

# STD

## SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

### 2007

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STATE OF CALIFORNIA

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SEXUALLY TRANSMITTED DISEASES  
IN CALIFORNIA  
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## **Preface**

This report, *Sexually Transmitted Diseases in California, 2007*, includes current surveillance and prevalence monitoring disease data collected through 2007 for the following infectious diseases: chlamydia, gonorrhea, syphilis, chancroid, and associated clinical syndromes, including pelvic inflammatory disease.

*Sexually Transmitted Diseases in California* is an annual publication of the California Department of Public Health, Sexually Transmitted Disease (STD) Control Branch. All tables and figures in this edition supersede those in earlier publications of these data.

This report provides a comprehensive picture of STD trends and current morbidity in California. These data are compiled to guide policy and program development within the California STD Control Branch, local STD programs, and other public health agencies.

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## **Website**

This report will be available by Internet via the California Department of Public Health's Data tab, at <http://www.cdph.ca.gov/data/statistics/Pages/STDDData.aspx>.

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## **INTRODUCTION**

### **OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2007**

Rates of chlamydia and early syphilis increased in California in 2007, while rates of gonorrhea decreased slightly, compared to rates in 2006. In 2007, nearly 143,000 cases of chlamydia were reported (142,912 cases, for a rate of 378.4 per 100,000 population); more than 31,000 cases of gonorrhea were reported (31,192 cases, for a rate of 82.6 per 100,000 population); and more than 2,000 cases of primary and secondary syphilis were reported (2,055 cases, for a rate of 5.4 per 100,000 population). These large numbers of reported cases made sexually transmitted diseases (STDs) by far the most commonly reported communicable diseases in California (and in the United States). Further, because STDs often are asymptomatic, the true burden of these diseases was many times greater than the number of reported cases.

Of note, syphilis continued to increase among males, particularly among gay men and other men who have sex with men (MSM), many of whom were co-infected with human immunodeficiency virus (HIV). Syphilis decreased slightly among females, although there was an increase in the rate of congenital syphilis, from 12.5 per 100,000 live births in 2006 to 14.3 in 2007.

Many important patterns (e.g., geography, sex, age, race/ethnicity, time) in the distribution of STDs in California are described in detail in the following sections of disease-specific text, figures, and tables. Two key points that require emphasis emerge from these patterns: the extraordinarily high and increasing rates of STDs among African Americans/Blacks, and the high rates of chlamydia and gonorrhea among persons under 25 years of age, particularly among females.

For example, the gonorrhea rate in 2007 for African American/Black females was nearly 16 times higher than for non-Latina white females, and the rate for African American/Black males was more than nine times higher than among non-Latino white males. In some age groups, these racial disparities were substantially greater. Similar race/ethnic disparities have also been noted from prevalence monitoring in family planning and STD clinic populations. Although the precise reasons for these elevated African American/Black rates are not known, they undoubtedly are at least in part related to sexual network and mixing patterns, social and economic disruption, and the much higher prevalence of all STDs in African American/Black communities. Addressing these racial/ethnic STD disparities is of paramount concern and a critical challenge for STD programs.

Also of concern is the large number of STDs among young persons, a pattern observed in case-based reporting data, as well as in prevalence monitoring data from public and private sector sentinel sites. For example, in 2007, more than 70,000 cases of chlamydia in females 15 to 24 years of age were reported, representing nearly 69 percent of all female cases. This large burden of disease results in chlamydia and gonorrhea being the leading causes of preventable infertility in California, affecting all women, but particularly women who are just entering their reproductive years.

## DATA SOURCES

### Overview of the Data Sources, by Sexually Transmitted Disease

DATA SOURCE	Sexually Transmitted Disease			
	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE		X	X	
PREVALENCE MONITORING				
Family Planning	X	X		
STD Clinics	X	X		
Managed Care	X	X		
Juvenile Detention Facilities	X	X		
GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)		X		

The STD surveillance systems operated by state and local STD control programs are the sources of California data in this publication. **Case-based surveillance** is conducted for the following reportable STDs: chlamydia, gonorrhea, syphilis, pelvic inflammatory disease (PID), and chancroid. Case reports are submitted to local health jurisdictions in the form of laboratory reports and Confidential Morbidity Reports (CMRs). The local health jurisdictions then submit the data to the California Department of Public Health (CDPH). Most health jurisdictions either use the Automated Vital Statistics System (AVSS) communicable disease module, or enter case data into a non-AVSS database. A small number of health jurisdictions report case data through paper-based transactions (individual CMRs).

**Rates** by county and selected city health jurisdictions were calculated with the use of State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000–2007*, Sacramento, California, December 2007. Rates by age, race/ethnicity, and gender were calculated with the use of State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*, Sacramento, California, July 2007. Since these reports present different population projections or estimates, total California rates may not be identical. In this report, data are presented by county and for the separate city health jurisdictions of Berkeley, Long Beach, and Pasadena. The data for these cities are displayed separately from their respective county totals and are included in the county totals.

The **race and ethnicity** information listed and the corresponding census categories are: African American/Black (Black, non-Hispanic); Hispanic/Latino (Hispanic ethnicity, regardless of race designation); white (white, non-Hispanic); Asian/Pacific Islander; Native American/Alaskan Native; and Not Specified (no race or ethnicity information was available). The substantial amount of missing race/ethnicity data from the laboratory reports and CMRs limits the interpretation of race/ethnicity data from surveillance data.

The majority of case reports originate from laboratories, a group which does not routinely collect data on race/ethnicity. Further, some managed care organizations and other health care service providers do not routinely record race/ethnicity of patients. The observed racial/ethnic disparities may reflect true differences in the infection rates, differential access to health care, and/or reporting practices of different types of providers that serve different populations.

Rates for **congenital syphilis** were calculated with the use of State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1990–2016, with Actual and Projected State Births and Fertility Rates by Mother's Age and Race/Ethnicity*, Sacramento, California, September 2007; and State of California, Department of Public Health, Center for Health Statistics, *Birth Statistical Master Files*.

**Prevalence monitoring** for chlamydia and gonorrhea is conducted primarily in family planning and STD clinics. The Centers for Disease Control and Prevention (CDC) began funding prevalence monitoring projects in Region IX (California, Nevada, Arizona, Hawaii, and the six U.S. Pacific Trust Territories) in 1995. The chlamydia prevalence data for California comes from three project areas: San Francisco; Los Angeles; and the California Project Area (CPA), which includes the remaining health jurisdictions in California. In 2007, California collected chlamydia and gonorrhea testing data from 30 family planning clinics and 19 STD clinics.

Prevalence monitoring for chlamydia and gonorrhea is also conducted in managed care settings. Since 1999, Kaiser Permanente Northern California (KPNC) has participated in electronic transmissions of data to CDPH as part of the Public Health Improvement Project (PHIP). Through a data transmission protocol that removes patient identity, KPNC has provided the chlamydia and gonorrhea testing data for all patients tested. Since prevalence monitoring data for KPNC are not yet available for 2007, KPNC data from 2006 are therefore used throughout this report for this one data source.

Prevalence monitoring data for juvenile detention facilities comes from the Chlamydia Screening Project (ClASP), which provides chlamydia screening for adolescents at entry into juvenile detention facilities through partnerships between juvenile justice and local health department STD control programs. Data on chlamydia and gonorrhea testing comes from a standardized data collection form used in all participating sites.

California data from the national **Gonococcal Isolate Surveillance Project (GISP)** are presented as an indicator of antimicrobial resistance in a sample of *Neisseria gonorrhoeae* isolates. Every month, sentinel site STD clinics in Long Beach, Los Angeles (added in 2003), Orange, San Diego, and San Francisco health jurisdictions are asked to submit the first 25 gonococcal isolates from male urethral specimens. Because of decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month in a given site.

The source of **national STD data** presented is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2006*. Atlanta, Georgia: U.S. Department of Health and Human Services, November 2007. The source for chlamydia prevalence monitoring is Centers for Disease Control and Prevention, *Sexually*

*Transmitted Disease Surveillance 2006 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2006.* Atlanta, Georgia: U.S. Department of Health and Human Services, May 2008. The U.S. Year 2000 Goals are from *Healthy People 2000 Midcourse Review and 1995 Revisions*, pages 256-259. The U.S. Year 2010 Goals are from *Healthy People 2010, Volume II* (2<sup>nd</sup> edition), Focus Area 25 (Sexually Transmitted Diseases).

Readers should observe caution 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: <http://www.ucsf.edu/fhop/docs/pdf/prods/smallnumbers2003.pdf>.

For detailed local health jurisdiction data on chlamydia, gonorrhea, and primary and secondary syphilis, please refer to the California Local Health Jurisdiction STD Data Summaries found at: <http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>.

Other California STD data, including slide sets of these surveillance data, can be found at: <http://www.cdph.ca.gov/data/statistics/Pages/STDDData.aspx>.

## **CHLAMYDIA IN CALIFORNIA**

Surveillance for chlamydia in California includes both case-based surveillance and prevalence monitoring of chlamydia positivity in sentinel sites across health care settings and venues. This two-pronged approach to chlamydia surveillance recognizes that most chlamydia infections are asymptomatic and that case detection is dependent on screening levels.

Case-based surveillance enables monitoring of incident chlamydia infections across the state. However, access to testing may vary by demographic characteristics and local health jurisdiction. Furthermore, chlamydia incidence based on reported cases underestimates the true incidence, due to incomplete screening coverage of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not confirmed by testing.

Chlamydia prevalence monitoring allows assessment of chlamydia prevalence in health care settings with defined screening protocols, consistent collection of data, measurement of chlamydia and gonorrhea co-infection, and evaluation of the impact of targeted prevention efforts over time. Data from prevalence monitoring activities come from a convenience sample of selected venues serving diverse populations throughout the state.

### **Case-Based Chlamydia Surveillance — Overview**

In 2007, chlamydia was the most common reportable communicable disease in California, with 142,912 reported cases, for a rate of 378.4 per 100,000 population (Table 1). Chlamydia cases accounted for nearly 79 percent of reported STD cases in the state.

### **Case-Based Chlamydia Surveillance — California versus United States**

California chlamydia morbidity accounted for approximately 13.2 percent of the reported chlamydia cases in the United States for 2006. Comparison of California and national rates during the period 1990 to 2006 indicated concurrent rises in chlamydia rates from 1995 to 1999. However, in 2000, chlamydia rates in California surpassed those for the United States, and California rates continued to exceed the national rates in 2006 (Figure 4). Increasing rates may be due in part to true increases in morbidity, but may also be due to expansion of screening programs across diverse health care settings, and increased availability of more sensitive diagnostic tests that use nucleic acid amplification.

### **Case-Based Chlamydia Surveillance — Geographic Distribution**

The 2007 chlamydia data by local health jurisdiction indicated substantial differences across the state (Figure 5). The highest rates per 100,000 population were reported in the following local health jurisdictions: Fresno (581.7), Kern (572.0), Long Beach (542.9), Sacramento (542.1), San Joaquin (519.4), San Francisco (481.8), and Madera (480.3) (Table 2). On a regional basis, the Central Valley and southern regions, extending from Sacramento County to San Diego County, had the highest rates (greater than 300 per

100,000). Differences in chlamydia rates by local health jurisdictions may reflect true differences in chlamydia morbidity, differential access to medical care and chlamydia testing, and patterns of reporting by providers.

In addition, chlamydia incidence is affected by the proportion of the population comprising the age groups with the highest chlamydia rates: adolescents and young adults. When 2007 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Sacramento (3,877.9), San Francisco (3,821.9), Alameda (3,805.1), Fresno (3,692.5), Long Beach (3,653.4), Solano (3,481.3), San Joaquin (3,189.7), and Kern (3,177.2) (Table 4).

When the 2007 chlamydia data were compared with 2006 data, increases in the numbers and rates of reported cases were evident in about 59 percent of health jurisdictions (Table 2). Among high-morbidity jurisdictions (greater than 1,000 cases), rate increases of more than 10 percent were experienced by Alameda (a 16.2 percent increase, from 398.2 cases per 100,000 population in 2006 to 462.9 in 2007), Kern (10.9 percent, from 515.9 to 572.0), Riverside (19.8 percent, from 255.1 to 305.7), and Ventura (57.8 percent, from 144.8 to 228.5). The increase in Ventura is a surveillance artifact of unreported cases from 2006 that was recently detected. High-morbidity jurisdictions experiencing a notable decrease in chlamydia rates included Merced (a 16.3 percent decrease, from 426.2 to 356.8) and Monterey (11.4 percent, from 326.0 to 288.9).

### **Case-Based Chlamydia Surveillance — Gender**

The 2007 data continued to demonstrate large differences by gender that likely reflect differential access to and utilization of chlamydia testing by females versus males. There may also be differential acquisition and transmission rates by gender that contributed to gender differences in case rates. From 1990 to 2007, chlamydia rates for females were consistently about three times higher than rates for males (Figure 6). In 2007, the female chlamydia rate was 537.5 per 100,000, compared with the male rate of 215.0 (Table 3).

Females have more opportunities than do males to access health care services, through routine Pap smear screening, family planning services, and other services related to reproductive health care. In addition, although the majority of chlamydia infections in males are asymptomatic, there are no guidelines for screening asymptomatic males. The expansion of urine-based screening, particularly in those health care settings where males receive care, may ultimately increase chlamydia case detection among males. Improvement in partner notification strategies to test and treat male contacts of female chlamydia cases may also further reduce the gender disparities in case rates.

### **Case-Based Chlamydia Surveillance — Age**

Case-based chlamydia surveillance data by age have consistently shown the highest rates to be among adolescents and young adults. Prior to 2000, the highest rates were among females in the 15- to 19-year-old age group; however, the 2000–2007 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (2,863.0 per 100,000 in 2007) (Figure 7, Table 3). Although male rates were lower, the age trends were similar to those for females, with the highest rates also among the 20- to 24-year-old age group (960.5) (Table 3).

Consistent annual increases in the chlamydia rates for adolescent and young adult groups have been seen since 1990 and may reflect increases in screening for these higher-risk groups in accordance with CDC and other national screening guidelines.<sup>1</sup> The high chlamydia rates seen in these younger age groups underscore the need for continued screening based on age. Increased access to and utilization of health care services may enable higher screening rates in these age groups. The greater acceptance of non-invasive, urine-based screening may also facilitate significant expansion of screening to non-traditional test settings, thereby improving rates of case findings.

### **Case-Based Chlamydia Surveillance — Race/Ethnicity**

Consistent with patterns seen since 1990, the 2007 data indicated that chlamydia rates for African Americans/Blacks (960.6 per 100,000) were higher than rates for Latinos (345.7), Native Americans/Alaskan Natives (209.4), Asians/Pacific Islanders (119.8), and non-Latino whites (118.0) (Table 3). Compared to rates for 2006, chlamydia rates remained relatively stable among Latinos and Asians/Pacific Islanders, while rates increased among Native Americans/Alaskan Natives (8.0 percent), non-Latino whites (10.4 percent), and African Americans/Blacks (4.1 percent).

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

### **Chlamydia Prevalence Monitoring**

Chlamydia prevalence monitoring is based on chlamydia testing data from a variety of health care settings that perform chlamydia screening. These settings include STD clinics, family planning clinics, managed care plans, and juvenile detention, and cover a diverse range of populations at risk for chlamydia infection. Test positivity at each site was calculated by dividing the total number of positive tests for chlamydia (numerator) by the total number of chlamydia tests (denominator), and is expressed as a percentage. Crude positivity may include multiple tests per person. Thus, test positivity can be considered an estimate of the true prevalence of chlamydia.<sup>2</sup>

Overall, in 2007 among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (26.2 percent), followed by those tested in juvenile detention (12.5 percent). Females attending managed care organizations, family planning clinics, college sites, teen clinics, and school-based sites had substantially lower positivity (Figure 9, Table 5).

The 2007 data indicated that a large proportion of chlamydia-infected patients in family planning settings were asymptomatic: 90.7 percent among females and 87.8 percent among males (Table 6).

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<sup>1</sup> Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. *MMWR* 2002; 51 (No. RR-6): [32].

<sup>2</sup> Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? *Sex Transm Dis* 1998; 25: 251-253.

## Chlamydia Prevalence Monitoring — Family Planning Clinics

In 2000, the *Healthy People 2010* chlamydia prevalence goal objective was revised to be no more than three percent for females 15 to 24 years of age, attending family planning clinics.<sup>3</sup> Although chlamydia positivity in females aged 15 to 24 years in family planning sites decreased from 6.4 percent in 2006 to 6.2 percent in 2007 (7.3 percent among females 15 to 19 years of age, and 5.4 percent among females 20 to 24 years of age), the rates remain more than twice the 2010 objective (Figure 10, Table 7).

Analysis of the 2007 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (9.8 percent) than females (4.7 percent) (Table 7). These differences were evident across age groups and racial/ethnic groups, and reflect the utilization of family planning services by symptomatic males or males who were identified as contacts to family planning female chlamydia cases. The positivity in symptomatic groups is typically much higher than among the asymptomatic groups and is not representative of chlamydia prevalence among males in general.

Analysis of chlamydia positivity data by racial/ethnic group in family planning settings demonstrated similar, although less striking, racial/ethnic disparities, compared to those seen in the case-based data: African Americans/Blacks had positivity more than twice as high as that for non-Latino whites (10.2 percent and 4.7 percent, respectively) (Table 7). These disparities between racial/ethnic groups were particularly striking in the adolescent and young adult age groups.

## Chlamydia Prevalence Monitoring — STD Clinics

The *Healthy People 2010* objective targets the reduction of the prevalence of chlamydia infections to no higher than three percent for both females and males 15 to 24 years of age, attending STD clinics.<sup>3</sup> In 2007, chlamydia positivity levels were 18.8 percent in 15- to 24-year-old females and 16.6 percent in 15- to 24-year-old males, well above the target prevalence. The overall female positivity in 2007, 10.8 percent, decreased from the 2006 prevalence of 11.4, while male positivity levels increased from 9.1 to 9.8 percent (Figures 11-12, Table 8).

Racial/ethnic differences in chlamydia positivity were also apparent in STD clinic clients: Hispanic/Latino clients (10.3 percent) had chlamydia positivity significantly higher than that for non-Latino whites (6.2 percent), while the positivity for African Americans/Blacks was more than two times as high (13.9 percent) as non-Latino whites. These disparities were particularly striking in the adolescent and young adult age groups. Note that 9.4 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity, and that the positivity in this group was relatively high, at 10.9 percent (Table 8).

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<sup>3</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, DC: U.S. Government Printing Office, 2000.

### **Chlamydia Prevalence Monitoring — Juvenile Detention Facilities**

Chlamydia positivity in juvenile detention facilities tends to be high, similar to that found in STD clinics. Chlamydia screening of these populations is an important control strategy for the community as a whole.

