

STD Case Counts

Table 1: King County STD morbidity[§]

	2014		2015	
	2014Q3	YTD	2015Q3	YTD
Gonorrhea (GC)	669	1644	794	2137
GC: MSM*	358	894	358	1034
Urethral GC	134	329	116	363
Rectal GC	138	373	164	471
Pharyngeal GC	165	421	154	449
GC: Women^	164	409	221	576
GC: MSW^†	101	242	143	386
Chlamydia (CT)	1915	5615	2173	6251
CT: MSM	310	912	412	1139
Urethral CT	121	338	122	351
Rectal CT	174	535	271	736
CT: Women^	1107	3288	1198	3519
CT: MSW^	360	1036	402	1102
Syphilis‡	132	345	147	445
Primary and secondary	45	138	64	190
Early latent	38	91	48	132
Late + unk duration	49	115	35	122
Early syphilis: MSM	74	206	101	293
Early syphilis: Women	3	8	2	5
Early syphilis: MSW	3	9	3	10
Congenital syphilis	0	1	0	1

§ 9 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

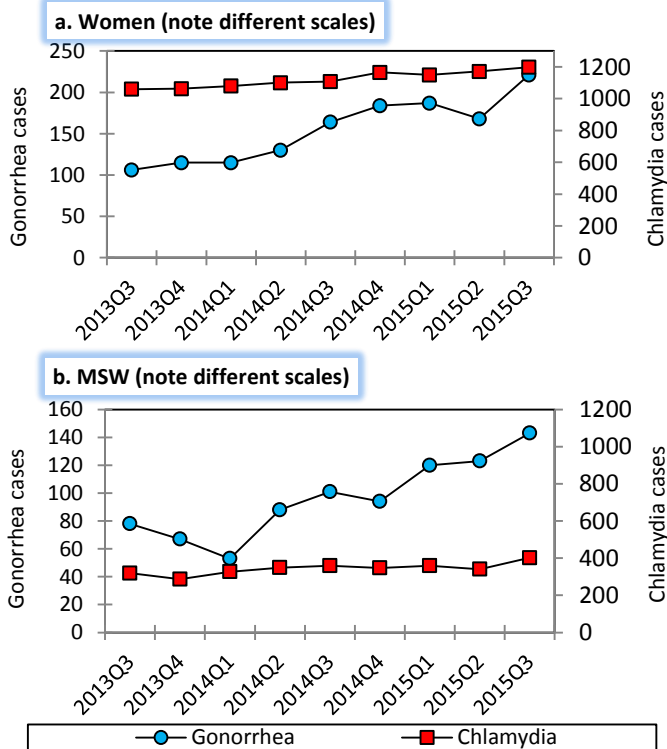


Table 2: King County newly diagnosed HIV cases*

	2014		2015	
	2014Q2	YTD	2015Q2	YTD
Total^	78	132	55	118
MSM	59	92	38	78
Women	8	20	9	19
MSW	3	7	3	9

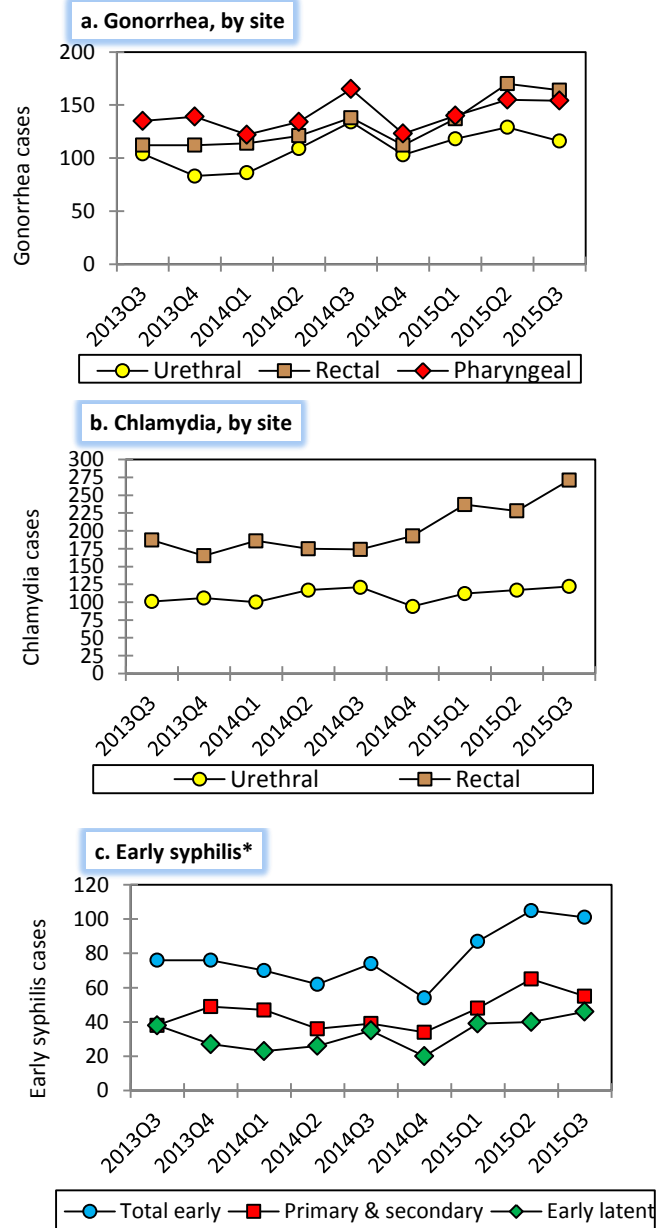
* Data shown for prior quarter due to reporting delay

