



San Francisco Monthly STI Report

Data for July, 2023
Report prepared September 8, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	432	2,806	462	3,181
Male rectal gonorrhea	121	921	171	1,201
Chlamydia	468	3,469	511	3,795
Male rectal chlamydia	114	1,004	191	1,220
Syphilis (adult total)	94	790	157	1,034
Primary & secondary	20	166	37	222
Early latent	40	322	81	485
Unknown latent	12	101	16	115
Late latent	22	201	23	212
Neurosyphilis	0	10	3	12
Congenital syphilis	0	2	0	2
Female syphilis	13	117	16	116

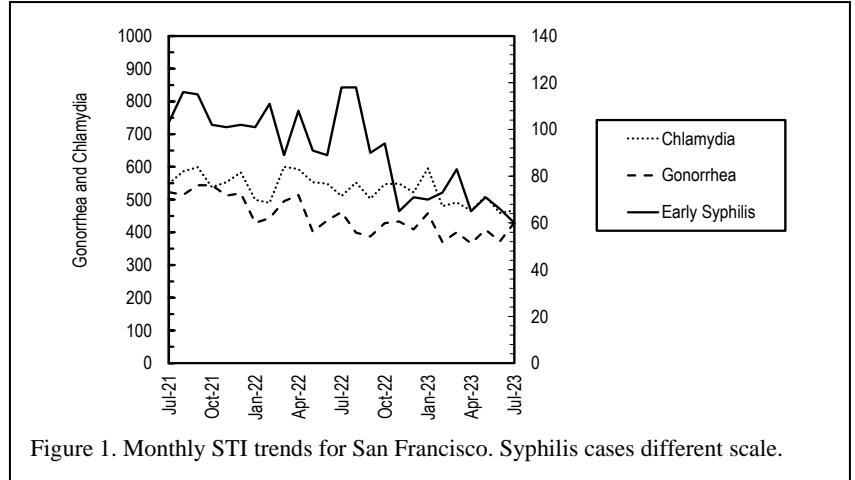


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through July 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	3,469	738.5	338	218.1	360	1,319.2	494	695.4	870	442.0
Gonorrhea	2,806	597.4	270	174.2	248	908.8	469	660.2	982	498.9
Early syphilis	488	103.9	47	30.3	71	260.2	134	188.6	155	78.7
<i>Under 20 yrs</i>										
Chlamydia	275	848.0	20	154.8	78	2,843.2	21	284.5	23	321.6
Gonorrhea	46	141.8	2	15.5	10	364.5	6	81.3	1	14.0
Early syphilis	1	3.1	1	7.7	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	327	2,268	277	2,225
Antibody positive	7	34	5	28
Acute HIV infection	0	1	0	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.

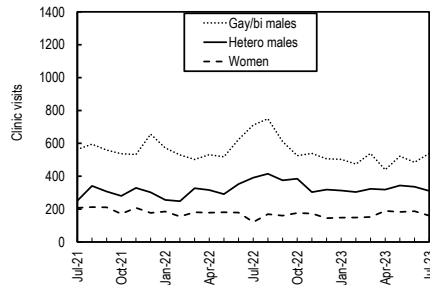


Figure 2. City Clinic visits by gender and orientation.

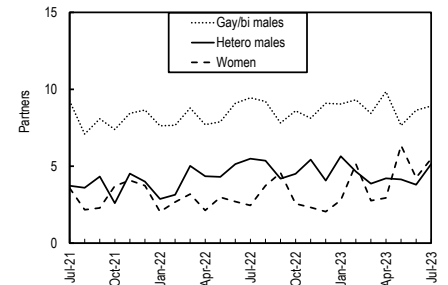


Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation. *Recall period is 3 months.

Increase in Mpox Cases Among SF Residents

There have been 7 mpox cases among SF residents in the month of August. While mpox cases remain low compared to 2022, this is an increase from an average of 1 case per month from January to June 2023. The JYNNEOS vaccine is safe and effective, and completion of the 2-dose series provides improved protection compared to 1 dose. No vaccine is 100% effective and people who have been vaccinated may still get mpox, but vaccination [may decrease illness severity and reduce the risk of hospitalization](#). The two doses are administered 28 days apart. If a person has received 1 dose more than 28 days ago, the second dose can be administered immediately, and the series does not need to be re-started. Booster doses are not recommended at this time. Vaccination is not [recommended in persons who have previously been diagnosed with mpox](#) as infection likely confers immune protection. For immunocompromised persons who have been previously diagnosed with mpox, we recommend case-by-case shared decision making based on the clinician's clinical judgment. There are no supply limitations, and the vaccine can be administered by either subcutaneous or intradermal injection.

Actions Requested of SF Clinicians

1. **Maintain awareness** of potential mpox cases and test [suspected lesions](#).
2. **Continue to strongly recommend and administer mpox vaccine** to [those who may be at risk](#) and ensure that all who have received JYNNEOS complete the 2-dose series in order to achieve more lasting immunity.
3. **Counsel patients on how to reduce risk**. 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 to reduce risk.
4. **Include** assessment of mpox risk and vaccination status at all sexual health visits for men, trans or nonbinary people who have sex with men, trans or nonbinary people.
5. **Consider referring** anyone diagnosed with mpox to the [STOMP Trial](#), a national randomized controlled trial on the efficacy and safety of tecovirimat (TPOXX). Persons with severe disease will be prescribed TPOXX and persons with mild to moderate disease will be randomized to either TPOXX or placebo. TPOXX can be prescribed by clinicians through an EA-IND protocol through the CDC. If you are not a TPOXX prescriber and would like to become one, please see instructions [here](#).
6. **Provide** mpox vaccine as part of a comprehensive package that includes HIV PrEP, linkage to HIV care for those living with HIV, every 3-month screening for STIs, and offering vaccines against other sexually transmitted or sexually associated infections.