

STD Case Counts

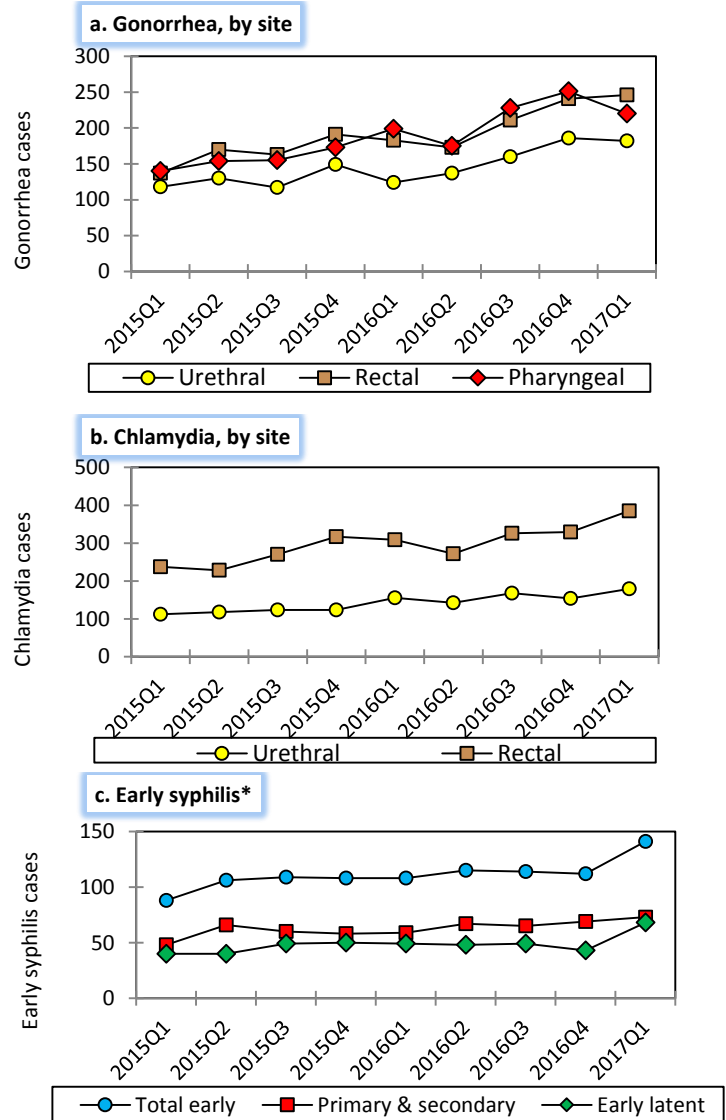
	2016		2017	
	2016Q1	YTD	2017Q1	YTD
Gonorrhea (GC)	847	847	969	969
GC: MSM*	421	421	502	502
Urethral GC	124	124	182	182
Rectal GC	183	183	246	246
Pharyngeal GC	199	199	220	220
GC: Women [^]	232	232	237	237
GC: MSW [†]	129	129	176	176
Chlamydia (CT)	2391	2391	2551	2551
CT: MSM	482	482	582	582
Urethral CT	155	155	179	179
Rectal CT	309	309	385	385
CT: Women [^]	1298	1298	1394	1394
CT: MSW [^]	422	422	422	422
Syphilis [‡]	159	159	214	214
Primary and secondary	66	66	82	82
Early latent	54	54	74	74
Late + unk duration	39	39	58	58
Early syphilis: MSM	108	108	141	141
Early syphilis: Women	4	4	3	3
E syphilis: MSW	3	3	2	2
Congenital syphilis	0	0	0	0

	2015		2016	
	2015Q4	YTD	2016Q4	YTD
Total [^]	59	234	53	224
MSM	37	159	34	144
Women	11	31	11	39
MSW	6	17	1	14
Transgender**	0	2	1	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

