

2020 STI Surveillance Data and COVID-19

STI case numbers in 2020 may be affected by the COVID-19 pandemic. The first stay at home orders for King County were issued near the end of quarter 1 and any observed decreases in STIs maybe be from changes in STI screening and/or changes in sexual behavior during the pandemic.

STI	Case	Counts
		Table 2.

Table 1: King County STI m	orbidity			
	202	0	202	1
	2020Q1	YTD	2021Q1	YTD
Gonorrhea (GC)*	1140	1140	997	997
GC: MSM	508	508	395	395
Urethral GC	137	137	99	99
Rectal GC	229	229	224	224
Pharyngeal GC	251	251	172	172
GC: Women^	278	278	279	279
GC: MSW^	181	181	175	175
GC: Transgender‡	9	9	21	21
Chlamydia (CT)*	2606	2606	2264	2264
CT: Men	1304	1304	1044	1044
CT: Women	1290	1290	1199	1199
CT: Transgender‡	1	1	8	8
Total Syphilis (all stages)*	228	228	294	294
Primary and secondary	79	79	120	120
Early latent	95	95	94	94
Late + unk duration	54	54	79	79
Early syphilis: MSM	136	136	134	134
Early syphilis: Women	7	7	31	31
Early syphilis: MSW	10	10	20	20
Early syphilis: Transgender‡	4	4	2	2
Congenital syphilis	0	0	1	1

^{*}Column may not equal total due to missing gender or sexual preference data.

Trends in STI Morbidity

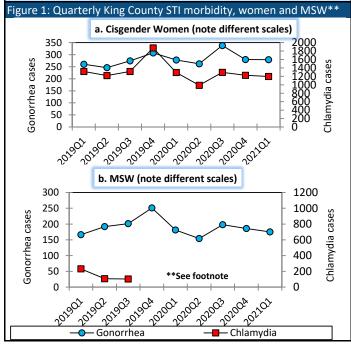
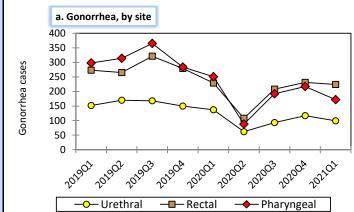


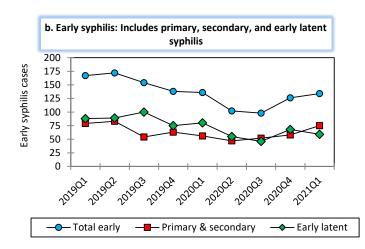
Table 2: King County newly diagnosed HIV cases*					
	2019		2020		
	2019Q4	YTD	2020Q4	YTD	
Total†	61	250	56	204	
MSM	36	156	41	143	
Women	14	54	5	31	
MSW	2	7	2	5	
Transgender‡	0	4	1	4	

^{*} Data shown for prior quarter due to reporting delay.

Trends in STI Morbidity

Figure 2: Quarterly King County STI morbidity among MSM**





**Footnote: Chlamydia case data on gender of sex partners and anatomic site of infection are incomplete for these time periods. For this reason chlamydia cases are not shown for MSM or MSW.

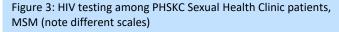
[^] Genital tract infection

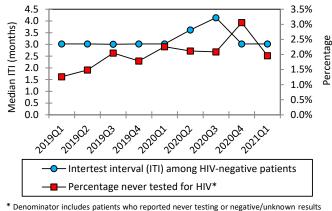
[‡] Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

[†] 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.

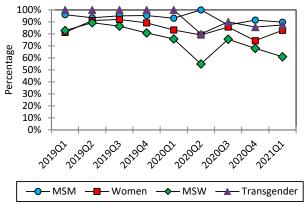






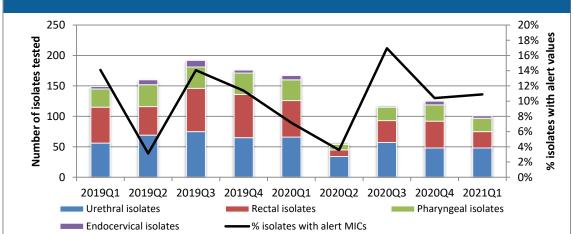
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSMa.





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

Figure 5: Percentage of SURRGb 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.

Footnotes and Abbreviations:

MSM = cisgender men who have sex with men

MSW = cisgender men who have sex with women

^aHigh-risk = MSM with any one of the following in the prior year: diagnosis of a bacterial STI, 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

bSURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, 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

Table 3: SURRG isolates with alert values for cephalosporins (ceph) or azithromycin (azi)

	2021	lQ1	YTD		
Unique cases tested*	78		78		
MSM	54		54		
MSW	18		18		
Cisgender Women	4		4		
Transgender	2		2		
Alert cases and % of	Azi	Ceph	Azi	Ceph	
cases with alert MICs	N (%)	N (%)	N (%)	N (%)	
Unique alert cases*	8 (10)	0 (0)	8 (10)	0 (0)	
MSM	5 (9)	0 (0)	5 (9)	0 (0)	
MSW	1 (6)	0 (0)	1 (6)	0 (0)	
Cisgender Women	0 (0)	0 (0)	0 (0)	0 (0)	
Transgender	2 (100)	0 (0)	2 (100)	0 (0)	
* Column may not equal total due to missing sexual preference data					