In 2007, the positivity among females (12.4 percent) was higher than among males (4.8 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9).

Excluding detainees older than 19 years (because of very small numbers of this age group detained in juvenile detention facilities), positivity increased with increasing age groups for females (from 10.9 percent in the 10- to 14-year-olds to 13.5 percent in the 17- to 19-year-olds) and increased substantially with increasing age groups for males (from 1.3 percent to 6.3 percent).

Racial/ethnic disparities were also apparent in the positivity data for this population: African Americans/Blacks had higher chlamydia positivity (12.7 percent) than did Asians/Pacific Islanders (4.7 percent), Hispanics/Latinos (5.4 percent), non-Latino whites (5.9 percent), and Native Americans/Alaskan Natives (8.3 percent) (Table 9).

### **Chlamydia Prevalence Monitoring — Managed Care**

While the overall positivity among female patients tested in 47 KPNC facilities in 2006 (2007 data not available) was relatively low (3.5 percent), age-specific chlamydia positivity demonstrated patterns similar to those seen in case-based surveillance, in that the prevalence was highest among the younger age groups (Figure 14, Table 10). Chlamydia positivity was highest among females aged 15 to 19 years (6.1 percent). Females 25 years of age and older had significantly lower positivity. These overall and age-specific levels of chlamydia positivity are slightly higher than those from previous years, which may reflect an actual increase in prevalence or changes in screening practices. Seventy-two percent of the KPNC female cases were in the younger age groups, i.e., younger than 25 years of age.

Chlamydia testing among males in KPNC constituted approximately 15 percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall levels seen in males (5.9 percent) versus females (3.5 percent) were not representative of screening of asymptomatic males (Table 10).

## GONORRHEA IN CALIFORNIA

Surveillance for gonorrhea in California comprises case-based surveillance and prevalence monitoring in sentinel sites located in various clinic settings (e.g., family planning, STD clinics, managed care) and non-clinical settings (e.g., juvenile detention, mobile clinics). See the Data Sources section for detailed information about the collection of these data. While case-based reporting enables monitoring of incident gonorrhea infections, it is influenced by screening of at-risk populations, which may vary by geography and health care setting. Many gonorrhea infections, especially in females, are asymptomatic and detectable only through screening. Untreated gonococcal infection is associated with adverse reproductive health consequences in both females and males. In addition, infections in pregnant females can lead to serious perinatal complications. Prevalence monitoring in sentinel sites is a strategy complementary to case-based surveillance; it enables monitoring of gonorrhea prevalence in specific health care settings, with defined prevention and control strategies to evaluate the impact of prevention efforts. Monitoring for antimicrobial resistance is conducted in California as part of the Gonococcal Isolate Surveillance Project (GISP).

### Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most common reportable communicable disease in California. In 2007, California received a total of 31,192 reports of gonorrhea cases, for an incidence of 82.6 per 100,000 population (Table 1).

Because of incomplete screening of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not laboratory-confirmed, the case-based incidence underestimates the true incidence.

### Case-Based Gonorrhea Surveillance — California versus United States

Incidence rates for gonorrhea declined significantly between 1985 and 1999 in both California and the United States (Figure 16). However, in California, gonorrhea rates increased more than 65 percent between 1999 and 2005. Rates then decreased slightly in 2006, and more markedly in 2007. The California gonorrhea rate of 82.6 in 2007 is more than four times higher than the *Healthy People 2010* target objective of fewer than 19 cases per 100,000.<sup>4</sup> In 2006, California gonorrhea morbidity accounted for 9.4 percent of all gonorrhea cases reported in the United States.

### Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, 69 percent (42/61) of health jurisdictions had a gonorrhea incidence above the *Healthy People 2010* goal of fewer than 19 cases per 100,000 population.<sup>4</sup> The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (246.5), Sacramento (155.3), Alameda (154.8), San Joaquin (148.0), Kern (140.4), and Berkeley (135.0) (Figure 17, Table 11). While the overall rate of gonorrhea infection decreased in California from 90.5 in 2006 to 82.6 in 2007, rates

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<sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, DC: U.S. Government Printing Office, 2000.

increased in three of the six jurisdictions with the highest rates (Sacramento, Alameda, and San Joaquin) and decreased in three (San Francisco, Kern, and Berkeley) (Table 11). No gonorrhea cases were reported in 2007 in Alpine, Sierra or Siskiyou. Differences in gonorrhea rates among local health jurisdictions may reflect true differences in the infection rates, differential access to medical care, screening practices, and/or reporting by providers.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence of gonorrhea include Alameda (887.8), Sacramento (762.3), San Joaquin (623.1), Kern (585.9), and Long Beach (522.7) (Table 13).

### **Case-Based Gonorrhea Surveillance — Gender**

From 1991 to 1999, gonorrhea incidence declined substantially among both males and females, then increased each year from 2000 through 2005, and then began to decline again in 2006 and more sharply in 2007 (Figure 18). In 2007, among males the incidence of gonorrhea was 87.8 per 100,000 population, and among females the incidence was 76.5 per 100,000 population (Table 12). The gender disparity decreased substantially between 1990 and 1996, then increased slightly in 2000, and has remained relatively stable since then. In 2007, 46.5 percent of gonorrhea cases of known gender in California were female.

### **Case-Based Gonorrhea Surveillance — Age**

In 2007, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (352.8 per 100,000), followed by the 15- to 19-year-old age group (337.9) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 65.2 percent of total female cases (with age known). The peak age group among males was also 20 to 24 years old (304.8), but male cases tended to be older than female cases, with 25- to 29-year-olds and 30- to 34-year-olds having the second (248.3) and third (160.6) highest rates, respectively (Figure 19, Table 12).

### **Case-Based Gonorrhea Surveillance — Race/Ethnicity**

Consistent with prior years, the 2007 data indicate that the gonorrhea incidence among African Americans/Blacks was nearly 12 times higher than that among non-Latino whites (Figures 3, 21-22). In 2007, African Americans/Blacks had gonorrhea rates that were substantially higher (370.9 per 100,000) than rates for Native Americans/Alaskan Natives (49.8), Latinos (46.3), non-Latino whites (31.6), and Asians/Pacific Islanders (16.4) (Table 12).

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

### **Gonorrhea Prevalence Monitoring**

Gonorrhea prevalence monitoring is based on gonorrhea testing data from a variety of health care settings that perform gonorrhea screening. See the Chlamydia Prevalence Monitoring section for a description of the collection of these data.

### **Gonorrhea Prevalence Monitoring — Family Planning Clinics**

Based on 2007 data from participating family planning clinics, the overall gonorrhea positivity among clients seeking family planning services was 1.0 percent for females and 4.3 percent for males (Figure 23, Table 14). For females, gonorrhea positivity was highest among the younger age groups (2.0 percent for 10- to 14-year-olds, and 1.1 percent for 15- to 19-year-olds and 20- to 24-year-olds), and fluctuated among successive age intervals. For males, the highest positivity was among the 30- to 34-year-olds (5.3 percent) and 20- to 24-year-olds (4.8 percent) (Table 17). Almost 79 percent of clients tested at the participating family planning clinics were female.

In family planning settings, 37 percent of female gonorrhea cases were co-infected with chlamydia (Table 15). According to CDC, routine dual therapy without testing for chlamydia can be cost-effective for populations in which chlamydial infection accompanies 10 percent to 30 percent of gonococcal infection.<sup>5</sup> The high level of co-infection in family planning settings clearly indicates the need to continue to co-treat cases of gonorrhea to cover chlamydial infection. Co-infection with chlamydia was also present in 28.3 percent of males who tested positive for gonorrhea in family planning settings (Table 16).

### **Gonorrhea Prevalence Monitoring — STD Clinics**

Based on 2007 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 3.0 percent (Figures 23, 25, Table 14). As above, gonorrhea positivity for females attending STD clinics was highest among the younger age groups (12.0 percent among 10- to 14-year-olds and 7.9 percent among 15- to 19-year-olds), and decreased with each successive age group. In 2007, the overall gonorrhea positivity among males attending STD clinics was 5.8 percent (Figure 25, Table 14), was highest (8.9 percent) among the 15- to 19-year-old age group, and decreased with increasing age (Table 17). More than two-thirds of patients tested for gonorrhea at STD clinics were male (Table 17). Gonorrhea positivity for both females and males seeking care at STD clinics was high, relative to that for other health care settings, because these patients are more likely to have genitourinary symptoms and/or high-risk behaviors.

In STD clinic settings, the proportion of gonorrhea cases that were co-infected with chlamydia was 36.1 percent among female cases and 25.0 percent among male cases (Tables 15-16).

### **Gonorrhea Prevalence Monitoring — Juvenile Detention Facilities**

In 2007, the gonorrhea positivity among females in juvenile detention facilities was 5.0 percent, whereas, among males in juvenile detention facilities, gonorrhea positivity was 0.8 percent (Figures 23, 26, Table 14).

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<sup>5</sup> Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6).

In juvenile detention facilities, the proportion of gonorrhea cases that were co-infected with chlamydia was 57.0 percent among female cases and 55.6 percent among male cases (Tables 15-16). This high level of co-infection reinforces the need to co-treat cases of gonorrhea for chlamydial infection in this setting.

### **Gonorrhea Prevalence Monitoring — Managed Care**

Based on KPNC data from 47 facilities in 2006 (2007 data not available), overall gonorrhea positivity among females was 0.5 percent (Figure 23, Table 14). Among females, the highest positivity was among those aged 10 to 14 years (1.1 percent), followed by 15- to 19-year-olds (0.9 percent), and again decreased with increasing age (Figure 27, Table 17). Although the positivity among females under 15 years of age was high, this group is not regularly screened and may represent a more selectively tested or symptomatic population.

The overall gonorrhea positivity among males was 2.6 percent (Table 14). Since there are no established screening guidelines for asymptomatic males in this setting, testing in males constituted only 15 percent of overall gonorrhea testing volume (Table 17). This level of positivity is substantially higher than that for females because it includes many symptomatic males specifically seeking testing and/or care for these symptoms.

### **Gonococcal Isolate Surveillance Project (GISP)**

Gonococcal isolates from male urethral specimens are monitored in California for antimicrobial resistance, as part of GISP. Of the 841 isolates analyzed in 2007, 32.0 percent (269) were resistant to ciprofloxacin (minimum inhibitory concentration (MIC)  $\geq 1.0$   $\mu\text{g/ml}$ ), and an additional 0.7 percent (6) had decreased susceptibility to ciprofloxacin (MIC 0.125 to 0.50  $\mu\text{g/ml}$ ) (Figure 29, Tables 18-19). Specimens were not tested for decreased susceptibility to cefixime; none exhibited decreased susceptibility to ceftriaxone (Table 18).

The percent of ciprofloxacin resistance increased steadily from 0.2 percent in 1998 to 34.8 percent in 2006 (Figure 29, Table 19), with the largest increases occurring since 2001. A slight decrease to 32.0 percent was seen in 2007. Due to this rise in the number of fluoroquinolone-resistant gonorrhea cases, fluoroquinolones are no longer first-line agents for treating gonorrhea in California. In 2002, the recommended antibiotic treatment for gonorrhea in California was changed to include only ceftriaxone and cefixime.<sup>6</sup>

Isolates obtained from MSM constituted more than 50 percent of total isolates at four (Orange, Long Beach, San Diego, and San Francisco) of the five sites in 2007 (Figure 28).

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<sup>6</sup> California STD Treatment Guidelines for Adults and Adolescents 2007; available at: <http://www.cdph.ca.gov/HealthInfo/discond/Documents/STD-Treatment-Guidelines-Summary-Nov-2007.pdf>

## SYPHILIS IN CALIFORNIA

California continued to experience increases in primary and secondary (P&S) syphilis cases in 2007, with 2,055 cases reported (Table 1). This is the eighth consecutive year of increases in reported P&S cases since a low of 294 cases in 1999. These increases occurred primarily among MSM in all areas of the state (Figures 31, 32). These increases are of particular concern, due to the high percentage of HIV co-infection among P&S cases (Figure 33).

As part of California's syphilis control efforts, an enhanced case-based surveillance system was established in 1999, allowing for the systematic collection of behavioral and clinical measures associated with syphilis. For further information regarding the epidemiology of syphilis in California, please reference the syphilis reports on the STD Control Branch website at <http://www.cdph.ca.gov/data/statistics/Pages/STDDData.aspx>.

### Case-Based Syphilis Surveillance — Overview

In California, reactive serologic tests for syphilis (STS) and positive darkfield microscopy results are reported to local health jurisdictions by medical providers and laboratories. Cases with symptoms of early syphilis are also reported to local health jurisdictions, through CMRs submitted by providers. Local and state field staff investigate all males and females likely to have infectious syphilis, based on STS titer, age, and past history. Epidemiologic and case management information is then collected on standardized forms after cases are interviewed. Additional information on data sources can be found at the beginning of this report. Syphilis cases are staged in accordance with CDC standard case definitions.<sup>7</sup>

P&S and early latent stages of syphilis are considered infectious, with primary, and, to a lesser degree, secondary infections having the highest likelihood of transmission. Because of this higher likelihood of transmission, greater epidemiologic relevance, and the potential for misclassification of early latent syphilis (e.g., unrecognized primary lesions or secondary symptoms), this report focuses primarily on P&S syphilis.

### Case-Based Syphilis Surveillance — California versus United States

In 2007, 2,055 cases of P&S syphilis (5.4 per 100,000 population) were reported in California, placing the state rate above the national average rate of 3.3 for 2006 (Figure 35). In 2006, California accounted for 19.0 percent of all P&S cases in the United States, compared to 18.4 percent in 2005, 17.2 percent in 2004, 18.2 percent in 2003, 15.5 percent in 2002, 9.0 percent in 2001, and 5.5 percent in 2000. The California P&S syphilis incidence rate in 2007 was 27 times the *Healthy People 2010* objective of fewer than 0.2 cases per 100,000.<sup>8</sup>

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<sup>7</sup> Centers for Disease Control and Prevention. Case definitions for infectious conditions under public health surveillance. *MMWR* 1997; 46 (No. RR-10).

<sup>8</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, D.C.: U.S. Government Printing Office, 2000.

### **Case-Based Syphilis Surveillance — Geographic Distribution**

The distribution of P&S syphilis varies throughout California (Figure 36). In 2007, 25 of the 61 (41 percent) health jurisdictions reported more than two P&S syphilis cases (Table 20), compared to 27 health jurisdictions in 2006. Forty-three percent (26) of health jurisdictions did not report any P&S syphilis cases for 2007, while nearly 80 percent of the total P&S syphilis morbidity in California was reported from four counties: Los Angeles (45.5 percent), San Diego (17.1 percent), San Francisco (9.8 percent), and Orange (6.9 percent)

### **Case-Based Syphilis Surveillance — Gender**

The male P&S syphilis rate increased from a low of 1.2 in 1998 to 10.2 in 2007 (Figure 37, Table 21); 2007 was the ninth consecutive year of increases among males. Female rates reached a low of 0.2 in 2002, increased to 0.7 in 2006, then decreased slightly to 0.6 in 2007. The P&S male-to-female rate ratio more than doubled in consecutive years from 5.3:1 in 2000 to 14.5:1 in 2001, and to 29:1 in 2002; however, this ratio began to decrease in 2003 and further decreased to 13:1 in 2006. The male-to-female ratio rose to 17:1 in 2007.

### **Case-Based Syphilis Surveillance — Age**

In 2007, the highest P&S syphilis rates for males were among those aged 25 to 29 years (24.4 per 100,000 population), while the highest rates for females were among those aged 30 to 34 years (1.6) (Figures 2, 38-39, Table 21). More than 57 percent of male P&S syphilis cases, compared to 42 percent of female cases, were 35 years of age or older. However, the proportion of MSM cases in their 30s has decreased from 44.9 percent in 2002 to 29.1 percent in 2007. In contrast, the proportion of MSM cases in their 20s has increased from 17 percent to 28 percent over that same time period. For detailed age-specific MSM data, see the syphilis report referenced in the venues section below. The percent of female P&S cases aged 35 years or older increased from 24 percent in 2003 to 42 percent in 2007.

### **Case-Based Syphilis Surveillance — Race/Ethnicity**

Overall, male P&S syphilis rates were highest among African Americans/Blacks in 2007 (23.0 per 100,000 population), followed by non-Latino whites (10.9), and Latinos (9.3). Male rates increased from 2006 to 2007 in all racial/ethnic categories, except for Asians/Pacific Islanders (Figures 3, 40, Table 21). Rates for African American/Black males were the highest since 1993 (Figure 40), while rates for non-Latino white males were the highest since 1986 (data not shown). Rates for Asian/Pacific Islander males (3.5) have fluctuated since a high of 3.6 in 2004 and again in 2006, but there has been an overall increase since the reported Asian/Pacific Islander low of 0.2 in 1997.

The 2007 rate among African American/Black females of 2.9 per 100,000 population decreased compared to the 2006 rate of 4.4, which was the highest rate since 1998. Rates for both Latina and non-Latina white females remained relatively steady between 2006 and 2007 (Figure 41, Table 21).

### Case-Based Syphilis Surveillance — Venues

As part of the enhanced surveillance system implemented in 1999, data on venues where syphilis cases report meeting sex partners are collected. The most common venues reported by MSM P&S syphilis cases since implementation of the system were bars/clubs, the Internet, and bathhouses/sex clubs. Despite the decrease from a high of 37.1 percent in 2004, the Internet has remained the most commonly reported venue among interviewed MSM since 2003. In 2007, 34.3 percent of California's interviewed MSM P&S cases reported using the Internet to meet sex partners (Figure 34). Additional venue data is available in the syphilis reports at:

<http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf>, as well as in the syphilis weekly updates (please obtain the website and log-in password through your local STD Controller).

### Case-Based Syphilis Surveillance — HIV Co-infection

Co-infection with HIV is common among P&S MSM syphilis cases. In 2007, 57 percent of interviewed MSM P&S syphilis cases self-reported being co-infected with HIV, similar to estimates from previous years (Figure 33). Knowledge of HIV and syphilis co-infection is important for clinical management and partner follow-up, since HIV-infected cases with syphilis are biologically more likely to transmit HIV to sex partners than are HIV-infected cases without syphilis.

