



# San Francisco Monthly STI Report

Data for February, 2023  
Report prepared March 22, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	368	817	443	872
Male rectal gonorrhea	143	299	179	371
Chlamydia	477	1,071	490	989
Male rectal chlamydia	160	370	161	298
Syphilis (adult total)	121	239	155	295
Primary & secondary	25	41	38	68
Early latent	53	105	73	144
Unknown latent	12	30	12	24
Late latent	31	63	32	59
Neurosyphilis	4	6	1	2
Congenital syphilis	0	0	1	1
Female syphilis	22	38	19	35

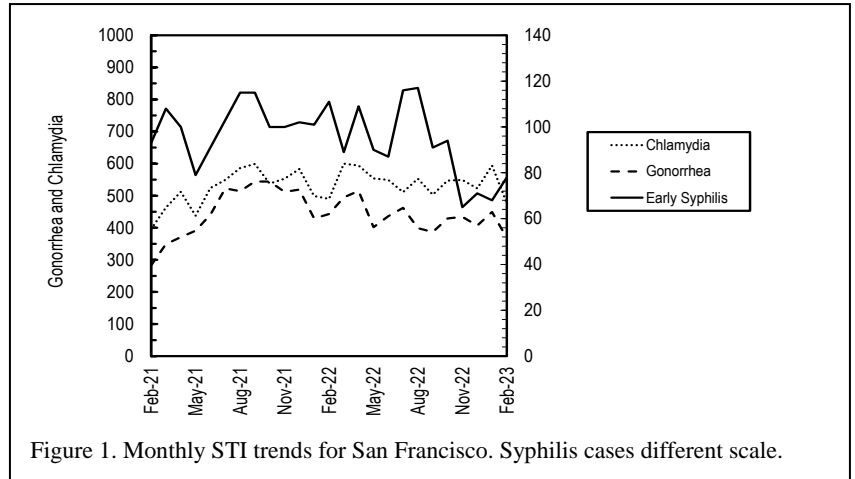


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through February 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	1,071	798.0	105	237.1	97	1,244.1	154	758.8	272	483.6
Gonorrhea	817	608.8	88	198.7	59	756.7	129	635.6	261	464.1
Early syphilis	146	108.8	12	27.1	26	333.5	40	197.1	46	81.8
<i>Under 20 yrs</i>										
Chlamydia	74	798.7	6	162.6	19	2,424.0	4	189.7	11	538.3
Gonorrhea	16	172.7	1	27.1	3	382.7	1	47.4	0	0.0
Early syphilis	1	10.8	1	27.1	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	320	647	296	642
Antibody positive	3	10	3	3
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.

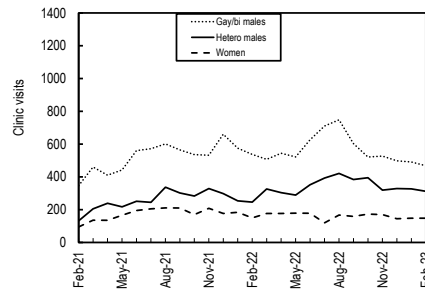


Figure 2. City Clinic visits by gender and orientation.

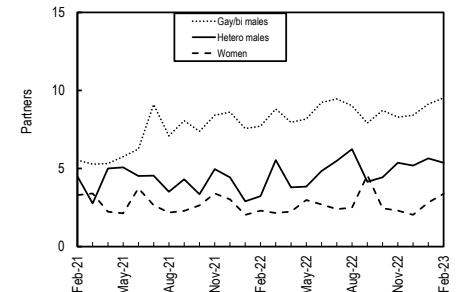


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Doxy-PEP is here!

A recent study showed that doxycycline post-exposure prophylaxis (doxy-PEP) significantly reduces acquisition of chlamydia, gonorrhea, and syphilis. Doxy-PEP is taking a single dose of doxycycline 200 mg ideally within 24 hours but no later than 72 hours after condomless oral, anal, or vaginal sex for prevention of STIs in men who have sex with men (MSM) and transgender women (TGW). [Results](#) from a randomized control trial conducted in collaboration with the San Francisco Department of Public Health, UCSF Zuckerberg San Francisco General, and the University of Washington, showed that participants randomized to doxy-PEP had a 66% (HIV negative on PrEP) and 62% (people living with HIV) reduction in STIs compared to participants randomized to no doxy-PEP. Currently there is insufficient data to recommend doxy-PEP to individuals who report receptive vaginal sex, although there is a study in Kenya studying this intervention for STI prevention in cisgender-women.

The SFDPH released a [health alert](#) on October 21, 2022 outlining who doxy-PEP is recommended for and also includes important information about efficacy, [dosing](#) and prescribing, monitoring, and [counseling messages](#). The CDC has released [considerations](#) for doxy-PEP as an STI prevention strategy, but there is not yet detailed guidance from CDC on doxy-PEP, for which its indication is currently off-label.

Doxy-PEP is the first STI biomedical prevention tool that has been shown to be effective and well-tolerated, community awareness is growing, and many providers in SF are already prescribing doxy-PEP to their patients at risk for STIs. SF City Clinic has noted robust patient interest and has already initiated over 300 patients on doxy-PEP since November 2022! Patients can find more information [here](#). If you are a clinical provider and would like more information about prescribing doxy-PEP, email [alyson.decker@ucsf.edu](mailto:alyson.decker@ucsf.edu).