

## STD Case Counts

**Table 1: King County STD morbidity\*\***

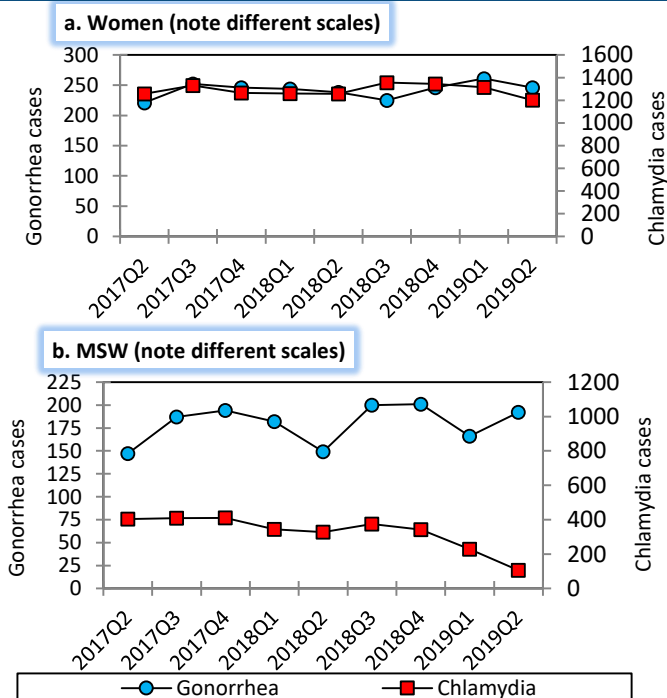
	2018		2019	
	2018Q2	YTD	2019Q2	YTD
Gonorrhea (GC)*	1054	2227	1109	2201
GC: MSM	575	1209	587	1156
Urethral GC	168	350	170	322
Rectal GC	266	578	266	538
Pharyngeal GC	276	600	315	613
GC: Women^	238	482	246	507
GC: MSW^	149	331	192	358
GC: Transgender	11	17	12	17
Chlamydia (CT)*	2527	5026	2349	4914
CT: MSM	503	1005	276	692
Urethral CT	143	289	68	176
Rectal CT	370	709	205	510
CT: Women^	1257	2518	1201	2514
CT: MSW^	327	670	105	333
CT: Transgender	10	21	10	17
Total Syphilis (all stages)*	231	460	259	529
Primary and secondary	102	190	102	194
Early latent	84	178	95	198
Late + unk duration	45	92	62	137
Early syphilis: MSM	158	321	171	336
Early syphilis: Women	5	10	8	13
Early syphilis: MSW	15	20	9	21
Early syphilis: Transgender	1	5	0	4
Congenital syphilis	0	0	0	0

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

^ Genital tract infection

## Trends in STD Morbidity

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



**Table 2: King County newly diagnosed HIV cases\***

	2018		2019	
	2018Q1	YTD	2019Q1	YTD
Total†	82	82	71	71
MSM	46	46	45	45
Women	21	21	12	12
MSW	4	4	2	2
Transgender‡	0	0	2	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 2: Quarterly King County STD morbidity among MSM\*\***

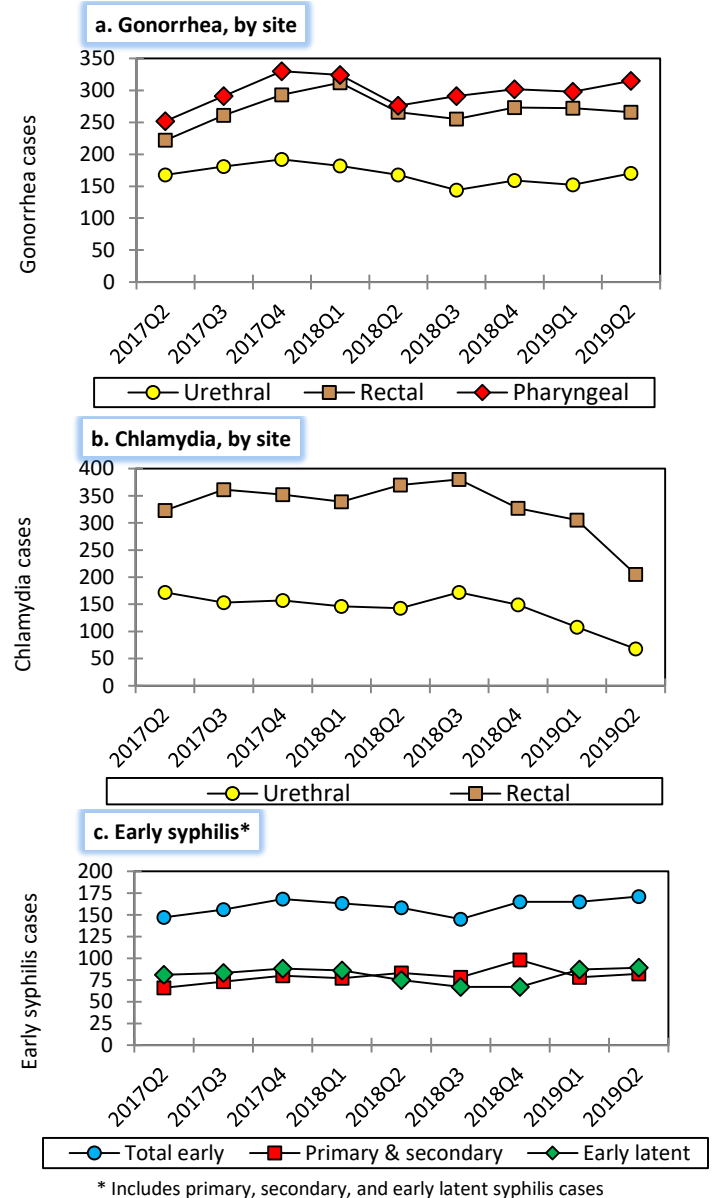
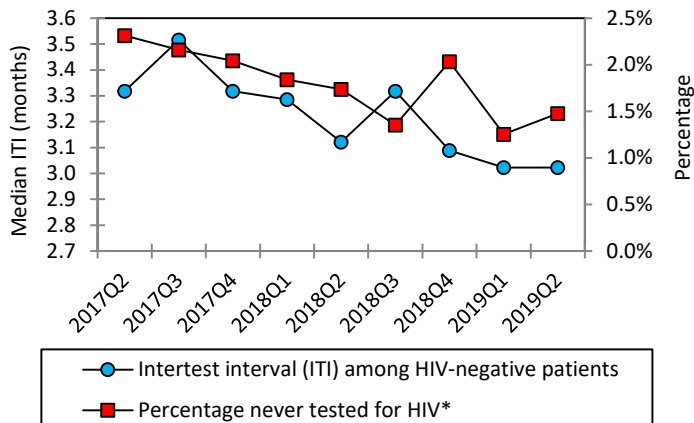


