

STD Case Counts

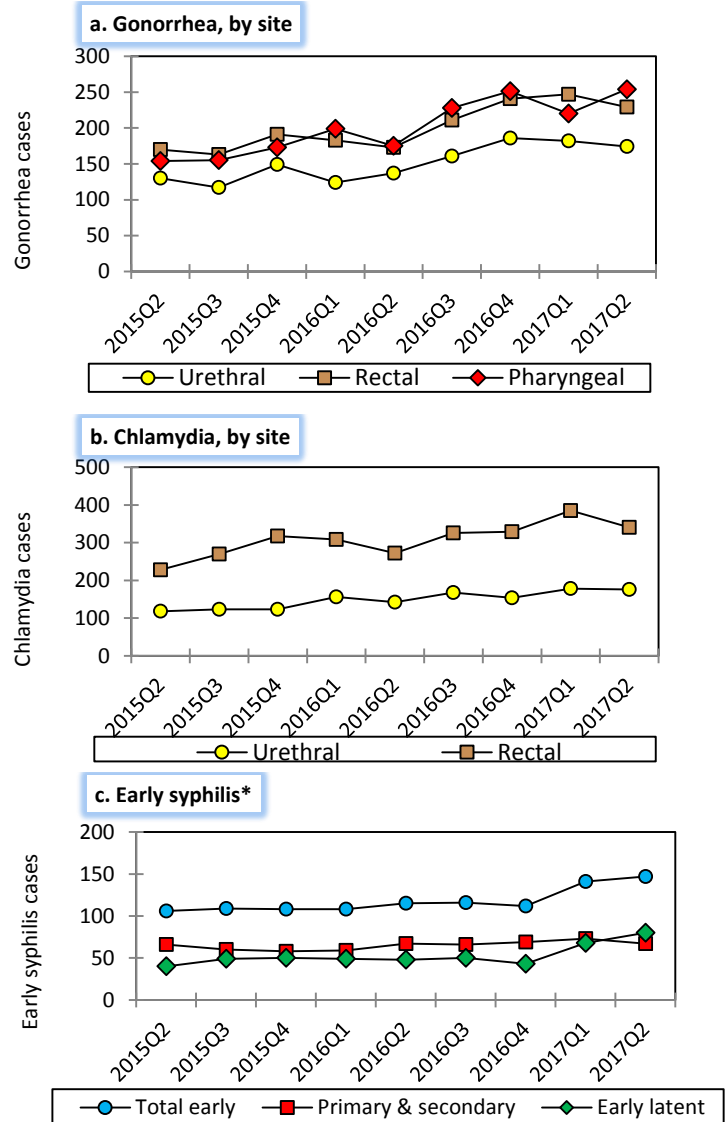
	2016		2017	
	2016Q2	YTD	2017Q2	YTD
Gonorrhea (GC)	791	1638	959	1929
GC: MSM*	390	811	535	1038
Urethral GC	137	261	174	356
Rectal GC	173	356	229	476
Pharyngeal GC	175	374	254	474
GC: Women [^]	200	432	231	468
GC: MSW ^{^†}	141	270	147	323
Chlamydia (CT)	2292	4682	2386	4935
CT: MSM	422	904	536	1117
Urethral CT	142	298	176	354
Rectal CT	272	580	340	725
CT: Women [^]	1284	2581	1281	2674
CT: MSW [^]	401	823	409	831
Syphilis [‡]	178	337	224	437
Primary and secondary	78	144	72	154
Early latent	54	108	87	160
Late + unk duration	46	85	65	123
Early syphilis: MSM	115	223	147	288
Early syphilis: Women	4	8	2	4
E syphilis: MSW	5	8	5	7
Congenital syphilis	0	0	0	0

	2016		2017	
	2016Q1	YTD	2017Q1	YTD
Total [^]	59	59	52	52
MSM	43	43	27	27
Women	5	5	15	15
MSW	6	6	3	3
Transgender**	0	0	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

