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Table 1 STI Cases Reported Among County of San Mateo Residents by Quarter (Jul 1 - Sep 30) and Year to Date for 2025 and 2024

		2025		2024	
		3 rd Qtr	YTD ¹	3 rd Qtr	YTD
Chlamydia trachomatis (CT)	Total	553	1,649	614	1,843
	Male	222	644	249	764
	Female	329	998	361	1,072
	Transgender/Other	0	3	1	2
	Unknown ²	2	4	3	5
Gonorrhea (GC)	Total	180	582	227	595
	Male	148	467	192	505
	Female	29	108	31	81
	Transgender/Other	3	6	4	9
	Unknown	0	1	0	0
GC Clinical Site³	Urine	72	239	95	274
	Genitourinary	5	25	8	27
	Rectal	51	166	66	165
	Pharyngeal	80	220	107	235
	Unknown/Missing	7	22	4	9
	DGI ⁴	0	1	1	1
Early Syphilis⁵	Total	17	53	20	63
	Male	12	43	17	54
	Female	4	8	3	7
	Transgender/Other	1	2	0	2
	Unknown	0	0	0	0
Late Syphilis	Total	36	123	32	94
	Male	24	73	22	61
	Female	12	49	9	30
	Transgender/Other	0	1	1	3
	Unknown	0	0	0	0
Syphilis by Stage	Primary	4	12	7	19
	Secondary	2	14	6	15
	Early Latent	11	27	7	29
	Late Latent	36	123	32	94
	Congenital	1	1	0	1
	Neurosyphilis ⁶	1	3	1	3
Mpox	Clade I	0	0	0	0
	Clade II	1	1	1	9

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 16% and late syphilis increased by 31% compared to this time last year. Among early syphilis cases, 8 cases were female (15%) in 2025 and 7 were female in 2024 (11%). Among late latent cases, 49 cases were female (40%) compared to 30 in 2024 (32%). Increases in late syphilis may be due to the health department's increased efforts to verify treatment and confirm staging that were reported by the provider.
- CT decreased 16% in men and 7% in women compared to this time last year. GC decreased 8% in men and increased 33% in women compared to last year.
- Number of specimens tested for HIV this year was about the same as last year (8,043 vs. 8,098). In 2025, HIV positive prevalence is slightly higher than 2024 (1.0% versus 0.8%).

Sources: CalREDIE, San Mateo County Harvest Laboratory. Notes: STI data as of 11/13/25. Totals for past quarters may change due to delays in reporting from labs and providers. Data from the San Mateo County STI/HIV program.

Table 2 HIV testing through the San Mateo County Health System by Quarter (Jul 1 - Sep 30) and Year to Date for 2025 and 2024¹

	2025		2024	
	3 rd Qtr	YTD	3 rd Qtr	YTD
Total Specimens Tested for HIV		2,852	8,043	2,639
SMC Clinics ²		2,656	7,511	2,465
STI/HIV Program Outreach ³		196	532	174
Total HIV Antibody Positive		25	77	15
SMC Clinics		24	76	15
STI/HIV Program Outreach ³		1	1	0
Total New HIV Cases		7	23	1
				12

¹The HIV antibody positives do not reflect the true burden of disease. Some patients may be repeat testers. ²Numbers for SMC Edison STI clinic and other county clinics are combined. ³Testing-on-Demand and STI/HIV Program HIV Rapid Tests. ³Includes all HIV testing (oral and blood) at San Mateo Medical Center (SMMC), SMMC Satellite Clinics, SMMC 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.

Pharyngeal *Neisseria gonorrhoeae* (NG) Test of Cure at 10-14 days Post Treatment

Pharyngeal NG is usually asymptomatic but is a major source of antimicrobial resistant NG, with most cases of reported resistant NG occurring in the pharynx. Commensal Neisseria in the throat have a role in plasmid exchange and the pharynx needs higher drug levels for NG eradication than urogenital or anal sites.

A pharyngeal test of cure (repeat testing after treatment) should be done 10-14 days after initial treatment by using culture or nucleic acid amplification test (NAAT). If NAAT is positive, confirmatory culture before retreatment should be attempted. All positive cultures for test of cure should undergo antimicrobial susceptibility testing. For more detail, refer to [CDC STI treatment guidelines for gonorrhea](#).

Clinicians should consider treatment failure if an individual who was treated has a positive test of cure and/or unresolved symptoms. At least one of the following three [criteria](#) must be met to be classified as suspected treatment failure:

- Persistent symptoms > 3 days despite appropriate treatment, with reinfection and co-infection ruled out:
 - No sexual contact since treatment and untreated infections have been excluded
- A positive test of cure in a patient who reports no sexual contact since treatment-
 - Positive culture > 72 hrs after treatment or
 - Positive NAAT > 7 days after treatment for anogenital gonorrhea or
 - Positive NAAT < 14 days after treatment for pharyngeal gonorrhea
- A positive test of cure with evidence of decreased susceptibility to cephalosporin on AST defined below, regardless of whether sexual contact is reported since treatment
 - Decreased susceptibility to cefixime = MIC \geq 0.25 μ g/mL
 - Decreased susceptibility to ceftriaxone = MIC \geq 0.125 μ g/mL

[SMC STI clinic](#) has NG culture capacity. Notify SMC STI for suspected treatment failure.