



San Francisco Monthly STI Report

Data for December, 2023
Report prepared June 21, 2024

Table 1. STIs among residents, December, 2023. Female syphilis cases include patients assigned as female at birth.

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	435	5,012	416	5,247
Male rectal gonorrhea	133	1,597	166	1,916
Chlamydia	390	5,634	524	6,465
Male rectal chlamydia	90	1,438	194	2064
Syphilis (adult total)	92	1162	104	1559
Primary & secondary	17	267	17	335
Early latent	47	508	52	774
Unknown latent	9	156	9	176
Late latent	19	231	26	274
Neurosyphilis	1	23	2	15
Congenital syphilis	1	6	1	3
Female syphilis	6	176	10	153

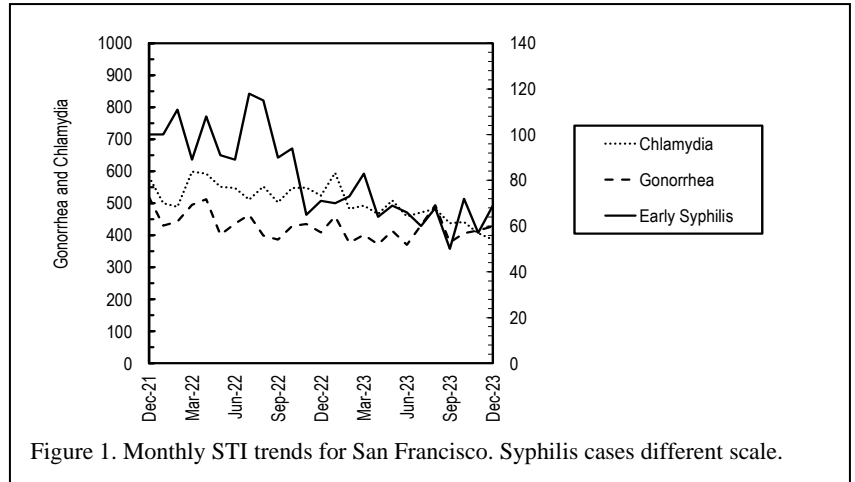


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through December. Rates equal cases per 100,000 residents per year based on 2010 US Census Data.

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	5,634	699.7	544	204.7	631	1,348.8	877	720.2	1,357	402.1
Gonorrhea	5,012	622.4	496	186.7	454	970.5	925	759.6	1,700	503.8
Early syphilis	775	96.3	57	21.5	116	248.0	223	183.1	256	75.9
<i>Under 20 yrs</i>										
Chlamydia	498	895.8	31	140.0	148	3,146.9	39	308.3	41	334.4
Gonorrhea	111	199.7	6	27.1	33	701.7	14	110.7	7	57.1
Early syphilis	6	10.8	1	4.5	2	42.5	2	15.8	1	8.2

Table 3. HIV testing among City Clinic patients, December, 2023.

	2023		2022	
	month	YTD	month	YTD
Tests	286	3,823	316	3,858
Antibody positive	5	52	5	54
Acute HIV infection	0	3	0	6

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

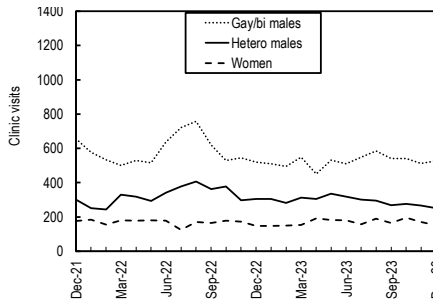


Figure 2. City Clinic visits by gender and orientation.

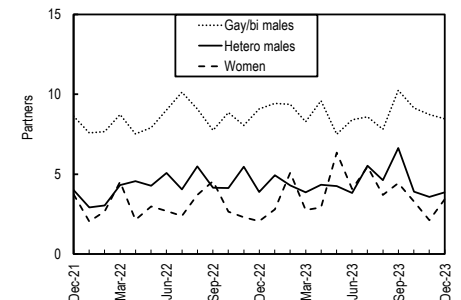


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

2023 data show decreases in bacterial STIs in SF but disparities persist

Year-end 2023 data reveal declines in cases of gonorrhea (GC), chlamydia (CT), and syphilis in SF compared with 2022. Reported GC decreased 4.5% to 5,012 cases, CT decreased 12.9% to 5,634 cases, and total syphilis decreased 25.5% to 1162 cases*. Declines in bacterial STIs have followed SFDPH's release of guidelines for the use of doxycycline post-exposure prophylaxis (doxy-PEP) in October 2022. Analyses examining the impact of doxy-PEP on STI positivity of patients prescribed PrEP at Magnet and SF City Clinic, and on citywide STI trends, were highlighted in presentations at the 2024 Conference on Retroviruses and Opportunistic Infections (CROI) and in the [SF Chronicle](#). SFDPH was the first jurisdiction in the U.S. to develop and disseminate doxy-PEP guidelines, and on June 4, 2024, the [CDC released nationwide doxy-PEP guidelines](#).

However, despite the citywide decline in STIs, disparities persist. While syphilis cases decreased among gay, bisexual, and other MSM, there was a 15% increase in syphilis cases among cis women from 2022 to 2023. In 2023, SF had the highest number of congenital syphilis (CS) cases (6) reported in 30 years. The Congenital Syphilis Prevention Taskforce continues to strategize as to how to overcome barriers to care for people experiencing homelessness and people who use drugs, as these populations are disproportionately affected by syphilis and CS.

The 2023 STI data also show that Black/African Americans (B/AA) continue to be disproportionately affected by CT, GC, and early syphilis. CT rates were 3.4 times higher among B/AAs compared to Whites, GC rates were 1.9 times higher, and early syphilis rates were 3.3 times higher. The B/AA Health Initiative (BAAHI) STI Work Group reconvened in 2023 after its pause during the COVID pandemic and is planning sexual health interventions to engage B/AA youth and young adults.

*Note: Individuals with a reactive treponemal antibody test but lacking a reactive nontreponemal antibody test within 60 days are no longer counted as a syphilis case. This change was implemented as of May 1, 2024 to align with CDPH and CDC's syphilis case definition, which requires both a reactive treponemal and nontreponemal test. This definition was retroactively applied; totals in this and future reports differ from those previously published. The reported decline in syphilis from 2022 to 2023 accounts for the updated definition.