

**STI Case Counts**

	2022		2023	
	2022Q2	YTD	2023Q2	YTD
Gonorrhea (GC)*	1053	2190	1029	2186
GC: MSM	535	1163	587	1242
Urethral GC	124	276	130	266
Rectal GC	261	570	274	600
Pharyngeal GC	318	664	336	715
GC: Women^	238	470	185	425
GC: MSW^	160	362	154	317
GC: Transgender‡	41	69	36	73
Chlamydia (CT)*	1852	3777	1800	3630
CT: Men	920	1831	860	1732
CT: Women	919	1922	934	1879
CT: Transgender‡	7	16	2	9
Total Syphilis (all stages)*	434	839	408	922
Primary and secondary	185	334	145	330
Early latent	108	247	94	232
Late + unk duration	138	252	160	346
Early syphilis: MSM	161	327	123	309
Early syphilis: Women	43	91	47	98
Early syphilis: MSW	61	117	49	103
Early syphilis: Transgender‡	11	16	7	15
Congenital syphilis	3	6	9	14

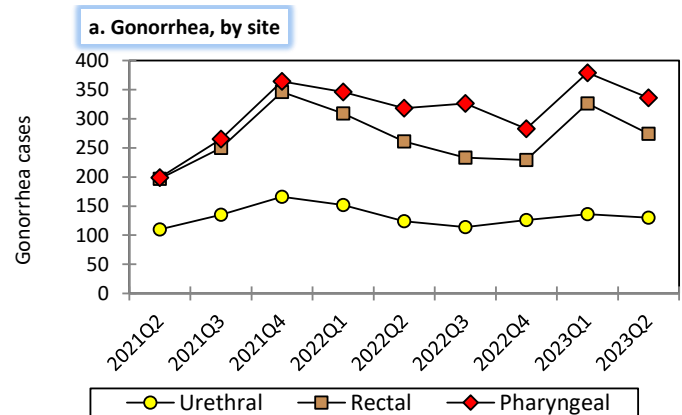
\*Column may not equal total due to missing gender or sexual preference data.  
^ Genital tract infection  
‡ Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

	2022		2023	
	2022Q1	YTD	2023Q1	YTD
Total†	33	33	35	35
MSM	23	23	16	16
Women	4	4	10	10
MSW	3	3	5	5
Transgender‡	1	1	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.

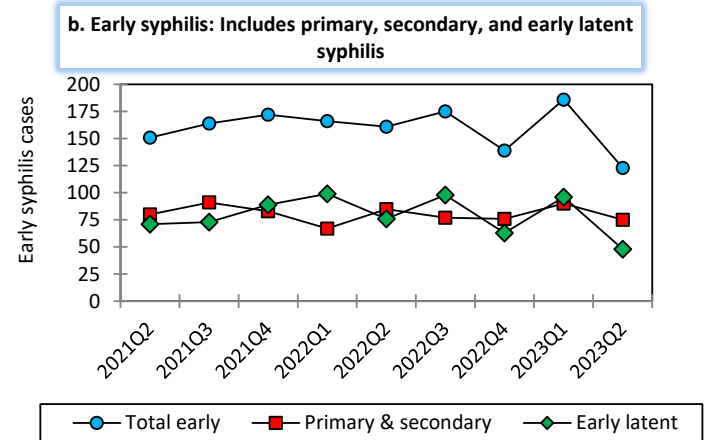
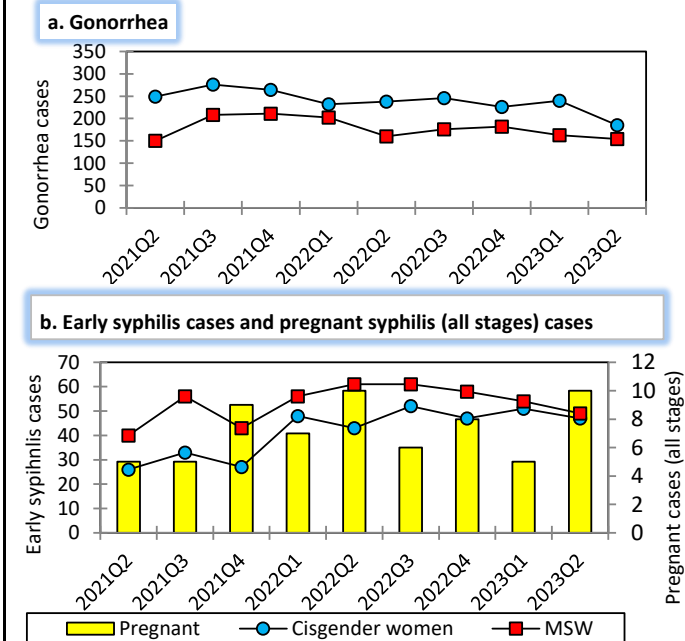
**Trends in STI Morbidity**

