



# San Francisco Monthly STI Report

Data for April, 2023  
Report prepared June 20, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	363	1,584	515	1,882
Male rectal gonorrhea	110	545	184	749
Chlamydia	461	2,024	594	2,183
Male rectal chlamydia	124	655	201	680
Syphilis (adult total)	117	483	178	612
Primary & secondary	24	96	37	131
Early latent	43	204	71	278
Unknown latent	16	65	27	70
Late latent	34	118	43	133
Neurosyphilis	1	8	1	5
Congenital syphilis	1	2	0	2
Female syphilis	18	79	25	73

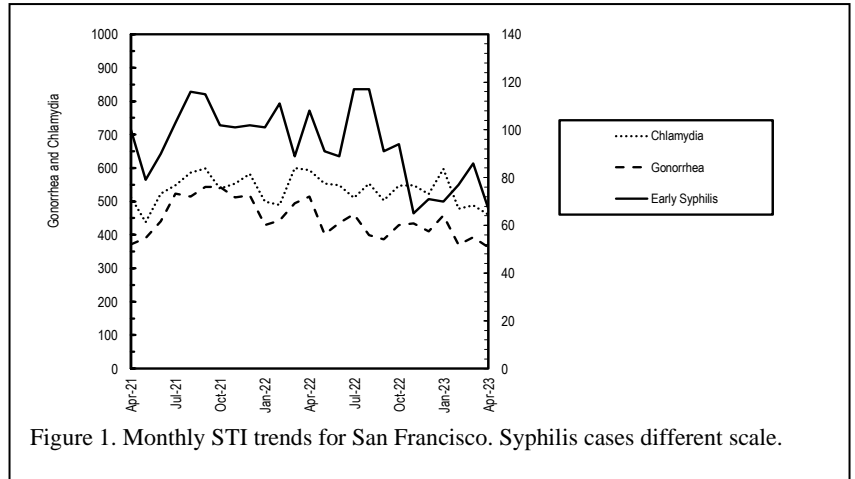


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through April 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	2,024	754.1	191	215.7	203	1,301.8	295	726.8	526	467.6
Gonorrhea	1,584	590.1	159	179.5	138	885.0	256	630.7	542	481.9
Early syphilis	300	111.8	24	27.1	43	275.8	81	199.6	101	89.8
<i>Under 20 yrs</i>										
Chlamydia	159	858.0	11	149.0	40	2,551.6	12	284.5	19	464.9
Gonorrhea	30	161.9	2	27.1	7	446.5	4	94.9	0	0.0
Early syphilis	1	5.4	1	13.6	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	294	1,268	320	1,295
Antibody positive	5	17	3	12
Acute HIV infection	0	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.

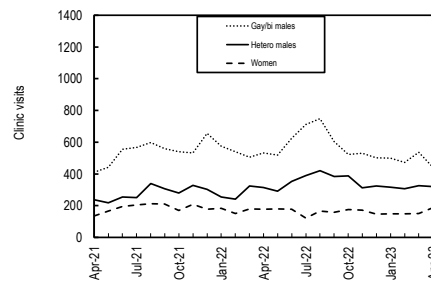


Figure 2. City Clinic visits by gender and orientation.

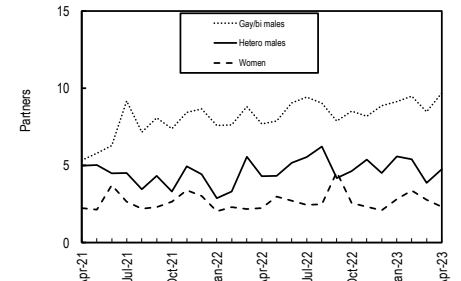


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

## National Penicillin G Benzathine (Bicillin L-A) Shortage

The [CDC has received reports](#) that some clinical providers and public health departments are currently unable to procure enough penicillin G benzathine (Bicillin L-A) to treat syphilis cases in their jurisdictions due to a manufacturing backlog. The manufacturer anticipates the issue will be resolved by Quarter 4 of 2023.

**Bicillin L-A is the only acceptable treatment for pregnant people infected with or exposed to syphilis and should be prioritized for babies exposed to syphilis in utero. Additionally, all people capable of pregnancy diagnosed with syphilis should receive Bicillin L-A.** Among non-pregnant adults, doxycycline 100 mg PO BID x 14 days is an acceptable alternative for those with primary, secondary, or early latent syphilis, and for those who have been exposed to a patient with infectious syphilis. Doxycycline 100 mg PO BID x 28 days is an acceptable alternative for those with late latent syphilis. Other intramuscular formulations of penicillin (e.g. Bicillin C-R) are *not* acceptable alternatives for the treatment of syphilis.

### Actions Requested of SF Clinicians

1. Prioritize penicillin G benzathine (Bicillin L-A) for pregnant people and people capable of pregnancy with syphilis infection or exposure, as well as for non-pregnant syphilis patients with primary, secondary, or early latent syphilis who are unlikely to adhere to a multi-day doxycycline regimen or who have a contraindication to doxycycline.
2. Contact SF City Clinic at (628) 217-7663 if you are having trouble obtaining Bicillin L-A.
3. If your stocks of Bicillin L-A are low, consider doxycycline for non-pregnant adults who are likely to adhere to a multi-day regimen.
4. Conserve Bicillin L-A by using alternative drugs to treat group A strep pharyngitis and for primary rheumatic fever prophylaxis, e.g. penicillin V, amoxicillin, and azithromycin.
5. Check for updates on the [SF City Clinic website](#).