Sexually Transmitted Diseases

Santa Cruz County

April 2013

This overview summarizes surveillance data on the following reportable sexually transmitted diseases (STDs): syphilis, gonorrhea, and chlamydia. Local data are available as a result of providers and laboratories reporting cases to the Santa Cruz County Communicable Disease Unit. All three STDs increased from 2011 to 2012 (Table 1).

SYPHILIS

There has been a striking increase of infectious syphilis (primary, secondary and early latent stages) over the past five years in Santa Cruz County; county rates used to be much lower than California and the nation until the past couple of years (Figure 1).

2012 cases had the following notable traits (Table 2):

- 89% of cases are men who had sex with men (MSM)
- 73% of interviewed cases had sex with anonymous partners
- Interviewed cases reported an average of 18 sexual partners in the year prior to their diagnosis, with a range of 0 to 240 partners
- 46% of cases interviewed used erectile enhancing drugs

More frequent STD screening (such as every 3-6 months) is indicated for MSM who have multiple or anonymous sex partners or who have sex in conjunction with illicit drug use (or have partners who participate in these activities).

LOCAL SYPHILIS CONTROL ASSISTANCE

Paula Haller, STD Coordinator at **(831) 454-4114,** can search for past syphilis test results and treatment as needed, as she can access local and state syphilis registries. Also, free bilingual syphilis patient awareness cards are available on request (below).

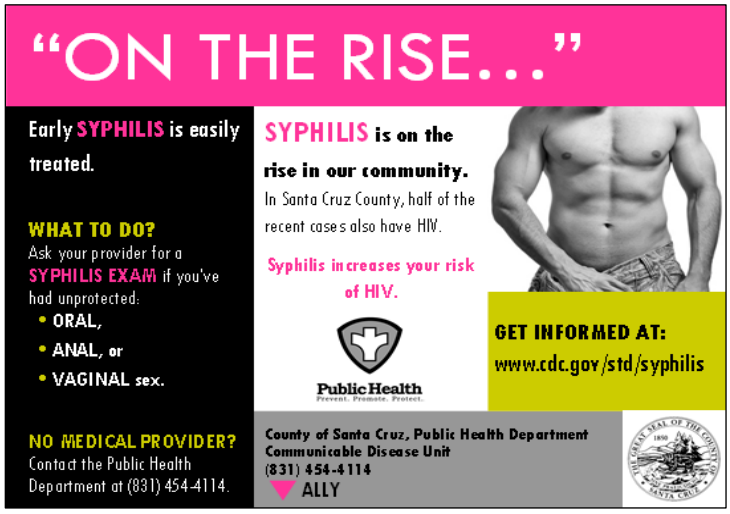

Table 1 -- STD Cases by Condition, Santa Cruz County Residents, 2011 and 2012

Disease	2011 Cases	2012 Cases	Change
Syphilis*	25	28	↑
Gonorrhea	81	98	↑
Chlamydia	745	861	↑

*Includes primary, secondary and early latent stages

Figure 1 -- Infectious Syphilis Rates by Year of Diagnosis, Santa Cruz County, California and the United States, 2007-2011, 2012

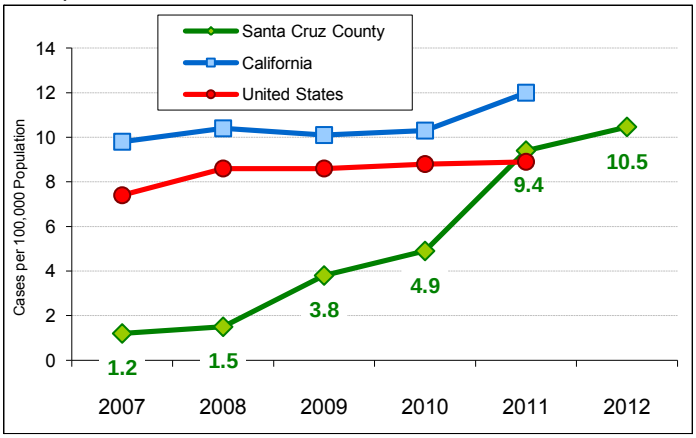

Table 2 -- Characteristics of Infectious Syphilis Cases, Santa Cruz County Residents, 2012

All Cases (N=28)	Count	Percent
SEX		
Male, MSM*	25	89%
Male, heterosexual	1	4%
Male, unknown	1	4%
Female, heterosexual	1	4%
AGE		
Under 25	4	14%
25 - 34	3	11%
35 - 49	11	39%
50 and Over	10	36%
ETHNICITY		
Latino	10	36%
White	18	64%
HIV STATUS		
Positive	16	57%
Negative	12	43%
Interviewed Cases^ (N=22)		
HAS ANONYMOUS SEX PARTNERS		
Yes	16	73%
No	6	27%

* MSM: men who have sex with men (includes bisexual men)

^ Some cases do not respond to multiple requests for interviews which limits detailed information collection.

GONORRHEA

Gonorrhea (GC) rates have been lower in Santa Cruz County compared to the state and nation, but local rates are increasing (Figure 2). In 2012, females between ages 20 and 24 had the highest GC rate by gender and age group (Figure 3). GC has become resistant to all but one class of antibiotics, cephalosporins. Some countries in Europe and Asia have already seen cephalosporin-resistant gonorrhea, and there are concerns that resistance will make its way to the U.S. Given the various antibiotics that were used to treat GC in the past 15 years, that are now ineffective, we may be approaching a near future where gonorrhea is incurable.

