

### 2020 STI Surveillance Data and COVID-19

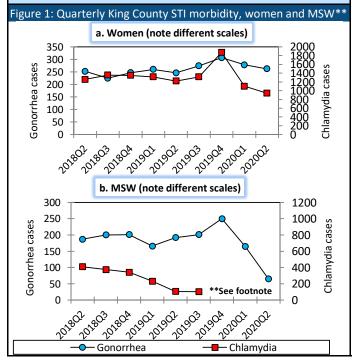
STI case numbers in 2020 may be affected by the COVID-19 pandemic. The first stay at home orders for King County were issued near the end of quarter 1 and any observed decreases in STIs maybe be from changes in STI screening and/or changes in sexual behavior during the pandemic.

## **STI Case Counts**

Table 1: King County STI n	norbidity				
	201	2019		2020	
	2019Q2	YTD	2020Q2	YTD	
Gonorrhea (GC)*	1109	2201	832	1973	
GC: MSM	586	1156	218	726	
Urethral GC	170	322	61	198	
Rectal GC	265	538	109	338	
Pharyngeal GC	68	176	23	76	
GC: Women^	246	506	262	540	
GC: MSW^	192	358	65	230	
GC: Transgender‡	13	18	9	18	
Chlamydia (CT)*	2398	4976	1763	4009	
CT: Men	1219	2535	941	2041	
CT: Women	1163	2415	812	1948	
CT: Transgender‡	11	18	6	7	
Total Syphilis (all stages)*	265	540	179	407	
Primary and secondary	103	196	77	157	
Early latent	96	200	68	163	
Late + unk duration	66	144	34	87	
Early syphilis: MSM	172	339	100	236	
Early syphilis: Women	8	13	9	17	
Early syphilis: MSW	9	21	8	19	
Early syphilis: Transgender	1	5	8	11	
Congenital syphilis	0	0	0	0	

<sup>\*</sup>Column may not equal total due to missing gender or sexual preference data.

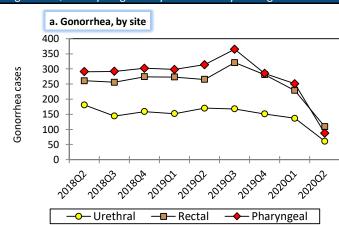
## **Trends in STI Morbidity**

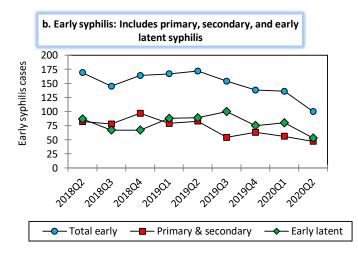


#### Table 2: King County newly diagnosed HIV cases\* 2019 2020 2019Q1 YTD 2020Q1 YTD Total† 60 60 49 49 33 **MSM** 39 39 33 Women 10 10 10 10 **MSW** 2 2 n n Transgender‡ 2 2 1 1

# **Trends in STI Morbidity**







<sup>\*\*</sup>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 for MSM or MSW.

Genital tract infection

<sup>‡</sup> Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

<sup>\*</sup> Data shown for prior quarter due to reporting delay.

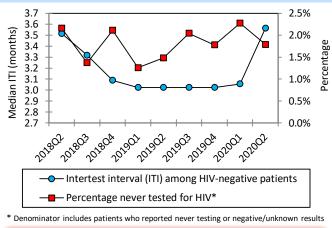
<sup>†</sup> Column may not equal total due to missing sexual preference data.

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

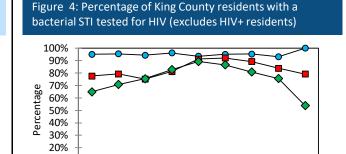
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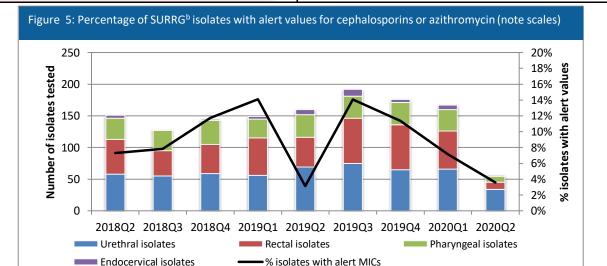
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSMa.



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

Women

- MSM



Alert value = Minimum Inhibitory Concentration (MIC, lowest antibiotic concentration needed to halt bacterial growth) is higher than preset thresholds<sup>c</sup>. Alert value MICs represent decreased susceptibility to an antibotic but may not represent resistance.

### **Footnotes and Abbreviations:**

MSM = Men who have sex with men MSW = Men who have sex with women

<sup>a</sup>High-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 <sup>b</sup>SURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, supported by the Centers for Disease Control and Prevention

<sup>c</sup>Alert values:

Ceftriaxone MIC  $\geq$  0.125 µg/ml Cefixime MIC ≥ 0.25 µg/ml

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

	202	0Q2	YTD				
Unique cases tested*	48		182				
MSM	32		132				
MSW	15		40				
Women	1		8				
Transgender	0		1				
Alert cases and % of	Azi	Ceph	Azi	Ceph			
cases with alert MICs	N (%)	N (%)	N (%)	N (%)			
Unique alert cases*	2 (4)	0 (0)	9 (5)	0 (0)			
MSM	2 (6)	0 (0)	7 (5)	0 (0)			
MSW	0 (0)	0 (0)	1 (3)	0 (0)			
Women	0 (0)	0 (0)	1 (13)	0 (0)			
Transgender	0 (-)	0 (-)	0 (0)	0 (0)			
* Column may not equal total due to missing sexual preference data							