

STD Case Counts

Table 1: King County STD morbidity

	2017		2018	
	2017Q2	YTD	2018Q2	YTD
Gonorrhea (GC)*	941	1894	1054	2227
GC: MSM	523	1012	575	1209
Urethral GC	168	345	168	350
Rectal GC	222	460	266	578
Pharyngeal GC	252	471	276	600
GC: Women^	221	450	238	482
GC: MSW^	147	320	149	331
GC: Transgender	6	12	11	17
Chlamydia (CT)*	2342	4854	2527	5026
CT: MSM	513	1070	503	1005
Urethral CT	172	344	143	289
Rectal CT	323	691	370	709
CT: Women^	1256	2631	1257	2518
CT: MSW^	404	821	327	670
CT: Transgender	11	17	10	21
Total Syphilis (all stages)*	223	436	231	460
Primary and secondary	71	153	102	190
Early latent	87	161	84	178
Late + unk duration	65	122	45	92
Early syphilis: MSM	147	288	158	321
Early syphilis: Women	2	5	5	10
Early syphilis: MSW	5	7	15	20
Early syphilis: Transgender	0	0	1	5
Congenital syphilis	0	0	0	0

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

^ Genital tract infection

Table 2: King County newly diagnosed HIV cases*

	2017		2018	
	2017Q1	YTD	2018Q1	YTD
Total†	50	50	93	93
MSM	25	25	55	55
Women	14	14	21	21
MSW	3	3	3	3
Transgender‡	0	0	0	0

* Data shown for prior quarter due to reporting delay.

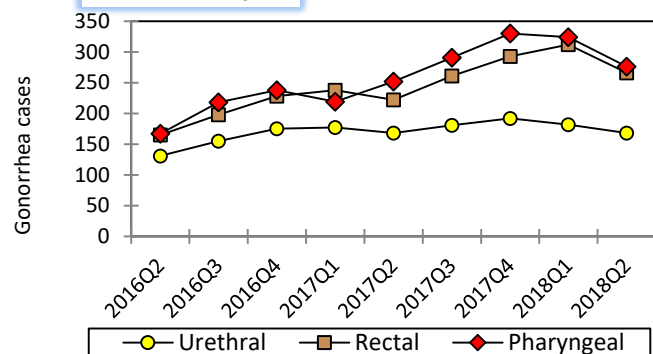
† Column may not equal total due to missing sexual preference data.

‡ Transgender identity relies on review of information documented in medical records and obtained through Partner Services Interviews. Data presented here are a potential undercount.

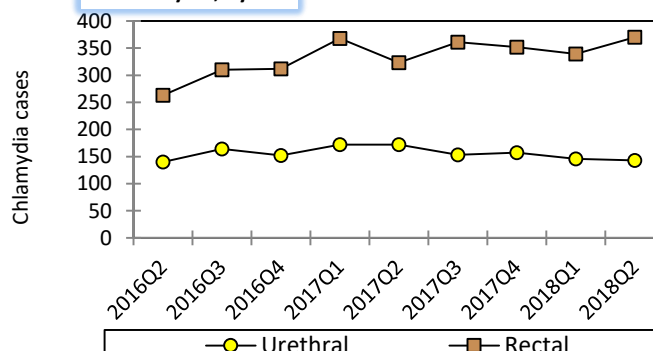
Trends in STD Morbidity

Figure 2: Quarterly King County STD morbidity among MSM

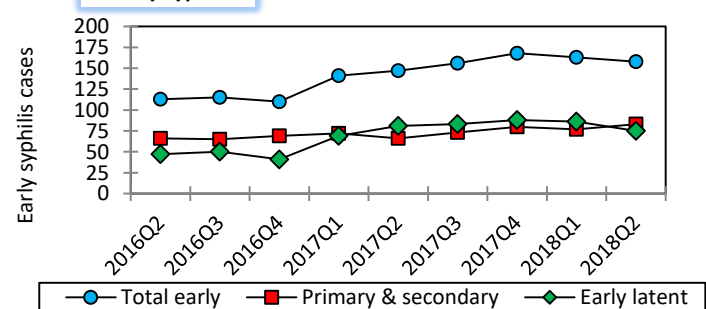
a. Gonorrhea, by site



b. Chlamydia, by site



c. Early syphilis*

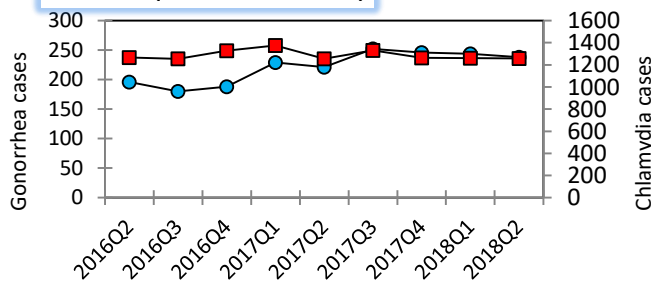


* Includes primary, secondary, and early latent syphilis cases

Trends in STD Morbidity

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

a. Women (note different scales)



b. MSW (note different scales)

