

STD Case Counts

Table 1: King County STD morbidity

	2018		2019	
	2018Q4	YTD	2019Q4	YTD
Gonorrhea (GC)*	1135	4440	1248	4710
GC: MSM	576	2324	579	2418
Urethral GC	159	652	151	641
Rectal GC	274	1108	281	1141
Pharyngeal GC	302	1196	285	1263
GC: Women^	247	952	307	1087
GC: MSW^	201	732	250	809
GC: Transgender‡	8	35	5	30
Chlamydia (CT)*	2656	10480	3595	11246
CT: Men	1296	5212	1694	5458
CT: Women	1347	5220	1873	5723
CT: Transgender‡	10	39	5	30
Total Syphilis (all stages)*	242	924	225	999
Primary and secondary	108	399	84	349
Early latent	79	334	90	400
Late + unk duration	55	191	51	247
Early syphilis: MSM	164	630	136	629
Early syphilis: Women	8	30	11	31
Early syphilis: MSW	7	36	9	38
Early syphilis: Transgender	2	8	3	9
Congenital syphilis	0	0	0	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	
	2018Q3	YTD	2019Q3	YTD
Total†	71	221	65	191
MSM	33	112	40	117
Women	24	64	17	40
MSW	2	8	2	6
Transgender‡	1	1	0	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

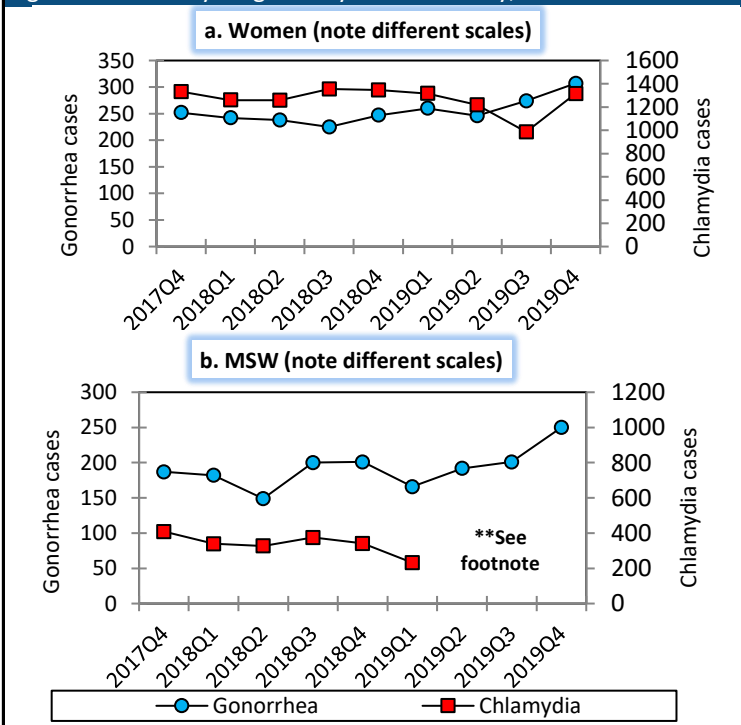


Figure 2: Quarterly King County STD morbidity among MSM

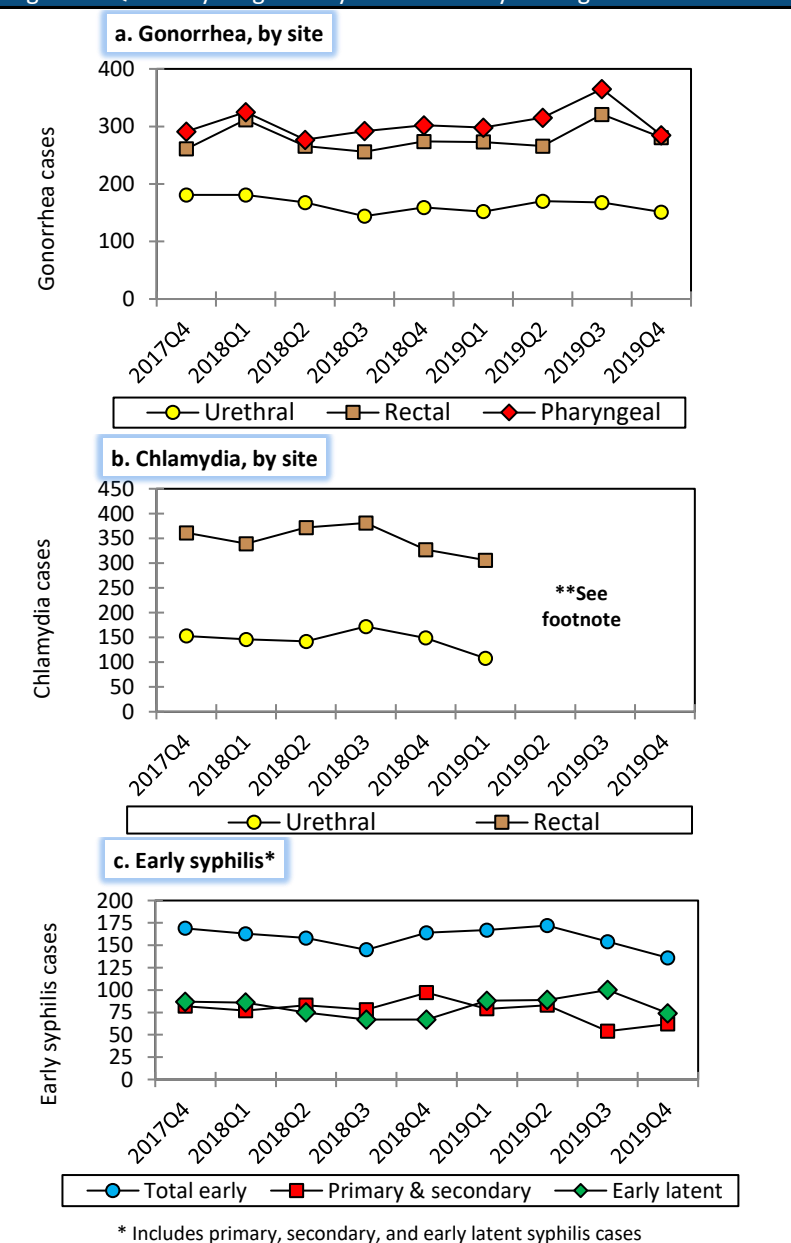
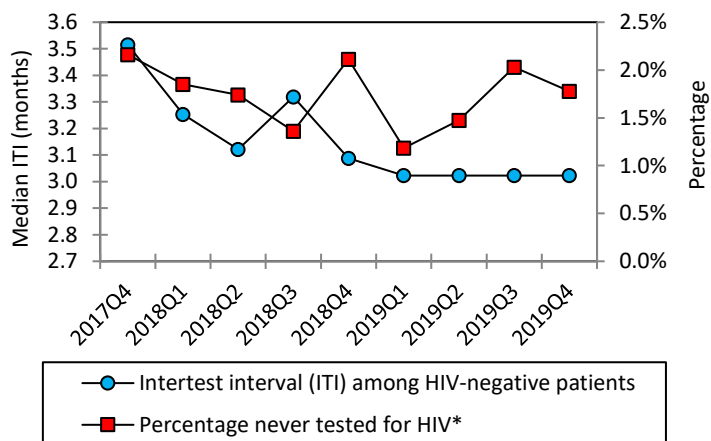


