

San Mateo County (SMC) Sexually Transmitted Infections (STI) and HIV-AIDS Surveillance Annual Report, 2022



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

·Asa Ohsaki MPH, Epidemiologist ·Heather Eastwood PhD, Supervising Epidemiologist

·Vivian Levy MD, STI Controller, Matt Geltmaker LCSW Program Manager

·Kismet Baldwin-Santana MD, MPH, Health Officer



SAN MATEO
COUNTY HEALTH

INTRODUCTION AND ACKNOWLEDGEMENTS

This is the 2022 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: Anna Branzuela, Losaline Baker, Roberto Gonzalez, Sergio Grajeda, Sharon Jones, Bryan Lee, Peter Mack, Munya Mahiya, Marco Vergara, and Wesley Yuen

Table of Contents

Overview of the STI/HIV Programs..... 1

Bacterial Sexually Transmitted Infections..... 2

 Overview of Bacterial STI in San Mateo County 2

 Figure 1. STI Rates by Year in San Mateo County, 2008-2022..... 3

 Table 1. STI Cases and Rates by Year Reported in San Mateo County, 2008-2022 4

 Figure 2. STI Rates by Year in San Mateo County, 2008-2022..... 5

 Figure 3. STI Rates by Year in San Mateo County, 2008-2022..... 5

Syphilis..... 6

 Figure 4. Early Syphilis Cases and Rates by Year in San Mateo County, 2008-2022 6

 Figure 5. Early Syphilis Rates by Gender and Year in San Mateo County and State of CA, 2008-2022..... 7

 Figure 6. Early Syphilis Rates by Syphilis Stage and Year in San Mateo County, 2008-2022 7

 Table 2. Syphilis Cases and Rates by Syphilis Stage, Early Syphilis Demographic Characteristics and Risk Factors, San Mateo County, 2008-2022..... 8

 Table 3. Late Latent Syphilis Cases and Rates by Demographics Characteristics, San Mateo County, 2008-2022 9

 Figure 7. Ratio of Female to Male Total Syphilis Cases by Year, San Mateo County, CA, 2018-2022 10

 Figure 8. Early Syphilis Rates by Census Tract in San Mateo County, 2018-2022 11

Gonorrhea 12

 Figure 9. Gonorrhea Cases and Rates by Year in San Mateo County, 2008-2022 12

 Figure 10. Gonorrhea Rates by Gender and Year in San Mateo County and State of CA, 2008-2022..... 13

 Figure 11. Gonorrhea Cases by Gender and Age in San Mateo County, 2008-2022 13

 Figure 12. Gonorrhea Rates by Gender and Selected Race/Ethnic Groups in San Mateo County, 2022 14

 Table 4. Gonorrhea Cases and Rates by Demographics and Clinical Characteristics by Gender in San Mateo County, 2008-2022 15

 Figure 13. Gonorrhea Rates by Census Tract in San Mateo County, 2022 16

Chlamydia..... 17

 Figure 14. Chlamydia Cases and Rates by Year in San Mateo County, 2008-2022 17

 Figure 15. Chlamydia Rates by Gender and Year in San Mateo County and State of CA, 2008-2022 18

 Figure 16. Chlamydia Cases by Gender and Age in San Mateo County, 2008-2022..... 18

 Figure 17. Chlamydia Rates by Gender and Selected Race/Ethnic Groups in San Mateo County, 2022 19

 Table 5. Chlamydia Cases and Rates by Demographics and Clinical Characteristics by Gender in San Mateo County, 2008-2022 20

 Figure 18. Chlamydia Rates by Census Tract in San Mateo County, 2022 21

TABLE OF CONTENTS

HIV/AIDS	22
<i>Overview of HIV/AIDS in San Mateo County</i>	22
<i>Table 6. Newly Reported HIV Cases among County Residents and Percentage of Late Testers by Year of Diagnosis, San Mateo County, 2013-2022</i>	22
<i>Table 7. Characteristics of Newly Reported HIV Cases among County Residents by Year of Diagnosis, in San Mateo County, 2018-2022</i>	23
<i>Table 8. Characteristics of Late HIV Testers in Residents of San Mateo County, 2018-2022</i>	24
<i>Table 9. HIV Cases Diagnosed in County Residents from 2017-2021 by Transmission Category and Gender, San Mateo County</i>	25
<i>Table 10. HIV Cases Diagnosed among Male County Residents From 2018-2022 by Transmission Category and Race/Ethnicity, San Mateo County</i>	25
<i>Figure 19. People Living with HIV, Living with AIDS, and the County Population by Race/Ethnicity, San Mateo County, 2022</i>	26
<i>Table 11. Demographic and Exposure Risk Characteristics of Living People Diagnosed with HIV/AIDS, San Mateo County, 2022</i>	27
<i>Figure 20. Population Rates of Reported Living HIV Cases by Current Residential Zip Code in San Mateo County, 2022</i>	28
Emerging Infections: Mpox	29
<i>Table 12. Demographic Characteristics of Mpox Cases in San Mateo County, 2022</i>	29
Summary of Sources and Technical Notes	30

San Mateo County Health STI/HIV Program Overview

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. The program aims to identify, prevent and treat sexually transmitted infections (STIs) and HIV, as well as monitor STI/HIV disease trends in San Mateo County.

Services of the STI/HIV Program

- Provide comprehensive primary and specialty medical care, psychosocial support and case management for people living with HIV/AIDS
- Provide STI, hepatitis C virus (HCV), and HIV screening and treatment through San Mateo County STI Clinic as well as mobile outreach and testing for high-risk populations
- Provide linkage to care services for newly diagnosed HIV-infected residents as well as HIV-infected patients who have fallen out of care
- Provide partner services for newly diagnosed HIV-infected patients 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: <http://www.smchealth.org/std>
- Conduct case and behavioral surveillance, analysis and reporting of syphilis, gonorrhea, chlamydia, 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/HIV clinical educational materials to health care providers
- Partner with public and private laboratories and clinics offering STI/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 Public Health, 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

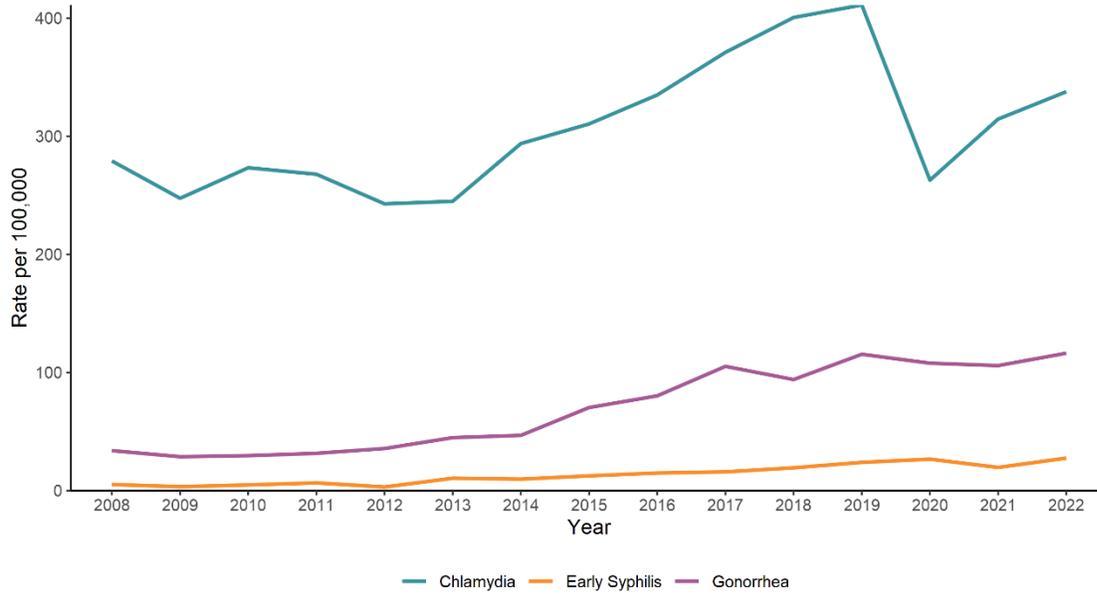
Funding and Grants: The STI/HIV Program received funding from the following sources in 2022:

- 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

Overview

- From 2013 to 2022, the ratio of female to male among total syphilis cases decreased from 1:14 to 1:5. Clinicians should be aware of increased syphilis burden in SMC women.
- Early syphilis increased in 2022 by 28% compared to 2021, reaching pre-pandemic levels of early syphilis. Most of the increase was among males. Late latent syphilis increased by 43%.
- SMC continued to be a high congenital syphilis morbidity jurisdiction with three congenital syphilis cases in 2022, following three congenital syphilis cases in 2021.
- Prenatal syphilis testing Senate Bill 306 became California law January 1, 2022: All pregnant people should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or first prenatal visit (ideally first trimester) and again during third trimester (ideally between 28-32 weeks gestation), regardless of whether such testing was done during first two trimesters
- Neurosyphilis cases have been increasing since 2020. There were nine in 2022 compared to seven in 2021.
- Chlamydia cases increased 6% from 2021 to 2022 but have not yet reached pre-pandemic levels.
- Gonorrhea cases did not experience much of a decline during the pandemic and are back at pre-pandemic levels, largely due to an increase among males.
- The number of newly reported HIV cases increased from 2021 to 2022, while the number of late testers decreased from 20.4% to 26.4%. The majority of newly reported HIV cases continue to be among males (83.6%), about 80% of whom report male-to-male sexual contact (MMSC) as a transmission risk factor.
- Racial/ethnic disparities continue to persist in HIV/AIDS. Among newly diagnosed HIV cases, 52.5% are among Latinx individuals and 48.1% of late testers are Latinx. Black and Latinx individuals are disproportionately represented among people living with HIV and people living with AIDS.
- Programmatic priorities are Syphilis Screening in pregnant people, gonorrhea resistance surveillance and educating providers on [2021 CDC STI Treatment guidelines](#).

Figure 1. STI Rates by Year in San Mateo County, 2008-2022



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, 2008-2022

Cases

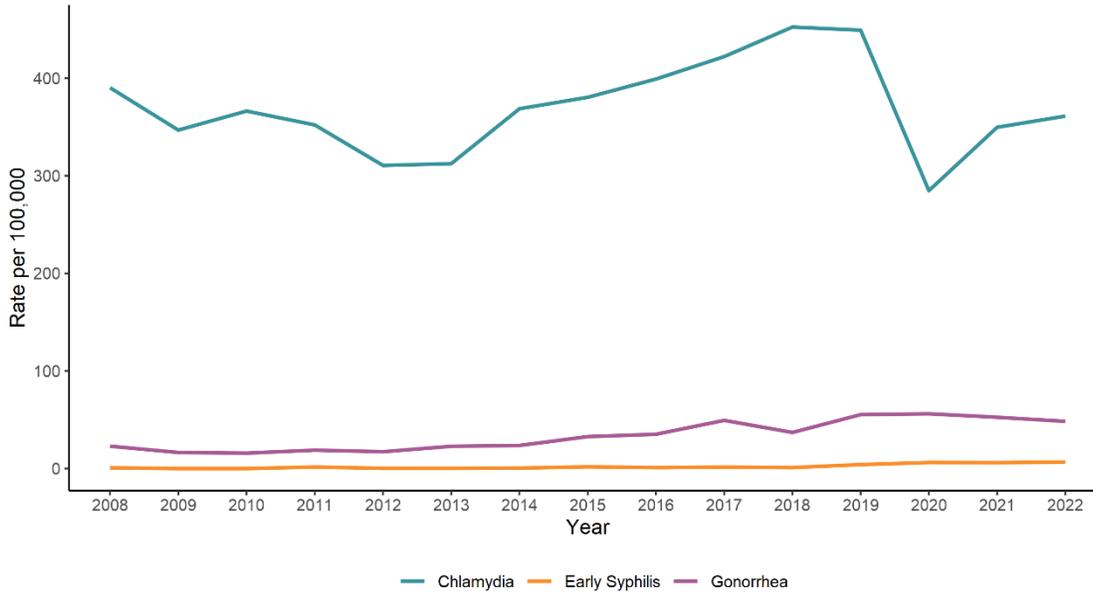
Disease	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	1,986	1,773	1,972	1,957	1,803	1,839	2,228	2,378	2,579	2,867	3,104	3,191	2,000	2,353	2,499
Gonorrhea	241	206	214	231	265	337	355	539	618	813	729	896	821	792	861
Primary Syphilis	15	8	9	7	7	18	20	12	19	36	25	43	33	23	37
Secondary Syphilis	11	11	13	28	7	39	30	43	41	26	52	47	61	43	54
Early Latent Syphilis	11	5	13	13	9	22	24	41	55	61	73	96	109	81	113
Early Syphilis ¹	37	24	35	48	23	79	74	96	115	123	150	186	203	147	204
Late Latent Syphilis	21	13	16	19	25	22	43	56	53	69	69	88	59	76	109
Neurosyphilis ²	0	2	0	2	2	1	0	2	2	4	0	1	4	7	9
Congenital Syphilis ³	2	0	0	2	0	0	0	1	0	0	0	1	1	3	3

