

STD Case Counts

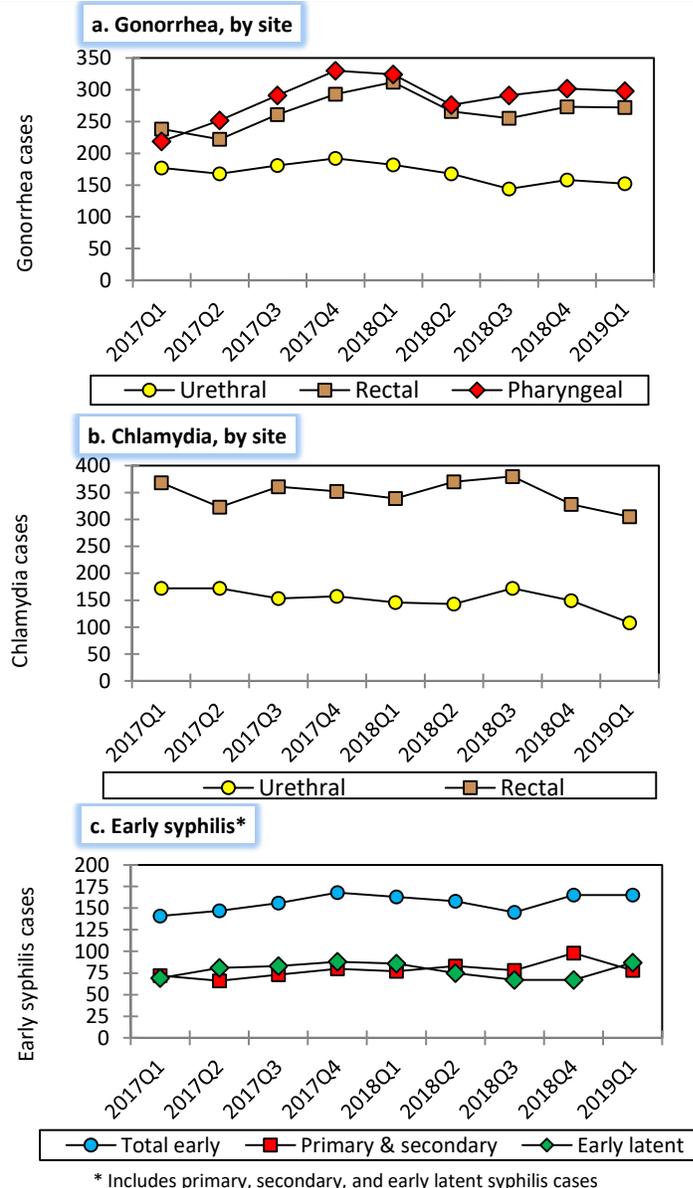
	2018		2019	
	2018Q1	YTD	2019Q1	YTD
Gonorrhea (GC)*	1173	1173	1092	1092
GC: MSM	634	634	569	569
Urethral GC	182	182	152	152
Rectal GC	312	312	272	272
Pharyngeal GC	324	324	298	298
GC: Women^	244	244	261	261
GC: MSW^	182	182	166	166
GC: Transgender	6	6	5	5
Chlamydia (CT)*	2499	2499	2565	2565
CT: MSM	502	502	416	416
Urethral CT	146	146	108	108
Rectal CT	339	339	305	305
CT: Women^	1261	1261	1313	1313
CT: MSW^	343	343	228	228
CT: Transgender	11	11	7	7
Total Syphilis (all stages)*	229	229	270	270
Primary and secondary	88	88	92	92
Early latent	94	94	103	103
Late + unk duration	47	47	75	75
Early syphilis: MSM	163	163	165	165
Early syphilis: Women	5	5	5	5
Early syphilis: MSW	5	5	12	12
Early syphilis: Transgender	4	4	4	4
Congenital syphilis	0	0	0	0

	2017		2018	
	2017Q4	YTD	2018Q4	YTD
Total†	55	217	78	300
MSM	36	136	44	155
Women	11	48	17	80
MSW	1	9	3	11
Transgender‡	2	3	0	1

* 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 STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM



