# San Mateo County (SMC) Sexually Transmitted Infections (STI) and HIV-AIDS Surveillance Annual Report, 2023

**Kismet Baldwin-Santana, MD, MPH, Health Officer**
**Vivian Levy, MD, STI Controller**
**Matt Geltmaker, LCSW, Program Manager**
**Anna Branzuela, Field Supervisor**
**Asa Ohsaki, MPH, Epidemiologist II**

SAN MATEO COUNTY HEALTH

***www.smchealth.org/std*** **· Provider STI Reporting 650-573-2346 · STI Clinic: 650-573-2385**

# INTRODUCTION AND ACKNOWLEDGEMENTS

This is the 2023 report of data and program highlights from the STI/HIV Program in San Mateo County Health. For questions and feedback on this report or on the STI/HIV Program, please contact the Epidemiology unit.

Office of Epidemiology and Evaluation
2000 Alameda de las Pulgas, Suite 240
San Mateo, CA 94403
epidemiology@smcgov.org
650-573-2144

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Note on data for previous years:
Numbers in the document listed for past years may not match totals in previous reports. Totals may increase due to late reports, may decrease when duplicate reports are removed or cases are subsequently identified as out of our jurisdiction, or when case definitions are changed. In addition, disease rates may have changed due to updated denominator data from the U.S. Census Bureau or the California Department of Finance. Please see Technical Notes for more.

The following contributed to the creation of this report:

STI/HIV
Losaline Baker
Roberto Gonzalez
Sergio Grajeda
Sharon Jones
Peter Mack
Munya Mahiya
Michelle Malang
Ana Martinez
Marco Vergara
Marissa Wagner
Wesley Yuen

Epidemiology
Corina Chung, MS
Heather Eastwood, PhD
Melissa Ibarra, MPH
Karen Pfister, MS

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The STI/HIV Program was created in November 2008, with the merging of the long-standing STI and AIDS Programs, in order to integrate STI and HIV services within San Mateo County Health. In 2023, HCV surveillance was added to the program. The program aims to identify, prevent and treat Sexually Transmitted Infections (STIs), hepatitis C (HCV), and HIV, as well as monitor STI/HCV/HIV disease trends in San Mateo County.

## Services of the STI/HCV/HIV Program

- Provide comprehensive primary medical care, psychosocial support and case management for persons living with HIV
- Provide STI, HCV and HIV screening and treatment through San Mateo County STI Clinic, San Mateo County correctional facilities, and mobile outreach and testing for high-risk populations
- Provide linkage to care services for residents newly diagnosed with HIV as well as residents who are not connected to HIV primary care
- Provide partner services for residents newly diagnosed with HIV as well as those already in care
- Provide HIV PrEP (Pre-Exposure Prophylaxis) information, referrals and linkage for at-risk individuals
- Provide STI and HIV prevention and treatment information through the San Mateo County Health web site: http://www.smchealth.org/std
- Conduct case and behavioral surveillance, analysis and reporting of syphilis, gonorrhea, chlamydia, Mpox, HCV,and HIV
- Conduct analysis of disease trends using demographic, clinical, and interview data
- Conduct STI prevalence monitoring in high-risk settings such as STI clinic and correctional facilities
- Conduct disease intervention services, including field-delivered therapy and partner delivered therapy where appropriate
- Support training opportunities and distribute STI/HCV/HIV clinical educational materials to health careproviders
- Partner with public and private laboratories offering STI/HCV/HIV testing
- Collaborate with public and private key stakeholders to identify and solve health problems

## External partners include:

California Department of Public Health, San Francisco Department of PublicHealth, San Francisco Mayor's Office of Housing and Community Development, California STD/HIV Controllers Association.

## County and Community partners include:

Mental Health Association of San Mateo County, AIDS Community Research Consortium, San Mateo County Health- Correctional Health, San Mateo County Health – Mobile Clinic, Street and Field Medicine

## Funding and Grants:

The STI/HIV Program received funding from the following sources in 2023:

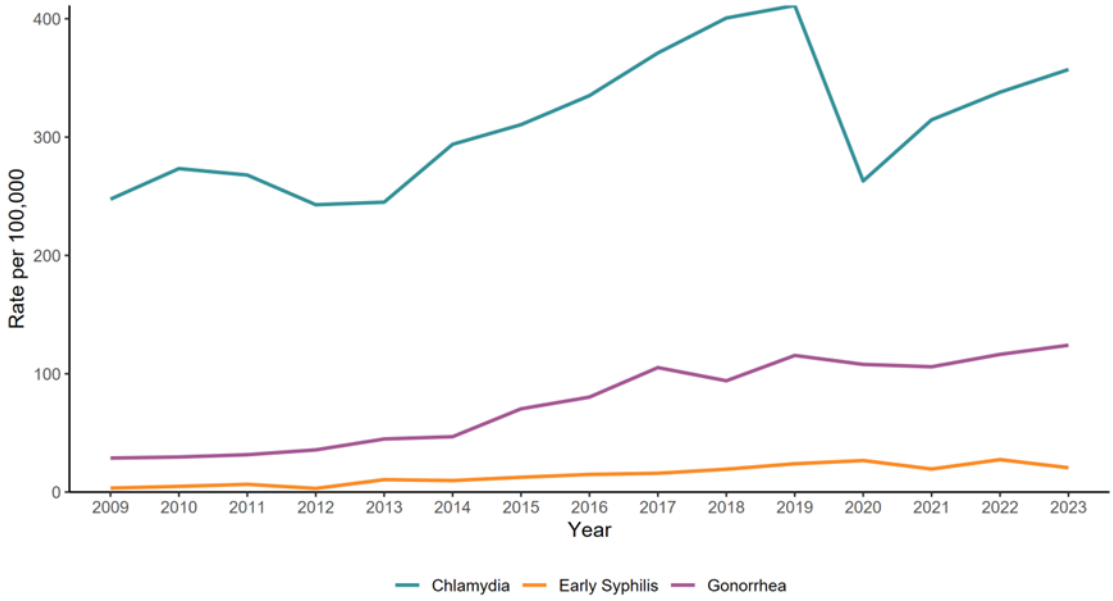
- San Mateo County General Fund
- Federal Health Resources and Services Administration (HRSA) - Ryan White Part A as part of the San Francisco Eligible Metropolitan Area (EMA)
- Federal Centers for Disease Control & Prevention (CDC) - HIV Prevention Funds through the California Department of Public Health – Office of AIDS
- Federal Housing and Urban Development (HUD) - Housing Opportunities for People with AIDS (HOPWA) as part of the San Francisco Eligible Metropolitan Statistical Area (EMSA)
- Federal Health Resources and Services Administration (HRSA) - Ryan White Part B through the California Department of Public Health – Office of AIDS
- Federal Health Resources and Services Administration (HRSA) - Ryan White Minority AIDS Initiative (MAI) through the California Department of Public Health – Office of AIDS
- California Department of Public Health (CDPH) – Core STD Program Management through STD Control Branch

- California Department of Public Health (CDPH – STD Prevention and Collaboration Grant through STD Control Branch
- California Department of Public health (CDPH) – HCV Prevention and Collaboration Grant through STD Control Branch

## 2024 Programmatic Priorities

- Syphilis screening in pregnant people, gonorrhea resistance surveillance, promotion of doxycycline post-exposure prophylaxis (doxy-PEP) and HIV pre-exposure prophylaxis (PrEP) through provider detailing and educating providers on CDC and CDPH STI Testing and Treatment guidelines.

**Figure 1. STI Rates by Year in San Mateo County, 2009-2023**




Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS).

## Table 1. STI Cases and Rates by Year Reported in San Mateo County, 2009-2023

### Cases

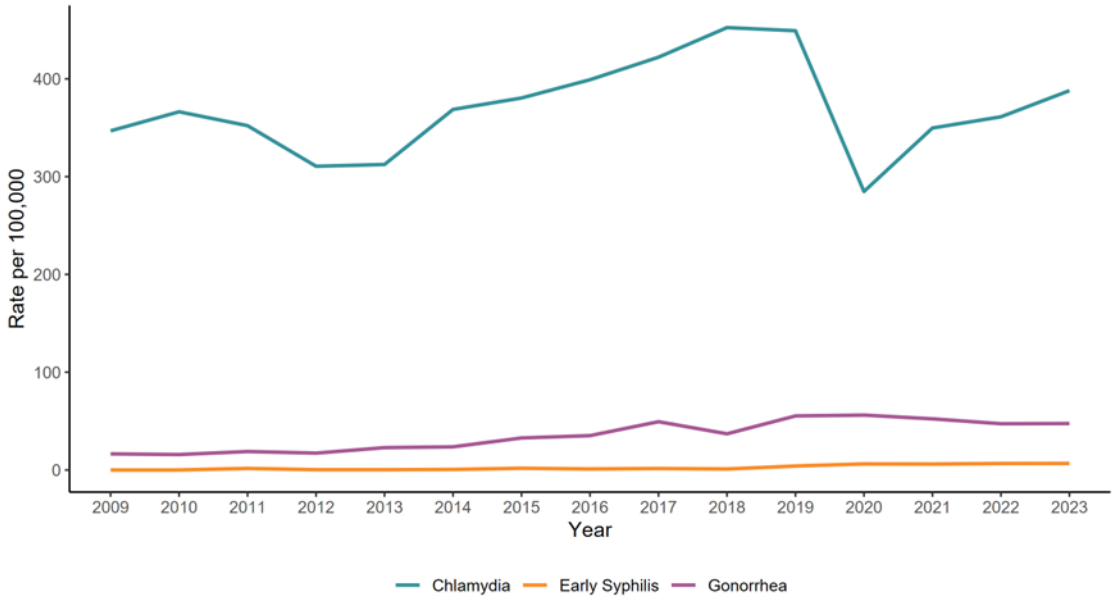
| Disease | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Chlamydia | 1,773 | 1,972 | 1,957 | 1,803 | 1,839 | 2,228 | 2,378 | 2,579 | 2,867 | 3,104 | 3,191 | 2,000 | 2,353 | 2,500 | 2,618 |
| Gonorrhea | 206 | 214 | 231 | 265 | 337 | 355 | 539 | 618 | 813 | 729 | 896 | 821 | 792 | 861 | 910 |
| Primary Syphilis | 8 | 9 | 7 | 7 | 18 | 20 | 12 | 19 | 36 | 25 | 43 | 33 | 23 | 37 | 25 |
| Secondary Syphilis | 11 | 13 | 28 | 7 | 39 | 30 | 43 | 41 | 26 | 52 | 47 | 61 | 42 | 53 | 42 |
| Early Latent Syphilis | 5 | 13 | 13 | 9 | 22 | 24 | 41 | 55 | 61 | 73 | 96 | 109 | 81 | 113 | 84 |
| Early Syphilis[1] | 24 | 35 | 48 | 23 | 79 | 74 | 96 | 115 | 123 | 150 | 186 | 203 | 146 | 203 | 151 |
| Late Latent Syphilis | 13 | 16 | 19 | 25 | 22 | 43 | 56 | 53 | 69 | 69 | 88 | 59 | 76 | 110 | 139 |
| Neurosyphilis[2] | 2 | 0 | 2 | 2 | 1 | 0 | 2 | 2 | 4 | 0 | 1 | 4 | 7 | 9 | 8 |
| Congenital Syphilis | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 0 |

### Rate per 100,000[3]

| Disease | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Chlamydia | 247.5 | 273.4 | 267.9 | 242.8 | 245.0 | 293.9 | 310.5 | 335.1 | 371.1 | 400.6 | 411.2 | 262.9 | 314.6 | 337.9 | 357.1 |
| Gonorrhea | 28.8 | 29.7 | 31.6 | 35.7 | 44.9 | 46.8 | 70.4 | 80.3 | 105.2 | 94.1 | 115.5 | 107.9 | 105.9 | 116.4 | 124.1 |
| Primary Syphilis | 1.1 | 1.2 | 1.0 | 0.9 | 2.4 | 2.6 | 1.6 | 2.5 | 4.7 | 3.2 | 5.5 | 4.3 | 3.1 | 5.0 | 3.4 |
| Secondary Syphilis | 1.5 | 1.8 | 3.8 | 0.9 | 5.2 | 4.0 | 5.6 | 5.3 | 3.4 | 6.7 | 6.1 | 8.0 | 5.6 | 7.2 | 5.7 |
| Early Latent Syphilis | 0.7 | 1.8 | 1.8 | 1.2 | 2.9 | 3.2 | 5.4 | 7.1 | 7.9 | 9.4 | 12.4 | 14.3 | 10.8 | 15.3 | 11.5 |
| Early Syphilis | 3.4 | 4.9 | 6.6 | 3.1 | 10.5 | 9.8 | 12.5 | 14.9 | 15.9 | 19.4 | 24.0 | 26.7 | 19.5 | 27.4 | 20.6 |
| Late Latent Syphilis | 1.8 | 2.2 | 2.6 | 3.4 | 2.9 | 5.7 | 7.3 | 6.9 | 8.9 | 8.9 | 11.3 | 7.8 | 10.2 | 14.9 | 19.0 |
| Neurosyphilis | 0.3 | 0.0 | 0.3 | 0.3 | 0.1 | 0.0 | 0.3 | 0.3 | 0.5 | 0.0 | 0.1 | 0.5 | 0.5 | 1.2 | 1.1 |
| Congenital Syphilis[4] | 0.0 | 0.0 | 22.2 | 0.0 | 0.0 | 0.0 | 11.1 | 0.0 | 0.0 | 0.0 | 12.1 | 13.0 | 40.3 | 40.0 | 0.0 |

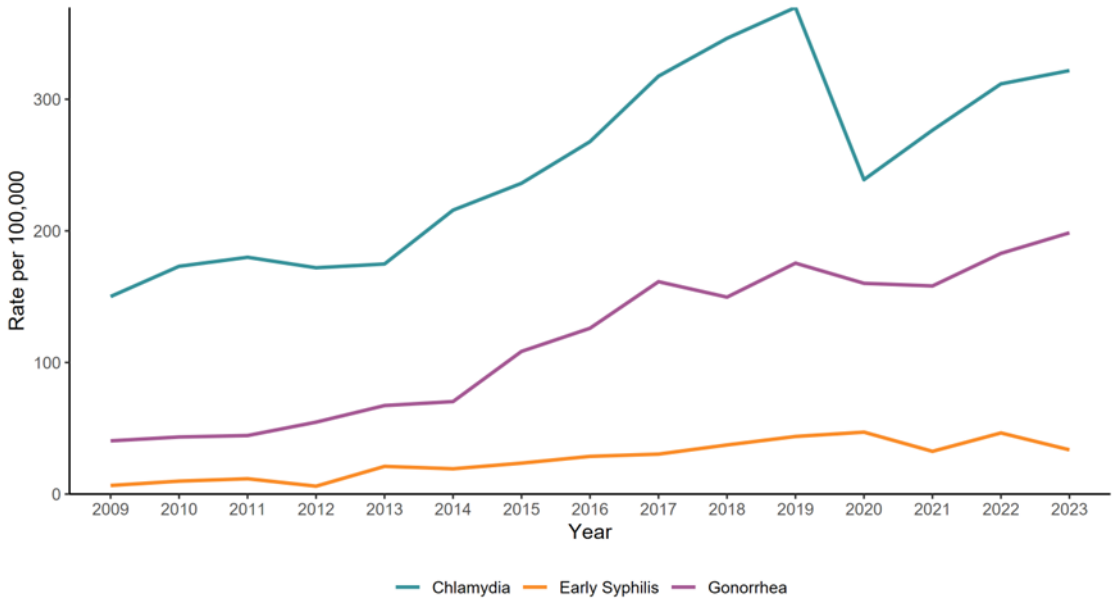
[1]Early syphilis includes primary, secondary and early latent syphilis stages. [2]Neurosyphilis cases are a sequelae of syphilis and can occur at any syphilis stage,neurosyphilis cases are captured under other syphilis stages. [3]Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance. [4]Rates equal cases per 100,000 live births per year based on CA Department of Finance, Demographic Research Unit, Historical and Projected Births by County. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS).