§ <5 cases of HIV reported in transgender persons in Q2 2015

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

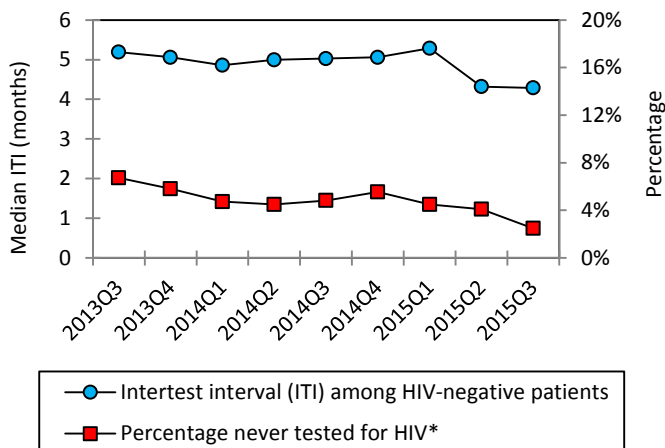
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM



* Includes primary, secondary, and early latent syphilis cases

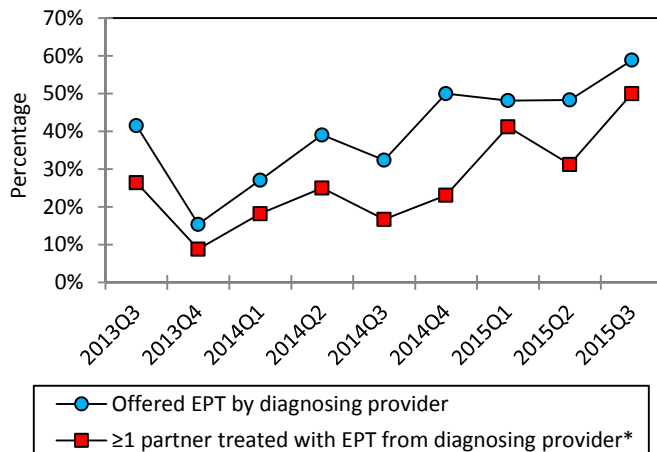
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* 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 = 30 (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

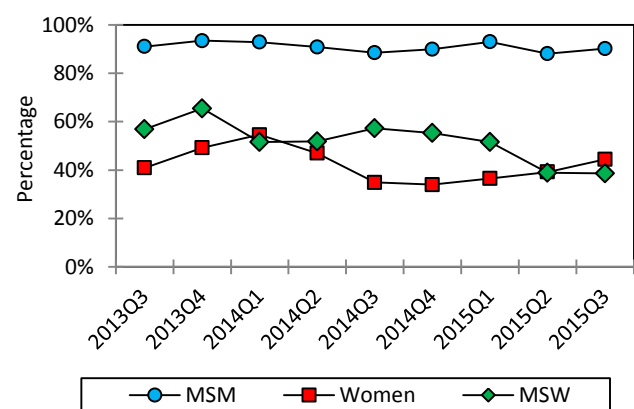
^cAlert values:

Ceftriaxone MIC ≥ 0.125 µg/ml

Cefixime MIC ≥ 0.25 µg/ml

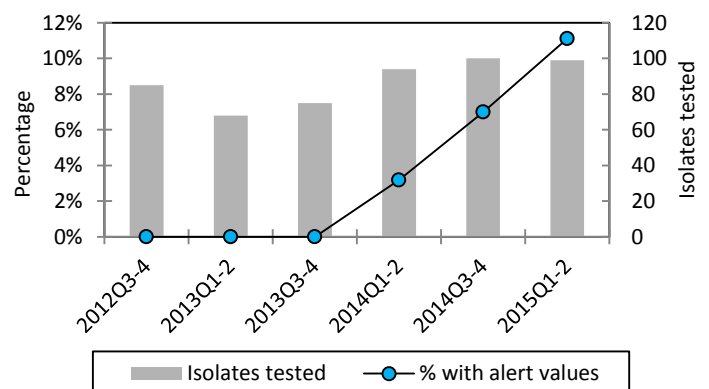
Azithromycin MIC ≥ 2.0 µg/ml

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	
	2014Q3	YTD	2015Q3	YTD
Total isolates tested*	59	153	37	136
MSM	45	123	23	104
MSW	0	14	0	16
Total alert isolates*	6	9	0	10
MSM - ceph	1	1	0	4
MSM - azi	5	8	0	6
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