

Sexually Transmitted Diseases

Santa Cruz County

July 2015



Sexually transmitted diseases (STDs) are Santa Cruz County's most frequently reported infections and account for almost two-thirds of all reported communicable diseases. As with the rest of the state, Santa Cruz County infectious syphilis and gonorrhea rates continue to increase (Table 1). Due to the high morbidity associated with syphilis, the year's STD Report is focused on aspects of syphilis that need continued attention and vigilance.

Please see the 2015 CDC STD Treatment Guidelines for additional guidance:

<http://www.cdc.gov/std/tg2015/default.htm>

SYPHILIS

Locally, syphilis is still on the rise. Santa Cruz County syphilis rates increased **41%** from 2013 to 2014 (Figure 1). The majority of cases continue to be men who have sex with men (MSM) and individuals who have sex with anonymous partners (Table 2). Of note, the syphilis data in this report refers to infectious stages of syphilis: primary, secondary, and early latent.

Congenital Syphilis

In the past year, California syphilis cases among women of the reproductive age group has doubled. This is concerning because if this trend continues, we may see an unfortunate increase in congenital cases. Congenital cases in California have mostly come from the Central Valley and Los Angeles County. Fortunately, in 2014 there have not been any cases in Santa Cruz County. Vertical transmission can occur at any time during pregnancy and at any stage of the disease.

Late latent syphilis is still infectious to the fetus, even though it is not considered infectious between partners.

Syphilis Screening in Pregnancy

The CDC recommends that all pregnant women be screened for syphilis at their first prenatal visit. Repeat screening is recommended early in the third trimester and at delivery for women with late entry to care or no prenatal care and those who are at high risk for syphilis (e.g., meth-amphetamine use, previous STIs, or having a male partner who also has sex with men).

Fetal Demise

The CDC STD Treatment Guidelines recommend that any woman who delivers a stillborn infant after 20 weeks gestation should also be re/tested for syphilis.

Table 1 -- Case Counts by Condition, Santa Cruz County, 2013 and 2014

Disease	2013 Cases	2014 Cases	Change
Syphilis	32	45	↑(41%)
Gonorrhea	134	176	↑(31%)
Chlamydia	1,003	910	↓(-9%)

Figure 1 -- Syphilis Rates by Year of Diagnosis, United States, California and Santa Cruz County, 2010-2014

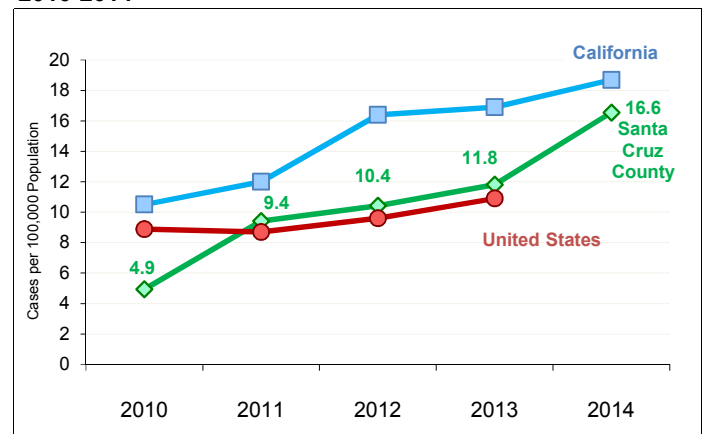


Table 2 -- Characteristics of Syphilis Cases (n=45), Santa Cruz County, 2014

	Count	Percent
SEX		
Male	40	89%
Female	5	11%
AGE		
Under 25	2	4%
25 - 34	21	47%
35 - 49	12	27%
50 and Over	10	22%
ETHNICITY		
Latino	20	44%
White	19	42%
Other / Unknown	6	13%
HIV STATUS		
Positive	17	38%
Negative	24	53%
Unknown	4	9%
SEXUAL ORIENTATION		
MSM *	33	73%
Heterosexual	12	27%
ANONYMOUS SEX PARTNERS		
Yes	20	44%
No	20	44%
Unknown	5	11%

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

Ocular Syphilis

There have been at least 15 cases of ocular syphilis in San Francisco and Kings County, Washington. Several cases resulted in significant visual damage. The majority of these patients were HIV-infected MSM. To date, we have not had any cases in Santa Cruz County. Please keep in mind that ocular syphilis is a manifestation of neurosyphilis that can occur during any stage of syphilis, including primary and secondary syphilis. The most common finding of ocular syphilis is uveitis. Optic neuropathy, keratitis and retinal vasculitis can also occur.

