San Francisco Monthly STI Report

Data for August, 2023
Report prepared October 11, 2023

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

	2023		2022	
	month	*YTD*	*month*	*YTD*
Gonorrhea	489	3,296	399	3,580
Male rectal gonorrhea	163	1,080	144	1,346
Chlamydia	477	3,946	552	4,347
Male rectal chlamydia	116	1,116	170	1390
Syphilis (adult total)	107	895	170	1204
Primary & secondary	26	190	28	250
Early latent	45	367	88	573
Unknown latent	15	116	14	129
Late latent	21	222	40	252
Neurosyphilis	3	13	0	13
Congenital syphilis	0	2	0	2
Female syphilis	17	135	18	134

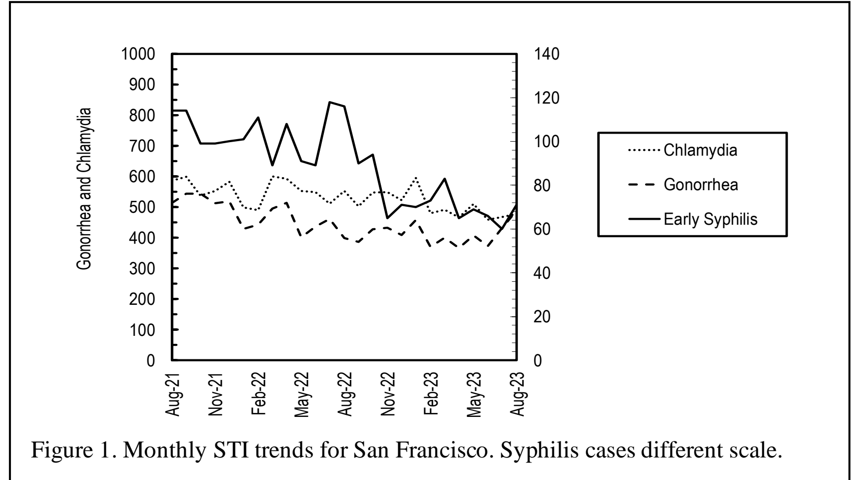

Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through August 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*
All ages										
Chlamydia	3,946	735.1	379	214.0	407	1,305.0	564	694.7	994	441.8
Gonorrhea	3,296	614.0	329	185.7	291	933.1	569	700.9	1,135	504.5
Early syphilis	557	103.8	49	27.7	78	250.1	164	202.0	175	77.8
Under 20 yrs										
Chlamydia	316	852.6	23	155.8	89	2,838.6	23	272.7	24	293.6
Gonorrhea	58	156.5	2	13.6	16	510.3	7	83.0	1	12.2
Early syphilis	1	2.7	1	6.8	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	*YTD*	*month*	*YTD*
Tests	338	2,606	343	2,568
Antibody positive	2	36	2	30
Acute HIV infection	1	2	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.

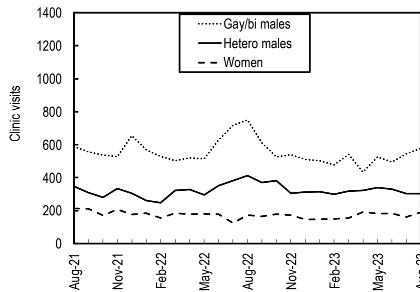

Figure 2. City Clinic visits by gender and orientation.

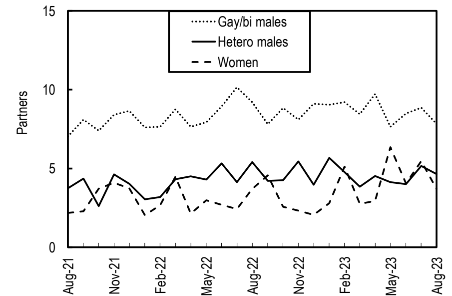

Figure 3. Average number of recent* sex partners for City Clinic visits by gender and sexual orientation.
**Recall period is 3 months.*

Increase in Mpox Cases Among SF Residents

There have been **19** mpox cases among SF residents in the month of September. 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 though 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.