

STD Case Counts

	2015		2016	
	2015Q1	YTD	2016Q1	YTD
Gonorrhea (GC)	664	664	848	848
GC: MSM*	322	322	419	419
Urethral GC	118	118	123	123
Rectal GC	137	137	182	182
Pharyngeal GC	140	140	198	198
GC: Women^	188	188	232	232
GC: MSW^†	120	120	130	130
Chlamydia (CT)	2052	2052	2393	2393
CT: MSM	373	373	483	483
Urethral CT	112	112	153	153
Rectal CT	237	237	311	311
CT: Women^	1151	1151	1297	1297
CT: MSW^	360	360	422	422
Syphilis‡	147	147	148	148
Primary and secondary	51	51	63	63
Early latent	44	44	50	50
Late + unk duration	52	52	35	35
Early syphilis: MSM	88	88	100	100
Early syphilis: Women	1	1	4	4
E syphilis: MSW	1	1	3	3
Congenital syphilis	0	0	0	0

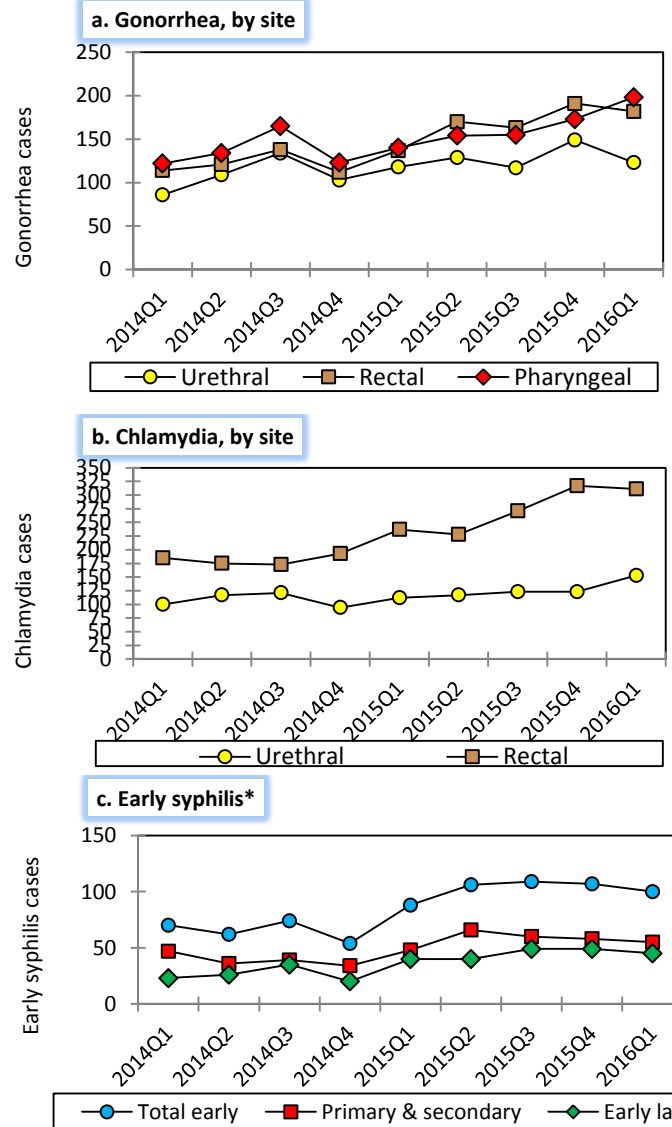
§ 5 cases of GC, CT & syphilis reported in transgender persons in YTD 2016
* Men who have sex with men ^ Genital tract infection
† Men who have sex with women ‡ Total cases (all stages)

	2014		2015	
	2014Q4	YTD	2015Q4	YTD
Total^	51	272	60	237
MSM	35	186	38	160
Women	6	39	11	31
MSW	1	11	6	17
Transgender**	1	4	0	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



