

San Mateo County Sexually Transmitted Infections and HIV/AIDS Surveillance Annual Report, 2024

Kismet Baldwin-Santana, MD, MPH, Health Officer
Vivian Levy, MD, STI Controller
Anna Branzuela, Program Manager
Darryl Lampkin, Field Supervisor
Asa Ohsaki, MPH, Epidemiologist II



SAN MATEO
COUNTY HEALTH



www.smchealth.org/std · Provider STI Reporting 650-573-2346 · STI Clinic: 650-573-2385



INTRODUCTION AND ACKNOWLEDGEMENTS

This is the 2024 report of data and program highlights from the STI/HIV Program in San Mateo County Health. For questions and feedback on this report or on the STI/HIV Program, please contact the Epidemiology unit.

Office of Epidemiology and Evaluation
2000 Alameda de las Pulgas, Suite 240
San Mateo, CA 94403
epidemiology@smcgov.org
650-573-2144

Suggested Citation:

San Mateo County Public Health, Policy & Planning. San Mateo County Sexually Transmitted Infections and HIV-AIDS Surveillance Annual Report, 2024. San Mateo County Public Health, Policy & Planning, San Mateo, California.

Note on data for previous years:

Numbers in the document listed for past years may not match totals in previous reports. Totals may increase due to late reports, may decrease when duplicate reports are removed or cases are subsequently identified as out of our jurisdiction, or when case definitions are changed. In addition, disease rates may have changed due to updated denominator data from the U.S. Census Bureau or the California Department of Finance. Please see Technical Notes for more.

The following contributed to the creation of this report:

STI/HIV

Losaline Baker
Roberto Gonzalez
Sergio Grajeda
Sharon Jones
Peter Mack
Munya Mahiya
Michelle Malang
Ana Martinez
Marco Vergara
Marissa Wagner
Wesley Yuen

Epidemiology

Corina Chung, MS
Heather Eastwood, PhD
Melissa Ibarra, MPH
Karen Pfister, MS

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Commonly used abbreviations

ACS: American Community Survey

AIDS: Acquired Immunodeficiency Syndrome

AVSS: Automated Vital Statistics System

CalREDIE: California Reportable Disease Information Exchange

CDPH: California Department of Public Health

CT: chlamydia

Doxy-PEP: doxycycline post-exposure prophylaxis

GC: gonorrhea

DoF: Department of Finance

eHARS: Enhanced HIV/AIDS Reporting System

ES: early syphilis

HCV: hepatitis C

HIV: Human Immunodeficiency Virus

PrEP: Pre-Exposure Prophylaxis

IDU: injection drug use

LS: late/unknown syphilis

MMSC: male-to-male sexual contact

MMSC and IDU: male-to-male sexual contact and injection drug use

MSM: men who have sex with men

SMC: San Mateo County

STI: sexually transmitted infection

VRBIS: Vital Records Business Intelligence System

San Mateo County Health STI/HCV/HIV Program Overview

The STI/HIV Program was created in November 2008, with the merging of the long-standing STI and AIDS Programs, in order to integrate STI and HIV services within San Mateo County (SMC) Health. In 2023, HCV surveillance was added to the program. The program works to identify new infections and ensure appropriate, timely treatment, prevent severe health outcomes, interrupt transmission of STI/HCV/HIV, and monitor disease trends in San Mateo County to inform data-driven prevention, linkage to care, and treatment strategies.

Services of the STI/HCV/HIV Program

- Provide comprehensive primary medical care, psychosocial support and case management for persons living with HIV
- Provide STI, HCV and HIV screening and treatment through San Mateo County STI Clinic, San Mateo County correctional facilities, and mobile outreach and testing for high-risk populations
- Provide linkage to care services for residents newly diagnosed with HIV as well as residents who are not connected to HIV primary care
- Provide partner services for residents newly diagnosed with HIV as well as those already in care
- Provide HIV PrEP (Pre-Exposure Prophylaxis) information, referrals and linkage for at-risk individuals
- Provide STI and HIV prevention and treatment information through the San Mateo County Health website: <http://www.smchealth.org/std>
- Conduct case and behavioral surveillance, analysis and reporting of syphilis, gonorrhea, chlamydia, Mpox, HCV, and HIV
- Conduct analysis of disease trends using demographic, clinical, and interview data
- Conduct STI prevalence monitoring in high-risk settings such as STI clinic and correctional facilities
- Conduct disease intervention services, including case investigation services, contact elicitation, linkage of contacts to screening, evaluation, treatment, and field and partner-delivered therapy, as appropriate
- Support training opportunities and distribute STI/HCV/HIV clinical educational materials to health care providers
- Conduct provider detailing to support consistent, evidence-based screening, prevention, treatment, partner services, and linkage to care, while strengthening collaboration with healthcare providers to reduce STI/HCV/HIV transmission in San Mateo County
- Partner with public and private laboratories offering STI/HCV/HIV testing
- Collaborate with public and private key stakeholders to identify and solve health problems

External partners include:

California Department of Public Health, San Francisco Department of Public Health, San Francisco Mayor's Office of Housing and Community Development, California STD/HIV Controllers Association.

County and Community partners include:

Mental Health Association of San Mateo County, AIDS Community Research Consortium, San Mateo County Health- Correctional Health, San Mateo County Health – Mobile Clinic, Street and Field Medicine

Funding and Grants:

The STI/HIV Program received funding from the following sources in 2024:

- San Mateo County General Fund
- Federal Health Resources and Services Administration (HRSA) - Ryan White Part A as part of the San Francisco Eligible Metropolitan Area (EMA)

OVERVIEW OF THE STI/HCV/HIV PROGRAM

- Federal Centers for Disease Control & Prevention (CDC) - HIV Prevention Funds through the California Department of Public Health – Office of AIDS
- Federal Housing and Urban Development (HUD) - Housing Opportunities for People with AIDS (HOPWA) as part of the San Francisco Eligible Metropolitan Statistical Area (EMSA)
- Federal Health Resources and Services Administration (HRSA) - Ryan White Part B through the California Department of Public Health – Office of AIDS
- Federal Health Resources and Services Administration (HRSA) - Ryan White Minority AIDS Initiative (MAI) through the California Department of Public Health – Office of AIDS
- California Department of Public Health (CDPH) – Core STD Program Management through STD Control Branch
- California Department of Public Health (CDPH) – STD Prevention and Collaboration Grant through STD Control Branch
- California Department of Public Health (CDPH) – HCV Prevention and Collaboration Grant through STD Control Branch

Executive Summary

The 2024 San Mateo County Sexually Transmitted Infections and HIV/AIDS Surveillance Annual Report presents data for reportable STIs in San Mateo County (SMC). Rates of STIs decreased across the board for SMC in 2024, after several years of increases following COVID-19 pandemic decreases. Early syphilis decreased by over half in 2024 compared to 2023 and late latent syphilis decreased by 11%. Gonorrhea decreased 14% overall and chlamydia decreased by 9%.

By sex, decreases were especially pronounced for early syphilis among males (50%) and females (69%), gonorrhea among females (32%), and chlamydia (CT) among males (16%). More moderate decreases were seen for late latent syphilis among males (15%), late latent syphilis among females (3%), and gonorrhea among males (9%). Decreases among men in particular may be due to new guidelines for the use of doxycycline post-exposure prophylaxis (doxy PEP). In 2023, the California Department of Public Health (CDPH) recommended that doxy-PEP be offered to men who have sex with men (MSM) or transgender women who have had one or more bacterial STIs in the past 12 months. Evidence shows that doxy-PEP taken within 72 hours after condomless oral, anal, or vaginal sex can significantly reduce likelihood of acquiring CT, and syphilis. Data on efficacy of doxy-PEP in other populations besides MSM and transgender women remains limited, so shared decision-making should be utilized for those at increased risk of STIs and those who request doxy-PEP.

Disparities by race/ethnicity continue to persist, as Latino and Black individuals continue to experience a high burden of disease due to structural barriers. Structural barriers to care include availability and access around testing and treatment. Latino and Black individuals in SMC experience higher rates of syphilis, gonorrhea, and chlamydia. Rates for gonorrhea and chlamydia should be interpreted with caution due to higher numbers of cases missing information on race/ethnicity.

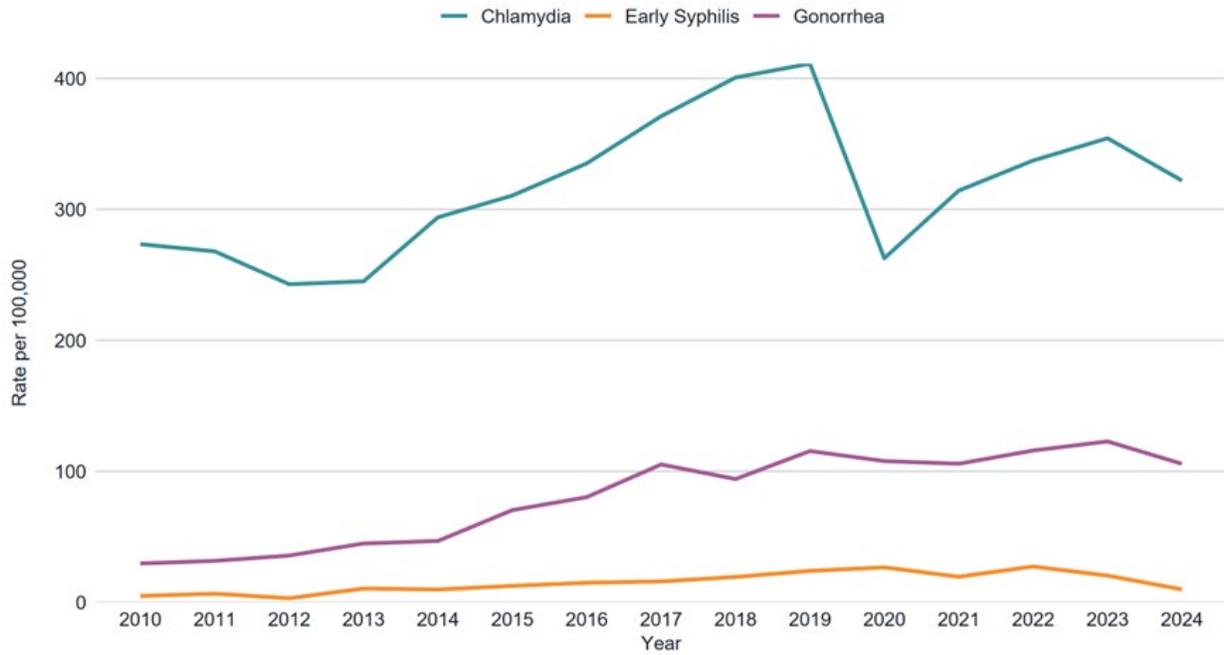
SMC saw a decrease in newly reported HIV cases from 79 in 2023 to 44 in 2024. The percent of late testing in this group also decreased, from nearly a third to 14%. The majority of newly reported HIV cases are male and report male-to-male sexual contact (MMSC). Among people living with HIV (PLWH), there is a growing aging population, with over a third of PLWH being over the age of 60. Like with bacterial STIs, there are also racial/ethnic disparities in both new diagnoses and PLWH.

There were only 10 Mpox clade II cases in SMC in 2024, slightly down from 12 in 2023. In November 2024, the first U.S. case of Mpox clade I in the Americas was identified in SMC. SMC, in partnership with the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STD CB), and the Centers for Disease Control and Prevention (CDC), published a [Morbidity and Mortality Weekly Report](#) describing the clinical features, diagnostic testing, and public health response.

Programmatic priorities for 2025 include:

- Expanding HIV PrEP for Latino men and other at-risk populations
- Expanding doxy-PEP for syphilis prevention in women using shared decision making
- Expanding HCV Surveillance to guide prevention and linkage to care services

Figure 1. STI Rates by Year in San Mateo County, 2010-2024



Early Syphilis is defined as primary, secondary, and early latent syphilis stages.

BACTERIAL STIs

Table 1. STI Cases and Rates by Year Reported in San Mateo County, 2010-2024
Cases

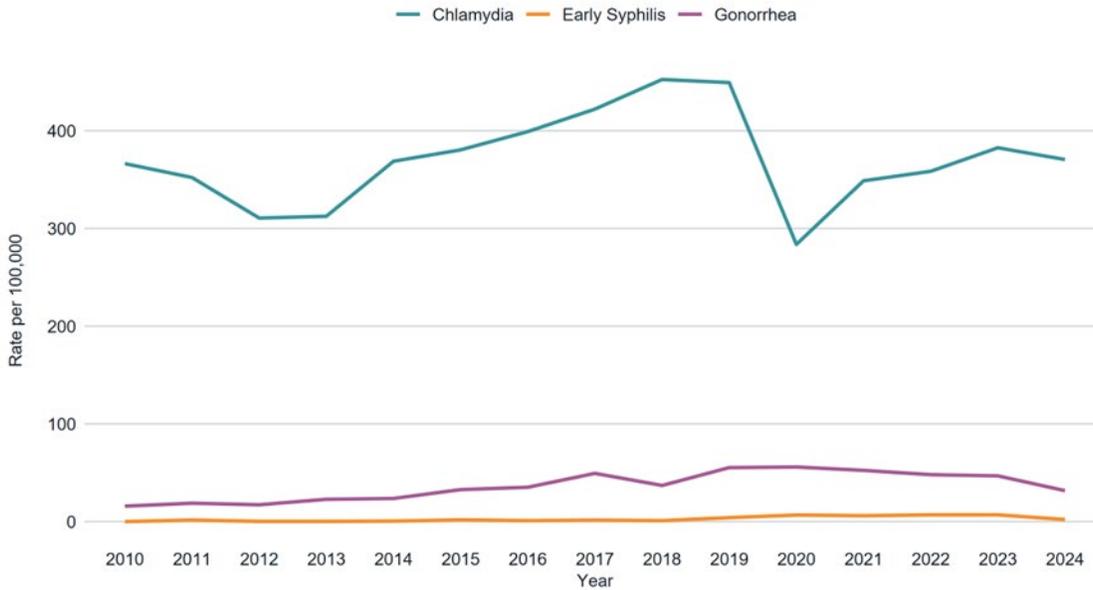
Disease	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	1,972	1,957	1,803	1,839	2,228	2,378	2,579	2,867	3,104	3,191	2,000	2,353	2,506	2,625	2,384
Gonorrhea	214	231	265	337	355	539	618	813	729	896	821	792	861	910	783
Primary Syphilis	9	7	7	18	20	12	19	36	25	43	33	23	37	25	21
Secondary Syphilis	13	28	7	39	30	43	41	26	52	47	61	42	53	42	17
Early Latent Syphilis	13	13	9	22	24	41	55	61	73	96	109	81	113	84	35
Early Syphilis ¹	35	48	23	79	74	96	115	123	150	186	203	146	203	151	73
Late Latent Syphilis	16	19	25	22	43	56	53	69	69	88	59	76	111	139	124
Neurosyphilis ²	0	2	2	1	0	2	2	4	0	1	4	7	9	8	4
Congenital Syphilis	0	2	0	0	0	1	0	0	0	1	1	3	3	0	1