### Congenital Syphilis Surveillance

Trends in congenital syphilis morbidity follow those of adult female P&S syphilis morbidity (Figure 44). As P&S syphilis rates declined in California during the early 1990s, congenital syphilis rates similarly declined. The rate of congenital syphilis in California was 113.5 per 100,000 live births in 1990, and declined dramatically to 9.4 in 2002, but has increased slightly since then to 12.8 in 2003, 11.6 in 2004, 12.9 in 2005, 12.5 in 2006, and 14.3 in 2007 (Figure 44, Table 1). California's incidence rate in 2007 was more than 14 times the *Healthy People 2010* objective of fewer than one case per 100,000 live births.<sup>9</sup>

Racial/ethnic trends in congenital syphilis mirror those of adult P&S syphilis. Infants born to African American/Black and Latina females were disproportionately affected by congenital syphilis, with the rate for African Americans/Blacks (47.5 per 100,000 live births) being more than ten times that of non-Latina whites (4.6) in 2007. The rate for Latinas (16.5) was more than three times that of non-Latina whites (Figures 45-46, Table 26). The rate among Asians/Pacific Islanders increased from 3.1 in 2006 to 11.6 in 2007 (although this rate is unstable, due to the small number of cases).

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<sup>9</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, D.C.: U.S. Government Printing Office, 2000.

## **OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA**

### **Case-Based Surveillance for Other STDs**

CDPH also conducts surveillance for pelvic inflammatory disease (PID) and chancroid. See the Data Sources section for a description of the data collection system.

### **Case-Based PID Surveillance**

In 2007, 1,208 cases of PID were reported, for an incidence of 6.4 per 100,000 females (same rate as 2006) (Table 27). Gonorrhea, chlamydia, and numerous anaerobic bacterial species can cause PID. The diagnosis often is based on clinical findings; these findings may or may not be confirmed through laboratory testing. Case-based surveillance substantially underestimates the actual incidence of PID.

### **Case-Based Chancroid Surveillance**

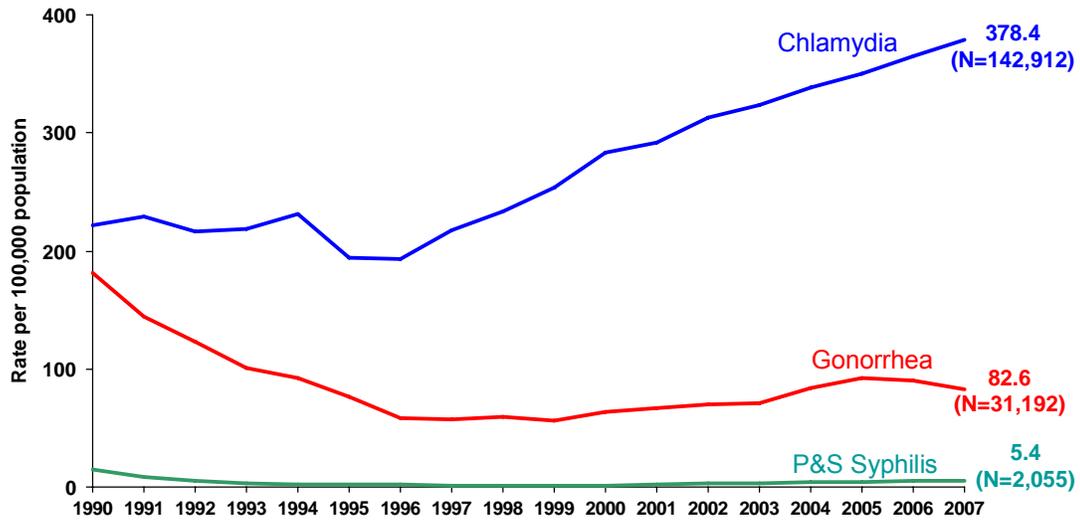
In California, chancroid is a rare cause of genital ulcer disease, with few cases of chancroid reported over the past five years. In 2007, there was one reported case of chancroid (Table 29).



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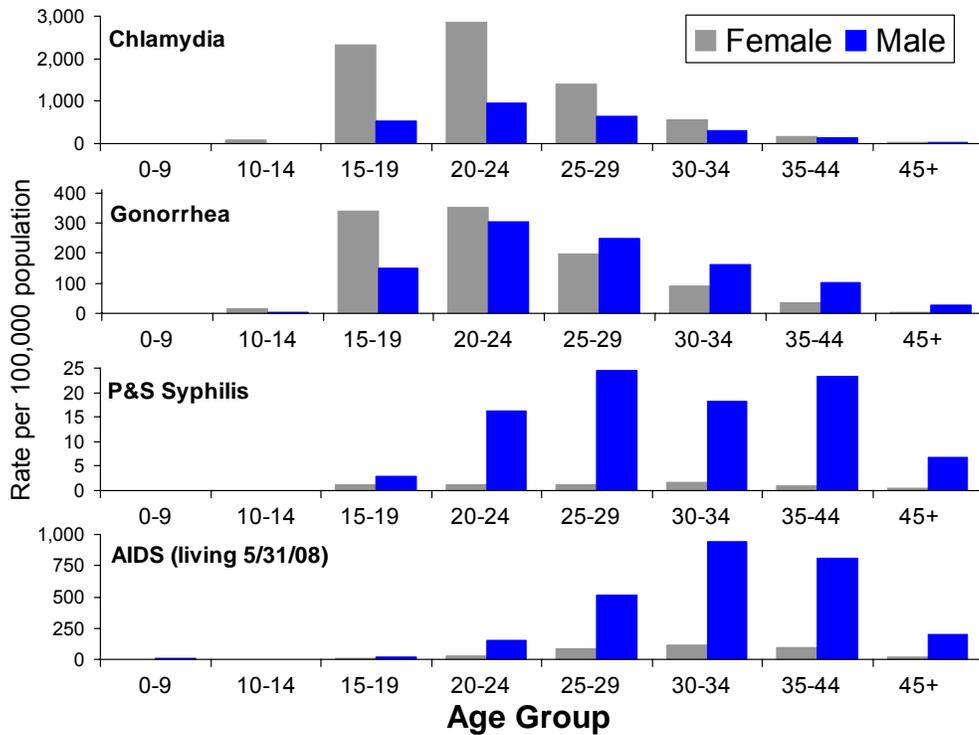


Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Rates, 1990–2007



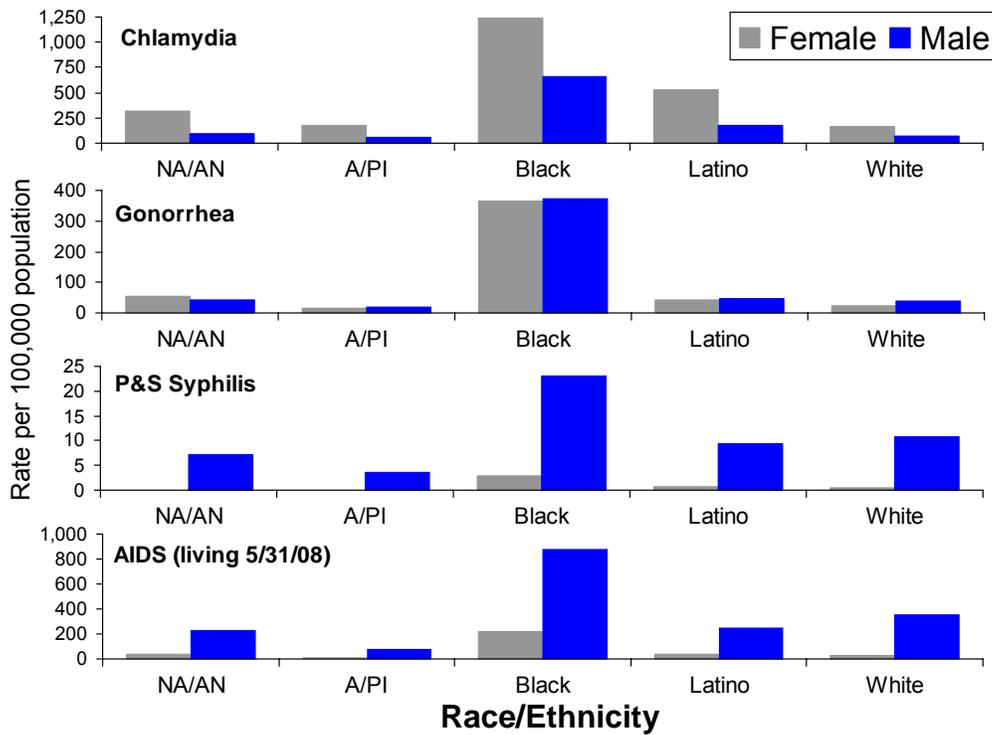
Source: California Department of Public Health, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Age Group and Gender, California, 2007



Source: California Department of Public Health, STD Control Branch  
California Department of Public Health, Office of AIDS

Figure 3. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Race/Ethnicity and Gender, California, 2007

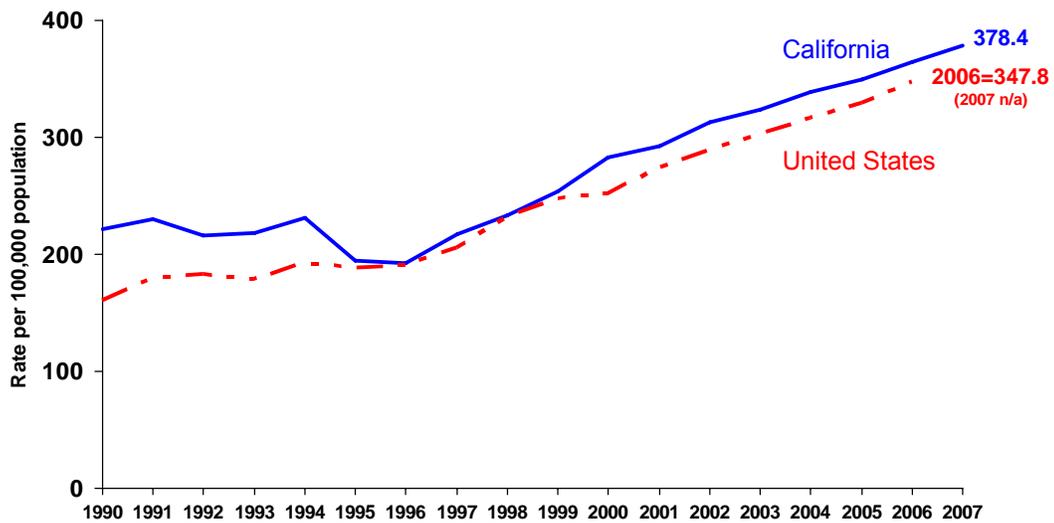


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Public Health, STD Control Branch  
California Department of Public Health, Office of AIDS

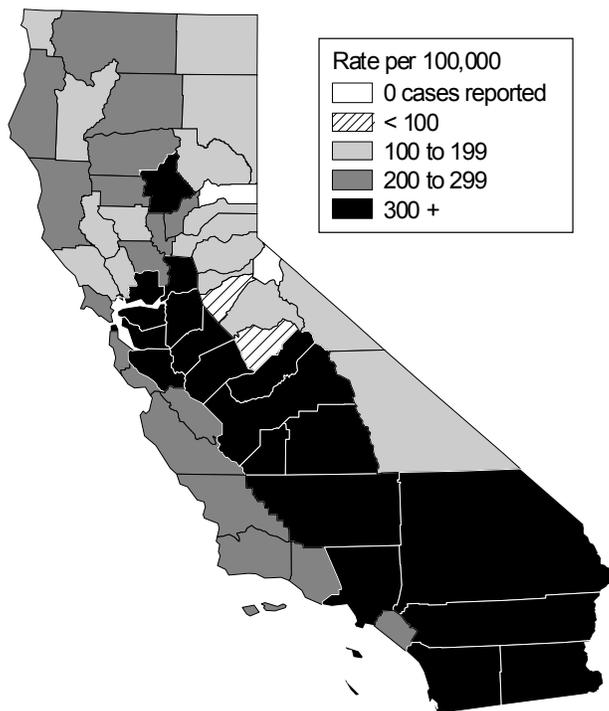
# CHLAMYDIA

Figure 4. Chlamydia, California versus United States Rates, 1990–2007



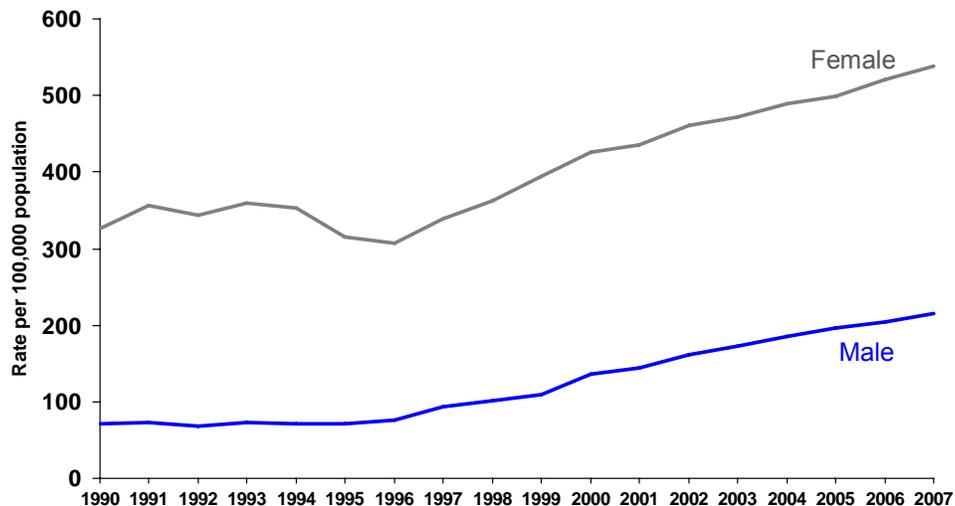
Source: California Department of Public Health, STD Control Branch  
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*.  
 Atlanta, Georgia: U.S. Department of Health and Human Services, November 2007, Table 1

Figure 5. Chlamydia, Rates by County, California, 2007



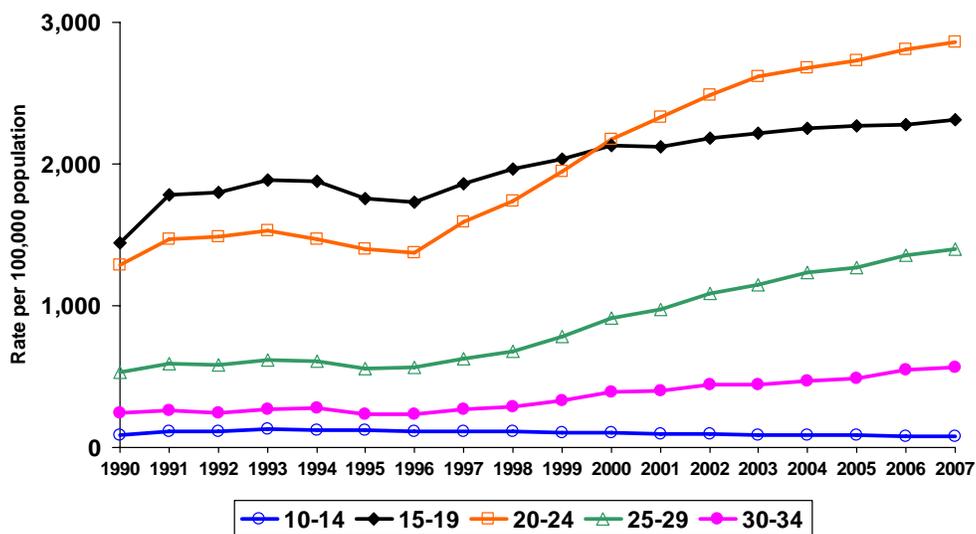
Source: California Department of Public Health, STD Control Branch

Figure 6. Chlamydia, Rates by Gender, California, 1990–2007



Source: California Department of Public Health, STD Control Branch

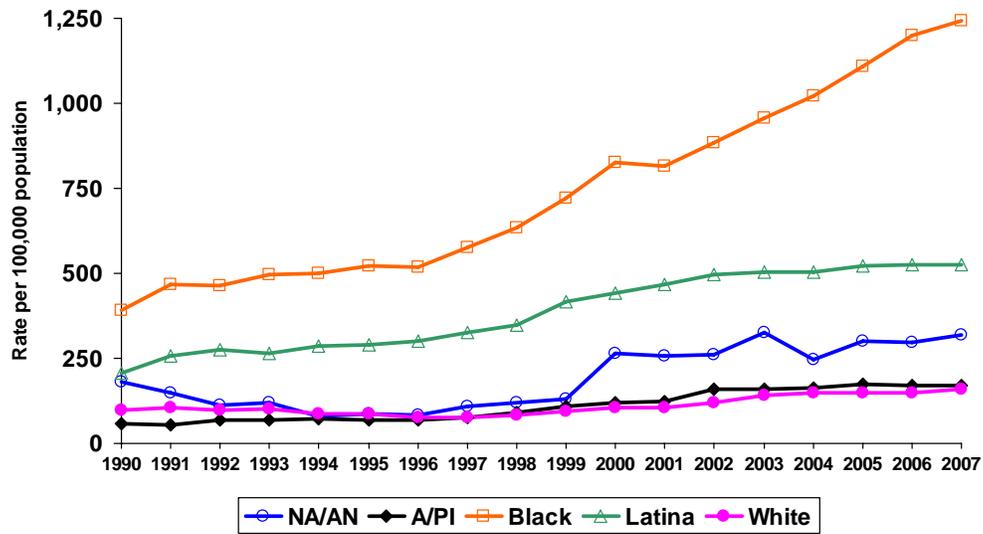
Figure 7. Chlamydia, Rates for Females by Age Group, California, 1990–2007



Note: Age "Not Specified" ranged from 0.4% to 8.3% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

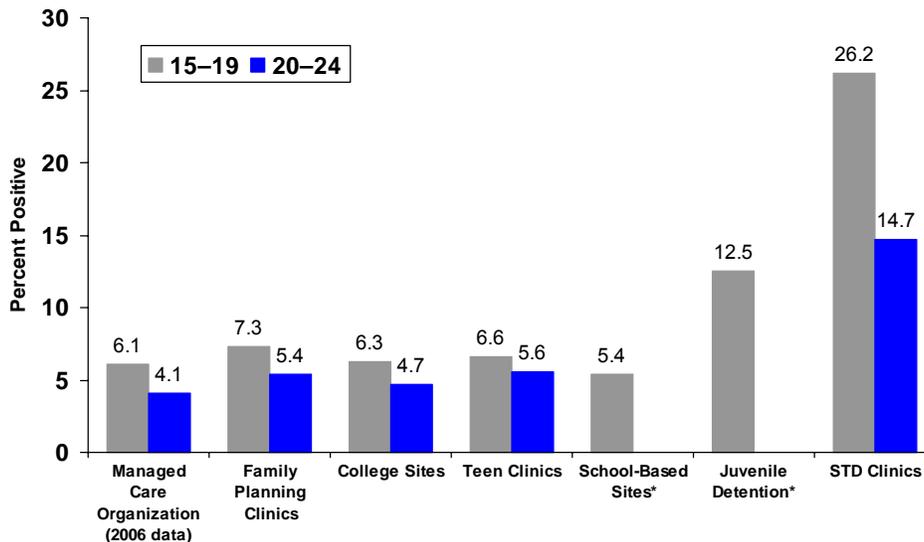
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 32.6% to 56.3% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

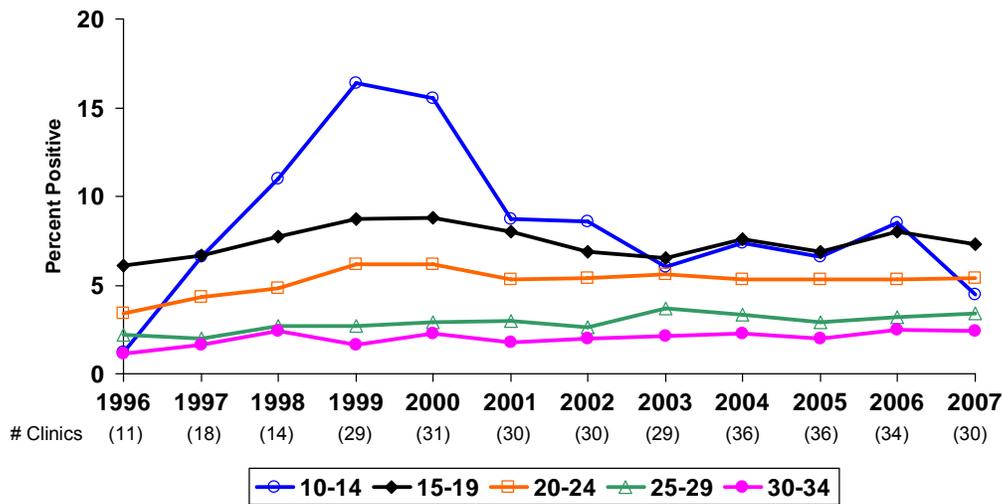
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2007



\* These two venues target adolescents primarily.

