

STD Case Counts

Table 1: King County STD morbidity[§]

	2014		2015	
	2014Q2	YTD	2015Q2	YTD
Gonorrhea (GC)	525	975	680	1344
GC: MSM*	280	536	355	678
Urethral GC	109	195	129	248
Rectal GC	121	235	171	308
Pharyngeal GC	134	256	155	295
GC: Women^	130	245	169	356
GC: MSW^†	88	141	122	242
Chlamydia (CT)	1865	3700	2036	4097
CT: MSM	304	602	355	729
Urethral CT	117	217	117	229
Rectal CT	175	361	229	467
CT: Women^	1101	2181	1178	2336
CT: MSW^	349	676	341	701
Syphilis‡	103	213	146	291
Primary and secondary	41	93	73	124
Early latent	26	53	39	82
Late + unk duration	36	66	33	84
Early syphilis: MSM	62	132	101	188
Early syphilis: Women	1	5	2	3
E syphilis: MSW	3	6	6	7
Congenital syphilis	0	1	1	1

§ <5 cases of GC, CT & syphilis reported in transgender persons in YTD 2015

* Men who have sex with men

^ Genital tract infection

† Men who have sex with women

‡ Total cases (all stages)

Trends in STD Morbidity

Figure 1: Quarterly King County STD morbidity, women and MSW

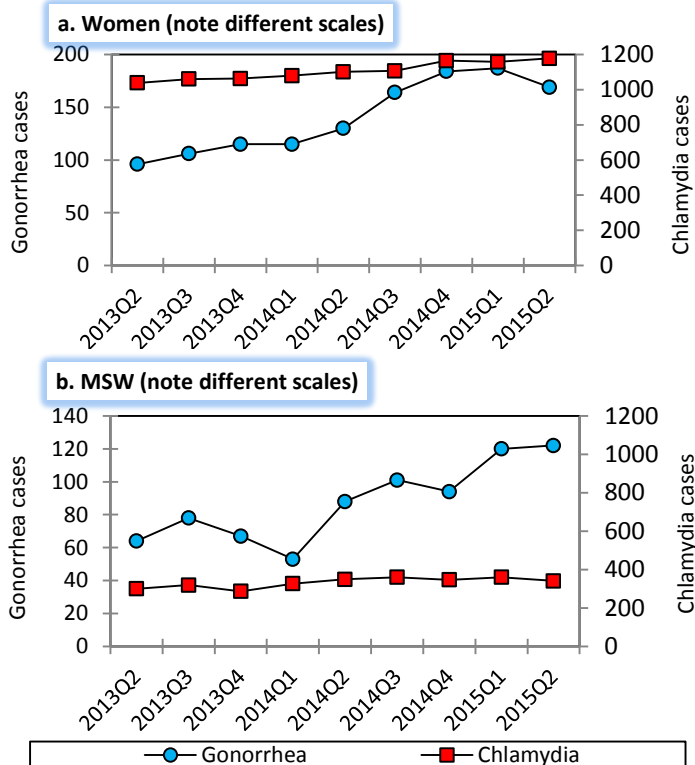


Table 2: King County newly diagnosed HIV cases*

	2014		2015	
	2014Q1	YTD	2015Q1	YTD
Total^	54	54	67	67
MSM	33	33	43	43
Women	12	12	9	9
MSW	4	4	7	7

