

STI Case Counts

	2022		2023	
	2022Q3	YTD	2023Q3	YTD
Gonorrhea (GC)*	1124	3314	1126	3313
GC: MSM	550	1713	618	1860
Urethral GC	114	390	130	396
Rectal GC	233	803	286	889
Pharyngeal GC	326	990	385	1102
GC: Women^	246	716	188	614
GC: MSW^	176	538	159	476
GC: Transgender‡	35	104	53	126
Chlamydia (CT)*	1995	5773	1799	5430
CT: Men	954	2785	823	2556
CT: Women	1030	2953	965	2844
CT: Transgender‡	10	26	7	16
Total Syphilis (all stages)*	464	1303	382	1304
Primary and secondary	176	510	128	460
Early latent	153	399	94	324
Late + unk duration	130	383	154	500
Early syphilis: MSM	175	501	110	423
Early syphilis: Women	52	143	46	144
Early syphilis: MSW	61	178	40	141
Early syphilis: Transgender‡	12	28	9	24
Congenital syphilis	4	10	6	20

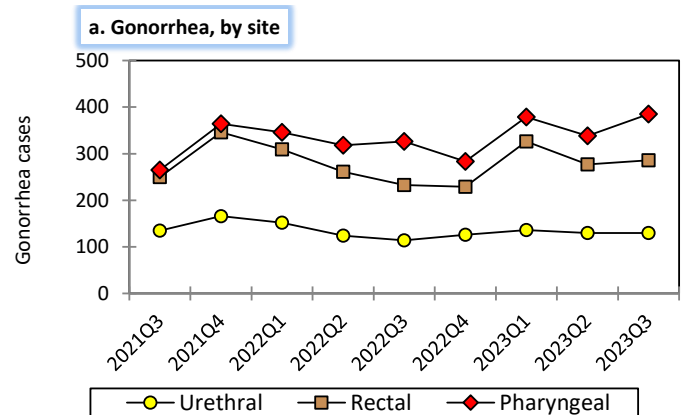
*Column may not equal total due to missing gender or sexual preference data.
^ Genital tract infection
‡ Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

	2022		2023	
	2022Q2	YTD	2023Q2	YTD
Total†	68	101	46	81
MSM	41	64	32	49
Women	8	12	5	15
MSW	9	12	3	7
Transgender‡	2	3	2	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.

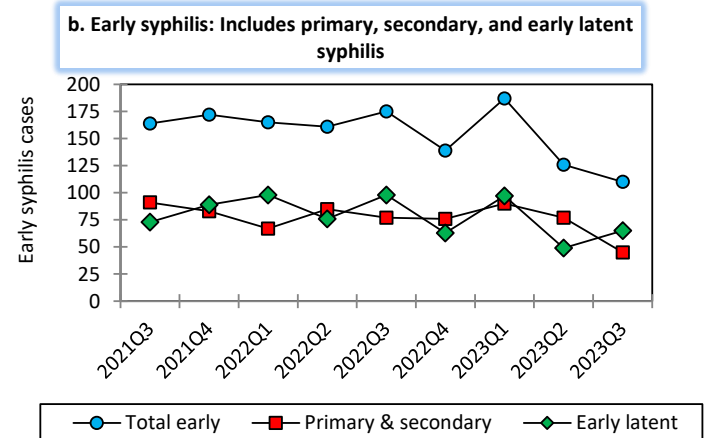
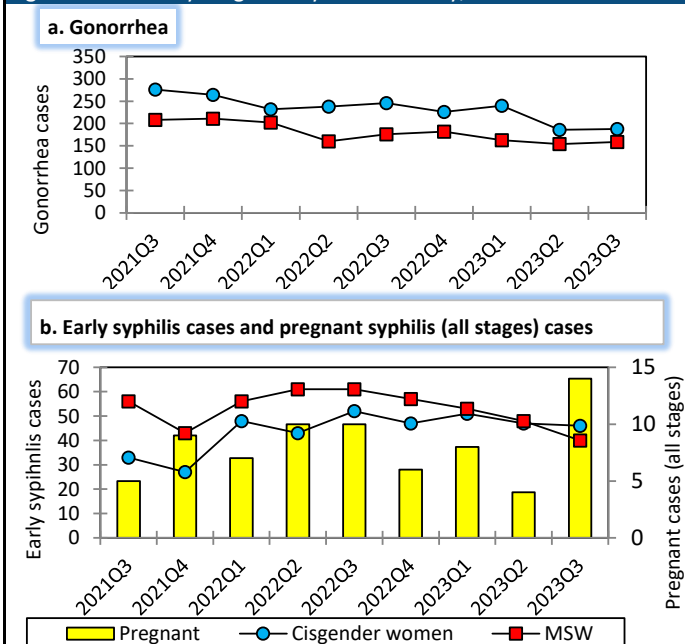
Trends in STI Morbidity