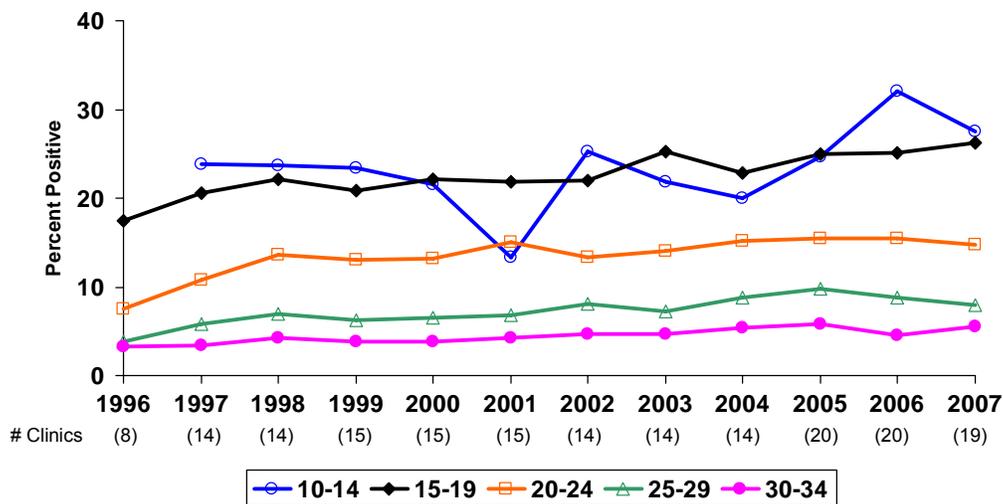
Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group, 1996–2007



Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

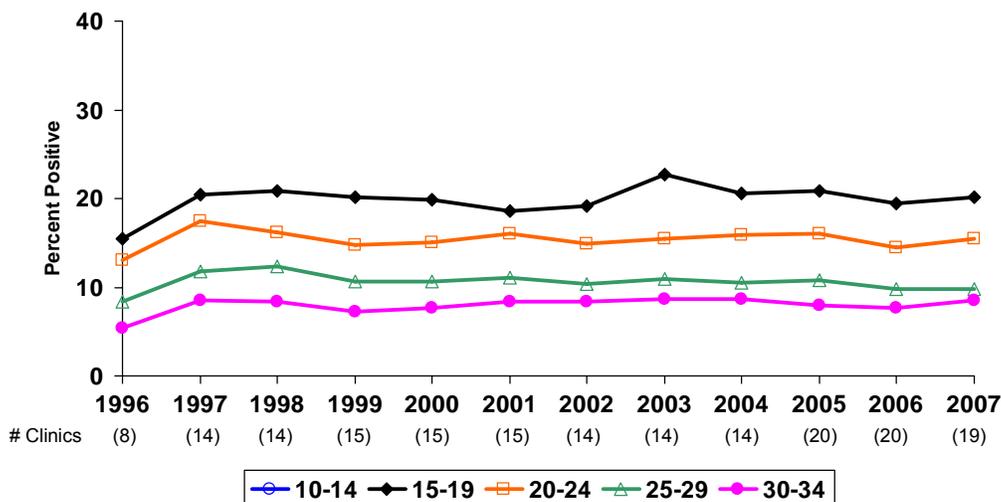
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group, 1996–2007



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males\* at STD Clinics, by Age Group, 1996–2007

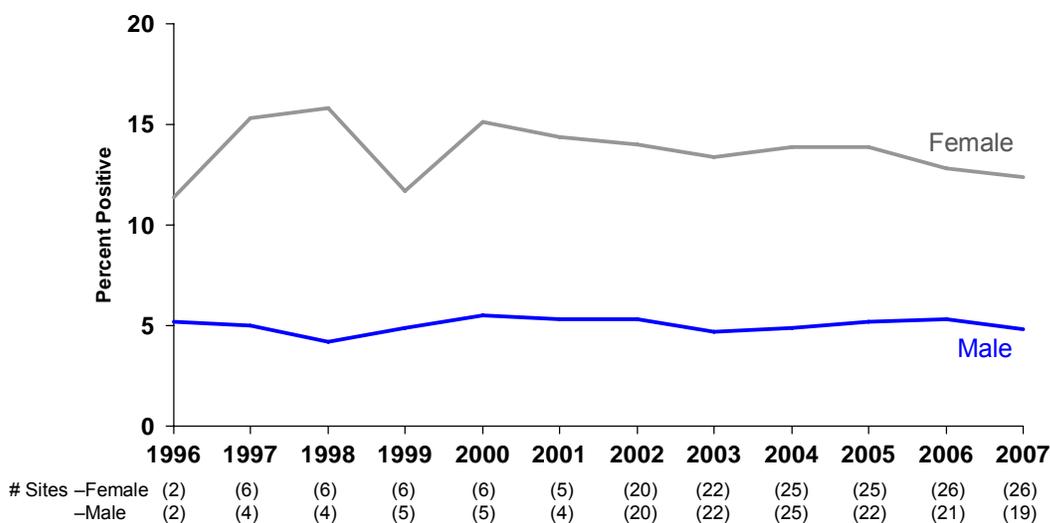


\* Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Note: Age group 10-14 not graphed due to fewer than 50 tests.

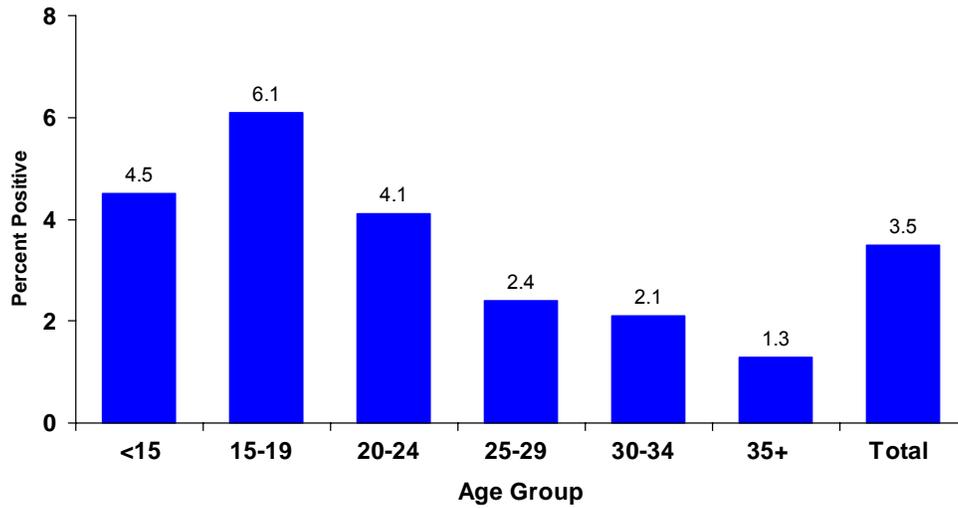
Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 1996–2007



Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 14. Chlamydia Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group, 2006\*

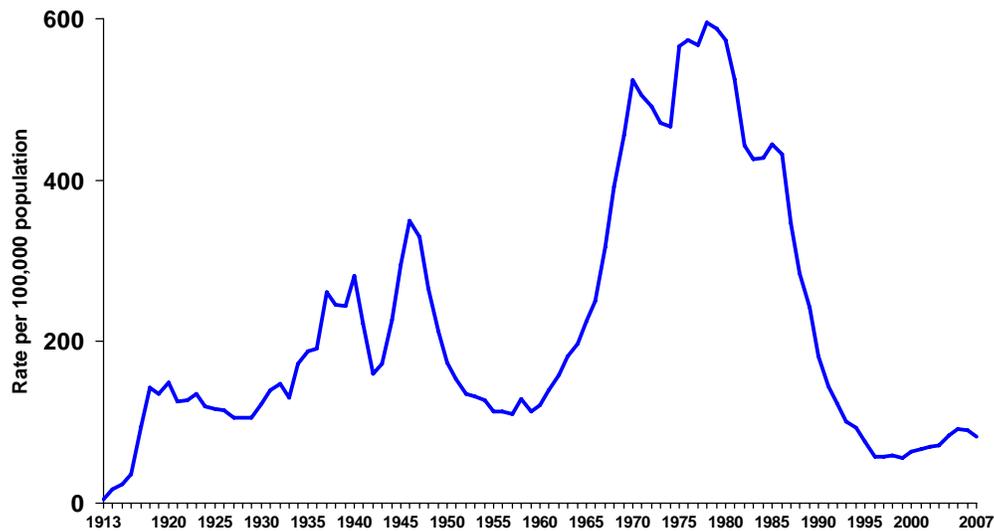


\* 2007 data was not available.

Source: California Department of Public Health, STD Control Branch

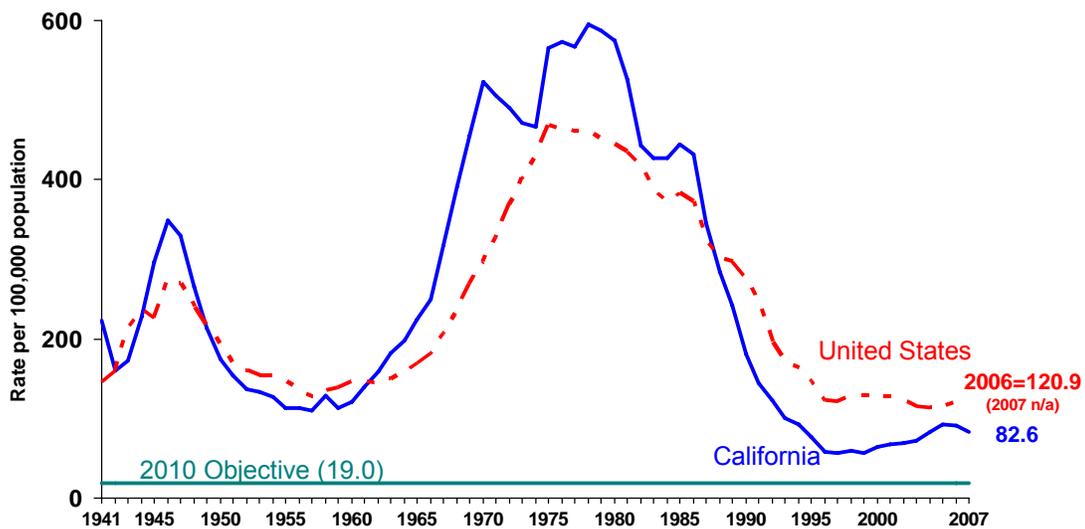
# GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2007



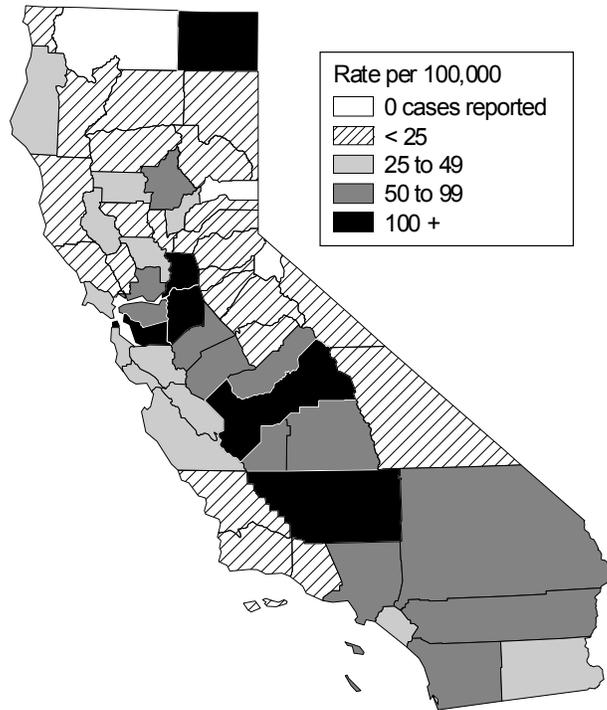
Source: California Department of Public Health, STD Control Branch

Figure 16. Gonorrhea, California versus United States Rates, 1941–2007



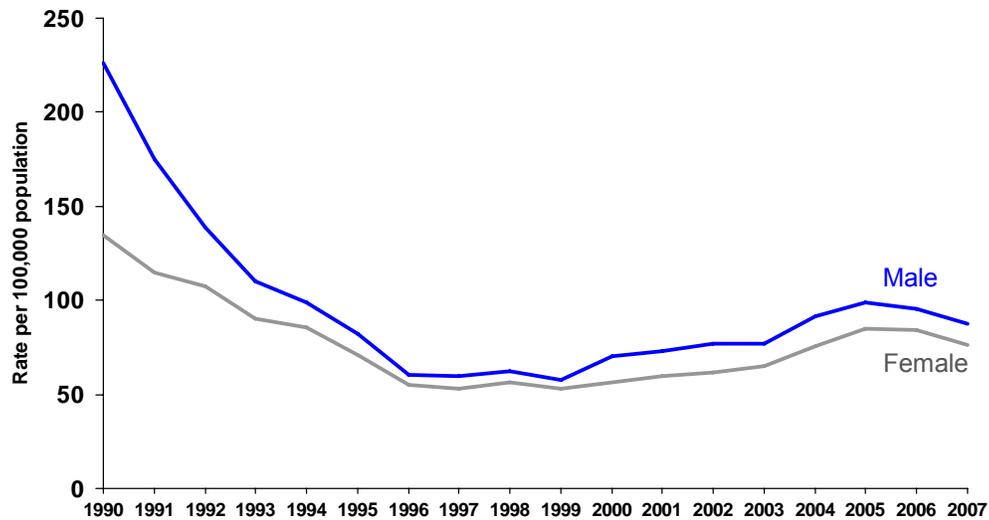
Source: California Department of Public Health, STD Control Branch  
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*.  
 Atlanta, Georgia: U.S. Department of Health and Human Services, November 2007, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2007



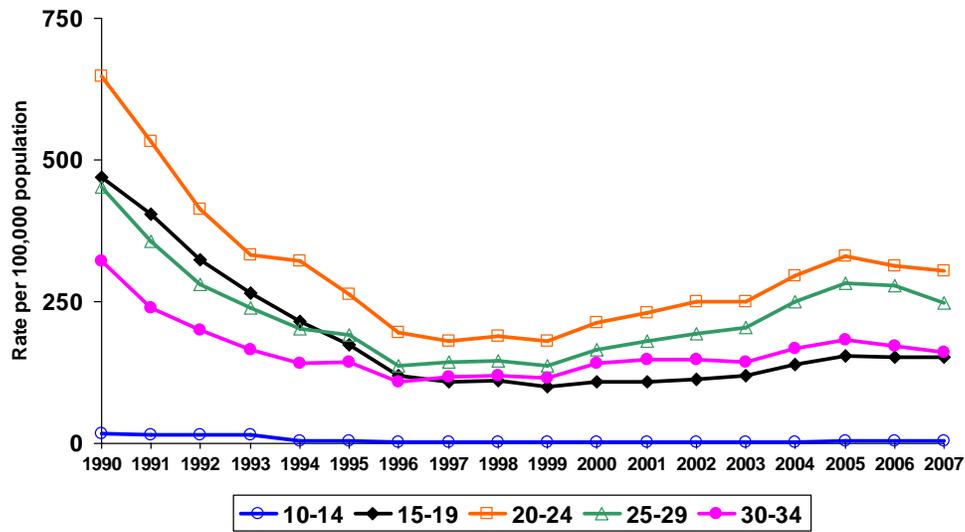
Source: California Department of Public Health, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2007



Source: California Department of Public Health, STD Control Branch

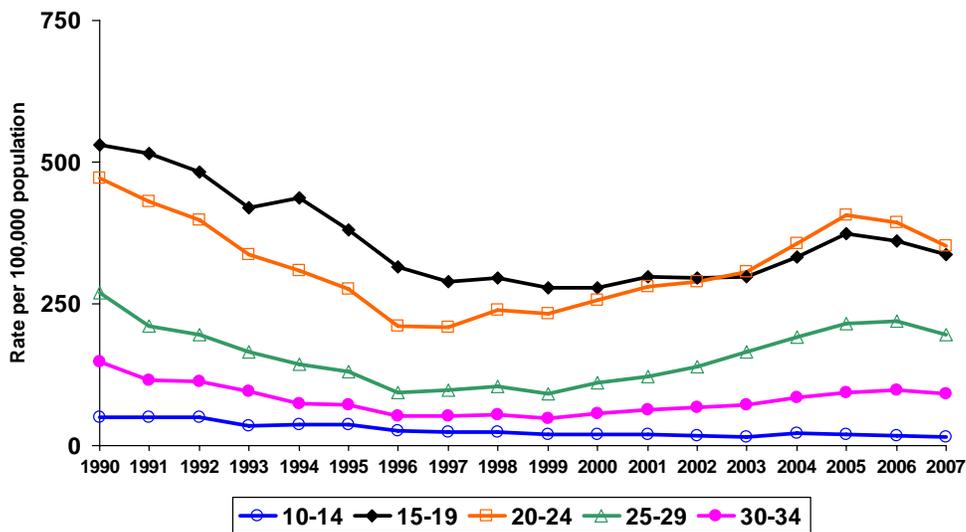
Figure 19. Gonorrhea, Rates for Males by Age Group, California, 1990–2007