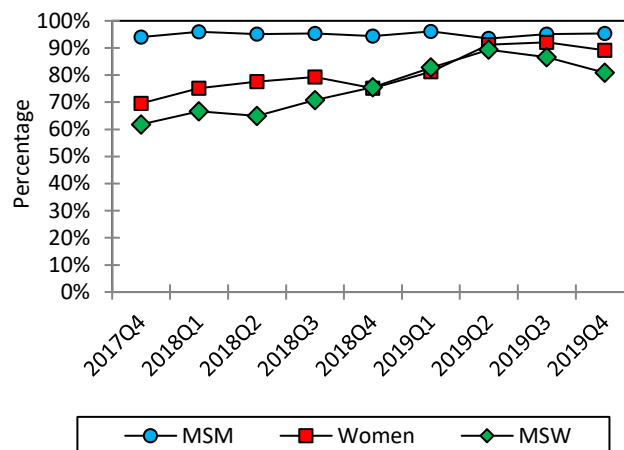
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

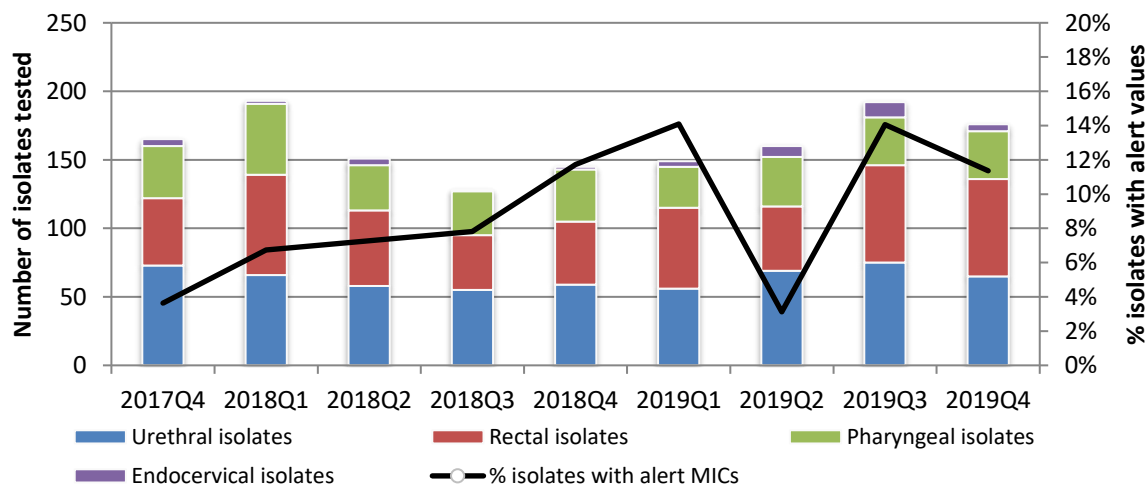
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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:

**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

^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

^bSURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, 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)

	2019Q4		YTD	
Unique cases tested*	144		579	
MSM	116		472	
MSW	23		77	
Women	4		26	
Transgender	1		3	
Alert cases and % of cases with alert MICs	Azi	Ceph	Azi	Ceph
	N (%)	N (%)	N (%)	N (%)
Unique alert cases*	10 (7)	2 (1)	51 (9)	7 (1)
MSM	10 (9)	2 (2)	46 (10)	7 (1)
MSW	0 (0)	0 (0)	3 (4)	0 (0)
Women	0 (0)	0 (0)	0 (0)	0 (0)
Transgender	0 (0)	0 (0)	2 (67)	0 (0)

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