

STD Case Counts

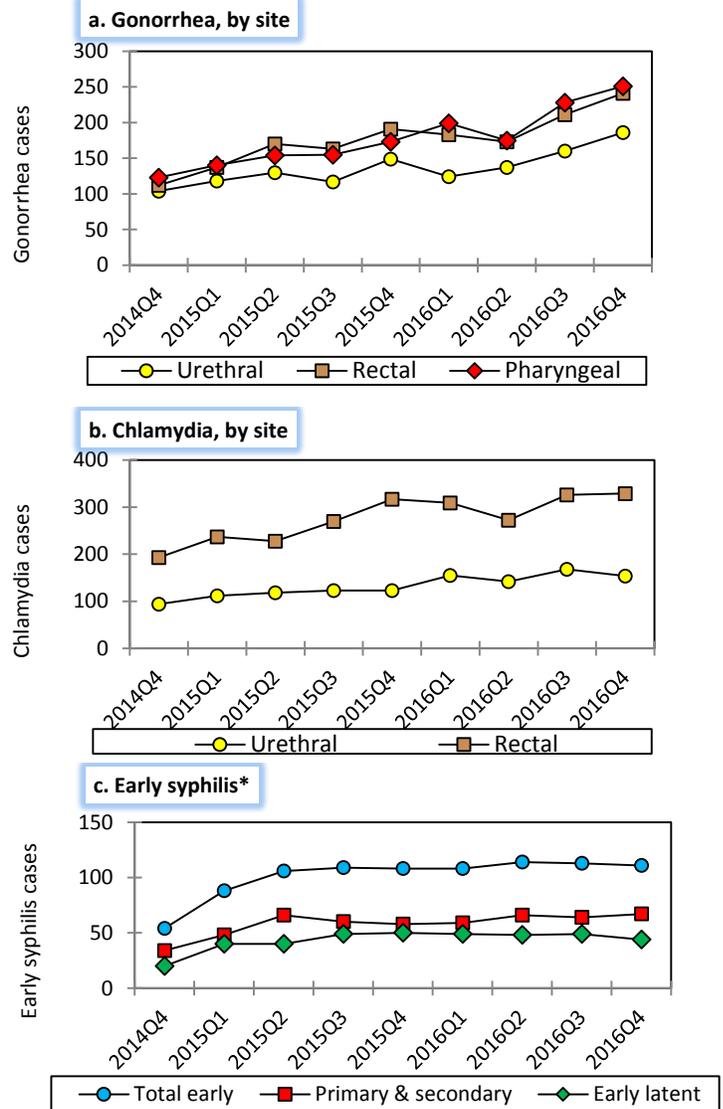
	2015		2016	
	2015Q4	YTD	2016Q4	YTD
Gonorrhea (GC)	849	2983	922	3428
GC: MSM*	420	1455	528	1818
Urethral GC	149	514	186	607
Rectal GC	191	661	241	808
Pharyngeal GC	173	622	251	853
GC: Women [^]	225	798	193	815
GC: MSW ^{^†}	138	523	139	541
Chlamydia (CT)	2294	8558	2486	9532
CT: MSM	463	1603	494	1908
Urethral CT	123	476	154	619
Rectal CT	317	1052	329	1236
CT: Women [^]	1262	4788	1361	5222
CT: MSW [^]	386	1494	436	1665
Syphilis [‡]	155	613	166	679
Primary and secondary	62	256	75	295
Early latent	53	190	49	214
Late + unk duration	40	166	42	170
Early syphilis: MSM	108	411	111	446
Early syphilis: Women	2	7	5	17
E syphilis: MSW	2	11	4	20
Congenital syphilis	0	1	0	0

	2015		2016	
	2015Q3	YTD	2016Q3	YTD
Total [^]	56	173	66	178
MSM	44	120	44	122
Women	2	20	14	24
MSW	1	11	3	13
Transgender**	1	2	0	1

* 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 2: Quarterly King County STD morbidity among MSM