Note: Age "Not Specified" ranged from 0.4% to 7.5% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

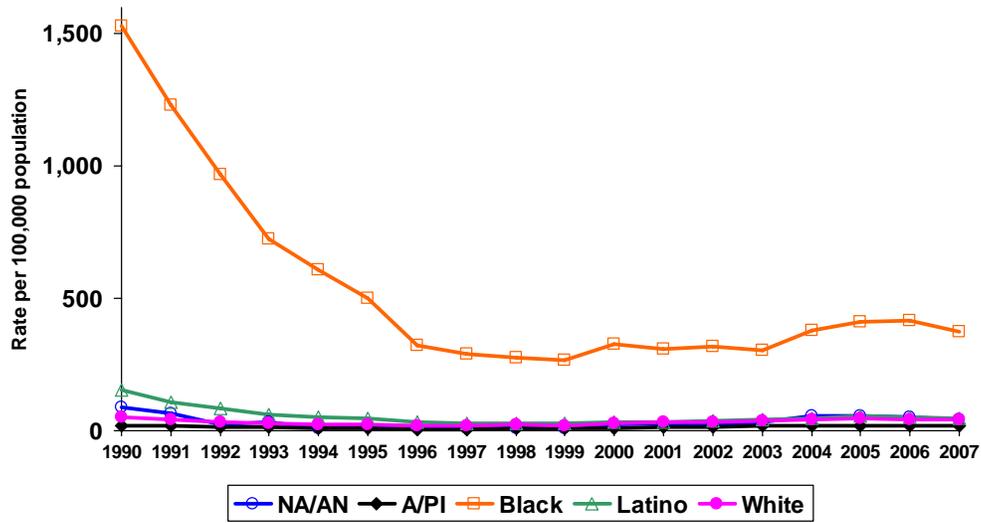
Figure 20. Gonorrhea, Rates for Females by Age Group, California, 1990–2007



Note: Age "Not Specified" ranged from 0.4% to 9.0% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

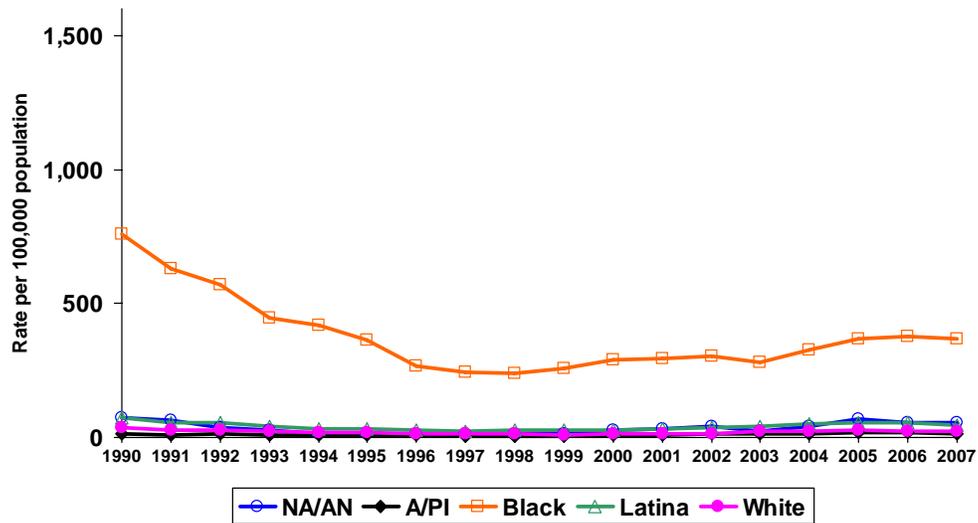
Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 21.1% to 36.1% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

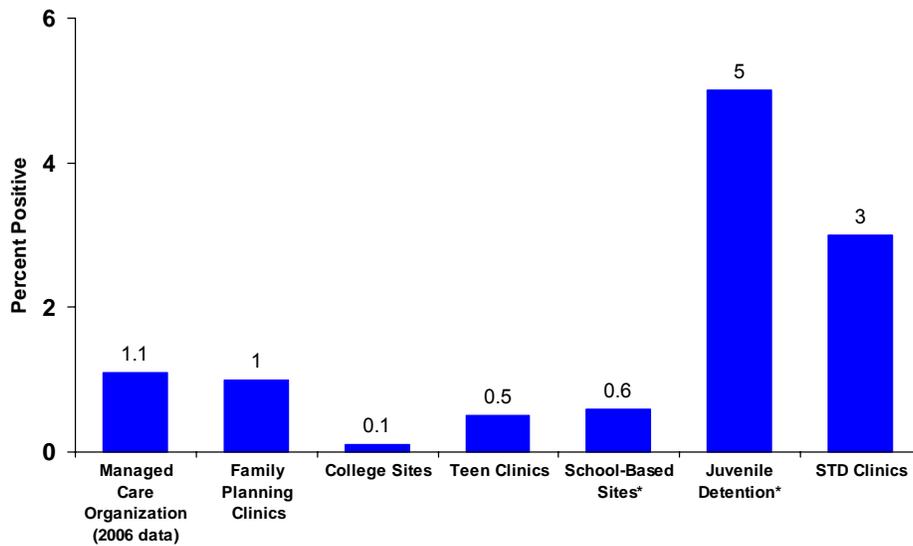
Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 29.6% to 43.1% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

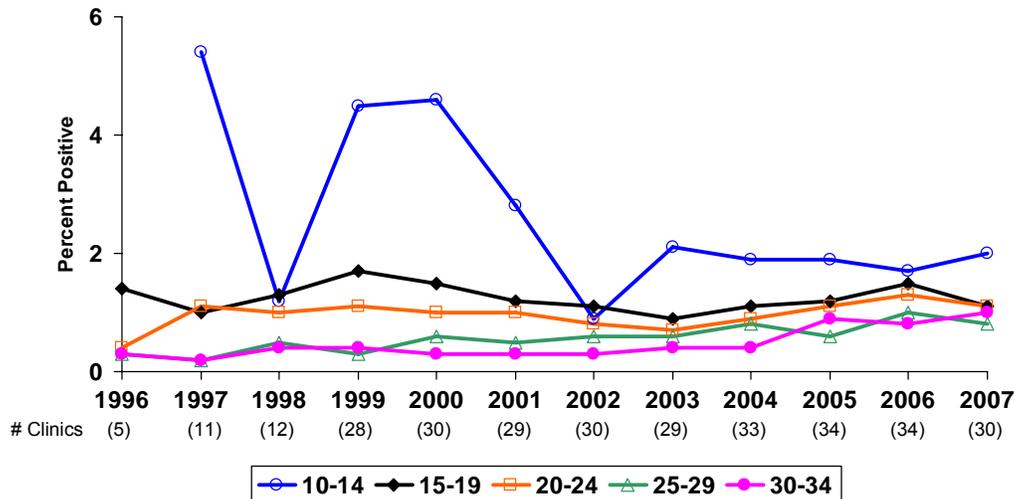
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive for Females, by Health Care Setting, California, 2007



\* These two venues target adolescents primarily.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

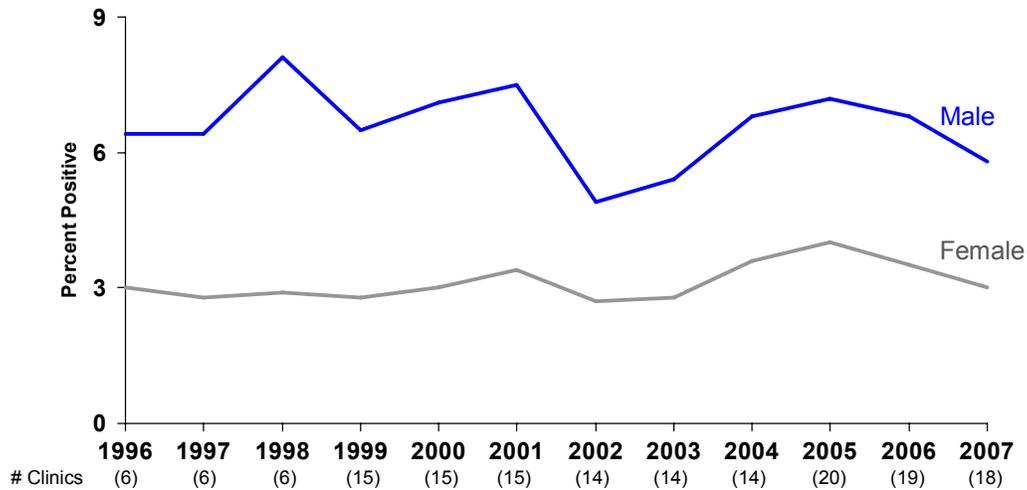
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group, 1996–2007



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

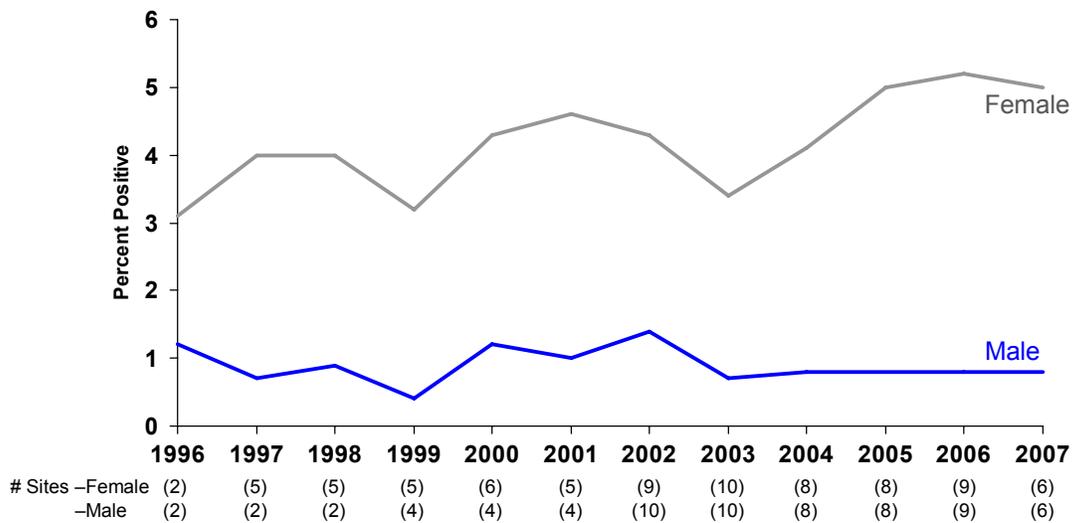
Figure 25. Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics, by Gender,\* 1996–2007



\* Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

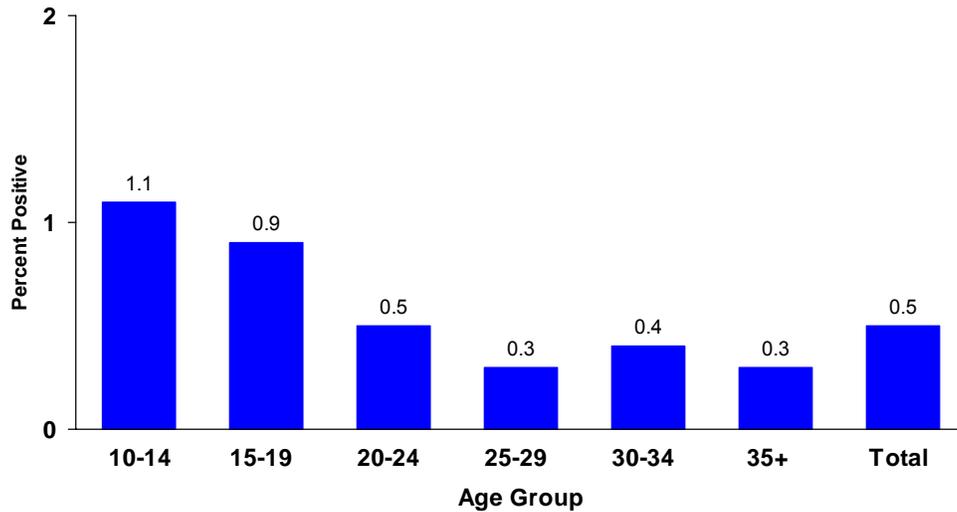
Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 1996–2007



Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

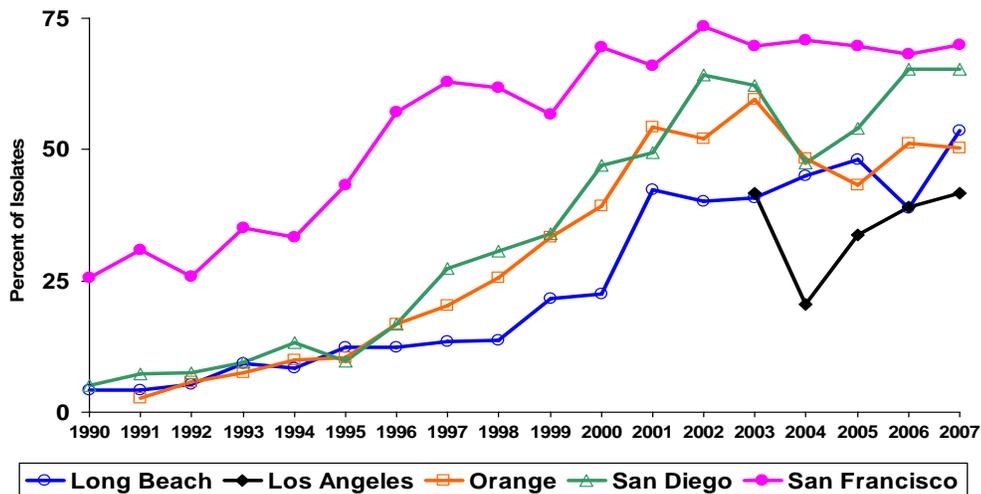
Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group, 2006\*



\* 2007 data was not available.

Source: California Department of Public Health, STD Control Branch

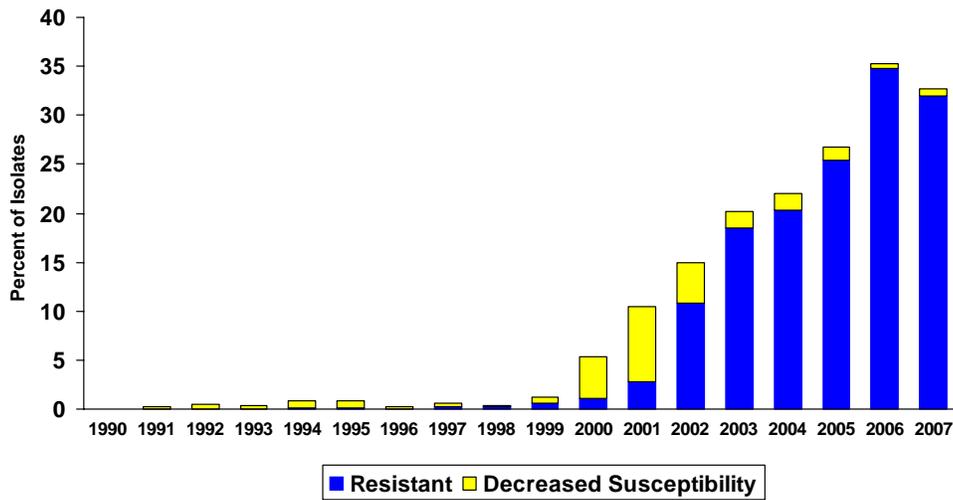
Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates Obtained from Men who Have Sex with Men in Five California STD Clinics, 1990–2007



Note: This project began in 1991 for the Orange County STD Clinic, and in 2003 for the Los Angeles County STD Clinic.

Source: California Department of Public Health, STD Control Branch

Figure 29. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Five California STD Clinics, 1990–2007

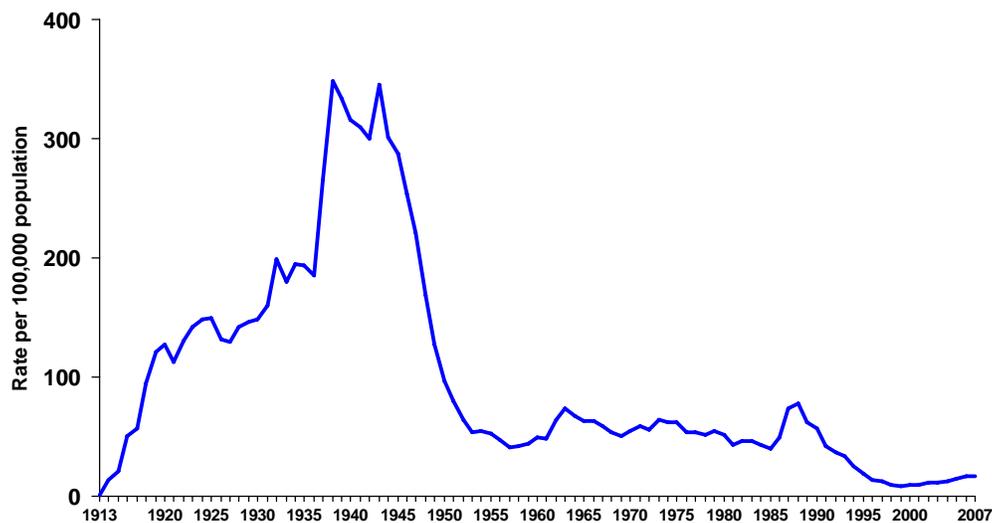


Note: Resistant isolates have minimum inhibitory concentrations (MICs)  $\geq 1 \mu\text{g}$  ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of 0.125 – 0.5  $\mu\text{g}$  ciprofloxacin/mL.