* Data shown for prior quarter due to reporting delay

§ <5 cases of HIV reported in transgender persons in Q1 2015

^ Column may not equal total due to missing sexual preference data

Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM

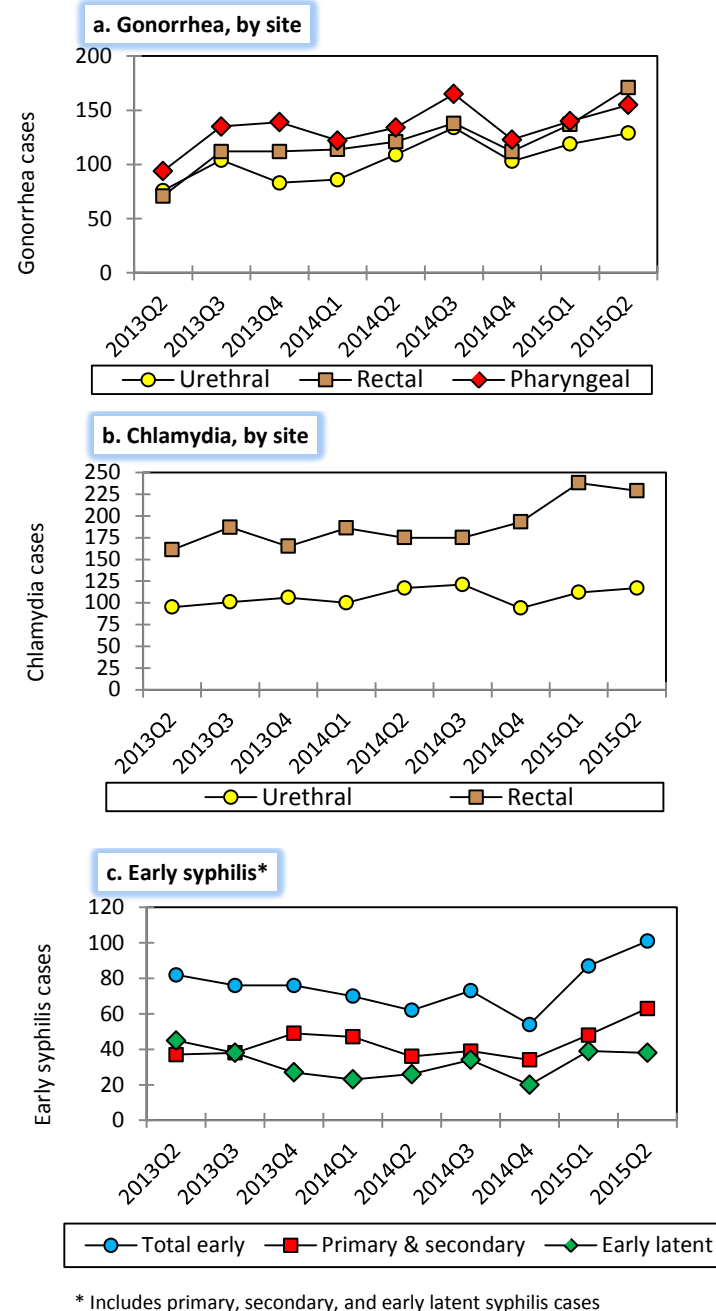
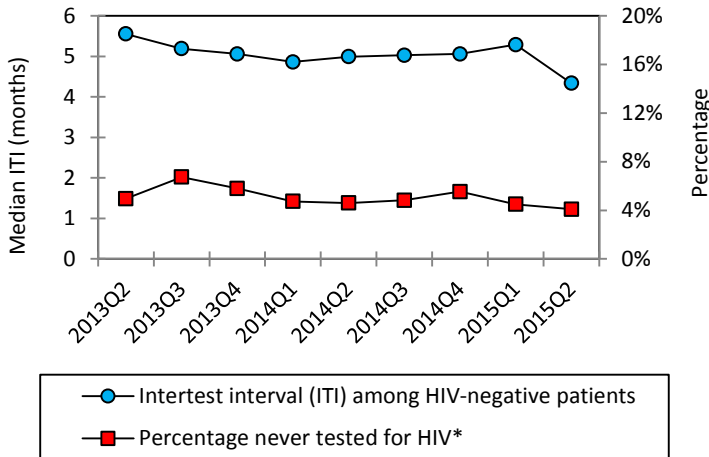


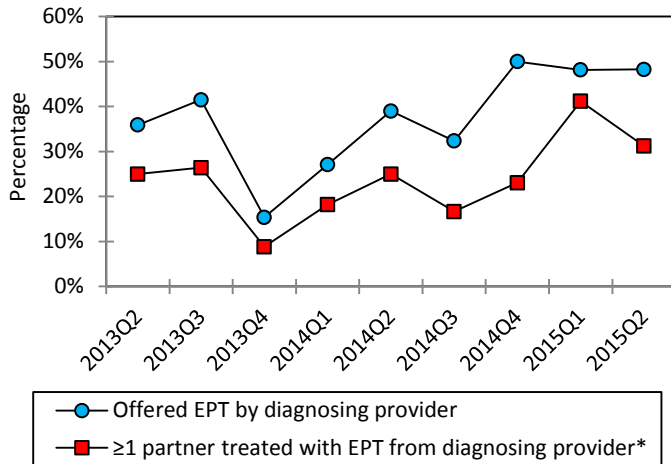
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* Denominator includes patients who reported never testing or negative/unknown results

HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

Figure 5: Expedited Partner Therapy (EPT) among King County women and MSW diagnosed with GC or CT



* Median number of patients surveyed per quarter = 34 (Range 16-53)

All women and MSW diagnosed with gonorrhea or chlamydia should be offered EPT by their diagnosing provider.