Rate per 100,000⁴

Disease	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	279.2	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	337.8
Gonorrhea	33.9	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
Primary Syphilis	2.1	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
Secondary Syphilis	1.5	1.5	1.8	3.8	0.9	5.2	4.0	5.6	5.3	3.4	6.7	6.1	8.0	5.7	7.3
Early Latent Syphilis	1.5	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
Early Syphilis ¹	5.2	3.4	4.9	6.6	3.1	10.5	9.8	12.5	14.9	15.9	19.4	24.0	26.7	19.7	27.6
Late Latent Syphilis	3.0	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	14.7
Neurosyphilis ²	0.0	0.3	0.0	0.3	0.3	0.1	0.0	0.3	0.3	0.5	0.0	0.1	0.5	0.9	1.2
Congenital Syphilis ³	20.5	0.0	0.0	22.2	0.0	0.0	0.0	11.1	0.0	0.0	0.0	12.1	12.9	40.1	39.9

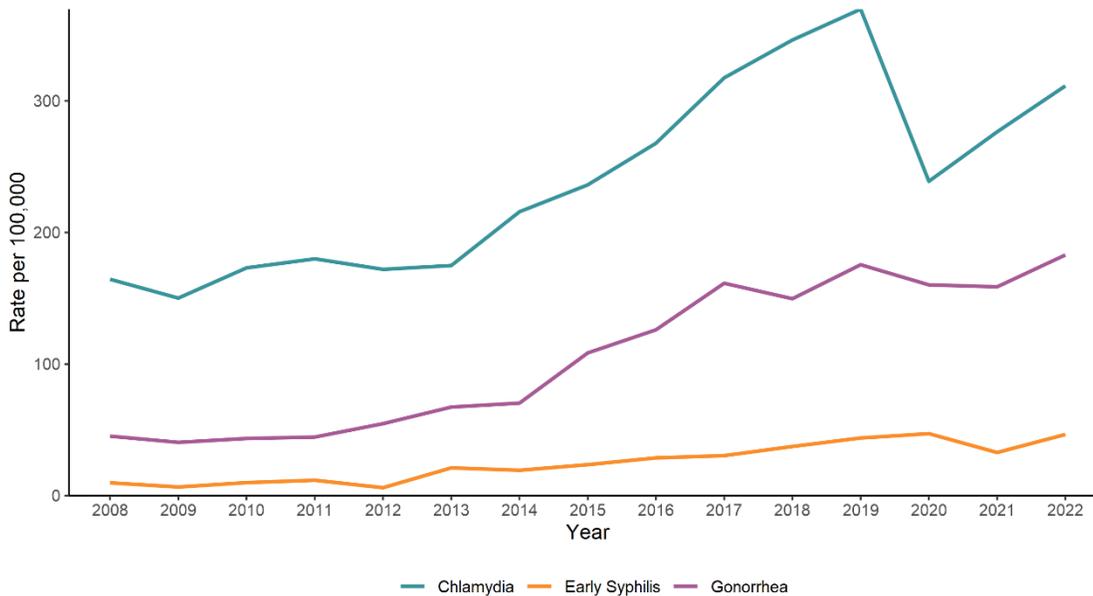
¹Early syphilis includes primary, secondary and early latent syphilis stages. ²Neurosyphilis cases are a sequelae of syphilis and can occur at any syphilis stage, neurosyphilis cases are captured under other syphilis stages. ³Rates equal cases per 100,000 live births per year based on CA Department of Finance, Demographic Research Unit, Historical and Projected Births by County. ⁴Rates equal cases per 100,000 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 and the Automated Vital Statistics System (AVSS).

Figure 2. STI Rates for Females by Year in San Mateo County, 2008-2022



Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Rates equal cases per 100,000 female 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 and the Automated Vital Statistics System (AVSS).

Figure 3. STI Rates for Males by Year in San Mateo County, 2008-2022

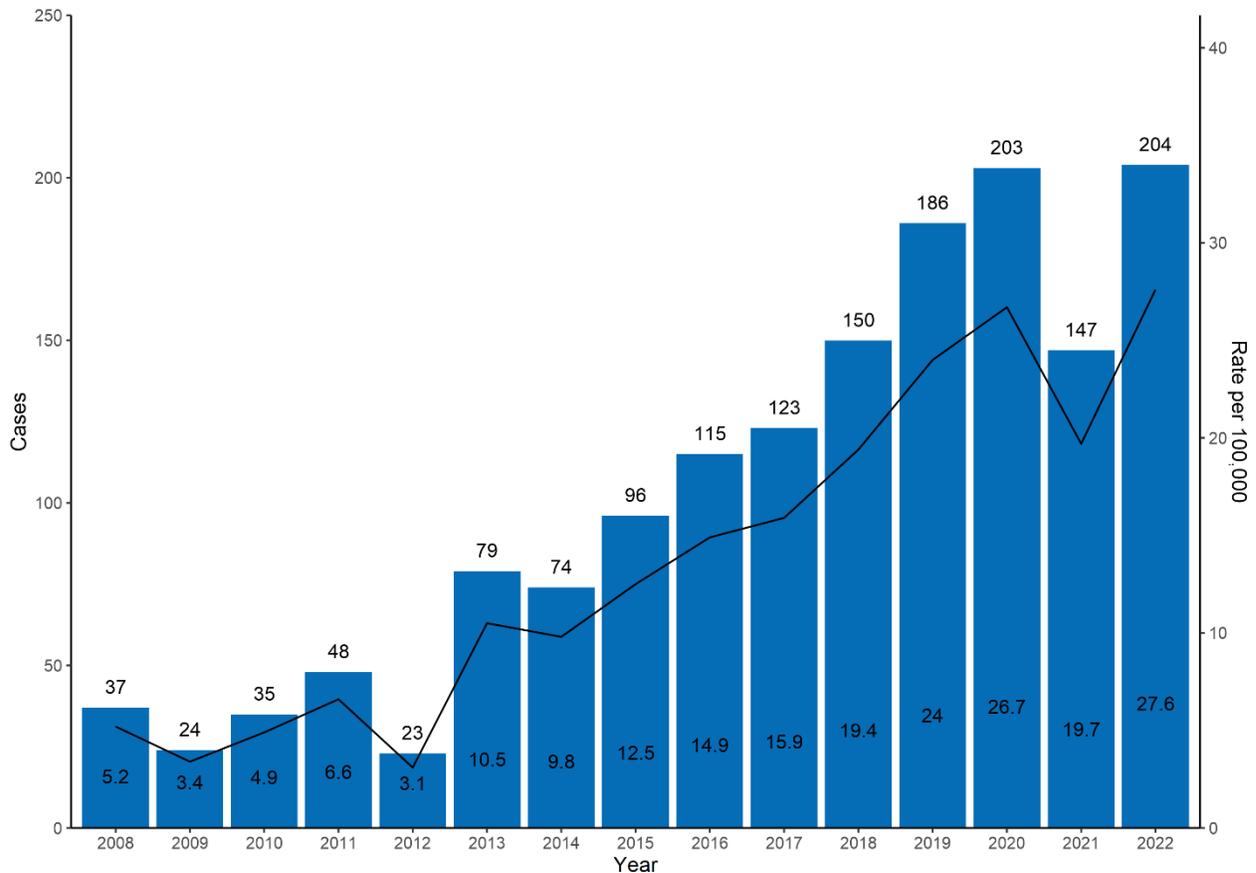


Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Rates equal cases per 100,000 female residents per year based on population data from the California Department of Finance. Data for San Mateo County is compiled from the California Reportable Disease Information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

Overview

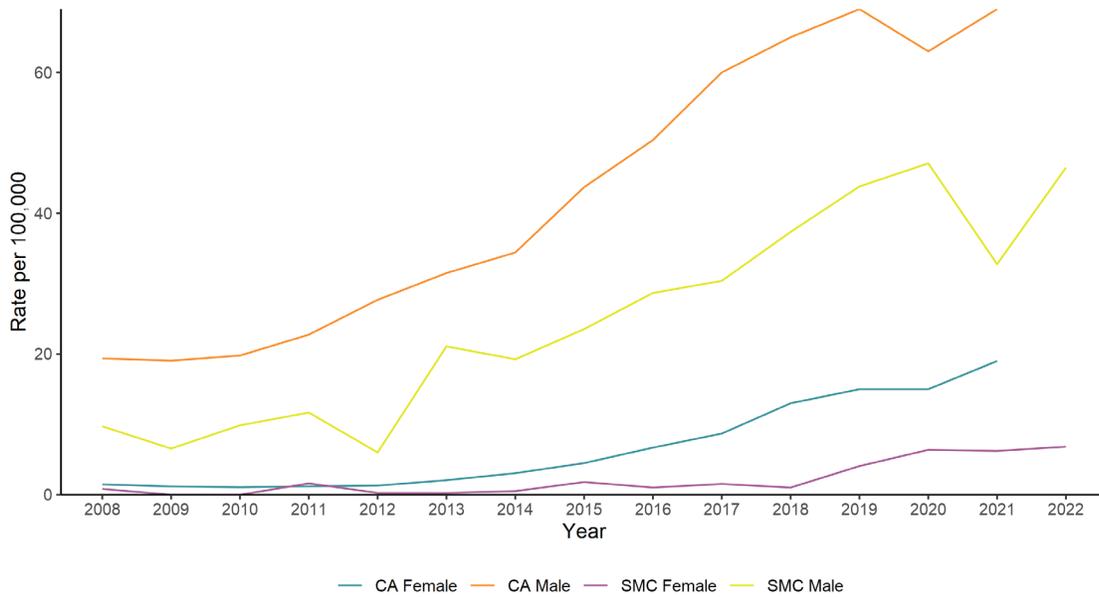
- Early syphilis increased 39% in 2022 compared to 2021, with most of the increase in males (from 32.8 to 46.5 cases per 100,000 male residents) and slight increase in female (6.1 to 6.7 cases per 100,000 female residents).
- Ratio of female to male syphilis cases was 1:5 in 2022 compared to 1:3 in 2021. 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. This change of increasing syphilis incidence in females is important for clinicians to change their syphilis screening practices to include not only those with MMSC but females.
- SMC had three congenital syphilis cases in 2022 for the second year in a row.
- Prenatal syphilis testing Senate Bill 306 became California law January 1, 2022: All pregnant individuals should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or first prenatal visit (ideally first trimester) and again during third trimester (ideally between 28-32 weeks gestation), regardless of whether such testing was done during first two trimesters
- Neurosyphilis cases continue to increase with a total of 9 neurosyphilis in 2022 compared to 7 in 2021 and 4 in 2020. Neurosyphilis and ocular syphilis need 10-14 days of intravenous penicillin treatment.
- Self-reported MMSC anonymous sex and HIV co-infection for early syphilis cases all increased in 2022 compared to 2021.

Figure 4. Early Syphilis Cases and Rates by Year in San Mateo County, 2008-2022



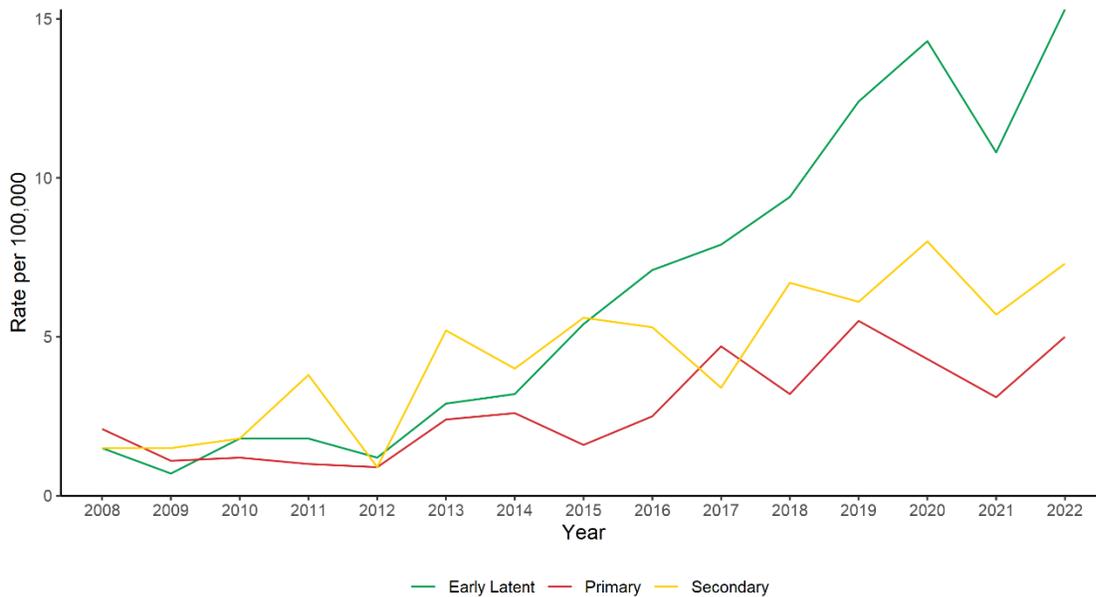
Early Syphilis includes primary, secondary, and early latent stages of syphilis. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system and the Automated Vital Statistics System (AVSS). Rates equal cases per 100,000 residents per year based 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, 2008-2022



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). Data for California rates was provided by the California Department of Public Health STD Control Branch. California rates not available for 2022.