Source: California Department of Public Health, STD Control Branch

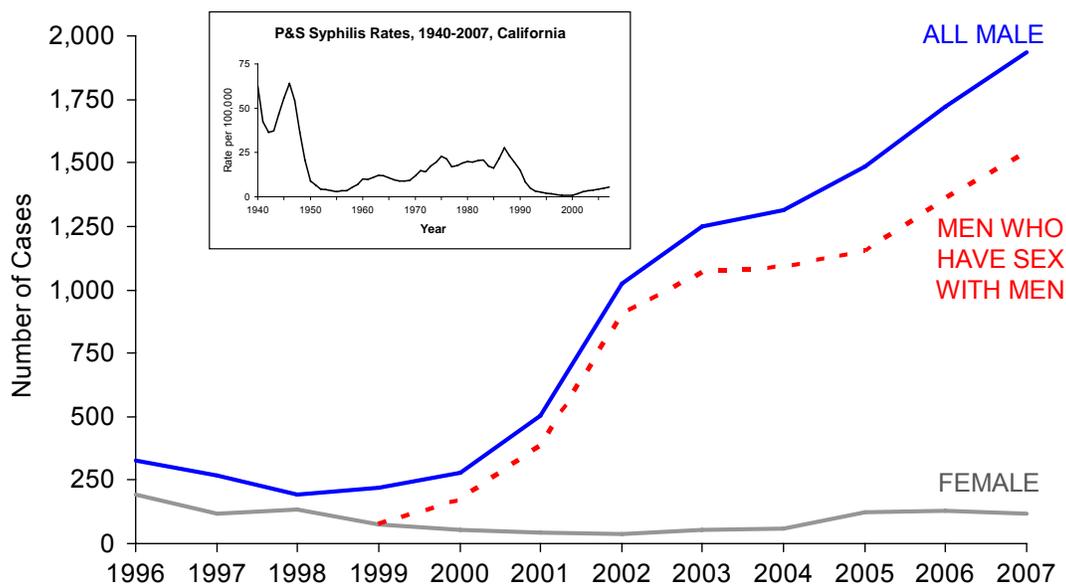
# SYPHILIS

**Figure 30. Total Syphilis (all stages), California Rates, 1913–2007**



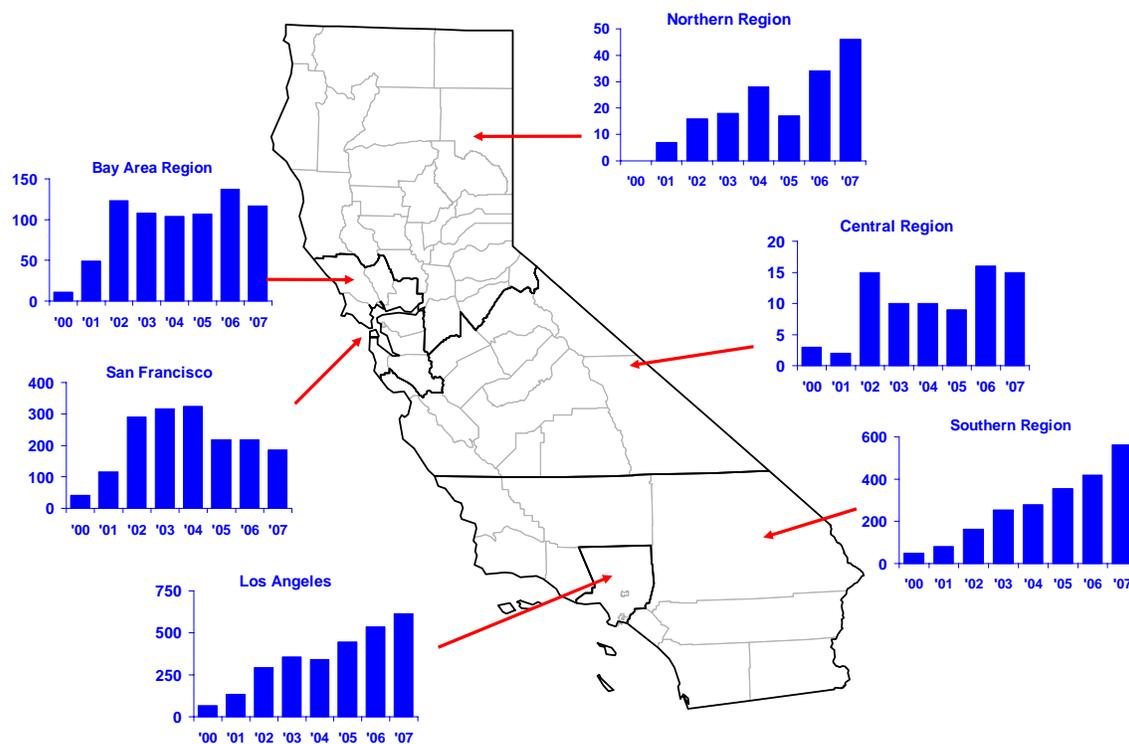
Source: California Department of Public Health, STD Control Branch

**Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2007**



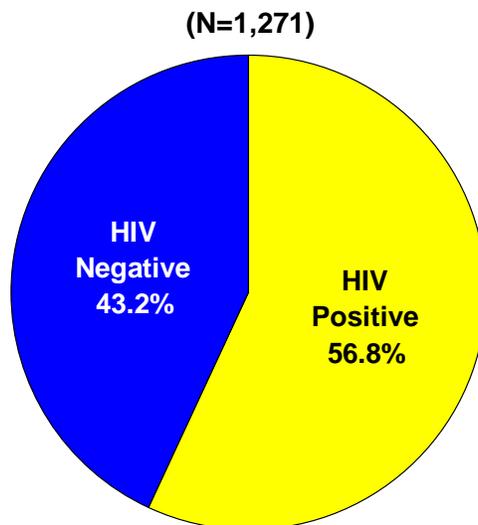
Source: California Department of Public Health, STD Control Branch

Figure 32. Number of Men who Have Sex with Men, Primary and Secondary Syphilis Cases, by Region and Year



Source: California Department of Public Health, STD Control Branch

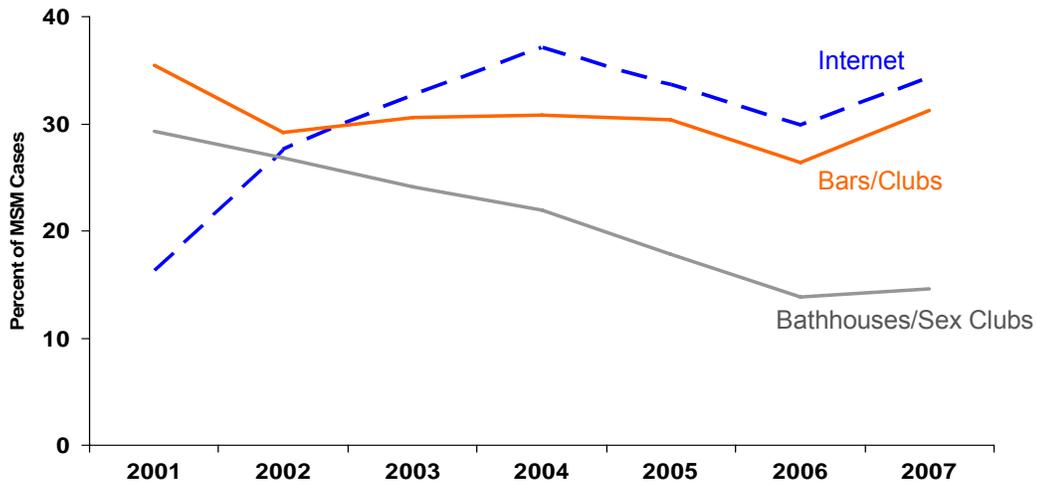
Figure 33. HIV Status among Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2007



Note: N does not include HIV status unknown or refused: 101 cases in 2007.

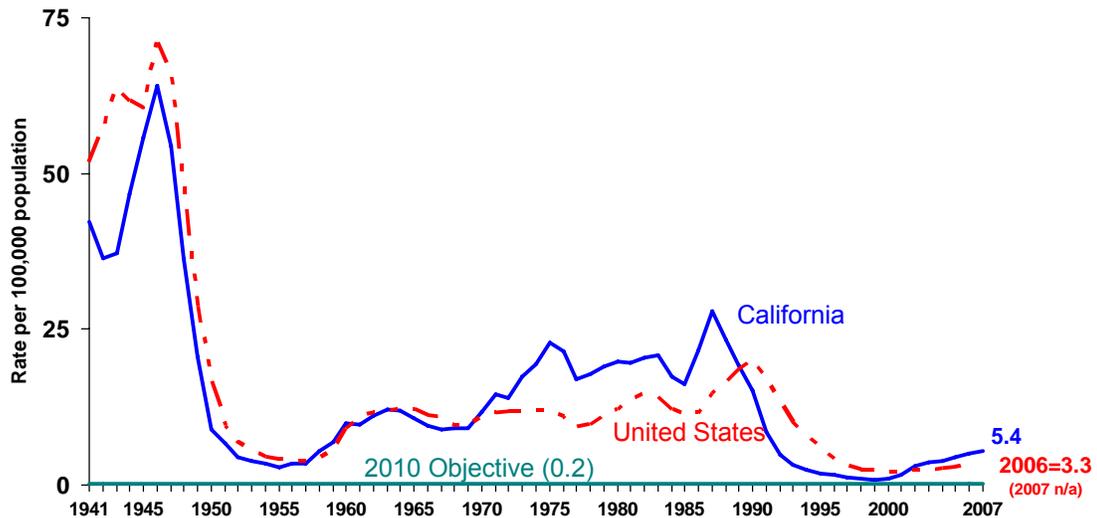
Source: California Department of Public Health, STD Control Branch

Figure 34. Percent Reporting Meeting Partners at Specified Venues, Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2001–2007



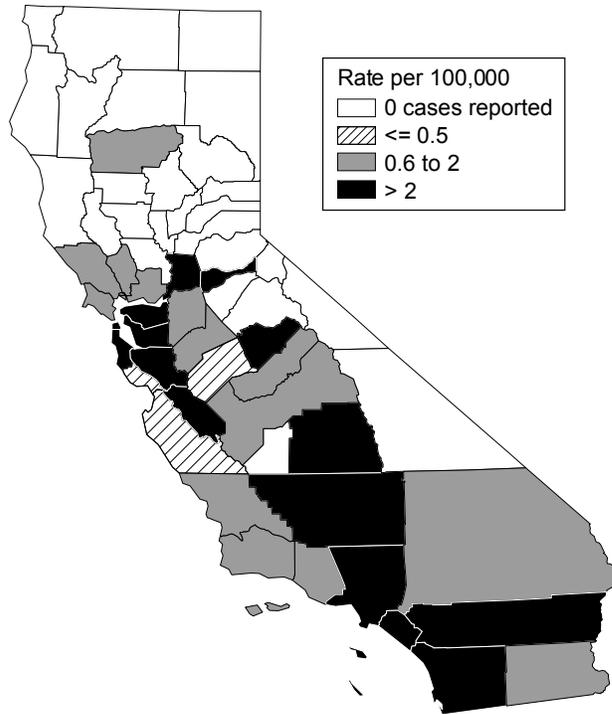
Source: California Department of Public Health, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Rates, 1941–2007



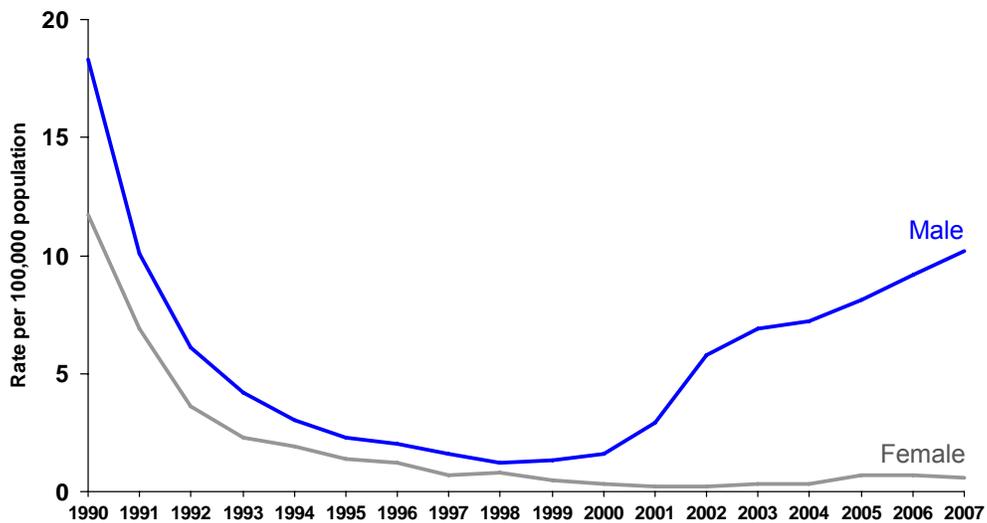
Source: California Department of Public Health, STD Control Branch  
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*.  
 Atlanta, Georgia: U.S. Department of Health and Human Services, November 2007, Table 1

Figure 36. Primary and Secondary Syphilis, Rates by County, California, 2007



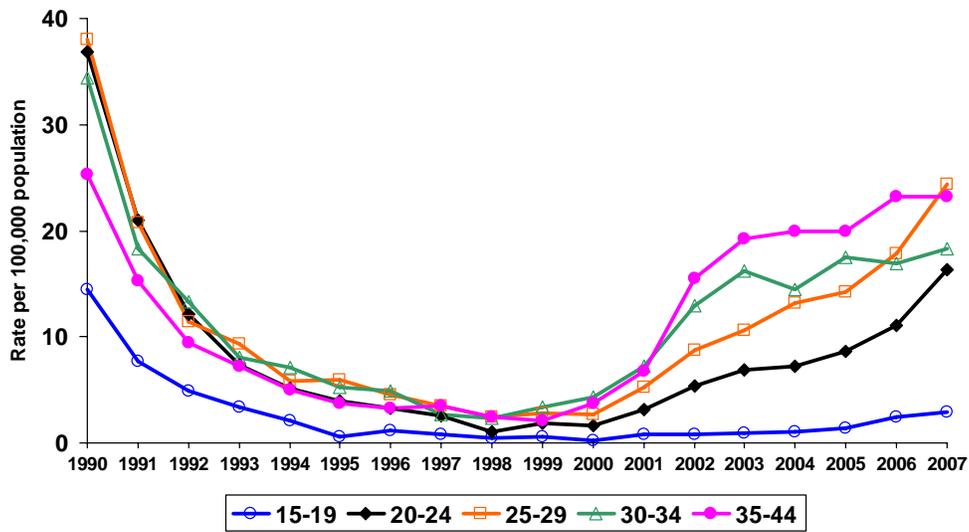
Source: California Department of Public Health, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Rates by Gender, California, 1990–2007



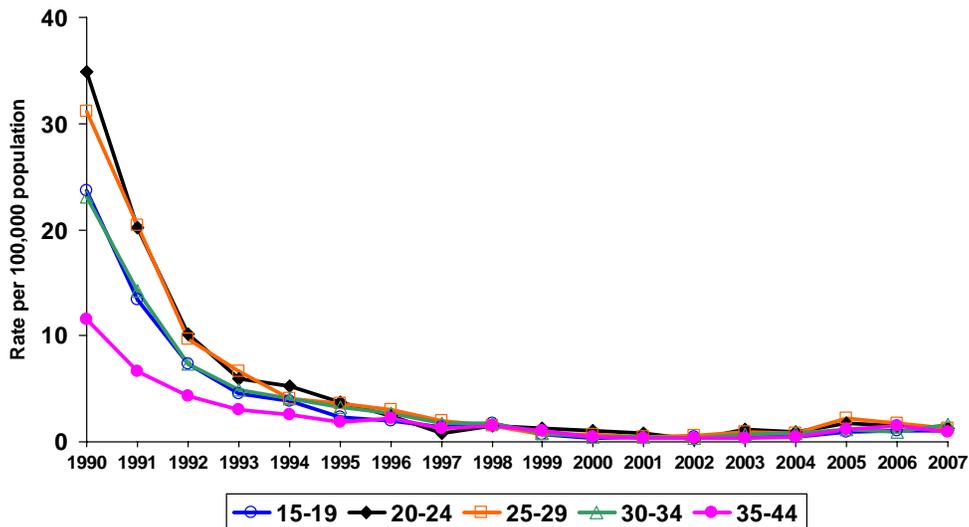
Source: California Department of Public Health, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Rates for Males by Age Group, California, 1990–2007



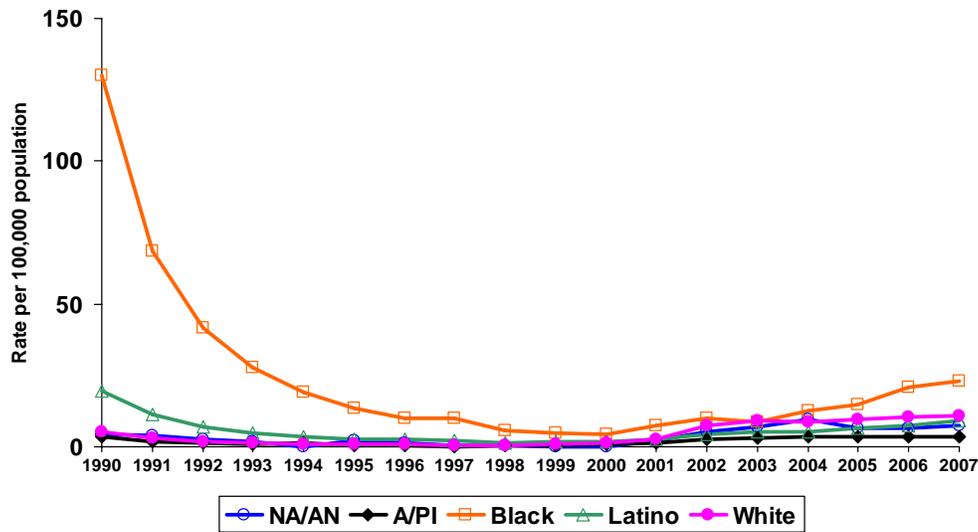
Source: California Department of Public Health, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Rates for Females by Age Group, California, 1990–2007



Source: California Department of Public Health, STD Control Branch

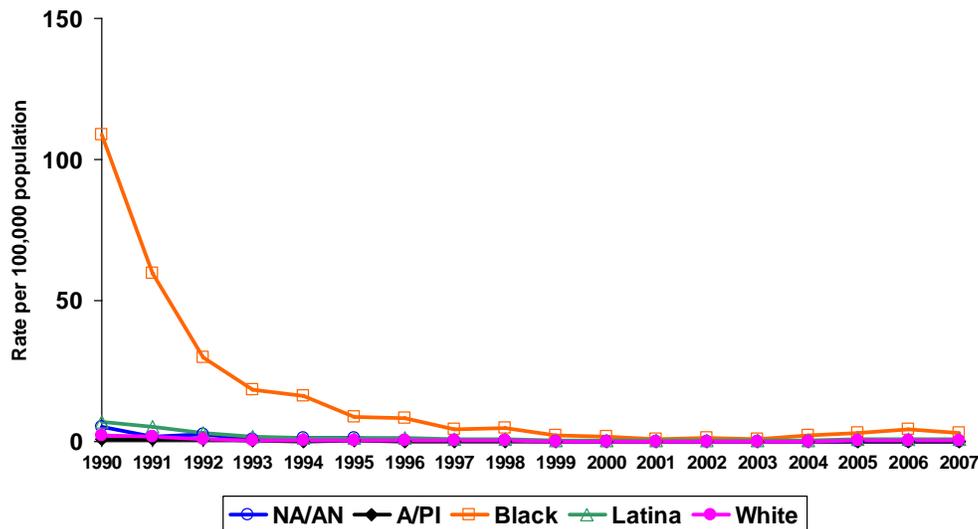
Figure 40. Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 1.1% to 7.1% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