## Figure 2. STI Rates for Females by Year in San Mateo County, 2009-2023




Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance. Data for San Mateo County is compiled fromthe California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS).

## Figure 3. STI Rates for Males by Year in San Mateo County, 2009-2023



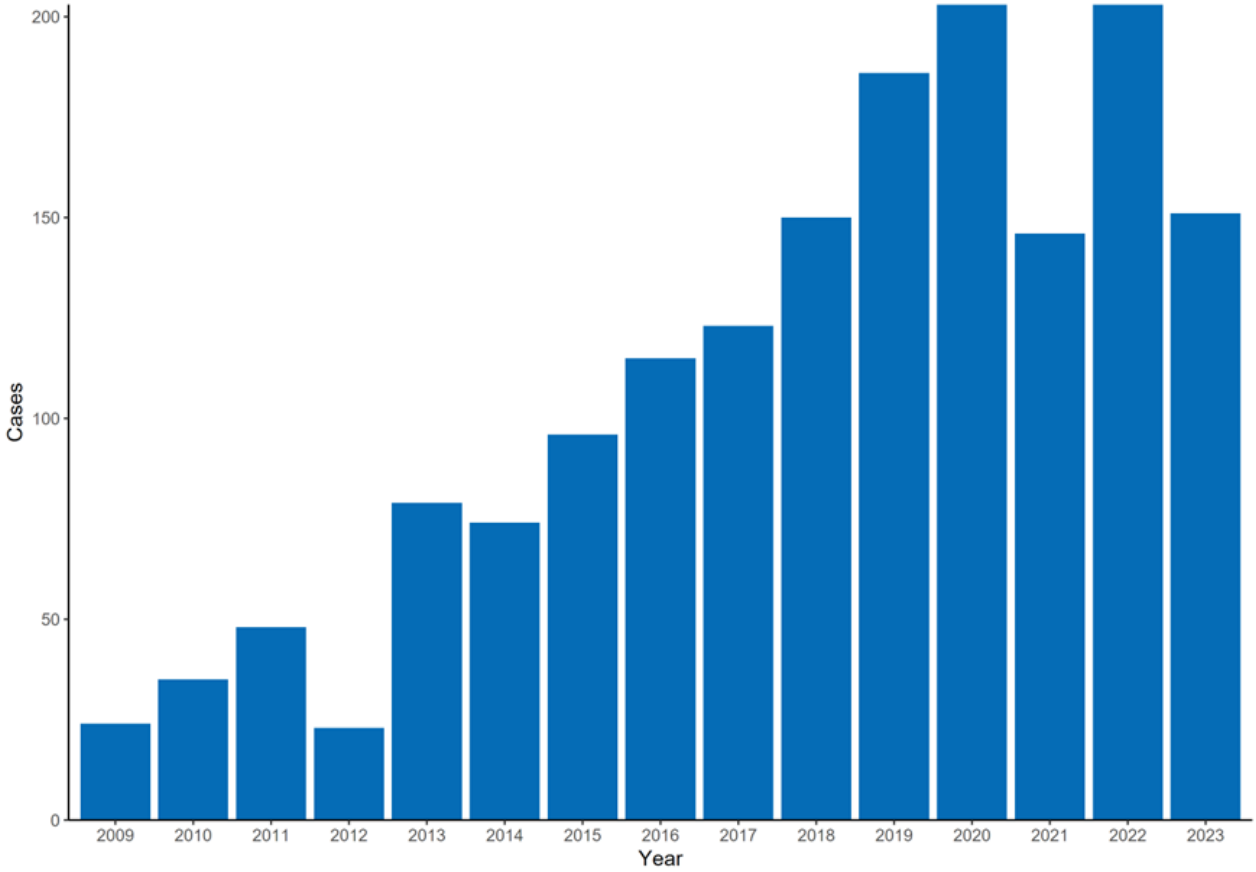

Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance. Data for San Mateo County is compiled fromthe California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS).

# SYPHILIS

## Overview

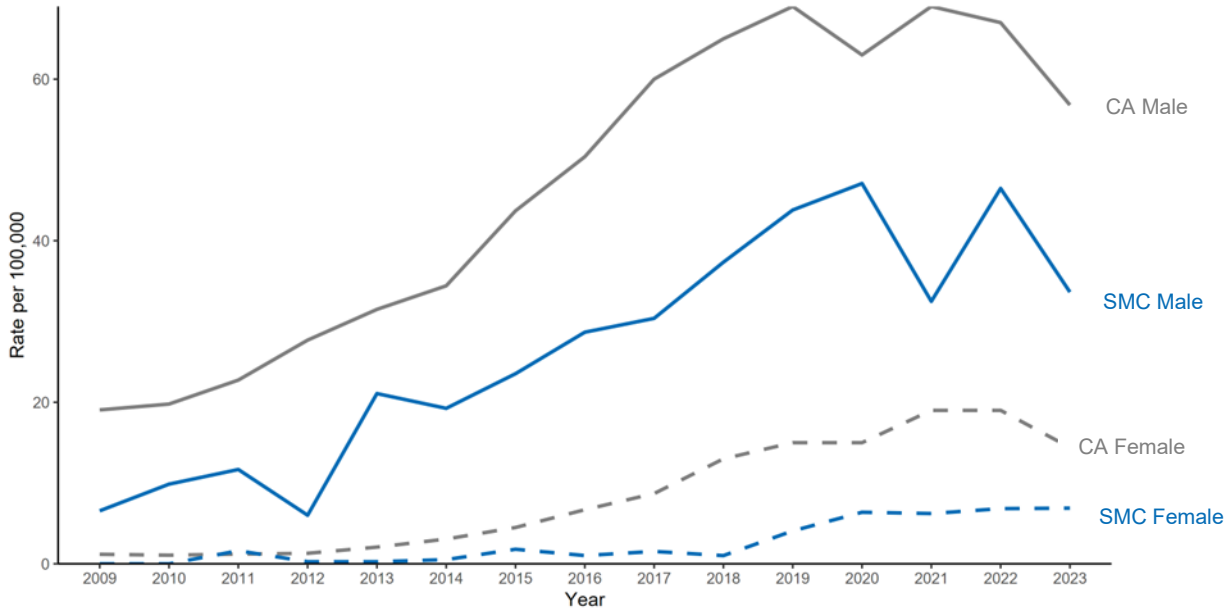
- From 2014 to 2023, the ratio of female to male among total syphilis cases decreased from 1:11 to 1:3. The ratio of female to male syphilis cases underwent a drastic change in SMC over the past 10 years, with a larger proportion of females testing positive for syphilis. Clinicians should be aware of increased syphilis burden in SMC women.
- Early syphilis decreased 26% in 2023 compared to 2022 due to a 28% decrease among males. There was no difference in the number of syphilis cases among women between 2022 and 2023.
- While there were no congenital syphilis cases in 2023, SMC had 7 cases from 2020-2023.
- Late latent syphilis increased 26% from 2022 to 2023. The rate of late latent syphilis among females nearly doubled from 6.7 to 12.1 cases per 100,000.
- Neurosyphilis cases decreased from 9 to 8 from 2022 to 2023. Neurosyphilis,ocular and otic syphilis need 10-14 days of intravenous penicillin treatment.
- Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
- CDPH issued updated syphilis screening recommendations in October 2024, applicable statewide regardless of local syphilis or congenital syphilis rates:
    - All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should be screened for syphilis at least once in their lifetime. Following the initial screen, syphilis screening be offered annually.
    - Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
    - All pregnant persons should be screened for syphilis three times: (1) at confirmation of pregnancy or first prenatal encounter, (2) early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and (3) at delivery.
    - All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis at intake.
    - Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy.
- A study published in the New England Journal of Medicine in 2022 showed that doxycycline taken as doxy-PEP after condomless oral, anal, or vaginal sex significantly reduced likelihood of chlamydia, gonorrhea, and syphilis among men and transgender women.
- Neighboring counties' implementation of doxy-PEP in 2022-2023 likely contributed to decreases in male syphilis in San Mateo County.

**Figure 4. Early Syphilis Cases by Year in San Mateo County, 2009-2023**



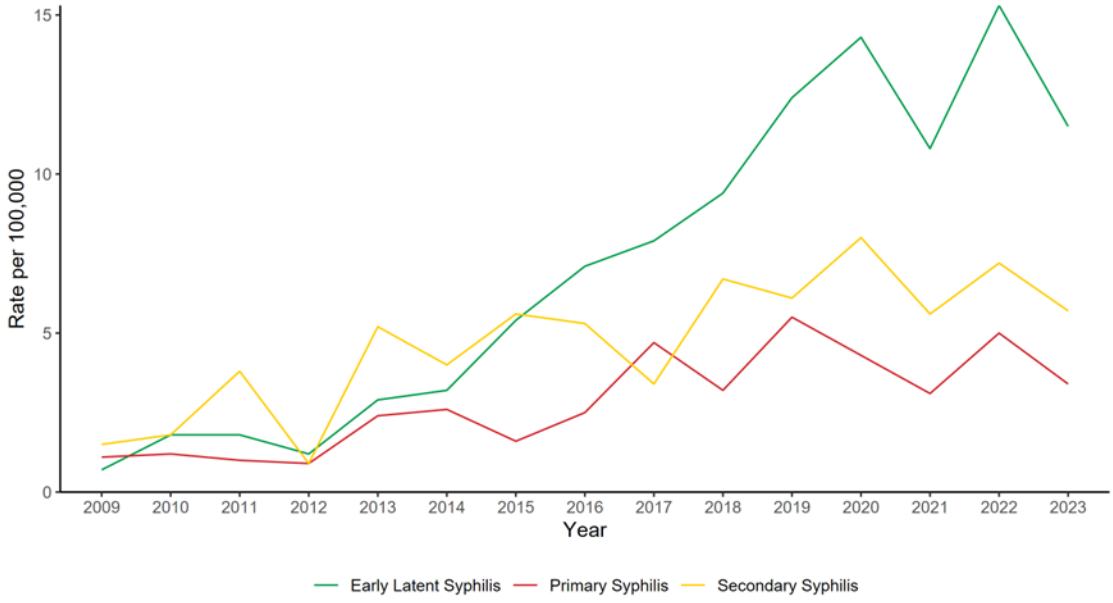

Early Syphilis includes primary, secondary, and early latent stages of syphilis. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance

## Figure 5. Early Syphilis Rates by Gender and Year in San Mateo County and State of California, 2009-2023




Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Data for California rates was provided by the California Department of Public Health STD Control Branch. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance.

## Figure 6. Early Syphilis Rates by Stage and Year in San Mateo County, 2009-2023




Early Syphilis includes primary, secondary, and early latent stages of syphilis. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance

## Table 2. Syphilis Cases by Syphilis Stage in San Mateo County, 2022 and 2023

| | 2023 | | | 2022 | | |
|---|---|---|---|---|---|---|
| | Cases | Percent | Rate | Cases | Percent | Rate |
| Early Syphilis | 151 | 52.1 | 20.6 | 203 | 64.9 | 27.4 |
| Primary Syphilis | 25 | 8.6 | 3.4 | 37 | 11.8 | 5.0 |
| Secondary Syphilis | 42 | 14.5 | 5.7 | 53 | 16.9 | 7.2 |
| Early Latent Syphilis | 84 | 29.0 | 11.5 | 113 | 36.1 | 15.3 |
| Late Latent Syphilis | 139 | 47.9 | 19.0 | 110 | 35.1 | 14.9 |
| Neurosyphilis | 8 | - | 1.1 | 9 | - | 1.2 |
| Congenital Syphilis | 0 | - | 0.0 | 3 | - | 40.0 |

## Table 3. Early Syphilis Cases and Rates by Demographic Characteristics and Risk Factors, San Mateo County, 2022 and 2023

| | | 2023 | | | 2022 | | |
|---|---|---|---|---|---|---|---|
| | | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] |
| Total | Early Syphilis[2] | 151 | 100.0 | 20.6 | 203 | 100.0 | 27.4 |
| Sex | Male | 122 | 80.8 | 33.6 | 170 | 83.7 | 46.5 |
| | Female | 25 | 16.6 | 6.7 | 25 | 12.3 | 6.7 |
| | Transgender/Other[3] | 3 | 2.0 | - | 8 | 3.9 | - |
| | Unknown | 1 | 0.7 | - | 0 | 0.0 | - |
| Age | 0-14 | 0 | 0.0 | 0.0 | 1 | 0.5 | 0.8 |
| | 15-19 | 4 | 2.6 | 9.5 | 3 | 1.5 | 7.1 |
| | 20-24 | 22 | 14.6 | 58.9 | 17 | 8.4 | 43.7 |
| | 25-29 | 20 | 13.2 | 44.1 | 30 | 14.8 | 65.2 |
| | 30-34 | 35 | 23.2 | 88.3 | 51 | 25.1 | 132.4 |
| | 35-39 | 27 | 17.9 | 66.4 | 31 | 15.3 | 72.3 |
| | 40-44 | 14 | 9.3 | 30.9 | 28 | 13.8 | 60.2 |
| | 45-49 | 7 | 4.6 | 14.8 | 14 | 6.9 | 29.0 |
| | 50-54 | 5 | 3.3 | 10.0 | 6 | 3.0 | 12.0 |
| | 55-59 | 7 | 4.6 | 14.5 | 7 | 3.4 | 14.2 |
| | 60+ | 10 | 6.6 | 4.7 | 15 | 7.4 | 7.1 |
| Race/Ethnicity | American Indian or Alaska Native | 0 | 0.0 | 0.0 | 1 | 0.5 | 96.5 |
| | Asian | 22 | 14.6 | 9.6 | 28 | 13.8 | 12.1 |
| | Black or African American | 12 | 7.9 | 74.0 | 13 | 6.4 | 79.4 |
| | Hispanic or Latino | 62 | 41.1 | 35.5 | 76 | 37.4 | 43.1 |
| | Multiracial | 1 | 0.7 | 3.5 | 0 | 0.0 | 0.0 |
| | Native Hawaiian or Pacific Islander | 1 | 0.7 | 10.8 | 3 | 1.5 | 32.1 |
| | White | 29 | 19.2 | 10.6 | 44 | 21.7 | 15.9 |
| | Other/Unknown | 24 | 15.9 | - | 38 | 18.7 | - |
| Self Reported Risk Factors[4] | MMSC[5] | 88 | 58.3 | - | 125 | 61.6 | - |
| | Anonymous | 55 | 36.4 | - | 55 | 27.1 | - |
| | HIV Coinfection[6] | 40 | 26.5 | - | 55 | 27.1 | - |

