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 (Apr 1 - Jun 30) and Year to Date for 2025 and 2024*

		2025		2024	
		2nd Qtr	YTD[1]	2nd Qtr	YTD
Chlamydia trachomatis (CT)	Total	512	1,093	647	1,228
	Male	188	419	263	514
	Female	323	669	383	711
	Transgender/Other[2]	0	3	0	1
	Unknown	1	2	1	2
Gonorrhea (GC)	Total	196	404	185	368
	Male	155	320	157	313
	Female	39	80	25	50
	Transgender/Other[2]	1	3	3	5
	Unknown	1	1	0	0
GC Clinical Site[3]	Urine	83	167	97	179
	Genitourinary	10	20	9	19
	Rectal	51	113	50	99
	Pharyngeal	62	140	67	128
	Unknown/Missing	11	19	0	5
	DGI[4]	0	1	0	0
Early Syphilis[5]	Total	18	36	22	43
	Male	15	31	20	37
	Female	2	4	1	4
	Transgender/Other[2]	1	1	1	2
	Unknown	0	0	0	0
Late Syphilis	Total	52	88	30	62
	Male	27	49	19	39
	Female	24	38	11	21
	Transgender/Other[2]	1	1	0	2
	Unknown	0	0	0	0
Syphilis by Stage	Primary	3	8	5	12
	Secondary	5	12	4	9
	Early Latent	10	16	13	22
	Late Latent	52	88	30	62
	Congenital	0	0	1	1
	Neurosyphilis[6]	0	2	1	2
Mpox	Clade I	0	0	0	0
	Clade II	0	0	3	8

[1]YTD: Year to Date. [2]Due to data limitations and confidentiality concerns, transgender women, transgender men, and gender diverse persons are combined [3]Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). [4]Disseminated Gonococcal Infection. [5]Early Syphilis is defined as primary, secondary, and early latent. [6]Cases 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 16% and late syphilis increased by 42% compared to this time last year. Among early syphilis cases, 4 cases were female (11%) in both 2025 and 2024 (9%). Among late latent cases, 38 cases were female (43%) compared to 21 in 2024 (34%).
- CT decreased 18% in men and 6% in women compared to this time last year. GC increased 2% in men and 60% in women compared to last year.
- Specimens tested for HIV decreased 4.6% compared to last year. In 2025, HIV positive prevalence is slightly higher than 2024 (1.0% versus 0.9%).

Table 2 *HIV testing through the San Mateo County Health System by Quarter (Apr 1 - Jun 30) and Year to Date for 2025 and 2024[1]*

	2025		2024	
	2nd Qtr	YTD	2nd Qtr	YTD
Total Specimens Tested for HIV	2,749	5,169	2,759	5,417
SMC Clinics[2]	2,560	4,833	2,542	5,047
STI/HIV Program Outreach[3]	189	336	217	370
Total HIV Antibody Positive	31	52	24	50
SMC Clinics	31	52	24	50
STI/HIV Program Outreach[3]	0	0	0	0
Total New HIV Cases	10	16	5	11

[1]The HIV antibody positives do not reflect the true burden of disease. Some patients may be repeat testers. [2]Numbers for SMC Edison STI clinic and other county clinics are combined. [3]Testing-on-Demand and STI/HIV Program HIV Rapid Tests. [3]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.

Late Latent Syphilis Increases

Late latent syphilis increases may be due to the health department's increased efforts to verify treatment and confirm staging that were not reported by the provider. We encourage providers to complete the CMR/Webreport and include both syphilis stage and treatment provided.

Extencilline & Lentocilin for Syphilis Treatment during Bicillin® L-A shortages

Extencilline and Lentocilin are alternative, equivalent products to Bicillin® L-A (penicillin G benzathine/BPG) that can be used in all the same clinical scenarios, including pregnancy. Volume, need for reconstitution, and storage requirements are different for these products, but these products are considered equivalent in terms of dosing and safety. They are considered equally safe during pregnancy and can be used to treat pregnant patients when BPG is unavailable. The use of these BPG alternatives during pregnancy has been endorsed by the American College of Obstetricians and Gynecology & California Department of Public Health.

CDPH recommends the use of Bicillin® L-A and equivalent products in the following populations:

1. Pregnant people with syphilis infection (or exposure) as well as for infants exposed to syphilis in utero; and
2. Patients with contraindications to doxycycline (e.g. anaphylaxis, hemolytic anemia, Stevens Johnson syndrome).

For people with syphilis who do not meet the above criteria, oral doxycycline is an acceptable alternative, including:

- Doxycycline 100 mg PO twice a day x 14 days for treatment of early syphilis (primary, secondary, or early latent).
- Doxycycline 100 mg PO twice a day x 28 days for treatment of late latent syphilis or syphilis of unknown duration.

Please refer to links for more information on prescribing Extencilline and Lentocilin.

Sources: CalREDIE, San Mateo County Harvest Laboratory. Notes: STI data as of 7/23/25. Totals for past quarters may change due to delays in reporting from labs and providers. Data from the San Mateo County STI/HIV program.