STD Case Counts

Table 1: King County STD morbidity

	2017		2018	
	2017Q3	YTD	2018Q3	YTD
Gonorrhea (GC)*	1118	3012	1078	3305
GC: MSM	568	1580	537	1746
Urethral GC	181	526	144	494
Rectal GC	261	721	255	833
Pharyngeal GC	291	762	291	891
GC: Women^	252	702	225	707
GC: MSW^	187	507	200	531
GC: Transgender	14	26	10	27
Chlamydia (CT)*	2509	7363	2798	7824
CT: MSM	532	1602	561	1566
Urethral CT	153	497	172	461
Rectal CT	361	1052	380	1089
CT: Women^	1330	3961	1356	3874
CT: MSW^	409	1230	375	1045
CT: Transgender	9	26	8	29
Total Syphilis (all stages)*	214	650	221	681
Primary and secondary	82	235	100	290
Early latent	87	248	77	255
Late + unk duration	45	167	44	136
Early syphilis: MSM	156	444	145	466
Early syphilis: Women	0	5	11	21
Early syphilis: MSW	7	14	9	29
Early syphilis: Transgender	0	0	1	6
Congenital syphilis	0	0	0	0

* Column may not equal total due to missing sexual preference data.
^ Genital tract infection

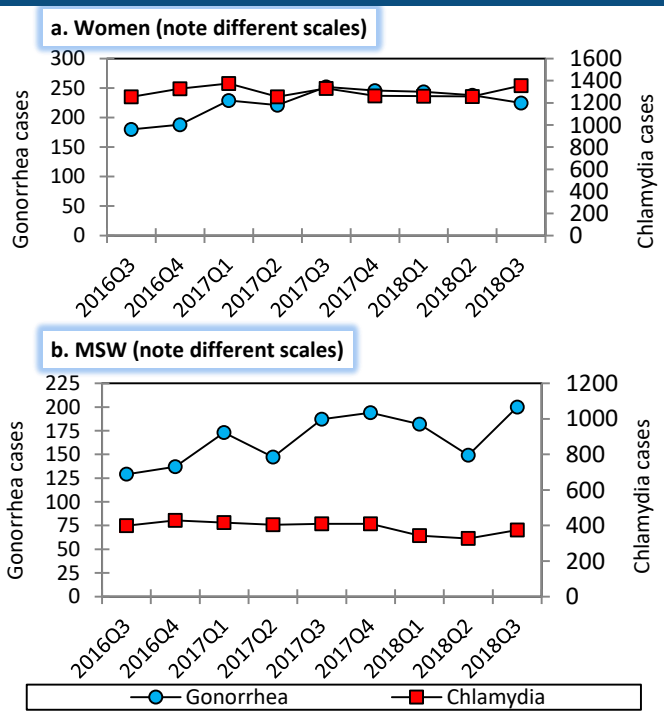
Table 2: King County newly diagnosed HIV cases*

	2017		2018	
	2017Q2	YTD	2018Q2	YTD
Total†	52	102	69	151
MSM	37	62	32	78
Women	9	23	18	39
MSW	2	5	2	6
Transgender‡	0	0	0	0

* 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.

