2020 STI Surveillance Data and COVID-19
STI case numbers in 2020 may be affected by the COVID-19 pandemic. The first stay at home orders for King County were issued near the end of quarter 1 and any observed decreases in STIs maybe be from changes in STI screening and/or changes in sexual behavior during the pandemic.

STI Case Counts

Table 1: King County STI morbidity

	2019		2020	
	2019Q3	YTD	2020Q3	YTD
Gonorrhea (GC)*	1261	3462	1220	3193
GC: MSM	682	1838	391	1117
Urethral GC	168	490	93	291
Rectal GC	321	859	207	545
Pharyngeal GC	365	977	191	529
GC: Women^	274	780	338	878
GC: MSW^	201	559	198	532
GC: Transgender‡	8	26	9	27
Chlamydia (CT)*	2675	7651	2451	6461
CT: Men	1349	3764	1146	3094
CT: Women	1315	3850	1292	3334
CT: Transgender‡	8	26	9	16
Total Syphilis (all stages)*	234	774	190	599
Primary and secondary	69	265	76	232
Early latent	110	310	74	239
Late + unk duration	52	196	39	127
Early syphilis: MSM	154	493	96	333
Early syphilis: Women	7	20	12	28
Early syphilis: MSW	8	29	15	38
Early syphilis: Transgender‡	1	6	6	17
Congenital syphilis	3	3	1	1

*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.
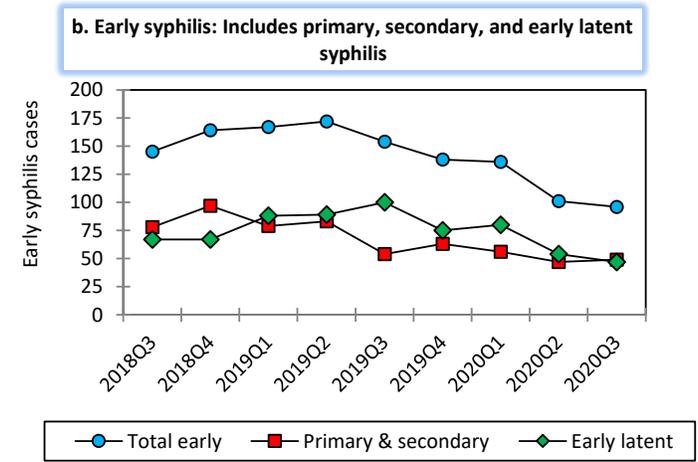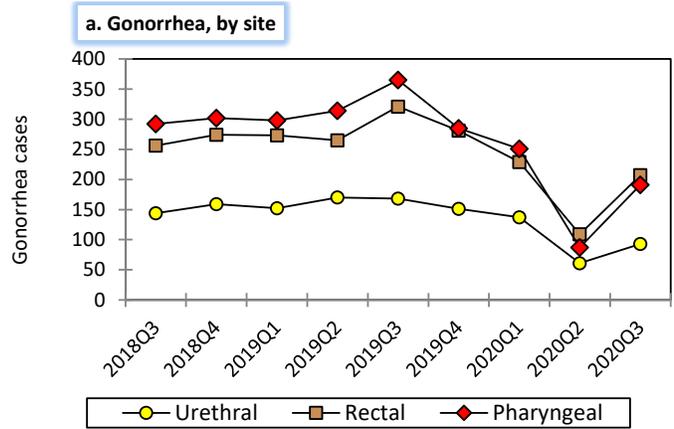
Table 2: King County newly diagnosed HIV cases*

	2019		2020	
	2019Q2	YTD	2020Q2	YTD
Total†	64	124	47	96
MSM	38	77	31	64
Women	13	23	8	18
MSW	2	4	0	0
Transgender‡	2	4	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 STI Morbidity

Figure 2: Quarterly King County STI morbidity among MSM**

a. Gonorrhea, by site

Legend: Urethral, Rectal, Pharyngeal

Trends in STI Morbidity

Figure 1: Quarterly King County STI morbidity, women and MSW**

a. Women (note different scales)

b. MSW (note different scales)

**See footnote

Legend: Gonorrhea, Chlamydia

b. Early syphilis: Includes primary, secondary, and early latent syphilis

Legend: Total early, Primary & secondary, Early latent

**Footnote: Chlamydia case data on gender of sex partners and anatomic site of infection are incomplete for these time periods. For this reason chlamydia cases are not shown for MSM or MSW.