Rate per 100,000³

Disease	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	273.4	267.9	242.8	245.0	293.9	310.5	335.1	371.1	400.6	411.2	262.6	314.3	337.3	354.3	322.0
Gonorrhea	29.7	31.6	35.7	44.9	46.8	70.4	80.3	105.2	94.1	115.5	107.8	105.8	115.9	122.8	105.7
Primary Syphilis	1.2	1.0	0.9	2.4	2.6	1.6	2.5	4.7	3.2	5.5	4.3	3.1	5.0	3.4	2.8
Secondary Syphilis	1.8	3.8	0.9	5.2	4.0	5.6	5.3	3.4	6.7	6.1	8.0	5.6	7.1	5.7	2.3
Early Latent Syphilis	1.8	1.8	1.2	2.9	3.2	5.4	7.1	7.9	9.4	12.4	14.3	10.8	15.2	11.3	4.7
Early Syphilis ¹	4.9	6.6	3.1	10.5	9.8	12.5	14.9	15.9	19.4	24.0	26.7	19.5	27.3	20.4	9.9
Late Latent Syphilis	2.2	2.6	3.4	2.9	5.7	7.3	6.9	8.9	8.9	11.3	7.7	10.2	14.9	18.8	16.7
Neurosyphilis ²	0.0	0.3	0.3	0.1	0.0	0.3	0.3	0.5	0.0	0.1	0.5	0.9	1.2	1.1	0.5
Congenital Syphilis	0.0	22.2	0.0	0.0	0.0	11.1	0.0	0.0	0.0	12.1	13.0	40.3	40.0	0.0	13.7

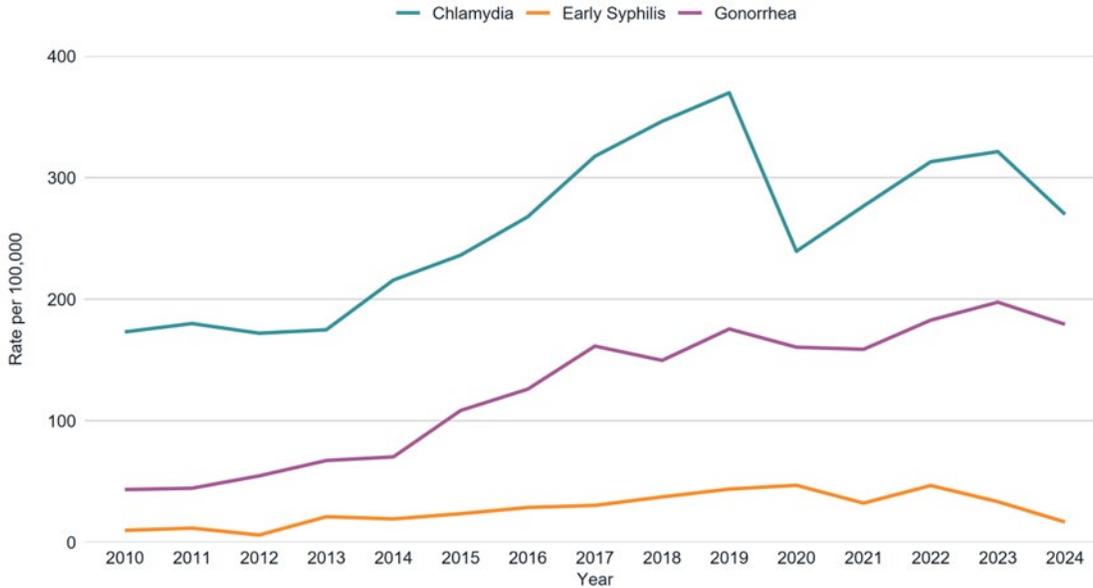
¹Early syphilis includes primary, secondary and early latent syphilis stages. ²Neurosyphilis cases are a sequelae of syphilis and can occur at any syphilis stage,neurosyphilis cases are captured under other syphilis stages. ³Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance

Figure 2. STI Rates for Females by Year in San Mateo County, 2010-2024



Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease.

Figure 3. STI Rates for Males by Year in San Mateo County, 2010-2024



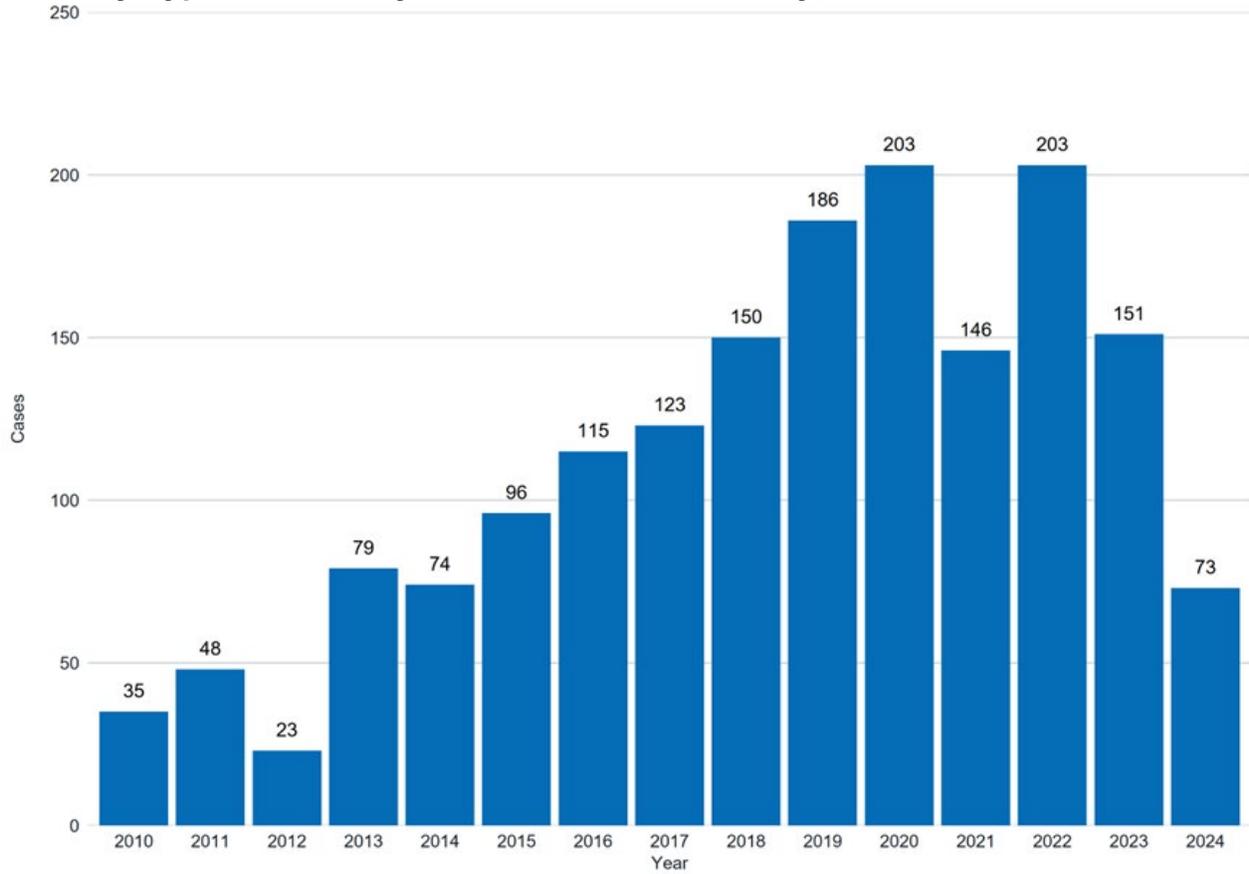
Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease.

Overview

- From 2015 to 2024, the ratio of females to males among total syphilis cases decreased from 1:8 to 1:3. Clinicians should be aware of increased syphilis burden in SMC women.
- Early syphilis decreased 52% in 2024 compared to 2023. This decrease was seen in both males (50%) and females (69%).
- There was one congenital syphilis case in 2024.
- Late latent syphilis decreased 11% from 2023 to 2024.
- Neurosyphilis cases decreased from 8 to 4 from 2023 to 2024.
- Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including Mpox.
- CDPH issued [updated syphilis screening recommendations](#) in October 2024, applicable statewide regardless of local syphilis or congenital syphilis rates:
 - All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should be screened for syphilis at least once in their lifetime. Following the initial screen, syphilis screening be offered annually.
 - Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
 - All pregnant persons should be screened for syphilis three times: (1) at confirmation of pregnancy or first prenatal encounter, (2) early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and (3) at delivery.
 - All persons 15-44 years old who enter a correctional facility should be screened for syphilis at intake.
 - Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy.
- As shown in a [2023 New England Journal of Medicine study](#), doxy-PEP after condomless oral, anal, or vaginal sex significantly reduces the likelihood of chlamydia, gonorrhea, and syphilis among MSM and transgender women¹.

¹ Luetkemeyer AF, Donnell D, Dombrowski JC, et al. Postexposure doxycycline to prevent bacterial sexually transmitted infections. *New England Journal of Medicine*. 2023;388(14):1296-1306. doi:10.1056/nejmoa2211934

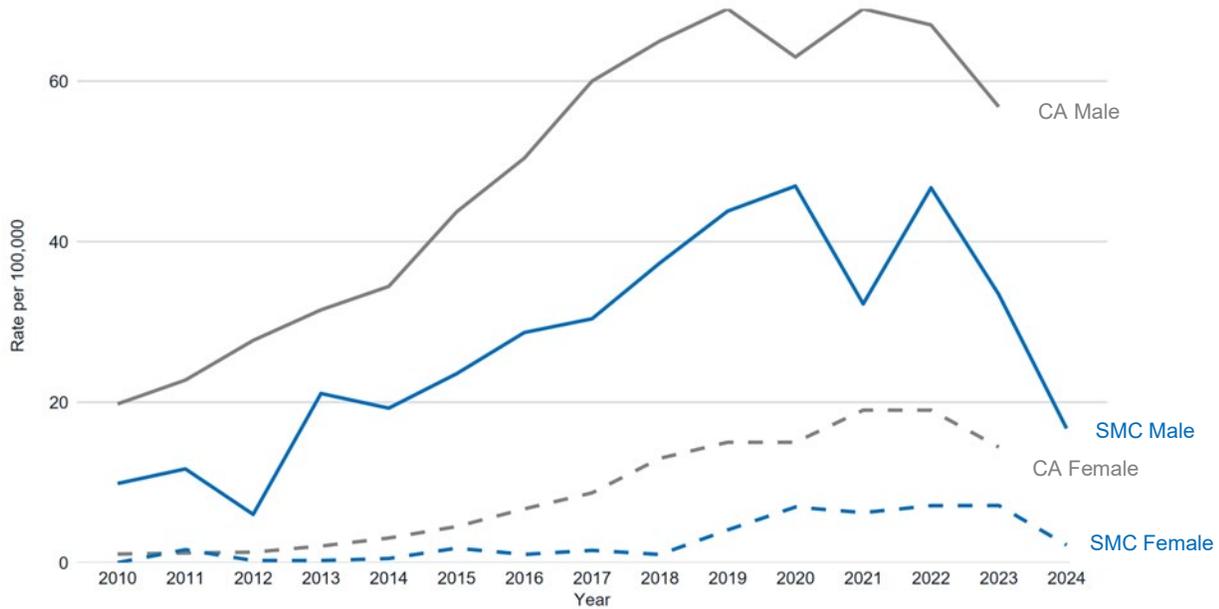
Figure 4. Early Syphilis Cases by Year in San Mateo County, 2010-2024



Early Syphilis includes primary, secondary, and early latent stages of syphilis.

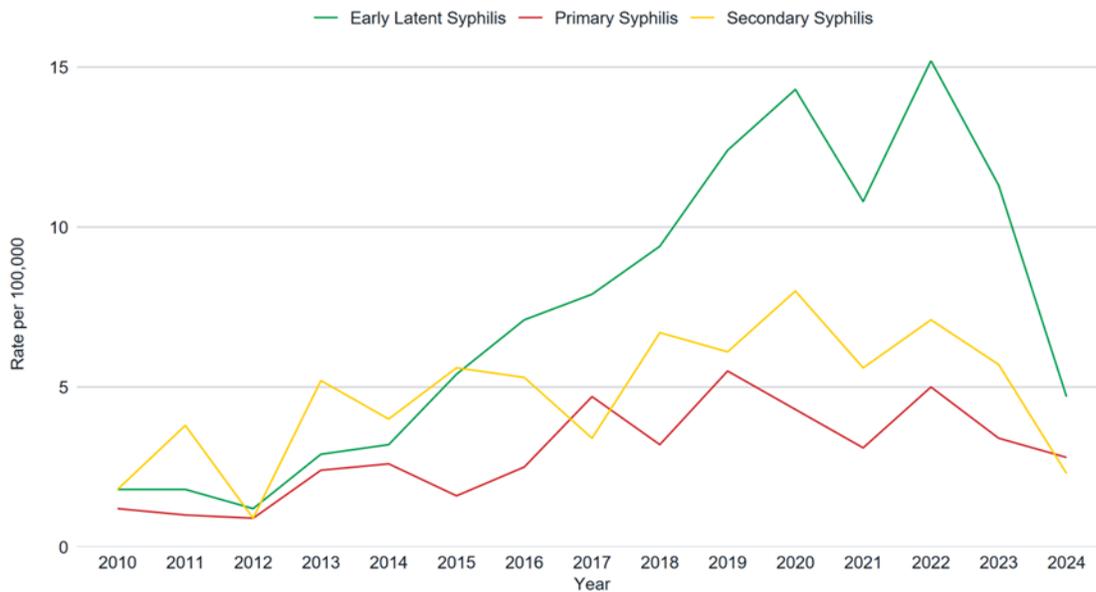
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Figure 5. Early Syphilis Rates by Gender and Year in San Mateo County and State of California, 2010-2024



Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Figure 6. Early Syphilis Rates by Stage and Year in San Mateo County, 2010-2024



Early Syphilis includes primary, secondary, and early latent stages of syphilis.

