

STD Case Counts

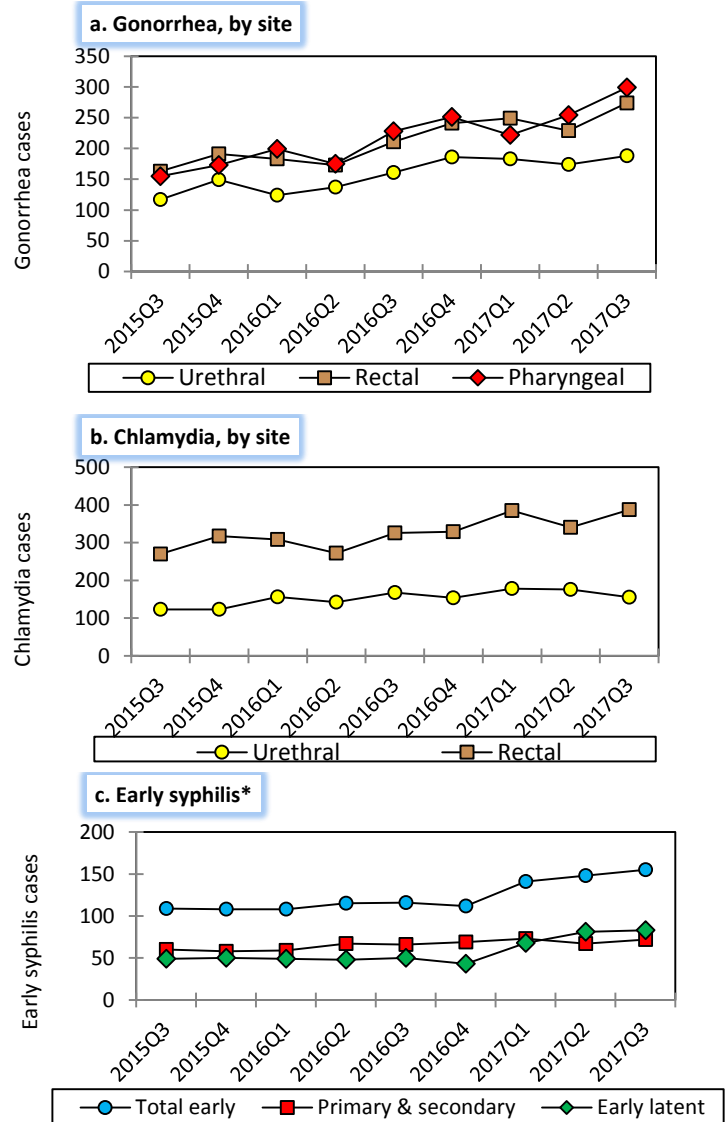
	2016		2017	
	2016Q3	YTD	2017Q3	YTD
Gonorrhea (GC)	869	2507	1152	3084
GC: MSM*	480	1291	591	1631
Urethral GC	161	422	188	545
Rectal GC	211	567	274	752
Pharyngeal GC	228	602	299	775
GC: Women [^]	190	622	273	742
GC: MSW ^{^†}	132	402	193	516
Chlamydia (CT)	2363	7045	2571	7507
CT: MSM	510	1414	560	1677
Urethral CT	168	466	155	509
Rectal CT	326	906	387	1112
CT: Women [^]	1279	3860	1371	4046
CT: MSW [^]	406	1229	421	1252
Syphilis [‡]	178	515	212	651
Primary and secondary	78	222	81	236
Early latent	57	165	87	247
Late + unk duration	43	128	44	168
Early syphilis: MSM	116	339	155	444
Early syphilis: Women	4	12	0	5
E syphilis: MSW	8	16	7	14
Congenital syphilis	0	0	0	0

	2016		2017	
	2016Q2	YTD	2017Q2	YTD
Total [^]	53	113	56	107
MSM	32	76	39	65
Women	8	13	10	25
MSW	4	10	0	3
Transgender**	1	1	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 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