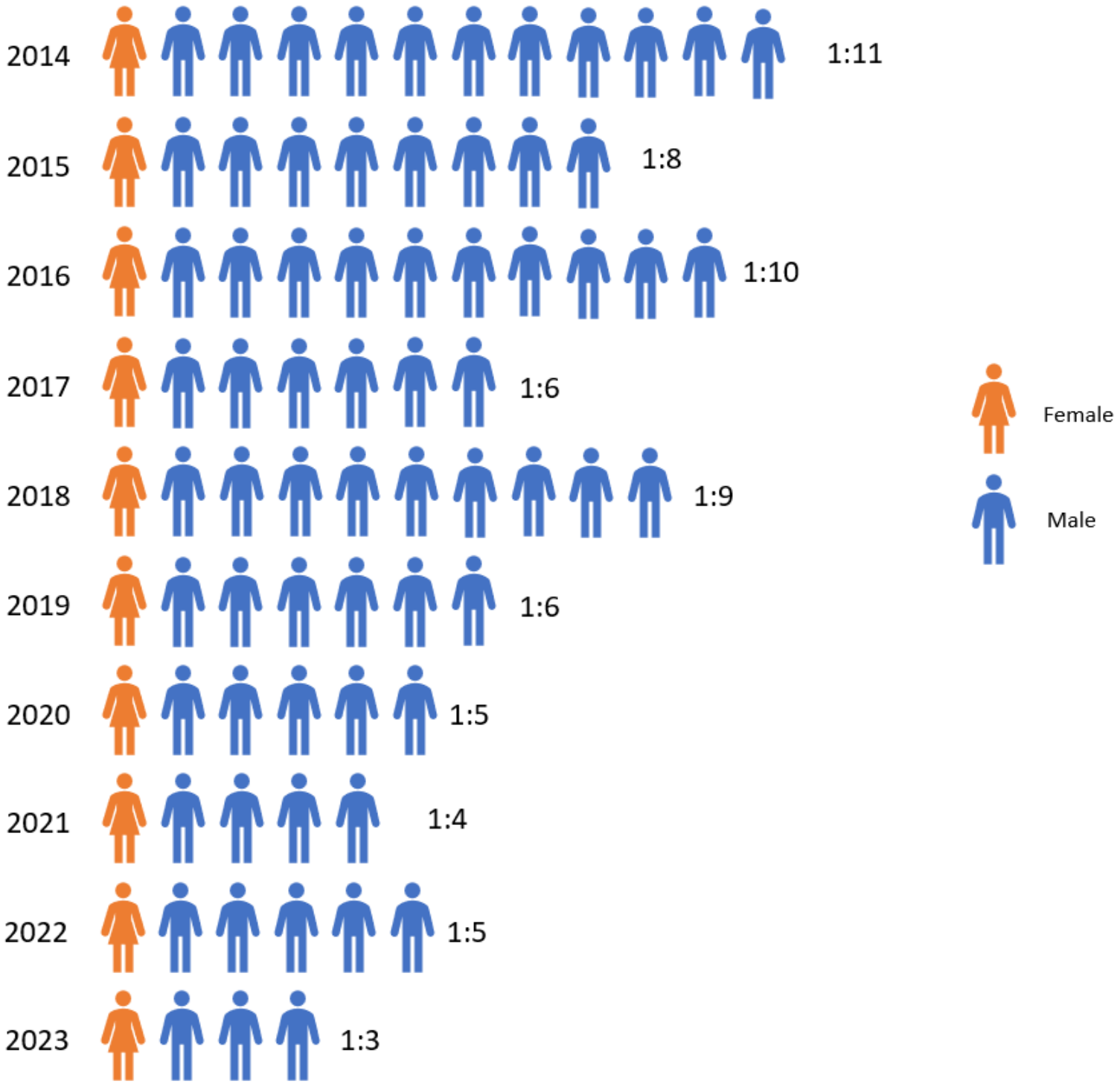
[1]Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance. [2]Early Syphilis includes primary, secondary, and early latent stages of syphilis.[3]Transgender men, transgender women, and other genders combined for confidentiality. Majority of cases are among transgender women. [4]Data missing for cases that could not be located or refused to be interviewed. [5]Male-to-male sexual contact. Data on sex of sex partner for men was available for 96% of male cases in 2022 and 2023. [6]Data for HIV coinfections was available (missing or refused) for 95% of cases in 2022 and 2023. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

## Table 4. Late Latent Syphilis Cases and Rates by Demographic Characteristics and Risk Factors, San Mateo County, 2022 and 2023

| | | 2023 | | | 2022 | | |
|---|---|---|---|---|---|---|---|
| | | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] |
| Total | Late Latent Syphilis | 139 | 100.0 | 19.0 | 110 | 100.0 | 14.9 |
| Sex | Male | 92 | 66.2 | 25.4 | 82 | 74.5 | 22.4 |
| | Female | 45 | 32.4 | 12.1 | 25 | 22.7 | 6.7 |
| | Transgender/Other[2] | 2 | 1.4 | - | 3 | 2.7 | - |
| | Unknown | 0 | 0.0 | - | 0 | 0.0 | - |
| Age | 0-14 | 0 | 0.0 | 0.0 | 0 | 0.0 | 0.0 |
| | 15-19 | 2 | 1.4 | 4.8 | 3 | 2.7 | 7.1 |
| | 20-24 | 16 | 11.5 | 42.8 | 9 | 8.2 | 23.1 |
| | 25-29 | 25 | 18.0 | 55.1 | 17 | 15.5 | 36.9 |
| | 30-34 | 19 | 13.7 | 48.0 | 21 | 19.1 | 54.5 |
| | 35-39 | 17 | 12.2 | 41.8 | 19 | 17.3 | 44.3 |
| | 40-44 | 22 | 15.8 | 48.6 | 13 | 11.8 | 28.0 |
| | 45-49 | 10 | 7.2 | 21.1 | 7 | 6.4 | 14.5 |
| | 50-54 | 11 | 7.9 | 22.0 | 9 | 8.2 | 18.0 |
| | 55-59 | 11 | 7.9 | 22.7 | 4 | 3.6 | 8.1 |
| | 60+ | 6 | 4.3 | 2.8 | 8 | 7.3 | 3.8 |
| Race/Ethnicity | American Indian or Alaska Native | 2 | 1.4 | 193.1 | 0 | 0.0 | 0.0 |
| | Asian | 8 | 5.8 | 3.5 | 8 | 7.3 | 3.5 |
| | Black or African American | 14 | 10.1 | 86.3 | 7 | 6.4 | 42.8 |
| | Hispanic or Latino | 72 | 51.8 | 41.2 | 57 | 51.8 | 32.3 |
| | Multiracial | 2 | 1.4 | 7.0 | 1 | 0.9 | 3.5 |
| | Native Hawaiian or Pacific Islander | 0 | 0.0 | 0.0 | 1 | 0.9 | 10.7 |
| | White | 24 | 17.3 | 8.8 | 20 | 18.2 | 7.2 |
| | Other/Unknown | 17 | 12.2 | - | 16 | 14.5 | - |
| Self Reported Risk Factors[3] | MMSC[4] | 47 | 33.8 | - | 48 | 43.6 | - |
| | Anonymous | 11 | 7.9 | - | 11 | 10.0 | - |
| | HIV Coinfection[5] | 27 | 19.4 | - | 26 | 23.6 | - |

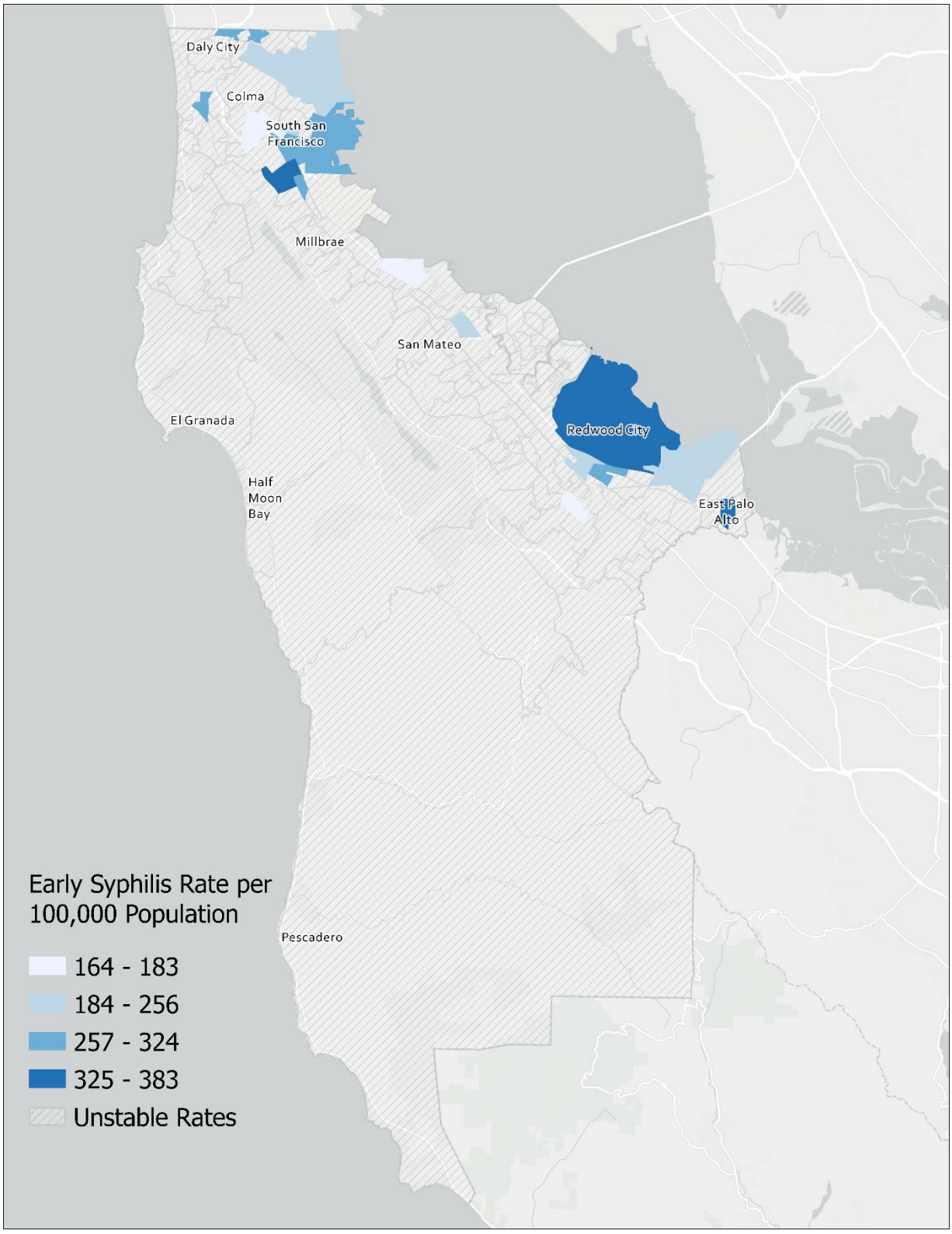
[1]Rates equal cases per 100,000 gender, age, and race/ethnic residents per year based on population data from the California Department of Finance. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system. [2]Transgender men, transgender women, and other genders combined for confidentiality. Majority of cases are among transgender women. [3]Data missing for cases that could not be located or refused to be interviewed. [4]Male-to-male sexual contact. Data on sex of sex partner for men was available for 96% of male cases in 2022 and 2023. [5]Data for HIV coinfections was available (missing or refused) for 95% of cases in 2022 and 2023. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

**Figure 7. Female to Male Ratio of Primary, Secondary, Early Latent, and Latent Syphilis Cases by Year in San Mateo County, 2014- 2023**



The highest rates of early syphilis infections for 2019-2023 were seen in census tracts in parts of East Palo Alto, Redwood City, and San Bruno. Rates for census tracts with fewer than 10 cases or with low populations may be unstable.

