

STD Case Counts

	2015		2016	
	2015Q2	YTD	2016Q2	YTD
Gonorrhea (GC)	679	1343	788	1636
GC: MSM*	353	675	388	807
Urethral GC	129	247	136	259
Rectal GC	170	307	173	355
Pharyngeal GC	154	294	174	372
GC: Women <sup>^</sup>	168	356	201	434
GC: MSW <sup>†</sup>	123	243	141	271
Chlamydia (CT)	2032	4083	2289	4681
CT: MSM	355	728	421	903
Urethral CT	118	230	141	294
Rectal CT	228	465	272	582
CT: Women <sup>^</sup>	1174	2324	1284	2582
CT: MSW <sup>^</sup>	342	703	401	823
Syphilis <sup>‡</sup>	154	300	164	321
Primary and secondary	76	127	74	141
Early latent	42	86	45	98
Late + unk duration	35	86	45	82
Early syphilis: MSM	106	194	99	208
Early syphilis: Women	2	3	4	8
E syphilis: MSW	6	7	5	8
Congenital syphilis	1	1	0	0

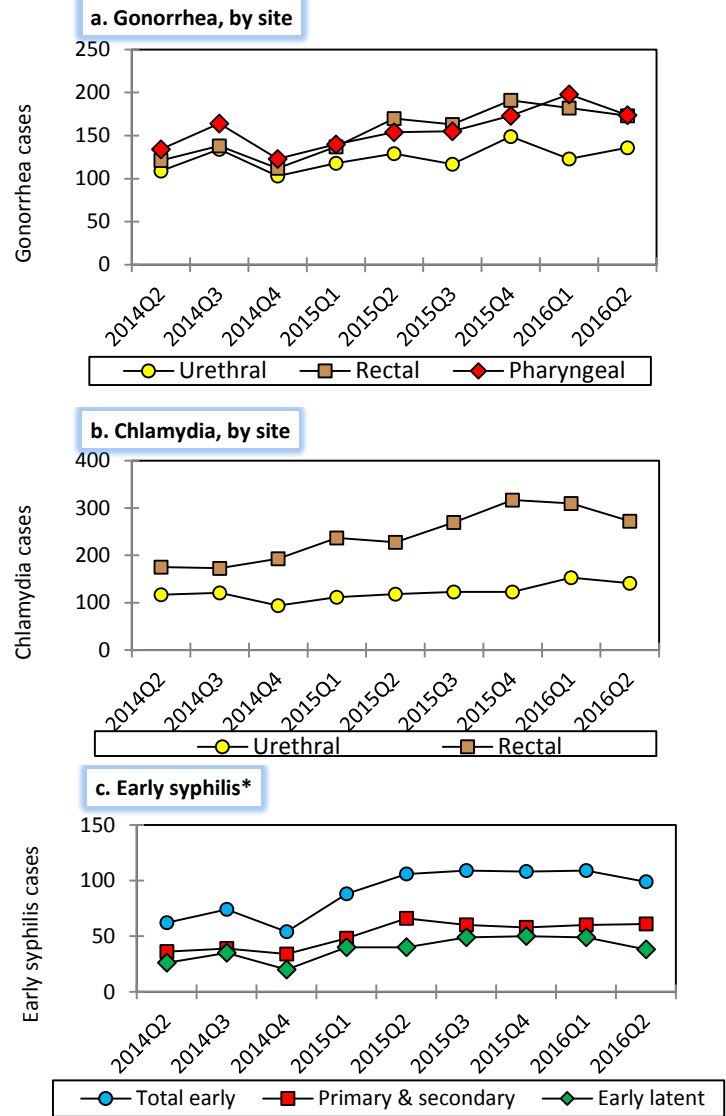
<sup>§</sup> 5 cases of GC, CT & syphilis reported in transgender persons in YTD 2016  
<sup>\*</sup> Men who have sex with men      <sup>^</sup> Genital tract infection  
<sup>†</sup> Men who have sex with women      <sup>‡</sup> Total cases (all stages)

	2015		2016	
	2015Q1	YTD	2016Q1	YTD
Total <sup>^</sup>	62	62	61	61
MSM	40	40	44	44
Women	9	9	4	4
MSW	6	6	6	6
Transgender**	0	0	0	0

\* Data shown for prior quarter due to reporting delay  
<sup>^</sup> 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