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

- Intertest interval (ITI) among HIV-negative patients
- Percentage never tested for HIV*
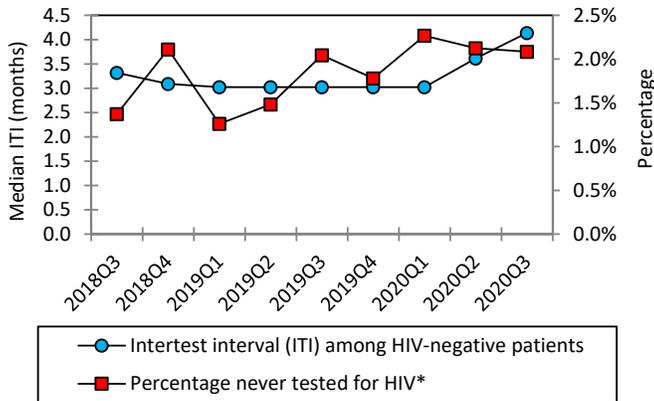
* Denominator includes patients who reported never testing or negative/unknown results

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 STI tested for HIV (excludes HIV+ residents)

- MSM
- Women
- MSW
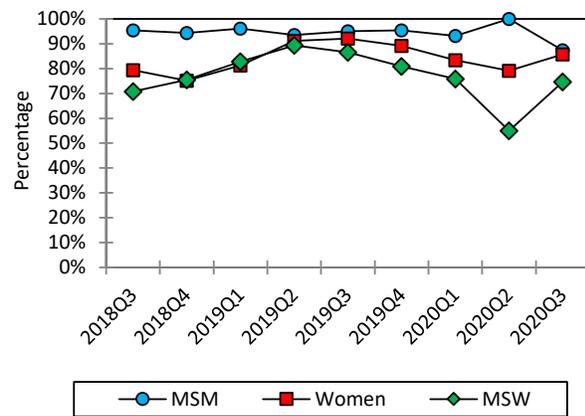
Anyone diagnosed with a bacterial STI should be tested for HIV.

Figure 5: Percentage of SURRG[b] isolates with alert values for cephalosporins or azithromycin (note scales)

- Urethral isolates
- Rectal isolates
- Pharyngeal isolates
- Endocervical isolates
- % isolates with alert MICs
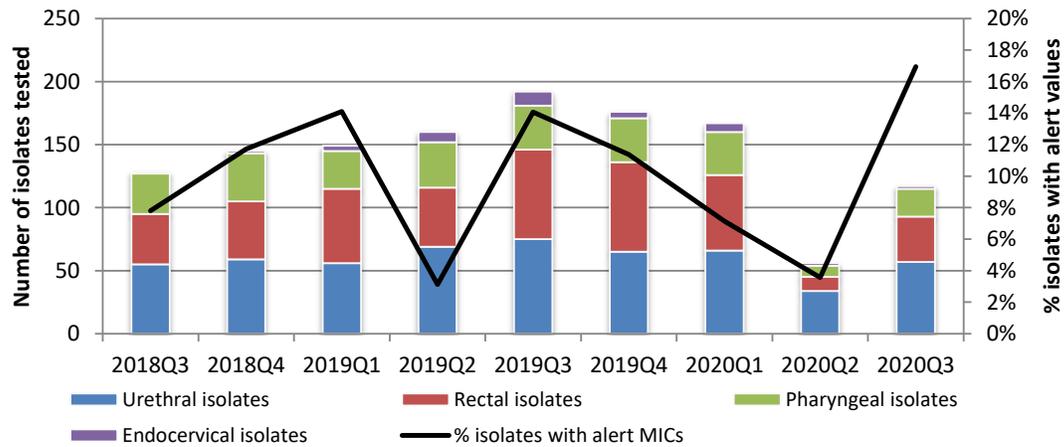
Alert value = Minimum Inhibitory Concentration (MIC, lowest antibiotic concentration needed to halt bacterial growth) is higher than preset thresholds[c]. Alert value MICs represent decreased susceptibility to an antibotic but may not represent resistance.

Footnotes and Abbreviations:

MSM = Men who have sex with men
MSW = Men who have sex with women

[a]High-risk = MSM with any one of the following in the prior year: diagnosis of a bacterial STI, 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
[b]SURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, supported by the Centers for Disease Control and Prevention
[c]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)

	2020Q3		YTD	
Unique cases tested*	89		271	
MSM	63		193	
MSW	24		64	
Women	2		10	
Transgender	0		1	
Alert cases and % of cases with alert MICs	**Azi** N (%)	**Ceph** N (%)	**Azi** N (%)	**Ceph** N (%)
Unique alert cases*	13 (15)	0 (0)	22 (8)	1 (0)
MSM	13 (21)	0 (0)	20 (10)	1 (1)
MSW	0 (0)	0 (0)	1 (2)	0 (0)
Women	0 (0)	0 (0)	1 (10)	0 (0)
Transgender	0 (-)	0 (-)	0 (0)	0 (0)

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