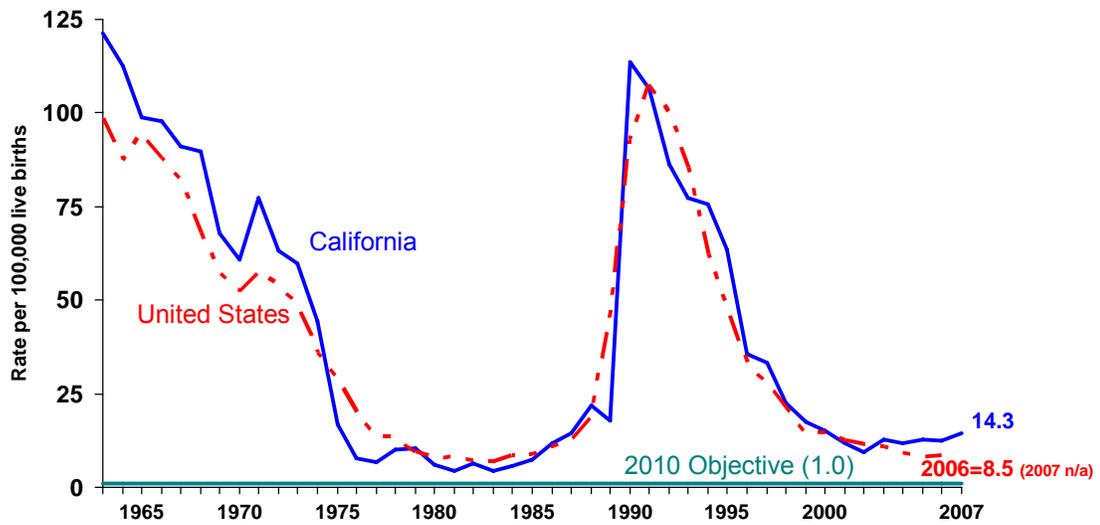
Figure 41. Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 0% to 6.4% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

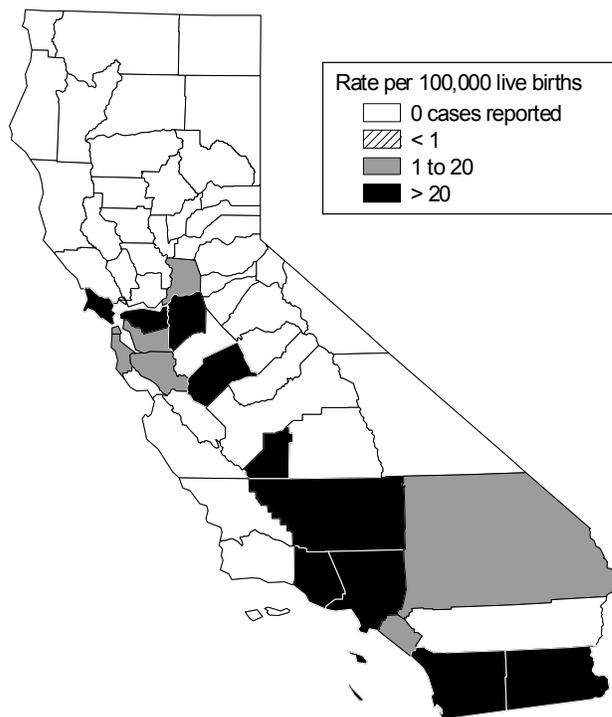
Figure 42. Congenital Syphilis in Infants Less than One Year of Age, California versus United States Rates, 1963–2007



Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

Source: California Department of Public Health, STD Control Branch  
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*. Atlanta, Georgia: U.S. Department of Health and Human Services, November 2007, Table 1

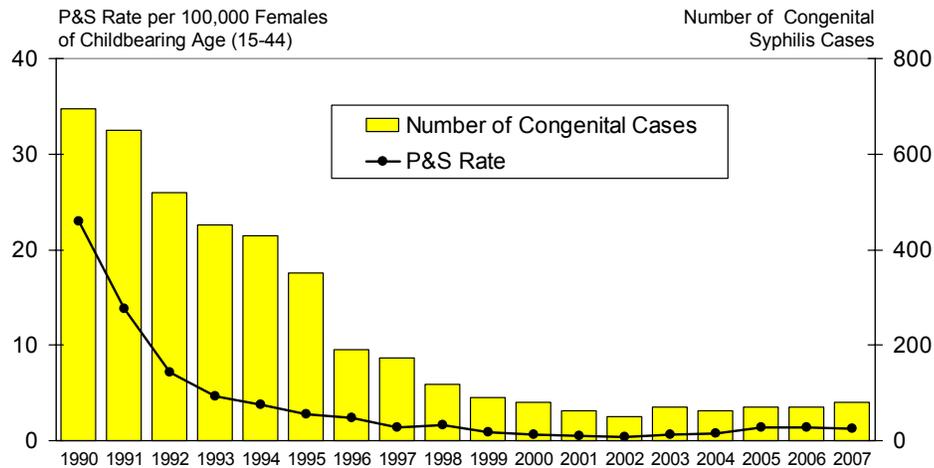
Figure 43. Congenital Syphilis in Infants Less than One Year of Age, Rates by County, California, 2007



Note: Rates are based on very small numbers of cases.

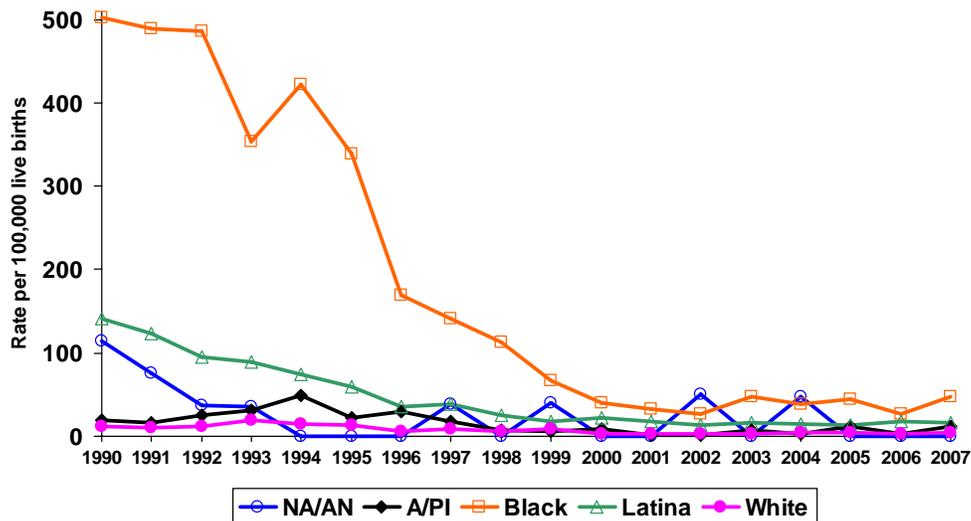
Source: California Department of Public Health, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants Less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Rates, California, 1990–2007



Source: California Department of Public Health, STD Control Branch

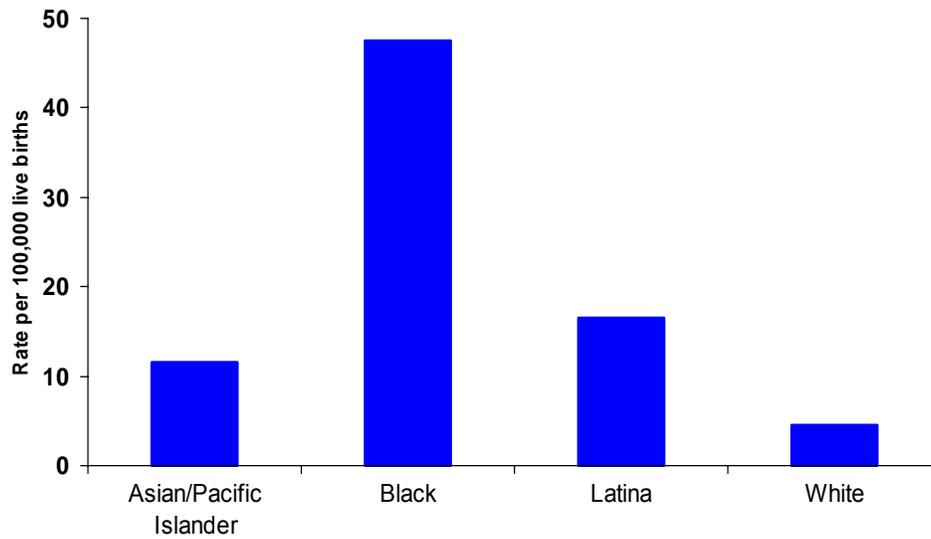
Figure 45. Congenital Syphilis in Infants Less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2007



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Public Health, STD Control Branch

Figure 46. Congenital Syphilis in Infants Less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 2007



Note: Native American/Alaskan Native rates were excluded; no cases were reported in 2007.

Source: California Department of Public Health, STD Control Branch



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Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2007

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages		Cases	Rate	Cases	Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
1913	NA	.	NA	.	NA	.	NA	.	32	1.2	NR	.	117	4.3
1914	NA	.	NA	.	NA	.	NA	.	379	13.4	NR	.	467	16.5
1915	NA	.	NA	.	NA	.	NA	.	612	20.8	NR	.	695	23.7
1916	NA	.	NA	.	NA	.	NA	.	1,536	50.4	NR	.	1,083	35.5
1917	NA	.	NA	.	NA	.	NA	.	1,797	56.9	NR	.	3,006	95.2
1918	NA	.	NA	.	NA	.	NA	.	3,106	95.1	NR	.	4,665	142.9
1919	NA	.	NA	.	NA	.	NA	.	4,091	121.3	NR	.	4,570	135.5
1920	NA	.	NA	.	NA	.	NA	.	4,514	127.6	NR	.	5,305	150.0
1921	NA	.	NA	.	NA	.	NA	.	4,220	112.3	NR	.	4,709	125.4
1922	NA	.	NA	.	NA	.	NA	.	5,188	130.5	NR	.	5,060	127.3
1923	NA	.	NA	.	NA	.	NA	.	5,983	142.6	NR	.	5,704	135.9
1924	NA	.	NA	.	NA	.	NA	.	6,546	148.3	NR	.	5,265	119.3
1925	NA	.	NA	.	NA	.	NA	.	6,931	149.6	NR	.	5,391	116.3
1926	NA	.	NA	.	NA	.	NA	.	6,369	131.2	NR	.	5,570	114.8
1927	NA	.	NA	.	NA	.	NA	.	6,573	129.6	NR	.	5,348	105.4
1928	NA	.	NA	.	NA	.	NA	.	7,537	142.4	NR	.	5,593	105.7
1929	NA	.	NA	.	NA	.	NA	.	8,074	146.5	NR	.	5,842	106.0
1930	NA	.	NA	.	NA	.	NA	.	8,455	148.1	NR	.	7,001	122.7
1931	NA	.	NA	.	NA	.	NA	.	9,335	160.3	NR	.	8,123	139.5
1932	NA	.	NA	.	NA	.	NA	.	11,717	198.8	NR	.	8,702	147.6
1933	NA	.	NA	.	NA	.	NA	.	10,737	180.1	NR	.	7,817	131.1
1934	NA	.	NA	.	NA	.	NA	.	11,820	195.2	NR	.	10,459	172.7
1935	NA	.	NA	.	NA	.	NA	.	11,957	193.8	NR	.	11,634	188.6
1936	NA	.	NA	.	NA	.	NA	.	11,725	185.2	NR	.	12,118	191.4
1937	NA	.	NA	.	NA	.	NA	.	17,276	265.1	NR	.	17,051	261.6
1938	NA	.	NA	.	NA	.	NA	.	23,137	348.1	NR	.	16,336	245.8
1939	NA	.	NA	.	NA	.	NA	.	22,634	333.8	NR	.	16,542	243.9
1940	4,331	62.7	1,550	22.4	14,949	216.4	955	853.9	21,785	315.4	NR	.	19,433	281.3
1941	3,063	42.3	5,871	81.1	12,590	174.0	881	704.5	22,405	309.6	NR	.	16,098	222.4
1942	2,815	36.4	5,401	69.8	14,257	184.3	752	491.1	23,225	300.3	NR	.	12,408	160.4
1943	3,166	37.2	7,355	86.5	17,810	209.4	1,015	586.4	29,346	345.0	NR	.	14,632	172.0
1944	4,172	46.6	6,386	71.4	15,543	173.8	860	485.9	26,961	301.4	NR	.	20,365	227.7
1945	5,216	55.8	6,696	71.7	14,177	151.7	745	409.1	26,834	287.2	NR	.	27,668	296.1
1946	6,122	64.0	6,890	72.1	10,528	110.1	681	313.5	24,221	253.4	NR	.	33,364	349.0
1947	5,334	54.3	6,041	61.4	9,664	98.3	727	298.2	21,766	221.4	NR	.	32,396	329.5
1948	3,651	36.3	4,159	41.3	8,499	84.4	591	246.7	16,900	167.9	NR	.	26,767	266.0
1949	2,141	20.7	2,782	26.9	7,794	75.4	493	201.3	13,210	127.8	NR	.	22,027	213.1
1950	930	8.8	1,843	17.4	7,068	66.8	377	154.2	10,218	96.5	NR	.	18,394	173.8
1951	732	6.6	1,648	14.8	6,165	55.4	342	131.4	8,887	79.8	NR	.	17,122	153.8
1952	514	4.4	1,461	12.6	5,179	44.5	305	108.5	7,459	64.1	NR	.	15,821	135.9
1953	475	3.9	1,148	9.5	4,574	37.8	260	87.6	6,457	53.4	NR	.	16,081	132.9
1954	432	3.5	1,114	8.9	5,022	40.1	277	90.5	6,845	54.7	NR	.	16,012	127.9
1955	379	2.9	1,341	10.3	4,833	37.2	249	79.5	6,802	52.3	NR	.	14,697	113.0
1956	470	3.5	1,071	7.9	4,504	33.2	263	78.8	6,427	47.3	NR	.	15,346	113.0
1957	481	3.4	1,093	7.7	3,954	27.9	251	71.6	5,886	41.5	NR	.	15,679	110.6
1958	813	5.5	1,168	7.9	3,883	26.3	254	72.7	6,195	42.0	NR	.	18,928	128.4
1959	1,038	6.8	1,254	8.2	4,232	27.7	270	75.3	6,802	44.5	NR	.	17,237	112.7
1960	1,581	10.0	1,471	9.3	4,616	29.1	256	68.9	7,926	50.0	NR	.	19,236	121.3
1961	1,605	9.8	1,644	10.0	4,462	27.2	274	71.9	7,985	48.7	NR	.	22,979	140.0
1962	1,884	11.1	2,018	11.9	6,547	38.6	354	93.6	10,803	63.7	NR	.	26,967	159.1
1963	2,142	12.2	2,013	11.5	8,245	47.0	462	121.4	12,862	73.4	NR	.	31,825	181.5
1964	2,148	11.9	1,954	10.8	7,668	42.5	421	112.4	12,191	67.6	NR	.	35,700	198.0
1965	1,995	10.8	2,159	11.7	7,174	38.9	351	98.9	11,679	63.3	NR	.	41,551	225.0
1966	1,781	9.5	1,996	10.6	7,824	41.5	330	97.7	11,931	63.4	NR	.	47,099	250.1
1967	1,706	8.9	1,659	8.7	7,575	39.5	306	90.9	11,246	58.7	NR	.	60,810	317.1
1968	1,749	9.0	1,615	8.3	6,768	34.8	304	89.6	10,436	53.7	NR	.	75,998	391.1
1969	1,795	9.1	1,693	8.6	6,311	32.0	240	68.0	10,039	50.8	NR	.	90,073	456.2

(continued on next page)

Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2007 (continued)

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages		Cases	Rate	Cases	Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
1970	2,348	11.8	2,096	10.5	6,317	31.6	221	60.9	10,982	55.0	NR	.	104,568	523.6
1971	2,977	14.6	2,660	13.1	6,039	29.7	255	77.3	11,932	58.6	NR	.	102,804	505.3
1972	2,878	14.0	2,778	13.5	5,550	27.0	194	63.3	11,400	55.4	NR	.	101,006	490.7
1973	3,620	17.3	3,594	17.2	5,906	28.3	178	59.8	13,298	63.7	NR	.	98,242	470.8
1974	4,123	19.5	3,108	14.7	5,893	27.8	138	44.3	13,262	62.6	NR	.	98,639	465.9
1975	4,911	22.8	3,709	17.2	4,547	21.1	53	16.7	13,265	61.6	NR	.	121,919	566.1
1976	4,703	21.4	3,352	15.3	3,659	16.7	26	7.8	11,740	53.5	NR	.	125,833	573.7
1977	3,787	16.9	2,635	11.8	5,532	24.8	23	6.6	11,997	53.7	NR	.	126,768	567.2
1978	4,033	17.7	2,803	12.3	4,910	21.5	36	10.1	11,795	51.6	NR	.	136,109	595.9
1979	4,445	19.1	3,036	13.1	5,149	22.1	40	10.5	12,670	54.5	NR	.	136,463	586.8
1980	4,696	19.8	5,138	21.7	2,412	10.2	24	6.0	12,270	51.8	NR	.	135,885	574.1
1981	4,748	19.6	2,936	12.1	2,805	11.6	19	4.5	10,508	43.3	NR	.	127,723	526.1
1982	5,096	20.5	3,399	13.7	2,860	11.5	27	6.3	11,382	45.9	NR	.	109,860	442.9
1983	5,290	20.9	3,171	12.5	3,201	12.6	19	4.4	11,681	46.1	NR	.	108,066	426.5
1984	4,503	17.4	3,048	11.8	3,628	14.1	25	5.6	11,204	43.4	NR	.	110,208	426.9
1985	4,285	16.2	2,724	10.3	3,637	13.8	35	7.4	10,681	40.5	NR	.	117,392	444.6
1986	5,831	21.6	3,117	11.5	4,240	15.7	57	11.8	13,245	49.0	NR	.	116,895	432.1
1987	7,697	27.8	5,548	20.0	7,013	25.3	72	14.3	20,330	73.3	NR	.	95,877	345.9
1988	6,598	23.2	6,226	21.9	9,076	32.0	117	22.0	22,017	77.5	NR	.	80,708	284.3
1989	5,597	19.2	6,601	22.7	5,642	19.4	102	17.9	17,942	61.6	NR	.	70,596	242.2
1990	4,494	15.1	5,684	19.1	6,193	20.8	694	113.5	17,065	57.2	66,213	222.0	54,076	181.3
1991	2,604	8.5	3,972	13.0	5,526	18.1	649	106.5	12,751	41.9	69,974	229.7	44,104	144.8
1992	1,500	4.8	3,178	10.3	6,161	19.9	520	86.5	11,359	36.7	67,113	216.6	38,182	123.2
1993	1,019	3.3	2,303	7.4	6,667	21.3	452	77.3	10,441	33.3	68,323	218.2	31,443	100.4
1994	775	2.5	1,638	5.2	5,158	16.4	428	75.5	7,999	25.4	72,770	230.8	29,241	92.8
1995	591	1.9	1,409	4.4	3,614	11.4	350	63.5	5,964	18.8	61,541	194.1	24,369	76.8
1996	521	1.6	1,190	3.7	2,592	8.1	191	35.5	4,494	14.1	61,666	192.9	18,570	58.1
1997	386	1.2	961	3.0	2,441	7.5	174	33.2	3,962	12.2	70,491	217.2	18,424	56.8
1998	325	1.0	780	2.4	1,751	5.3	117	22.4	2,973	9.0	76,801	233.7	19,550	59.5
1999	294	0.9	592	1.8	1,908	5.7	91	17.6	2,885	8.6	84,841	253.9	18,662	55.8
2000	330	1.0	357	1.0	2,618	7.7	81	15.2	3,386	9.9	96,424	282.8	21,778	63.9
2001	547	1.6	409	1.2	2,176	6.3	62	11.8	3,194	9.2	101,590	292.2	23,285	67.0
2002	1,064	3.0	736	2.1	2,215	6.3	50	9.4	4,065	11.5	110,763	313.2	24,673	69.8
2003	1,305	3.6	822	2.3	2,099	5.8	69	12.8	4,295	11.9	116,390	323.8	25,694	71.5
2004	1,375	3.8	882	2.4	2,455	6.7	63	11.6	4,775	13.1	123,480	338.7	30,483	83.6
2005	1,609	4.4	1,192	3.2	2,706	7.3	71	12.9	5,578	15.1	129,133	350.0	34,097	92.4
2006	1,853	5.0	1,385	3.7	2,944	7.9	70	12.5	6,252	16.7	136,217	364.9	33,778	90.5
2007	2,055	5.4	1,460	3.9	2,817	7.5	81	14.3	6,413	17.0	142,912	378.4	31,192	82.6

Notes: For 1913–1957, data were reported for civilian cases only. From 1958 to the present, case counts include both civilian and military cases.