Figure 6. Early Syphilis Rates by Stage and Year in San Mateo County, 2008-2022



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

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Table 2. Syphilis Cases and Rates by Syphilis Stage, Early Syphilis Demographic Characteristics and Risk Factors, San Mateo County, 2021 and 2022

		2022			2021		
		Cases	Percent	Rate ¹	Cases	Percent	Rate ¹
Syphilis Stages	Primary	37	11.8	5.0	23	9.9	3.1
	Secondary	54	17.3	7.3	43	18.5	5.7
	Early Latent	113	36.1	15.3	81	34.8	10.8
	Late Latent	109	34.8	14.7	76	32.6	10.2
	Neurosyphilis	9	2.9	1.2	7	3.0	0.9
	Congenital Syphilis	3	1.0	39.9	3	1.3	40.1
Total	Early Syphilis ²	204	100.0	27.6	147	100.0	19.7
Gender	Male	170	83.3	46.5	121	82.3	32.8
	Female	25	12.3	6.7	23	15.6	6.1
	Transgender/Other/Unknown ³	9	4.4	-	3	2.0	-
Age	0-14	1	0.5	0.7	0	0.0	0.0
	15-19	3	1.5	6.7	2	1.4	4.6
	20-24	17	8.3	46.0	10	6.8	24.7
	25-29	31	15.2	70.4	28	19.0	63.7
	30-34	51	25.0	141.2	30	20.4	81.6
	35-39	31	15.2	75.9	19	12.9	43.9
	40-44	28	13.7	62.1	16	10.9	33.8
	45-49	14	6.9	29.4	16	10.9	32.8
	50-54	6	2.9	12.1	13	8.8	25.8
	55-59	7	3.4	14.3	4	2.7	8.0
	60+	15	7.4	7.1	9	6.1	4.4
	Race/Ethnicity	American Indian/Alaska Native	1	0.5	96.5	0	0.0
Asian		29	14.2	12.5	17	11.6	7.3
Black/African-American		15	7.4	91.6	5	3.4	30.2
Latinx/Hispanic		80	39.2	45.4	58	39.5	32.6
Multiracial		0	0.0	0.0	3	2.0	10.2
Pacific Islander/Native Hawaiian		3	1.5	32.1	4	2.7	42.4
White		45	22.1	16.3	38	25.9	13.6
Self-Reported Risk Factors ⁴	Other/Unknown	31	15.2	-	22	15.0	-
	MMSC ⁵	130	63.7	-	105	71.4	-
	Anonymous	55	27.0	-	37	25.2	-
	HIV Coinfection ⁶	55	27.0	-	45	30.6	-

¹Rates equal cases per 100,000 residents per year based on population data from the California Department of Finance. ²Early Syphilis includes primary, secondary, and early latent stages of syphilis. ³Transgender men, transgender women, and other/unknown gender combined for confidentiality. Majority of cases are among transgender women. ⁴Data missing for cases that could not be located or refused to be interviewed. ⁵Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. Data on sex of sex partner for men was available for 98% of male cases in 2021 and 2022. ⁶Data for HIV coinfections was not available (missing or refused) for 21 cases in 2021 and for 11 cases in 2022. Data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE) system.

Table 3. Late Latent Syphilis Cases and Rates by Demographic Characteristics, San Mateo County, 2021 and 2022¹

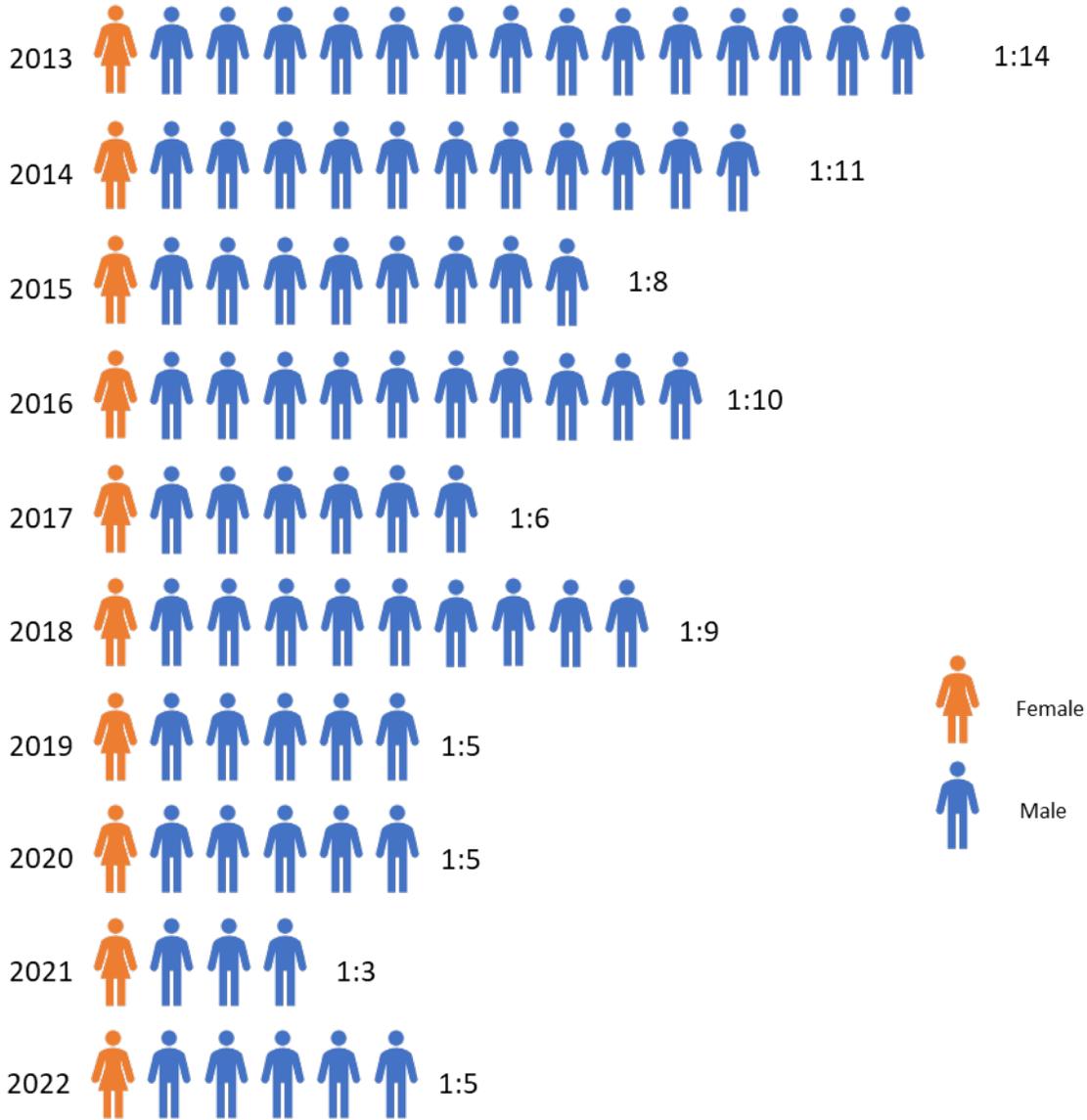
		2022			2021		
		Cases	Percent	Rate ¹	Cases	Percent	Rate ¹
	Late Latent Syphilis	109	34.8	14.7	76	32.6	10.2
Gender	Male	81	74.3	22.1	48	63.2	13.0
	Female	25	22.9	6.7	25	32.9	6.6
	Transgender/Other/Unknown ²	3	2.8	-	3	3.9	-
Age	0-14	0	0.0	0.0	0	0.0	0.0
	15-19	3	2.8	6.7	5	6.6	11.4
	20-24	9	8.3	24.4	7	9.2	17.3
	25-29	17	15.6	38.6	21	27.6	47.7
	30-34	20	18.3	55.4	12	15.8	32.6
	35-39	19	17.4	46.5	8	10.5	18.5
	40-44	13	11.9	28.8	13	17.1	27.4
	45-49	7	6.4	14.7	2	2.6	4.1
	50-54	9	8.3	18.1	1	1.3	2.0
	55-59	4	3.7	8.2	4	5.3	8.0
	60+	8	7.3	3.8	3	3.9	1.5
	Race/Ethnicity	American Indian/Alaska Native	0	0.0	0.0	0	0.0
Asian		8	7.3	3.5	9	11.8	3.8
Black/African-American		7	6.4	42.8	7	9.2	42.3
Latinx/Hispanic		63	57.8	35.7	40	52.6	22.5
Multiracial		1	0.9	3.5	0	0.0	0.0
Pacific Islander/Native Hawaiian		1	0.9	10.7	1	1.3	10.6
White		19	17.4	6.9	8	10.5	2.9
Other/Unknown		10	9.2	-	11	14.5	-

¹Rates 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.

²Transgender men, transgender women, and other/unknown gender combined for confidentiality. Majority of cases are among transgender women.

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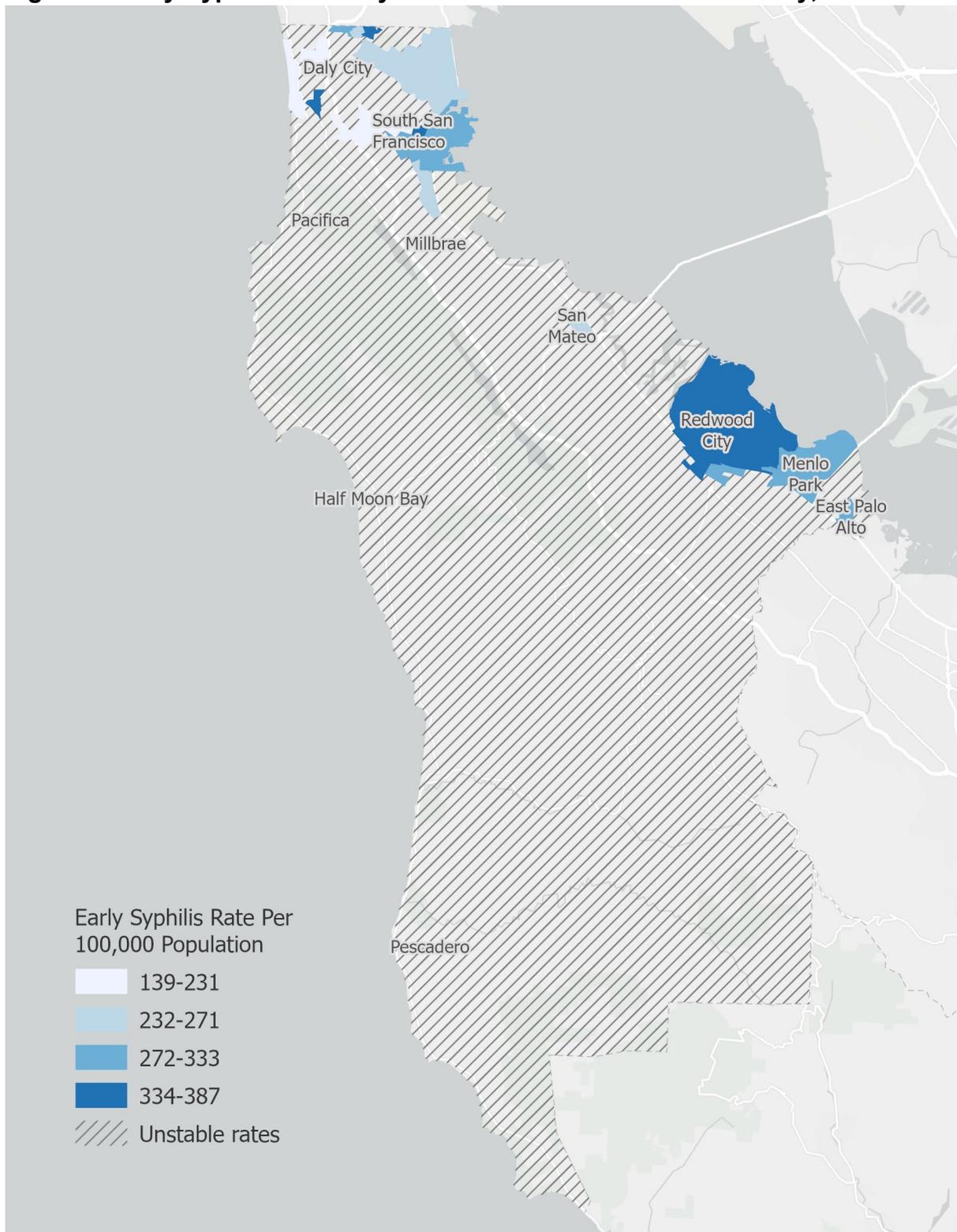
Figure 7. Female to Male Ratio of Total Syphilis Cases by Year, San Mateo County, CA, 2013-2022



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The highest rates of early syphilis infections for 2017-2022 were seen in census tracts in parts of Daly City, South San Francisco, and Redwood City. Rates for zip codes with fewer than 10 cases or with low populations may be unstable.