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



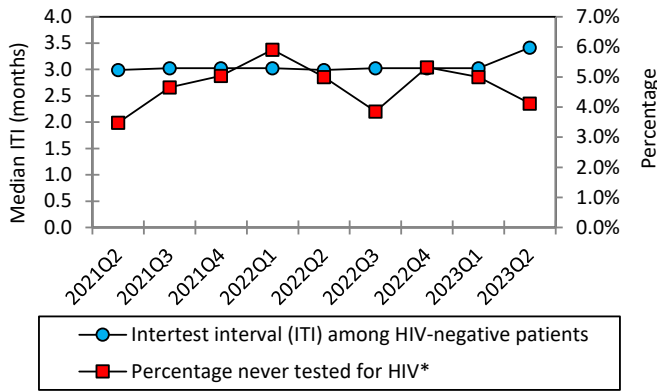
**Trends in STI Morbidity**

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



\*\*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 by population.

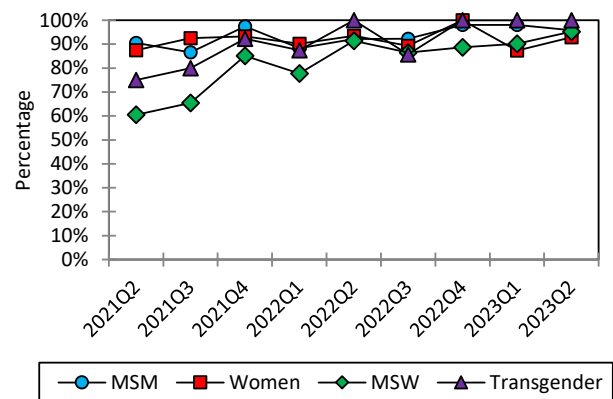
Figure 3: HIV testing among PHSKC Sexual Health Clinic patients, MSM (note different scales)



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

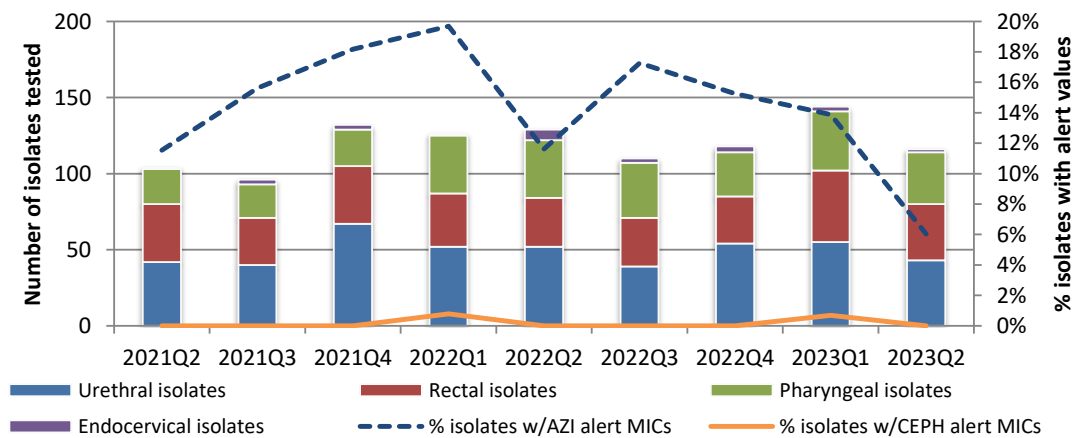
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM<sup>a</sup>.

Figure 4: Percentage of King County residents with a bacterial STI tested for HIV (excludes HIV+ residents)



Anyone diagnosed with a bacterial STI should be tested for HIV.

Figure 5: Percentage of SURRG<sup>b</sup> isolates with alert values for cephalosporins (CEPH) or azithromycin (AZI) (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:**

MSM = cisgender men who have sex with men  
 MSW = cisgender 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 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  
<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)

	2023Q2		YTD	
<b>Unique cases tested*</b>	98		232	
MSM	82		194	
MSW	13		28	
Cisgender Women	3		7	
Transgender	0		3	
<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>	7 (7)	0 (0)	27 (12)	1 (0)
MSM	6 (7)	0 (0)	25 (13)	0 (0)
MSW	1 (8)	0 (0)	1 (4)	0 (0)
Cisgender Women	0 (0)	0 (0)	0 (0)	1 (14)
Transgender	0 (-)	0 (-)	1 (33)	0 (0)

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