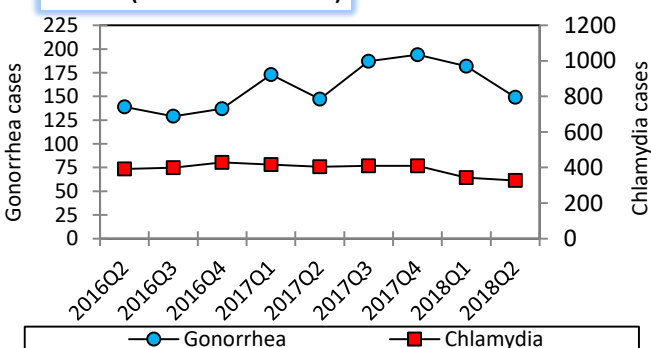
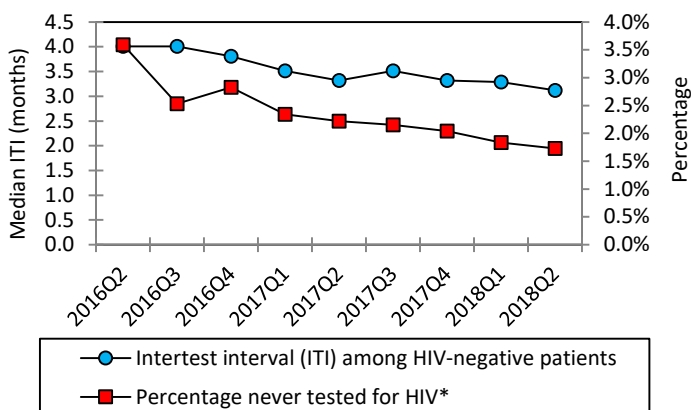


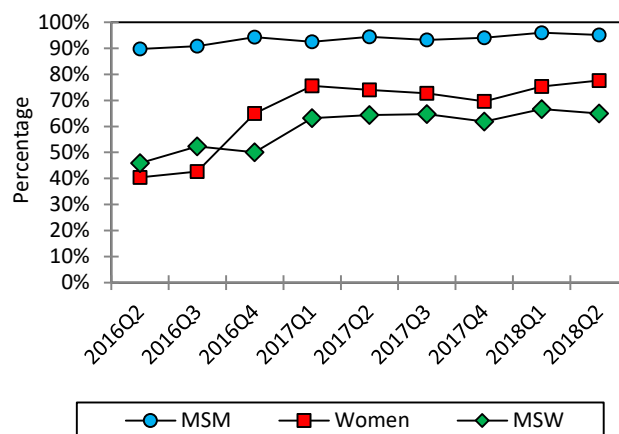
Figure 3: HIV testing among PHSKC STD Clinic patients, MSM (note different scales)



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

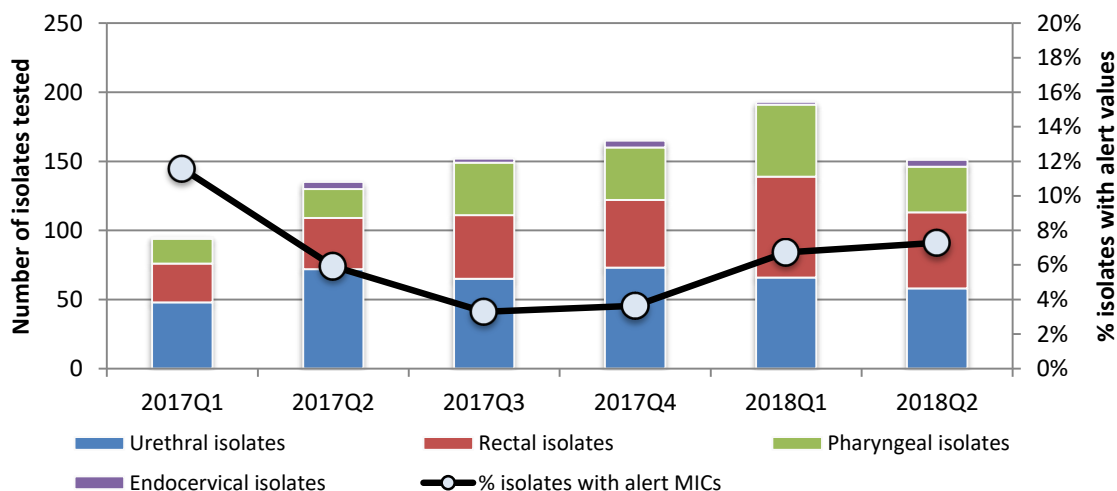
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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 antibiotic but may not represent resistance.

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

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

	2018Q2		YTD	
Unique cases tested*	136		305	
MSM	111		252	
MSW	15		34	
Women	7		13	
Transgender	3		3	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	8 (6)	2 (1)	20 (7)	2 (1)
MSM	7 (6)	2 (2)	19 (8)	2 (1)
MSW	0 (0)	0 (0)	0 (0)	0 (0)
Women	1 (14)	0 (0)	1 (8)	0 (0)
Transgender	0 (0)	0 (0)	0 (0)	0 (0)

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