

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 2026 and 2025

		2026		2025	
		2 nd Qtr	YTD ¹	2 nd Qtr	YTD
Chlamydia trachomatis (CT)	Total	492	1,065	513	1,096
	Male	205	440	189	421
	Female	284	618	323	669
	Transgender/Other ²	0	0	0	4
	Unknown	3	7	1	2
Gonorrhea (GC)	Total	187	380	194	403
	Male	148	311	155	320
	Female	33	58	38	79
	Transgender/Other ²	6	11	1	4
	Unknown	0	0	0	0
GC Clinical Site³	Urine	78	150	83	168
	Genitourinary	8	20	10	20
	Rectal	49	108	53	115
	Pharyngeal	79	174	62	140
	Unknown/Missing	10	11	7	15
	DGI ⁴	1	1	0	1
Early Syphilis⁵	Total	11	25	18	36
	Male	11	22	15	31
	Female	0	3	2	4
	Transgender/Other ²	0	0	1	1
	Unknown	0	0	0	0
Late Syphilis	Total	27	67	41	66
	Male	16	38	21	36
	Female	11	29	18	28
	Transgender/Other ²	0	0	2	2
	Unknown	0	0	0	0
Syphilis by Stage	Primary	4	6	3	8
	Secondary	2	4	5	12
	Early Latent	5	15	10	16
	Late Latent	27	67	41	66
	Congenital	0	0	0	0
	Neurosyphilis ⁶	1	1	0	1
Mpox	Clade I	2	2	0	0
	Clade II	4	8	0	0

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.

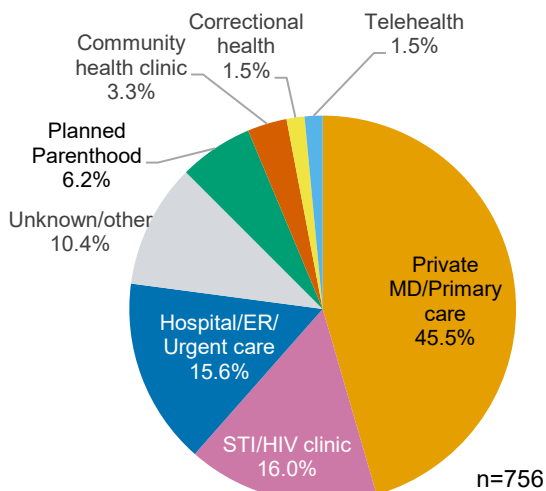
- Early syphilis decreased by 31% and late syphilis increased by 2% compared to this time last year. Among early syphilis cases, 3 cases were female (12%) in 2026 compared to 4 (10%) in 2025. Among late latent cases, 29 cases were female (43%) compared to 28 in 2024 (43%).
- CT increased 5% in men and decreased 8% among women compared to this time last year. GC decreased 2% among men and 27% among women compared to last year.
- Specimens tested for HIV increased 18.3% compared to last year. In 2026, HIV positive prevalence is slightly lower than 2025 (0.9% versus 1.0%).

Table 2 HIV testing through the San Mateo County Health System by Quarter (Apr 1 - Jun 30) and Year to Date for 2026 and 2025¹

		2026		2025	
		2 nd Qtr	YTD	2 nd Qtr	YTD
Total Specimens Tested for HIV					
SMC Clinics ²		3,199	6,140	2,771	5,189
STI/HIV Program Outreach ³		3,049	5,863	2,582	4,853
STI/HIV Program Outreach ³		150	277	189	336
Total HIV Antibody Positive					
SMC Clinics		33	55	31	51
STI/HIV Program Outreach ³		33	55	31	51
STI/HIV Program Outreach ³		0	0	0	0
Total New HIV Cases					
		4	7	10	16

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. ⁴Includes 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.

In 2025, 16% of gonorrhea cases in San Mateo County were diagnosed in hospitals, emergency rooms, and urgent care clinics



Almost half of all gonorrhea cases in 2025 were diagnosed by private MD/primary care providers.

Hospitals, emergency rooms, and urgent care clinics are increasingly important sites of STI diagnosis. Please refer to the [ED Guide to PEP, PrEP, and STI Prevention](#) to learn more about screening in emergency departments.

To request a public health provider detailing visit in San Mateo County, email hs_php_std_control@smcgov.org. Visit includes information on recommendations and materials on STI screening and treatment, reporting and referral for Partners Services for patient needing assistance with partner notification, testing and linkage to care.