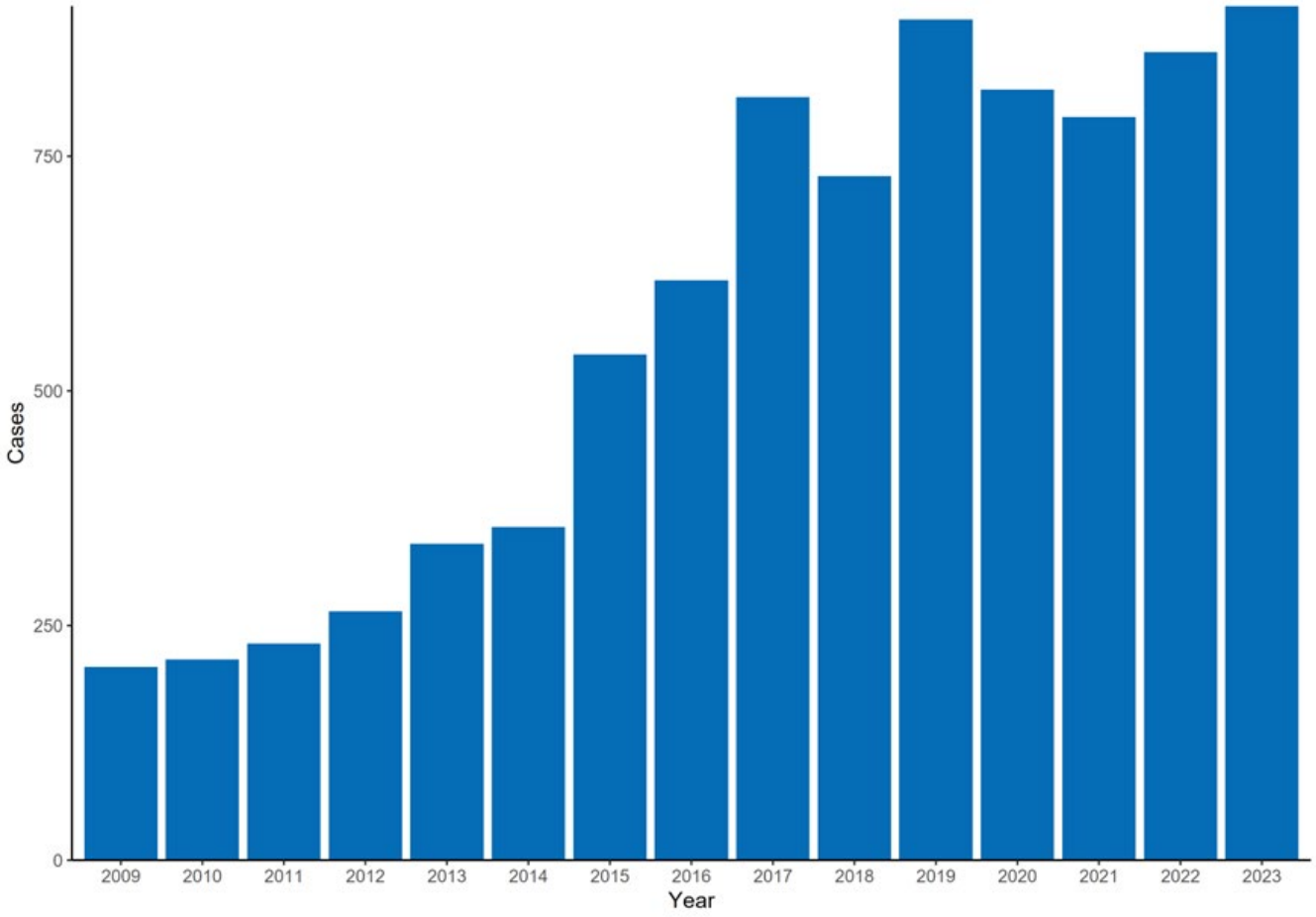
**Figure 8. Early Syphilis Rates by Census Tract in San Mateo County, 2019-2023**



## Overview

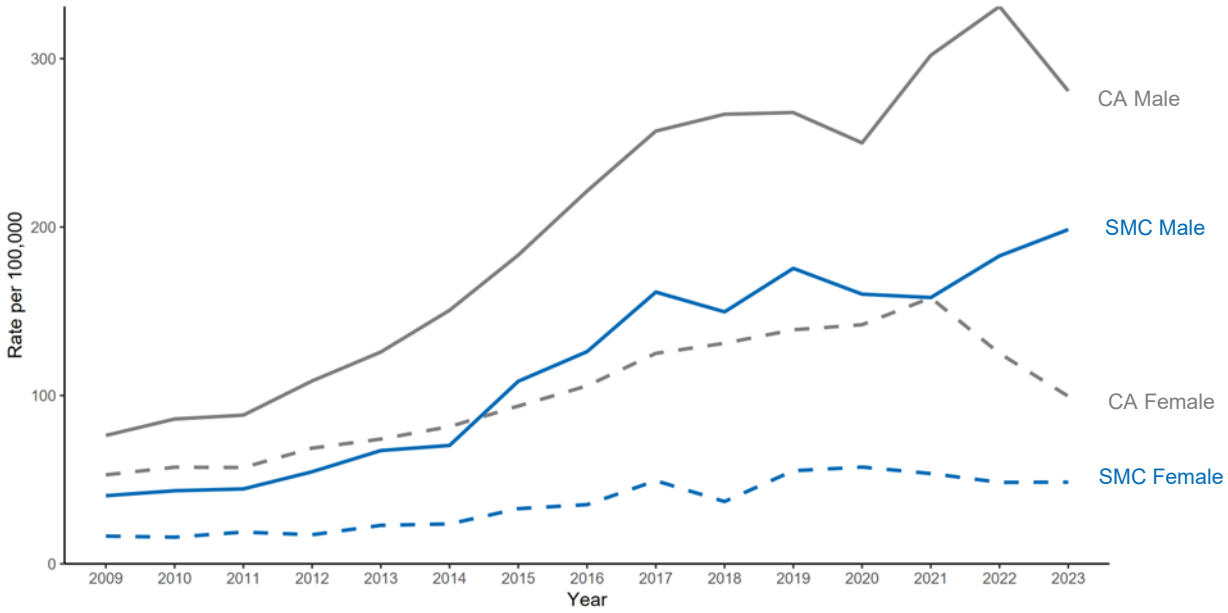
- There was a 6% increase in gonorrhea cases in 2023 compared to 2022 (116.4 cases per 100,000 to 124.1 cases per 100,000).
- Cases among males increased by 8% from 2022 to 2023 (182.9 vs. 198.5 cases per 100,000) while cases among females remained about the same (47.3 vs. 47.5 cases per 100,000).
- Females comprised 19% of gonorrhea cases in 2023, a slight decrease from 21% in 2022.
- A test of cure should be done for all pharyngeal gonorrhea 14 days after treatment.
- The San Mateo County STI clinic can culture gonorrhea specimens. The SMC Public Health Lab participates in a surveillance gonorrhea culture project in collaboration with the San Francisco Department of Public Health to maintain lab culture capacity.

### Figure 9. Gonorrhea Cases by Year in San Mateo County, 2009-2023



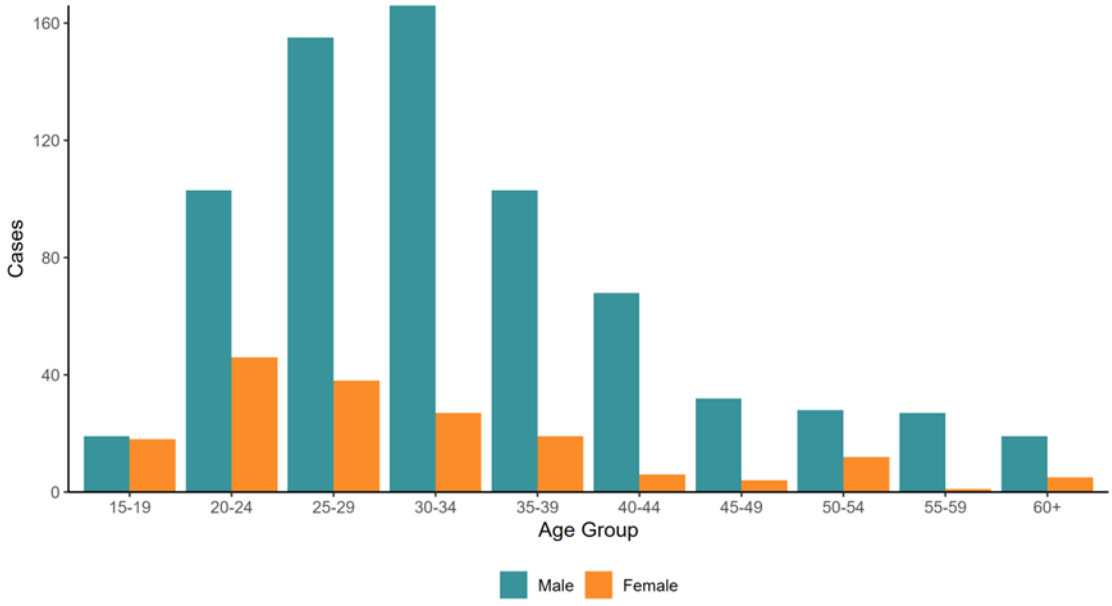

Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Rates equal cases per 100,000 residents per year based on census data from the California Department of Finance.

## Figure 10. Gonorrhea Rates by Gender and Year in San Mateo County and State of California, 2009-2023



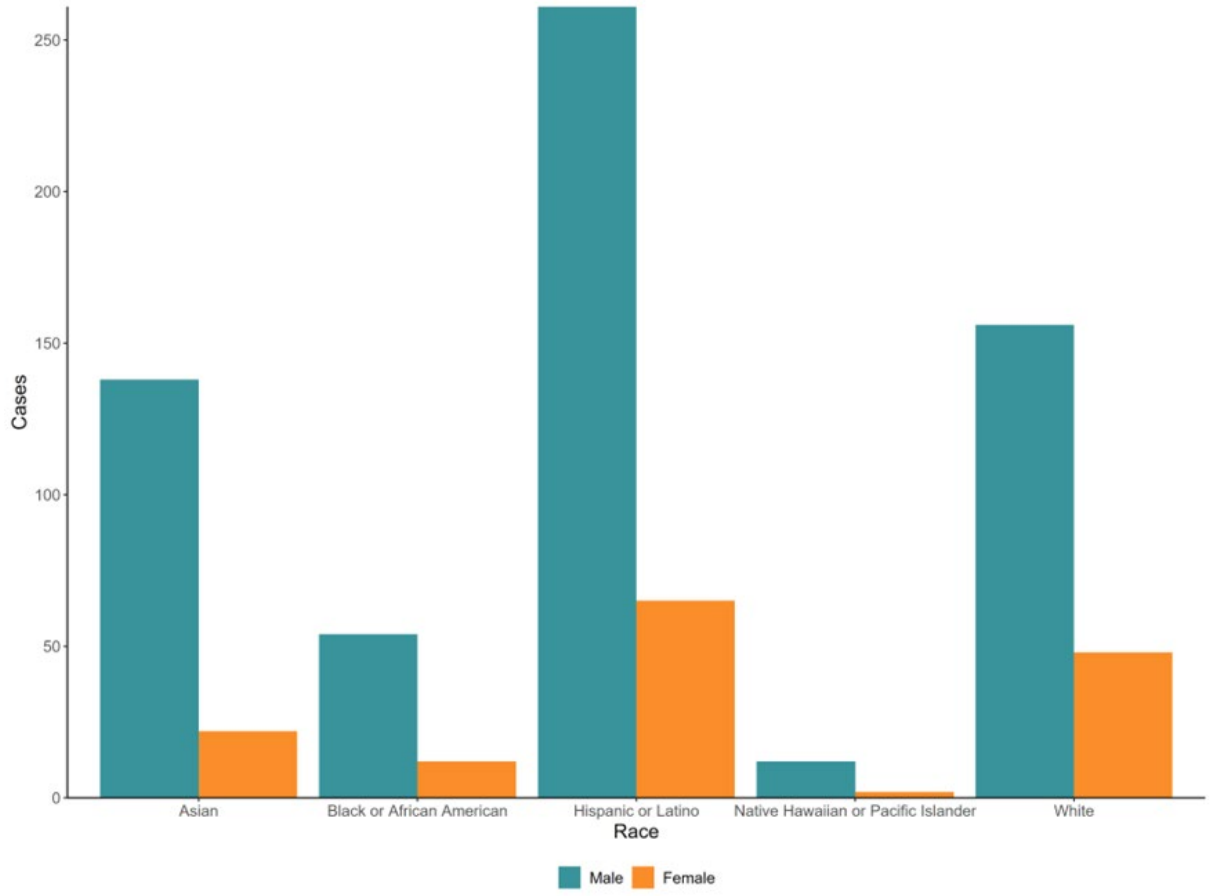

Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Data for California rates was provided by the California Department of Public Health STD Control Branch. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance.

## Figure 11. Gonorrhea Cases by Gender and Age in San Mateo County, 2023




No cases among 0-14 year olds. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

**Figure 12. Gonorrhea Cases by Gender and Selected Race/Ethnicity in San Mateo County, 2023**




Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

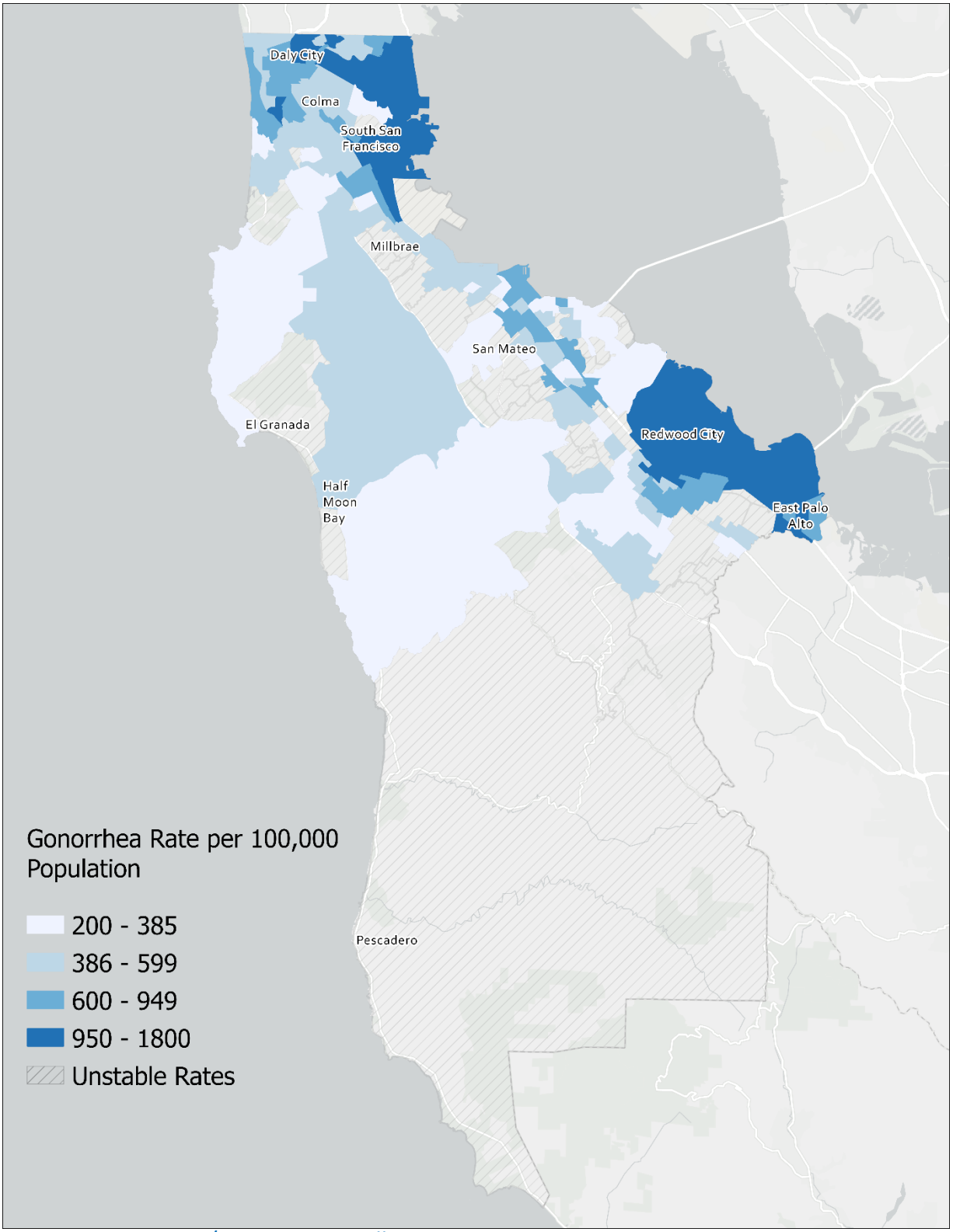
## Table 5. Gonorrhea Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2023 and 2022

