



# San Francisco Monthly STI Report

Data for June, 2023  
Report prepared August 9, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	363	2,351	436	2,719
Male rectal gonorrhea	95	787	150	1,032
Chlamydia	455	2,993	549	3,284
Male rectal chlamydia	107	887	173	1,031
Syphilis (adult total)	107	707	130	877
Primary & secondary	24	147	26	185
Early latent	42	289	63	404
Unknown latent	13	89	19	99
Late latent	28	182	22	189
Neurosyphilis	1	10	1	9
Congenital syphilis	0	2	0	2
Female syphilis	15	107	12	100

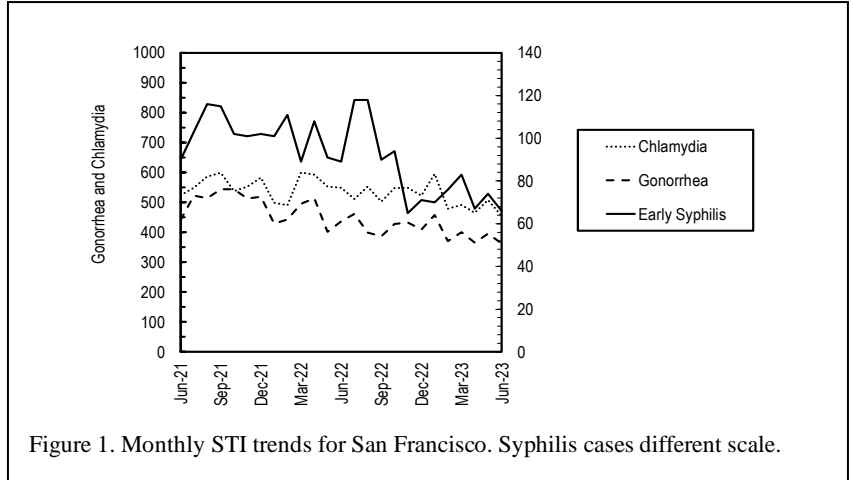


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through June 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	2,993	743.4	291	219.0	318	1,359.5	416	683.2	744	441.0
Gonorrhea	2,351	583.9	230	173.1	211	902.1	388	637.3	805	477.1
Early syphilis	436	108.3	42	31.6	64	273.6	122	200.4	138	81.8
<i>Under 20 yrs</i>										
Chlamydia	245	881.4	17	153.5	72	3,061.9	20	316.2	22	358.8
Gonorrhea	41	147.5	2	18.1	10	425.3	6	94.9	1	16.3
Early syphilis	2	7.2	1	9.0	0	0.0	0	0.0	1	16.3

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

	2023		2022	
	month	YTD	month	YTD
Tests	334	1,941	325	1,948
Antibody positive	7	27	7	23
Acute HIV infection	0	1	1	3

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.

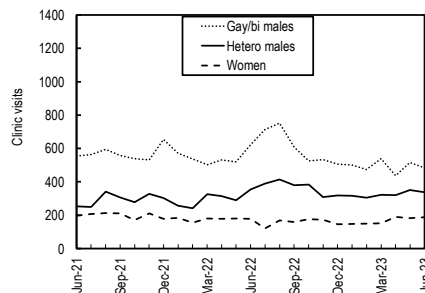


Figure 2. City Clinic visits by gender and orientation.

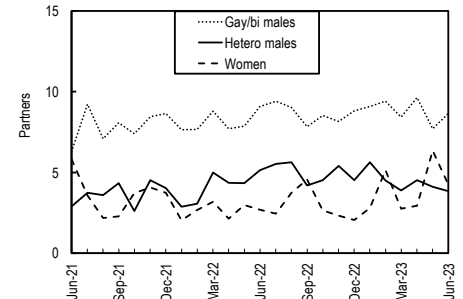


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation.

\*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 April 2024.

**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. **Actively monitor your stocks of penicillin G benzathine (Bicillin L-A)** and work with your pharmacy to determine access. **Contact SF City Clinic** at (628) 217-7663 if you are having trouble obtaining Bicillin L-A.
2. **Prioritize 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.
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, especially patients with late latent syphilis and those who have been exposed to syphilis.
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](#).