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

syphinis cuses merade parients assigned as remare at oritin.					
2024					
month	YTD	month	YTD		
346	1,212	403	1,276		
109	428	134	442		
368	1,184	492	1,568		
72	247	157	522		
71	230	124	328		
16	53	29	71		
28	84	54	148		
10	42	20	47		
17	51	21	62		
1	4	3	9		
0	0	1	1		
10	33	20	47		
	2024 month 346 109 368 72 71 16 28 10 17 1	2024 YTD 346 1,212 109 428 368 1,184 72 247 71 230 16 53 28 84 10 42 17 51 1 4 0 0	2024 2023 month YTD month 346 1,212 403 109 428 134 368 1,184 492 72 247 157 71 230 124 16 53 29 28 84 54 10 42 20 17 51 21 1 4 3 0 0 1		

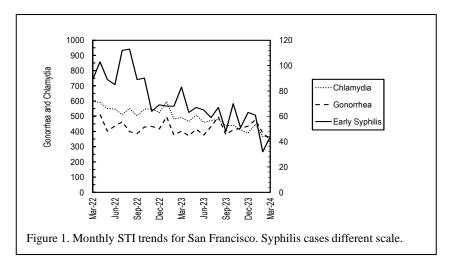


Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2024 through March only. Rates equal cases per 100,000 residents per year based on 2020 US Census Data. (Please see the Executive Summary of the 2021 San Francisco STI Annual Summary for more details about the incorporation of 2020 Census data.)

	(All races)		Asian/PI		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	1,184	67.7	112	19.0	133	147.5	185	67.6	241	35.3
Gonorrhea	1,212	69.3	113	19.2	114	126.5	231	84.5	422	61.8
Early syphilis	137	7.8	8	1.4	20	22.2	38	13.9	45	6.6
Under 20 yrs										
Chlamydia	136	441.7	7	66.2	32	1,545.2	9	116.8	16	220.9
Gonorrhea	13	42.2	1	9.5	3	144.9	1	13.0	2	27.6
Early syphilis	2	6.5	0	0.0	0	0.0	2	26.0	0	0.0

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

	2024	•		
	month	YTD	month	YTD
Tests	342	1,026	327	974
Antibody positive	7	16	2	12
Acute HIV infection	0	0	1	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.

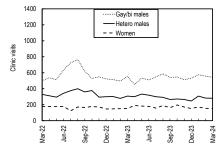


Figure 2. City Clinic visits by gender and orientation.

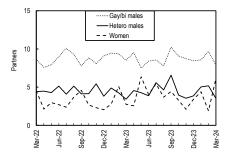


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

SF Health Access Points: low barrier services meeting communities where they are

The San Francisco Department of Public Health, Community Health Equity and Promotion Branch (CHEP) funds seven Health Access Points (HAPs) focusing on the following communities: Latin/a/e/o/x; trans women; people who use drugs (PWUD) & people experiencing homelessness (PEH); gay, bisexual, and other men who have sex with men (MSM); Asian & Pacific Islanders; young adults (ages 18-24); and Black/African Americans.

The HAPs provide low-barrier clinical and community services in welcoming spaces, free from stigma. The goal is to ensure that all San Franciscans have equitable access to high-quality HCV, HIV, and STI prevention, care & treatment services, and harm reduction & overdose prevention services. This model is based on the idea that each HAP is an expert in serving their specific population and tailors services based on the preferences and needs of its clients. Each HAP consists of a central hub and one to two associated clinical partners and community-based organizations. See below for more information:

A&PI ("LOTUS"	Black/AA ("Umoja")	<u>Latine</u>	<u>MSM</u>	PWUD ("The Lobby")	TAY	Trans women ("STAHR")
THE LOTUS PROJECT	Enfiki COALITION	Instituto Familiar de la Raza, Inc.	FAMES COMMON TOWNS AND THE POPULATION OF THE POP	THE LOBBY AT INVESTIGE	LYRIC CENTER FOR LGBTQQ+ YOUTH	S T H R SAN FRANCISCO TRANSGENDER ALLIANCE OF HEALTH RESOURCES

Email your questions or comments to HAP@sfdph.org