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



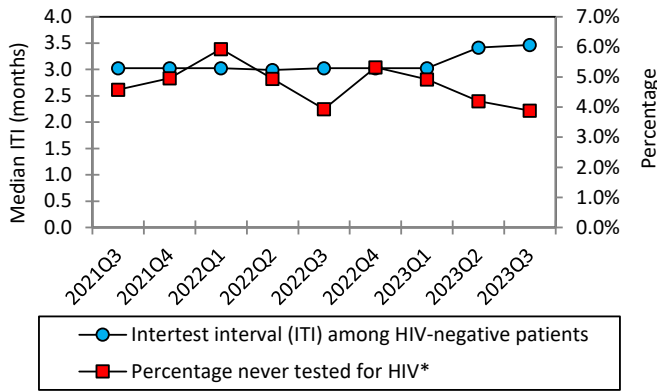
Trends in STI Morbidity

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.

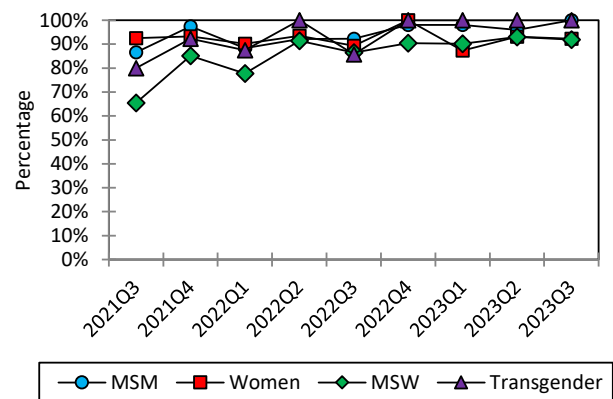
Figure 3: HIV testing among PHSKC Sexual Health Clinic patients, MSM (note different scales)



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

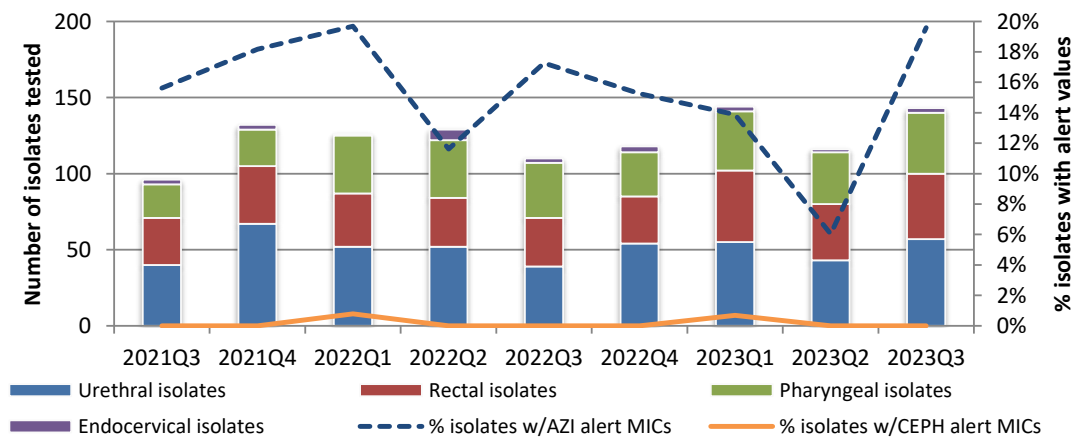
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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^b 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^c. 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
^aHigh-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
^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)

	2023Q3		YTD	
Unique cases tested*	127		364	
MSM	103		302	
MSW	17		45	
Cisgender Women	6		13	
Transgender	1		4	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	24 (19)	0 (0)	52 (14)	1 (0)
MSM	17 (17)	0 (0)	43 (14)	0 (0)
MSW	6 (35)	0 (0)	7 (16)	0 (0)
Cisgender Women	1 (17)	0 (0)	1 (8)	1 (8)
Transgender	0 (0)	0 (0)	1 (25)	0 (0)

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