

STD Case Counts

Table 1: King County STD morbidity

	2017		2018	
	2017Q4	YTD	2018Q4	YTD
Gonorrhea (GC)*	1170	4182	1133	4438
GC: MSM	626	2206	575	2321
Urethral GC	192	718	158	652
Rectal GC	293	1014	273	1106
Pharyngeal GC	330	1092	302	1193
GC: Women^	246	948	246	953
GC: MSW^	194	701	201	732
GC: Transgender	6	32	8	35
Chlamydia (CT)*	2438	9801	2655	10479
CT: MSM	504	2106	485	2051
Urethral CT	157	654	149	610
Rectal CT	352	1404	328	1417
CT: Women^	1265	5226	1345	5219
CT: MSW^	410	1640	342	1387
CT: Transgender	7	33	10	39
Total Syphilis (all stages)*	227	877	241	922
Primary and secondary	89	324	109	399
Early latent	92	340	79	334
Late + unk duration	46	213	53	189
Early syphilis: MSM	168	612	165	631
Early syphilis: Women	2	7	8	29
Early syphilis: MSW	5	19	7	36
Early syphilis: Transgender	0	0	2	8
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	
	2017Q3	YTD	2018Q3	YTD
Total†	60	162	71	222
MSM	38	100	33	111
Women	14	37	24	63
MSW	3	8	2	8
Transgender‡	1	1	1	1

* Data shown for prior quarter due to reporting delay.

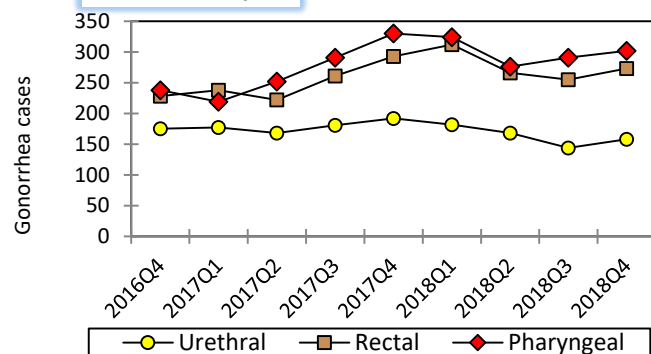
† Column may not equal total due to missing sexual preference data.

‡ Transgender identity relies on review of information documented in medical records and obtained through Partner Services Interviews. Data presented here are a potential undercount.

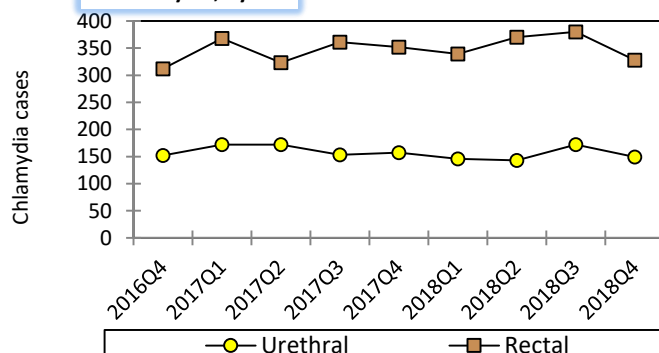
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM

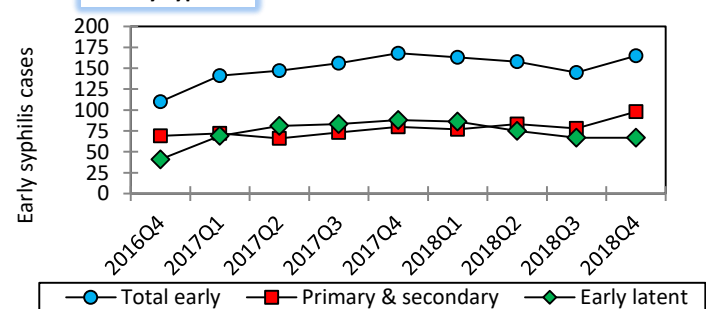
a. Gonorrhea, by site



b. Chlamydia, by site



c. Early syphilis*

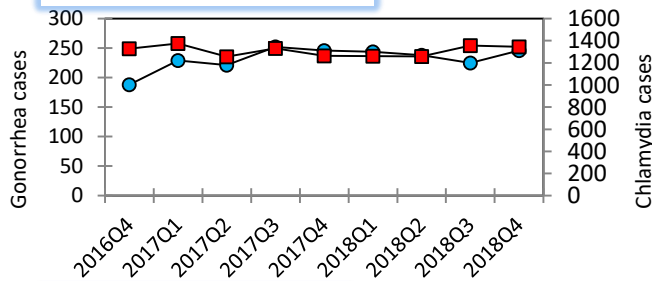


* Includes primary, secondary, and early latent syphilis cases

Trends in STD Morbidity

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

a. Women (note different scales)



b. MSW (note different scales)

