San Francisco Monthly STI Report

Data for May, 2024
Report prepared July 30, 2024

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

	2024		2023	
	month	*YTD*	*month*	*YTD*
Gonorrhea	342	1,890	413	2,053
Male rectal gonorrhea	128	688	148	691
Chlamydia	310	1,818	509	2,539
Male rectal chlamydia	52	369	121	762
Syphilis (adult total)	73	374	102	529
Primary & secondary	5	67	24	118
Early latent	28	137	43	231
Unknown latent	19	71	11	73
Late latent	21	99	24	107
Neurosyphilis	0	5	0	13
Congenital syphilis	0	1	0	2
Female syphilis	7	53	11	70

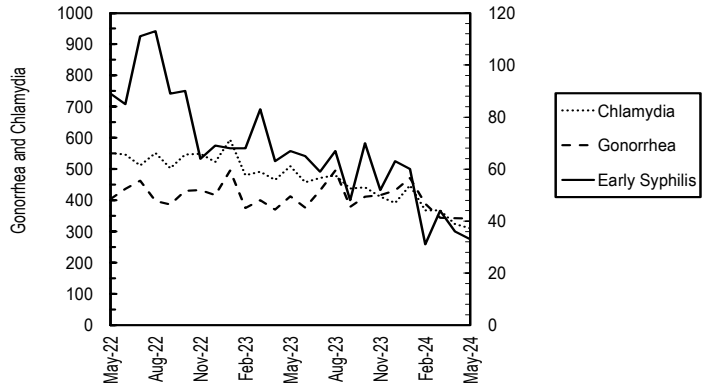

Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2024 through May 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	1,818	62.4	178	18.2	219	145.8	271	59.5	386	33.9
Gonorrhea	1,890	64.9	189	19.3	172	114.5	369	80.9	666	58.5
Early syphilis	204	7.0	13	1.3	32	21.3	54	11.9	67	5.9
Under 20 yrs										
Chlamydia	208	405.4	13	73.8	46	1,332.7	13	101.2	30	248.5
Gonorrhea	29	56.5	1	5.7	10	289.7	4	31.1	3	24.9
Early syphilis	2	3.9	0	0.0	0	0.0	2	15.6	0	0.0

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

	2024		2023	
	month	*YTD*	*month*	*YTD*
Tests	334	1,686	340	1,607
Antibody positive	7	26	3	20
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.

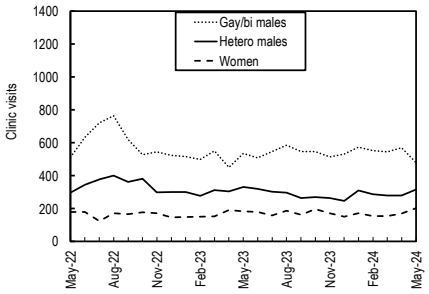

Figure 2. City Clinic visits by gender and orientation.

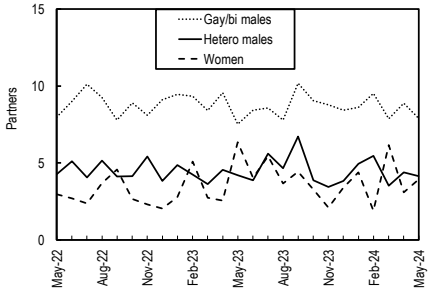

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Updates on the Clade 1 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. SFDPH 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 SFDPH by phone. More information can be found in the SFDPH Health Update (8/21/2024) and the CDC Health Advisory.