* Includes primary, secondary, and early latent syphilis cases

Trends in STD Morbidity

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

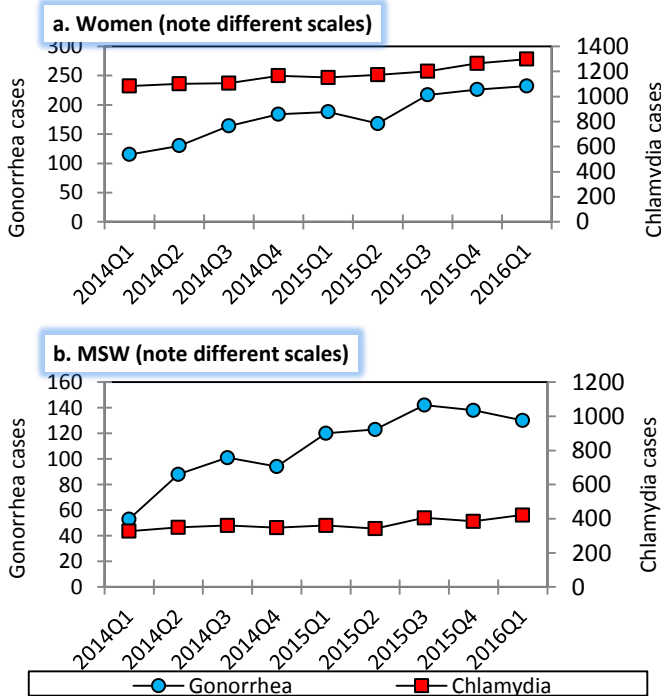
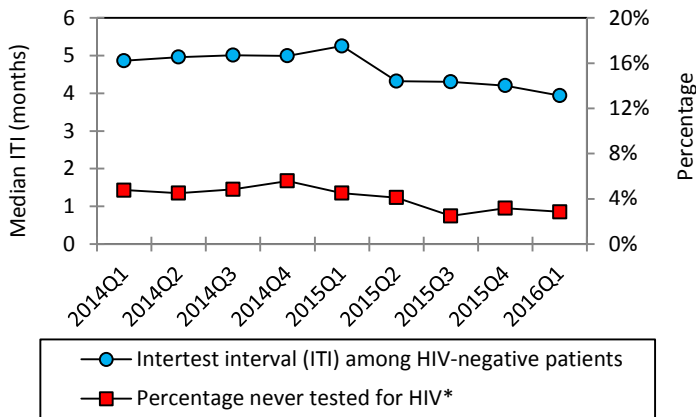
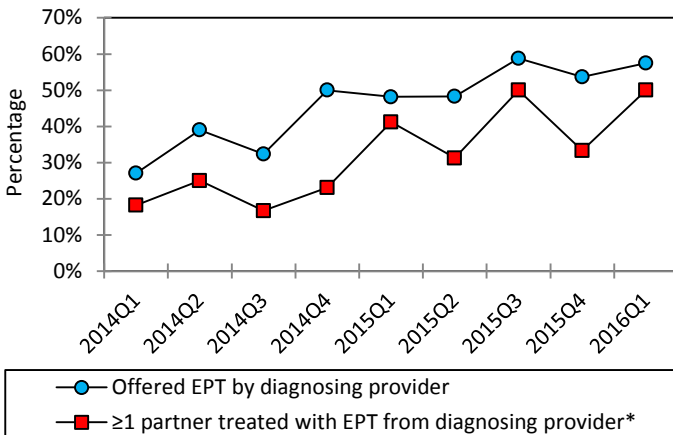


Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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.

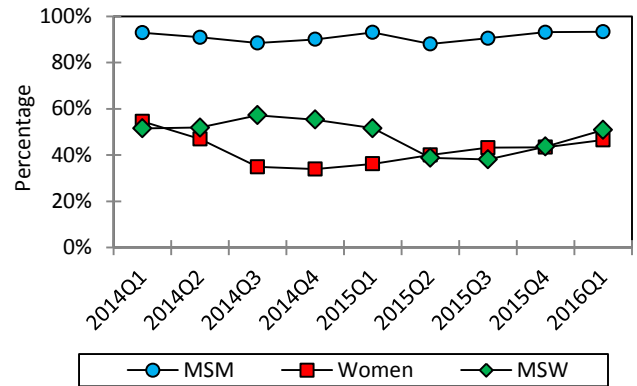
Footnotes:

^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

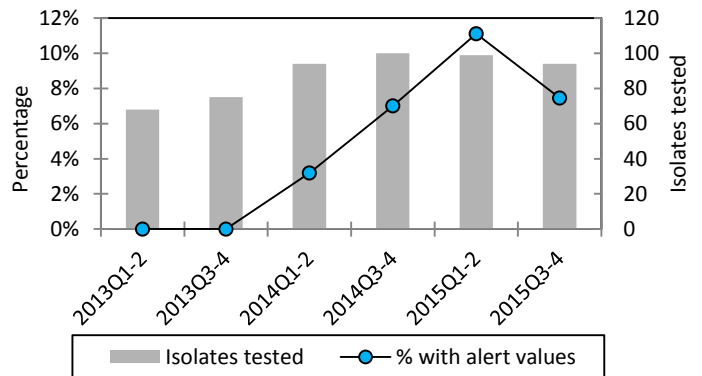
^cAlert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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	
	2015Q1	YTD	2016Q1	YTD
Total isolates tested*	48	48	51	51
MSM	41	41	35	35
MSW	7	7	4	4
Total alert isolates*	4	4	7	7
MSM - ceph	1	1	5	5
MSM - azi	3	3	1	1
MSW - ceph	0	0	0	0
MSW - azi	0	0	0	0

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

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