



San Francisco Monthly STI Report

Data for May, 2023
Report prepared July 12, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	395	1,982	402	2,284
Male rectal gonorrhea	142	688	134	883
Chlamydia	506	2,534	554	2,737
Male rectal chlamydia	122	778	178	858
Syphilis (adult total)	122	601	135	747
Primary & secondary	27	123	28	159
Early latent	47	249	63	341
Unknown latent	11	76	11	81
Late latent	37	153	33	166
Neurosyphilis	0	8	1	8
Congenital syphilis	0	2	0	2
Female syphilis	15	91	15	88

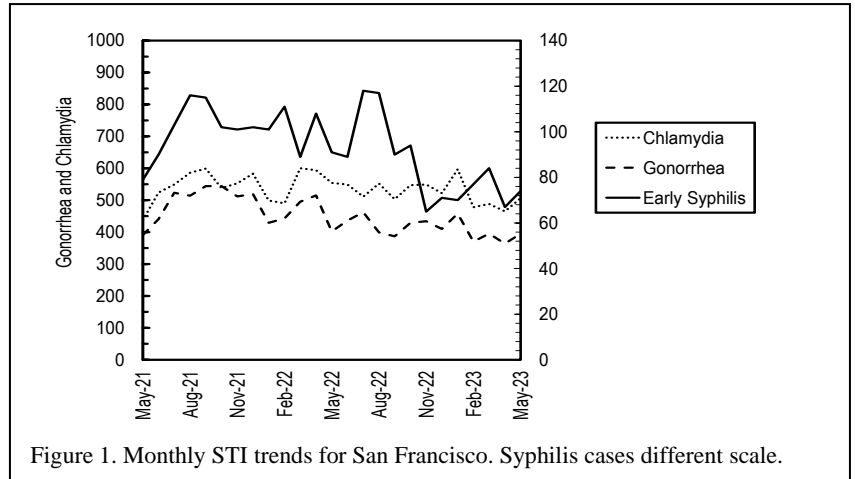


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through May 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	2,534	755.3	242	218.6	263	1,349.3	349	687.8	635	451.6
Gonorrhea	1,982	590.7	198	178.9	169	867.0	320	630.7	673	478.7
Early syphilis	372	110.9	34	30.7	53	271.9	102	201.0	119	84.6
<i>Under 20 yrs</i>										
Chlamydia	211	910.9	17	184.3	57	2,908.8	15	284.5	20	391.5
Gonorrhea	37	159.7	2	21.7	9	459.3	6	113.8	0	0.0
Early syphilis	1	4.3	1	10.8	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	340	1,608	328	1,623
Antibody positive	3	20	4	16
Acute HIV infection	0	1	2	2

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.

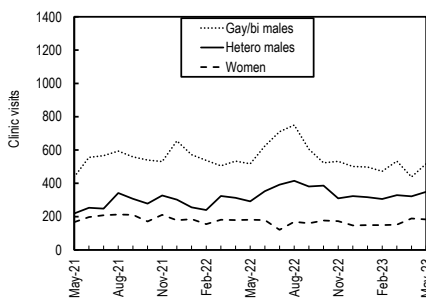


Figure 2. City Clinic visits by gender and orientation.

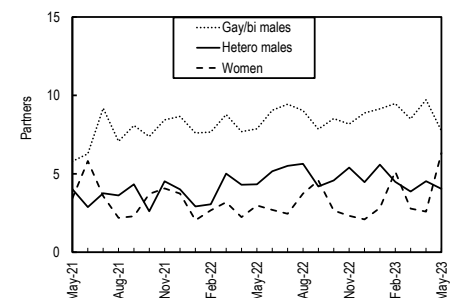


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Risk of Mpox Resurgence

Mpox case counts have remained very low in the [U.S.](#) and [worldwide](#) during 2023, however [46 new mpox cases](#) have been confirmed in the Chicago area since April 2023 and [6 new cases](#) were reported in Los Angeles last week. 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 considerations 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](#).

Please enjoy this SFDPH [mpox PSA video](#) and feel free to share with your patients and social networks to encourage mpox vaccination.