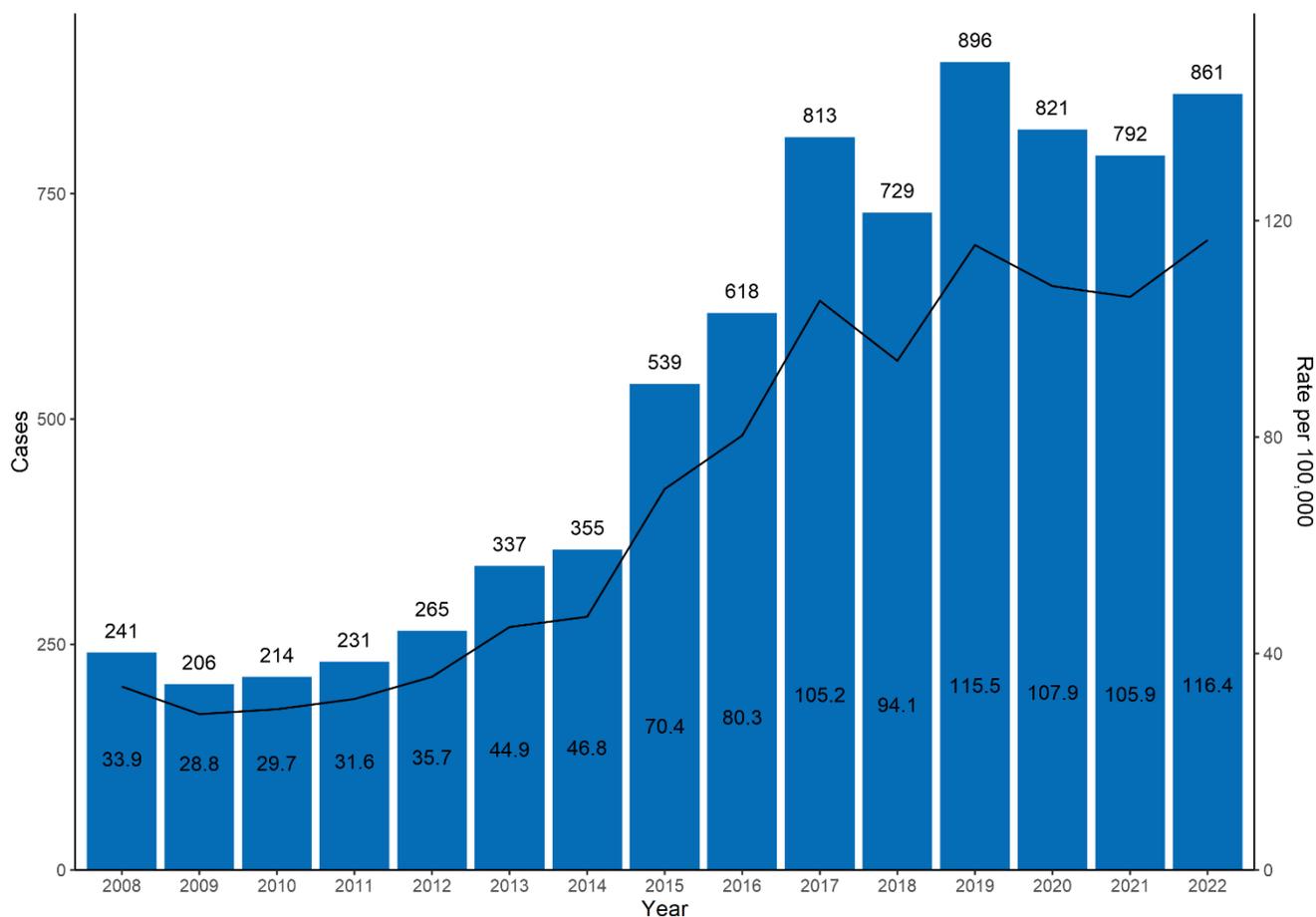
Figure 8. Early Syphilis Rates by Census Tract in San Mateo County, 2017-2022



Overview

- There was a 9% increase in gonorrhea cases in 2022 compared to 2021 (105.9 to 116.4 cases per 100,000).
- While cases among females decreased by 9% from 2022 to 2021 (52.6 to 48.4 cases per 100,000), cases among male increased 14% (158.7 to 182.9 per 100,000).
- Females comprised 27% of gonorrhea cases in 2022, a decrease from 34% in 2021.
- In 2020, CDC gonorrhea treatment recommendation changed to Ceftriaxone intramuscularly alone when CT has been excluded. This recommendation change was due to Azithromycin microbiome impact and resistance concern on co-occurring organisms.
- A test of cure should be done for all pharyngeal gonorrhea 14 days after treatment.
- The San Mateo County (SMC) STD clinic can culture gonorrhea specimens. The SMC Public Health Lab participates in a surveillance gonorrhea culture project (Strengthening the United States Response to Resistant Gonorrhea, or SURRG) in collaboration with the San Francisco Department of Public Health to maintain lab culture capacity.

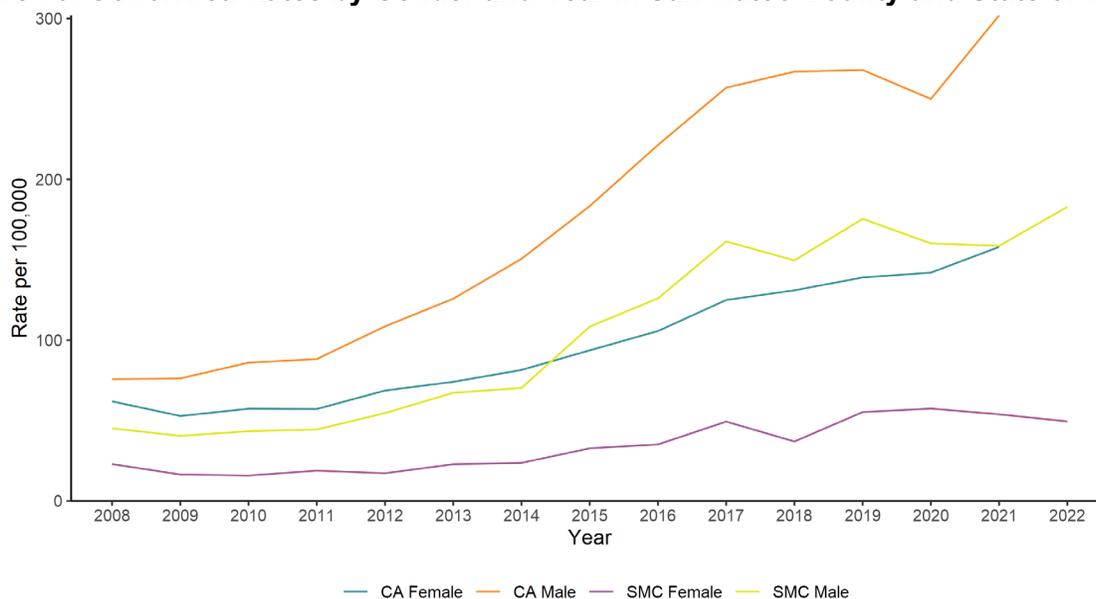
Figure 9. Gonorrhea Cases and Rates by Year in San Mateo County, 2008-2022



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.

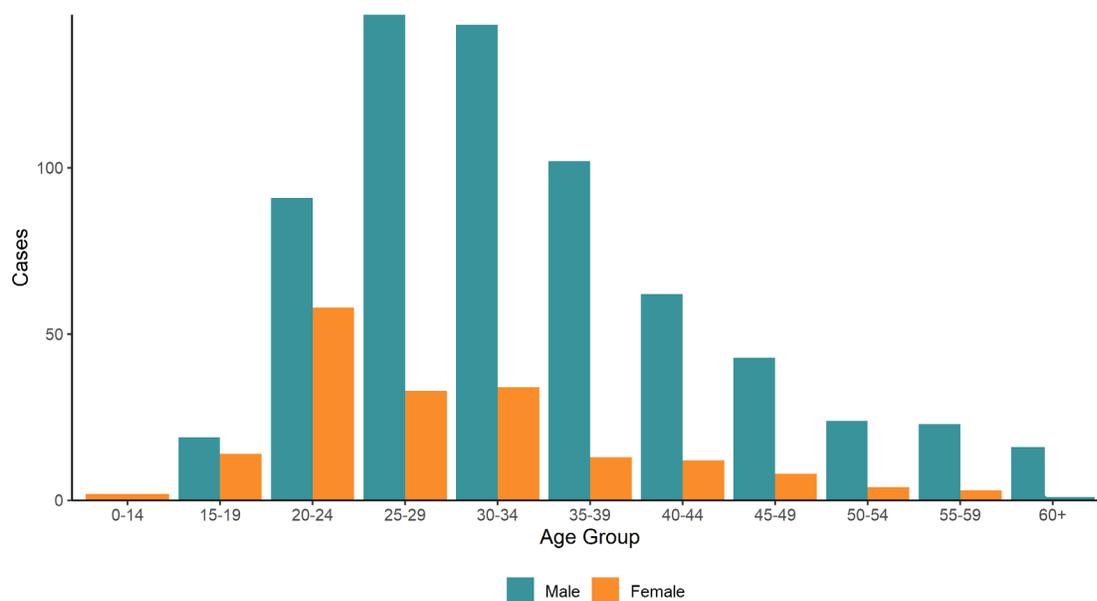
GONORRHEA

Figure 10. Gonorrhea Rates by Gender and Year in San Mateo County and State of California, 2008-2022



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. California rates not available for 2020 and 2021. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance.

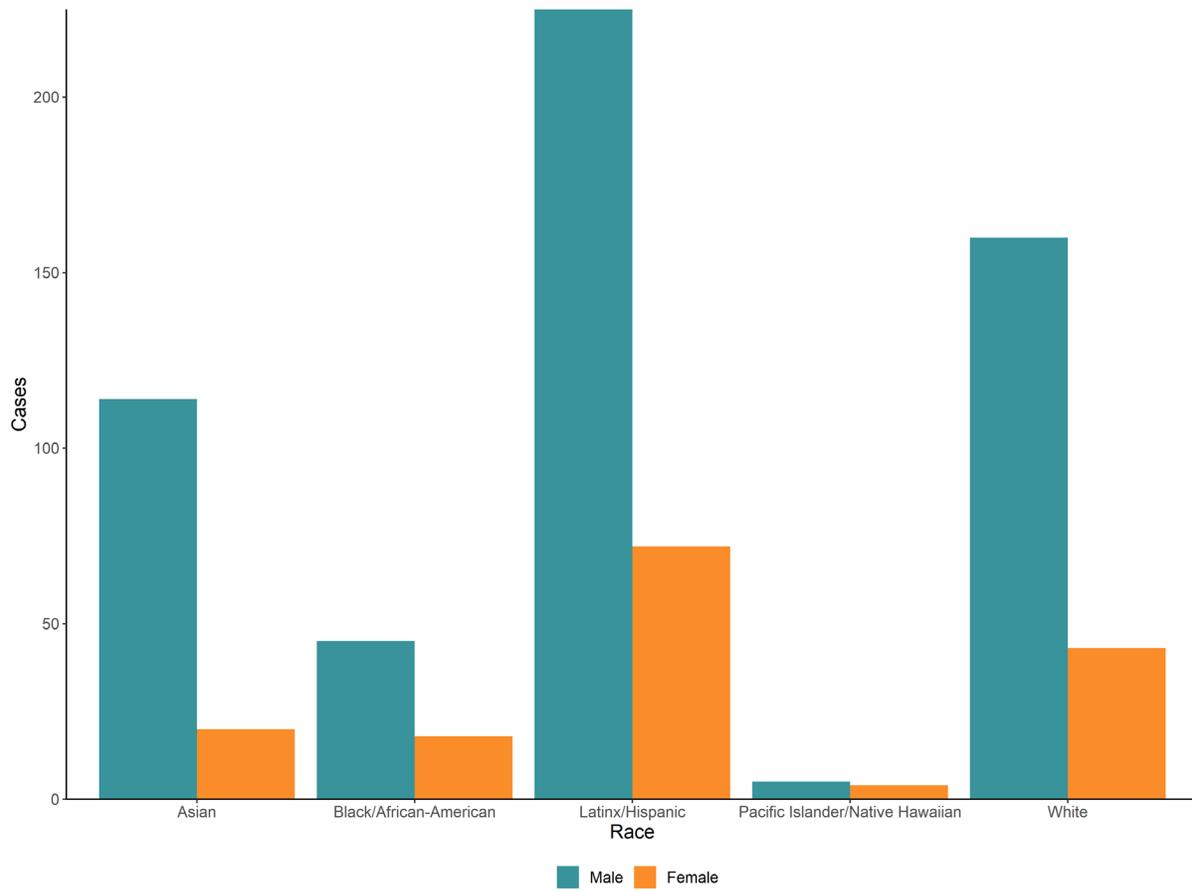
Figure 11. Gonorrhea Cases by Gender and Age in San Mateo County, 2022