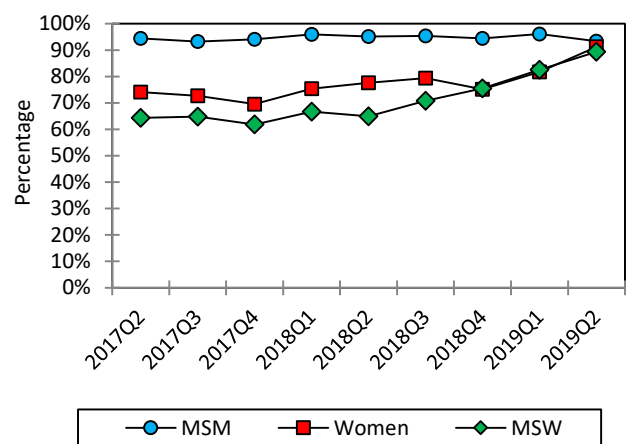
Figure 3: HIV testing among PHSC STD Clinic patients, MSM (note different scales)



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

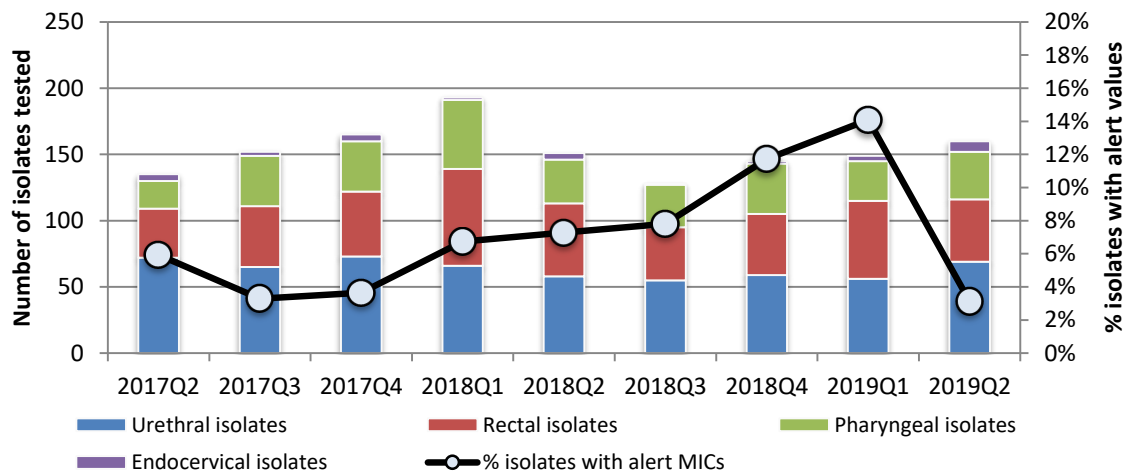
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM\*.

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 5: Percentage of SURRG<sup>b</sup> 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<sup>c</sup>. Alert value MICs represent decreased susceptibility to an

#### Footnotes and Abbreviations:

\*\*Chlamydia cases undercounted due to lack of funding for data entry.

MSM = Men who have sex with men

MSW = Men who have sex with women

<sup>a</sup>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

<sup>b</sup>Strengthening the U.S. Response to Resistant Gonorrhea Surveillance (SURRG), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

<sup>c</sup>Alert 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)

	2019Q2		YTD	
Unique cases tested*	139		264	
MSM	111		220	
MSW	19		32	
Women	9		12	
Transgender	0		0	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	3 (2)	2 (1)	21 (8)	3 (1)
MSM	2 (2)	2 (2)	19 (9)	3 (1)
MSW	1 (5)	0 (0)	2 (6)	0 (0)
Women	0 (0)	0 (0)	0 (0)	0 (0)
Transgender	0 (-)	0 (-)	0 (-)	0 (-)

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