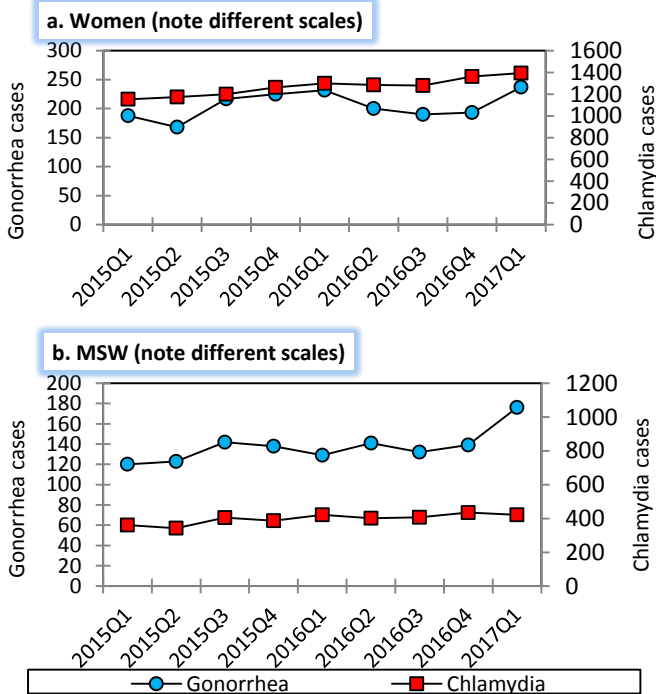
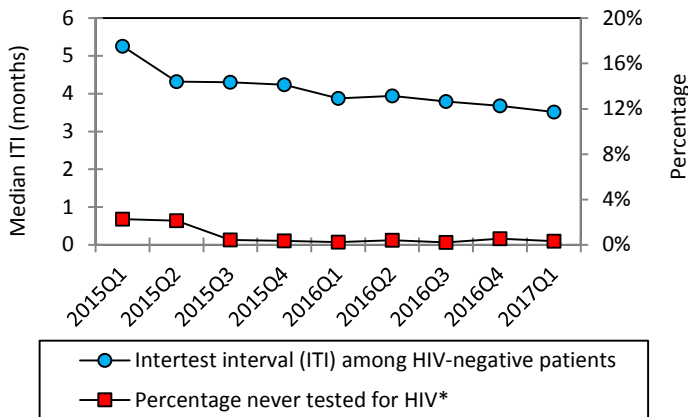


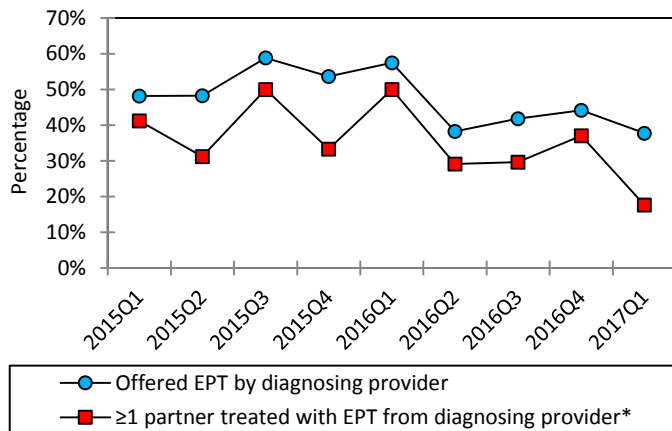
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* 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

^bGonococcal Isolate Surveillance Project (GISP), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

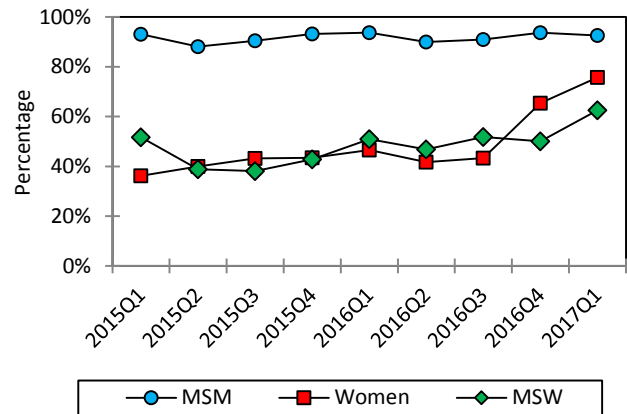
^cAlert values:

Ceftriaxone MIC ≥ 0.125 µg/ml

Cefixime MIC ≥ 0.25 µg/ml

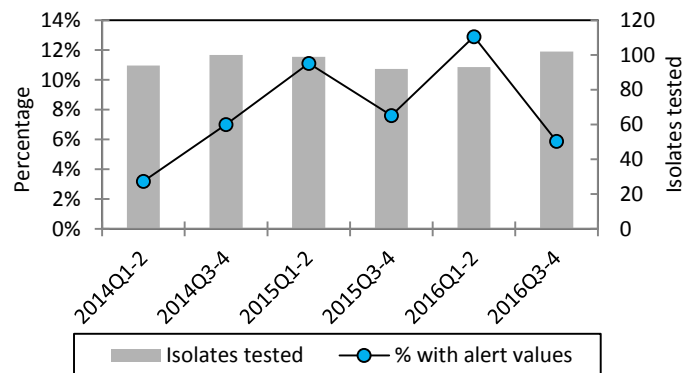
Azithromycin MIC ≥ 2.0 µg/ml

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

	2016		2017	
	2016Q1	YTD	2017Q1	YTD
Total isolates tested*	51	51	63	63
MSM	41	41	45	45
MSW	9	9	18	18
Total alert isolates*	7	7	4	4
MSM - ceph	6	6	0	0
MSM - azi	1	1	3	3
MSW - ceph	0	0	0	0
MSW - azi	0	0	1	1

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

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