

STD Case Counts

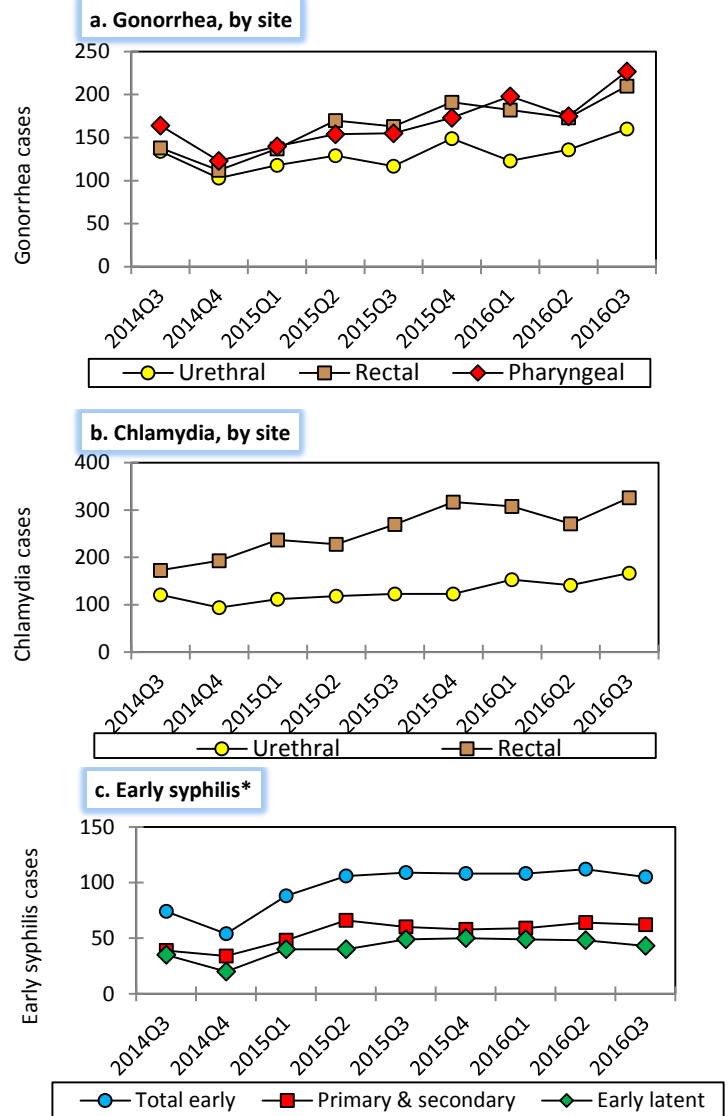
	2015		2016	
	2015Q3	YTD	2016Q3	YTD
Gonorrhea (GC)	790	2133	868	2503
GC: MSM*	359	1034	478	1286
Urethral GC	117	364	160	419
Rectal GC	163	470	210	565
Pharyngeal GC	155	449	227	600
GC: Women [^]	217	573	191	624
GC: MSW ^{^†}	142	385	131	401
Chlamydia (CT)	2179	6263	2361	7037
CT: MSM	412	1140	509	1409
Urethral CT	123	353	167	461
Rectal CT	270	735	326	905
CT: Women [^]	1201	3526	1278	3859
CT: MSW [^]	405	1108	406	1228
Syphilis [‡]	158	458	164	499
Primary and secondary	67	194	75	216
Early latent	51	137	52	160
Late + unk duration	40	126	37	123
Early syphilis: MSM	109	303	105	325
Early syphilis: Women	2	5	4	12
E syphilis: MSW	2	9	8	16
Congenital syphilis	0	1	0	0

	2015		2016	
	2015Q2	YTD	2016Q2	YTD
Total [^]	57	119	53	110
MSM	38	78	33	75
Women	9	18	6	10
MSW	4	10	4	10
Transgender**	1	1	1	1

