

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 2024 and 2023

		2024		2023	
		4th Qtr	YTD ¹	4th Qtr	YTD
Chlamydia trachomatis (CT)	Total	539	2,376	622	2,618
	Male	218	976	252	1,167
	Female	319	1,391	367	1,437
	Transgender/Other	1	3	2	7
	Unknown ²	1	6	1	7
Gonorrhea (GC)	Total	186	781	205	910
	Male	147	653	165	720
	Female	33	114	38	176
	Transgender/Other	6	14	2	14
	Unknown	0	0	0	0
GC Clinical Site³	Urine	68	341	100	413
	Genitourinary	15	42	15	84
	Rectal	56	221	65	260
	Pharyngeal	76	311	72	319
	Unknown/Missing	6	15	0	7
	DGI ⁴	0	1	0	1
Early Syphilis⁵	Total	9	72	19	151
	Male	6	60	17	122
	Female	1	8	2	25
	Transgender/Other	2	4	0	3
	Unknown	0	0	0	1
Late Syphilis	Total	30	122	28	139
	Male	18	77	16	93
	Female	12	42	12	45
	Transgender/Other	0	3	0	1
	Unknown	0	0	0	0
Syphilis by Stage	Primary	2	21	1	25
	Secondary	1	16	6	42
	Early Latent	6	35	12	84
	Late Latent	30	122	28	139
	Congenital	0	1	0	0
	Neurosyphilis ⁶	1	4	1	8
Mpox	Clade I	1	1	0	0
	Clade II	1	9	3	6

¹YTD: Year to Date. ²Due to data limitations and confidentiality concerns, transgender women, transgender men, and gender diverse persons are combined ³Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). ⁴Disseminated Gonococcal Infection. ⁵Early Syphilis is defined as primary, secondary, and early latent. ⁶Cases not included in the total as neurosyphilis is a sequelae and not a stage; the neurosyphilis cases are captured under other syphilis stages.

- Early syphilis decreased by 52% and late syphilis decreased by 12% compared to this time last year. Eight early syphilis cases were female (11%) compared to 25 in 2023 (17%). 42 late latent syphilis cases were female (33%) compared to 45 in 2023 (32%).
- CT decreased 16% in men and decreased 3% in women compared to this time last year. GC decreased 9% in men and 35% in women compared to last year.
- Specimens tested for HIV decreased 0.4% compared to last year. In 2024, HIV positive prevalence is lower than 2023 (0.8% versus 1.2%).

Table 2 HIV testing through the San Mateo County Health System by Quarter (Oct 1 - Dec 31) and Year to Date for 2024 and 2023¹

		2024		2023	
		4th Qtr	YTD	4th Qtr	YTD
Total Specimens Tested for HIV		1,874	10,083	2,559	10,124
SMC-STI Clinic		8	64	36	165
STI/HIV Program Outreach ²		163	818	217	533
Other County Clinics ³		1,703	9,201	2,306	9,429
Total HIV Antibody Positive		17	82	41	126
SMC-STI Clinic		0	2	2	5
STI/HIV Program Outreach ²		0	0	1	3
Other County Clinics ³		17	80	38	118
Total New HIV Cases		4	16	11	25

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



Updated CA Syphilis Testing Recommendations & Resolution of Bicillin Long Acting (LA) Shortage

In response to rising CA syphilis and congenital syphilis rates, the following key recommendations should be followed:

1. All sexually active persons 15-44 years old should be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends syphilis screening be offered annually.
2. Syphilis testing should be included whenever a person of any age is tested for HIV or other STIs, including mpox.
3. All pregnant persons should be screened for syphilis three times: 1) at pregnancy confirmation or 1st prenatal encounter (ideally in the first trimester); 2) early in the 3rd trimester (at approximately 28 weeks gestation or as soon as possible thereafter); and 3) at delivery.
4. All persons 15-44 years old who enter a correctional facility should be screened for syphilis, preferably at intake.
5. 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.

Doxy-PEP and HIV PrEP should be offered to those eligible. Please see [CDC guidelines](#) for details.