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Table 2. Syphilis Cases by Syphilis Stage in San Mateo County, 2023 and 2024

	2024			2023		
	Cases	Percent	Rate	Cases	Percent	Rate
Early Syphilis	73	37.1	9.9	151	52.1	20.4
Primary Syphilis	21	10.7	2.8	25	8.6	3.4
Secondary Syphilis	17	8.6	2.3	42	14.5	5.7
Early Latent Syphilis	35	17.8	4.7	84	29.0	11.3
Late Latent Syphilis	124	62.9	16.7	139	47.9	18.8
Neurosyphilis	4	-	0.5	8	-	1.1
Congenital Syphilis	1	-	13.7	0	-	0.0

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Table 3. Early Syphilis Cases and Rates by Demographic Characteristics and Risk Factors, San Mateo County, 2023 and 2024

		2024			2023		
		Cases	Percent	Rate	Cases	Percent	Rate
Total	Early Syphilis ¹	73	100.0	9.9	151	100.0	20.4
Sex	Male	61	83.6	16.7	122	80.8	33.4
	Female	8	11.0	2.1	26	17.2	6.9
	Transgender/Other ²	4	5.5	-	2	1.3	-
	Unknown	0	0.0	0.0	1	0.7	0.0
Age	0-14	0	0.0	0.0	0	0.0	0.0
	15-19	0	0.0	0.0	4	2.6	9.4
	20-24	7	9.6	20.2	22	14.6	65.8
	25-29	6	8.2	14.3	20	13.2	44.6
	30-34	19	26.0	35.7	35	23.2	63.7
	35-39	12	16.4	21.4	27	17.9	48.2
	40-44	10	13.7	18.8	14	9.3	26.7
	45-49	8	11.0	16.5	7	4.6	14.5
	50-54	4	5.5	8.2	5	3.3	10.0
	55-59	5	6.8	10.6	7	4.6	14.7
Race/Ethnicity	60+	2	2.7	1.0	10	6.6	5.3
	American Indian or Alaska Native	0	0.0	0.0	0	0.0	0.0
	Asian	11	15.1	4.2	22	14.6	8.6
	Black or African American	10	13.7	65.2	12	7.9	77.9
	Hispanic or Latino	25	34.2	16.4	56	37.1	36.6
	Multiracial	0	0.0	0.0	1	0.7	2.6
	Native Hawaiian or Pacific Islander	0	0.0	0.0	1	0.7	9.2
	White	17	23.3	6.5	30	19.9	11.3
Other/Unknown	10	13.7	-	29	19.2	-	
Self Reported Risk Factors ³	MMSC ⁴	41	56.2	-	88	58.3	-
	Anonymous Partners	19	26.0	-	55	36.4	-
	HIV Coinfection ⁵	19	26.0	-	40	26.5	-

¹Early Syphilis includes primary, secondary, and early latent stages of syphilis. ²Majority of cases are among transgender women. ³Data missing for cases that could not be located or refused to be interviewed. ⁴Male-to-male sexual contact. Data on sex of sex partner for men was available for 96% of male cases in 2023 and 98% of cases in 2024. ⁵Data for HIV coinfections was available for 97% of cases in 2023 and 2024.

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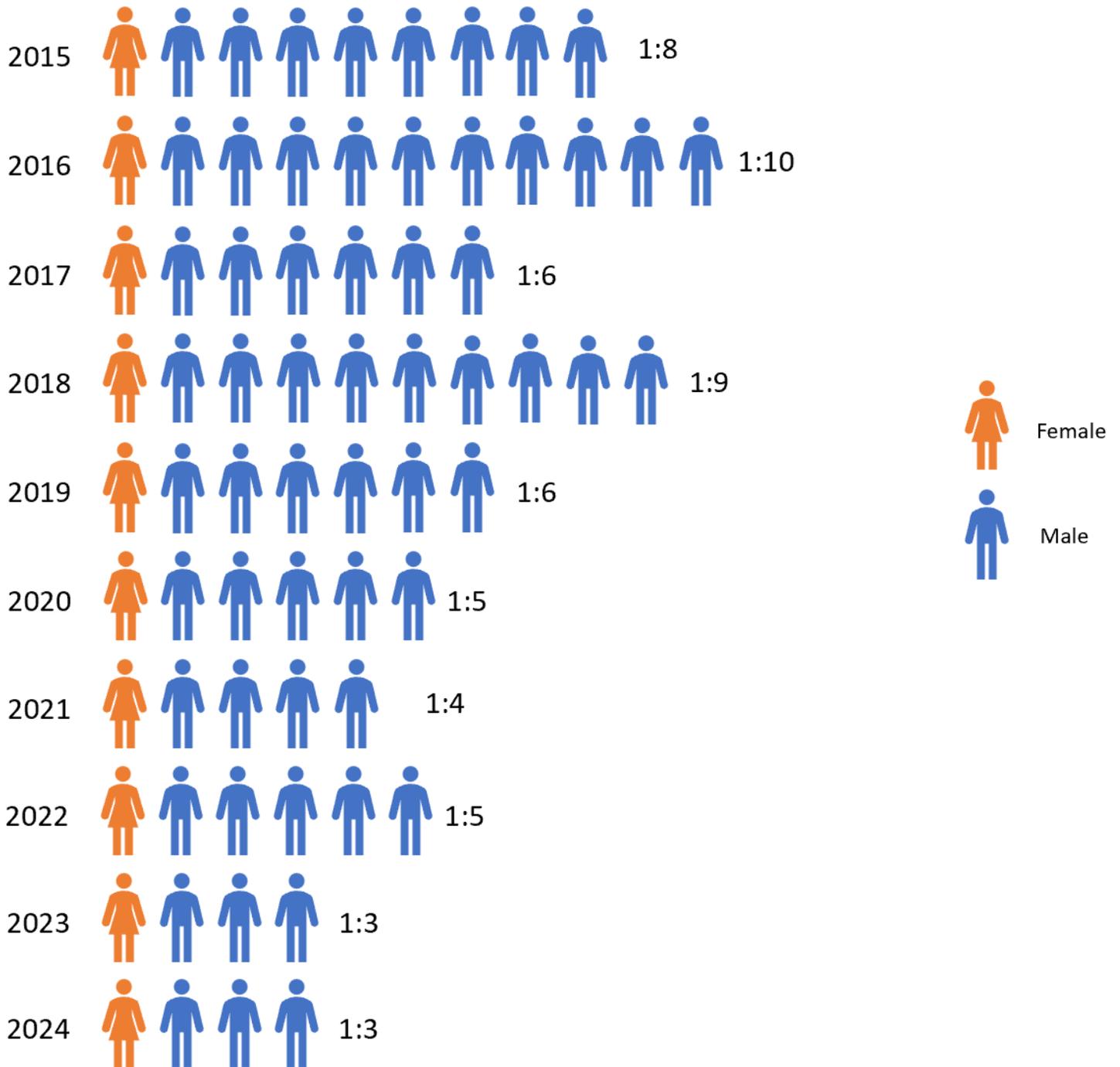
Table 4. Late Latent Syphilis Cases and Rates by Demographic Characteristics and Risk Factors, San Mateo County, 2023 and 2024

		2024			2023		
		Cases	Percent	Rate	Cases	Percent	Rate
Total	Late Latent Syphilis	124	100.0	16.7	139	100.0	18.8
Sex	Male	79	63.7	21.7	93	66.9	25.5
	Female	42	33.9	11.2	45	32.4	12.0
	Transgender/Other ¹	3	2.4	-	1	0.7	-
	Unknown	0	0.0	-	0	0.0	-
Age	0-14	0	0.0	0.0	0	0.0	0.0
	15-19	1	0.8	2.4	2	1.4	4.7
	20-24	15	12.1	43.3	16	11.5	47.9
	25-29	14	11.3	33.4	25	18.0	55.8
	30-34	24	19.4	45.0	19	13.7	34.6
	35-39	24	19.4	42.8	17	12.2	30.4
	40-44	17	13.7	31.9	22	15.8	42.0
	45-49	7	5.6	14.4	10	7.2	20.8
	50-54	11	8.9	22.5	11	7.9	22.1
	55-59	4	3.2	8.5	11	7.9	23.1
Race/Ethnicity	60+	7	5.6	3.6	6	4.3	3.2
	American Indian or Alaska Native	0	0.0	0.0	2	1.4	153.0
	Asian	9	7.3	3.5	8	5.8	3.1
	Black or African American	6	4.8	39.1	15	10.8	97.4
	Hispanic or Latino	60	48.4	39.3	69	49.6	45.1
	Multiracial	0	0.0	0.0	1	0.7	2.6
	Native Hawaiian or Pacific Islander	2	1.6	18.0	0	0.0	0.0
	White	32	25.8	12.3	23	16.5	8.7
Other/Unknown	15	12.1	-	21	15.1	-	
Self Reported Risk Factors ²	MMSC ³	44	35.5	-	48	34.5	-
	Anonymous Partners	8	6.5	-	11	7.9	-
	HIV Coinfection ⁴	20	16.1	-	27	19.4	-

¹Majority of cases are among transgender women. ²Data missing for cases that could not be located or refused to be interviewed. ³Male-to-male sexual contact. Data on sex of sex partner for men was available for 83% of male cases in 2023 and 90% of cases in 2024. ⁴Data for HIV coinfections was available for 87% of cases in 2023 and 94% of cases in 2024.

SYPHILIS

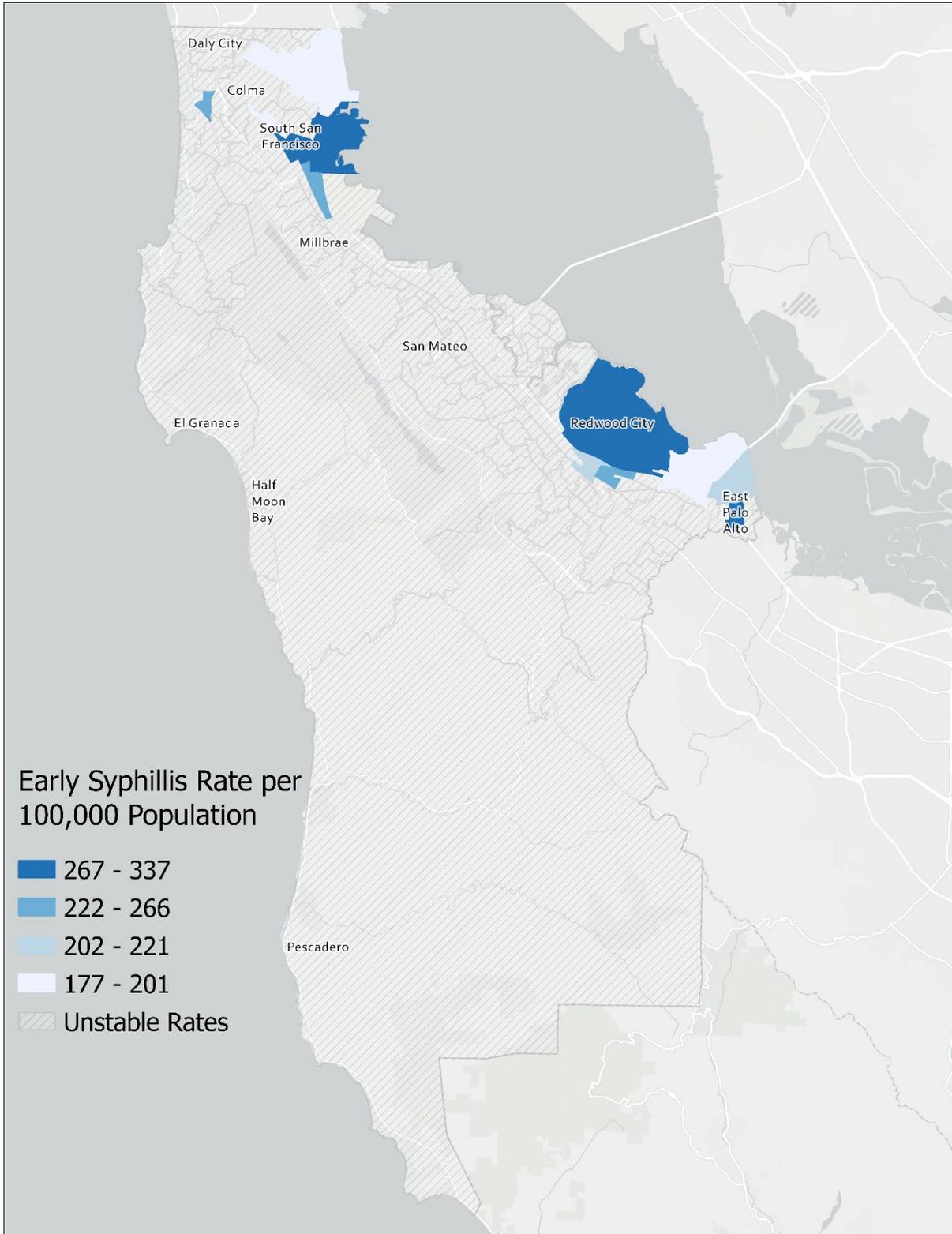
Figure 7. Female to Male Ratio of Primary, Secondary, Early Latent, and Latent Syphilis Cases by Year in San Mateo County, 2015-2024



SYPHILIS

The highest rates of early syphilis infections for 2017-2023 were seen in census tracts in parts of Redwood City, South San Francisco, and East Palo Alto. Rates for census tracts with fewer than 10 cases or with low populations may be unstable.