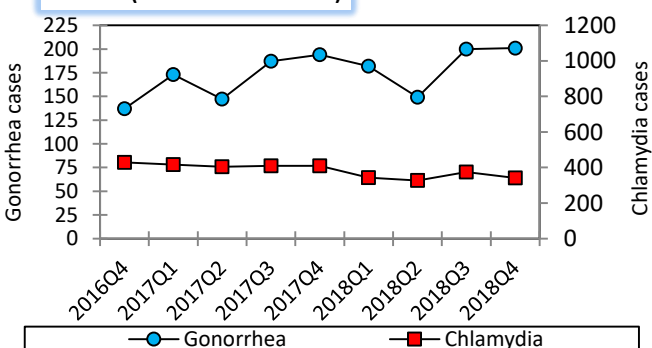
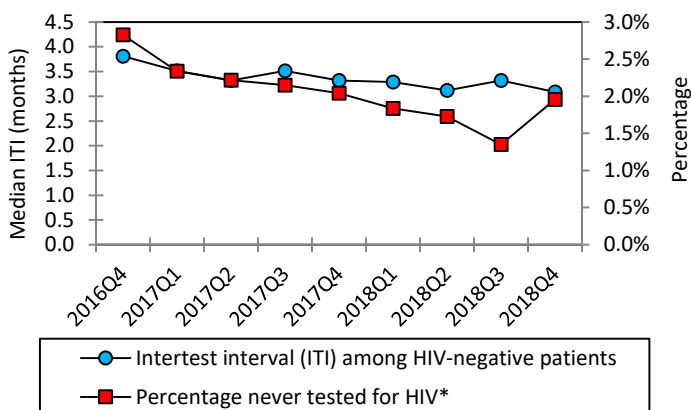


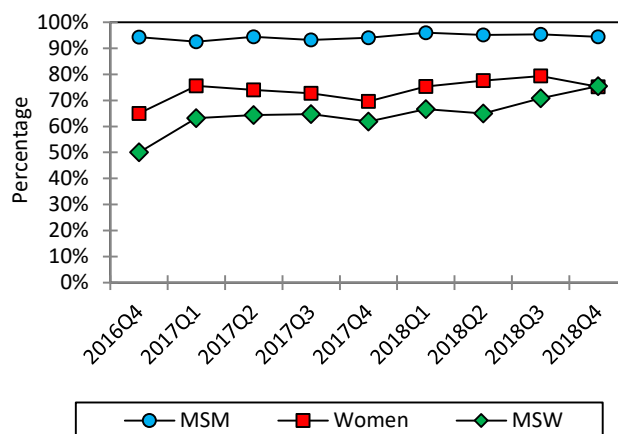
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

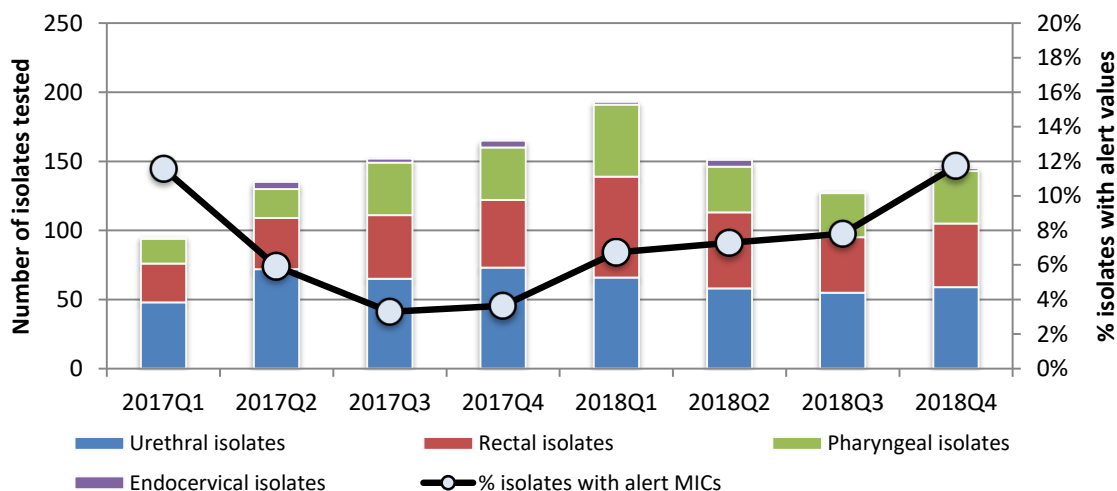
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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 antibiotic but may not represent resistance.

Footnotes and Abbreviations:

MSM = Men who have sex with men

MSW = Men who have sex with women

^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

Table 3: SURRG isolates with alert values for cephalosporins (ceph) or azithromycin (azi)

	2018Q4		YTD	
Unique cases tested*	130		553	
MSM	103		448	
MSW	19		74	
Women	5		20	
Transgender	1		6	
Alert cases and % of cases with alert MICs	Azi	Ceph	Azi	Ceph
	N (%)	N (%)	N (%)	N (%)
Unique alert cases*	13 (10)	1 (1)	41 (7)	4 (1)
MSM	13 (13)	1 (1)	40 (9)	3 (1)
MSW	0 (0)	0 (0)	0 (0)	1 (1)
Women	0 (0)	0 (0)	1 (5)	0 (0)
Transgender	0 (0)	0 (0)	0 (0)	0 (0)

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