

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.

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Table 1: King County STI m	•	_		
	202	1	202	2
	2021Q2	YTD	2022Q2	YTD
Gonorrhea (GC)*	917	1913	1056	2194
GC: MSM	406	800	531	1159
Urethral GC	110	208	124	275
Rectal GC	197	420	260	570
Pharyngeal GC	199	372	317	664
GC: Women^	249	528	240	471
GC: MSW^	72	172	21	127
GC: Transgender‡	28	49	40	68
Chlamydia (CT)*	1842	3881	1712	3631
CT: Men	856	1763	865	1773
CT: Women	978	2093	838	1838
CT: Transgender‡	6	14	7	16
Total Syphilis (all stages)*	305	615	414	816
Primary and secondary	142	268	182	329
Early latent	94	191	103	241
Late + unk duration	69	155	126	240
Early syphilis: MSM	151	290	159	323
Early syphilis: Women	26	58	38	86
Early syphilis: MSW	21	34	36	65
Early syphilis: Transgender‡	3	5	11	16
Congenital syphilis	0	1	3	6

^{*}Column may not equal total due to missing gender or sexual preference data.

Trends in STI Morbidity

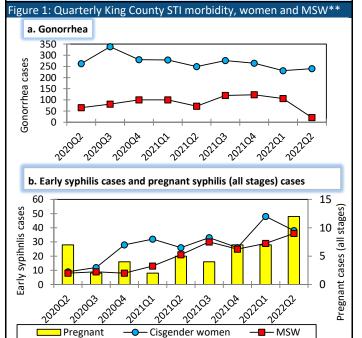
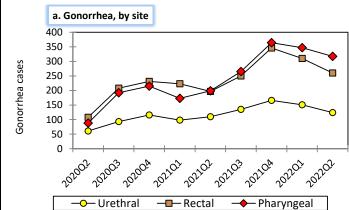


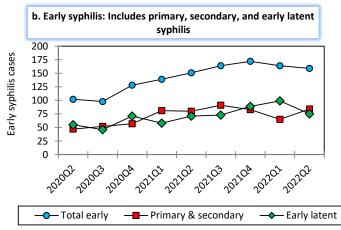
Table 2: King County newly diagnosed HIV cases*					
	2021		2022		
	2021Q1	YTD	2022Q1	YTD	
Total†	46	46	49	49	
MSM	30	30	30	30	
Women	6	6	11	11	
MSW	2	2	3	3	
Transgender‡	3	3	1	1	

^{*} Data shown for prior quarter due to reporting delay.

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.

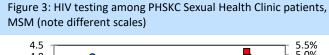
[^] Genital tract infection

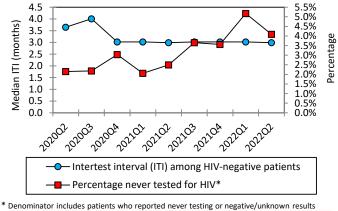
[‡] Transgender identity relies on reporting from medical providers and Partner Services Interviews. Data presented here are a potential undercount.

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

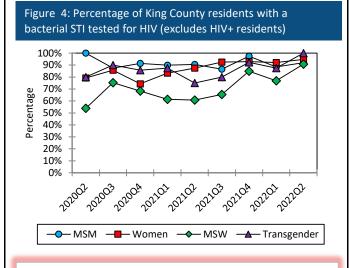
[‡] Transgender identity relies on review of information documented in medical records and obtained through Partner Services Interviews. Data presented here are a potential undercount.



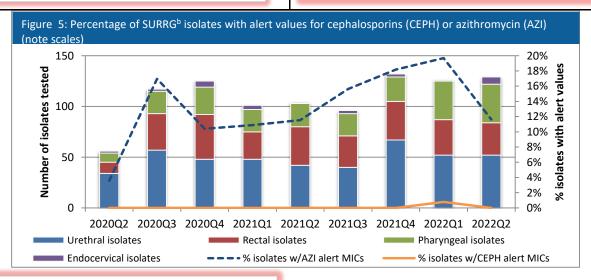




HIV testing should be performed annually on low-risk MSM and quarterly on high-risk MSMa.



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



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 antibotic 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 Azithromycin MIC ≥ 2.0 μg/ml

Cefixime MIC ≥ 0.25 µg/ml

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

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	2022Q2		YTD		
Unique cases tested*	111		224		
MSM	82		172		
MSW	MSW 2		39		
Cisgender Women	6		10		
Transgender	3		3		
Alert cases and % of	Azi	Ceph	Azi	Ceph	
cases with alert MICs	N (%)	N (%)	N (%)	N (%)	
Unique alert cases*	12 (11)	1 (1)	33 (15)	1 (0)	
MSM	11 (13)	1 (1)	30 (17)	1 (1)	
MSW	0 (0)	0 (0)	2 (5)	0 (0)	
Cisgender Women	1 (17)	0 (0)	1 (10)	0 (0)	
Transgender	0 (0)	0 (0)	0 (0)	0 (0)	
* Column may not equal total due to missing sexual preference data					