

STI Case Counts

Table 1: King County STI morbidity

	2022		2023	
	2022Q1	YTD	2023Q1	YTD
Gonorrhea (GC)*	1137	1137	1157	1157
GC: MSM	628	628	655	655
Urethral GC	152	152	137	137
Rectal GC	309	309	327	327
Pharyngeal GC	346	346	379	379
GC: Women^	232	232	239	239
GC: MSW^	202	202	163	163
GC: Transgender‡	28	28	37	37
Chlamydia (CT)*	1925	1925	1829	1829
CT: Men	911	911	872	872
CT: Women	1003	1003	944	944
CT: Transgender‡	9	9	7	7
Total Syphilis (all stages)*	405	405	512	512
Primary and secondary	149	149	187	187
Early latent	139	139	133	133
Late + unk duration	114	114	188	188
Early syphilis: MSM	166	166	184	184
Early syphilis: Women	48	48	51	51
Early syphilis: MSW	56	56	54	54
Early syphilis: Transgender‡	5	5	7	7
Congenital syphilis	3	3	4	4

*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.

Trends in STI Morbidity

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

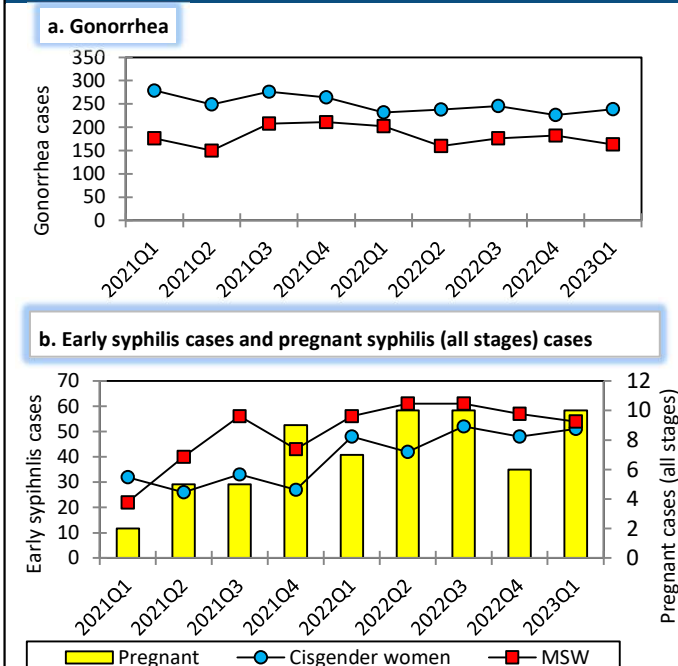


Table 2: King County newly diagnosed HIV cases*

	2021		2022	
	2021Q4	YTD	2022Q4	YTD
Total†	32	162	38	184
MSM	21	114	22	115
Women	5	21	8	24
MSW	1	7	0	13
Transgender‡	1	7	0	5

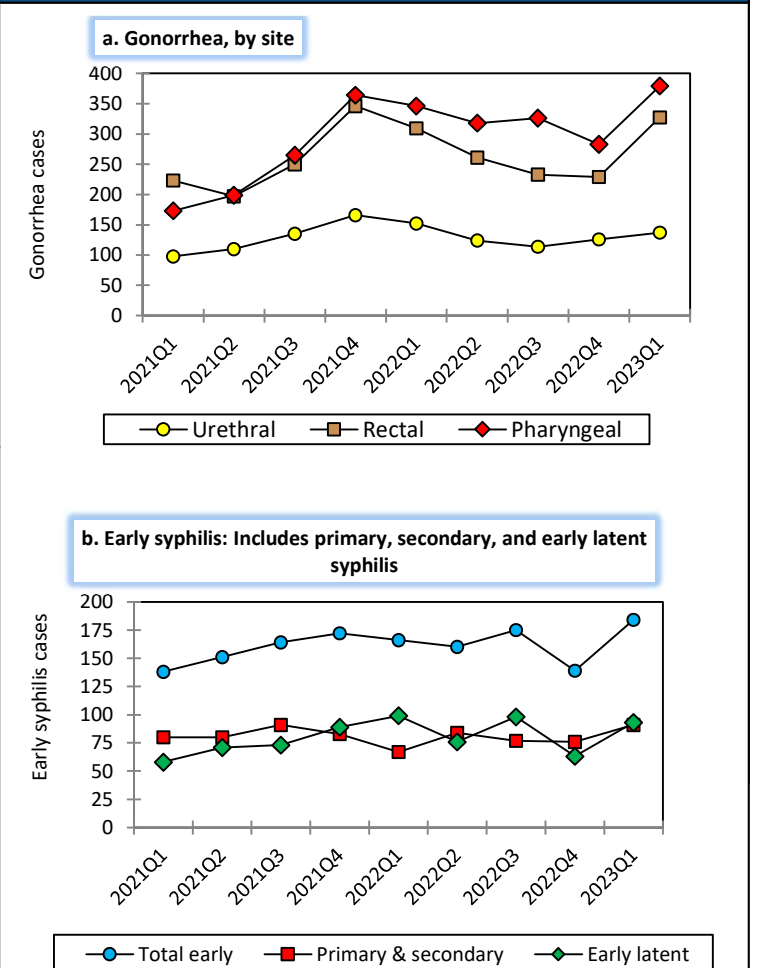
* Data shown for prior quarter due to reporting delay.

† 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.

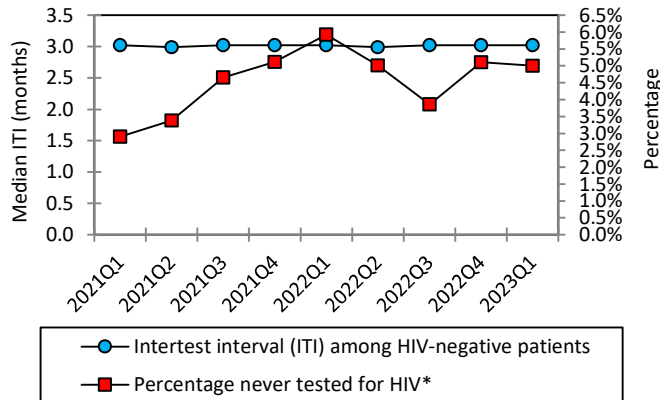
Trends in STI Morbidity

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



**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.

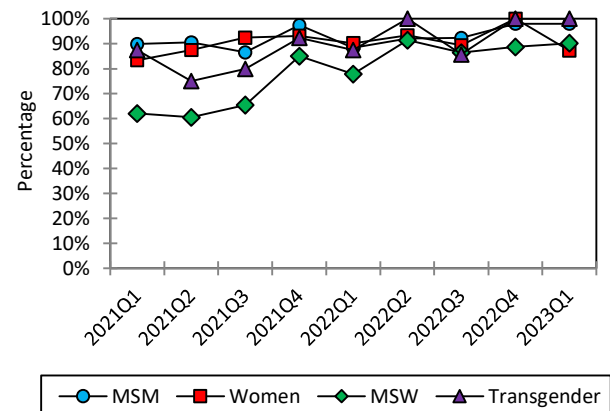
Figure 3: HIV testing among PHSKC Sexual Health Clinic patients, MSM (note different scales)



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

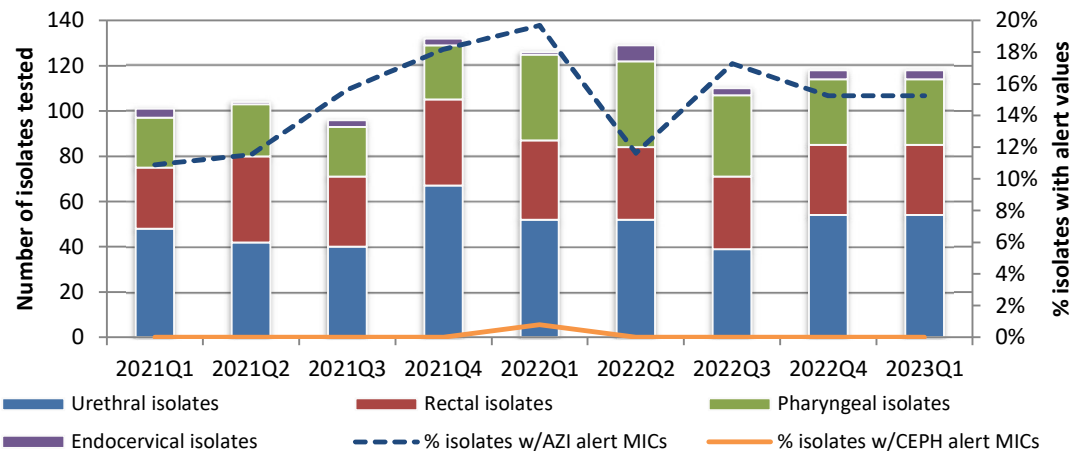
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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)

2023Q1			YTD	
Unique cases tested*			131	
MSM			109	
MSW			15	
Cisgender Women			4	
Transgender			3	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	20 (15)	1 (1)	20 (15)	1 (1)
MSM	19 (17)	0 (0)	19 (17)	0 (0)
MSW	0 (0)	0 (0)	0 (0)	0 (0)
Cisgender Women	0 (0)	1 (25)	0 (0)	1 (25)
Transgender	1 (33)	0 (0)	1 (33)	0 (0)

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