- Patients presenting with visual complaints; genital, oral, or anal ulcers; or rash should be tested for syphilis.
- In order to identify those who may have ocular, otologic, or neurosyphilis, ask patients with known or suspected syphilis about changes in their vision, hearing (including hearing loss or tinnitus), or presence of headaches.
- Refer patients with syphilis and ocular complaints for immediate ophthalmologic evaluation.
- Obtain a lumbar puncture in all patients with suspected ocular, otologic, or neurosyphilis.
- Treat patients with ocular syphilis per CDC guidelines for CNS syphilis regardless of lumbar puncture results (i.e., intravenous penicillin G or intramuscular procaine penicillin plus oral probenidol for 10 days) at <http://www.cdc.gov/std/tg2015/default.htm>
- All patients with syphilis should be tested for HIV unless they are already known to be HIV infected.

GONORRHEA

Santa Cruz County gonorrhea (GC) rates increased **31%** from 2013 to 2014 (Figure 2). The current California and CDC STD guidelines recommend **concurrent dual antibiotic therapy** to improve treatment efficacy and prevent the emergence of antibiotic resistance. In 2014, rates were highest among males ages 20-24 (Figure 3).

CHLAMYDIA

The CDC recommends re-testing female patients 3 months after treatment, and empirically treating all sexual partners from the previous 2 months to avoid re-infection. In 2014, the highest chlamydia rate was among Santa Cruz County females ages 20-24 (Figure 5) which is the age group for whom testing is recommended.

BOTH medical providers and laboratories are legally mandated to report STDs to the Local Health Department.

Fax all cases to the Santa Cruz Health Services Agency Communicable Disease Unit at **(831) 454-5049**. Syphilis cases should be reported within 1 working day of identification; please note on the CMR if ocular syphilis is confirmed or suspected. Santa Cruz County Disease Reporting and Forms: <http://tinyurl.com/njptlnz>

Figure 2 -- Gonorrhea Rates by Year of Diagnosis, United States, California and Santa Cruz County, 2010-2014

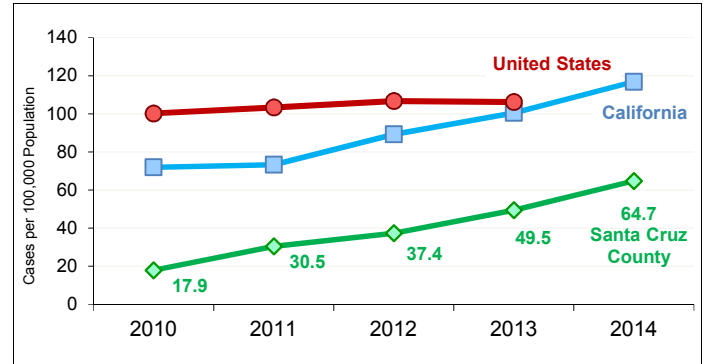


Figure 3 -- Gonorrhea Rates by Gender and Age Group, Santa Cruz County, 2014

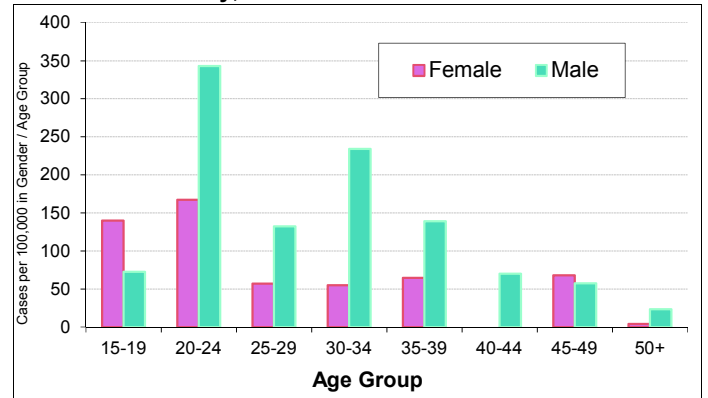


Figure 4 -- Chlamydia Rates by Year of Diagnosis, United States, 2010-2013, California and Santa Cruz County, 2010-2014

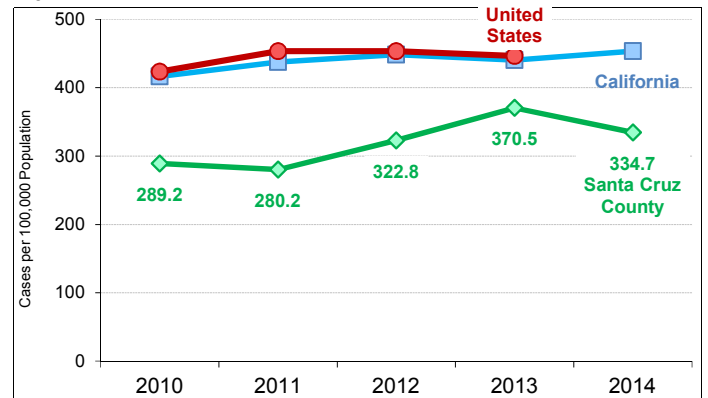


Figure 5 -- Chlamydia Rates by Gender and Age Group, Santa Cruz County, 2014