| | | Female | | | | | | Male | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2023 | | | 2022 | | | 2023 | | | 2022 | | |
| | | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] |
| Total | Total | 176 | 100.0 | 47.5 | 177 | 100.0 | 47.3 | 720 | 100.0 | 198.5 | 669 | 100.0 | 182.9 |
| Age | 0-14 | 0 | 0.0 | 0.0 | 2 | 1.1 | 3.2 | 0 | 0.0 | 0.0 | 0 | 0.0 | 0.0 |
| | 15-19 | 18 | 10.2 | 88.4 | 14 | 7.9 | 68.1 | 19 | 2.6 | 87.5 | 19 | 2.8 | 87.9 |
| | 20-24 | 46 | 26.1 | 250.7 | 57 | 32.2 | 299.3 | 103 | 14.3 | 541.6 | 91 | 13.6 | 458.5 |
| | 25-29 | 38 | 21.6 | 173.1 | 33 | 18.6 | 147.0 | 155 | 21.5 | 661.3 | 146 | 21.8 | 619.0 |
| | 30-34 | 27 | 15.3 | 143.4 | 34 | 19.2 | 188.1 | 166 | 23.1 | 798.5 | 143 | 21.4 | 699.1 |
| | 35-39 | 19 | 10.8 | 99.5 | 10 | 5.6 | 48.9 | 103 | 14.3 | 477.8 | 102 | 15.2 | 455.2 |
| | 40-44 | 6 | 3.4 | 26.8 | 12 | 6.8 | 52.1 | 68 | 9.4 | 297.8 | 62 | 9.3 | 264.2 |
| | 45-49 | 4 | 2.3 | 16.9 | 8 | 4.5 | 33.1 | 32 | 4.4 | 135.4 | 43 | 6.4 | 177.8 |
| | 50-54 | 12 | 6.8 | 47.7 | 4 | 2.3 | 15.8 | 28 | 3.9 | 112.8 | 24 | 3.6 | 97.1 |
| | 55-59 | 1 | 0.6 | 4.1 | 3 | 1.7 | 12.0 | 27 | 3.8 | 113.1 | 23 | 3.4 | 94.3 |
| | 60+ | 5 | 2.8 | 4.3 | 0 | 0.0 | 0.0 | 19 | 2.6 | 19.5 | 16 | 2.4 | 16.7 |
| Race/Ethnicity | American Indian or Alaska Native | 0 | 0.0 | 0.0 | 1 | 0.6 | 201.6 | 2 | 0.3 | 383.1 | 3 | 0.4 | 555.6 |
| | Asian | 22 | 12.5 | 18.4 | 19 | 10.7 | 15.7 | 138 | 19.2 | 125.8 | 114 | 17.0 | 103.2 |
| | Black or African American | 12 | 6.8 | 151.1 | 18 | 10.2 | 224.8 | 54 | 7.5 | 652.6 | 45 | 6.7 | 538.1 |
| | Hispanic or Latino | 65 | 36.9 | 75.6 | 70 | 39.5 | 80.8 | 261 | 36.2 | 294.5 | 225 | 33.6 | 251.0 |
| | Multiracial | 5 | 2.8 | 35.8 | 6 | 3.4 | 43.0 | 2 | 0.3 | 13.5 | 5 | 0.7 | 33.3 |
| | Native Hawaiian or Pacific Islander | 2 | 1.1 | 40.9 | 4 | 2.3 | 80.6 | 12 | 1.7 | 275.7 | 5 | 0.7 | 114.4 |
| | White | 48 | 27.3 | 34.9 | 43 | 24.3 | 30.9 | 156 | 21.7 | 114.4 | 160 | 23.9 | 116.4 |
| | Other/Unknown | 22 | 12.5 | 0.0 | 16 | 9.0 | 0.0 | 95 | 13.2 | 0.0 | 112 | 16.7 | 0.0 |
| Anatomical Site of Infection | Urine | 98 | 55.7 | - | 123 | 69.5 | - | 314 | 178.4 | - | 313 | 176.8 | - |
| | Genitourinary | 72 | 40.9 | - | 44 | 24.9 | - | 11 | 6.2 | - | 13 | 7.3 | - |
| | Rectal | 3 | 1.7 | - | 3 | 1.7 | - | 251 | 142.6 | - | 226 | 127.7 | - |
| | Pharyngeal | 19 | 10.8 | - | 9 | 5.1 | - | 292 | 165.9 | - | 248 | 140.1 | - |
| | Other/Unknown | 0 | 0.0 | - | 4 | 2.3 | - | 7 | 4.0 | - | 12 | 6.8 | - |

Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE). [1]Rates equal cases per 100,000 gender and age or race/ethnicity specific residents per year based on population data from the California Department of Finance. [2]Race/ethnicity data not available for many cases as positive tests for infections are automatically reported from testing laboratories and no follow-up interviews are conducted for gonorrhea cases. Note: There were 15 transgender/other GC cases in 2022; 14 transgender/other gender GC cases in 2023.

The highest rates of gonorrhea infections in 2019-2023 were seen in census tracts in parts of Brisbane, Daly City, East Palo Alto, Menlo Park, San Bruno, South San Francisco, and Redwood City. Rates for census tracts with fewer than 10 cases or with low populations may be unstable.

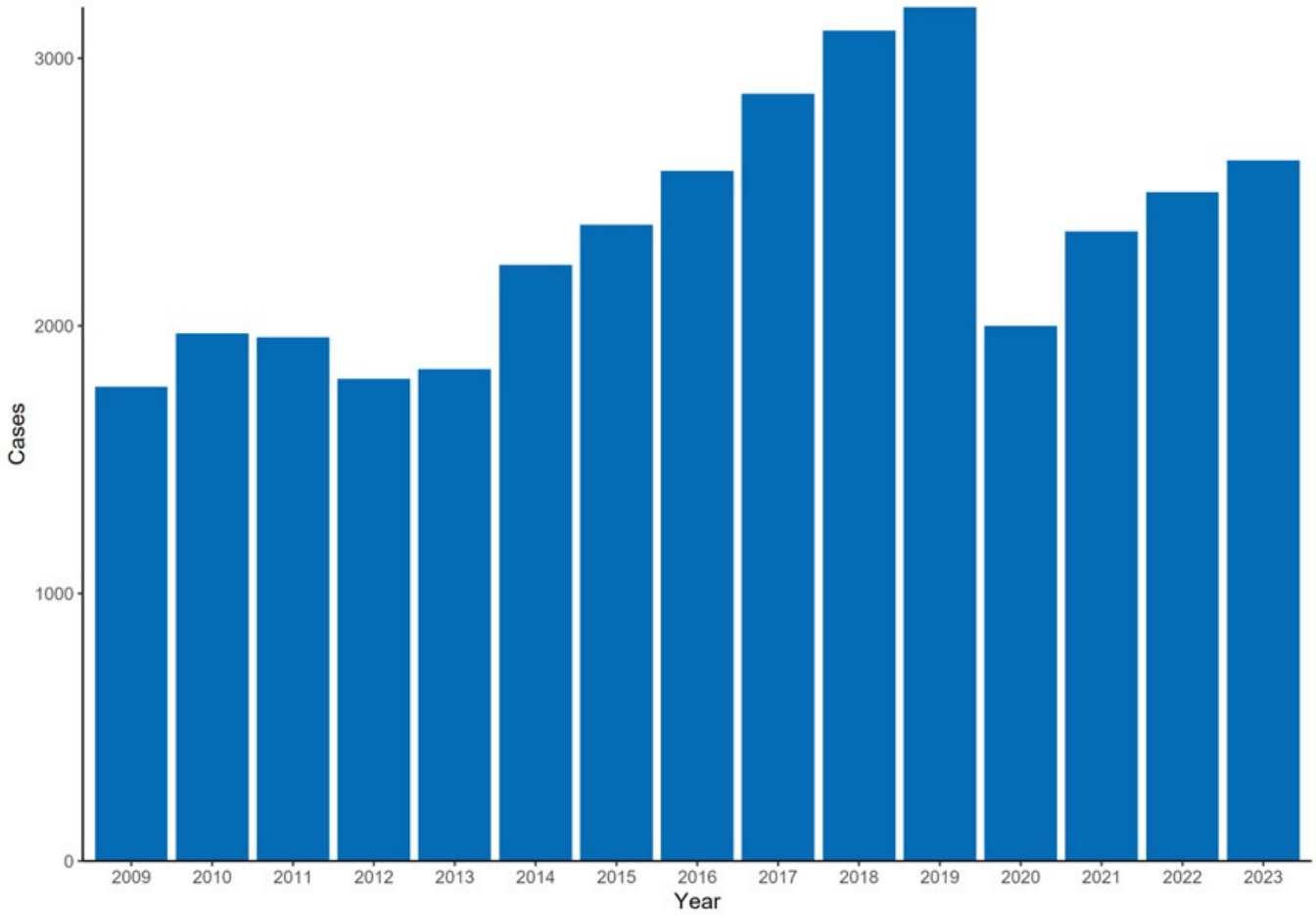
**Figure 13. Gonorrhea Rates by Census Tract in San Mateo County, 2019-2023**



## Overview

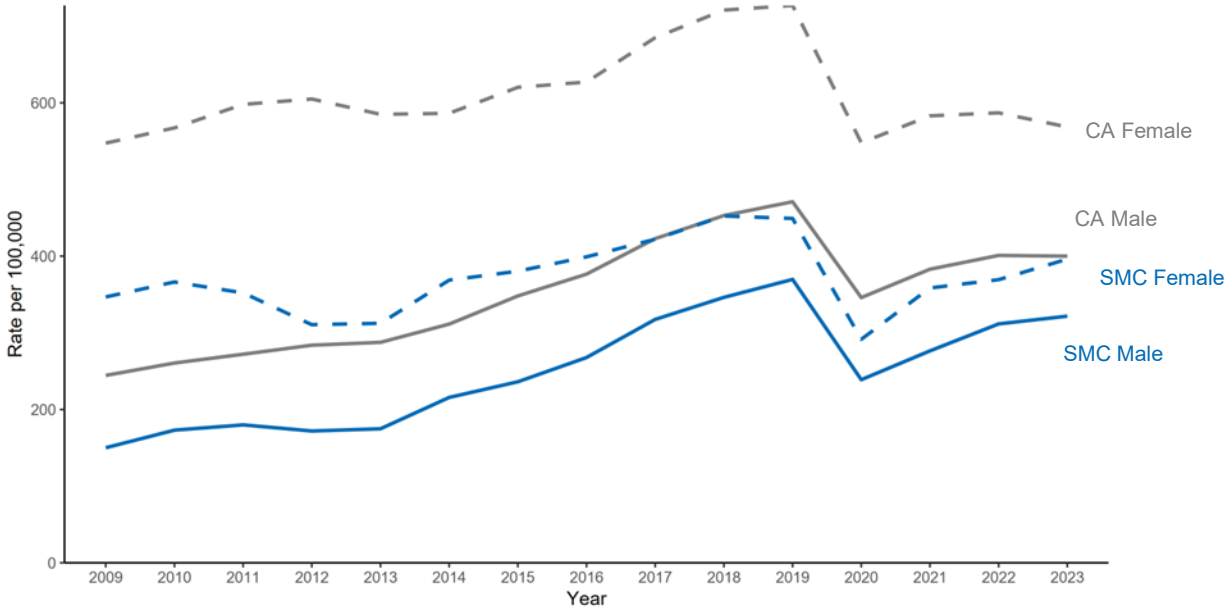
- In 2019, California changed Chlamydia trachomatis (CT) reporting to via a lab report only, with clinicians no longer mandated to report.
- CT cases increased 5% from 2022 to 2023 (337.9 to 357.1 cases per 100,000). The increase was most significant in females with a rate increase from 361.2 to 387.9 cases per 100,000.
- Given approximately half of all CT cases are asymptomatic, screening in women age 25 years and younger who have sex, men who have sex with men (MSM), and heterosexuals at risk is recommended at least annually or more frequently based on risk.
- CT rectal testing can be done in women based on shared decision making with clinician.
- Doxycycline is the first line treatment regimen for CT at all anatomic sites.

### Figure 14. Chlamydia Cases by Year in San Mateo County, 2009-2023



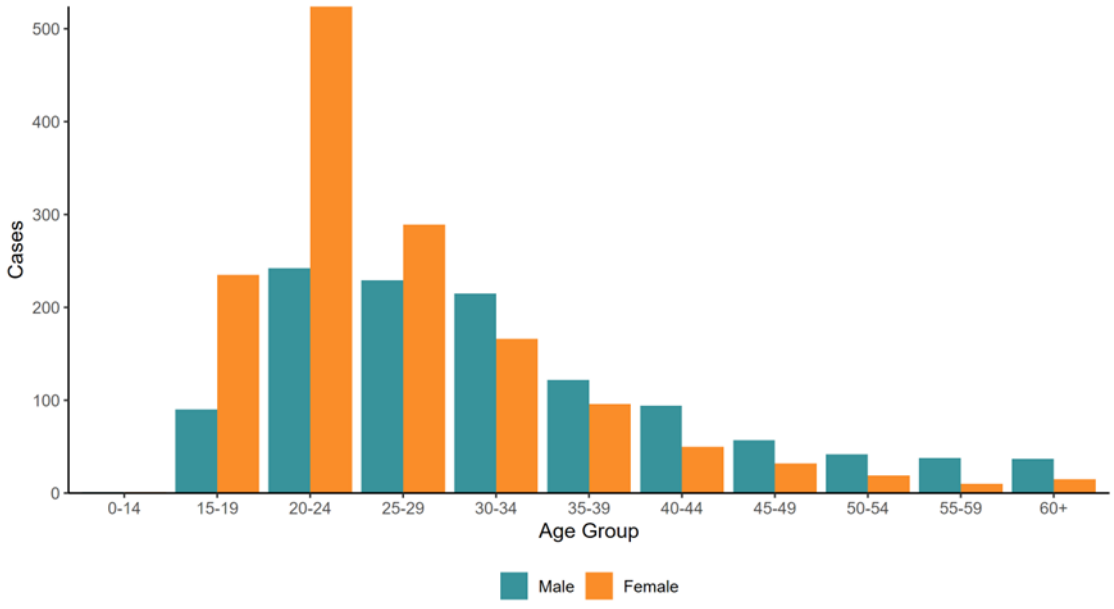

Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance.