* Includes primary, secondary, and early latent syphilis cases

Trends in STD Morbidity

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

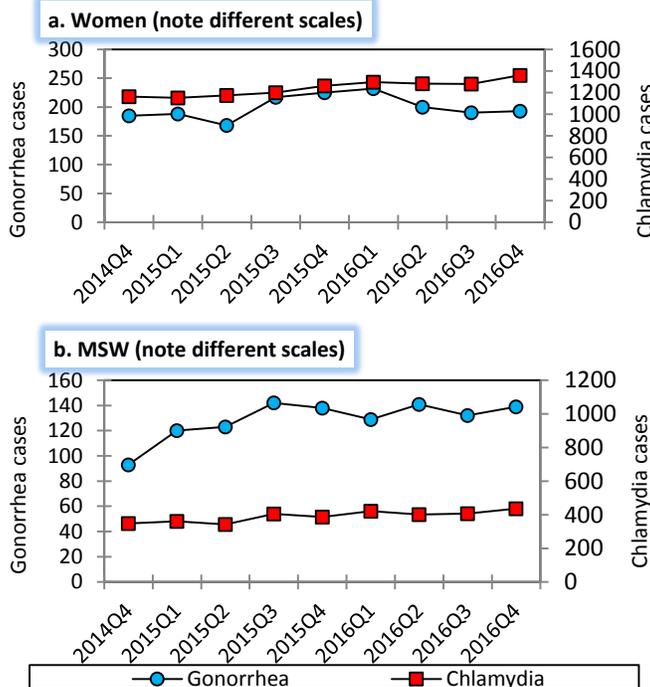
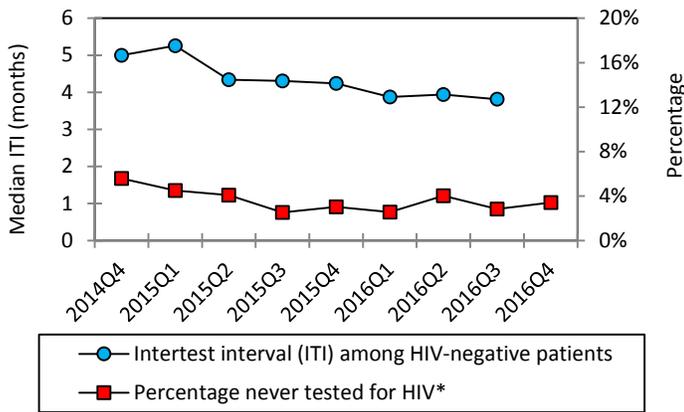
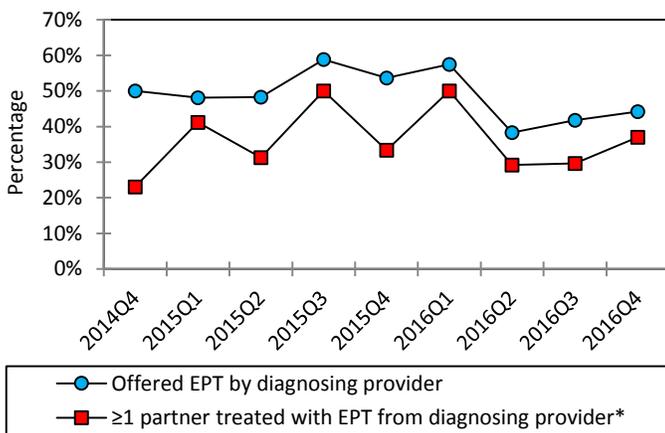


Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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



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

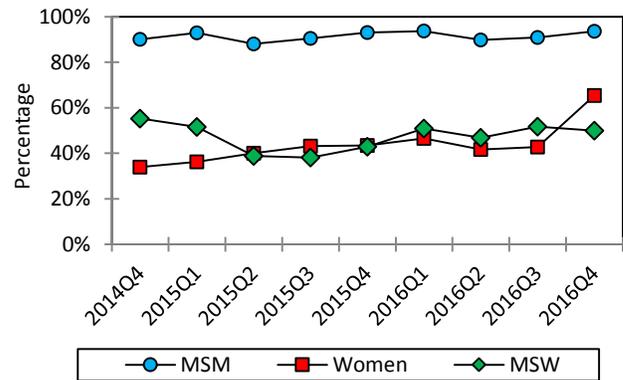
Footnotes:

^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

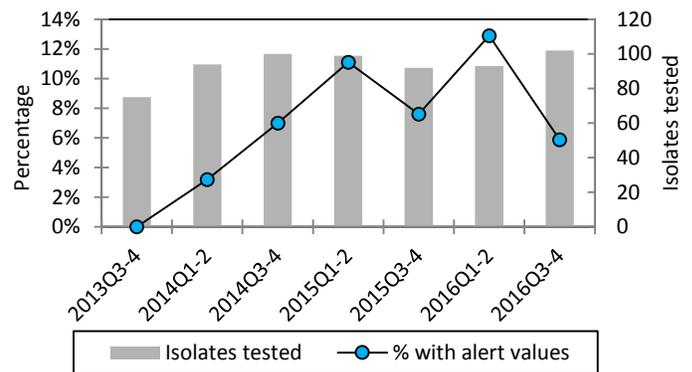
^cAlert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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

	2015		2016	
	2015Q3-4	YTD	2016Q3-4	YTD
Total isolates tested*	92	191	102	195
MSM	66	147	75	144
MSW	25	41	27	50
Total alert isolates*	7	18	6	18
MSM - ceph	5	9	1	8
MSM - azi	2	8	5	8
MSW - ceph	0	0	0	0
MSW - azi	0	0	0	2

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

^d3 rectal cefixime alert & 1 pharyngeal cefixime alerts identified Jan-Mar 2016