



# San Francisco Monthly STI Report

Data for September, 2023  
Report prepared November 16, 2023

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

	2023		2022	
	month	YTD	month	YTD
Gonorrhea	374	3,672	386	3,964
Male rectal gonorrhea	115	1,188	135	1,478
Chlamydia	436	4,391	503	4,846
Male rectal chlamydia	89	1,192	167	1,549
Syphilis (adult total)	80	965	132	1,335
Primary & secondary	21	210	32	282
Early latent	32	396	58	630
Unknown latent	11	123	20	149
Late latent	16	236	22	274
Neurosyphilis	1	14	0	13
Congenital syphilis	1	3	0	2
Female syphilis	15	147	11	144

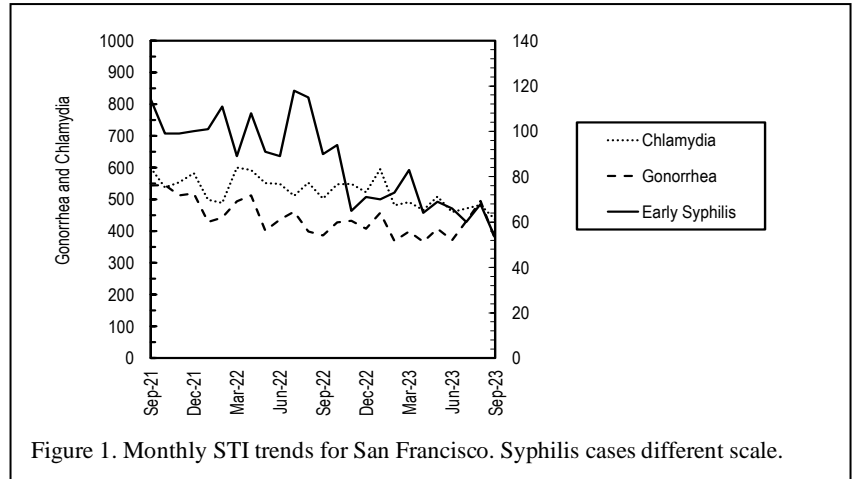


Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2023 through September 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	4,391	727.1	406	203.7	467	1,331.0	674	738.0	1,092	431.5
Gonorrhea	3,672	608.0	361	181.2	328	934.9	648	709.5	1,250	493.9
Early syphilis	606	100.3	50	25.1	84	239.4	179	196.0	196	77.4
<i>Under 20 yrs</i>										
Chlamydia	365	875.4	27	162.6	106	3,005.2	29	305.6	28	304.5
Gonorrhea	66	158.3	3	18.1	18	510.3	9	94.9	1	10.9
Early syphilis	2	4.8	1	6.0	0	0.0	0	0.0	0	0.0

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

	2023		2022	
	month	YTD	month	YTD
Tests	312	2,918	317	2,885
Antibody positive	5	41	3	33
Acute HIV infection	1	3	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.

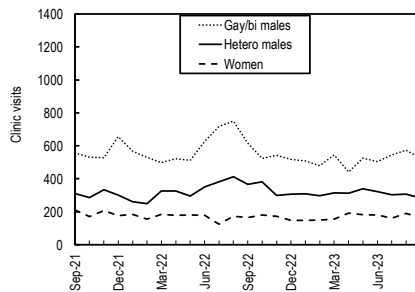


Figure 2. City Clinic visits by gender and orientation.

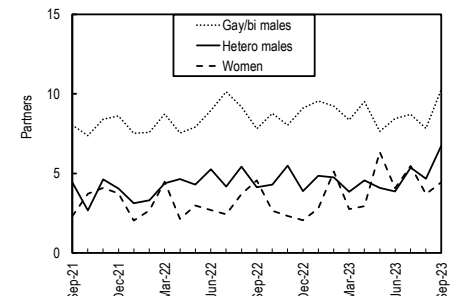


Figure 3. Average number of recent\* sex partners for City Clinic visits by gender and sexual orientation. \*Recall period is 3 months.

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

Clinical providers and public health departments continue to face challenges procuring 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](#).