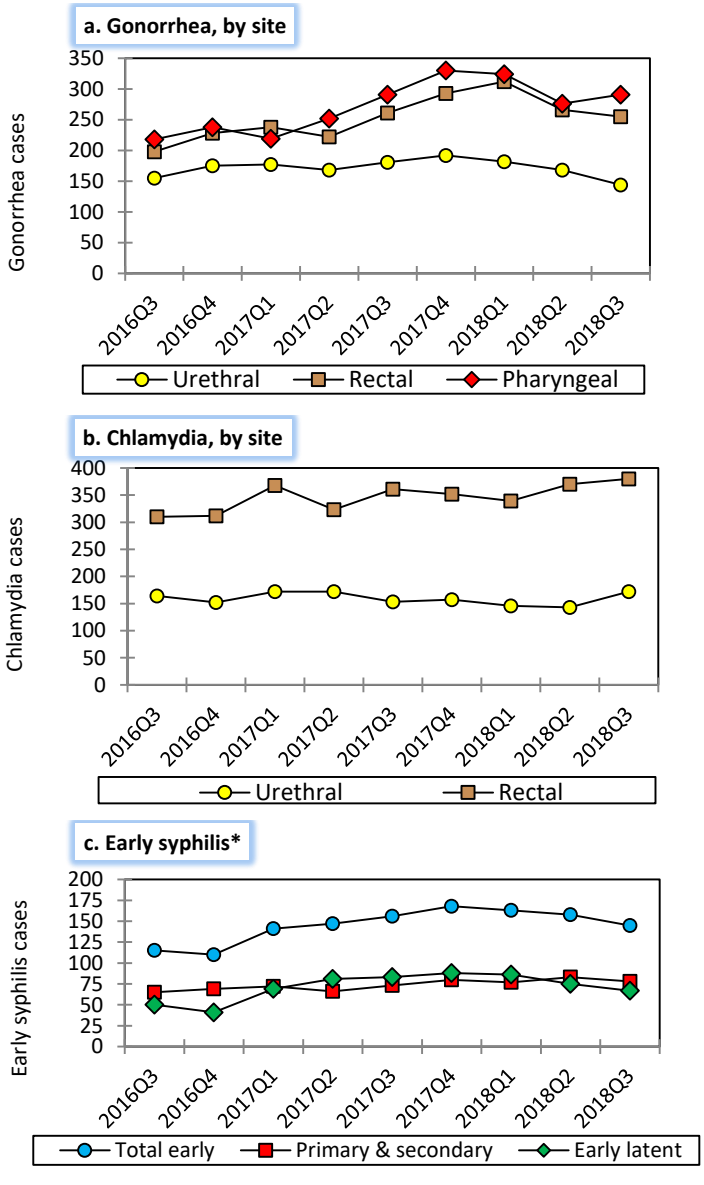
Trends in STD Morbidity

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



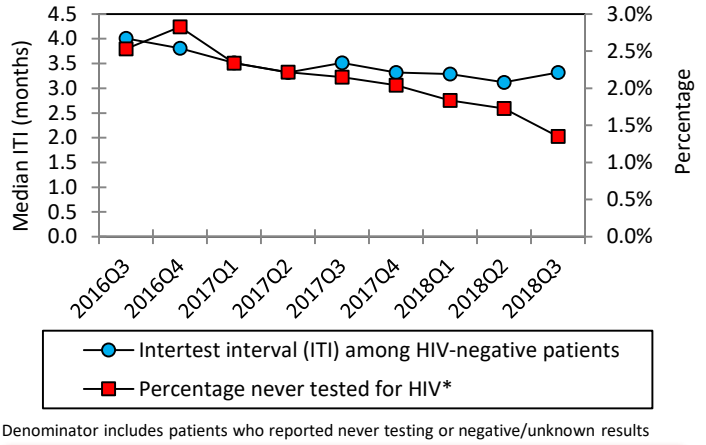
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM



* Includes primary, secondary, and early latent syphilis cases

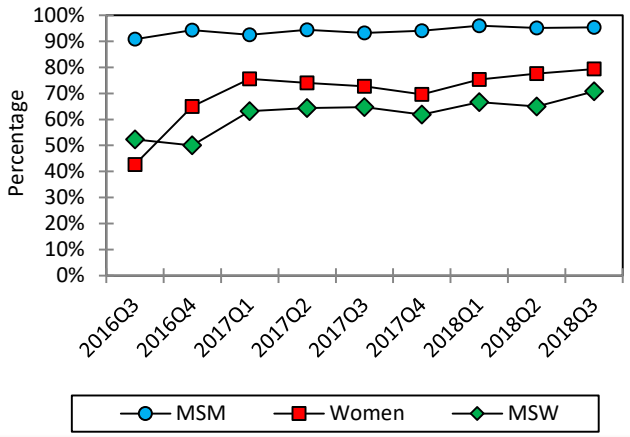
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

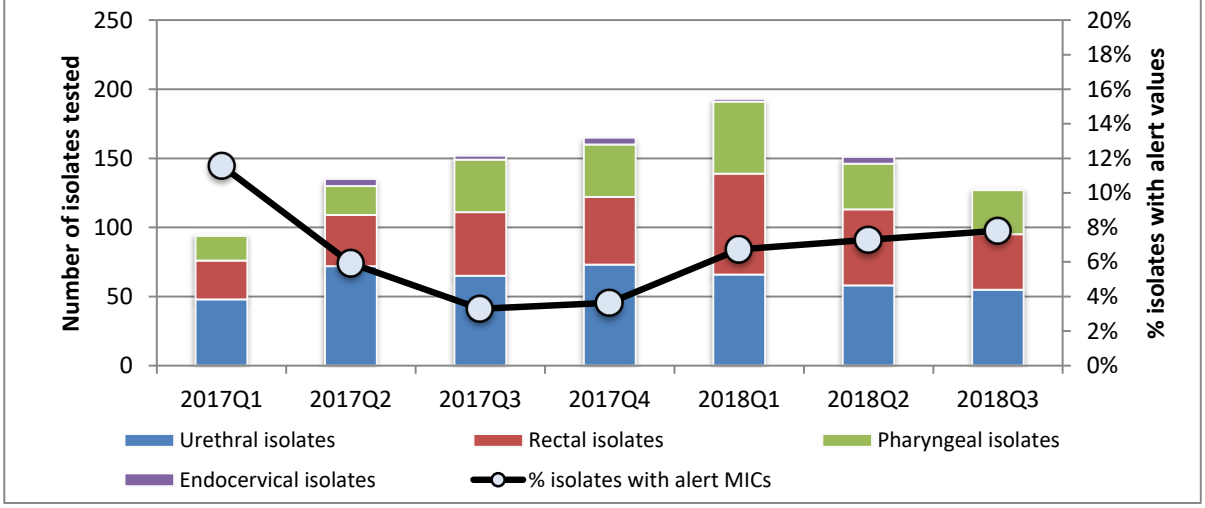
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM[a].

Figure 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[b] 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: SURRG isolates with alert values for cephalosporins (ceph) or azithromycin (azi)

	2018Q3		YTD	
Unique cases tested*	117		423	
MSM	93		345	
MSW	20		55	
Women	2		15	
Transgender	2		5	
Alert cases and % of cases with alert MICs	**Azi N (%)**	**Ceph N (%)**	**Azi N (%)**	**Ceph N (%)**
Unique alert cases*	8 (7)	1 (1)	28 (7)	3 (1)
MSM	8 (9)	1 (1)	27 (8)	3 (1)
MSW	0 (0)	0 (0)	0 (0)	1 (2)
Women	0 (0)	0 (0)	1 (7)	0 (0)
Transgender	0 (0)	0 (0)	0 (0)	0 (0)

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

Footnotes and Abbreviations:

MSM = Men who have sex with men
MSW = Men who have sex with women
[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]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
[c]Alert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml