

STD Case Counts

Table 1: King County STD morbidity

	2018		2019	
	2018Q3	YTD	2019Q3	YTD
Gonorrhea (GC)*	1079	3305	1261	3462
GC: MSM	538	1748	682	1839
Urethral GC	144	493	168	490
Rectal GC	256	834	321	860
Pharyngeal GC	292	894	365	978
GC: Women^	225	705	274	780
GC: MSW^	200	531	201	559
GC: Transgender‡	10	27	8	25
Chlamydia (CT)*	2799	7824	2675	7651
CT: Men	1435	3916	1349	3764
CT: Women	1355	3873	1315	3850
CT: Transgender‡	8	29	8	25
Total Syphilis (all stages)*	221	682	234	774
Primary and secondary	100	291	69	265
Early latent	77	255	110	310
Late + unk duration	44	136	52	196
Early syphilis: MSM	145	466	154	493
Early syphilis: Women	11	22	7	20
Early syphilis: MSW	9	29	8	29
Early syphilis: Transgender	1	6	1	6
Congenital syphilis	0	0	3	3

\*Column may not equal total due to missing gender or sexual preference data.  
^ Genital tract infection  
‡ Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

Table 2: King County newly diagnosed HIV cases\*

	2018		2019	
	2018Q2	YTD	2019Q2	YTD
Total†	69	150	65	126
MSM	32	79	38	77
Women	19	40	13	23
MSW	2	6	2	4
Transgender‡	0	0	2	4

\* 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

Trends in STD Morbidity

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

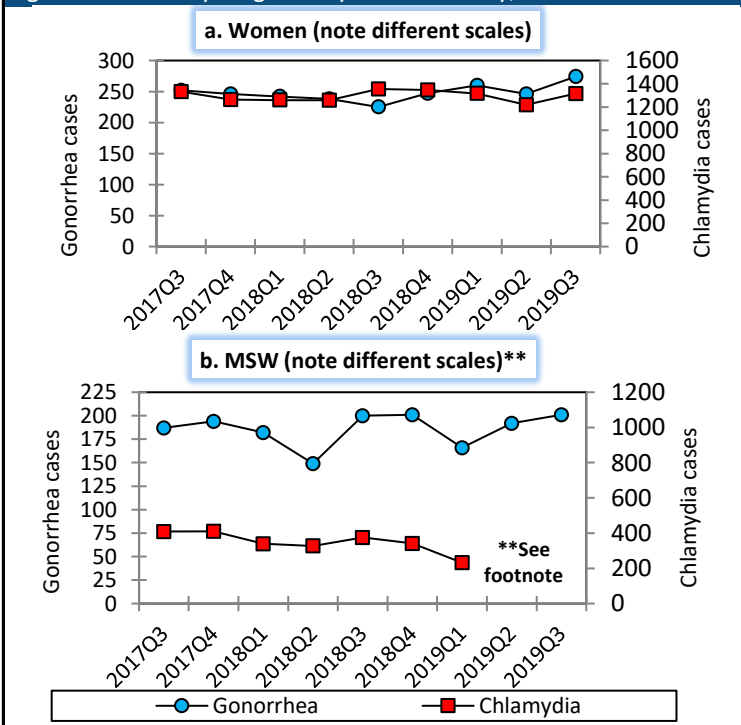


Figure 2: Quarterly King County STD morbidity among MSM

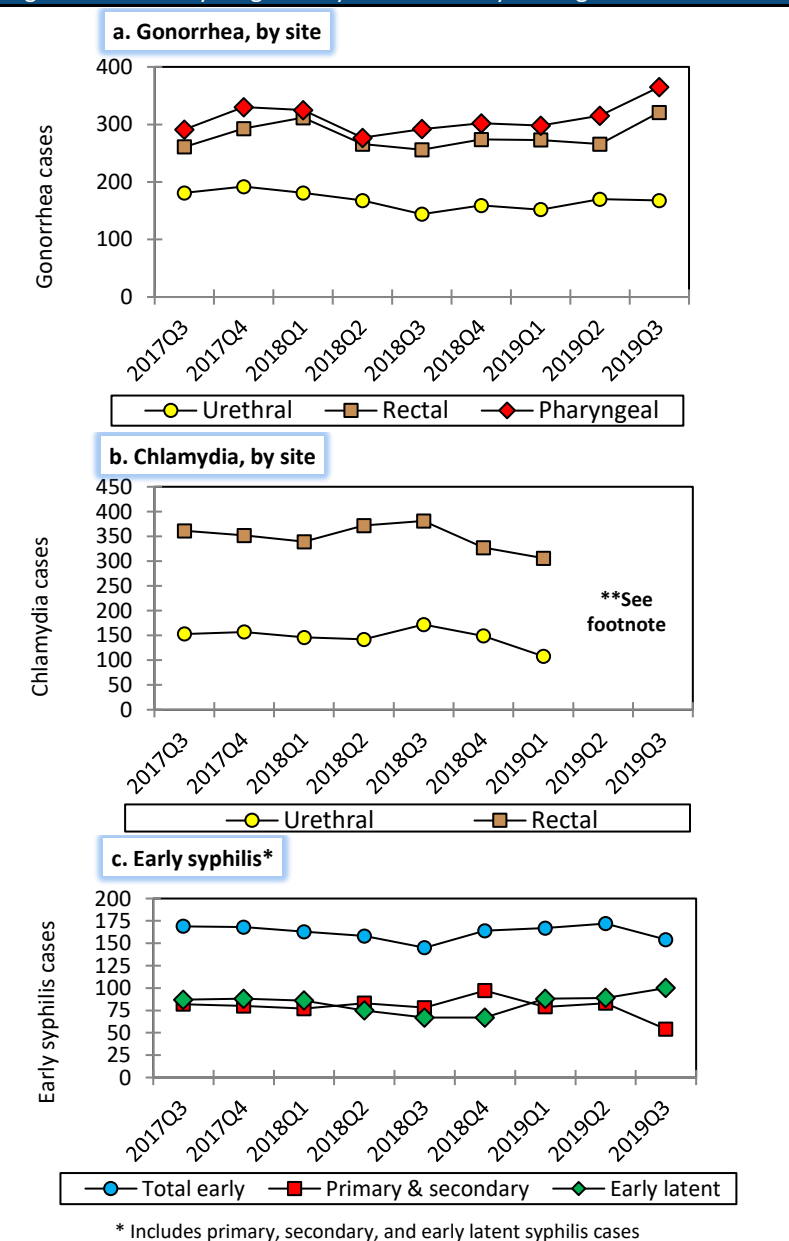
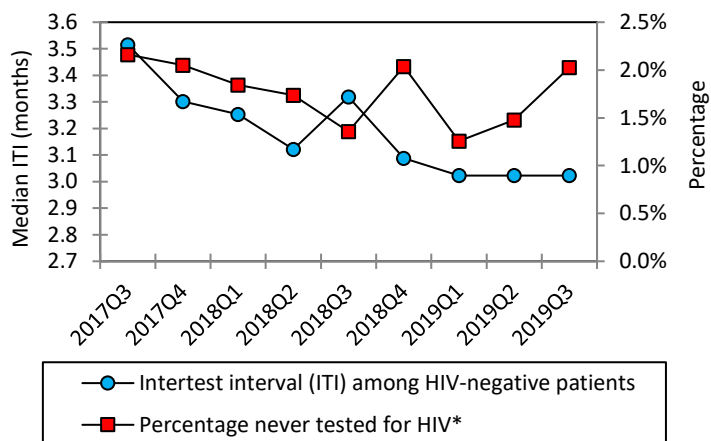


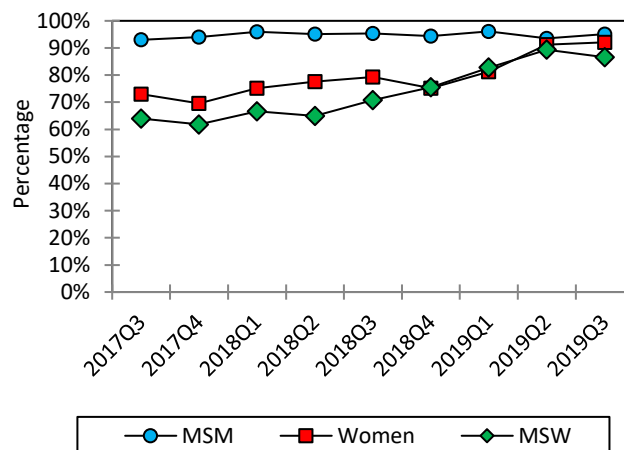
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

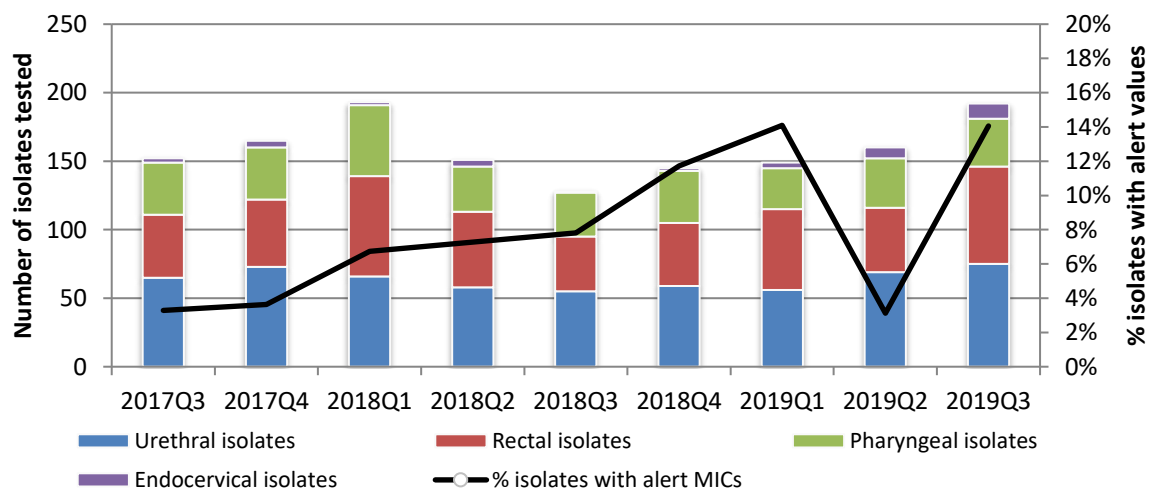
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM<sup>a</sup>.

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<sup>b</sup> 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<sup>c</sup>. Alert value MICs represent decreased susceptibility to an antibiotic but may not represent resistance.

**Footnotes and Abbreviations:**

\*\*Chlamydia case data on gender of sex partners and anatomic site of infection are incomplete for these time periods

MSM = Men who have sex with men

MSW = Men who have sex with women

<sup>a</sup>High-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

<sup>b</sup>SURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, supported by the Centers for Disease Control and Prevention

<sup>c</sup>Alert 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)

	2019Q3		YTD	
<b>Unique cases tested*</b>	170		434	
MSM	136		366	
MSW	22		54	
Women	10		22	
Transgender	2		2	
<b>Alert cases and % of cases with alert MICs</b>	<b>Azi N (%)</b>	<b>Ceph N (%)</b>	<b>Azi N (%)</b>	<b>Ceph N (%)</b>
<b>Unique alert cases*</b>	20 (12)	2 (1)	41 (9)	5 (1)
MSM	17 (13)	2 (1)	36 (10)	5 (1)
MSW	1 (5)	0 (0)	3 (6)	0 (0)
Women	0 (0)	0 (0)	0 (0)	0 (0)
Transgender	2 (100)	0 (0)	2 (100)	0 (0)

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