## Figure 15. Chlamydia Rates by Gender and Year in San Mateo County and State of California, 2009-2023



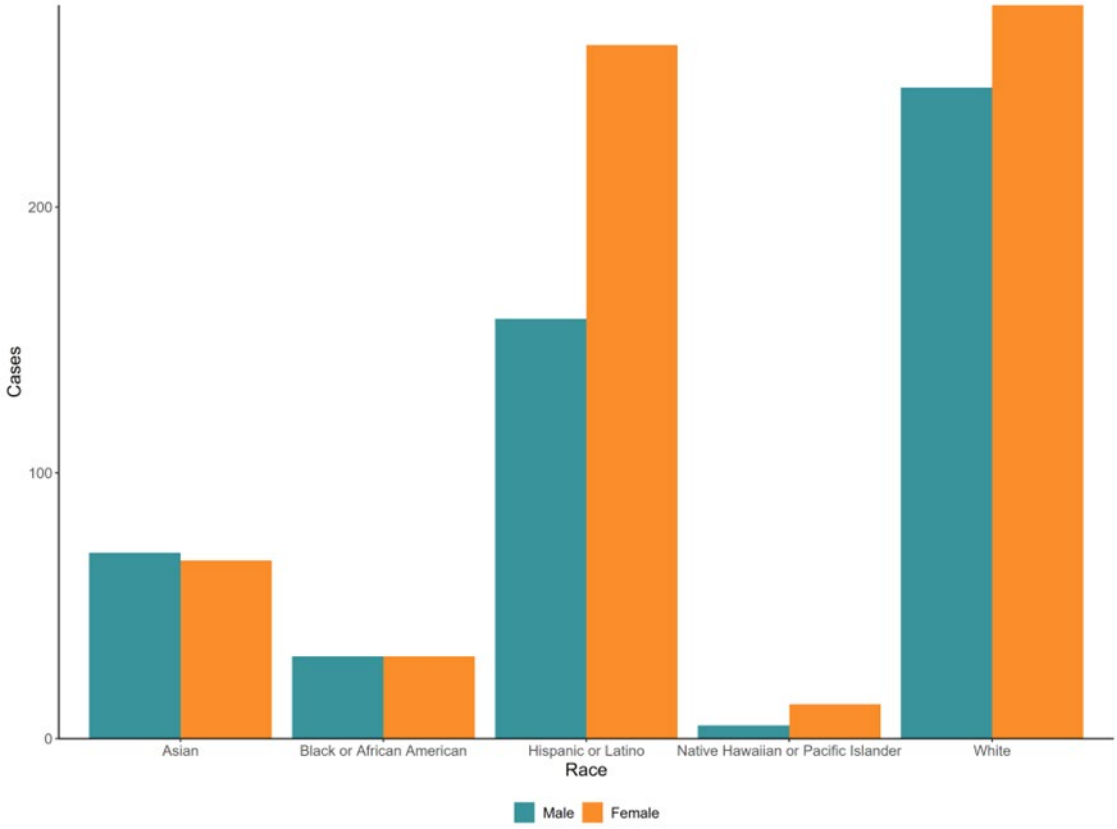

Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Data for California rates was provided by the California Department of Public Health STD Control Branch. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance.

## Figure 16. Chlamydia Cases by Gender and Age in San Mateo County, 2023




Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

**Figure 17. Chlamydia Cases by Gender and Selected Race/Ethnicity in San Mateo County, 2023**




Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

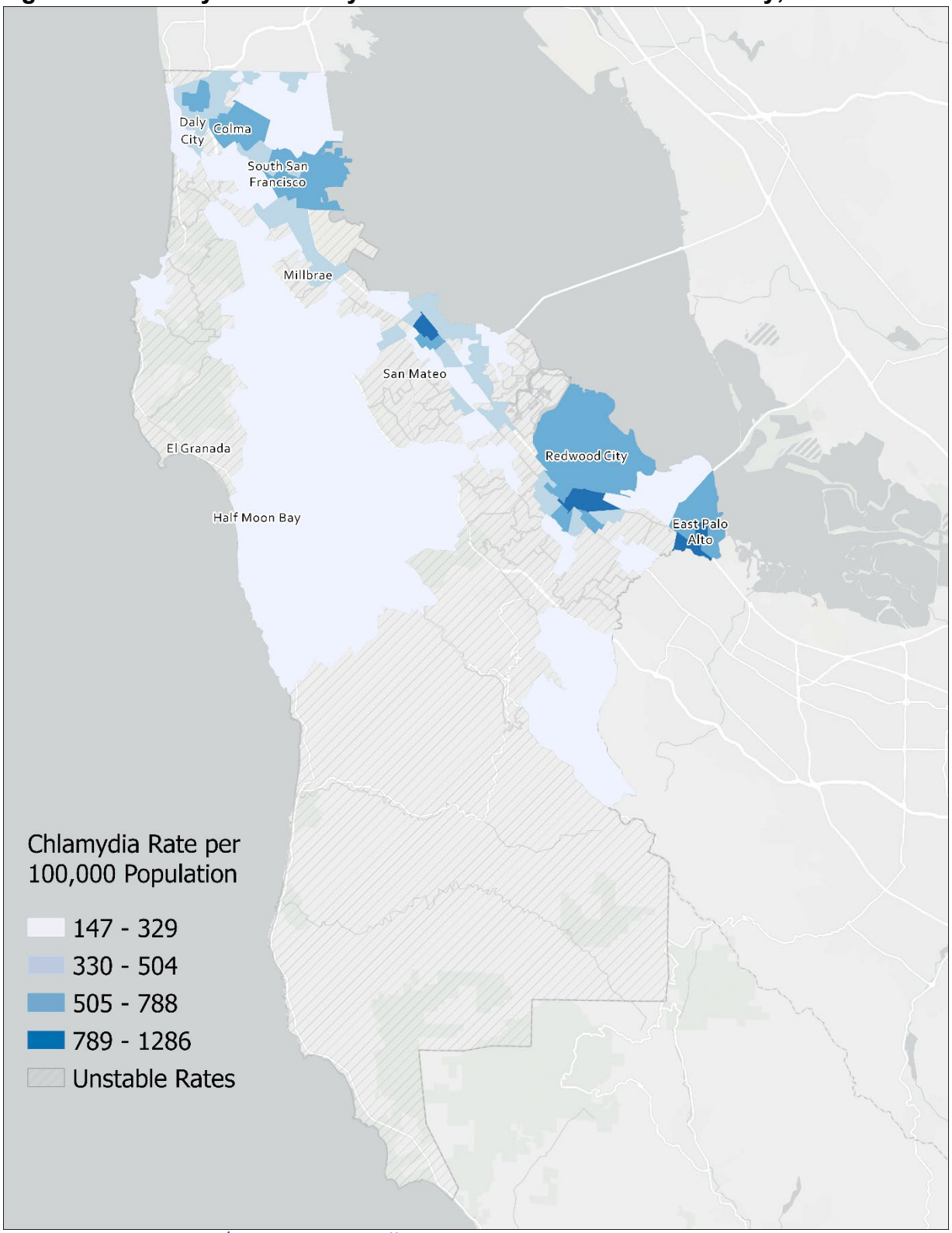
## Table 6. Chlamydia Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2023 and 2022

| | | Female | | | | | | Male | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2023 | | | 2022 | | | 2023 | | | 2022 | | |
| | | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] | Cases | Percent | Rate[1] |
| Total | Total | 1,437 | 100.0 | 387.9 | 1,351 | 100.0 | 361.2 | 1,167 | 100.0 | 321.8 | 1,140 | 100.0 | 311.7 |
| Age | 0-14 | 1 | 0.1 | 1.7 | 7 | 0.5 | 11.4 | 1 | 0.1 | 1.6 | 1 | 0.1 | 1.5 |
| | 15-19 | 235 | 16.4 | 1,154.2 | 242 | 17.9 | 1,177.3 | 90 | 7.7 | 414.7 | 88 | 7.7 | 407.0 |
| | 20-24 | 524 | 36.5 | 2,855.6 | 459 | 34.0 | 2,410.0 | 242 | 20.7 | 1,272.5 | 266 | 23.3 | 1,340.2 |
| | 25-29 | 289 | 20.1 | 1,316.5 | 307 | 22.7 | 1,367.1 | 229 | 19.6 | 977.0 | 255 | 22.4 | 1,081.1 |
| | 30-34 | 166 | 11.6 | 881.7 | 146 | 10.8 | 807.6 | 215 | 18.4 | 1,034.2 | 209 | 18.3 | 1,021.8 |
| | 35-39 | 96 | 6.7 | 502.6 | 83 | 6.1 | 405.9 | 122 | 10.5 | 566.0 | 113 | 9.9 | 504.3 |
| | 40-44 | 50 | 3.5 | 223.0 | 44 | 3.3 | 191.2 | 94 | 8.1 | 411.6 | 80 | 7.0 | 340.8 |
| | 45-49 | 32 | 2.2 | 135.2 | 23 | 1.7 | 95.2 | 57 | 4.9 | 241.2 | 46 | 4.0 | 190.2 |
| | 50-54 | 19 | 1.3 | 75.5 | 16 | 1.2 | 63.1 | 42 | 3.6 | 169.2 | 35 | 3.1 | 141.6 |
| | 55-59 | 10 | 0.7 | 40.8 | 17 | 1.3 | 68.0 | 38 | 3.3 | 159.2 | 26 | 2.3 | 106.6 |
| | 60+ | 15 | 1.0 | 12.9 | 6 | 0.4 | 5.3 | 37 | 3.2 | 38.0 | 21 | 1.8 | 21.9 |
| | Missing | 0 | 0.0 | - | 1 | 0.1 | - | 0 | - | 0.0 | - | 0.0 | - |
| Race/Ethnicity[2] | American Indian or Alaska Native | 2 | 0.1 | 389.1 | 1 | 0.1 | 201.6 | 0 | 0.0 | 0.0 | 0 | 0.0 | 0.0 |
| | Asian | 67 | 4.7 | 56.0 | 80 | 5.9 | 66.1 | 70 | 6.0 | 63.8 | 63 | 5.5 | 57.1 |
| | Black or African American | 31 | 2.2 | 390.4 | 37 | 2.7 | 462.0 | 31 | 2.7 | 374.6 | 38 | 3.3 | 454.4 |
| | Hispanic or Latino | 261 | 18.2 | 303.5 | 230 | 17.0 | 265.6 | 158 | 13.5 | 178.3 | 139 | 12.2 | 155.1 |
| | Multiracial | 0 | 0.0 | 0.0 | 1 | 0.1 | 7.2 | 1 | 0.1 | 6.8 | 1 | 0.1 | 6.7 |
| | Native Hawaiian or Pacific Islander | 13 | 0.9 | 266.0 | 23 | 1.7 | 463.5 | 5 | 0.4 | 114.9 | 7 | 0.6 | 160.1 |
| | White | 276 | 19.2 | 200.6 | 273 | 20.2 | 196.3 | 245 | 21.0 | 179.6 | 216 | 18.9 | 157.2 |
| | Other/Unknown | 787 | 54.8 | - | 706 | 52.3 | - | 657 | 56.3 | - | 676 | 59.3 | - |
| Anatomical Site of Infection[3] | Urine | 334 | 23.2 | - | 202 | 15.0 | - | 232 | 16.1 | - | 148 | 11.0 | - |
| | Genitourinary | 188 | 13.1 | - | 114 | 8.4 | - | 4 | 0.3 | - | 2 | 0.1 | - |
| | Rectal | 7 | 0.5 | - | 3 | 0.2 | - | 101 | 7.0 | - | 67 | 5.0 | - |
| | Pharyngeal | 21 | 1.5 | - | 2 | 0.1 | - | 36 | 2.5 | - | 14 | 1.0 | - |
| | Other/Unknown | 907 | 63.1 | - | 1,032 | 76.4 | - | 819 | 57.0 | - | 921 | 68.2 | - |

Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE). [1]Rates equal cases per 100,000 gender and age or race/ethnicity specific residents per year based on population data from the California Department of Finance. [2]Race/ethnicity data not available for many cases as positive tests for infections are automatically reported from testing laboratories and no follow-up interviews are conducted for chlamydia cases. [3]Clinical sites for chlamydia are non-exclusive (individual patient may have multiple sites tested). Note: There were 4 transgender/other gender and 5 unknown CT cases in 2022; 7 transgender/other gender and 7 unknown CT cases in 2023.

The highest rates of chlamydia infections in 2023 were seen in census tracts in parts of East Palo Alto, Redwood City, and San Mateo. Rates for census tract with fewer than 10 cases or with low populations may be unstable.

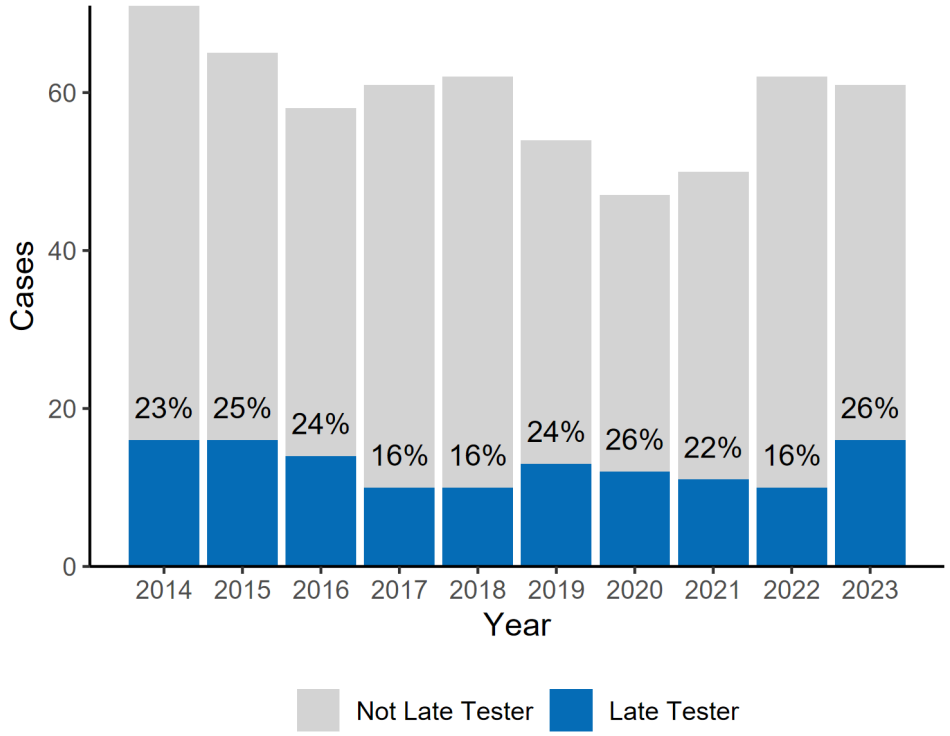
**Figure 18: Chlamydia Rates by Census Tract in San Mateo County, 2023**



## Overview

- The majority of newly reported HIV cases continue to be among males (82%), about 80% of whom report male-to-male sexual contact (MMSC) as a transmission risk factor.
- Although the number of newly reported HIV cases remained about the same from 2022 to 2023, late testers, people who receive an AIDS diagnosis within one year of an HIV diagnosis, comprised 26% of newly reported HIV cases in 2023, increasing from 16% in 2022.
- 28% of late testers in 2023 reported non-high-risk heterosexual contact as their risk factor.
- Between 2019-2023, 9.7% of late testers identified as female and 30.7% of late testers were 50 years or older.
- Racial/ethnic disparities continue to persist in HIV/AIDS. 57.4% of newly diagnosed HIV cases and 58.1% of late testers are Hispanic or Latino. Black or African American and Hispanic or Latinos individuals are disproportionately represented among people living with HIV and people living with AIDS.