Trends in STD Morbidity

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

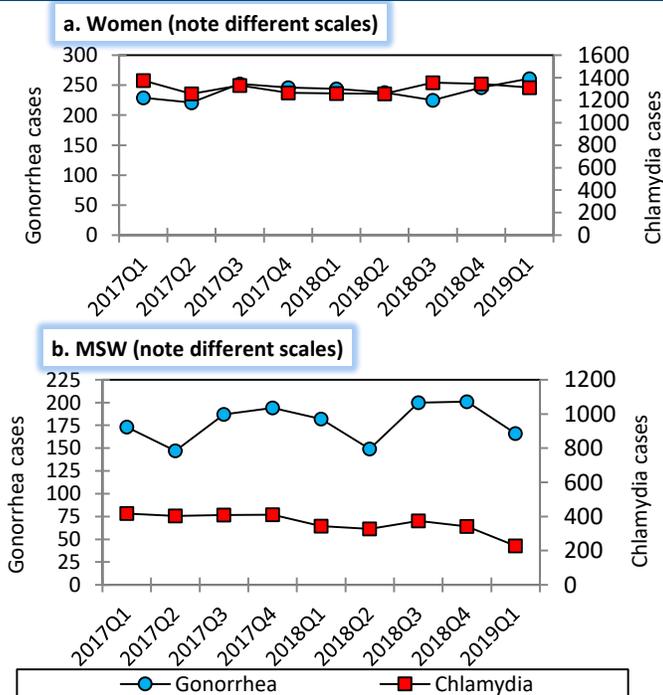
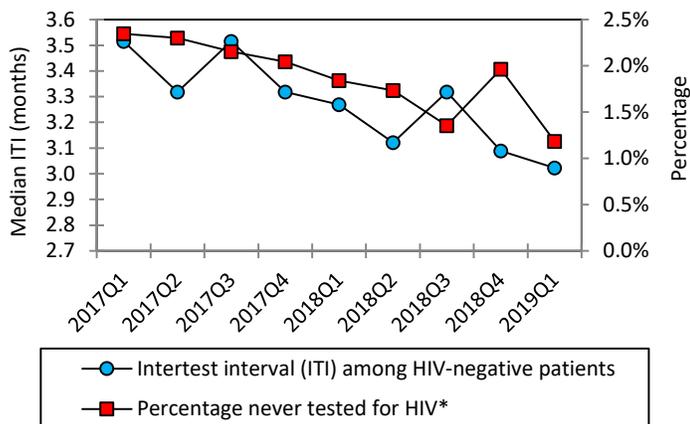


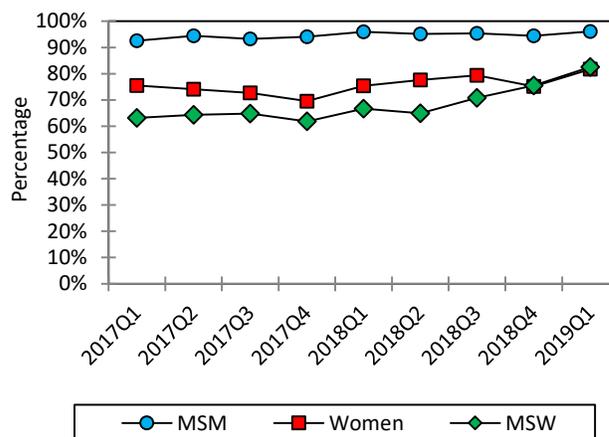
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

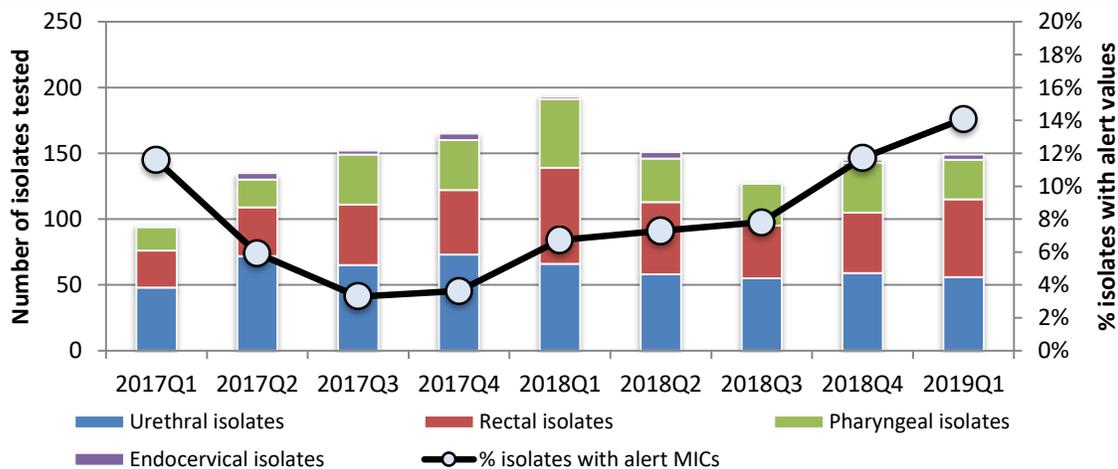
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

Figure 4: Percentage of King County residents with a bacterial STD tested for HIV (excludes HIV+ residents)



Anyone diagnosed with a bacterial STD should be tested for HIV.

Figure 5: 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

Table 3: SURRG isolates with alert values for cephalosporins (ceph) or azithromycin (azi)

	2019Q1		YTD	
Unique cases tested*	136		136	
MSM	119		119	
MSW	13		13	
Women	4		4	
Transgender	0		0	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	18 (13)	1 (1)	18 (13)	1 (1)
MSM	17 (14)	1 (1)	17 (14)	1 (1)
MSW	1 (8)	0 (0)	1 (8)	0 (0)
Women	0 (0)	0 (0)	0 (0)	0 (0)
Transgender	0 (-)	0 (-)	0 (-)	0 (-)

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

Footnotes and Abbreviations:

MSM = Men who have sex with men

MSW = Men who have sex with women

^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