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

GONORRHEA

Figure 12. Gonorrhea Cases by Gender and Race/Ethnicity in San Mateo County, 2022



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

GONORRHEA

Table 4. Gonorrhea Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2022 and 2021

		Female						Male					
		2022			2021			2022			2021		
		Cases	Percent	Rate ¹	Cases	Percent	Rate ¹	Cases	Percent	Rate ¹	Cases	Percent	Rate ¹
Total	Total	181	100.0	48.4	199	100.0	52.6	669	100.0	182.9	586	100.0	158.7
Age	0-14	2	1.1	3.0	0	0.0	0.0	0	0.0	0.0	1	0.2	1.4
	15-19	14	7.7	63.3	34	17.1	157.4	19	2.8	82.6	22	3.8	98.8
	20-24	58	32.0	323.0	58	29.1	293.6	91	13.6	479.1	75	12.8	360.5
	25-29	33	18.2	153.8	26	13.1	121.3	146	21.8	646.3	123	21.0	545.4
	30-34	34	18.8	201.5	24	12.1	139.6	143	21.4	743.4	133	22.7	679.8
	35-39	13	7.2	66.7	15	7.5	72.4	102	15.2	477.2	88	15.0	390.4
	40-44	12	6.6	53.8	18	9.0	76.5	62	9.3	272.6	51	8.7	213.6
	45-49	8	4.4	33.8	11	5.5	45.1	43	6.4	179.8	37	6.3	152.0
	50-54	4	2.2	15.9	10	5.0	39.4	24	3.6	98.0	22	3.8	88.1
	55-59	3	1.7	12.1	3	1.5	11.7	23	3.4	95.6	20	3.4	81.1
	60+	0	0.0	0.0	0	0.0	0.0	16	2.4	16.7	14	2.4	15.0
Race/Ethnicity	American Indian/Alaska Native	1	0.6	201.6	1	0.5	199.6	3	0.3	555.6	3	0.3	553.5
	Asian	20	11.0	16.5	20	10.1	16.4	114	10.0	103.2	90	8.8	80.6
	Black/African-American	18	9.9	224.8	18	9.0	221.9	45	4.0	538.1	44	4.3	522.0
	Latinx/Hispanic	72	39.8	83.2	66	33.2	75.4	225	19.8	251.0	207	20.3	228.5
	Multiracial	7	3.9	50.1	1	0.5	7.0	5	0.4	33.3	4	0.4	26.7
	Pacific Islander/Native Hawaiian	4	2.2	80.6	12	6.0	244.4	5	0.4	114.4	10	1.0	221.0
	White	43	23.8	30.9	54	27.1	38.3	160	14.0	116.4	129	12.6	93.1
	Other/Unknown ²	16	8.8	-	27	13.6	-	112	9.8	-	99	9.7	-
Anatomical Site of Infection	Urine	125	9.3	-	113	8.5	-	313	23.2	-	290	21.9	-
	Genitourinary	45	3.3	-	75	5.7	-	13	1.0	-	18	1.4	-
	Rectal	3	0.2	-	2	0.2	-	226	16.7	-	177	13.4	-
	Pharyngeal	9	0.7	-	9	0.7	-	248	18.4	-	182	13.7	-
	Other/Unknown	5	0.4	-	9	0.7	-	12	0.9	-	19	1.4	-
Total	Total by Gender	181	100.0	48.4	199	100.0	52.6	669	100.0	182.9	586	100.0	158.7
	County Total	861	100.0	116.4	792	100.0	105.9						

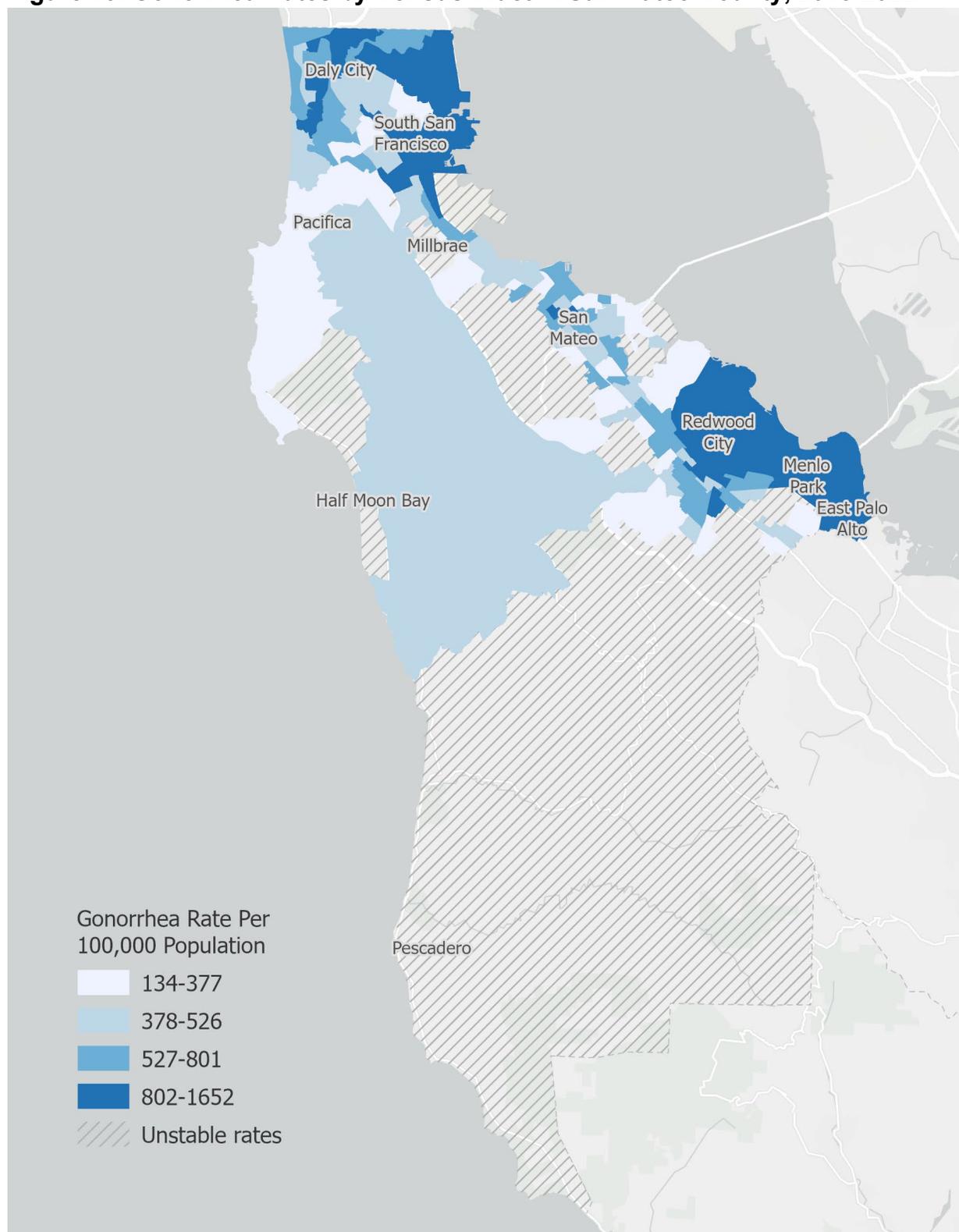
Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CaIREDIE). ¹Rates equal cases per 100,000 gender and age or race/ethnicity specific residents per year based on population data from the California Department of Finance.

²Race/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. Note: There were 7 transgender/other/unknown GC cases in 2021; 11 transgender/other/unknown gender GC cases in 2022.

GONORRHEA

The highest rates of gonorrhea infections in 2018-2022 were seen in census tracts in parts of Brisbane, Daly City, South San Francisco, East Palo Alto, Menlo Park, San Mateo, and Redwood City. Rates for zip codes with fewer than 20 cases or with low populations may be unstable.

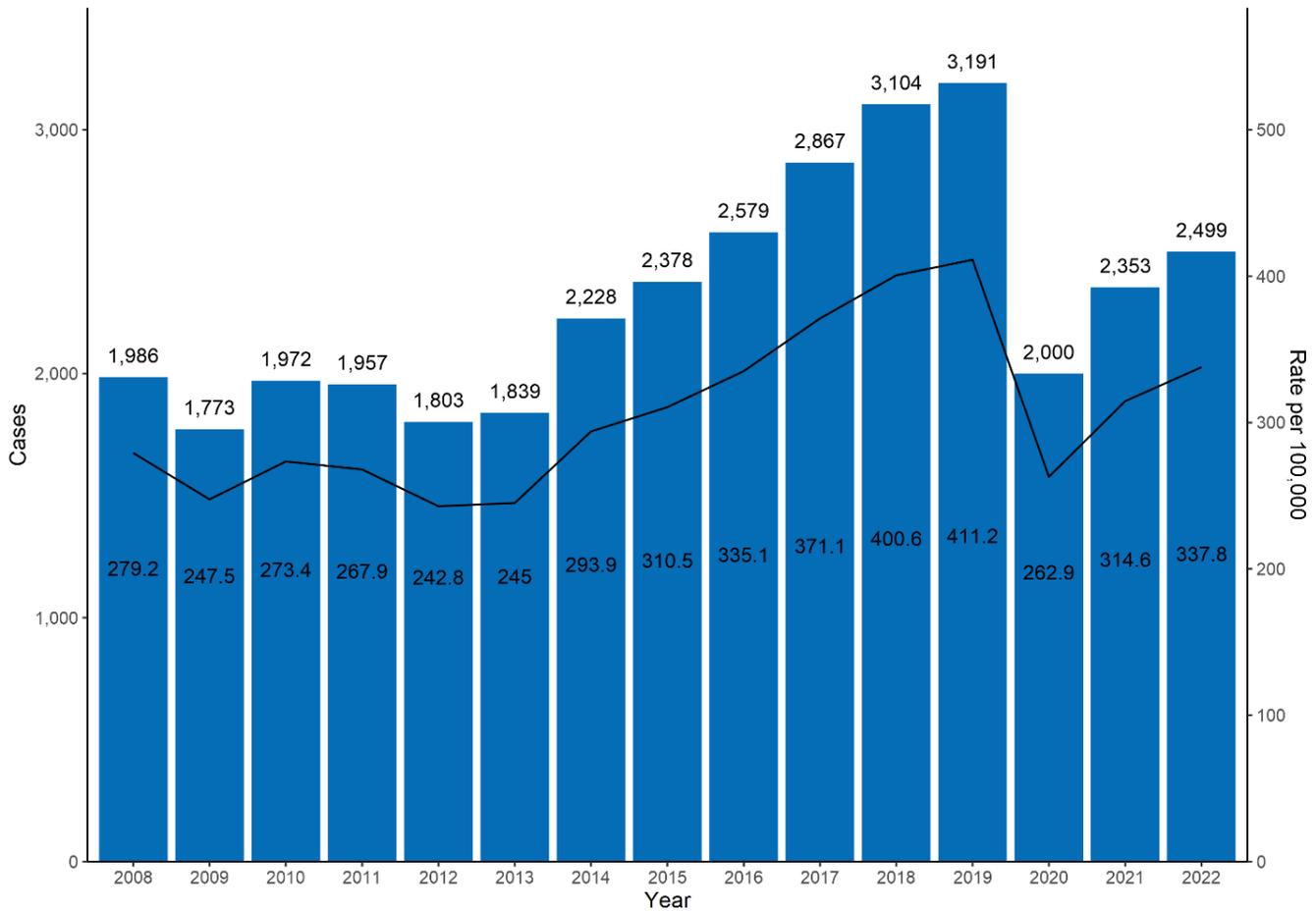
Figure 13. Gonorrhea Rates by Census Tract in San Mateo County, 2018-2022



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 6% from 2021 to 2022 (314.6 to 337.8 cases per 100,000). The increase was most significant in male with a rate increase from 276.5 cases per 100,000 to 311.4 cases per 100,000.
- Anatomic site of infection was missing in 78% of specimens.
- Given approximately half of all CT cases are asymptomatic, screening in women age 25 years and under 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.

