STD Case Counts

Table 1: King County STD morbidity[§]

	2014		2015	
	2014Q4	YTD	2015Q4	YTD
Gonorrhea (GC)	620	2264	852	2985
GC: MSM*	280	1174	421	1456
Urethral GC	103	432	149	513
Rectal GC	112	485	191	662
Pharyngeal GC	123	544	174	623
GC: Women^	184	593	227	798
GC: MSW^†	94	336	138	524
Chlamydia (CT)	2004	7619	2292	8552
CT: MSM	306	1218	463	1603
Urethral CT	94	432	123	475
Rectal CT	193	728	317	1053
CT: Women^	1165	4453	1263	4784
CT: MSW^	347	1383	385	1493
Syphilis‡	104	449	153	613
Primary and secondary	42	180	61	255
Early latent	23	114	52	189
Late + unk duration	39	154	40	168
Early syphilis: MSM	54	260	106	409
Early syphilis: Women	5	13	2	7
E syphilis: MSW	3	12	2	11
Congenital syphilis	0	1	0	1

§ 9 cases of GC, CT & syphilis reported in transgender persons in 2015
* Men who have sex with men
^ Genital tract infection
† Men who have sex with women
‡ Total cases (all stages)

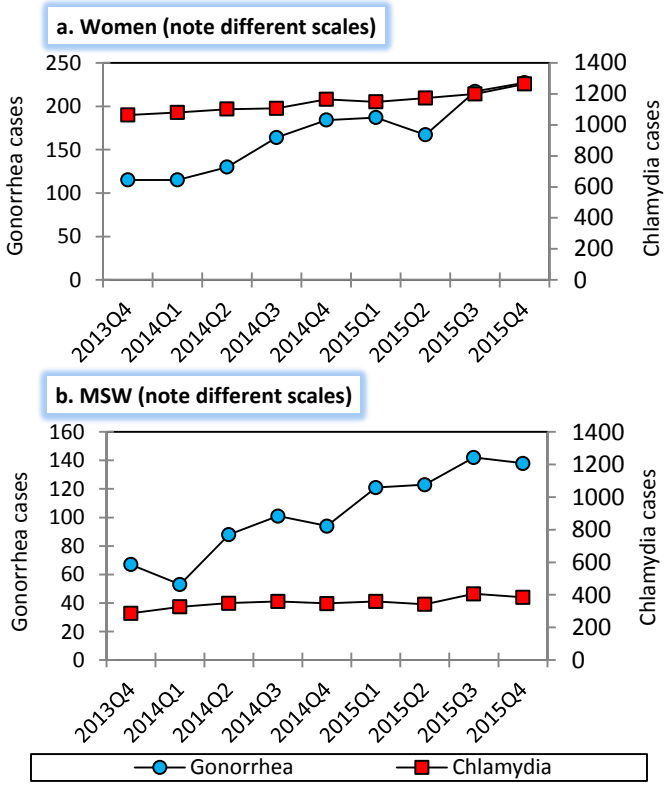
Table 2: King County newly diagnosed HIV cases*

	2014		2015	
	2014Q3	YTD	2015Q3	YTD
Total^	78	132	55	118
MSM	59	92	38	78
Women	8	20	9	19
MSW	3	10	1	11
Transgender†	2	3	1	2

* Data shown for prior quarter due to reporting delay
^ Column may not equal total due to missing sexual preference data
†Transgender identity relies on review of information documented in medical records and obtained through Partner Services Interviews. Data presented here are a potential undercount.