The California Department of Public Health (CDPH) currently recommends this dual treatment for GC, regardless of chlamydia test results:

- Ceftriaxone 250 mg intramuscularly once
  Plus
- Azithromycin 1 g orally once*

Alternative regimen for urogenital or rectal GC** if ceftriaxone cannot be given:

- Cefixime 400 mg orally once
  Plus
- Azithromycin 1 g orally once*

*Doxycycline 100 mg orally twice daily for 7 days may be used; however, azithromycin is preferred.

**Cefixime is not an alternative for pharyngeal infections.

In case of Cephalosporin allergy, regardless of anatomic site:

- Azithromycin 2 g orally once

While deciding which tests to perform on MSM, identify possible sites of exposure (pharyngeal / rectal / urogenital) and test accordingly. MSM can be asymptomatic in the throat and rectum; therefore, we are advising that they be screened for GC in those sites every 3-6 months.

CHLAMYDIA

Figure 4 compares chlamydia (CT) incidence rates in Santa Cruz County with the state and nation. Figure 5 shows the gender and age breakdown of cases in Santa Cruz County in 2012. Reinfection with CT is very common. Research demonstrates that as many as 20% of females acquire a new infection within 6 months of their initial positive test and treatment. Because a majority of infections are asymptomatic in women, they may not seek medical care. CDPH/CDC suggest two interventions to address reinfections of CT: (1) retest female patients within 3 months after treatment, and (2) empirically treat all recent sex partners for CT. The strategy is a method to detect reinfection early, thereby reducing the risk of reproductive health complications and continued infection transmission.

RESOURCES

Santa Cruz County, Communicable Disease Unit, (831) 454-4114
http://www.santacruzhealth.org/phealth/cd/3std.htm
California Dept. of Public Health, STD Control Branch
http://www.cdph.ca.gov/programs/std/Pages/default.aspx

Figure 2 -- Gonorrhea Rates by Year of Diagnosis, Santa Cruz County, California and the United States, 2007-2011, 2012

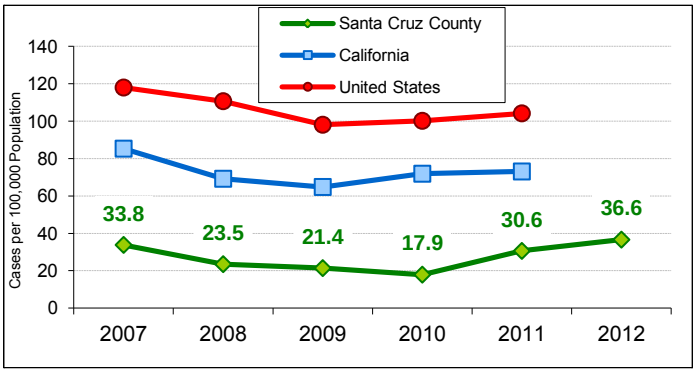

Figure 3 -- Gonorrhea Rates by Gender and Age Group, Santa Cruz County, 2012

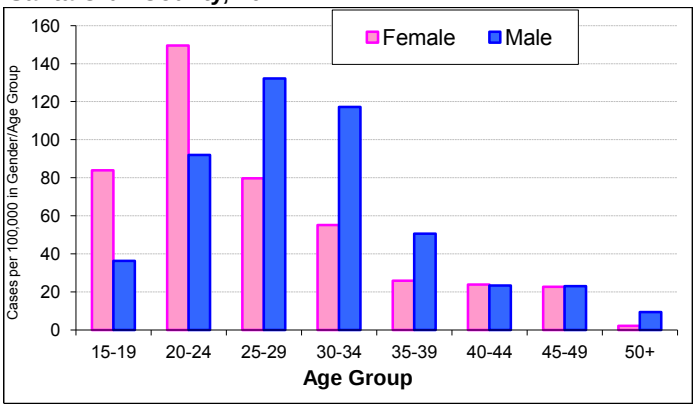

Figure 4 -- Chlamydia Rates by Year of Diagnosis, Santa Cruz County, California and the United States, 2007-2011, 2012

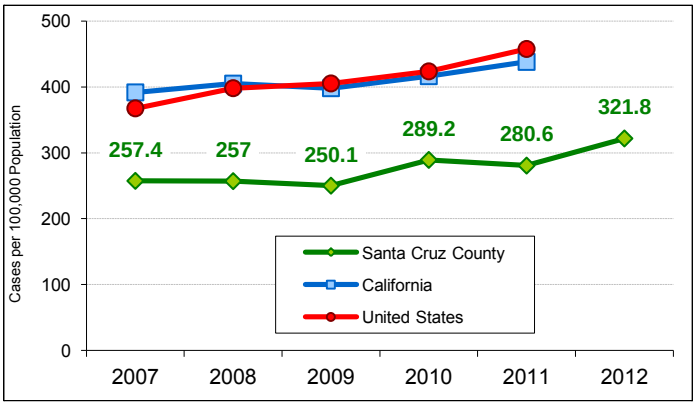

Figure 5 -- Chlamydia Rates by Gender and Age Group, Santa Cruz County, 2012