



San Francisco Monthly STI Report

Data for January, 2023
Report prepared March 10, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	449	449	429	429
Male rectal gonorrhea	155	155	192	192
Chlamydia	593	593	499	499
Male rectal chlamydia	210	210	137	137
Syphilis (adult total)	121	121	140	140
Primary & secondary	16	16	30	30
Early latent	54	54	71	71
Unknown latent	18	18	12	12
Late latent	33	33	27	27
Neurosyphilis	2	2	1	1
Congenital syphilis	0	0	0	0
Female syphilis	16	16	16	16

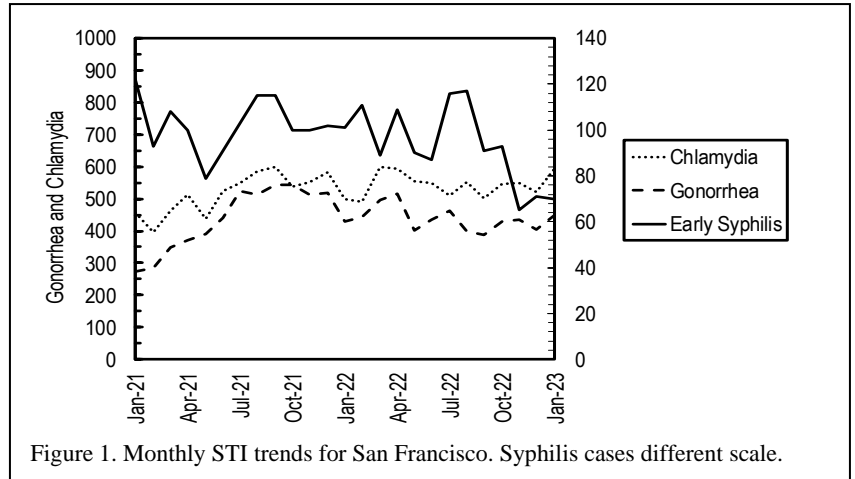


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through January only. 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	593	883.7	57	257.4	49	1,256.9	76	748.9	157	558.3
Gonorrhea	449	669.1	54	243.9	33	846.5	71	699.7	136	483.6
Early syphilis	70	104.3	9	40.7	9	230.9	14	138.0	22	78.2
<i>Under 20 yrs</i>										
Chlamydia	34	733.9	1	54.2	15	3,827.3	1	94.9	5	489.3
Gonorrhea	4	86.3	0	0.0	1	255.2	0	0.0	0	0.0
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	327	327	346	346
Antibody positive	7	7	0	0
Acute HIV infection	0	0	0	0

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.

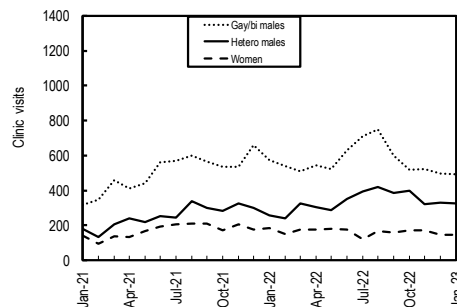


Figure 2. City Clinic visits by gender and orientation.

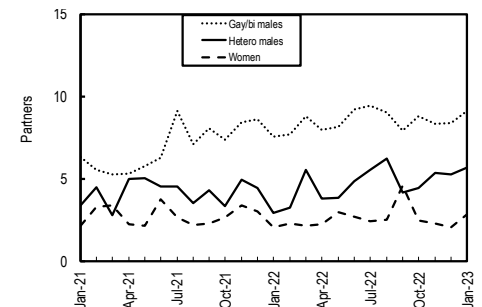


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Increase in Extensively Drug-Resistant Shigellosis in the United States

On February 24, the Centers for Disease Control and Prevention (CDC) issued a health advisory on [extensively drug-resistant \(XDR\) shigellosis](#). The advisory includes important recommendations for clinicians who may see patients with *Shigella* infection, including patients who may be at increased risk of XDR shigellosis such as men who have sex with men (MSM) and persons experiencing homelessness (PEH).

The percentage of shigellosis cases in the U.S. that are XDR is estimated to have increased from 0% in 2015 to 5% in 2022; these cases are resistant to azithromycin, ciprofloxacin, ceftriaxone, trimethoprim-sulfamethoxazole, and ampicillin. In California, multiple strains of XDR *S. sonnei* and *S. flexneri* have been detected. Most individuals infected with *Shigella* do not require antibiotic treatment, but antimicrobial treatment may be indicated to shorten duration of illness or prevent complications in those with more severe infection or who are immunocompromised (including people living with HIV).

Sending stool specimens for culture and antimicrobial susceptibility testing is crucial if using antibiotics for shigellosis, as is monitoring for treatment failure. Take a complete social history and document where the patient resides and their sexual orientation, gender identity, and gender of sex partners. If sexually acquired shigellosis is suspected, consider testing for HIV and STIs, offering PrEP if HIV-negative, and administering mpox vaccination if not yet received. [Counsel patients](#) on how to [prevent spreading Shigella](#) to their sex partners and other close contacts.

For more information, see also the February 28 [CDC continuing education presentation](#) for clinicians on XDR shigellosis.