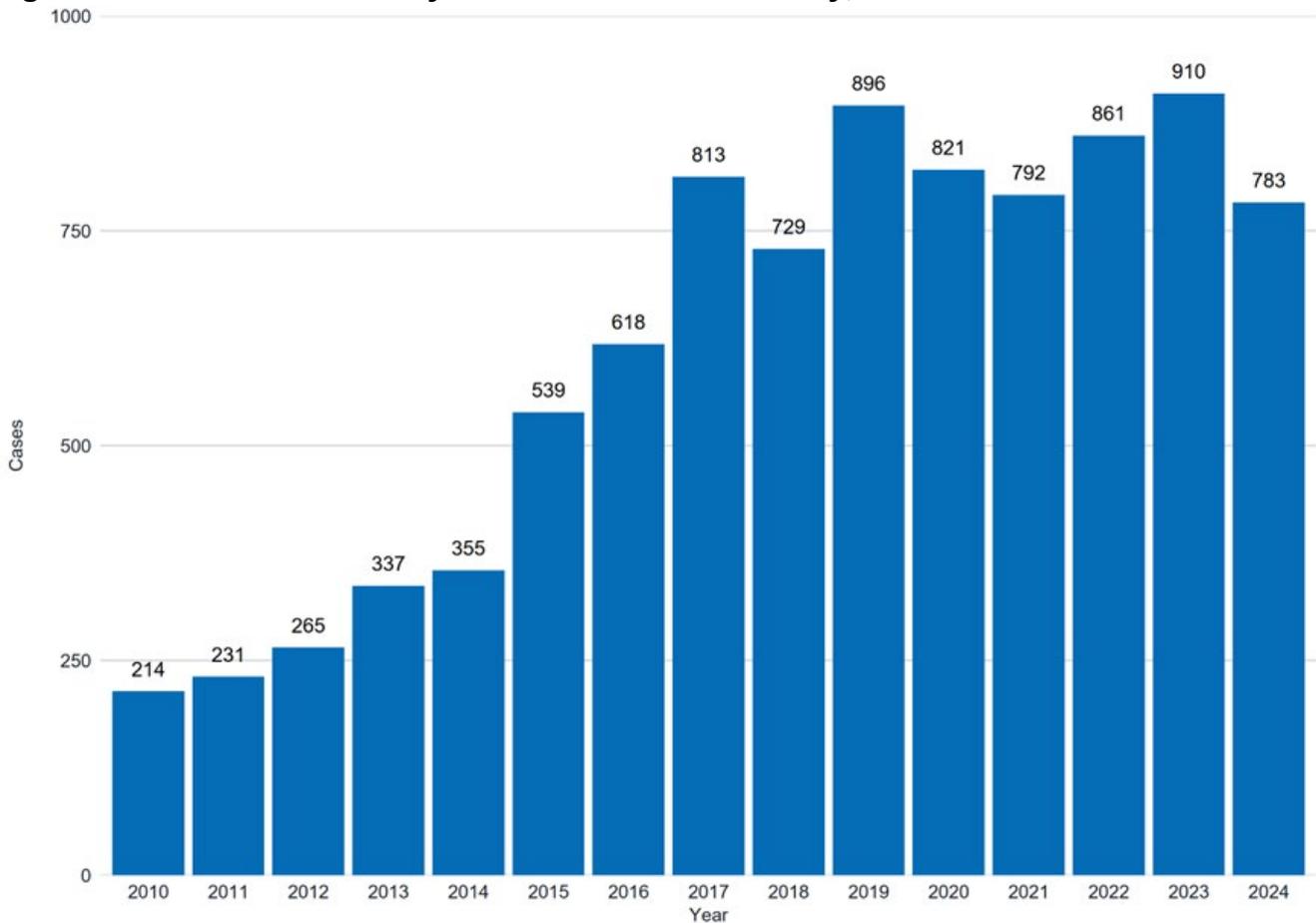
Figure 8. Early Syphilis Rates by Census Tract in San Mateo County, 2020-2024



Overview

- There was a 14% decrease in gonorrhea cases in 2024 compared to 2023 (122.8 cases per 100,000 to 105.7 cases per 100,000).
- Cases among males decreased by 9% from 2023 to 2024 (197.5 vs. 179.3 cases per 100,000) while cases among females decreased by 32% (46.8 vs. 31.7 cases per 100,000).
- Females comprised 15% of gonorrhea cases in 2024, a slight decrease from 20% in 2023.
- A test of cure should be done for all pharyngeal gonorrhea 14 days after treatment as this is the anatomic site where treatment failures are most common.
- The San Mateo County STI clinic can culture gonorrhea specimens. The SMC Public Health Lab participates in a surveillance gonorrhea culture project in collaboration with the San Francisco Department of Public Health to maintain lab culture capacity.

Figure 9. Gonorrhea Cases by Year in San Mateo County, 2010-2024



GONORRHEA

Figure 10. Gonorrhea Rates by Gender and Year in San Mateo County and State of California, 2010-2024

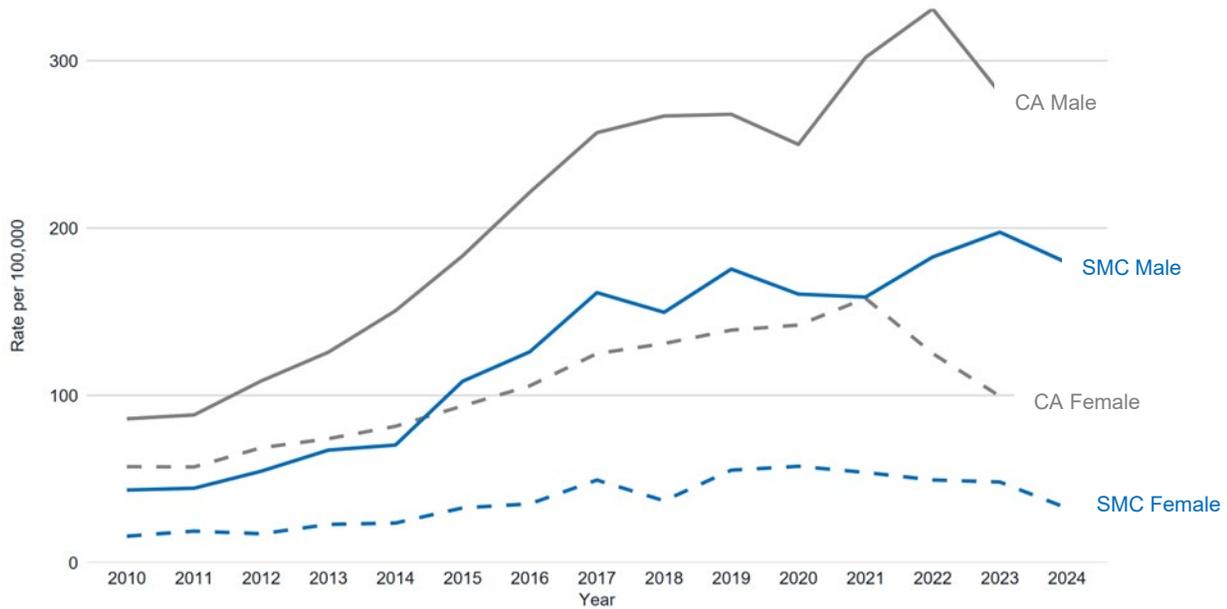
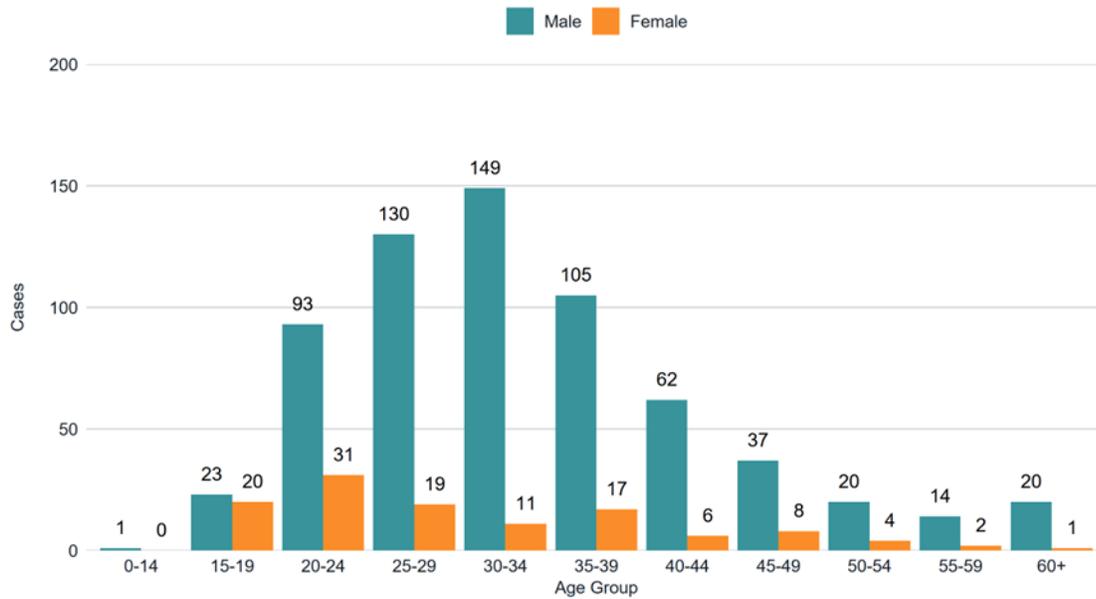
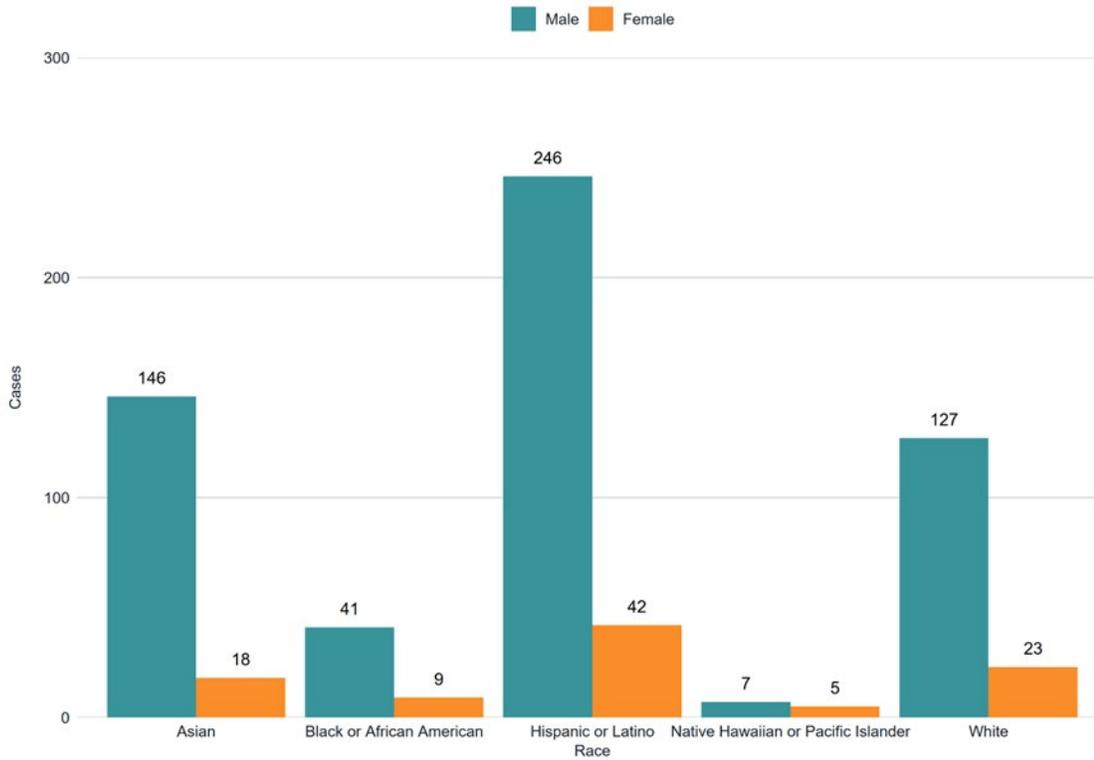


Figure 11. Gonorrhea Cases by Gender and Age in San Mateo County, 2024



GONORRHEA

Figure 12. Gonorrhea Cases by Gender and Selected Race/Ethnicity in San Mateo County, 2024



GONORRHEA

Table 5. Gonorrhea Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2023 and 2024