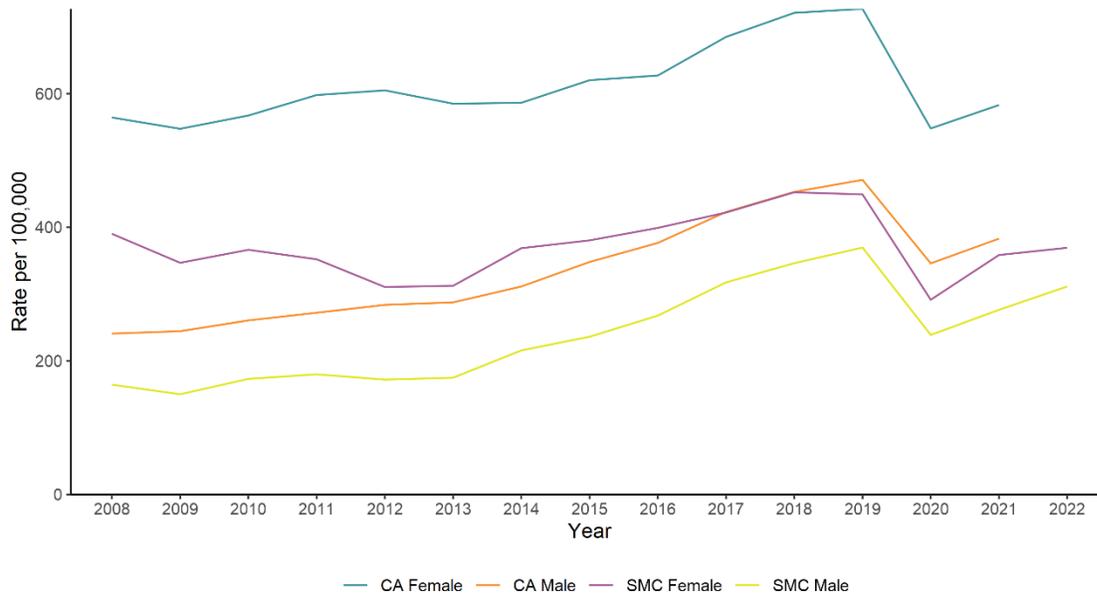
Figure 14. Chlamydia Cases and Rates by Year in San Mateo County, 2008-2022



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.

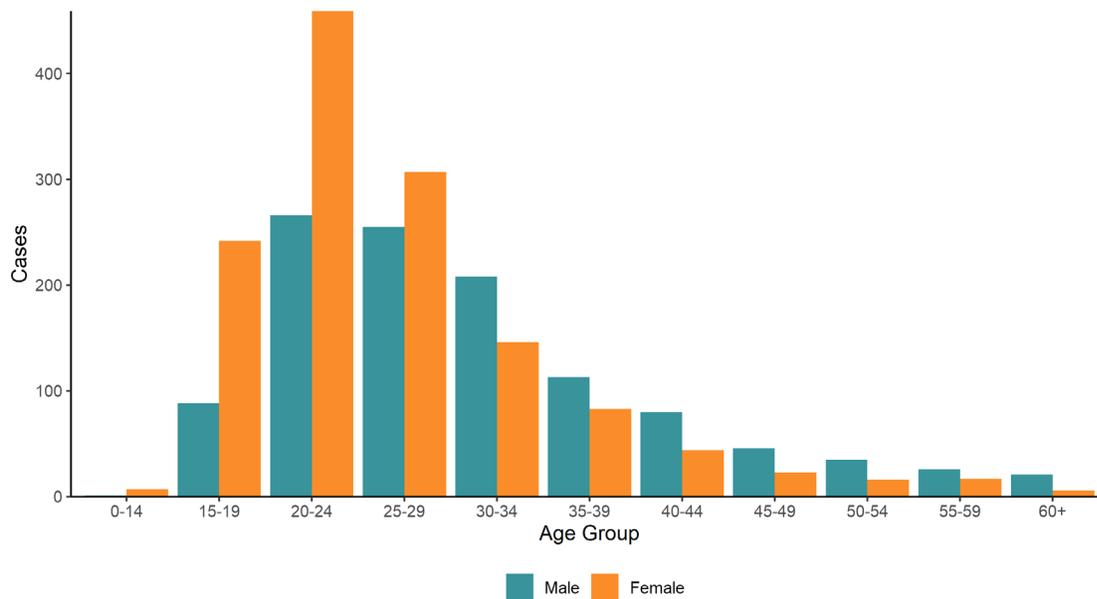
CHLAMYDIA

Figure 15. Chlamydia Rates by Gender Assigned at Birth and Year in San Mateo County and State of California, 2008-2022



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. California rates were not available for 2022. Rates equal cases per 100,000 gender specific residents per year based on population data from the California Department of Finance.

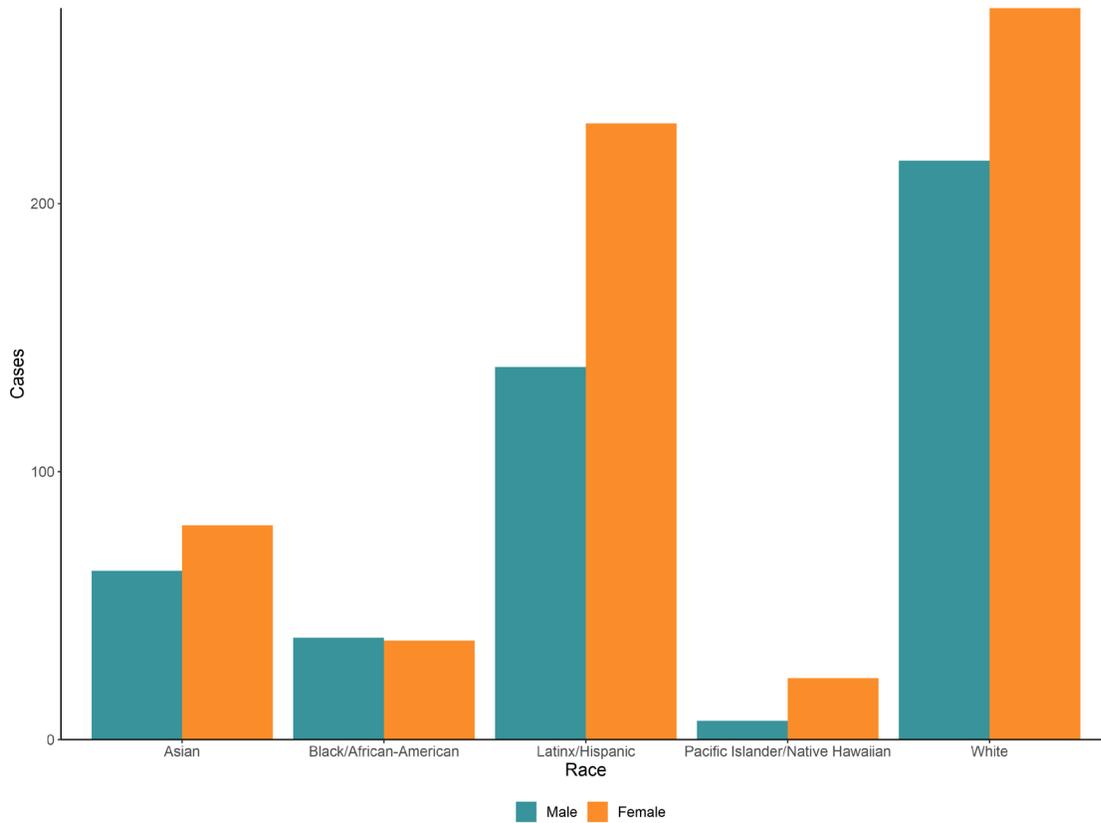
Figure 16. Chlamydia Cases by Gender and Age in San Mateo County, 2022



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

CHLAMYDIA

Figure 17. Chlamydia Cases by Gender and Race/Ethnicity in San Mateo County, 2022



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

CHLAMYDIA

Table 5. Chlamydia Cases and Rates by Demographic and Clinical Characteristics by Gender in San Mateo County, 2021 and 2022

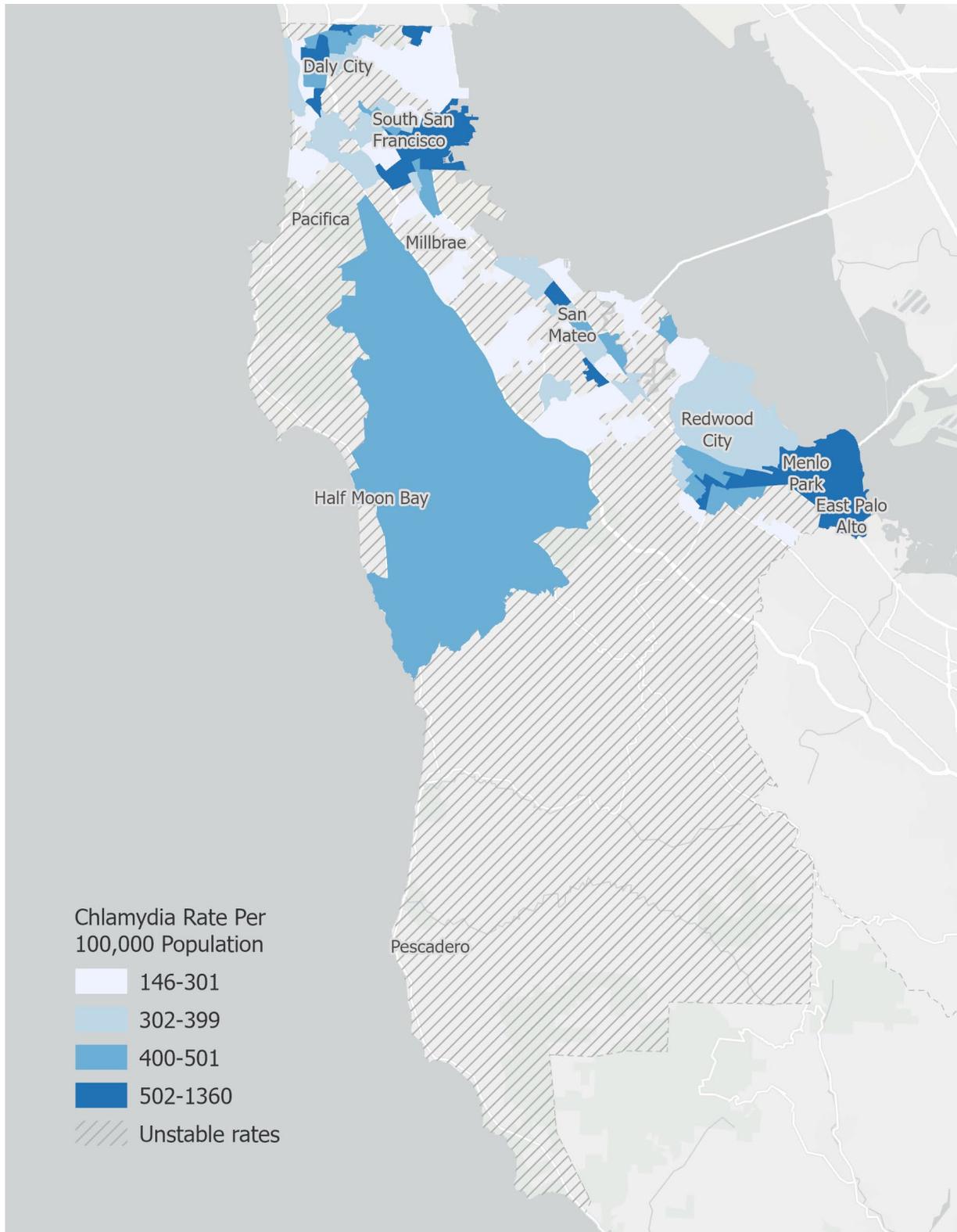
		Female						Male					
		2022			2021			2022			2021		
		Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate
Total	Total	1,351	100.0	361.2	1,324	100.0	349.7	1,139	100.0	311.4	1,021	100.0	276.5
Age	0-14	7	0.5	10.6	1	0.1	1.5	1	0.1	1.4	1	0.1	1.4
	15-19	242	17.9	1,094.2	281	21.2	1,301.0	88	7.7	382.8	85	8.3	381.6
	20-24	459	34.0	2,555.8	467	35.3	2,364.1	266	23.4	1,400.5	218	21.4	1,047.8
	25-29	307	22.7	1,431.1	244	18.4	1,138.2	255	22.4	1,128.8	215	21.1	953.4
	30-34	146	10.8	865.4	137	10.3	797.0	208	18.3	1,081.2	193	18.9	986.4
	35-39	83	6.1	425.8	83	6.3	400.7	113	9.9	528.7	133	13.0	590.0
	40-44	44	3.3	197.2	53	4.0	225.3	80	7.0	351.7	60	5.9	251.3
	45-49	23	1.7	97.2	21	1.6	86.1	46	4.0	192.3	48	4.7	197.2
	50-54	16	1.2	63.7	16	1.2	63.0	35	3.1	143.0	28	2.7	112.1
	55-59	17	1.3	68.6	11	0.8	42.9	26	2.3	108.1	20	2.0	81.1
	60+	6	0.4	5.2	6	0.5	5.3	21	1.8	22.0	19	1.9	20.3
		Missing	1	0.1	0.0	4	0.3	0.0	0	0.0	0.0	1	0.1
Race/Ethnicity	American Indian/Alaska Native	1	0.1	201.6	3	0.2	598.8	0	0.0	0.0	0	0.0	0.0
	Asian	80	5.9	66.1	95	7.2	77.7	63	5.5	57.1	80	7.8	71.6
	Black/African-American	37	2.7	462.0	54	4.1	665.8	38	3.3	454.4	51	5.0	605.1
	Latinx/Hispanic	230	17.0	265.6	211	15.9	241.0	139	12.2	155.1	154	15.1	170.0
	Multiracial	1	0.1	7.2	2	0.2	14.0	1	0.1	6.7	4	0.4	26.7
	Pacific Islander/Native Hawaiian	23	1.7	463.5	23	1.7	468.4	7	0.6	160.1	9	0.9	198.9
	White	273	20.2	196.3	268	20.2	190.1	216	19.0	157.2	206	20.2	148.7
	Other/Unknown	706	52.3	-	668	50.5	-	675	59.3	-	517	50.6	-
Anatomical Site of Infection	Urine	209	15.8	-	266	24.3	-	152	14.9	-	238	26.5	-
	Genitourinary	69	5.2	-	136	12.4	-	8	0.8	-	8	0.9	-
	Rectal	1	0.1	-	1	0.1	-	77	7.6	-	112	12.5	-
	Pharyngeal	1	0.1	-	5	0.5	-	20	2.0	-	21	2.3	-
	Other/Unknown	1,042	78.9	-	692	63.1	-	775	76.1	-	537	59.8	-
	Total	Total by Gender	1,351	100.0	361.2	1,324	100.0	349.7	1,139	100.0	311.4	1,021	100.0
	County Total	2,499	100.0	337.8	2,353	100.0	314.6						

Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CaREDIE). ¹Rates 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. ²Race/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. Note: There were 8 transgender/other/unknown gender CT cases in 2021; 9 transgender/other/unknown gender CT cases in 2022.

CHLAMYDIA

The highest rates of chlamydia infections in 2022 were seen in census tracts in parts of Daly City, East Palo Alto, Menlo Park, San Mateo, and South San Francisco. Rates for zip codes with fewer than 20 cases or with low populations may be unstable.

Figure 18: Chlamydia Rates by Census Tract in San Mateo County, 2022



Overview

- Late testers, people who receive an AIDS diagnosis within one year of an HIV diagnosis, were 16.4% of newly reported HIV cases in 2022, continuing a decreasing trend which began in 2019.
- Over half of newly reported HIV cases in 2022 were Latinx.
- Among newly reported HIV cases in 2022, 11.5% of newly reported HIV cases had no known risk factors to be classified as transmission categories. This is the lowest not specified HIV risk since 2018.
- Between 2018-2022, 7.4% of late testers identified as female, 31.5% of late testers were 50 years or older, and 31.5% of late testers had no specified risk factor.

Table 6. Newly Reported HIV Cases Among County Residents and Percentage of Late Testers by Year of Diagnosis, San Mateo County, 2013-2022¹

		2013 n=51	2014 n=71	2015 n=65	2016 n=59	2017 n=60	2018 n=61	2019 n=54	2020 n=46	2021 n=49	2022 n=61
		Percent									
Late Tester	Total	31.4	22.5	24.6	23.7	16.7	16.4	24.1	23.9	20.4	16.4
	Simultaneous Dx	27.5	15.5	20	20.3	13.3	16.4	22.2	23.9	18.4	14.8
	Within Year	3.9	7	4.6	3.4	3.3	0	1.9	0	2	1.6
Not Late Tester	Total	68.6	77.5	75.4	76.3	83.3	83.6	75.9	76.1	79.6	83.6

¹San Mateo County data are reported through June 30, 2023 from the electronic HIV/AIDS Reporting System (eHARS). ²Late 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 7. Characteristics of Newly Reported HIV Cases Among County Residents by Year of Diagnosis, San Mateo County, 2018-2022¹

		2018 n=61	2019 n=54	2020 n=46	2021 n=49	2022 n=61
		Percentage				
Gender	Male	91.8	88.9	93.5	87.8	83.6
	Female	6.6	9.3	6.5	12.2	9.8
	Transgender/Other/Unknown ²	1.6	1.9	0	0	6.6
Age	0-19	0	1.9	0	2	1.6
	20-29	42.6	35.2	28.3	40.8	41
	30-39	31.1	27.8	23.9	32.7	34.4
	40-49	9.8	18.5	28.3	8.2	9.8
	50-59	9.8	11.1	10.9	8.2	13.1
	60+	6.6	5.6	8.7	8.2	0
	Race/Ethnicity	American Indian/Alaska Native	0	0	0	2
	Asian	19.7	16.7	17.4	8.2	16.4
	Black/African-American	9.8	5.6	6.5	8.2	4.9
	Latinx	44.3	55.6	43.5	55.1	52.5
	Multiracial	1.6	1.9	2.2	0	1.6
	Pacific Islander/Native Hawaiian	3.3	3.7	0	0	0
	White	21.3	16.7	30.4	26.5	24.6
Transmission Category	MMSC ³	70.5	68.5	56.5	63.3	67.2
	IDU ⁴	1.6	0	0	2	8.2
	MMSC/IDU ⁵	4.9	9.3	6.5	6.1	3.3
	Heterosexual Contact ⁶	4.9	7.4	8.7	8.2	9.8
	Perinatal	0	0	0	0	0
	Other Risk ⁷	0	0	0	0	0
	Not Specified	18	14.8	28.3	20.4	11.5

¹San Mateo County data are reported through June 30, 2023 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. ²Transgender men, transgender women, and other/unknown gender combined for confidentiality. Majority of cases are among transgender women. ³Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ⁴Injecting Drug User. ⁵Male-to-male sexual contact and IDU. ⁶Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁷Other risk includes either perinatal transmission, exposure to blood transfusion or blood products, or receiving a transplant.

Table 8. Characteristics of Late HIV Testers in Residents of San Mateo County, 2018-2022¹

		n	Percent
Total	Total	54	100.0
Gender	Male	49	90.7
	Female	4	7.4
	Transgender/Other/Unknown ²	1	1.9
Age	0-19	0	0.0
	20-29	7	13.0
	30-39	18	33.3
	40-49	12	22.2
	50-59	9	16.7
	60+	8	14.8
Race/Ethnicity	American Indian/Alaska Native	0	0.0
	Asian	12	22.2
	Black/African-American	3	5.6
	Latinx/Hispanic	26	48.1
	Multiracial	0	0.0
	Pacific Islander/Native Hawaiian	1	1.9
	White	12	22.2
Transmission Category	MMSC ³	31	57.4
	IDU ⁴	1	1.9
	MMSC/IDU ⁵	3	5.6
	Heterosexual Contact ⁶	2	3.7
	Other Risk ⁷	0	0.0
	Not Specified	17	31.5

¹San Mateo County data are reported through June 30, 2023 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. ²Transgender men, transgender women, and other/unknown gender combined for confidentiality. Majority of cases are among transgender women. ³Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ⁴Injecting Drug User. ⁵Male-to-male sexual contact and IDU. ⁶Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁷Other risk includes either perinatal transmission, exposure to blood transfusion or blood products, or receiving a transplant.

Table 9. HIV Cases Diagnosed in County Residents from 2018-2022 by Transmission Category and Gender, San Mateo County¹

Transmission Category	Male		Female	
	n	Percent	n	Percent
MMSC ²	173	71.8	-	-
IDU ³	4	1.7	3	12.5
MMSC/IDU ⁴	16	6.6	-	-
Heterosexual Contact ⁵	8	3.3	12	50.0
Not Specified	40	16.6	9	37.5
Total	241	100.0	24	100.0

¹San Mateo County data are reported through June 30, 2023 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. ²Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ³Injecting Drug User. ⁴Male-to-male sexual contact and IDU. ⁵Includes heterosexual contact with a person known to have HIV or a risk factor for HIV.

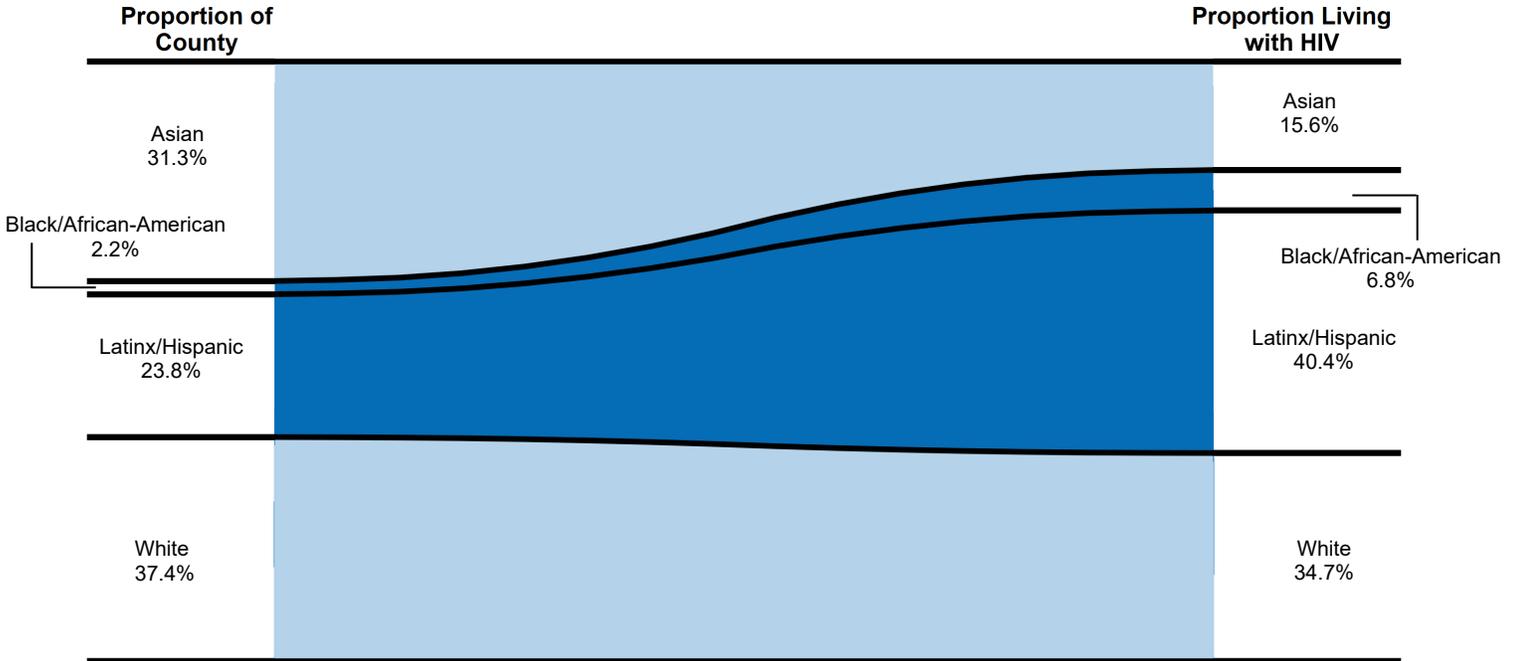
Table 10. HIV Cases Diagnosed among Male County Residents From 2018-2022 by Transmission Category and Race/Ethnicity, San Mateo County¹

Transmission Category	Asian		Black/ African- American		Latinx/Hispanic		White	
	n	Percent	n	Percent	n	Percent	n	Percent
MMSC ²	31	81.6	11	73.3	93	76.2	32	55.2
IDU ³	0	0.0	0	0.0	0	0.0	4	6.9
MMSC/IDU ⁴	1	2.6	1	6.7	7	5.7	6	10.3
Heterosexual Contact ⁵	0	0.0	1	6.7	4	3.3	3	5.2
Perinatal	0	0.0	0	0.0	0	0.0	0	0.0
Other Risk ⁶	0	0.0	0	0.0	0	0.0	0	0.0
Not Specified	6	15.8	2	13.3	18	14.8	13	22.4
Total	38	100.0	15	100.0	122	100.0	58	100.0