**Figure 19. Late Testers[1] Among Newly Reported HIV Cases in San Mateo County**




San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). [1]Late testers are defined as individuals who receive an AIDS diagnosis within 1 year of their HIV diagnosis or who are diagnosed with HIV and AIDS simultaneously. New cases are among individuals who were San Mateo County residents at the time of diagnosis. Totals may add up to >100% due to rounding.

## Table 8. Characteristics of Newly Reported HIV Cases Among County Residents by Year of Diagnosis, San Mateo County, 2022-2023

| | | 2023 | | 2022 | |
|---|---|---|---|---|---|
| | | Cases | Percent | Cases | Percent |
| Total | Total | 61 | 100.0 | 62 | 100 |
| Gender | Male | 50 | 82.0 | 52 | 83.9 |
| | Female | 8 | 13.1 | 6 | 9.7 |
| | Transgender/Other[1] | 3 | 4.9 | 4 | 6.5 |
| | Unknown | 0 | 0.0 | 0 | 0.0 |
| Age | 0-19 | 1 | 1.6 | 2 | 3.2 |
| | 20-29 | 16 | 26.2 | 24 | 38.7 |
| | 30-39 | 26 | 42.6 | 21 | 33.9 |
| | 40-49 | 10 | 16.4 | 6 | 9.7 |
| | 50-59 | 5 | 8.2 | 8 | 12.9 |
| | 60+ | 3 | 4.9 | 1 | 1.6 |
| Race/Ethnicity | Asian | 9 | 14.8 | 10 | 16.1 |
| | Black or African American | 3 | 4.9 | 2 | 3.2 |
| | Hispanic or Latino | 35 | 57.4 | 33 | 53.2 |
| | Multiracial | 2 | 3.3 | 1 | 1.6 |
| | White | 12 | 19.7 | 16 | 25.8 |
| Transmission Category | MMSC[3] | 42 | 68.9 | 41 | 66.1 |
| | IDU[4] | 1 | 1.6 | 4 | 6.5 |
| | MMSC and IDU | 1 | 1.6 | 3 | 4.8 |
| | High-risk heterosexual contact[4] | 4 | 6.6 | 7 | 11.3 |
| | Non-high-risk heterosexual contact[5] | 10 | 16.4 | 7 | 11.3 |
| | Perinatal | 0 | 0.0 | 0 | 0.0 |
| | Other risk | 0 | 0.0 | 0 | 0.0 |
| | Not specified | 3 | 4.9 | 0 | 0.0 |

San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. [1]Transgender men, transgender women, and other gender combined for confidentiality. Majority of cases are among transgender women. [3]Male-to-male sexual contact. [4]Injecting Drug User. [4]Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. [5]Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth

## Table 9. Characteristics of Late HIV Testers in Residents of San Mateo County, 2019-2023

| | | n | Percent |
|---|---|---|---|
| Total | Total | 62 | 100.0 |
| Gender | Male | 55 | 88.7 |
| | Female | 6 | 9.7 |
| | Transgender/Other[1] | 1 | 1.6 |
| | Unknown | 0 | 0.0 |
| Age | 0-19 | 0 | 0.0 |
| | 20-29 | 5 | 8.1 |
| | 30-39 | 24 | 38.7 |
| | 40-49 | 14 | 22.6 |
| | 50-59 | 13 | 21.0 |
| | 60+ | 6 | 9.7 |
| Race/Ethnicity | Asian | 10 | 16.1 |
| | Black or African American | 5 | 8.1 |
| | Hispanic or Latino | 36 | 58.1 |
| | Native Hawaiian or Pacific Islander | 1 | 1.6 |
| | White | 10 | 16.1 |
| Transmission Category | MMSC[2] | 33 | 53.2 |
| | IDU[3] | 1 | 1.6 |
| | MMSC and IDU[4] | 3 | 4.8 |
| | High-risk heterosexual contact[5] | 3 | 4.8 |
| | Non-high-risk heterosexual contact[6] | 17 | 27.4 |
| | Not specified | 5 | 8.1 |

San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. Late testers are defined as individuals who receive an AIDS diagnosis within 1 year of their HIV diagnosis or who are diagnosed with HIV and AIDS simultaneously. [1]Transgender men, transgender women, and other gender combined for confidentiality. Majority of cases are among transgender women. [2]Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. [3]Injecting Drug User. [4]Male-to-male sexual contact and IDU. [5]Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. [6]Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

## Table 10. HIV Cases Diagnosed in San Mateo County Residents by Transmission Category and Gender, 2019-2023

| | Male | | Female | |
|---|---|---|---|---|
| Transmission Category | n | Percent | n | Percent |
| MMSC[1] | 170 | 71.4 | - | - |
| IDU[2] | 3 | 1.3 | 3 | 10.7 |
| MMSC and IDU[3] | 15 | 6.3 | - | - |
| High-risk heterosexual contact[4] | 10 | 4.2 | 12 | 42.9 |
| Non-high-risk heterosexual contact[5] | 26 | 10.9 | 11 | 39.3 |
| Not specified | 14 | 5.9 | 2 | 7.1 |
| Total | 238 | 100.0 | 28 | 100.0 |

San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. [1]Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. [2]Injecting Drug User. [3]Male-to-male sexual contact and IDU. [4]Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. [5]Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

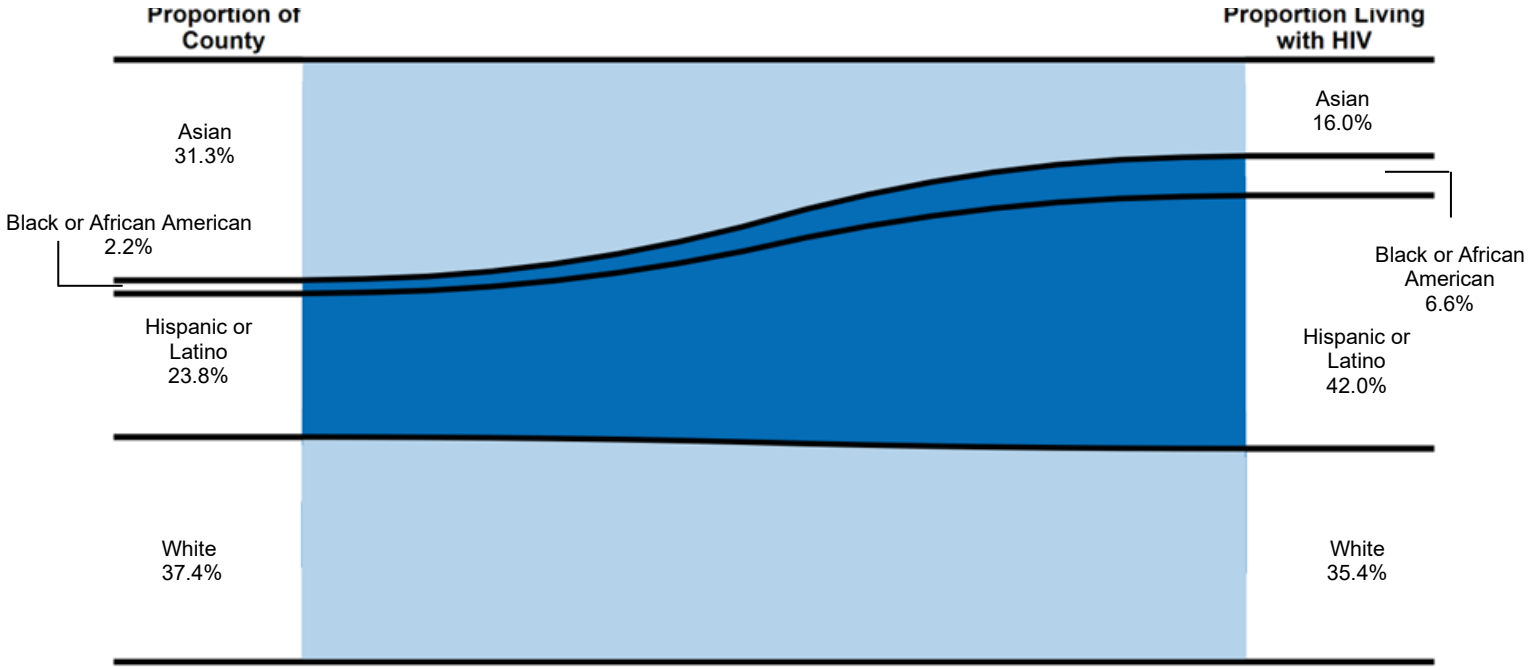
## Table 11. HIV Cases Diagnosed among Male San Mateo County Residents by Transmission Category and Race/Ethnicity, 2019-2023

| | Asian | | Black or / African American | | Hispanic or Latino | | White | |
|---|---|---|---|---|---|---|---|---|
| Transmission Category | n | Percent | n | Percent | n | Percent | n | Percent |
| MMSC[1] | 31 | 88.6 | 7 | 63.6 | 94 | 74.6 | 33 | 56.9 |
| IDU[2] | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 3 | 5.2 |
| MMSC and IDU[3] | 0 | 0.0 | 1 | 9.1 | 4 | 3.2 | 8 | 13.8 |
| High-risk heterosexual contact[4] | 0 | 0.0 | 1 | 9.1 | 5 | 4.0 | 4 | 6.9 |
| Non-high-risk heterosexual contact[5] | 3 | 8.6 | 2 | 18.2 | 15 | 11.9 | 5 | 8.6 |
| Perinatal | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other risk | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Not specified | 1 | 2.9 | 0 | 0.0 | 8 | 6.3 | 5 | 8.6 |
| Total | 35 | 100.0 | 11 | 100.0 | 126 | 100.0 | 58 | 100.0 |

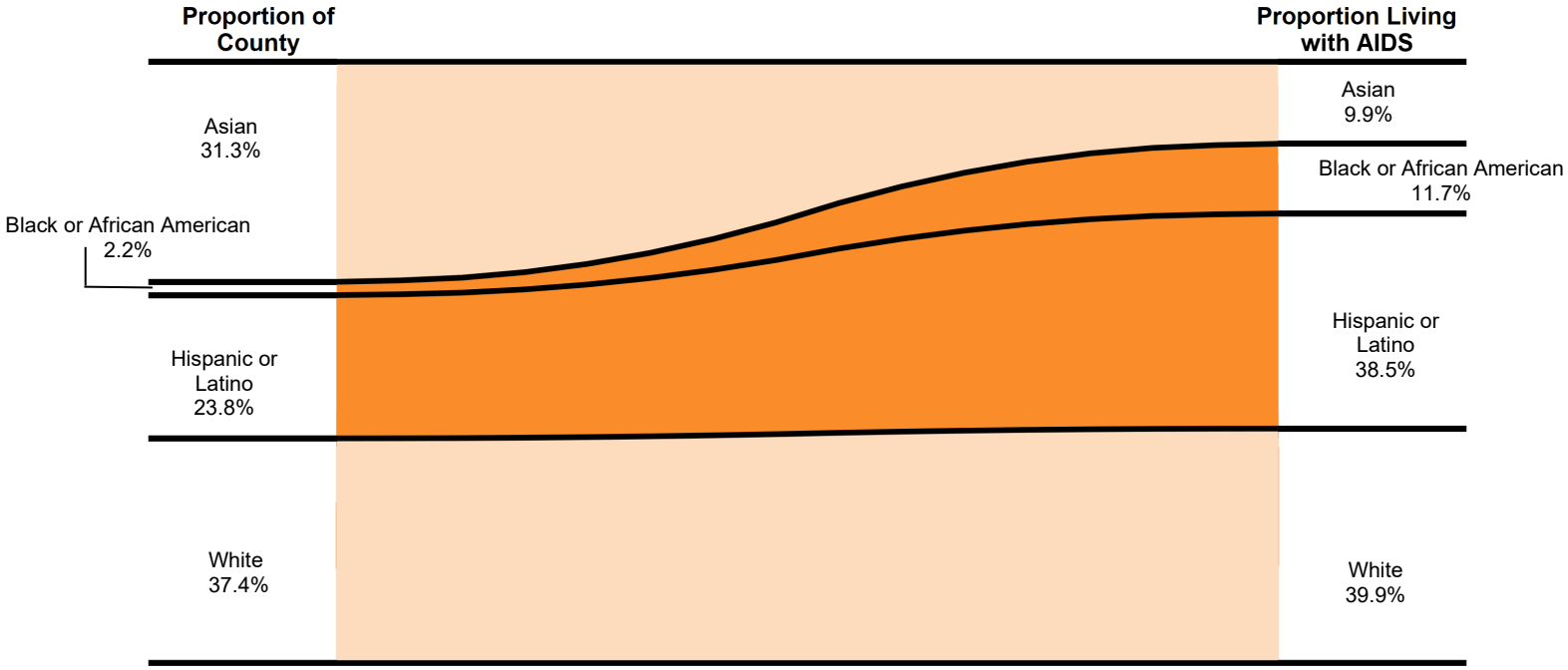
San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. [1]Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. [2]Injecting Drug User. [3]Male-to-male sexual contact and IDU. [4]Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. [5]Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

**Figure 19. Percentage of People Living with HIV, Living with AIDS, and the County Population by Race/Ethnicity, San Mateo County, 2023**

Black or African American and Hispanic or Latino individuals are overrepresented among those living with HIV in San Mateo County.




Black or African American and Hispanic or Latino individuals are overrepresented among those living with AIDS in San Mateo County.




HIV/AIDS data is compiled from the June 30, 2024 data set from the electronic HIV/AIDS Reporting System of California (eHARS). Population denominators based on population data from the California Department of Finance. People living with HIV/AIDS are current San Mateo County residents.

