

**STD Case Counts**

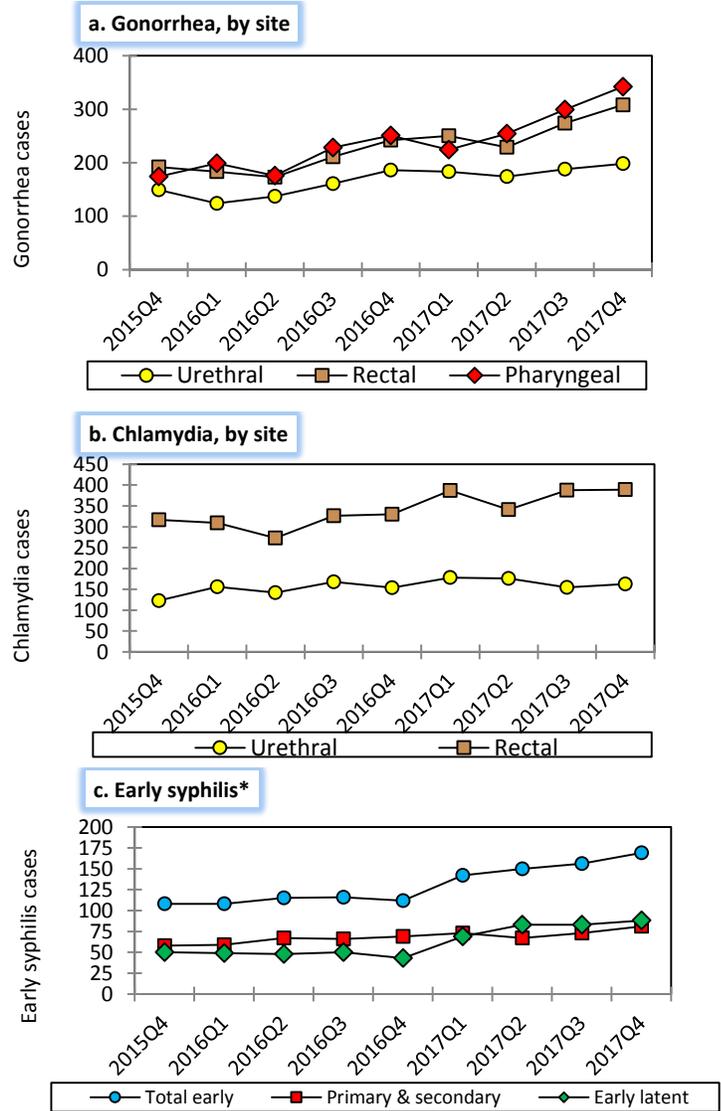
	2016		2017	
	2016Q4	YTD	2017Q4	YTD
Gonorrhea (GC)	923	3430	1198	4285
GC: MSM*	529	1821	650	2284
Urethral GC	186	608	198	743
Rectal GC	242	809	308	1061
Pharyngeal GC	251	854	342	1119
GC: Women <sup>^</sup>	193	814	255	995
GC: MSW <sup>^†</sup>	139	541	197	714
Chlamydia (CT)	2488	9535	2462	9972
CT: MSM	495	1911	546	2227
Urethral CT	154	620	163	672
Rectal CT	330	1238	389	1505
CT: Women <sup>^</sup>	1363	5224	1273	5318
CT: MSW <sup>^</sup>	435	1663	412	1666
Syphilis <sup>‡</sup>	169	684	228	884
Primary and secondary	77	299	90	327
Early latent	48	213	91	341
Late + unk duration	44	172	47	216
Early syphilis: MSM	112	451	169	617
Early syphilis: Women	5	17	2	7
E syphilis: MSW	4	20	5	19
Congenital syphilis	0	0	0	0

	2016		2017	
	2016Q3	YTD	2017Q3	YTD
Total <sup>^</sup>	56	169	64	171
MSM	35	111	39	105
Women	15	28	13	38
MSW	2	12	5	10
Transgender**	0	1	1	1

\* Data shown for prior quarter due to reporting delay  
<sup>^</sup> Column may not equal total due to missing sexual preference data  
<sup>\*\*</sup> 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

