



# San Francisco Monthly STI Report

Data for March, 2023  
Report prepared May 19, 2023  
Revised June 4, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	393	1,221	495	1,367
Male rectal gonorrhea	134	436	194	565
Chlamydia	488	1,562	600	1,589
Male rectal chlamydia	162	532	183	479
Syphilis (adult total)	136	367	140	434
Primary & secondary	30	72	26	94
Early latent	56	161	63	207
Unknown latent	21	50	19	43
Late latent	29	84	32	90
Neurosyphilis	1	7	2	4
Congenital syphilis	1	1	1	2
Female syphilis	24	61	14	48

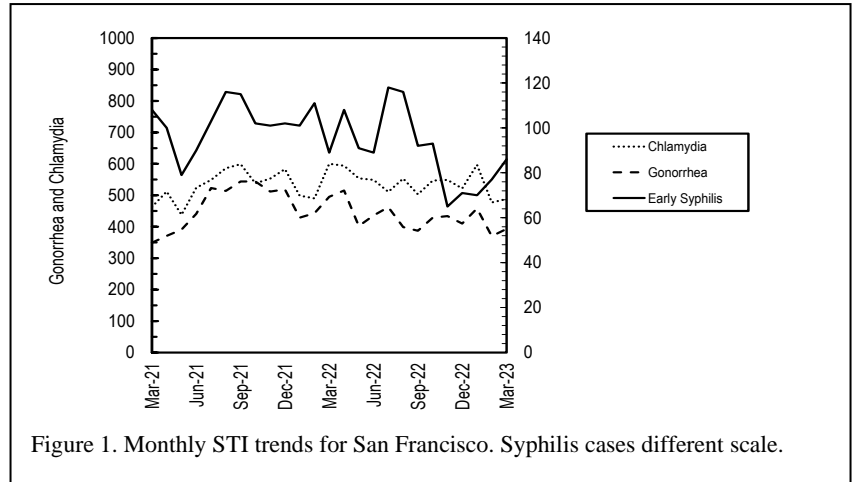


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through March 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	1,562	775.9	158	237.9	148	1,265.5	228	748.9	403	477.7
Gonorrhea	1,221	606.5	125	188.2	101	863.6	198	650.4	416	493.1
Early syphilis	233	115.7	21	31.6	33	282.2	63	206.9	79	93.6
<i>Under 20 yrs</i>										
Chlamydia	117	841.8	10	180.6	32	2,721.7	7	221.3	14	456.7
Gonorrhea	24	172.7	2	36.1	6	510.3	2	63.2	0	0.0
Early syphilis	1	7.2	1	18.1	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	327	974	333	975
Antibody positive	2	12	6	9
Acute HIV infection	1	1	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.

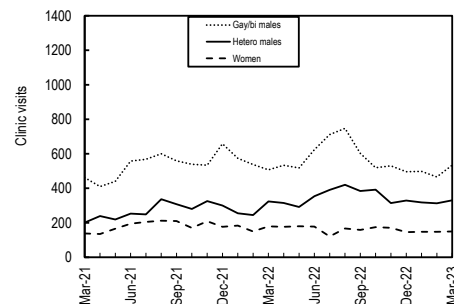


Figure 2. City Clinic visits by gender and orientation.

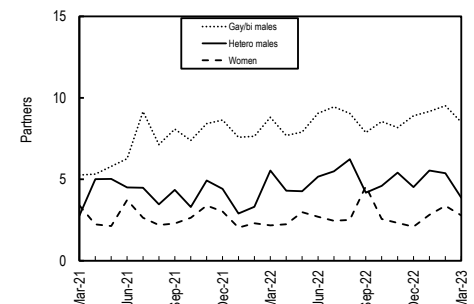


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## Risk of Mpox Resurgence

Mpox case counts have remained very low in the [U.S.](#) and [worldwide](#) during 2023, however [12 new mpox cases](#) have been confirmed in the Chicago area during the past several weeks. Additionally, in recent weeks there has been a nationwide increase in the number of counties reporting mpox cases. The CDC estimates that the [risk of mpox resurgence](#) is greater than 35% in most parts of the U.S.

Please consider and test for mpox in patients presenting with a characteristic rash or rectal symptoms and ensure that your patients at risk for mpox or interested in vaccination have completed 2 doses of Jynneos vaccine given at least 28 days apart.

- Vaccine may be administered by either the subcutaneous or intradermal route, and ideally per the patient's preference.
- The series does not need to be restarted if the first dose was administered more than a month prior.
- There is currently no recommendation for those at risk to receive a booster dose of Jynneos once the 2-dose primary series is complete.
- For more information about vaccination consideration in specific populations, including persons who were previously infected or who are immunocompromised, see [footnote 7 for CDC guidance](#).
- See [mpox vaccination resources](#) in San Francisco.

Getting vaccinated is a great way to protect individuals and communities from a resurgence of mpox disease, but [it is not 100% effective](#). Using condoms and reducing number of sex partners are additional strategies for reducing risk of mpox infection. Additional mpox guidance for healthcare providers: [SFDPH Mpox Info & Guidance](#), [CDPH Mpox site](#), and [CDPH April 2023 Mpox Update](#).