Figure 2: Quarterly King County STD morbidity among MSM



\* Includes primary, secondary, and early latent syphilis cases

Trends in STD Morbidity

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

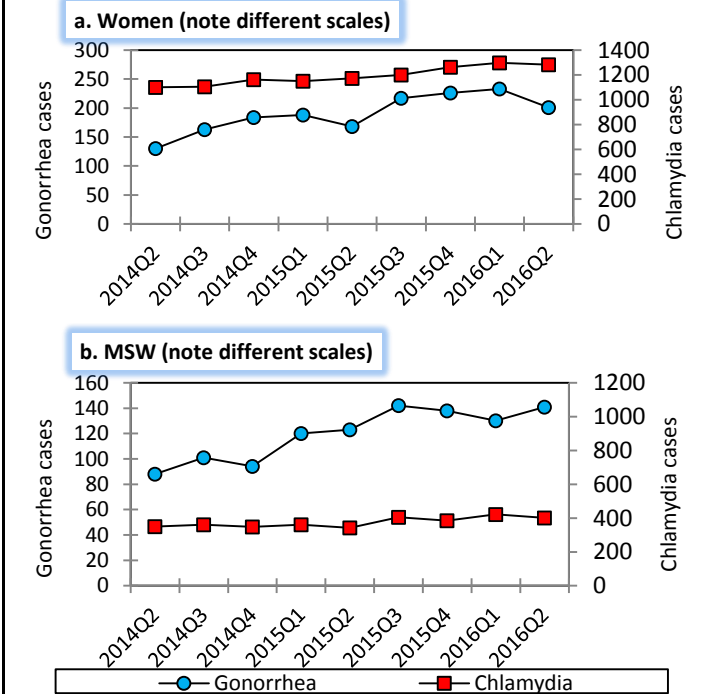
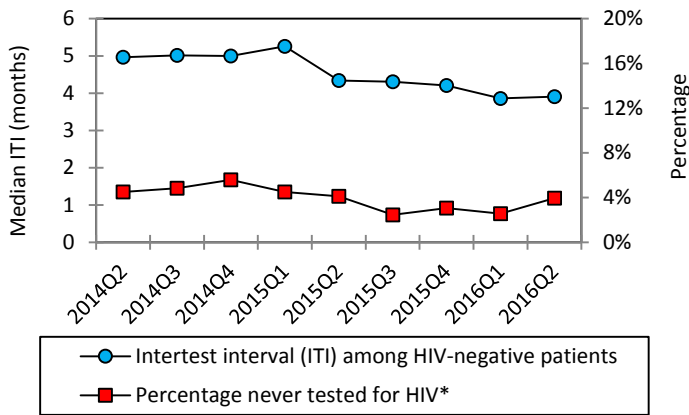
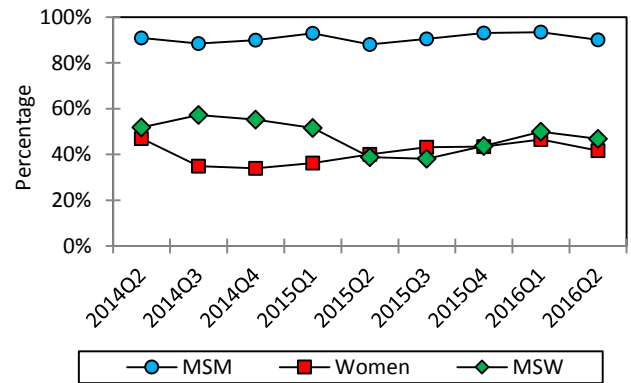


Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



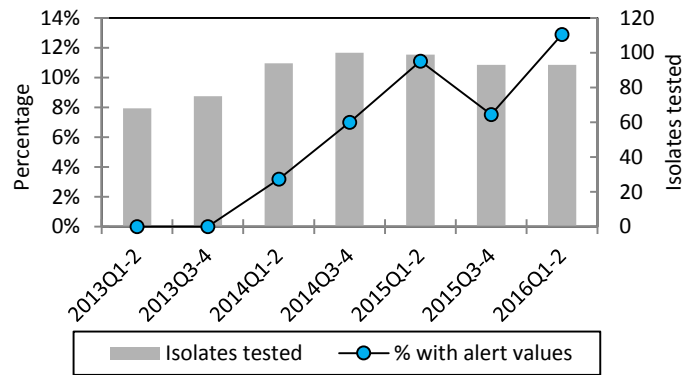
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM<sup>a</sup>.

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 6: Percentage of male GISP<sup>b</sup> urethral 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.

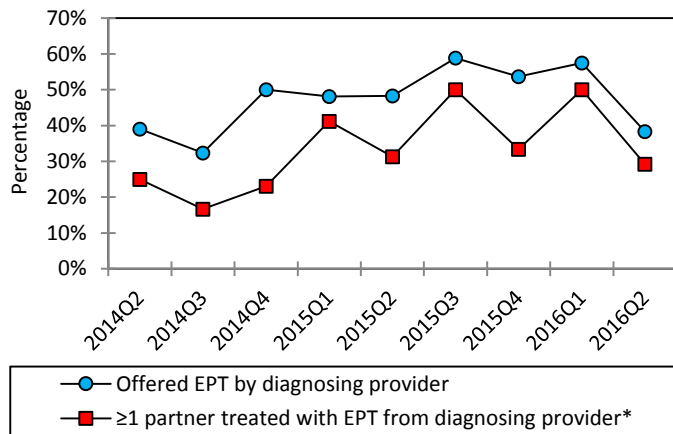
Table 3: Male GISP urethral isolates with alert values for cephalosporins or azithromycin<sup>d</sup>

	2015		2016	
	2015Q1-2	YTD	2016Q1-2	YTD
Total isolates tested*	99	99	93	93
MSM	81	81	69	69
MSW	16	16	23	23
Total alert isolates*	11	11	12	12
MSM - ceph	4	4	7	7
MSM - azi	6	6	3	3
MSW - ceph	0	0	0	0
MSW - azi	0	0	2	2

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

<sup>d</sup>3 rectal cefixime alert & 1 pharyngeal cefixime alerts identified Jan-Mar 2016

Figure 5: Expedited Partner Therapy (EPT) among King County women and MSW diagnosed with GC or CT



All women and MSW diagnosed with gonorrhea or chlamydia should be offered EPT by their diagnosing provider.

Footnotes:

<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>Gonococcal Isolate Surveillance Project (GISP), source of antibiotic susceptibility data, is 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