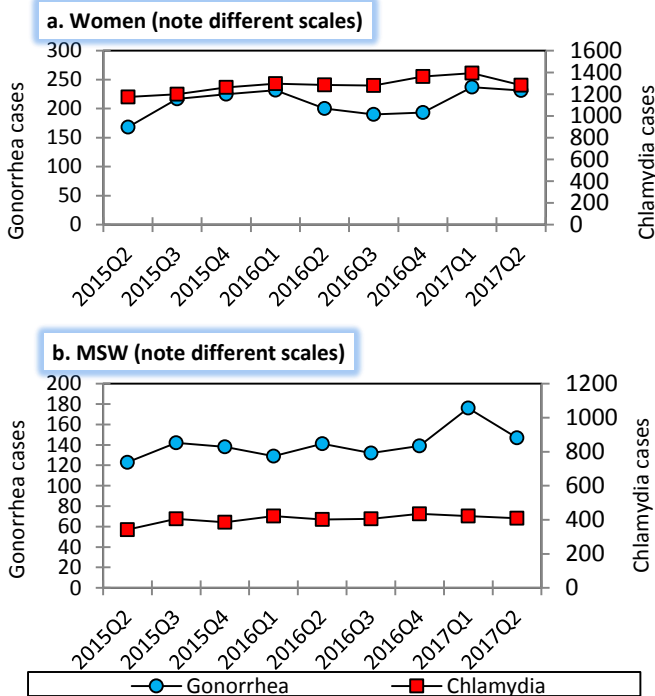
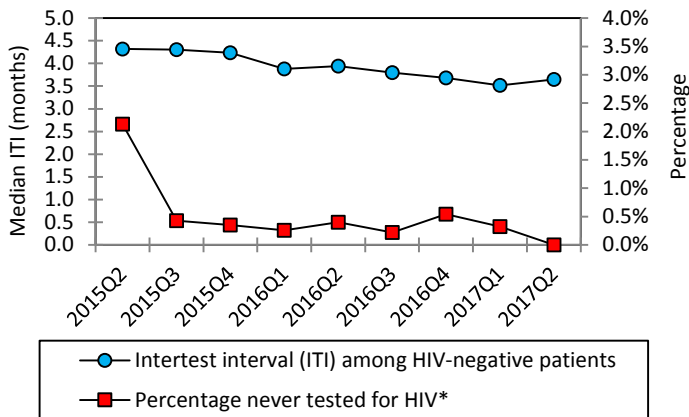


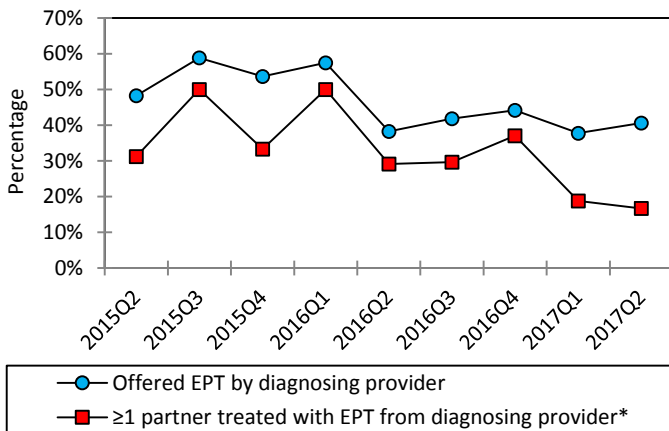
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



* 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.

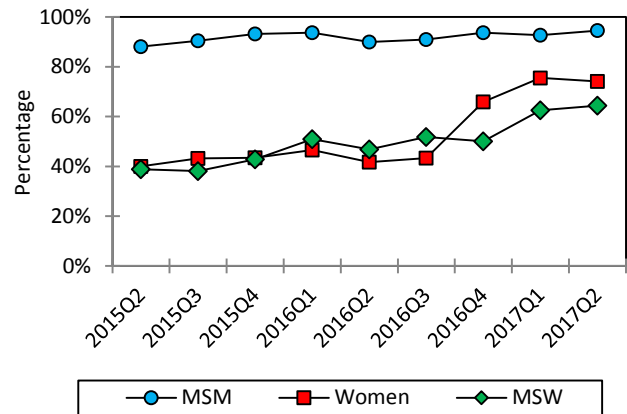
Footnotes:

^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

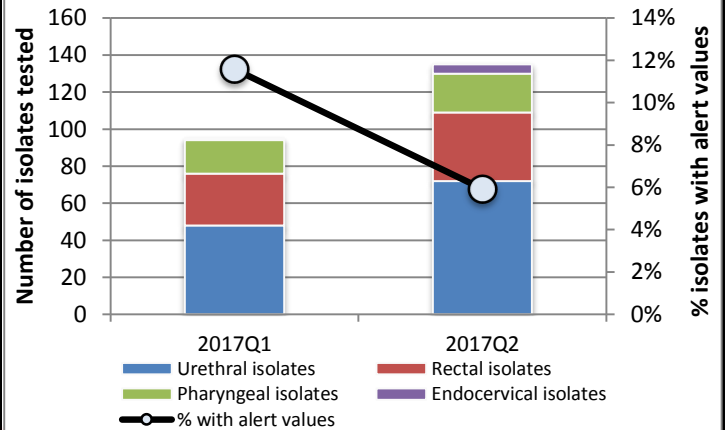
^cAlert values:
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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

	2017Q2		YTD	
Total isolates tested*	135		230	
MSM	106		184	
MSW	19		33	
Women	8		10	
Transgender	2		3	
	Azi	Ceph	Azi	Ceph
Total alert isolates*	8	0	19	0
MSM	6	0	16	0
MSW	2	0	3	0
Women	0	0	0	0
Transgender	0	0	0	0

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