

STI/HIV Quarterly Report

San Mateo County (SMC) Health, STI/HIV Program

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Table 1 STI Cases Reported Among County of San Mateo Residents by Quarter (Jul 1 - Sep 30) and Year to Date for 2024 and 2023

		2024		2023	
		3rd Qtr	YTD ¹	3rd Qtr	YTD
Chlamydia trachomatis (CT)	Total	609	1,837	627	1,996
	Male	244	758	275	915
	Female	361	1,072	348	1,070
	Transgender/Other	1	2	2	5
	Unknown ²	3	5	2	6
Gonorrhea (GC)	Total	226	594	222	705
	Male	192	505	176	555
	Female	30	80	42	138
	Transgender/Other	4	9	4	12
	Unknown	0	0	0	0
GC Clinical Site³	Urine	94	273	104	313
	Genitourinary	8	27	12	69
	Rectal	66	165	63	195
	Pharyngeal	107	235	75	247
	Unknown/Missing	3	8	3	7
	DGI ⁴	1	1	1	1
Early Syphilis⁵	Total	20	63	40	132
	Male	17	54	33	105
	Female	3	7	6	23
	Transgender/Other	0	2	1	3
	Unknown	0	0	0	1
Late Syphilis	Total	31	92	40	111
	Male	21	59	28	76
	Female	9	30	11	33
	Transgender/Other	1	3	1	2
	Unknown	0	0	0	0
Syphilis by Stage	Primary	7	20	7	24
	Secondary	6	14	12	36
	Early Latent	7	29	21	72
	Late Latent	31	92	40	111
	Congenital	0	0	0	0
	Neurosyphilis ⁶	1	2	3	5
Mpox	Clade II	1	9	3	6

Table 2 HIV testing through the San Mateo County Health System by Quarter (Jul 1 - Sep 30) and Year to Date for 2024 and 2023¹

		2024		2023	
		3rd Qtr	YTD	3rd Qtr	YTD
Total Specimens Tested for HIV	SMC-STI Clinic	2,628	8,087	2,402	7,568
	STI/HIV Program Outreach ²	14	56	32	129
	Other County Clinics ³	174	544	147	316
		2,440	7,487	2,223	7,123
	Total HIV Antibody Positive	15	65	34	85
SMC-STI Clinic		0	2	1	3
	STI/HIV Program Outreach ²	0	0	1	2
	Other County Clinics ³	15	63	32	80
Total New HIV Cases	1	12	4	14	

¹The HIV antibody positives do not reflect the true burden of disease. Some patients may be repeat testers. ²Testing-on-Demand and STI/HIV Program HIV Rapid Tests. ³Includes all HIV testing (oral and blood) at San Mateo Medical Center (SMC), SMMC Satellite Clinics, SMC Public Health (PH) Clinics, and PH Subcontractors. Beginning Aug 2015, a 4th generation HIV screening test was implemented. HIV positive cases may not yet be confirmed by HIV-1/HIV-2 differentiation immunoassay.

Clade I Mpox; First US Case Identified in San Mateo County November 15, 2024

Overall risk of clade I mpox to the CA and US general population low.



The patient recently traveled from an affected country, where [clade I mpox is actively spreading](#). The patient had relatively mild illness and has recovered after seeking medical care for mpox symptoms. The largest number of contacts were health care workers. We recommend:

- 1) Obtaining a travel history for all patients with skin lesions, influenza-like illness, or other [signs and symptoms consistent with mpox](#), and who report either: (1) recent international travel, or (2) sexual contact with someone who recently traveled internationally, particularly to [Central or East Africa](#).
- 2) Follow [infection prevention and control](#).
- 3) Report mpox if suspected or submitting test for mpox testing immediately. Notify the SMC STI Officer of the Day at (650)573-2346 and collect specimens for [clade-specific testing](#). Note: If initial orthopoxvirus DNA is detected and mpox DNA not detected, this is high suspicion for clade I. Current available testing at widely available commercial reference labs test for clade II only.
- 4) Advise patient to [isolate themselves](#) from others if suspect mpox or being tested for mpox.

¹YTD: Year to Date. ²Due to data limitations and confidentiality concerns, transgender women, transgender men, and gender diverse persons are combined. ³Clinical sites for gonorrhea are non-exclusive (individual patient may have multiple sites tested). ⁴Disseminated Gonococcal Infection. ⁵Early Syphilis is defined as primary, secondary, and early latent. ⁶Cases not included in the total as neurosyphilis is a sequelae and not a stage; the neurosyphilis cases are captured under other syphilis stages.

- Early syphilis decreased by 52% and late syphilis decreased by 17% compared to this time last year. 7 early syphilis cases were female (11%) compared to 23 in 2023 (17%). 30 late latent syphilis cases were female (33%) compared to 33 in 2024 (30%).
- CT decreased 17% in men and increased 0.2% in women compared to this time last year. GC decreased 9% in men and 42% in women compared to last year.
- Specimens tested for HIV increased 7% compared to last year. To date in 2024, HIV positive prevalence is lower than 2023 (0.8% versus 1.0%).