

STI Case Counts

	2022		2023	
	2022Q1	YTD	2023Q1	YTD
Gonorrhea (GC)*	1137	1137	1157	1157
GC: MSM	628	628	655	655
Urethral GC	152	152	137	137
Rectal GC	309	309	327	327
Pharyngeal GC	346	346	379	379
GC: Women^	232	232	239	239
GC: MSW^	202	202	163	163
GC: Transgender‡	28	28	37	37
Chlamydia (CT)*	1925	1925	1829	1829
CT: Men	911	911	872	872
CT: Women	1003	1003	944	944
CT: Transgender‡	9	9	7	7
Total Syphilis (all stages)*	405	405	512	512
Primary and secondary	149	149	187	187
Early latent	139	139	133	133
Late + unk duration	114	114	188	188
Early syphilis: MSM	166	166	184	184
Early syphilis: Women	48	48	51	51
Early syphilis: MSW	56	56	54	54
Early syphilis: Transgender‡	5	5	7	7
Congenital syphilis	3	3	4	4

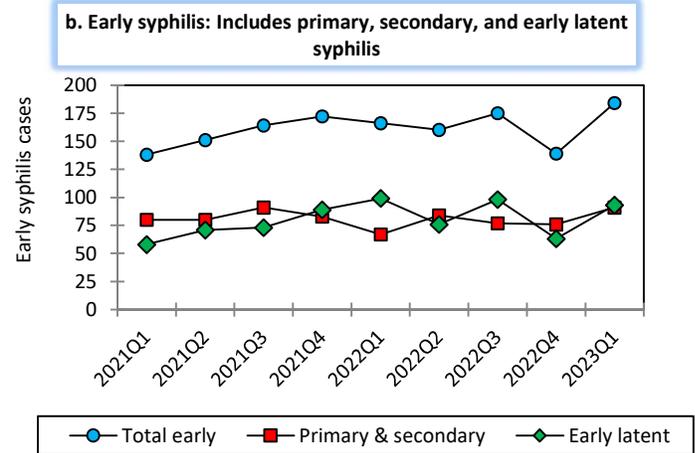
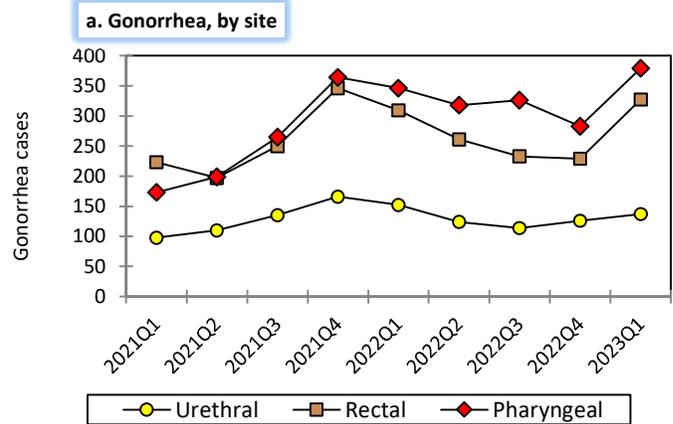
*Column may not equal total due to missing gender or sexual preference data.
^ Genital tract infection
‡ Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

	2021		2022	
	2021Q4	YTD	2022Q4	YTD
Total†	32	162	38	184
MSM	21	114	22	115
Women	5	21	8	24
MSW	1	7	0	13
Transgender‡	1	7	0	5