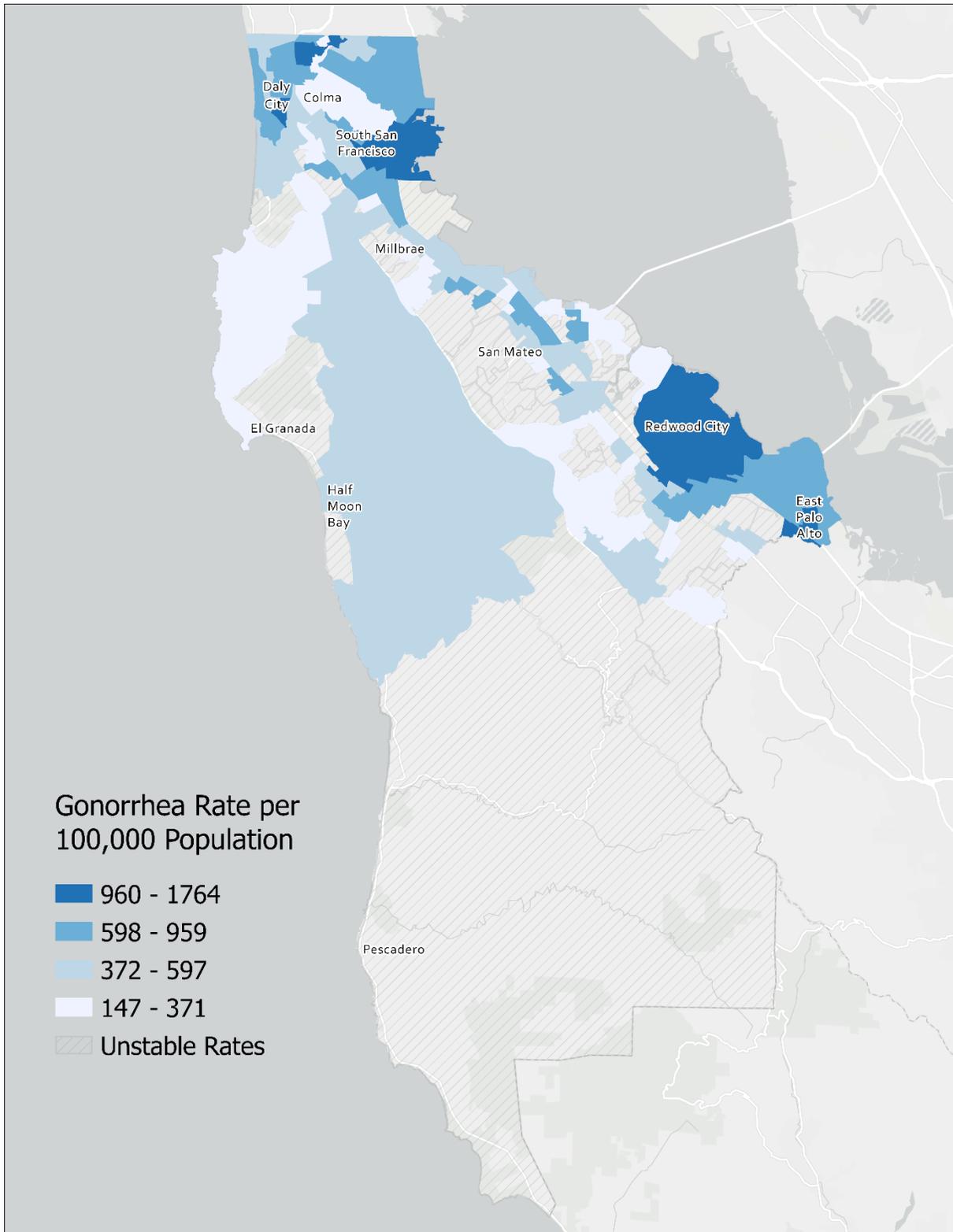
		Female						Male					
		2024			2023			2024			2023		
		Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate
Total	Total	119	100.0	31.7	176	100.0	46.8	654	100.0	179.3	721	100.0	197.5
Age	0-14	0	0.0	0.0	0	0.0	0.0	1	0.2	1.6	0	0.0	0.0
	15-19	20	16.8	96.1	18	10.2	86.5	23	3.5	107.0	19	2.6	87.8
	20-24	31	26.1	185.3	46	26.1	283.5	93	14.2	519.9	103	14.3	599.1
	25-29	19	16.0	93.3	38	21.6	176.2	130	19.9	603.8	156	21.6	670.9
	30-34	11	9.2	42.7	27	15.3	100.9	149	22.8	541.1	166	23.0	588.5
	35-39	17	14.3	62.4	19	10.8	69.9	105	16.1	364.8	103	14.3	358.0
	40-44	6	5.0	22.7	6	3.4	22.8	62	9.5	231.2	68	9.4	260.2
	45-49	8	6.7	32.9	4	2.3	16.8	37	5.7	153.2	32	4.4	131.6
	50-54	4	3.4	16.4	12	6.8	47.5	20	3.1	82.0	28	3.9	114.1
	55-59	2	1.7	8.3	1	0.6	4.1	14	2.1	61.2	27	3.7	115.7
	60+	1	0.8	0.9	5	2.8	4.8	20	3.1	22.8	19	2.6	22.4
Race/Ethnicity ¹	American Indian or Alaska Native	1	0.8	134.8	0	0.0	0.0	5	0.8	826.4	2	0.3	325.7
	Asian	18	15.1	13.1	22	12.5	16.2	146	22.3	118.9	138	19.1	114.2
	Black or African American	9	7.6	125.0	12	6.8	166.0	41	6.3	503.6	55	7.6	672.9
	Hispanic or Latino	42	35.3	54.9	65	36.9	84.9	246	37.6	322.5	261	36.2	341.6
	Multiracial	3	2.5	15.6	5	2.8	26.2	1	0.2	5.2	2	0.3	10.4
	Native Hawaiian or Pacific Islander	5	4.2	86.4	2	1.1	35.2	7	1.1	130.7	12	1.7	229.2
	White	23	19.3	17.8	48	27.3	36.6	127	19.4	96.0	156	21.6	116.0
Other/Unknown	18	15.1	-	22	12.5	-	81	12.4	-	95	13.2	-	
Anatomical Site of Infection ²	Urine	74	62.2	-	98	55.7	-	268	41.0	-	315	43.7	-
	Genitourinary	29	24.4	-	72	40.9	-	12	1.8	-	11	1.5	-
	Rectal	6	5.0	-	3	1.7	-	210	32.1	-	251	34.8	-
	Pharyngeal	20	16.8	-	19	10.8	-	287	43.9	-	292	40.5	-
	Other/Unknown	4	3.4	-	0	0.0	-	11	1.7	-	7	1.0	-
Total	Total by Sex	119	15.4	31.7	176	19.6	46.8	654	84.6	179.3	721	80.4	197.5
	County Total	783	100.0	105.7	910	100.0	122.8	783	100.0	105.7	910	100.0	122.8

¹Race/ethnicity data not available for many cases as positive tests for infections are automatically reported from testing laboratories and no follow-up interviews are conducted for gonorrhea cases. ²Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). Note: There were 13 transgender/other GC cases in 2023; 10 transgender/other gender GC cases in 2024.

GONORRHEA

The highest rates of gonorrhea infections in 2020-2024 were seen in census tracts in parts of Daly City, East Palo Alto, South San Francisco, and Redwood City. Rates for census tracts with fewer than 10 cases or with low populations may be unstable.

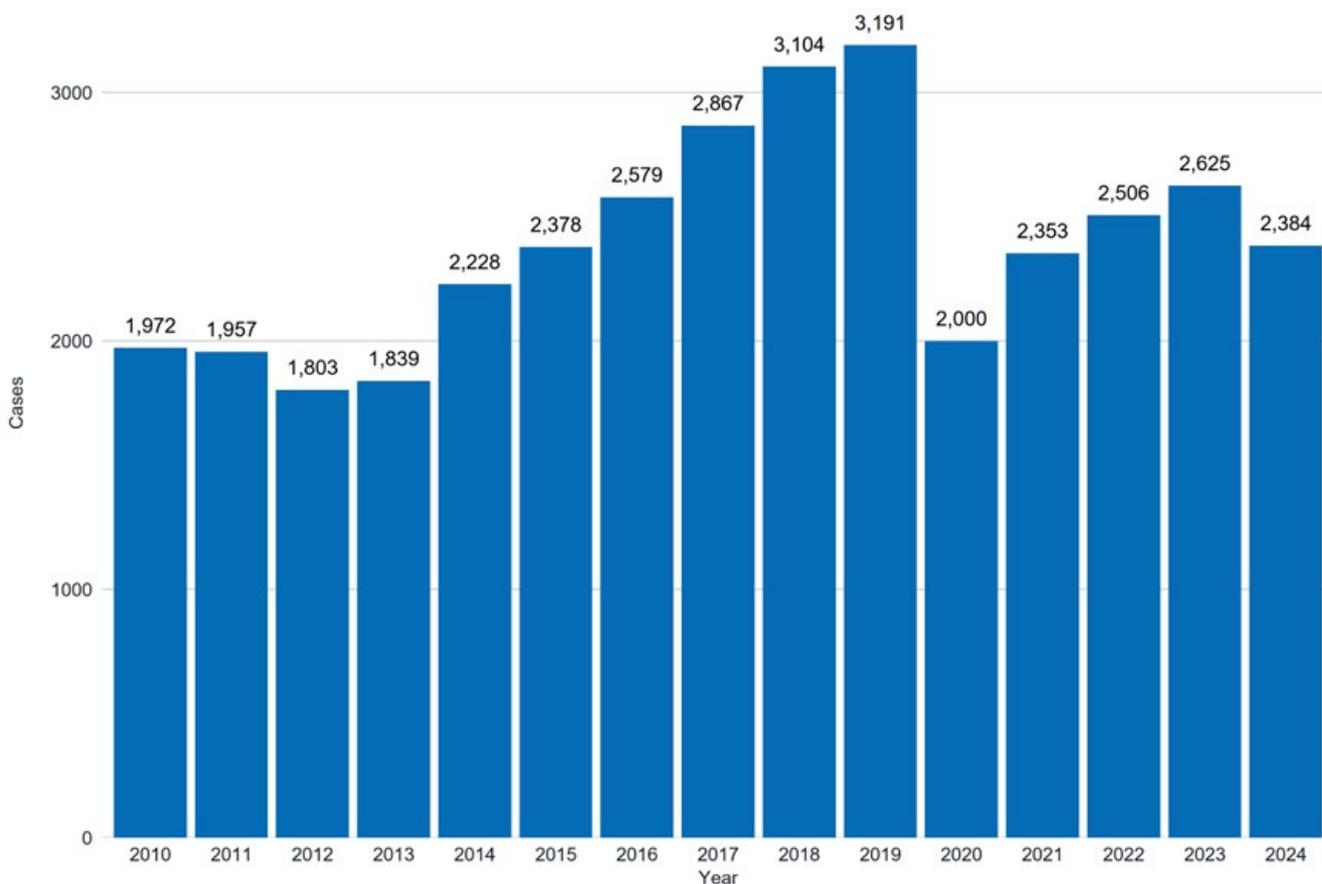
Figure 13. Gonorrhea Rates by Census Tract in San Mateo County, 2020-2024



Overview

- In 2019, California changed Chlamydia trachomatis (CT) reporting to via a lab report only, with clinicians no longer mandated to report.
- CT cases decreased 9% from 2023 to 2024 (354.3 to 322.0 cases per 100,000). Cases in females decreased 3% (382.6 to 370.5 per 100,000) and decreased 16% among males (321.3 to 269.8 per 100,000).
- Given approximately half of all CT cases are asymptomatic, screening in women age 25 years and younger who have sex, men who have sex with men (MSM), and heterosexuals at risk is recommended at least annually or more frequently based on risk.
- CT rectal testing can be done in women based on shared decision making with a clinician.
- Doxycycline is the first line treatment regimen for CT at all anatomic sites.

Figure 14. Chlamydia Cases by Year in San Mateo County, 2010-2024



CHLAMYDIA

Figure 15. Chlamydia Rates by Gender and Year in San Mateo County and State of California, 2010-2024

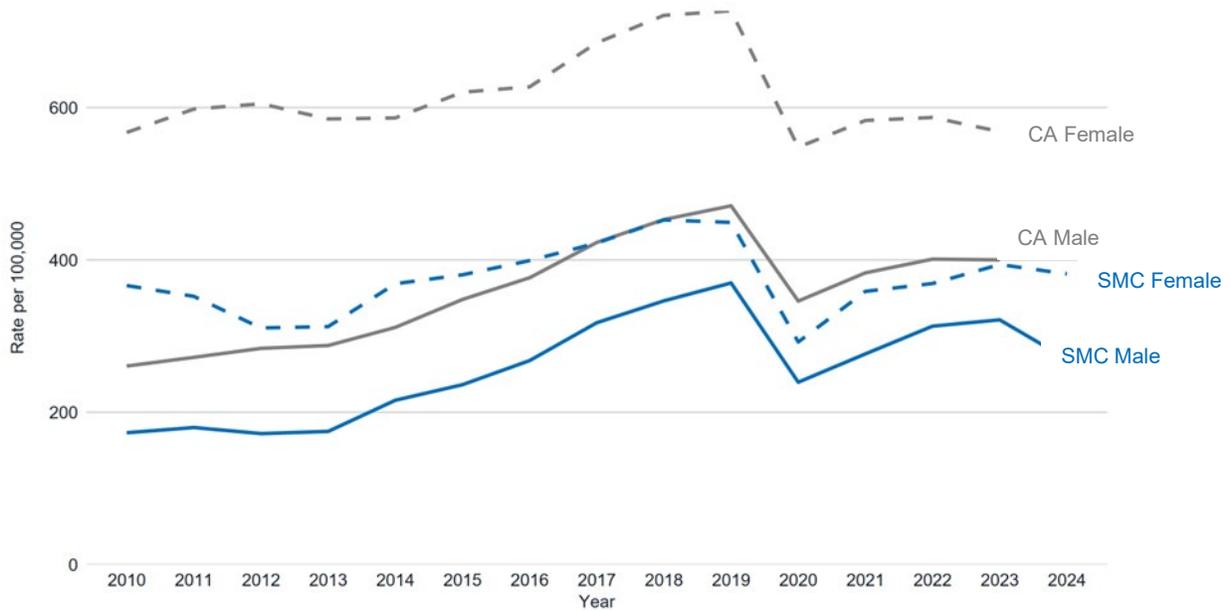
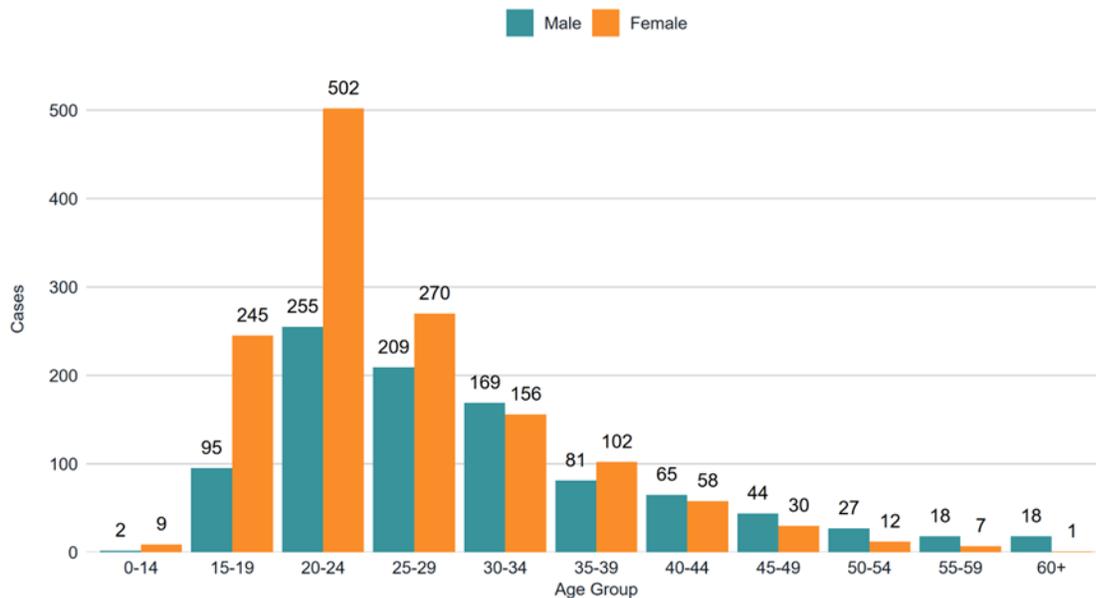
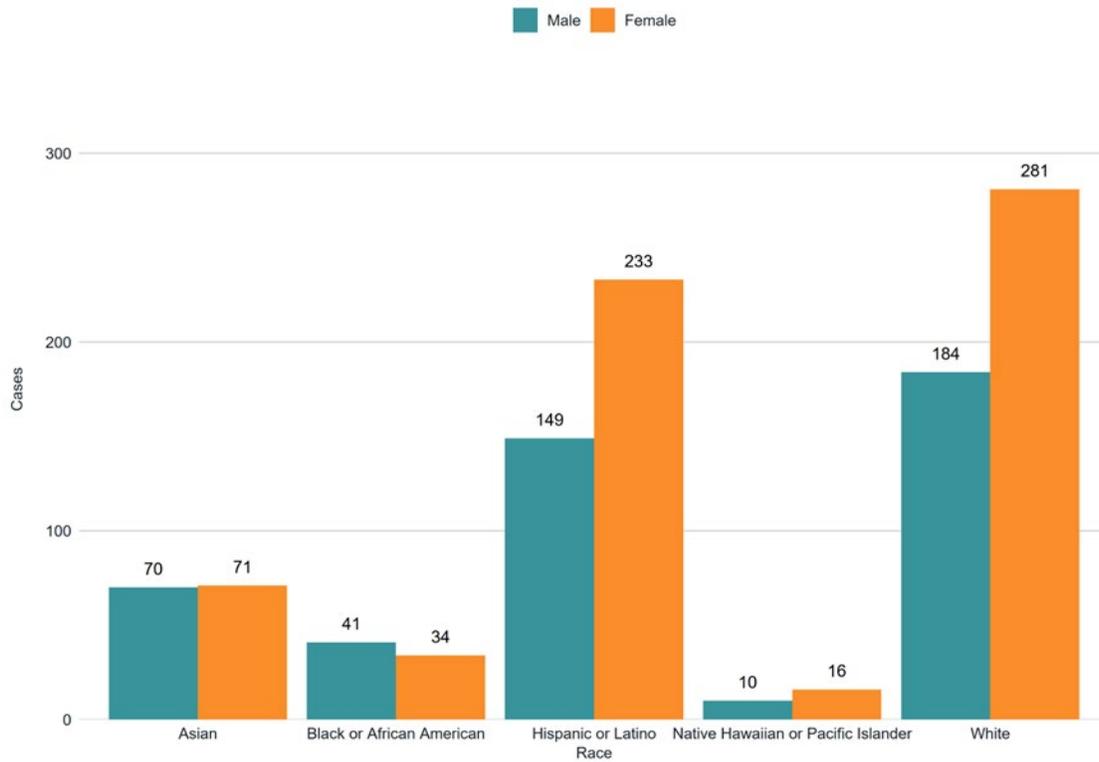


