



# San Francisco Monthly STI Report

Data for June, 2024  
Report prepared July 30, 2024

Table 1. STIs among residents, June, 2024. Female syphilis cases include patients assigned as female at birth.

	2024		2023	
	month	YTD	month	YTD
Gonorrhea	326	2,216	377	2,430
Male rectal gonorrhea	112	800	100	791
Chlamydia	321	2,139	458	2,997
Male rectal chlamydia	69	438	106	868
Syphilis (adult total)	63	437	100	629
Primary & secondary	11	78	24	142
Early latent	19	156	41	272
Unknown latent	15	86	14	87
Late latent	18	117	21	128
Neurosyphilis	1	6	1	14
Congenital syphilis	0	1	0	2
Female syphilis	11	64	15	85

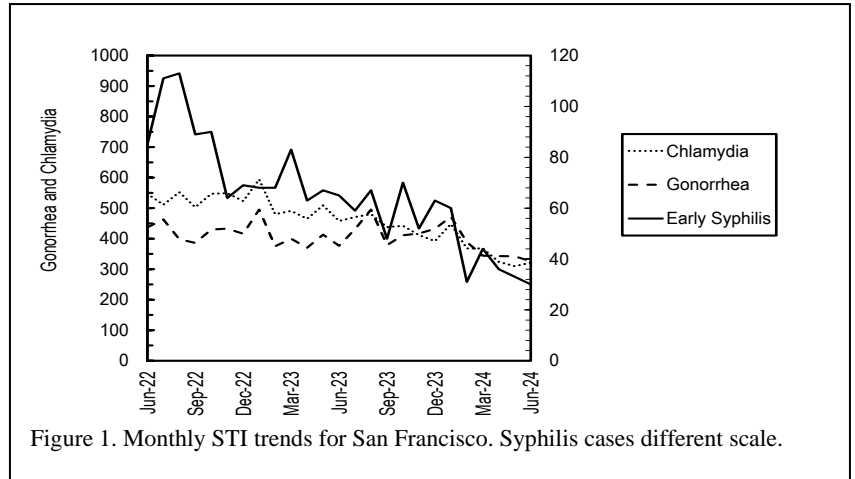


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2024 through June only. Rates equal cases per 100,000 residents per year based on 2020 US Census Data. (Please see the Executive Summary of the [2021 San Francisco STI Annual Summary](#) for more details about the incorporation of 2020 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	2,139	61.2	213	18.1	257	142.6	316	57.8	459	33.6
Gonorrhea	2,216	63.4	221	18.8	193	107.1	444	81.2	794	58.2
Early syphilis	234	6.7	18	1.5	35	19.4	62	11.3	72	5.3
<i>Under 20 yrs</i>										
Chlamydia	239	388.1	16	75.7	58	1,400.3	13	84.4	34	234.7
Gonorrhea	34	55.2	2	9.5	12	289.7	4	26.0	3	20.7
Early syphilis	2	3.3	0	0.0	0	0.0	2	13.0	0	0.0

Table 3. HIV testing among City Clinic patients, June, 2024.

	2024		2023	
	month	YTD	month	YTD
Tests	312	1,998	334	1,941
Antibody positive	9	35	7	27
Acute HIV infection	0	0	0	1

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.

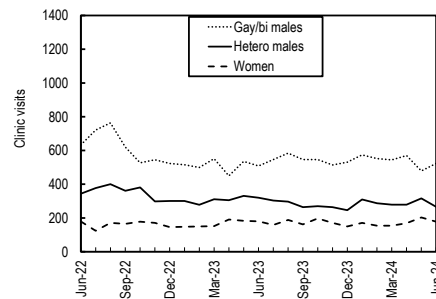


Figure 2. City Clinic visits by gender and orientation.

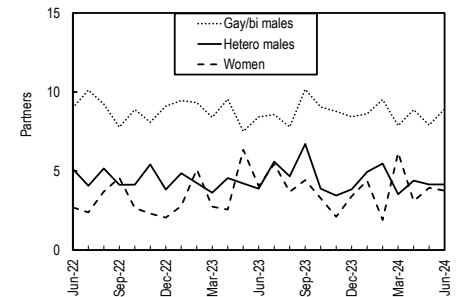


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Updates on the Clade I Mpox Outbreak in Central and East Africa

An outbreak of clade I mpox has been growing in the Democratic Republic of the Congo (DRC) and neighboring countries since 2023. On August 14, 2024, WHO declared this outbreak a public health emergency of international concern. Historically, clade I has been associated with more severe illness and mortality compared with clade II. Thus far, no cases of clade I mpox have been detected in the U.S. Two cases have been reported outside of Africa, one in Sweden and one in Thailand. Both individuals traveled to affected countries.

The CDC anticipates medical countermeasures used for clade II to be effective for clade I, including the JYNNEOS vaccine, tecovirimat, brincidofovir, and vaccinia immune globulin. The STOMP trial, evaluating tecovirimat for mpox treatment in the U.S., is ongoing and providers should continue to refer patients with mpox to the STOMP trial. SFPDPH is monitoring the clade I mpox outbreak alongside state and federal partners and will update guidance as the situation evolves.

The 2022 global mpox outbreak was caused by clade IIb, which continues to circulate in the U.S. Most clade IIb cases have occurred in gay, bisexual, transgender and other men who have sex with men (MSM). Clade II cases in San Francisco remain low, with 27 mpox cases reported in 2024 (as of Sept 9, 2024).

We reiterate our previous recommendations for San Francisco clinicians, including ensuring that all persons who are eligible for the Jynneos vaccination have received two doses of the vaccine. We have added a new recommendation to suspect clade I mpox in patients with compatible symptoms who have recently returned from international travel, especially to the DRC, Central African Republic, the Republic of the Congo, Rwanda, Uganda, Burundi, and Kenya. These patients may include children and adults who are not MSM.

If infection with clade I mpox is suspected based on both rash appearance and epidemiological risk factors, report the suspected case to SFPDPH by phone. More information can be found in the SFPDPH Health Update (8/21/2024) and the CDC Health Advisory.

Provider STI Reporting: 628-217-6653, 628-217-6603 (fax)

www.sfcityclinic.org