Table 1. STDs reported among San Diego County residents, by month (January 2014) and year-to-date. 2013 2014

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>YTD</th>
<th>Jan</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>1484</td>
<td>1484</td>
<td>1107</td>
<td>1107</td>
</tr>
<tr>
<td>Female age 18-25</td>
<td>628</td>
<td>628</td>
<td>481</td>
<td>481</td>
</tr>
<tr>
<td>Female age &lt;17</td>
<td>85</td>
<td>85</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Male rectal chlamydia</td>
<td>64</td>
<td>64</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>258</td>
<td>258</td>
<td>268</td>
<td>268</td>
</tr>
<tr>
<td>Female age 18-25</td>
<td>38</td>
<td>38</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Female age &lt;17</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Male rectal gonorrhea</td>
<td>36</td>
<td>36</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Early Syphilis (adult total)</td>
<td>64</td>
<td>64</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Primary</td>
<td>12</td>
<td>12</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Secondary</td>
<td>25</td>
<td>25</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Early latent</td>
<td>27</td>
<td>27</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Congenital syphilis*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HIV infection**</td>
<td>45</td>
<td>45</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>HIV (not AIDS)</td>
<td>25</td>
<td>25</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

YTD: Year to Date

*Includes confirmed and probable cases. Current neurosyphilis data are pending.
**New infections are reported either as HIV or, if an individual was also diagnosed with AIDS within one month, as AIDS.

Table 2. Selected STD cases and annualized rates per 100,000 population for San Diego County, by age and race/ethnicity, year-to-date, 2014.

<table>
<thead>
<tr>
<th></th>
<th>All ages</th>
<th>2013</th>
<th>Asian/PI</th>
<th>2013</th>
<th>Black</th>
<th>2013</th>
<th>Hispanic</th>
<th>2013</th>
<th>White</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>cases</td>
<td>rate</td>
<td></td>
<td>cases</td>
<td>rate</td>
<td>cases</td>
<td>rate</td>
<td>cases</td>
<td>rate</td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td>1107</td>
<td>421.7</td>
<td>26</td>
<td>86.8</td>
<td>47</td>
<td>426.4</td>
<td>215</td>
<td>244.8</td>
<td>144</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td>268</td>
<td>102.1</td>
<td>18</td>
<td>26.7</td>
<td>36</td>
<td>328.6</td>
<td>59</td>
<td>67.2</td>
<td>53</td>
</tr>
<tr>
<td>Early syphilis</td>
<td></td>
<td>33</td>
<td>12.6</td>
<td>1</td>
<td>3.3</td>
<td>2</td>
<td>15.1</td>
<td>6</td>
<td>6.8</td>
<td>18</td>
</tr>
<tr>
<td>Under 20 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td>189</td>
<td>267.7</td>
<td>4</td>
<td>55.8</td>
<td>10</td>
<td>338.0</td>
<td>33</td>
<td>103.2</td>
<td>20</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td>33</td>
<td>46.7</td>
<td>1</td>
<td>14.0</td>
<td>9</td>
<td>304.2</td>
<td>8</td>
<td>25.0</td>
<td>3</td>
</tr>
<tr>
<td>Early syphilis</td>
<td></td>
<td>1</td>
<td>1.4</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Rates calculated using 2013 SANDAG population estimates.
*Includes cases denoted as “other” or “unknown” and for which no race/ethnicity data are specified.

Key Points comparing YTD cases reported through January 2013 to January 2014.
- Chlamydia has decreased 25.4%.
- Female (18-25) chlamydia has decreased 23.4%.
- Female (≤17) chlamydia has decreased 36.5%.
- Gonorrhea has increased 3.9%.
- Female (18-25) gonorrhea has increased 15.8%.
- Early syphilis has decreased 48.4%.

Note: All data are provisional. Case counts are based on the earliest date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

Editorial Note: HIV Disclosure-The Importance of the Clinician

Clinicians’ attitudes and the conversations they have with their patients strongly influence patients’ behaviors and decisions. Recent studies have shown this is true for HIV: when clinicians directly encourage patients to reduce their risk or disclose their HIV status to their partners, the patient is more likely to do so.

Patients can find support for HIV disclosure through the County of San Diego’s free, confidential and anonymous Partner Services program. The goal of Partner Services is to reduce transmission of HIV and it is a powerful tool to reach individuals unaware of their HIV status as well as those at highest risk of infection—sex and/or needle sharing partners of HIV-infected individuals—by providing HIV testing and referral to medical care and/or prevention services.

Several Partner Services options are available to assist HIV-positive persons with the difficult decision to disclose their status to partners, and County public health advisors will assist each person in determining the most appropriate options. Third-party notification is available for HIV-positive people who want to inform partners while remaining anonymous. HIV-positive people can also receive counseling on how to disclose their status to current partners or receive support and assistance for themselves and their partners during the disclosure process.

Clinicians can help prevent the further transmission of HIV—and improve health outcomes for HIV-positive persons who are unaware of their status—by discussing disclosure with their patients, asking which option is appropriate for each partner, and providing appropriate referrals. By doing so, clinicians can play a vital role in helping people with undiagnosed HIV become aware of their status and access care and treatment.

Clinicians can make a referral to Partner Services by calling (619) 692-8501 and asking to speak with a County health advisor. For more information about Partner Services please visit www.knowanddisclose.com.