* 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

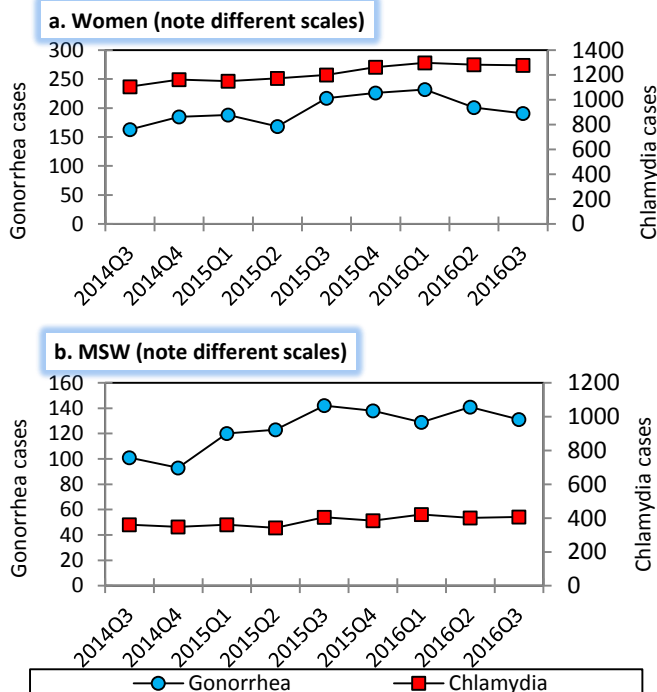
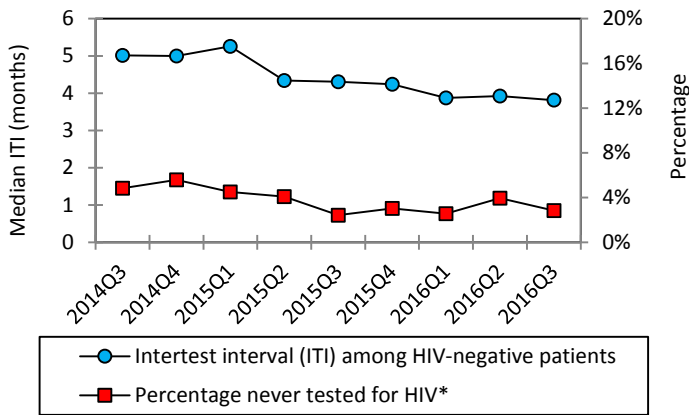
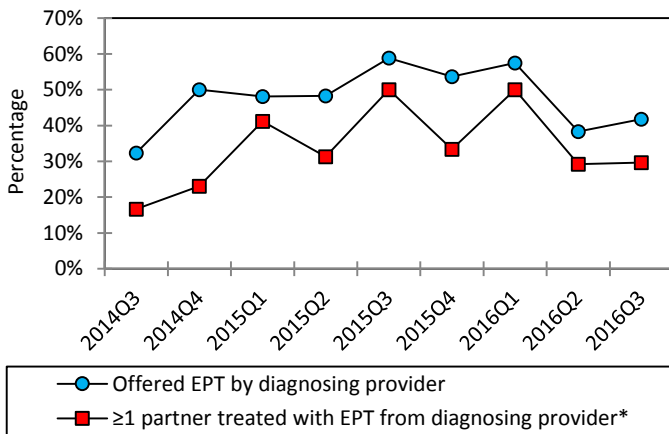


Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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.

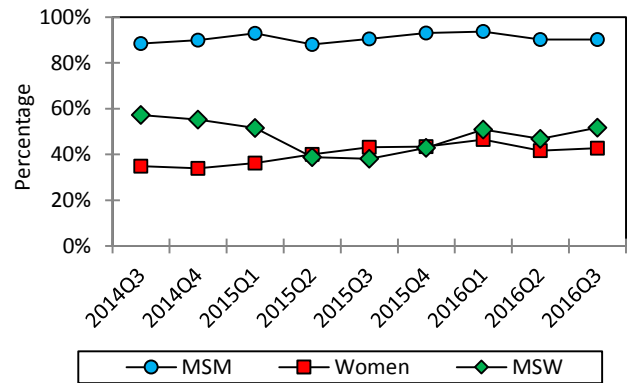
Footnotes:

^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

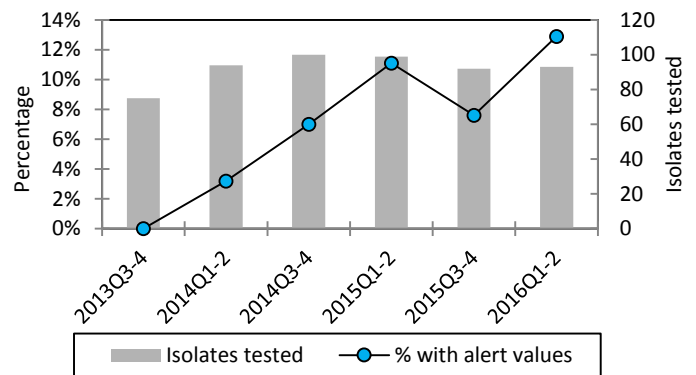
^cAlert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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	
	2015Q3	YTD	2016Q3	YTD
Total isolates tested*	37	136	41	134
MSM	25	106	29	98
MSW	12	28	12	35
Total alert isolates*	2	13	5	17
MSM - ceph	2	6	1	8
MSM - azi	0	6	4	7
MSW - ceph	0	0	0	0
MSW - azi	0	0	2	2

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

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