyphilis is a sequelae and not a stage; the neurosyphilis cases are captured under other syphilis stages.

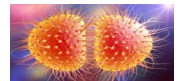
- Total syphilis cases increased by 38% and early syphilis increased 38% compared to this time last year. 49 syphilis cases (16%) were female in 2022 compared to 45 (22%) in 2021.
- CT increased 11% in men and increased 2% in women compared to this time last year. GC increased 14% in men and decreased 8% in women compared to last year.
- Specimens tested for HIV decreased 9% compared to last year. To date in 2022, HIV positive prevalence is higher than 2021 (1.1% versus 0.9%).

**Table 2** HIV testing through the San Mateo County Health by Quarter (Oct 1 - Dec 31) and Year to Date for 2022 and 2021<sup>1</sup>

		2022		2021	
		4th Qtr	YTD	4th Qtr	YTD
<b>Total Specimens Tested for HIV</b>		2,093	7,421	1,878	7,942
SMC-STI Clinic		35	125	10	108
STI/HIV Program Outreach <sup>2</sup>		54	257	0	0
Other County Clinics <sup>3</sup>		2,004	7,039	1,868	7,834
<b>Total HIV Antibody Positive</b>		18	84	19	68
SMC-STI Clinic		0	3	1	3
STI/HIV Program Outreach <sup>2</sup>		0	0	0	0
Other County Clinics <sup>3</sup>		18	81	18	65
<b>Total New HIV Cases</b>		4	24	5	18

<sup>1</sup>The HIV antibody positives do not reflect the true burden of disease. Some patients may be repeat testers. <sup>2</sup>Testing-on-Demand and STI/HIV Program HIV Rapid Tests. <sup>3</sup>Includes all HIV testing (oral and blood) at San Mateo Medical Center (SMMC), SMMC 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.

## Antibiotic Resistant *Neisseria Gonorrhoeae* (NG) Public Health Threat Grows, NG culture available at SMC STD Clinic



- January 2022: [NG strain with reduced resistance to multiple antibiotic classes identified in Massachusetts](#), first US isolate with this degree of resistance
- Re-test pharyngeal NG patients at 14 days for test of cure. Pharyngeal infections are more difficult to treat than urogenital or anorectal. See [CDC STI Treatment Guidelines](#).
- If NG treatment failure suspected, specimens for culture and NAATs should be collected; notify SMC STI. See [CDPH Clinical Guidelines for Gonorrhea Treatment and Management of Suspected Treatment Failure](#).
- SMC STD Clinic has capacity to do NG culture