Figure 16. Chlamydia Cases by Gender and Age in San Mateo County, 2024



CHLAMYDIA

Figure 17. Chlamydia Cases by Gender and Selected Race/Ethnicity in San Mateo County, 2024



CHLAMYDIA

Table 6. Chlamydia Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2023 and 2024

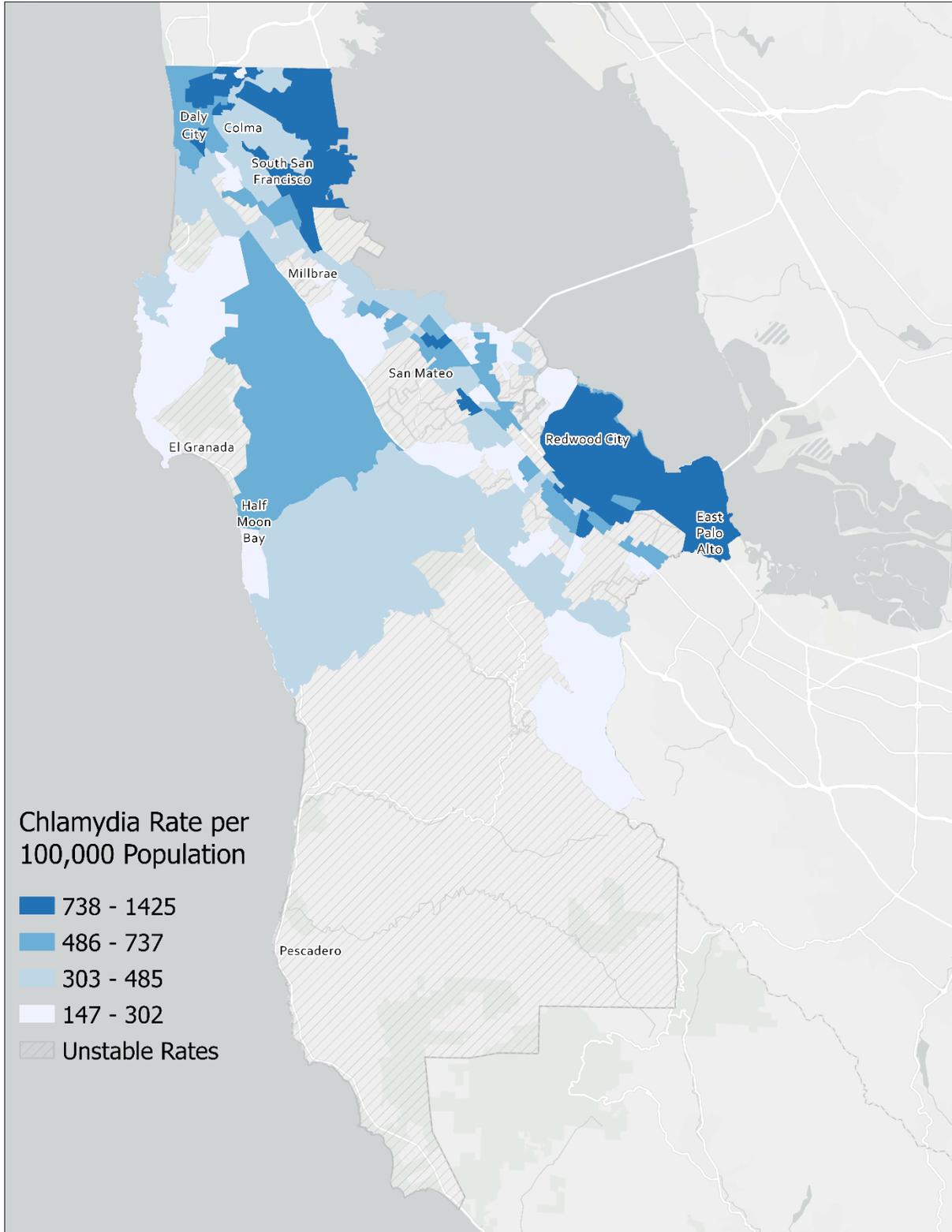
		Female						Male					
		2024			2023			2024			2023		
		Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate
Total	Total	1,392	100.0	370.5	1,438	100.0	382.6	984	100.0	269.8	1,173	100.0	321.3
Age	0-14	9	0.6	15.2	1	0.1	1.7	2	0.2	3.2	1	0.1	1.6
	15-19	245	17.6	1,177.7	235	16.3	1,128.9	95	9.7	442.1	90	7.7	415.7
	20-24	502	36.1	3,001.1	525	36.5	3,235.3	255	25.9	1,425.6	242	20.6	1,407.6
	25-29	270	19.4	1,325.5	289	20.1	1,339.7	209	21.2	970.8	232	19.8	997.8
	30-34	156	11.2	606.1	166	11.5	620.5	169	17.2	613.7	217	18.5	769.3
	35-39	102	7.3	374.5	96	6.7	353.0	81	8.2	281.4	122	10.4	424.0
	40-44	58	4.2	219.4	50	3.5	190.2	65	6.6	242.4	95	8.1	363.6
	45-49	30	2.2	123.3	32	2.2	134.1	44	4.5	182.2	57	4.9	234.4
	50-54	12	0.9	49.2	19	1.3	75.2	27	2.7	110.7	42	3.6	171.1
	55-59	7	0.5	28.9	10	0.7	41.1	18	1.8	78.7	38	3.2	162.9
	60+	1	0.1	0.9	15	1.0	14.5	18	1.8	20.5	37	3.2	43.6
Race/Ethnicity ¹	Missing	0	0.0	0.0	0	0.0	0.0	1	0.1	-	0	0.0	-
	American Indian or Alaska Native	2	0.1	269.5	2	0.1	288.6	0	0.0	0.0	0	0.0	0.0
	Asian	71	5.1	51.7	67	4.7	49.4	70	7.1	57.0	71	6.1	58.8
	Black or African American	34	2.4	472.1	31	2.2	428.9	41	4.2	503.6	31	2.6	379.3
	Hispanic or Latino	233	16.7	304.6	262	18.2	342.1	149	15.1	195.3	163	13.9	213.3
	Multiracial	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.1	5.2
	Native Hawaiian or Pacific Islander	16	1.1	276.5	13	0.9	229.0	10	1.0	186.7	5	0.4	95.5
	White	281	20.2	218.0	276	19.2	210.7	184	18.7	139.1	246	21.0	182.9
Other/Unknown	755	54.2	-	787	54.7	-	530	53.9	-	656	55.9	-	
Anatomical Site of Infection ²	Urine	400	28.7	-	334	23.2	-	269	19.3	-	232	16.1	-
	Genitourinary	198	14.2	-	188	13.1	-	1	0.1	-	4	0.3	-
	Rectal	14	1.0	-	7	0.5	-	74	5.3	-	101	7.0	-
	Pharyngeal	14	1.0	-	21	1.5	-	28	2.0	-	36	2.5	-
	Other/Unknown	798	57.3	-	908	63.1	-	637	45.8	-	825	57.4	-
Total	Total by Sex	1,392	58.6	370.5	1,438	55.1	382.6	984	41.4	269.8	1,173	44.9	321.3
	County Total	2,384	100.0	322.0	2,625	100.0	354.3	2,384	100.0	322.0	2,625	100.0	354.3

¹Race/ethnicity data not available for many cases as positive tests for infections are automatically reported from testing laboratories and no follow-up interviews are conducted for chlamydia cases. ²Clinical sites for chlamydia are non-exclusive (individual patient may have multiple sites tested). Note: There were 7 transgender/other gender and 7 unknown CT cases in 2023; 2 transgender/other gender and 6 unknown CT cases in 2024.

CHLAMYDIA

The highest rates of chlamydia infections in 2024 were seen in census tracts in parts of Daly City, Redwood City, South San Francisco and East Palo Alto. Rates for census tract with fewer than 10 cases or with low populations may be unstable.

Figure 18: Chlamydia Rates by Census Tract in San Mateo County, 2024



Overview

- New HIV case are among individuals who were San Mateo County residents at the time of diagnosis.
- People living with HIV (PLWH) are individuals who are current San Mateo County residents.
- The number of newly reported HIV cases decreased by 44% in 2024 compared to 2023.
- Most newly reported HIV cases continue to be among males (84%). About 3 out of 4 male HIV diagnoses report male-to-male sexual contact (MMSM) as a transmission risk factor.
- Late testing is when an individual receives an AIDS diagnosis within one year of an HIV diagnosis. In 2024, 14% of new diagnoses experienced late testing, a decrease from 27% in 2023.
- 25% of late testers from 2020-2024 reported non-high-risk heterosexual contact as their risk factor.
- Between 2020-2024, 15% of late testers identified as female and 30% of late testers were 50 years or older.
- Racial/ethnic disparities continue to persist in HIV/AIDS. 52% of newly diagnosed HIV cases and 54% of late testers are Latino. Black and Latino individuals are disproportionately represented among new diagnoses and people living with HIV (PLWH).
- There are 1,699 PLWH in SMC. Of those, 85% are male, 41% are Latino, and 37% are above the age of 50.
- 13% of PLWH are 70 years or older.