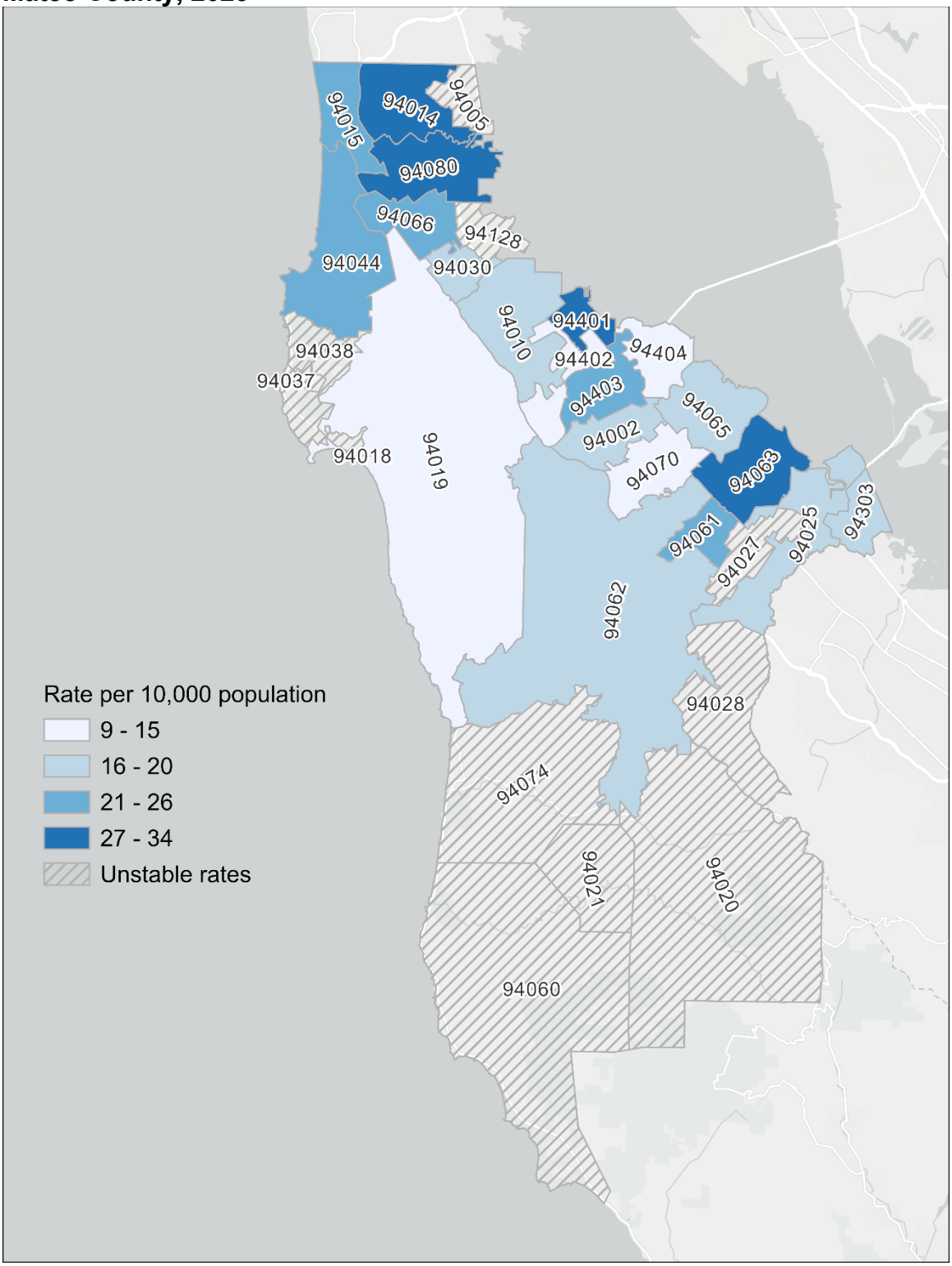
## Table 12. Demographic and Exposure Risk Characteristics of Living People Diagnosed with HIV/AIDS in San Mateo County (2023) and California (2022)

| | | SMC | | CA | |
|---|---|---|---|---|---|
| | | Cases | Percent | Cases | Percent |
| Total | Total | 1,733 | 100.0 | 142,772 | 100.0 |
| Gender | Male | 1,485 | 85.7 | 123,109 | 86.2 |
| | Female | 211 | 12.2 | 16,864 | 11.8 |
| | Transgender/Other[1] | 32 | 1.8 | 2,799 | 2.0 |
| | Unknown | 5 | 0.3 | 0 | 0.0 |
| Race/Ethnicity | American Indian or Alaska Native | 5 | 0.3 | 309 | 0.2 |
| | Asian | 214 | 12.3 | 6,291 | 4.4 |
| | Black or African American | 150 | 8.7 | 23,393 | 16.4 |
| | Hispanic or Latino | 664 | 38.3 | 58,067 | 40.7 |
| | Multiracial | 45 | 2.6 | 5,780 | 4.0 |
| | Native Hawaiian or Pacific Islander | 20 | 1.2 | 272 | 0.2 |
| | White | 620 | 35.8 | 48,656 | 34.1 |
| | Other/Unknown | 15 | 0.9 | 4 | 0.0 |
| Age | 0-19 | 6 | 0.3 | 409 | 0.3 |
| | 20-29 | 87 | 5.0 | 9,584 | 6.7 |
| | 30-39 | 285 | 16.4 | 25,995 | 18.2 |
| | 40-49 | 314 | 18.1 | 27,274 | 19.1 |
| | 50-59 | 437 | 25.2 | 38,951 | 27.3 |
| | 60+ | 604 | 34.9 | 40,559 | 28.4 |
| Transmission Category | MMSC[2] | 1,131 | 65.3 | 94,628 | 66.3 |
| | IDU[3] | 95 | 5.5 | 7,525 | 5.3 |
| | MMSC and IDU[4] | 91 | 5.3 | 8,545 | 6.0 |
| | High-risk heterosexual contact[5] | 178 | 10.3 | 11,665 | 8.2 |
| | Non-high-risk heterosexual contact[6] | 138 | 8.0 | 9,799 | 6.9 |
| | Perinatal/Other risk/Not specified | 100 | 5.8 | 7,896 | 5.5 |
| | Perinatal | 8 | 0.5 | - | - |
| | Other risk | 8 | 0.5 | - | - |
| | Not specified | 84 | 4.8 | - | - |

San Mateo County data are reported through June 30, 2024 from the electronic HIV/AIDS Reporting System (eHARS). California HIV data from California HIV Surveillance Report from California Department of Public Health, Office of AIDS. Year 2022 data included as 2023 data is not yet available. [1]Transgender men, transgender women, and other gender combined for confidentiality. Majority of cases are among transgender women. [2]Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. [3]Injecting Drug User. [4]Male-to-male sexual contact and IDU. [5]Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. [6]Persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth.

The areas with the highest rates of residents living with HIV are the zip codes of 94014 (Colma), 94063 (Redwood City), 94080 (South San Francisco), and 94401 (San Mateo). Rates for zip codes with fewer than 10 cases or with low populations may be unstable.

**Figure 20. Population Rates of Reported Living HIV Cases by Current Residential Zip Code in San Mateo County, 2023**



## Overview

- A global outbreak of clade II mpox was detected in May 2022 and the first case in SMC occurred in June 2022.
- 12 clade II mpox cases were reported in SMC in 2023 compared to 87 in 2022.
- JYNNEOS vaccination is recommended for men who have sex with men, transgender or non-binary persons who in the past 6 months have a diagnosis of >= 1 STI, more than one sex partner, sex at a commercial venue, or sex in association with a large public event or sex partners of anyone from these groups. Additionally, anyone who requests an mpox vaccine should receive the two dose series.

### Table 13. Demographic Characteristics of Clade II Mpox Cases in San Mateo County, 2023 and 2022

| | | 2023 | | 2022 | |
|---|---|---|---|---|---|
| | | Cases | Percent | Cases | Percent |
| Total | Total | 12 | 100.0 | 87 | 100.0 |
| Gender | Male | 10 | 83.3 | 80 | 92.0 |
| | Female | 1 | 8.3 | 4 | 4.6 |
| | Transgender/Other | 1 | 8.3 | 3 | 3.4 |
| | Unknown | 0 | 0.0 | 0 | 0.0 |
| Age | 0-14 | 0 | 0.0 | 0 | 0.0 |
| | 15-19 | 0 | 0.0 | 1 | 1.1 |
| | 20-24 | 1 | 8.3 | 14 | 16.1 |
| | 25-29 | 4 | 33.3 | 14 | 16.1 |
| | 30-34 | 2 | 16.7 | 17 | 19.5 |
| | 35-39 | 1 | 8.3 | 18 | 20.7 |
| | 40-44 | 3 | 25.0 | 8 | 9.2 |
| | 45-49 | 0 | 0.0 | 7 | 8.0 |
| | 50-54 | 0 | 0.0 | 2 | 2.3 |
| | 55-59 | 0 | 0.0 | 4 | 4.6 |
| | 60+ | 1 | 8.3 | 2 | 2.3 |
| Race/Ethnicity | American Indian or Alaska Native | 0 | 0.0 | 0 | 0.0 |
| | Asian | 2 | 16.7 | 13 | 14.9 |
| | Black or African American | 1 | 8.3 | 7 | 8.0 |
| | Hispanic or Latino | 6 | 50.0 | 36 | 41.4 |
| | Multiracial | 1 | 8.3 | 2 | 2.3 |
| | Native Hawaiian or Pacific Islander | 0 | 0.0 | 0 | 0.0 |
| | White | 2 | 16.7 | 17 | 19.5 |
| | Other/Unknown | 0 | 0.0 | 12 | 13.8 |
| Sexual Orientation | Heterosexual | 4 | 33.3 | 16 | 18.4 |
| | Homosexual | 4 | 33.3 | 43 | 49.4 |
| | Bisexual | 3 | 25.0 | 8 | 9.2 |
| | Other | 0 | 0.0 | 7 | 8.0 |
| | Unknown | 1 | 8.3 | 13 | 14.9 |
| Vaccinated at Time of Infection | Yes | 2 | 16.7 | 10 | 11.5 |

| | | 2023 | | 2022 | |
|---|---|---|---|---|---|
| | | Cases | Percent | Cases | Percent |
| | No | 10 | 83.3 | 51 | 58.6 |
| | Unknown | 0 | 0.0 | 26 | 29.9 |
| Hospitalized | Yes | 0 | 0.0 | 5 | 5.1 |
| | No | 12 | 12.1 | 57 | 57.6 |
| | Unknown | 0 | 0.0 | 25 | 25.3 |

[1]Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE). [2]Transgender men, transgender women, and other/unknown gender combined for confidentiality.

**Summary of Sources for all Bacterial STIs**
The STI surveillance systems operated by San Mateo County Health and California Department of Public Health (CDPH) are the sources of San Mateo County data in this publication. Case reports and STI laboratory results are submitted to San Mateo County and/or CDPH through the California Reportable Disease Information Exchange (CalREDIE) system. CalREDIE data was used to compile the most recent years of data for this report. Historical data used to create trend graphs for San Mateo County and the State of California included information from the Automated Vital Statistics System (AVSS) and from information supplied by the California Department of Public Health STD Control Branch.

STI rates for San Mateo from 2008-2019 were calculated using July 2020 State of California, Department of Finance (DoF) population projections by race/ethnicity, age, and gender for 2010-2060. STI rates from 2020-2022 were calculated using March 2024 State of California, Department of Finance population projections by race/ethnicity, age, and gender for 2020-2060, which is informed by available 2020 Census data. Rates from 2020 onwards may differ from previously published rates that used July 2020 estimates. Population projections were not available for transgender men and women.

Congenital syphilis rates were calculated using birth data from California VRBIS (Vital Records Business Intelligence System). Birth data was pulled August 2024.

California STI numbers and rates were gathered from the California Department of Public Health, STD Control Branch's report: California Department of Public Health, STD Control Branch (data as reported through December 2023).

**Summary of Sources for HIV and AIDS**
HIV and AIDS cases are reported to local health departments using the California Department of Public Health Office of AIDS HIV/AIDS confidential case report form. The case report form collects demographic information, patient risk history, laboratory data to confirm and stage diagnosis, opportunistic and HIV-associated malignancy, diagnoses, and treatment and service referrals.

Data for this report were obtained from the electronic HIV/AIDS Reporting System (eHARS) for San Mateo County, which includes people who reside in San Mateo County at the time of diagnosis. Cases reported from laboratories, providers, death certificates, and other health departments are reviewed for accuracy and completeness. AIDS case data may not represent the characteristics of people with more recent infections or people who never progress to AIDS due to antiretroviral therapy.

Because of reporting delays, data are not complete at the time of analysis. Hence, a change in the overall numbers in future reports is to be expected.

California HIV numbers were gathered from the California Department of Public Health, Office of AIDS, California HIV Surveillance Report – 2022.

**Gender**
Accurate data on sexual orientation and gender identity (SOGI) is limited as many public health reporting forms and labs are exempt from collecting detailed SOGI data. The number of transgender cases is likely underreported. People were classified as transgender if so indicated in their demographic information or if their sex at birth is not the same as their current gender. In this report, cases are classified as male, female, or transgender/other/unknown.

**Race/Ethnicity Grouping**
The race and ethnicity information listed and the corresponding census categories follow U.S. Office of Management and Budget standards and are: American Indian or Alaska Native (non-Hispanic), Black or African American (non-Hispanic), Hispanic or Latino (Hispanic ethnicity, regardless of race), White (non-Hispanic), Asian (Asian, non-Hispanic), Native Hawaiian or Pacific Islander (non-Hispanic), Multiracial (2 or more races, non-Hispanic), and Other/Unknown (Other, non-Hispanic, or where no race or ethnicity information was available).

**Small Numbers**

Many rates have been calculated using few cases of disease. Caution should be observed when interpreting rates based on few events and/or small populations. For more information, refer to Guidelines for statistical analysis of public health data with attention to small numbers, Revised, July, 2003. This publication can be found at: https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/wysiwyg/smallnumbers2003.pdf

**Transmission Categories**

Transmission categories for HIV transmission summarize a person's reported HIV risk factors and identifies the one most likely to have been responsible for HIV transmission. People with more than one reported HIV risk factor are classified in a transmission category based on a hierarchy: MMSC (male-to-male sexual contact), IDU (injection drug use), MMSC/IDU (MMSC and IDU), heterosexual contact, perinatal transmission, and other (e.g. blood transfusion, hemophilia). California Department of Public Health Office of AIDS added non-heterosexual contact as the last category in the hierarchy. As a result, categories are mutually exclusive. For more information please refer to the CDC's definitions.