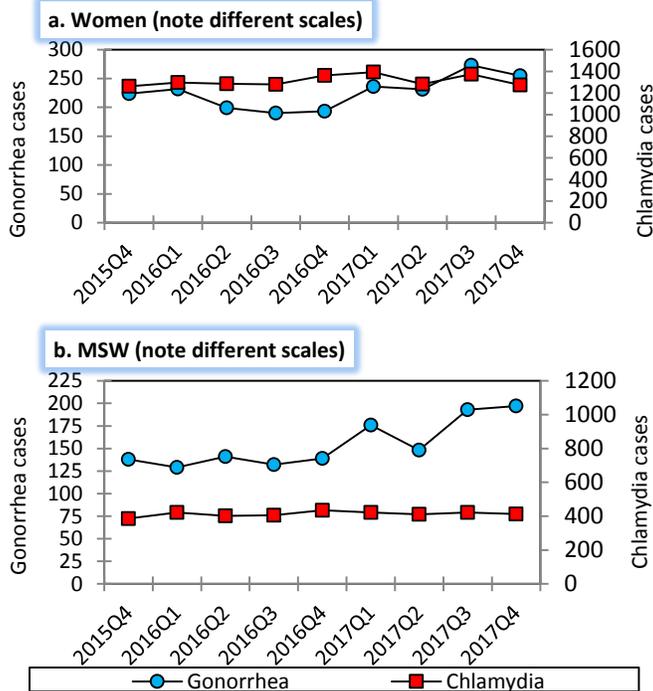
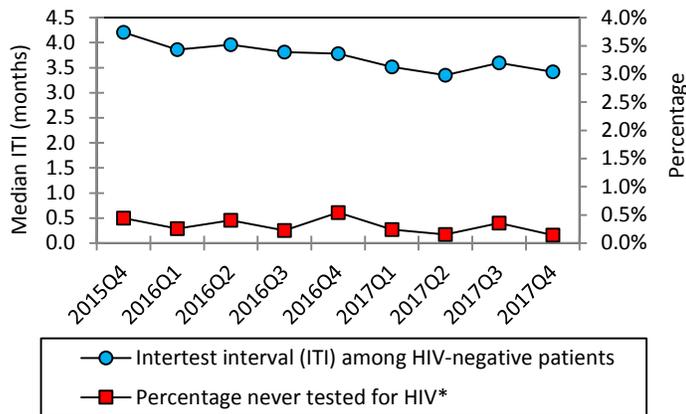


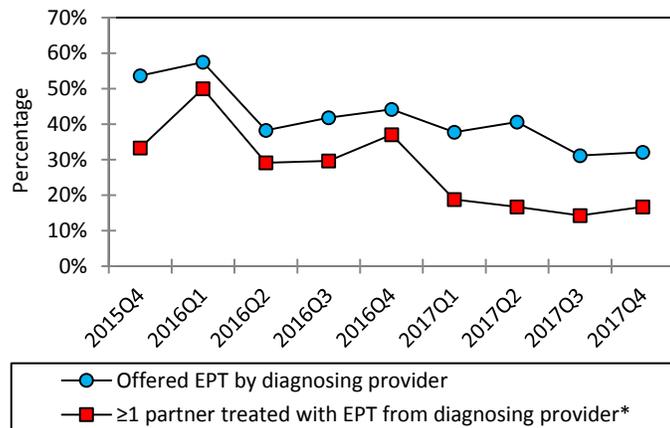
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



\* 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<sup>a</sup>.

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.

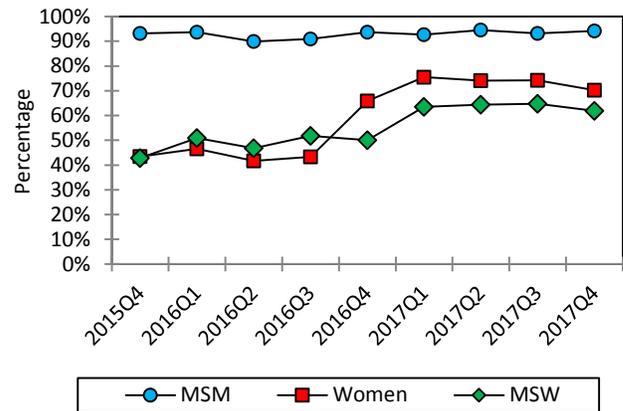
**Footnotes:**

<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

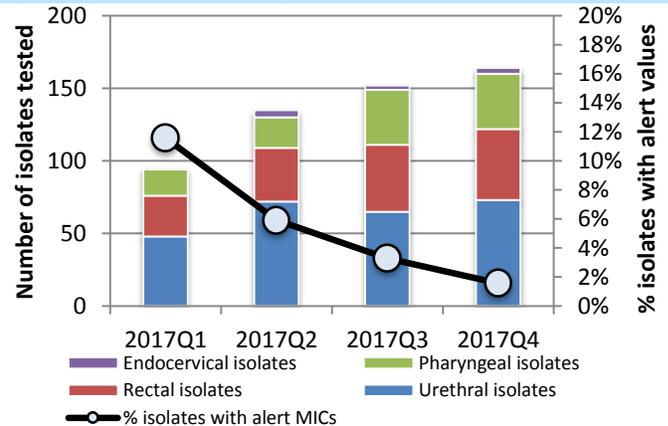
<sup>c</sup>Alert values:  
Ceftriaxone MIC ≥ 0.125 µg/ml  
Cefixime MIC ≥ 0.25 µg/ml  
Azithromycin MIC ≥ 2.0 µg/ml

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 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 antibiotic but may not represent resistance.

Table 3: SURRG isolates with alert values for cephalosporins or azithromycin

	2017Q3		YTD	
<b>Unique cases tested</b>	148		494	
MSM	114		392	
MSW	29		83	
Women	5		15	
Transgender	0		4	
	Azi	Ceph	Azi	Ceph
<b>Total alert isolates*</b>	5	0	27	0
MSM	5	0	23	0
MSW	0	0	3	0
Women	0	0	1	0
Transgender	0	0	0	0

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