Figure 19. Newly Reported HIV Cases in San Mateo County, 2015-2024

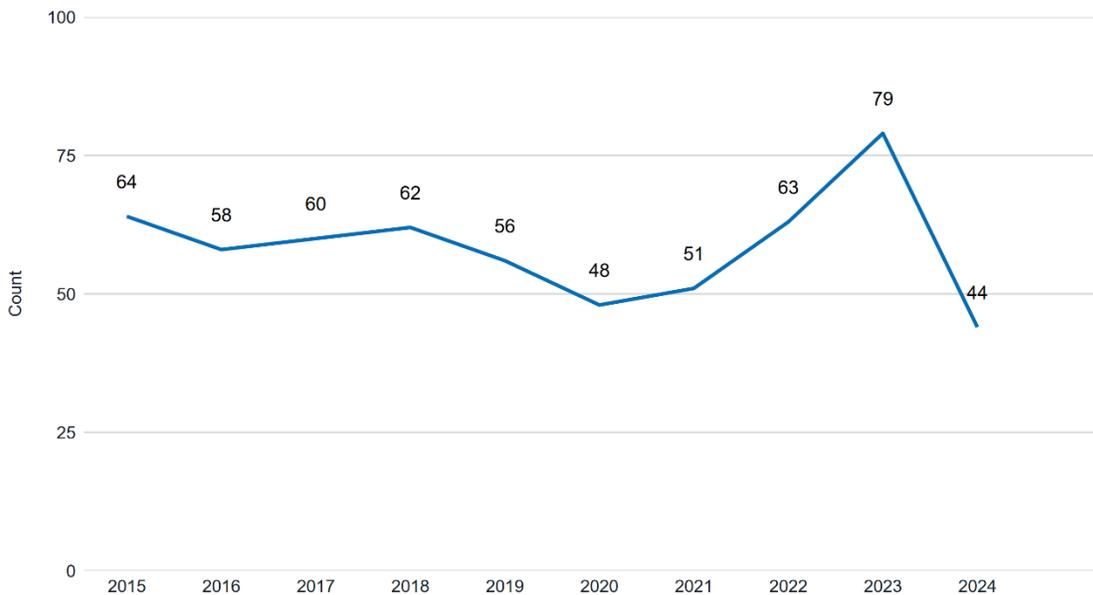


Table 8. Characteristics of Newly Reported HIV Cases Among County Residents by Year of Diagnosis, San Mateo County, 2023 and 2024

		2024		2023	
		Cases	Percent	Cases	Percent
Total	Total	44	100	79	100
Gender	Male	37	84.1	67	84.8
	Female	7	15.9	9	11.4
	Transgender/Other ¹	0	0	3	3.8
	Unknown	0	0	0	0
Age	0-19	2	4.5	1	1.3
	20-29	15	34.1	23	29.1
	30-39	13	29.5	30	38
	40-49	6	13.6	15	19
	50-59	4	9.1	7	8.9
	60-69	3	6.8	3	3.8
	70+	1	2.3	0	0
Race/Ethnicity	Asian	7	15.9	12	15.2
	Black or African American	3	6.8	4	5.1
	Hispanic or Latino	23	52.3	45	57
	Multiracial	2	4.5	4	5.1
	White	9	20.5	14	17.7
Transmission Category	MMSC ²	27	61.4	56	70.9
	IDU ³	1	2.3	2	2.5
	MMSC and IDU	1	2.3	1	1.3
	High-risk heterosexual contact ⁴	2	4.5	4	5.1
	Non-high-risk heterosexual contact ⁵	3	6.8	13	16.5
	Perinatal	0	0	0	0
	Other risk	0	0	0	0
	Not specified	10	22.7	3	3.8

¹Majority of cases are among transgender women. ²Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ³Injecting Drug User. ⁴Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁵Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

Table 9. HIV Cases Diagnosed in San Mateo County Residents by Transmission Category and Gender, 2020-2024

Transmission Category	Male		Female	
	n	Percent	n	Percent
MMSC ¹	176	71.5	-	-
IDU ²	5	2.0	3	9.4
MMSC and IDU	11	4.5	-	-
High-risk heterosexual contact ³	9	3.7	12	37.5
Non-high-risk heterosexual contact ⁴	25	10.2	12	37.5
Not specified	20	8.1	5	15.6
Total	246	100.0	32	100.0

¹Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth.

²Injecting Drug User. ³Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁴Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

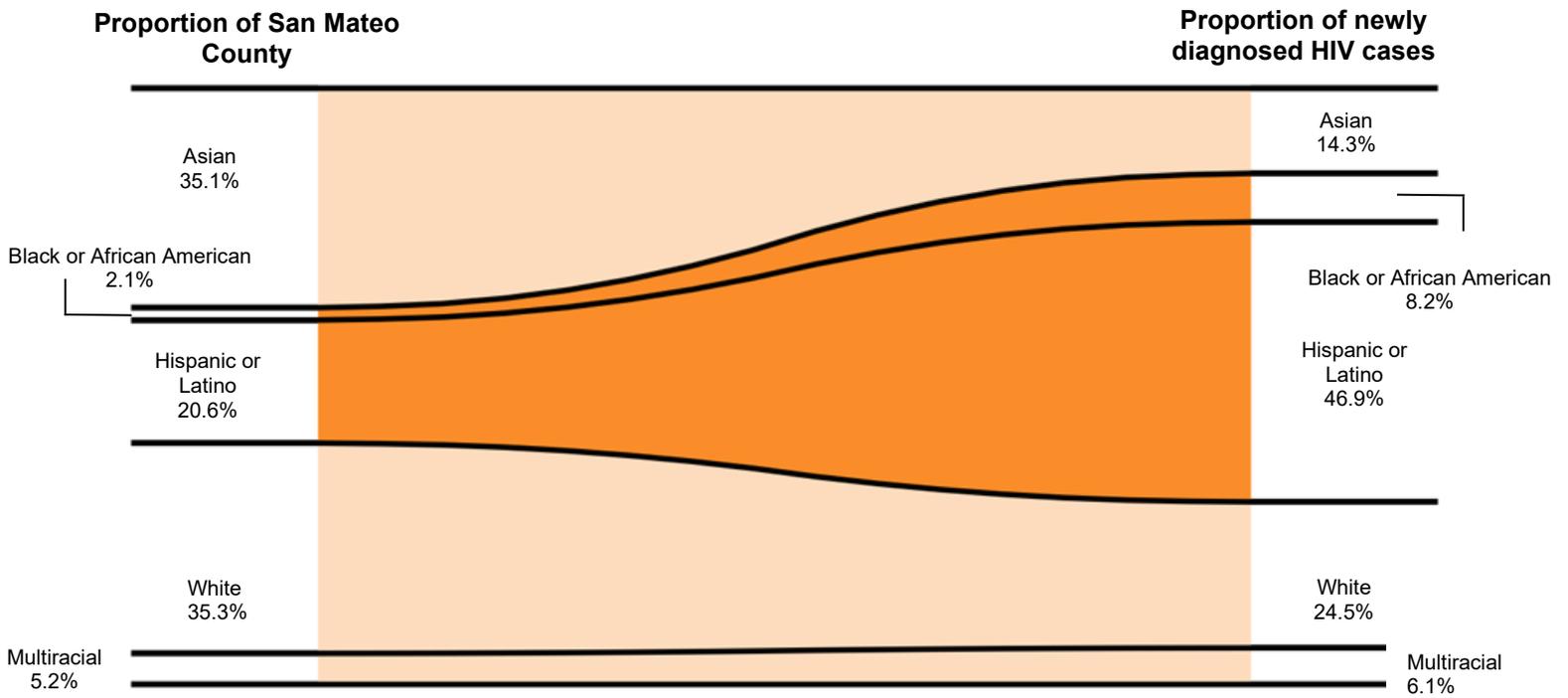
Table 10. HIV Cases Diagnosed among Male San Mateo County Residents by Transmission Category and Race/Ethnicity, 2020-2024

Transmission Category	Asian		Black or / African American		Hispanic or Latino		White	
	n	Percent	n	Percent	n	Percent	n	Percent
MMSC ¹	33	91.7	8	61.5	100	75.8	30	51.7
IDU ²	0	0.0	0	0.0	0	0.0	5	8.6
MMSC and IDU	0	0.0	0	0.0	5	3.8	6	10.3
High-risk heterosexual contact ³	0	0.0	1	7.7	4	3.0	4	6.9
Non-high-risk heterosexual contact ⁴	2	5.6	2	15.4	14	10.6	6	10.3
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0
Other risk	0	0.0	0	0.0	0	0.0	0	0.0
Not specified	1	2.8	2	15.4	9	6.8	7	12.1
Total	36	100.0	13	100.0	132	100.0	58	100.0

¹Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth.

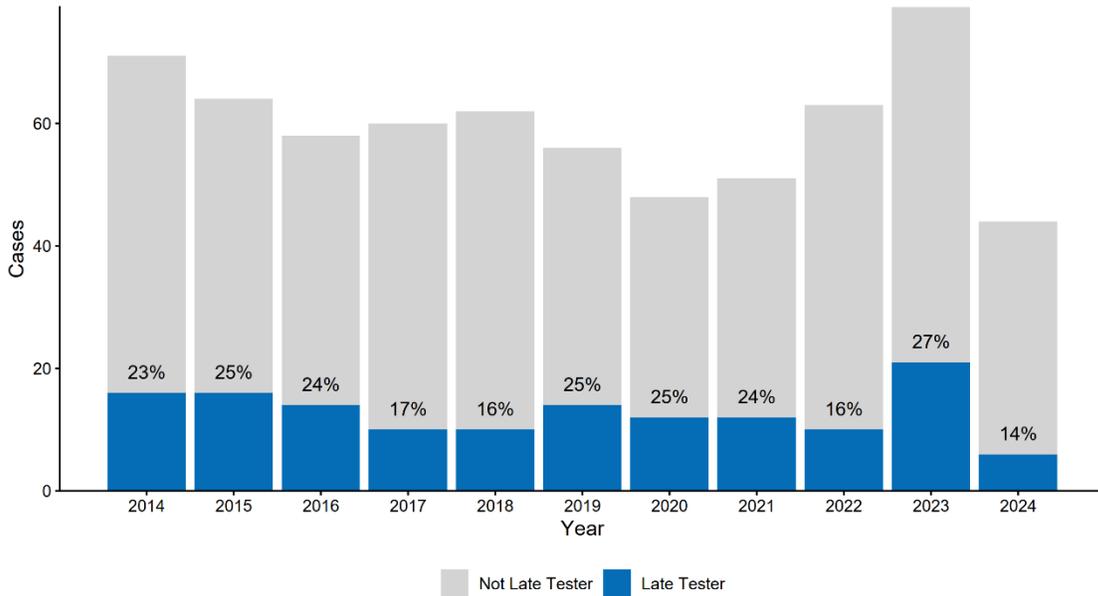
²Injecting Drug User. ³Male-to-male sexual contact and IDU. ⁴Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁵Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

Figure 19. Percentage of Newly Diagnosed HIV Cases vs. the County Population by Race/Ethnicity, San Mateo County, 2024



Black and Latino individuals are overrepresented among new HIV diagnoses in San Mateo County.

Figure 20. Late Testers¹ Among Newly Reported HIV Cases in San Mateo County, 2014-2024



¹Late testers are defined as individuals who receive an AIDS diagnosis within 1 year of their HIV diagnosis or who are diagnosed with HIV and AIDS simultaneously.

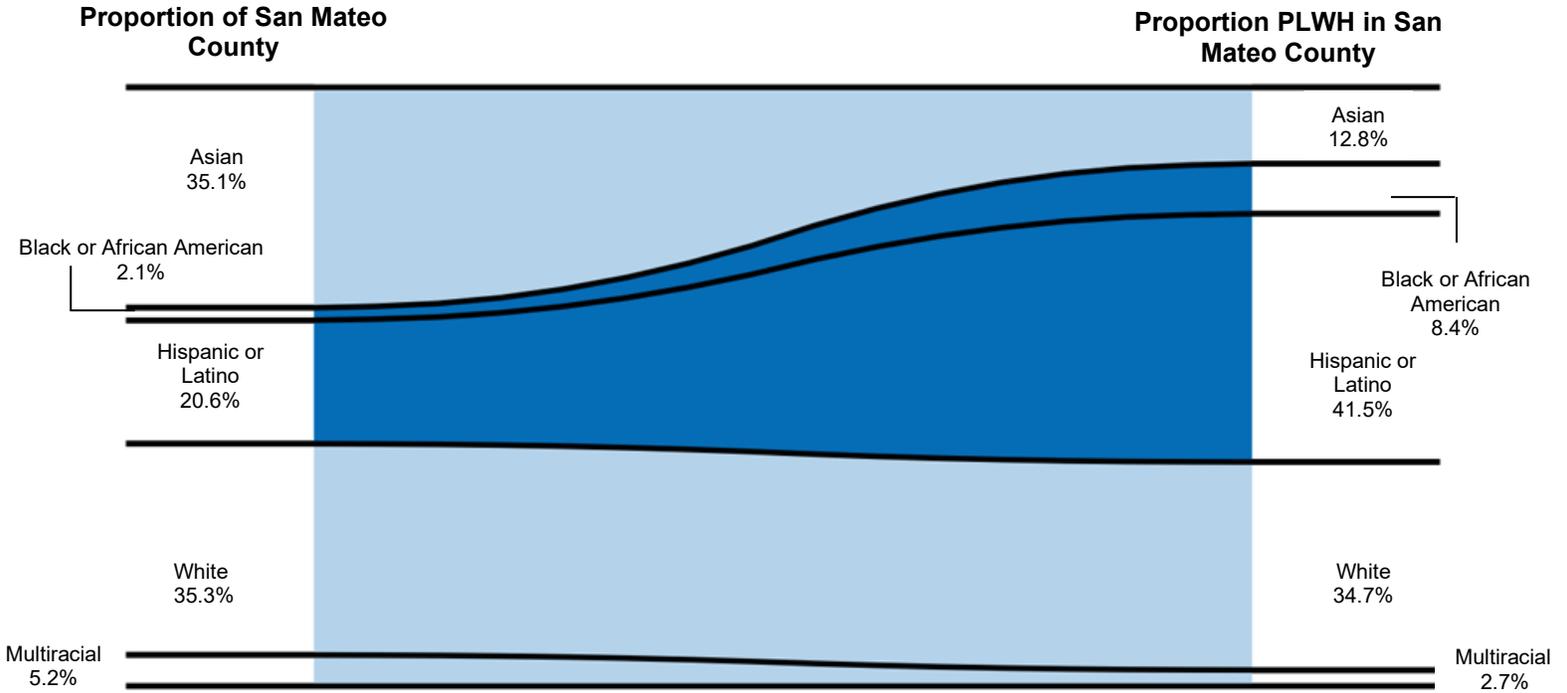
Table 11. Characteristics of Late HIV Testers in San Mateo County, 2020-2024

		n	Percent
Total	Total	61	100.0
Gender	Male	51	83.6
	Female	9	14.8
	Transgender/Other	1	1.6
Age	0-19	0	0.0
	20-29	6	9.8
	30-39	18	29.5
	40-49	19	31.1
	50-59	10	16.4
	60-69	7	11.5
	70+	1	1.6
Race/Ethnicity	Asian	8	13.1
	Black or African American	4	6.6
	Hispanic or Latino	33	54.1
	Multiracial	3	4.9
	White	13	21.3
Transmission Category	MMSC ¹	30	49.2
	IDU ²	3	4.9
	MMSC and IDU	2	3.3
	High-risk heterosexual contact ³	3	4.9
	Non-high-risk heterosexual contact ⁴	15	24.6
	Not specified	8	13.1

¹Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth.

²Injecting Drug User. ³Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁴Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

Figure 21. Percentage of People Living with HIV vs. the County Population by Race/Ethnicity, San Mateo County, 2024



Black and Latino individuals are overrepresented among those living with HIV in San Mateo County.