* 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 STI Morbidity

Figure 2: Quarterly King County STI morbidity among MSM**



**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 by population.

Trends in STI Morbidity

Figure 1: Quarterly King County STI morbidity, women and MSW**

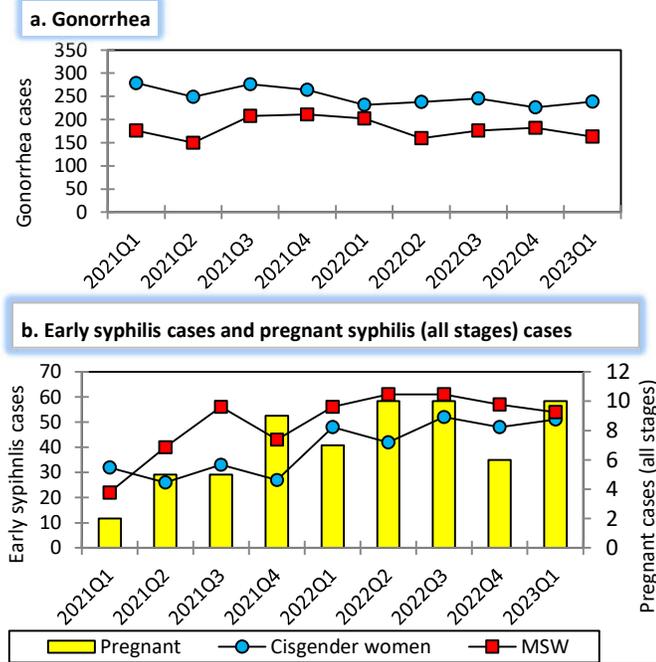
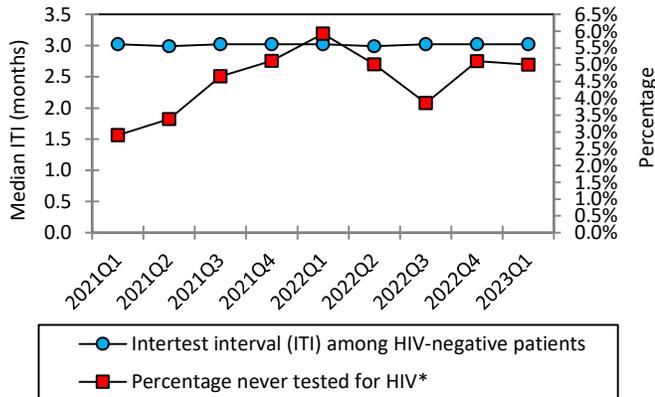


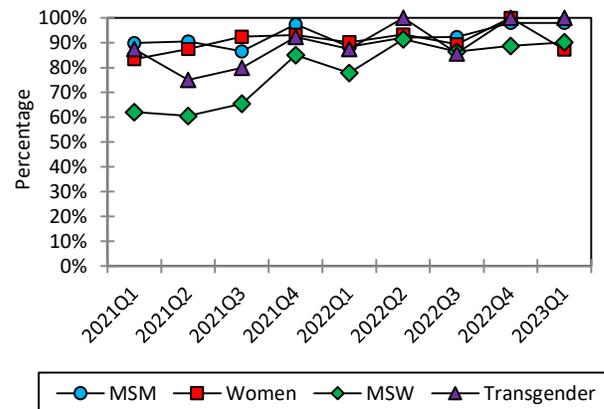
Figure 3: HIV testing among PHSKC Sexual Health Clinic patients, MSM (note different scales)



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

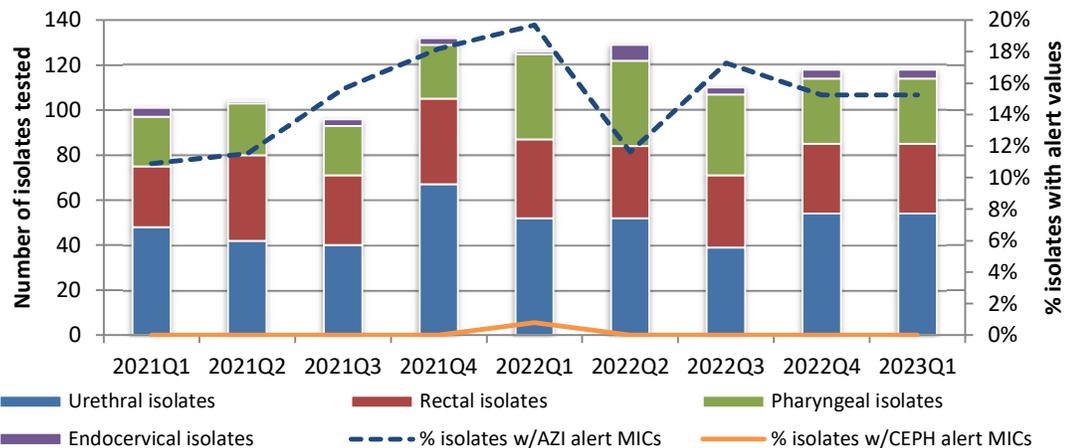
HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSM^a.

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



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

Figure 5: Percentage of SURRG^b isolates with alert values for cephalosporins (CEPH) or azithromycin (AZI) (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 = cisgender men who have sex with men
 MSW = cisgender men who have sex with women
^aHigh-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
^bSURRG = Strengthening the U.S. Response to Resistant Gonorrhea Surveillance, 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)

	2023Q1		YTD	
Unique cases tested*	131		131	
MSM	109		109	
MSW	15		15	
Cisgender Women	4		4	
Transgender	3		3	
Alert cases and % of cases with alert MICs	Azi N (%)	Ceph N (%)	Azi N (%)	Ceph N (%)
Unique alert cases*	20 (15)	1 (1)	20 (15)	1 (1)
MSM	19 (17)	0 (0)	19 (17)	0 (0)
MSW	0 (0)	0 (0)	0 (0)	0 (0)
Cisgender Women	0 (0)	1 (25)	0 (0)	1 (25)
Transgender	1 (33)	0 (0)	1 (33)	0 (0)

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