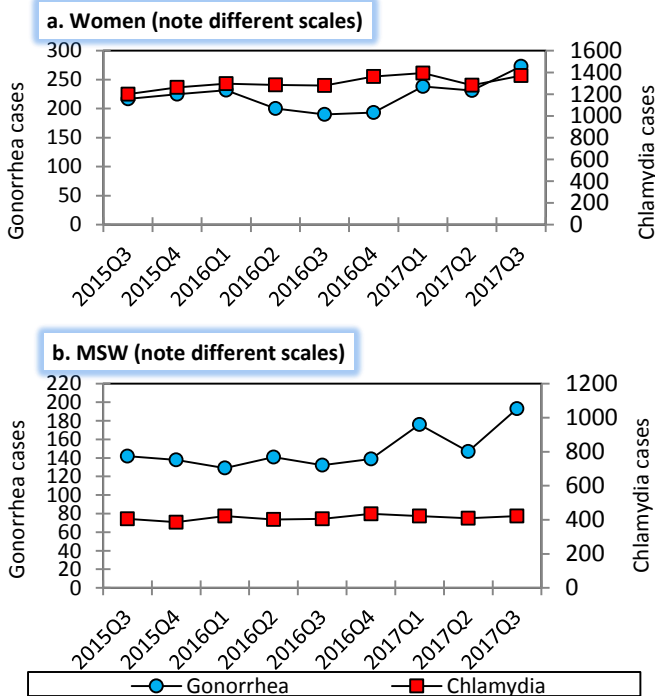
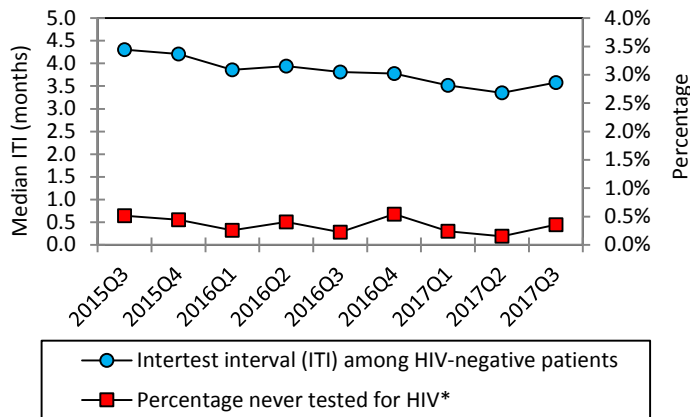


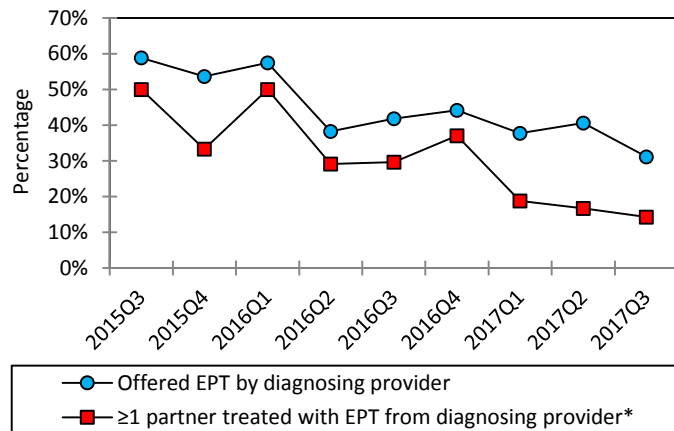
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* 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^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.

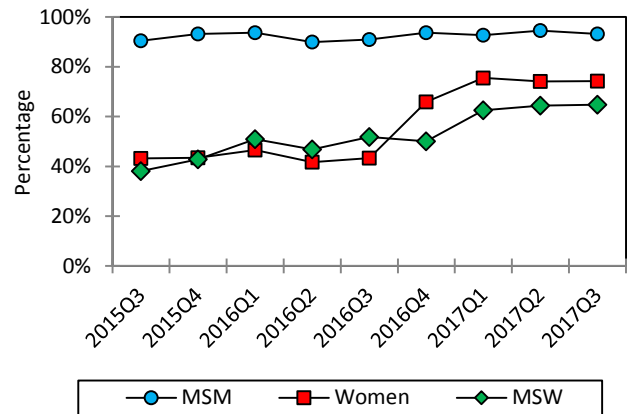
Footnotes:

^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

^bStrengthening the U.S. Response to Resistant Gonorrhea Surveillance (SURRG), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

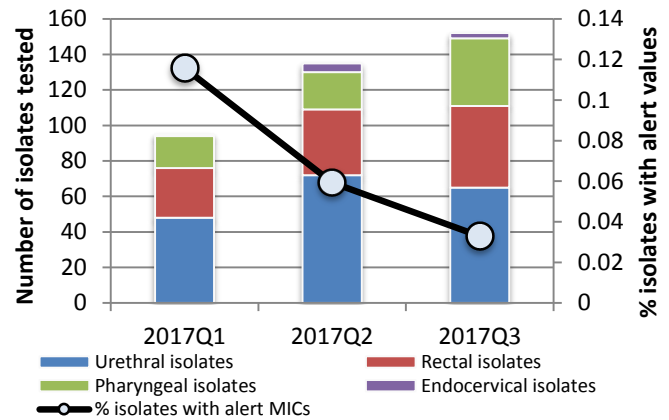
^cAlert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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 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 antibiotic but may not represent resistance.

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

	2017Q3		YTD	
Unique cases tested	135		345	
MSM	111		279	
MSW	19		52	
Women	4		10	
Transgender	1		4	
	Azi	Ceph	Azi	Ceph
Total alert isolates*	4	0	22	0
MSM	3	0	18	0
MSW	0	0	3	0
Women	1	0	1	0
Transgender	0	0	0	0

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