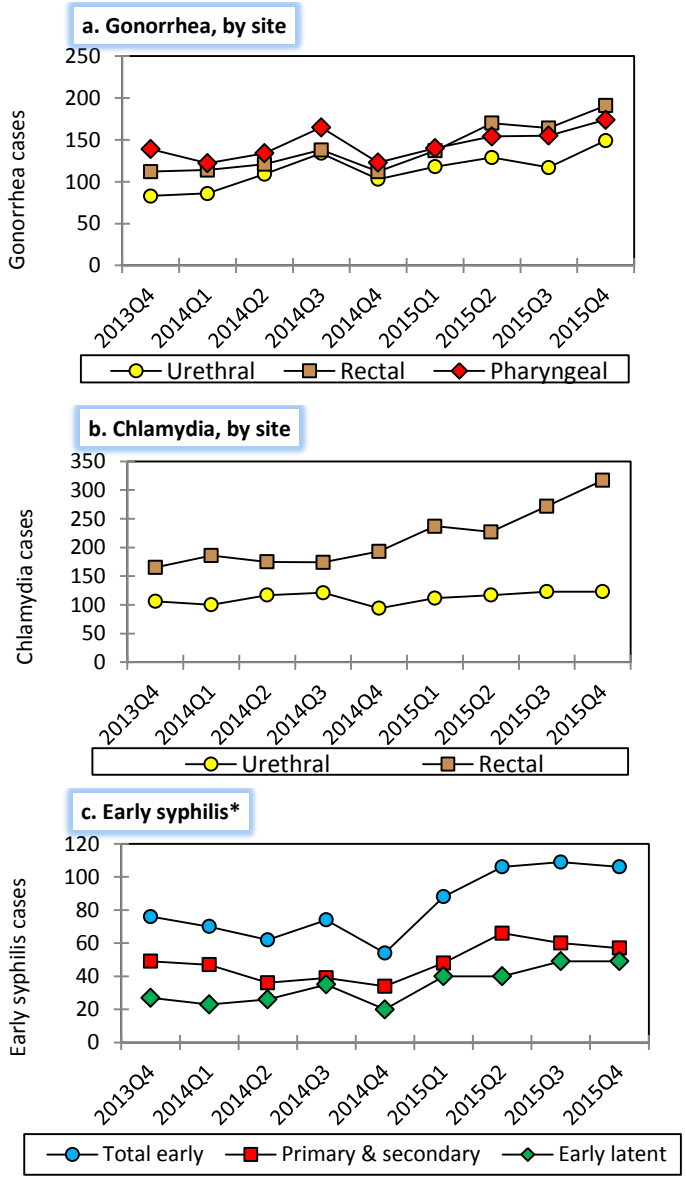
Trends in STD Morbidity

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



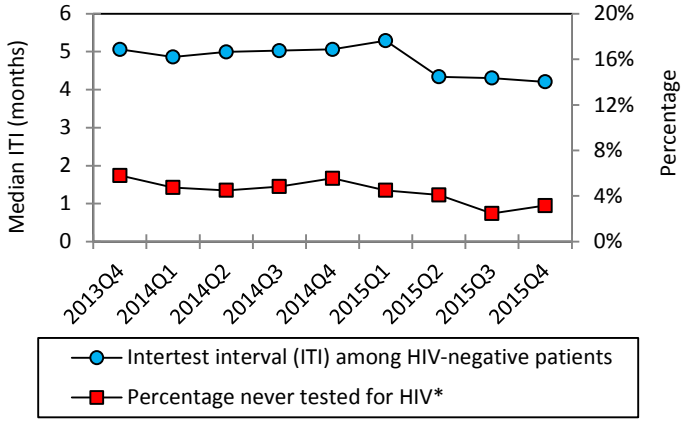
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM



* Includes primary, secondary, and early latent syphilis cases

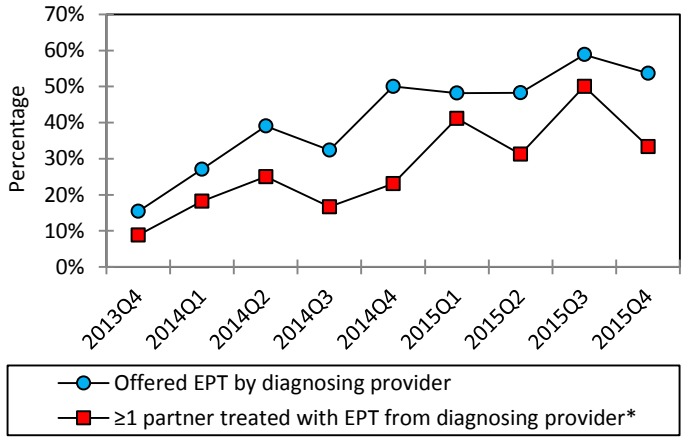
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* 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].

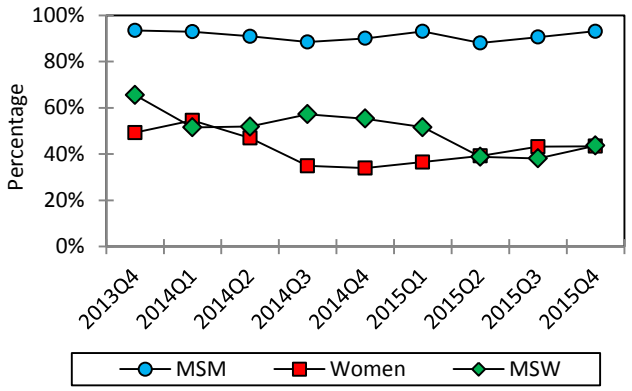
Figure 5: Expedited Partner Therapy (EPT) among King County women and MSW diagnosed with GC or CT



* Median number of patients surveyed per quarter = 26 (Range 16-44)

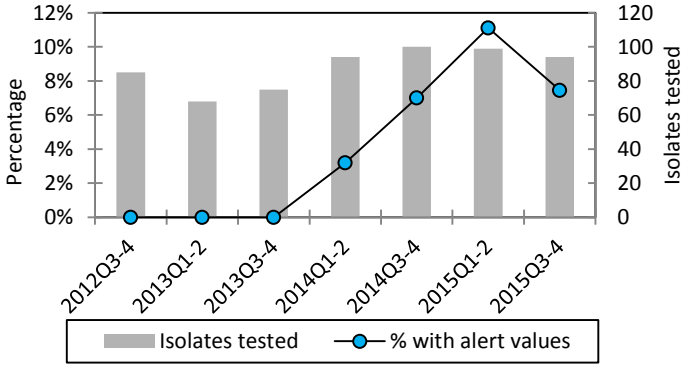
All women and MSW diagnosed with gonorrhea or chlamydia should be offerred EPT by their diagnosing provider.

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 antibotic but may not represent resistance.

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

	2014		2015	
	2014Q3-4	YTD	2015Q3-4	YTD
Total isolates tested*	100	194	94	193
MSM	77	155	64	145
MSW	21	21	28	28
Total alert isolates*	7	10	6	17
MSM - ceph	1	1	4	4
MSM - azi	5	8	2	8
MSW - ceph	0	0	0	0
MSW - azi	0	0	0	0

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

[d]1 rectal cefixime alert & 1 pharyngeal azithromycin alert identified Oct - Dec 2015

Footnotes:

[a]High-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

[b]Gonococcal Isolate Surveillance Project (GISP), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

[c]Alert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml