

STD Case Counts

	2017		2018	
	2017Q1	YTD	2018Q1	YTD
Gonorrhea (GC)	974	974	1191	1191
GC: MSM*	507	507	662	662
Urethral GC	182	182	188	188
Rectal GC	249	249	330	330
Pharyngeal GC	223	223	336	336
GC: Women [^]	236	236	250	250
GC: MSW ^{^†}	176	176	185	185
Chlamydia (CT)	2549	2549	2526	2526
CT: MSM	584	584	600	600
Urethral CT	178	178	151	151
Rectal CT	388	388	434	434
CT: Women [^]	1391	1391	1284	1284
CT: MSW [^]	422	422	347	347
Syphilis [‡]	215	215	229	229
Primary and secondary	83	83	88	88
Early latent	74	74	95	95
Late + unk duration	58	58	46	46
Early syphilis: MSM	142	142	163	163
Early syphilis: Women	3	3	9	9
E syphilis: MSW	2	2	5	5
Congenital syphilis	0	0	0	0

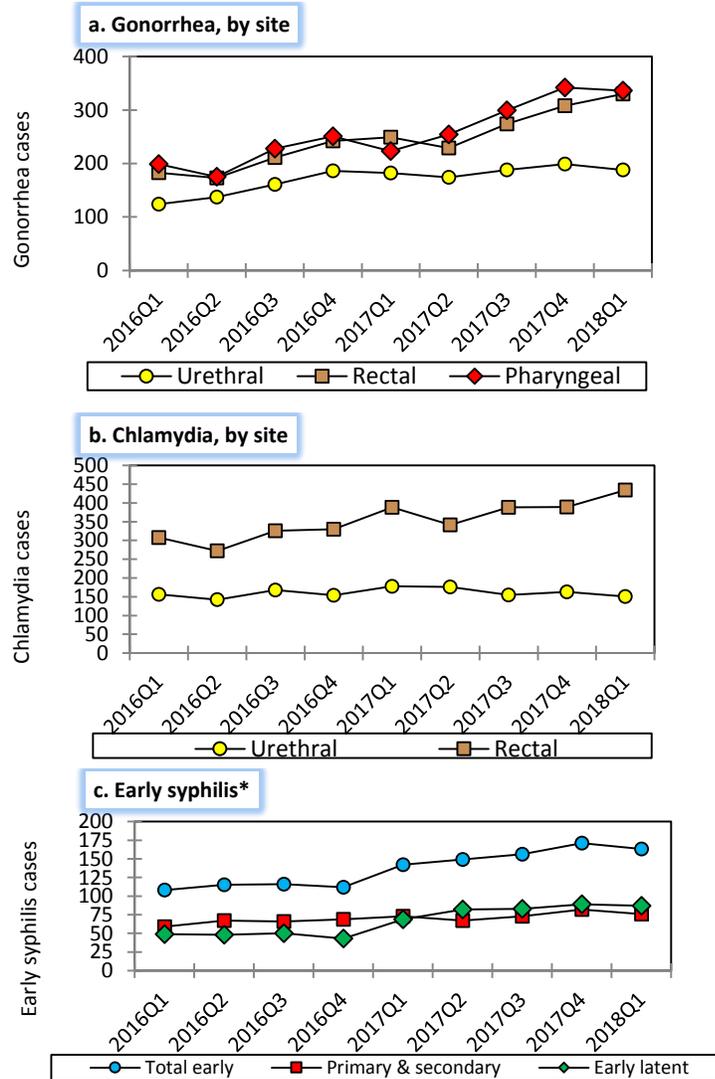
	2016		2017	
	2016Q4	YTD	2017Q4	YTD
Total [^]	48	217	57	219
MSM	30	143	37	137
Women	11	39	11	47
MSW	1	13	1	10
Transgender**	1	2	2	3

* 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.

[§] 21 cases of GC, CT & syphilis reported in transgender persons in 2018 YTD
 * Men who have sex with men [^] Genital tract infection
 † Men who have sex with women [‡] Total cases (all stages)

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

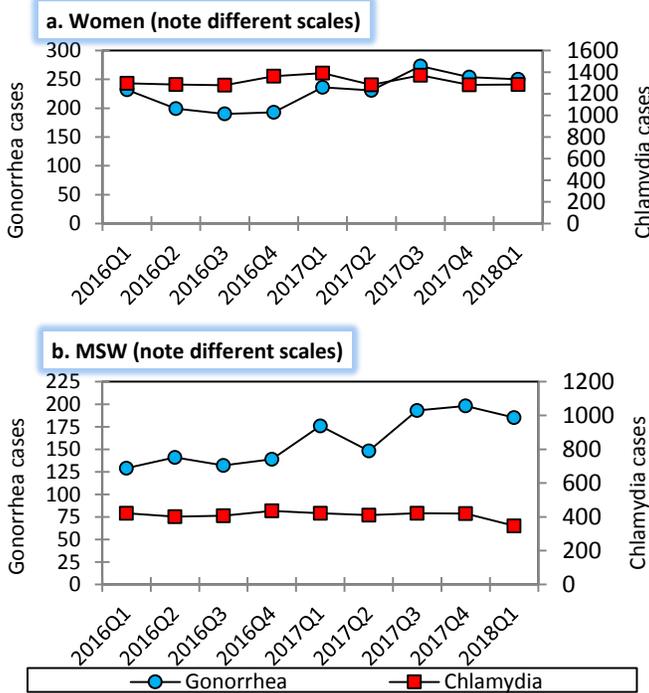
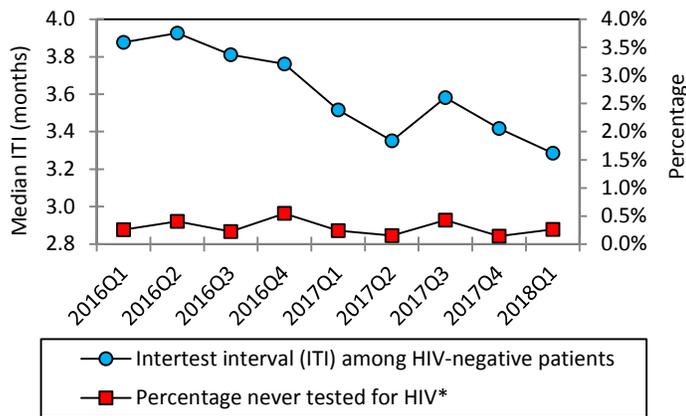
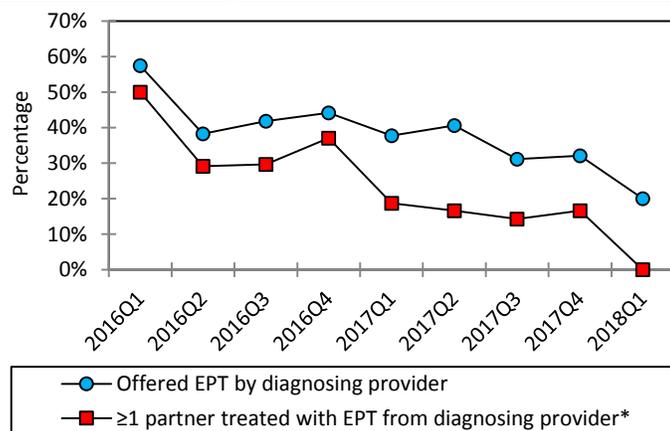


Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

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:

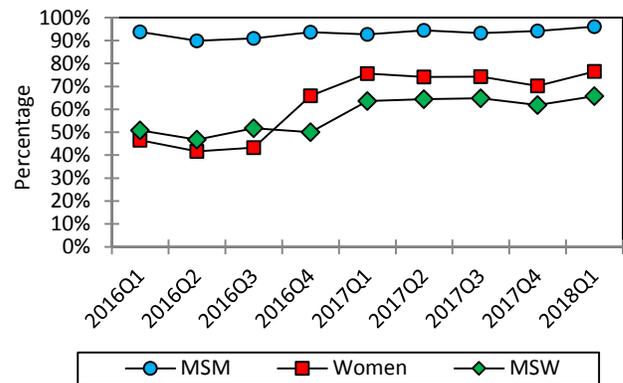
^aHigh-risk = MSM with any one of the following in the prior year: diagnosis of a bacterial STD, methamphetamine or popper use, ≥10 sex partners (anal or oral), or unprotected anal sex with a partner of unknown or discordant HIV status
Low-risk = sexually active MSM who do not meet high-risk criteria

^bStrengthening the U.S. Response to Resistant Gonorrhea Surveillance (SURRG), source of antibiotic susceptibility data, is supported by the Centers for Disease Control and Prevention

^cAlert values:

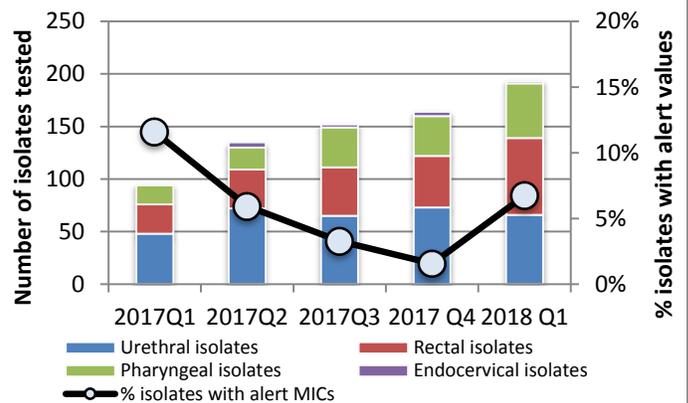
Ceftriaxone MIC ≥ 0.125 µg/ml
Cefixime MIC ≥ 0.25 µg/ml
Azithromycin MIC ≥ 2.0 µg/ml

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 SURRG^b 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^c. Alert value MICs represent decreased susceptibility to an antibiotic but may not represent resistance.

Table 3: SURRG isolates with alert values for cephalosporins or azithromycin

	2017Q3		YTD	
Unique cases tested	165		165	
MSM	140		140	
MSW	19		19	
Women	6		6	
Transgender	0		0	
	Azi	Ceph	Azi	Ceph
Total alert isolates*	11	0	11	0
MSM	11	0	11	0
MSW	0	0	0	0
Women	0	0	0	0
Transgender	0	0	0	0

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