PEOPLE LIVING WITH HIV

Table 12. Demographic and Exposure Risk Characteristics of Living People Diagnosed with HIV/AIDS in San Mateo County (2024) and California (2022)

		SMC		CA	
		Cases	Percent	Cases	Percent
Total	Total	1,699	100.0	142,772	100.0
Gender	Male	1,446	85.1	123,109	86.2
	Female	223	13.1	16,864	11.8
	Transgender/Other ¹	26	1.5	2,799	2.0
	Unknown	4	0.2	-	-
Race/Ethnicity	American Indian or Alaska Native	4	0.2	309	0.2
	Asian	212	12.5	6,291	4.4
	Black or African American	139	8.2	23,393	16.4
	Hispanic or Latino	689	40.6	58,067	40.7
	Multiracial	45	2.6	5,780	4.0
	Native Hawaiian or Pacific Islander	18	1.1	272	0.2
	White	577	34.0	48,656	34.1
	Other	15	0.9	-	-
	Unknown	0	0.0	4	0.0
Age	0-19	6	0.4	409	0.3
	20-29	90	5.3	9,584	6.7
	30-39	270	15.9	25,995	18.2
	40-49	317	18.7	27,274	19.1
	50-59	384	22.6	38,951	27.3
	60+	632	37.2	40,559	28.4
Transmission Category	MMSC ²	1,105	65.0	94,628	66.3
	IDU ³	93	5.5	7,525	5.3
	MMSC and IDU	82	4.8	8,545	6.0
	High-risk heterosexual contact ⁴	178	10.5	11,665	8.2
	Non-high-risk heterosexual contact ⁵	140	8.2	9,799	6.9
	Perinatal/Other risk/Not specified	101	5.9	10,610	7.4
	Perinatal	7	0.4	-	-
	Other risk	8	0.5	-	-
Not specified	86	5.1	-	-	

California HIV data from California HIV Surveillance Report from California Department of Public Health, Office of AIDS. Year 2022 data included as 2023 data is not yet available. ¹Majority of cases are among transgender women. ²Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ³Injecting Drug User. ⁴Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁵Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

Figure 22. PLWH by age in San Mateo County, 2024

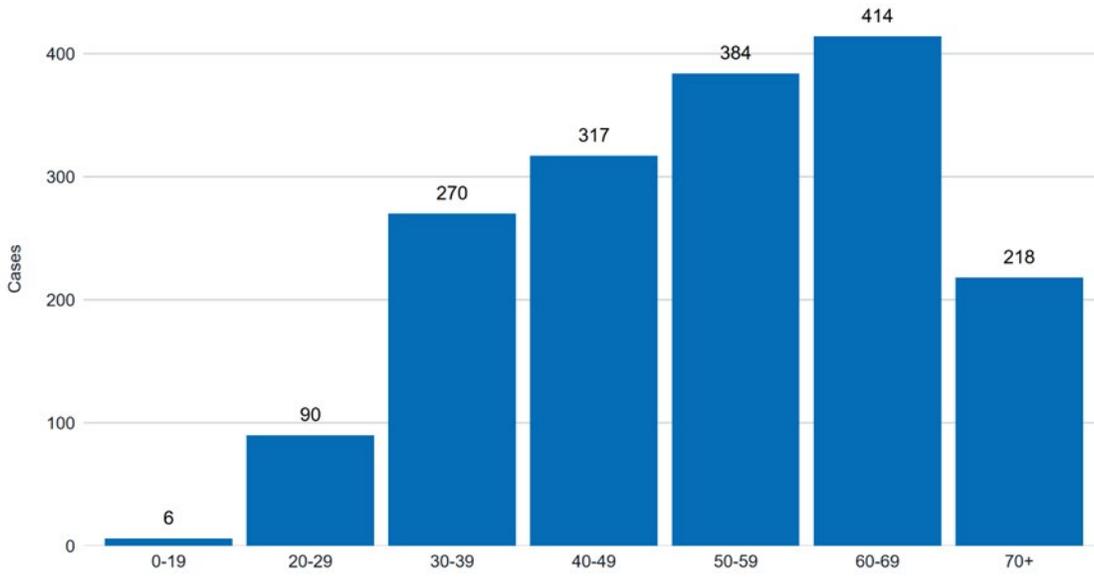
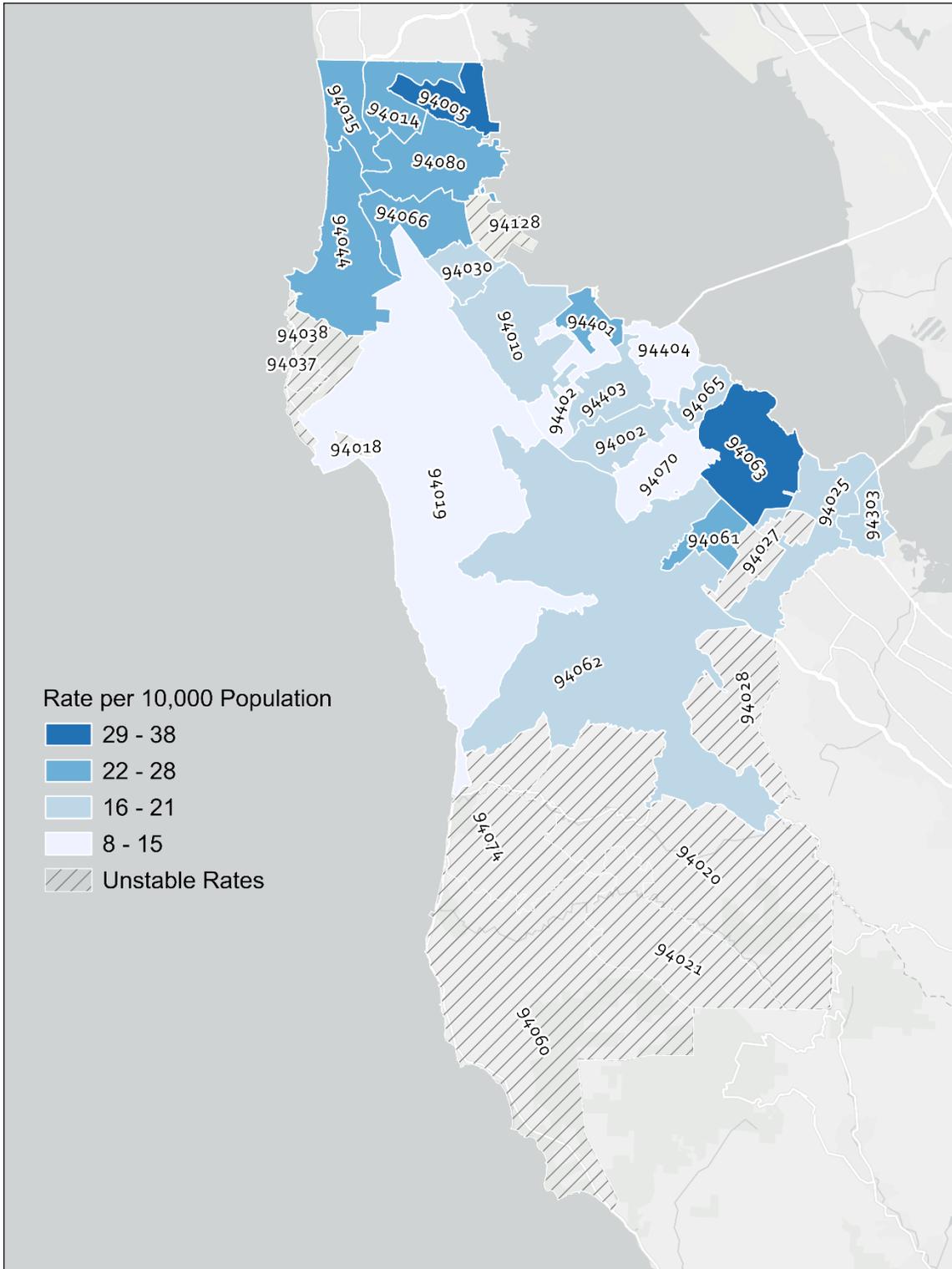


Figure 23. Population Rates of Reported Living HIV Cases by Current Residential Zip Code in San Mateo County, 2024

The areas with the highest rates of PLWH are the zip codes of 94063 (Redwood City) and 94005 (Brisbane).



Overview

- A global outbreak of clade II mpox was detected in May 2022 and the first case in SMC occurred in June 2022.
- 10 clade II mpox cases were reported in SMC in 2024 compared to 12 in 2022.
- The first U.S. case of mpox Clade I was identified in San Mateo County in November 2024.
- JYNNEOS 2 dose vaccination is recommended for men who have sex with men, transgender or non-binary persons who in the past 6 months have a diagnosis of ≥ 1 STI, more than one sex partner, sex at a commercial venue, or sex in association with a large public event or sex partners of anyone from these groups. Additionally, anyone who requests an mpox vaccine should receive the two-dose series.

Table 13. Demographic Characteristics of Clade II Mpox Cases in San Mateo County, 2023 and 2022

		2024		2023	
		Cases	Percent	Cases	Percent
Total	Total	10	100.0	12	100.0
Gender	Male	10	100.0	10	83.3
	Female	0	0.0	1	8.3
	Transgender/Other	0	0.0	1	8.3
	Unknown	0	0.0	0	0.0
Age	0-14	0	0.0	0	0.0
	15-19	0	0.0	0	0.0
	20-24	1	10.0	1	8.3
	25-29	3	30.0	4	33.3
	30-34	2	20.0	2	16.7
	35-39	3	30.0	1	8.3
	40-44	1	10.0	3	25.0
	45-49	0	0.0	0	0.0
	50-54	0	0.0	0	0.0
	55-59	0	0.0	0	0.0
	60+	0	0.0	1	8.3
Race/Ethnicity	American Indian or Alaska Native	0	0.0	0	0.0
	Asian	0	0.0	2	16.7
	Black or African American	2	20.0	1	8.3
	Hispanic or Latino	6	60.0	6	50.0
	Multiracial	0	0.0	1	8.3
	Native Hawaiian or Pacific Islander	1	10.0	0	0.0
	White	1	10.0	2	16.7
	Other/Unknown	0	0.0	0	0.0
Sexual Orientation	Heterosexual	1	10.0	4	33.3
	Homosexual	8	80.0	4	33.3
	Bisexual	0	0.0	3	25.0
	Other	0	0.0	0	0.0
	Unknown	1	10.0	1	8.3

MPOX

		2024		2023	
		Cases	Percent	Cases	Percent
Vaccinated at Time of Infection	Yes	2	20.0	2	16.7
	No	5	50.0	10	83.3
	Unknown	3	30.0	0	0.0
Hospitalized	Yes	1	10.0	0	0.0
	No	8	80.0	12	100.0
	Unknown	1	10.0	0	0.0

Summary of Sources for all Bacterial STIs

The STI surveillance systems operated by San Mateo County Health and California Department of Public Health (CDPH) are the sources of San Mateo County data in this publication. Case reports and STI laboratory results are submitted to San Mateo County and/or CDPH through the California Reportable Disease Information Exchange (CalREDIE) system. CalREDIE data was used to compile the most recent years of data for this report. Historical data used to create trend graphs for San Mateo County included information from the Automated Vital Statistics System (AVSS).

California STI numbers and rates were gathered from the California Department of Public Health, STD Control Branch's 2023 STI Surveillance Report.

Rates and Denominators

STI rates for San Mateo from 2021-2025 were calculated using 2025 State of California, Department of Finance (DoF) State and County Population Projections 2020-2060. Rates before 2021 were calculated using intercensal estimates. Population projections were not available for transgender men and women.

Congenital syphilis rates were calculated using birth data from California VRBIS (Vital Records Business Intelligence System). Birth data was pulled September 2025.

Denominators for census tracts and zip code maps pulled from 2023 U.S. Census Bureau American Community Survey 5-Year Estimates.

Summary of Sources for HIV and AIDS

HIV and AIDS cases are reported to local health departments using the California Department of Public Health Office of AIDS HIV/AIDS confidential case report form. The case report form collects demographic information, patient risk history, laboratory data to confirm and stage diagnosis, opportunistic and HIV-associated malignancy, diagnoses, and treatment and service referrals.

Data for this report were obtained from the electronic HIV/AIDS Reporting System (eHARS) for San Mateo County, which includes people who reside in San Mateo County at the time of diagnosis. Cases reported from laboratories, providers, death certificates, and other health departments are reviewed for accuracy and completeness. AIDS case data may not represent the characteristics of people with more recent infections or people who never progress to AIDS due to antiretroviral therapy.

Because of reporting delays, data are not complete at the time of analysis. Hence, a change in the overall numbers in future reports is to be expected.

California HIV numbers were gathered from the California Department of Public Health, Office of AIDS, California HIV Surveillance Report – 2023.

Gender

Accurate data on sexual orientation and gender identity (SOGI) is limited as many public health reporting forms and labs are exempt from collecting detailed SOGI data. The number of transgender cases is likely underreported. People were classified as transgender if so indicated in their demographic information or if their sex at birth is not the same as their current gender. In this report, cases are classified as male, female, or transgender/other.

Race/Ethnicity Grouping

The race and ethnicity information listed and the corresponding census categories follow U.S. Office of Management and Budget standards and are: American Indian or Alaska Native (non-Hispanic), Black or African American (non-Hispanic), Hispanic or Latino (Hispanic ethnicity, regardless of race), White (non-Hispanic), Asian (non-Hispanic), Native Hawaiian or Pacific Islander (non-Hispanic), Multiracial (2 or more races, non-Hispanic), and Other/Unknown (Other, non-Hispanic, or where no race or ethnicity information was available). For brevity, Hispanic or Latino may be referred to as Latino and Black or African American may be referred to as Black throughout this document.

Small Numbers

Many rates have been calculated using few cases of disease. Caution should be observed when interpreting rates based on few events and/or small populations. For more information, refer to Guidelines for statistical analysis of public health data with attention to small numbers, Revised, July, 2003. This publication can be found at: <https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/wysiwyg/smallnumbers2003.pdf>

Transmission Categories

Transmission categories for HIV transmission summarize a person's reported HIV risk factors and identifies the one most likely to have been responsible for HIV transmission. People with more than one reported HIV risk factor are classified in a transmission category based on a hierarchy: MMSC (male-to-male sexual contact), IDU (injection drug use), MMSC and IDU, heterosexual contact, perinatal transmission, and other (e.g. blood transfusion, hemophilia). California Department of Public Health Office of AIDS added non-heterosexual contact as the last category in the hierarchy. As a result, categories are mutually exclusive. For more information please refer to the [CDC's definitions](#).