

STD Case Counts

Table 1: King County STD morbidity[§]

	2014		2015	
	2014Q1	YTD	2015Q1	YTD
Gonorrhea (GC)	450	450	664	664
GC: MSM*	256	256	318	318
Urethral GC	86	86	116	116
Rectal GC	114	114	137	137
Pharyngeal GC	122	122	138	138
GC: Women [^]	115	115	187	187
GC: MSW ^{^†}	53	53	123	123
Chlamydia (CT)	1835	1835	2063	2063
CT: MSM	298	298	373	373
Urethral CT	100	100	111	111
Rectal CT	186	186	238	238
CT: Women [^]	1080	1080	1158	1158
CT: MSW [^]	327	327	361	361
Syphilis [‡]	110	110	145	145
Primary and secondary	52	52	50	50
Early latent	27	27	44	44
Late + unk duration	30	30	51	51
Early syphilis: MSM	70	70	88	88
Early syphilis: Women	4	4	1	1
E syphilis: MSW	3	3	1	1
Congenital syphilis	1	1	0	0

[§] Fewer than 5 cases of GC, CT & syphilis were reported in transgender persons in the first 3 months of 2015

* Men who have sex with men

[^] Genital tract infection

[†] Men who have sex with women

[‡] Total cases (all stages)

Trends in STD Morbidity

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

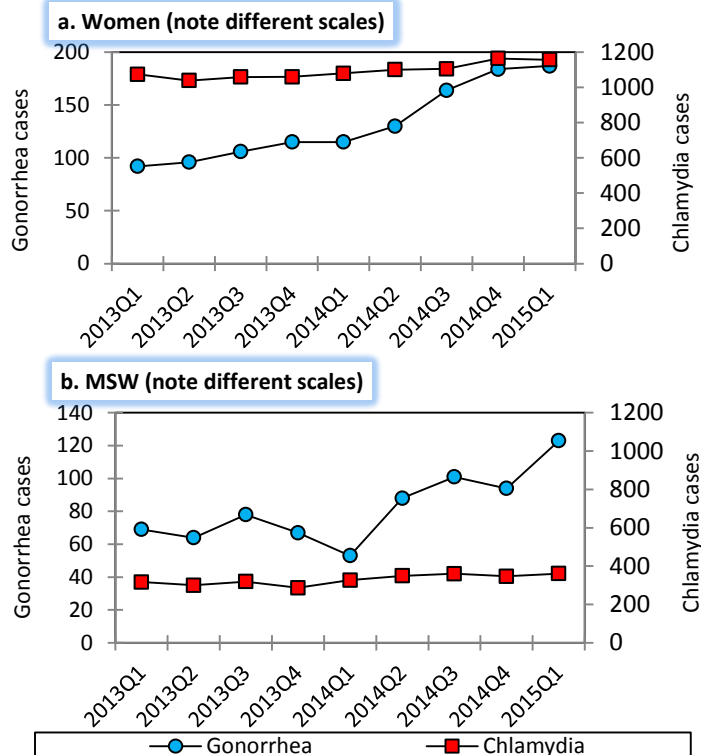


Table 2: King County newly diagnosed HIV cases[§]

	2013		2014	
	2013Q4	YTD	2014Q4	YTD
Total [^]	57	258	55	281
MSM	43	180	34	187
Women	5	40	7	39
MSW	0	13	1	15

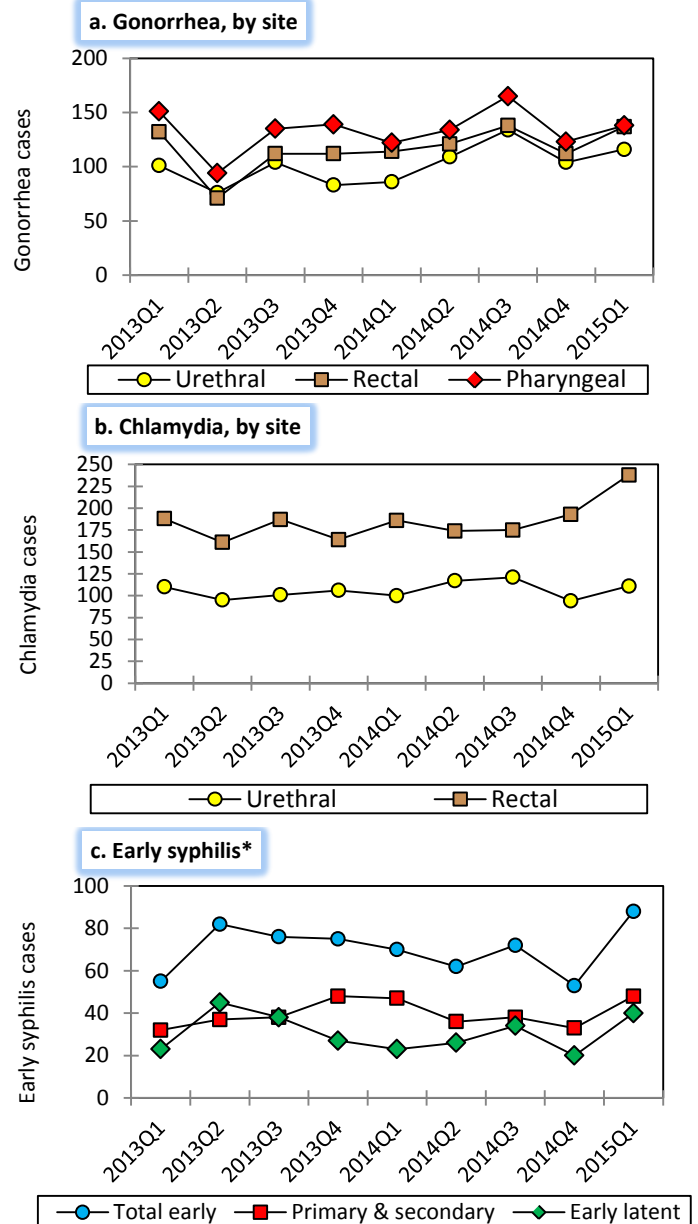
* Data shown for prior quarter due to reporting delay

[§] Fewer than 5 cases of HIV were reported in transgender persons in the first 3 months of 2015

[^] Column may not equal total due to missing sexual preference data

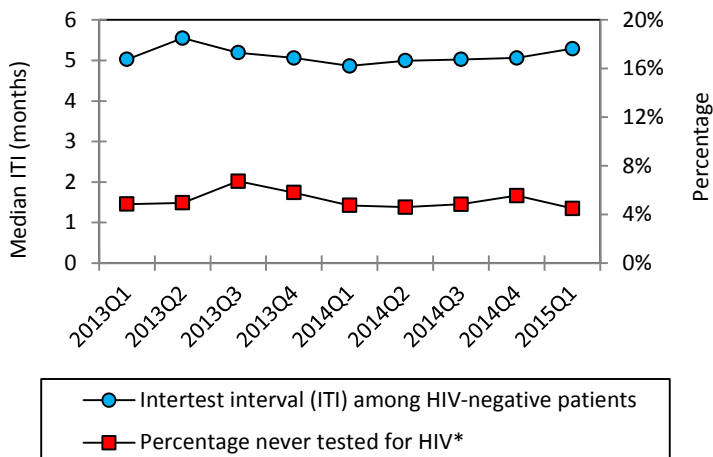
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM



* Includes primary, secondary, and early latent syphilis cases

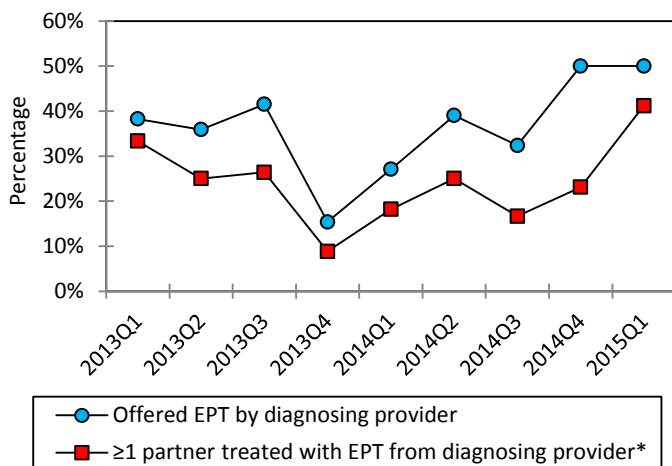
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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



* Median number of patients surveyed per quarter = 34 (Range 17-53)

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

Footnotes:

^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

^bGonococcal Isolate Surveillance Project (GISP), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

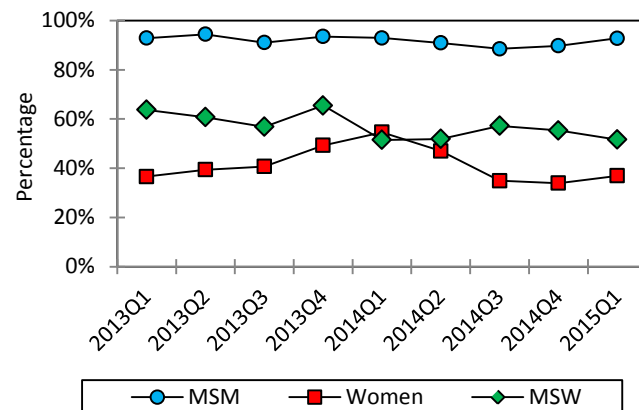
^cAlert values:

Ceftriaxone MIC ≥ 0.125 µg/ml

Cefixime MIC ≥ 0.25 µg/ml

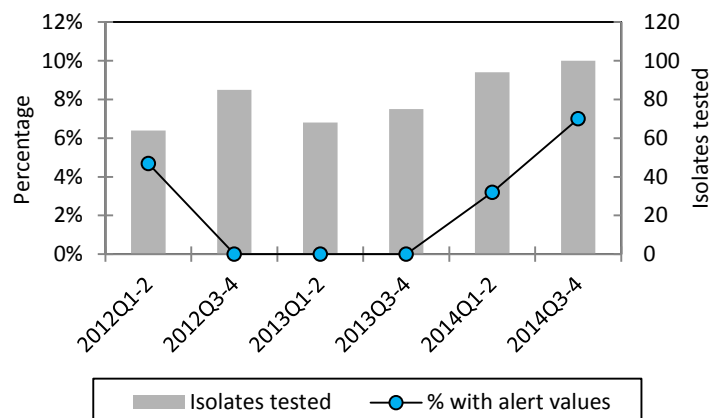
Azithromycin MIC ≥ 2.0 µg/ml

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^b 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

Table 3: Male GISP urethral isolates with alert values for cephalosporins or azithromycin^d

	2014		2015	
	2014Q1	YTD	2015Q1	YTD
Total isolates tested*	42	42	48	48
MSM	35	35	41	41
MSW	0	0	0	0
Total alert isolates*	0	0	4	4
MSM - ceph	0	0	1	1
MSM - azi	0	0	3	3
MSW - ceph	0	0	0	0
MSW - azi	0	0	0	0

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

^dTwo non-GISP alerts (1 azithromycin alert and 1 cefixime alert) were identified from Jan