



Table 1 STI Cases Reported Among County of San Mateo Residents by Quarter (Jul 1 - Sep 30) and Year to Date for 2021 and 2020

| | 2021 | | 2020 | |
|---|---------|-------|---------|-------|
| | 3rd Qtr | YTD | 3rd Qtr | YTD |
| Chlamydia trachomatis (CT) | 556 | 1,735 | 485 | 1,509 |
| Male | 245 | 738 | 213 | 700 |
| Female | 311 | 992 | 272 | 804 |
| Transgender/Other/Unknown | 0 | 5 | 0 | 5 |
| Lymphogranuloma Venereum | 0 | 0 | 0 | 1 |
| Gonorrhea (GC)¹ | 185 | 594 | 180 | 596 |
| Male | 133 | 433 | 132 | 452 |
| Female | 51 | 157 | 46 | 141 |
| Transgender/Other/Unknown | 1 | 4 | 2 | 3 |
| Urine | 97 | 303 | 86 | 268 |
| Genitourinary | 18 | 76 | 25 | 65 |
| Rectal | 40 | 126 | 41 | 147 |
| Pharyngeal | 49 | 148 | 40 | 180 |
| Unknown/Missing | 3 | 27 | 17 | 33 |
| DGI ² | 0 | 4 | 0 | 1 |
| Early Syphilis (total)³ | 36 | 107 | 50 | 164 |
| Male | 29 | 88 | 40 | 140 |
| Female | 6 | 17 | 8 | 21 |
| Transgender/Other/Unknown | 1 | 2 | 2 | 3 |
| Syphilis (total) | 65 | 170 | 72 | 208 |
| Primary | 8 | 20 | 8 | 27 |
| Secondary | 9 | 35 | 11 | 47 |
| Early Latent | 19 | 52 | 31 | 90 |
| Late Latent | 28 | 61 | 22 | 44 |
| Congenital | 1 | 2 | 0 | 0 |
| Neurosyphilis ⁴ | 0 | 4 | 0 | 1 |

YTD: Year to Date. ¹Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). ²Disseminated Gonococcal Infection. ³Early Syphilis is defined as primary, secondary, and early latent. ⁴Cases not included in the total as neurosyphilis is a sequelae and not a stage; the neurosyphilis cases are captured under other syphilis stages.

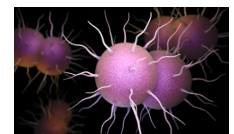
- To date, CT increased 5% in men and 23% in women compared to this time last year. GC decreased 4% in men and increased 11% in women compared to this time last year.
- Total syphilis cases decreased 18% and early syphilis decreased 35% compared to this time last year. As of October 2021, for all syphilis stages, 37 syphilis cases (22%) were female. There were 17 female early syphilis cases and 20 late latent cases. SMC has had 2 congenital syphilis cases in 2021.
- SMC Health specimens tested for HIV increased 29% compared to last year. To date in 2021 HIV positive prevalence is higher than the first three quarters of 2020 (0.8% versus 0.7%).

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

| | 2021 | | 2020 | |
|--|---------|-------|---------|-------|
| | 3rd Qtr | YTD | 3rd Qtr | YTD |
| Total Specimens Tested for HIV | 2,091 | 6,024 | 1,742 | 4,672 |
| SMC-STI Clinic | 58 | 58 | 0 | 155 |
| STI/HIV Program Outreach ² | 0 | 0 | 0 | 73 |
| Other County Clinics ³ | 2,033 | 5,966 | 1,742 | 4,444 |
| Total HIV Antibody Positive Tests | 13 | 47 | 7 | 31 |
| SMC-STI Clinic | 1 | 0 | 0 | 1 |
| STI/HIV Program Outreach ² | 0 | 0 | 0 | 0 |
| Other County Clinics ³ | 12 | 47 | 7 | 30 |
| Total New HIV Cases | 1 | 13 | 1 | 5 |

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 STI/HIV program outreach. ³Includes 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.

SMC Cases of Disseminated Gonococcal Infection (DGI)



Beginning in 2020, SMC & CA have seen increases in DGI cases which occurs when *Neisseria gonorrhoeae* (GC) invades bloodstream & spreads to distant body sites. Signs include septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, or bacteremia.

- Obtain a social history that includes a sexual and drug use history, as well as housing status, for patients reporting joint pain.
- If DGI is suspected, obtain nucleic acid amplification test (NAAT) and culture specimens from urogenital and extragenital (e.g., pharyngeal and rectal) mucosal sites & NAAT and culture specimens from disseminated sites of infection (e.g., skin, synovial fluid, blood, cerebrospinal fluid).
- Test all *N. gonorrhoeae* isolates from DGI cases for antimicrobial susceptibility, which requires culture
- For arthritis-dermatitis: Ceftriaxone 1 gm intravenously/ intramuscularly (IV/IM) every 24 hours for a course of at least 7 d. If CT infection not excluded, treat with doxycycline 100 mg BID x 7 d.
- If/when switch to oral regimen, ensure cefixime 800 mg po BID, NOT ciprofloxacin or doxycycline
- Report DGI cases to SMC Public Health within 24 hrs; Test/treat sexual partners in last 60 d of index patient symptom onset

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Disseminated-Gonococcal-Infection.aspx>