Footnotes:

^aHigh-risk = MSM with any one of the following in the prior year: diagnosis of a bacterial STD, methamphetamine or popper use, ≥10 sex partners (anal or oral), or unprotected anal sex with a partner of unknown or discordant HIV status
Low-risk = sexually active MSM who do not meet high-risk criteria

^bGonococcal Isolate Surveillance Project (GISP), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

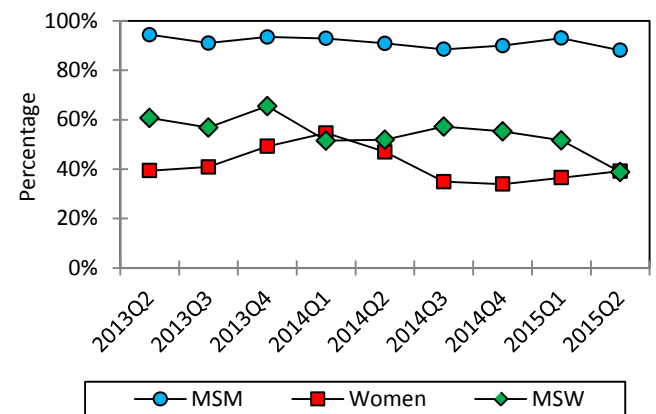
^cAlert values:

Ceftriaxone MIC ≥ 0.125 µg/ml

Cefixime MIC ≥ 0.25 µg/ml

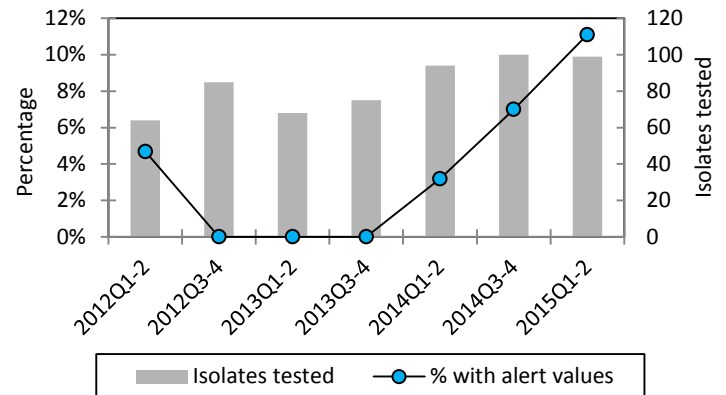
Azithromycin MIC ≥ 2.0 µg/ml

Figure 4: Percentage of King County residents with a bacterial STD tested for HIV (excludes HIV+ residents)



Anyone diagnosed with a bacterial STD should be tested for HIV.

Figure 6: Percentage of male GISP^b urethral isolates with alert values for cephalosporins or azithromycin (note scales)



Alert value = Minimum Inhibitory Concentration (MIC, lowest antibiotic concentration needed to halt bacterial growth) is higher than preset thresholds^c. Alert value MICs represent decreased susceptibility to an antibiotic but may not represent resistance.

Table 3: Male GISP urethral isolates with alert values for cephalosporins or azithromycin^d

	2014		2015	
	2014Q1-2	YTD	2015Q1-2	YTD
Total isolates tested*	94	94	99	99
MSM	79	79	81	81
MSW	14	14	16	16
Total alert isolates*	3	3	11	11
MSM - ceph	0	0	4	4
MSM - azi	3	3	7	7
MSW - ceph	0	0	0	0
MSW - azi	0	0	0	0

* Column may not equal total due to missing sexual preference data

^d1 rectal cefixime alert & 1 pharyngeal azithromycin alert identified Apr - Jun 2015