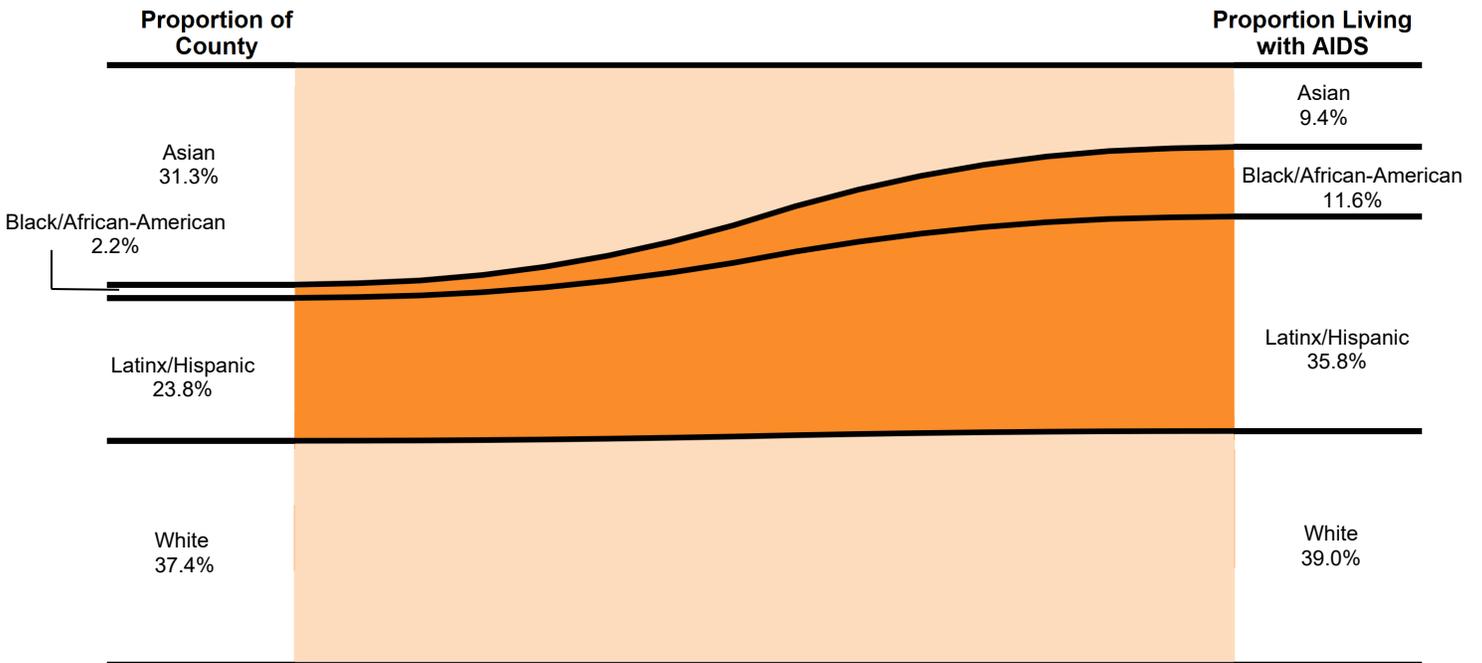
¹San Mateo County data are reported through June 30, 2023 from the electronic HIV/AIDS Reporting System (eHARS). New cases are among individuals who were San Mateo County residents at the time of diagnosis. Late testers are defined as individuals who receive an AIDS diagnosis within 1 year of their HIV diagnosis or who are diagnosed with HIV and AIDS simultaneously. ²Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ³Injecting Drug User. ⁴Male-to-male sexual contact and IDU. ⁵Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁶Other risk includes either perinatal transmission, exposure to blood transfusion or blood products, or receiving a transplant.

Figure 19. Percentage of People Living with HIV, Living with AIDS, and the County Population by Race/Ethnicity, San Mateo County, 2022

Black/African-American and Latinx/Hispanic individuals are overrepresented among those living with HIV in San Mateo County.



Black/African-American and Latinx/Hispanic individuals are overrepresented among those living with AIDS in San Mateo County (white individuals very slightly overrepresented).



HIV/AIDS data is compiled from the June 30, 2023 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 11. Demographic and Exposure Risk Characteristics of Living People Diagnosed with HIV/AIDS in San Mateo County (2022) and California (2021)

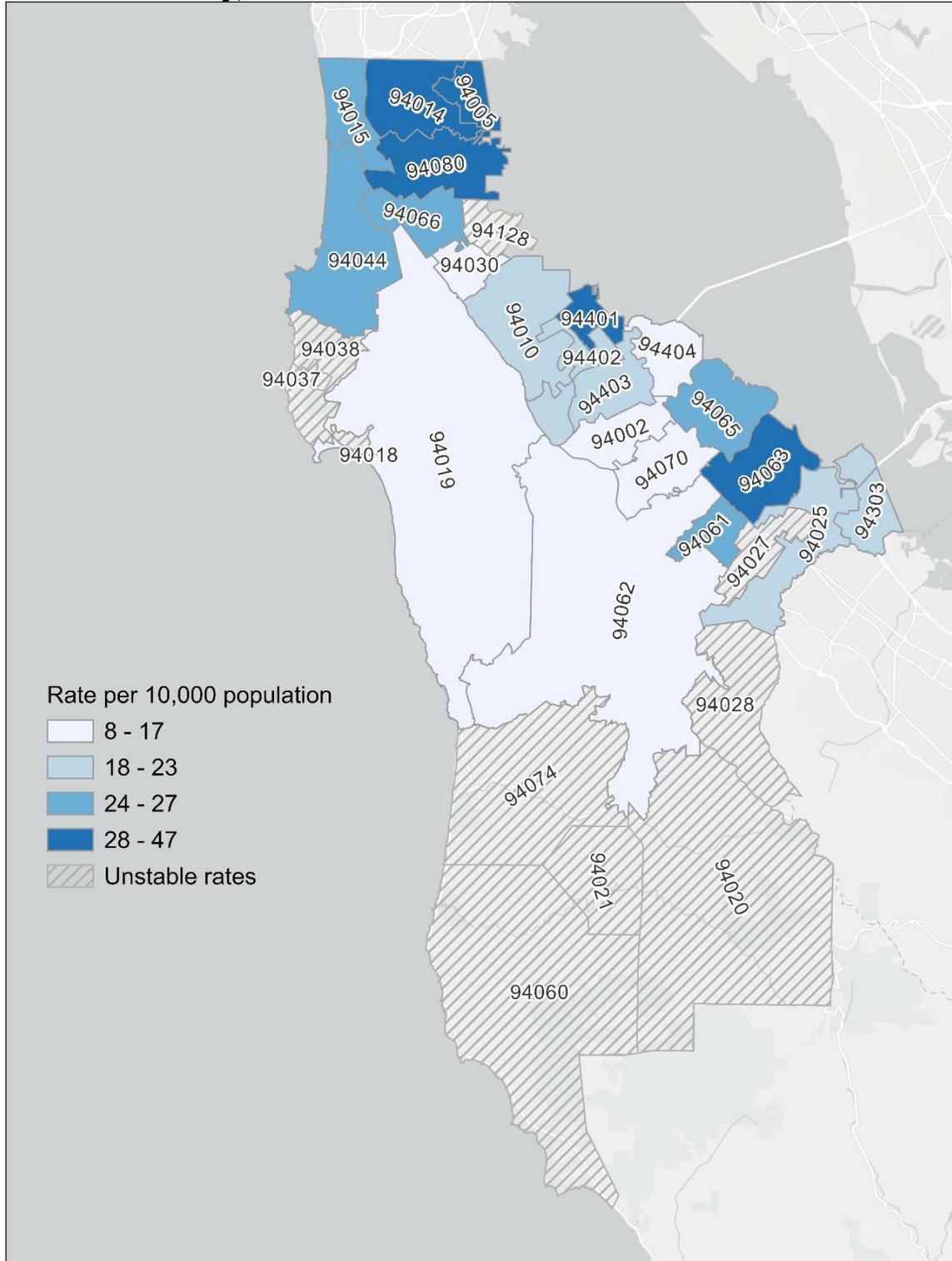
		SMC ¹		CA ²	
		Cases	Percent	Cases	Percent
Total	Total	1,733	100.0	141,001	100.0
Gender	Male	1,492	86.1	122,021	86.5
	Female	208	12.0	16,580	11.8
	Transgender/Other/Unknown ³	33	1.9	2,400	1.7
Race/Ethnicity	American Indian/Alaska Native	4	0.2	326	0.2
	Asian	215	12.4	6,152	4.4
	Black/African-American	156	9.0	23,683	16.8
	Latinx/Hispanic	652	37.6	55,629	39.5
	Multiracial	41	2.4	5,199	3.7
	Pacific Islander/Native Hawaiian	20	1.2	268	0.2
	White	629	36.3	49,740	35.3
	Other/Unknown	16	0.9	4	0.0
Age	0-19	8	0.5	441	0.3
	20-29	102	5.9	9,717	6.9
	30-39	291	16.8	25,241	17.9
	40-49	323	18.6	27,229	19.3
	50-59	443	25.6	40,865	29.0
	60+	566	32.7	37,508	26.6
	Not Specified	16	0.9	4	0.0
Transmission Category	MMSC ⁴	1,144	66.0	94,001	66.7
	IDU ⁵	97	5.6	7,615	5.4
	MMSC/IDU ⁶	90	5.2	8,671	6.1
	Heterosexual Contact ⁷	184	10.6	20,940	14.9
	Perinatal/Other Risk/Not Specified	218	12.6	7,454	5.3
	Perinatal	8	0.5	-	-
	Other Risk ⁸	8	0.5	-	-
	Not Specified	202	11.7	-	-

¹California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section. Electronic HIV/AIDS Reporting System of California (eHARS) June 30, 2023 data set. ²California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section. Year 2021 data included as 2022 data is not yet available. ³Transgender men, transgender women, and other/unknown gender combined for confidentiality. Majority of cases are among transgender women. ⁴Male-to-male sexual contact includes all individuals assigned male at birth who have had sexual contact with those assigned male at birth. ⁵Injecting Drug User. ⁶Male-to-male sexual contact and IDU. ⁷Includes heterosexual contact with a person known to have HIV or a risk factor for HIV. ⁸Other risk includes either perinatal transmission, exposure to blood transfusion or blood products, or receiving a transplant.

PEOPLE LIVING WITH HIV/AIDS

The areas with the highest rates of residents living with HIV are the zip codes of 94005 (Brisbane), 94401 (San Mateo), 94014 (Colma), 94063 (Redwood City), and (94080) South San Francisco. Rates for zip codes with fewer than 20 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, 2022



Overview

- A global outbreak of mpox was detected in May 2022 and the first case in SMC occurred in June 2022.
- 88 mpox cases were reported in SMC in 2022, with 90.9% of cases among males.
- JYNNEOS vaccination of any self-identified at risk person for mpox is encouraged.

Table 12. Demographic Characteristics of Mpox Cases in San Mateo County, 2022¹

		Cases	Percent
Total	Total	88	100.0
Gender	Male	80	90.9
	Female	4	4.5
	Transgender/Other/Unknown ²	4	4.5
Age	15-19	1	1.1
	20-24	14	15.9
	25-29	14	15.9
	30-34	17	19.3
	35-39	18	20.5
	40-44	9	10.2
	45-49	7	8.0
	50-54	2	2.3
	55-59	4	4.5
	60+	2	2.3
Race/Ethnicity	American Indian/Alaska Native	0	0.0
	Asian	13	14.8
	Black/African-American	7	8.0
	Latinx/Hispanic	36	40.9
	Multiracial	2	2.3
	White	18	20.5
	Other/Unknown	12	13.6
Sexual Orientation	Heterosexual	16	18.2
	Homosexual	44	50.0
	Bisexual	8	9.1
	Other/Unknown	20	22.7
Vaccinated at Time of Infection	Yes	10	11.4
	No	52	59.1
	Unknown	26	29.5
Hospitalized	Yes	5	5.7
	No	58	65.9
	Unknown	25	28.4

¹Case data for San Mateo County is compiled from the California Reportable Disease Information Exchange (CalREDIE). ²Transgender 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 July 2022 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.

Please note that corrections were made to DoF population projections for the Pacific Islander/Native Hawaiian population in San Mateo County after calculations for this report were completed. As a result, rates for NHPI in future publications may differ from what is available in this report.

Congenital syphilis rates were calculated using birth data from California VRBIS (Vital Records Business Intelligence System). Birth data was pulled August 2023.

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 February 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 – 2021.

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 are Black (Black or African-American, non-Hispanic); Latinx (Hispanic ethnicity, regardless of race); White (White, non-Hispanic); Asian (Asian, non-Hispanic), Pacific Islander (Pacific Islander/Native Hawaiian, non-Hispanic); American Indian/Alaska Native (American Indian/Alaska Native, 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). As a result, categories are mutually exclusive. For more information please refer to the [CDC's definitions](#).