



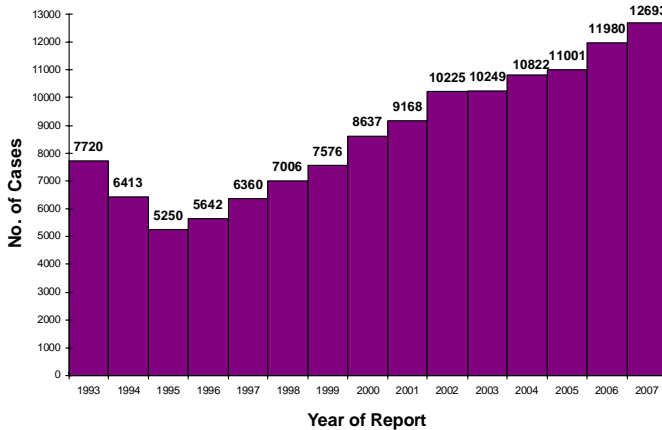
County of San Diego Sexually Transmitted Diseases Quarterly Report



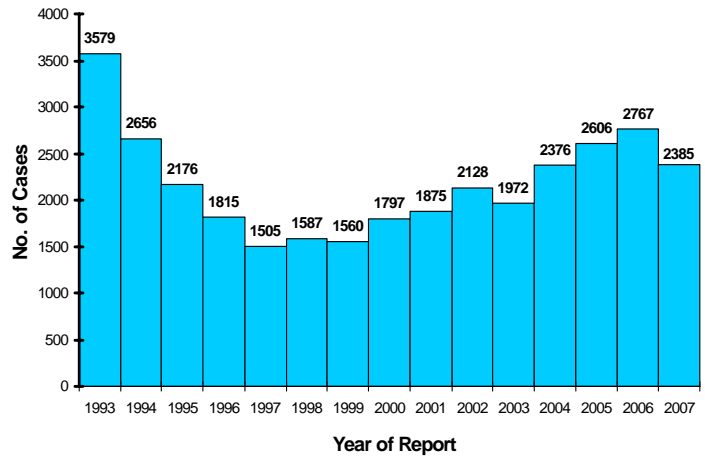
Issue No. 1

Data for January – December 2007

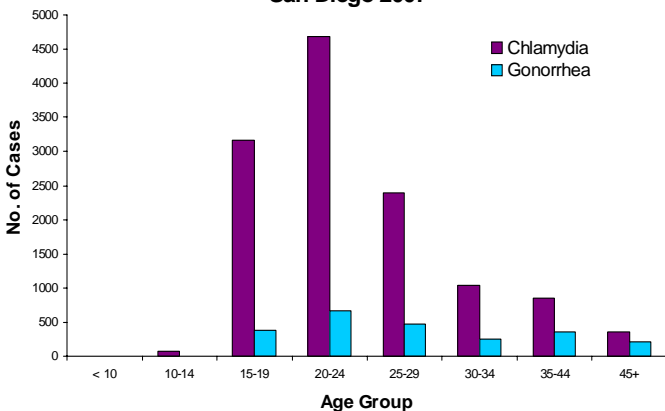
Chlamydia Cases by Year, San Diego 1993-2007



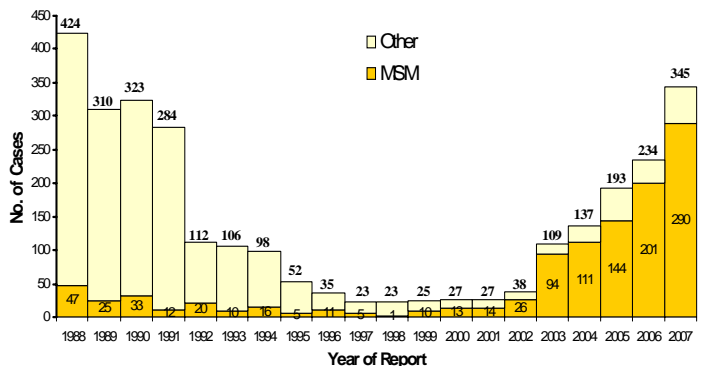
Gonorrhea Cases by Year, San Diego 1993-2007



Chlamydia and Gonorrhea Cases by Age Group, San Diego 2007



Primary & Secondary Syphilis Total and MSM Cases by Year of Report, San Diego 1988-2007



From 2006 to 2007, reported chlamydia cases increased by 6% and reported gonorrhea cases decreased by 14% in the County. Peak ages for these diseases are the teens and twenties, reflecting the need for frequent screening in these age groups. CDC recommends that all women 25 and younger be screened at least annually for chlamydia; women of any age should be screened periodically based on risk factors, such as new or multiple partner(s), substance abuse problems, or a previous STD. Persons who have had chlamydia or gonorrhea are at high risk of repeat infection; therefore, retesting at approximately 3 months after original diagnosis should be standard practice.

In 2007, primary and secondary syphilis increased by 47%, compared to 2006. Unlike cases before 1998, the current outbreak is predominantly in men who have sex with men (MSM; 84%). Heterosexual cases, while proportionately low, increased by 67% since 2006. A positive association between syphilis and HIV has been found (syphilis cases that are HIV positive — MSM: 57%; heterosexual: 19%). Persons with syphilis have a higher risk of methamphetamine use (women: 40%; MSM: 27%; heterosexual men: 13%). These data underscore the importance of obtaining sexual and behavioral histories to determine the syphilis screening frequency appropriate for each individual. Because of the higher burden of disease in the MSM community, screening is recommended every 3 to 6 months for sexually active MSM.

Timely evaluation of partners is essential to prevent the cycle of reinfection. For chlamydia and gonorrhea, partners exposed within the previous 60 days should be tested and treated (or the last partner, if no contact has occurred within the last 60 days). For primary, secondary and early latent syphilis, partners exposed within the previous 90 days should be prophylactically treated even if the partner's RPR or VDRL is negative. Due to the long incubation period of syphilis, the serologic titer may remain negative for up to 90 days despite infection. If exposure occurred prior to 90 days, treatment decisions may be determined by test result as long as a thorough physical exam reveals no indication of disease.