Congenital syphilis rates are per 100,000 live births. The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. From 1985 to the present, congenital case counts include only infants under one year of age.

NA = Not Available

NR = No Report

Source: California Department of Public Health, STD Control Branch

State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000–2007*. Sacramento, California, December 2007

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1990–2015, with Actual and Projected State Births*. Sacramento, California, September 2007

State of California, Department of Public Health, Center for Health Statistics, *Birth Statistical Master Files*

Table 2. Chlamydia, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>116,390</b>	<b>323.8</b>	<b>123,480</b>	<b>338.7</b>	<b>129,133</b>	<b>350.0</b>	<b>136,217</b>	<b>364.9</b>	<b>142,912</b>	<b>378.4</b>
Alameda	4,928	330.1	5,249	350.6	5,202	346.5	6,028	398.2	7,085	462.9
— Berkeley <sup>1</sup>	307	294.1	311	298.3	315	302.5	366	346.4	434	406.9
Alpine	3	239.6	-	-	-	-	2	159.5	-	-
Amador	31	84.2	21	56.5	50	132.7	61	160.2	76	198.3
Butte	579	273.8	698	327.7	631	293.1	724	332.8	793	361.9
Calaveras	34	78.5	29	65.9	43	95.5	31	67.9	32	69.6
Colusa	16	80.0	33	159.5	31	146.6	47	218.1	25	113.9
Contra Costa	2,560	256.0	2,756	272.4	2,864	280.4	3,118	302.4	3,439	329.3
Del Norte	25	88.7	31	107.6	27	93.4	20	68.9	30	102.7
El Dorado	220	130.7	238	138.9	206	118.0	254	143.5	238	133.2
Fresno	4,641	542.0	4,811	550.9	4,856	546.3	5,293	584.0	5,369	581.7
Glenn	57	206.4	49	176.1	68	240.9	49	171.2	63	217.1
Humboldt	359	276.3	322	246.1	325	247.2	363	275.3	384	290.1
Imperial	414	268.6	360	226.9	401	245.2	587	347.4	680	390.1
Inyo	23	124.7	37	200.5	18	98.6	28	153.7	31	169.8
Kern	3,409	473.9	3,708	499.4	4,001	522.9	4,077	515.9	4,633	572.0
Kings	592	424.3	620	430.2	638	435.2	505	336.9	492	321.0
Lake	130	210.0	98	156.8	100	158.5	119	187.1	117	183.3
Lassen	43	125.4	44	124.3	44	125.7	34	95.7	39	107.7
Los Angeles	39,603	395.0	41,192	406.7	41,803	409.9	42,971	419.3	44,049	427.9
— Long Beach <sup>1</sup>	2,289	473.6	2,294	469.8	2,370	483.4	2,450	499.7	2,666	542.9
— Pasadena <sup>1</sup>	255	178.4	358	248.0	558	382.8	623	426.2	451	307.4
Madera	573	426.9	697	502.7	608	426.7	719	492.2	720	480.3
Marin	247	98.5	475	189.5	518	205.4	591	232.7	528	206.0
Mariposa	13	73.5	21	118.4	17	94.7	11	60.5	16	87.2
Mendocino	192	216.4	194	217.6	200	223.8	172	192.7	210	234.2
Merced	864	375.1	900	380.8	1,036	427.6	1,058	426.2	901	356.8
Modoc	7	73.3	6	61.0	10	104.1	13	134.2	14	143.6
Mono	8	59.4	11	80.6	9	65.6	16	114.1	15	106.7
Monterey	1,225	291.6	1,190	282.5	1,278	303.4	1,374	326.0	1,229	288.9
Napa	133	101.8	146	110.9	246	185.2	254	189.3	241	177.8
Nevada	109	112.6	111	113.5	124	125.9	112	112.8	138	138.6
Orange	6,327	210.8	6,200	204.4	7,670	250.9	8,008	260.4	8,092	261.2
Placer	344	118.3	436	144.3	465	148.7	660	204.4	620	188.0
Plumas	8	38.3	18	85.8	21	99.8	37	176.1	33	158.0
Riverside	3,955	224.2	3,760	204.2	4,644	241.6	5,112	255.1	6,328	305.7
Sacramento	5,246	393.6	6,233	459.0	6,892	500.0	7,677	549.7	7,671	542.1
San Benito	122	215.6	148	260.3	110	192.6	131	229.3	152	264.4
San Bernardino	6,819	365.4	7,433	387.0	7,649	388.2	8,058	400.6	8,399	411.8
San Diego	10,266	342.4	10,784	356.2	11,164	365.9	11,881	386.0	12,642	405.2
San Francisco	3,332	419.8	3,618	454.4	3,797	474.8	4,093	507.7	3,939	481.8
San Joaquin	2,400	383.7	2,618	406.6	2,785	422.2	3,181	474.0	3,533	519.4
San Luis Obispo	510	198.4	459	176.4	558	212.6	570	215.1	626	234.3
San Mateo	1,359	189.6	1,505	209.3	1,501	207.9	1,686	232.1	1,775	241.7
Santa Barbara	1,043	252.0	1,068	256.4	1,076	256.9	1,111	263.7	1,170	274.8
Santa Clara	4,643	268.0	5,549	317.6	5,277	299.2	5,758	321.6	5,761	316.5
Santa Cruz	579	223.9	585	225.3	582	223.4	622	237.3	663	250.0
Shasta	657	376.6	614	347.6	503	281.7	403	223.7	473	260.8
Sierra	-	-	-	-	2	57.6	1	28.9	-	-
Siskiyou	85	189.0	107	236.5	100	219.3	107	234.6	100	218.8
Solano	1,320	318.3	1,432	342.9	1,584	377.9	1,776	421.0	1,890	445.8
Sonoma	620	131.3	619	130.2	812	170.5	807	169.0	790	163.9
Stanislaus	1,556	318.1	1,821	365.4	2,002	394.0	1,808	350.6	1,946	372.0
Sutter	159	186.5	176	201.3	202	224.5	240	258.9	207	216.7
Tehama	113	193.6	154	260.0	141	234.4	157	255.8	140	225.5
Trinity	13	96.8	16	117.8	14	100.2	13	93.1	15	107.1
Tulare	1,715	435.8	1,779	440.5	1,851	447.5	1,746	413.2	1,691	392.4
Tuolumne	64	113.0	98	172.9	86	151.4	62	109.0	68	119.5
Ventura	1,503	188.3	1,552	192.4	1,556	191.6	1,186	144.8	1,889	228.5
Yolo	380	207.1	445	237.8	522	275.6	490	253.5	509	257.7
Yuba	214	332.4	206	310.6	213	311.2	205	292.6	203	283.5

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 3. Chlamydia, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
<b>Total</b>	<b>142,912</b>	<b>378.4</b>	<b>101,807</b>	<b>537.5</b>	<b>40,579</b>	<b>215.0</b>	<b>526</b>
Ages 0 - 9	58	1.1	33	1.3	25	0.9	0
10 - 14	1,280	44.9	1,130	81.1	143	9.8	7
15 - 19	41,541	1,405.7	33,303	2,314.7	8,077	532.6	161
20 - 24	50,464	1,878.5	36,913	2,863.0	13,419	960.5	132
25 - 29	25,240	1,014.7	16,718	1,403.2	8,441	651.4	81
30 - 34	10,945	436.4	6,918	564.2	3,979	310.5	48
35 - 44	9,267	162.8	4,923	176.2	4,308	148.6	36
45+	3,493	26.3	1,496	21.4	1,979	31.4	18
Not Specified	624	-	373	-	208	-	43
<b>Native American/Alaskan Native</b>	<b>471</b>	<b>209.4</b>	<b>363</b>	<b>317.5</b>	<b>105</b>	<b>94.9</b>	<b>3</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	6	34.5	5	58.5	1	11.3	0
15 - 19	167	858.6	149	1,555.8	18	182.3	0
20 - 24	163	898.1	128	1,471.8	34	359.7	1
25 - 29	76	466.5	51	639.3	24	288.7	1
30 - 34	23	158.3	11	149.8	12	167.0	0
35 - 44	31	90.3	17	97.8	14	82.6	0
45+	5	5.8	2	4.3	2	4.9	1
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>5,469</b>	<b>119.8</b>	<b>4,068</b>	<b>171.4</b>	<b>1,382</b>	<b>63.0</b>	<b>19</b>
Ages 0 - 9	3	0.6	2	0.8	1	0.4	0
10 - 14	27	9.7	26	19.3	1	0.7	0
15 - 19	1,083	355.1	911	616.6	170	108.1	2
20 - 24	1,909	596.1	1,514	972.5	391	237.6	4
25 - 29	1,074	324.4	769	461.7	300	182.4	5
30 - 34	545	152.2	364	196.1	177	102.6	4
35 - 44	569	75.3	342	86.1	227	63.3	0
45+	237	14.0	123	13.3	111	14.6	3
Not Specified	22	-	17	-	4	-	1
<b>African American/Black</b>	<b>21,744</b>	<b>960.6</b>	<b>14,381</b>	<b>1,243.5</b>	<b>7,301</b>	<b>659.4</b>	<b>62</b>
Ages 0 - 9	11	3.8	6	4.3	5	3.4	0
10 - 14	336	184.4	278	310.5	57	61.5	1
15 - 19	8,823	4,188.9	6,565	6,371.3	2,227	2,070.0	31
20 - 24	7,365	3,979.6	4,833	5,459.9	2,517	2,606.9	15
25 - 29	2,769	1,746.4	1,594	2,034.1	1,171	1,460.3	4
30 - 34	1,114	760.6	579	764.7	530	749.2	5
35 - 44	881	255.9	355	201.9	524	310.9	2
45+	372	49.7	122	30.2	249	72.3	1
Not Specified	73	-	49	-	21	-	3
<b>Hispanic/Latino</b>	<b>46,814</b>	<b>345.7</b>	<b>34,821</b>	<b>526.3</b>	<b>11,919</b>	<b>172.1</b>	<b>74</b>
Ages 0 - 9	17	0.6	11	0.8	6	0.4	0
10 - 14	361	26.4	322	47.9	36	5.2	3
15 - 19	13,038	1,016.4	10,608	1,695.6	2,418	367.9	12
20 - 24	17,258	1,613.3	12,889	2,524.6	4,342	776.5	27
25 - 29	8,782	830.0	6,154	1,256.5	2,612	459.7	16
30 - 34	3,883	367.1	2,664	535.0	1,208	215.7	11
35 - 44	2,686	128.7	1,703	173.3	979	88.7	4
45+	680	23.1	397	26.0	282	19.9	1
Not Specified	109	-	73	-	36	-	0
<b>White</b>	<b>19,387</b>	<b>118.0</b>	<b>13,298</b>	<b>160.6</b>	<b>6,045</b>	<b>74.2</b>	<b>44</b>
Ages 0 - 9	5	0.3	2	0.3	3	0.4	0
10 - 14	115	12.5	110	24.6	5	1.1	0
15 - 19	5,120	482.7	4,380	851.0	727	133.2	13
20 - 24	7,274	705.7	5,311	1,074.2	1,950	363.6	13
25 - 29	3,478	397.1	2,125	501.1	1,347	298.2	6
30 - 34	1,280	143.2	687	156.0	591	130.4	2
35 - 44	1,397	58.2	490	41.4	902	74.2	5
45+	643	8.4	145	3.6	495	13.5	3
Not Specified	75	-	48	-	25	-	2
<b>Other/Multi/Unknown</b>	<b>49,027</b>	<b>-</b>	<b>34,876</b>	<b>-</b>	<b>13,827</b>	<b>-</b>	<b>324</b>
Ages 0 - 9	22	-	12	-	10	-	0
10 - 14	435	-	389	-	43	-	3
15 - 19	13,310	-	10,690	-	2,517	-	103
20 - 24	16,495	-	12,238	-	4,185	-	72
25 - 29	9,061	-	6,025	-	2,987	-	49
30 - 34	4,100	-	2,613	-	1,461	-	26
35 - 44	3,703	-	2,016	-	1,662	-	25
45+	1,556	-	707	-	840	-	9
Not Specified	345	-	186	-	122	-	37

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 4. Chlamydia, Cases and Rates for Females of Select Age Groups, California Counties and Selected City Health Jurisdictions, 2007

HEALTH JURISDICTION	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>33,303</b>	<b>2,314.7</b>	<b>70,216</b>	<b>2,573.8</b>	<b>98,775</b>	<b>1,244.0</b>
Alameda	1,969	3,920.5	3,656	3,805.1	4,966	1,487.7
— Berkeley <sup>1</sup>	119	2,801.8	213	1,705.8	270	925.3
Alpine	-	-	-	-	-	-
Amador	20	1,668.1	35	1,569.5	45	839.9
Butte	202	2,229.1	467	2,330.1	567	1,224.5
Calaveras	15	890.2	20	636.5	25	347.6
Colusa	6	627.6	15	796.2	19	416.2
Contra Costa	1,000	2,602.3	1,822	2,447.2	2,419	1,161.4
Del Norte	7	633.5	18	793.7	24	459.6
El Dorado	56	760.4	120	914.2	161	496.5
Fresno	1,447	3,581.0	2,889	3,692.5	3,934	1,923.3
Glenn	18	1,415.1	38	1,551.0	47	804.1
Humboldt	106	2,196.0	215	1,921.2	275	976.7
Imperial	166	2,006.0	363	2,417.4	528	1,480.7
Inyo	10	1,385.0	18	1,276.6	20	650.8
Kern	1,103	3,189.8	2,169	3,177.2	2,816	1,613.6
Kings	98	1,692.3	248	2,215.3	358	1,205.9
Lake	39	1,639.3	61	1,397.2	83	766.0
Lassen	10	863.6	18	775.2	22	401.5
Los Angeles	9,630	2,411.7	20,462	2,798.2	29,573	1,350.2
— Long Beach <sup>1</sup>	653	3,636.4	1,377	3,653.4	1,904	1,606.3
— Pasadena <sup>1</sup>	100	2,648.4	224	2,604.0	302	891.4
Madera	121	1,984.3	313	2,920.0	615	1,854.4
Marin	86	1,181.6	200	1,424.2	291	715.9
Mariposa	4	630.9	11	928.3	15	518.5
Mendocino	54	1,634.4	103	1,515.6	151	909.5
Merced	230	2,004.5	503	2,242.6	696	1,225.8
Modoc	5	1,355.0	9	1,148.0	10	573.1
Mono	1	215.1	7	764.2	12	458.9
Monterey	268	1,726.8	657	2,204.3	978	1,161.2
Napa	56	1,185.2	134	1,436.5	180	712.7
Nevada	66	1,779.5	91	1,346.6	103	643.5
Orange	1,516	1,361.3	3,816	1,796.1	5,732	853.1
Placer	171	1,326.2	359	1,529.2	468	753.2
Plumas	11	1,457.0	21	1,338.4	24	687.9
Riverside	1,534	1,664.1	3,371	1,921.1	4,669	1,030.5
Sacramento	2,173	3,970.0	4,039	3,877.9	5,251	1,781.6
San Benito	41	1,641.3	81	1,671.1	123	982.7
San Bernardino	2,263	2,439.2	4,636	2,652.5	6,189	1,344.0
San Diego	2,698	2,400.8	6,196	2,992.7	8,850	1,381.3
San Francisco	507	3,684.1	1,152	3,821.9	1,771	939.8
San Joaquin	938	3,173.7	1,807	3,189.7	2,423	1,731.4
San Luis Obispo	153	1,486.3	326	1,523.0	414	854.9
San Mateo	371	1,721.4	804	1,952.5	1,229	838.6
Santa Barbara	290	1,785.2	636	1,972.8	854	983.0
Santa Clara	1,166	2,035.9	2,616	2,428.4	3,991	1,114.8
Santa Cruz	160	1,729.4	356	1,762.8	482	814.4
Shasta	147	2,054.5	272	1,897.7	349	1,000.9
Sierra	-	-	-	-	-	-
Siskiyou	42	2,477.9	66	1,888.4	76	978.8
Solano	587	3,525.3	1,123	3,481.3	1,435	1,647.0
Sonoma	189	1,095.3	390	1,133.8	545	588.8
Stanislaus	472	2,038.6	1,042	2,357.2	1,464	1,318.7
Sutter	49	1,313.0	104	1,402.4	147	780.9
Tehama	39	1,571.9	92	1,823.6	116	940.6
Trinity	2	378.8	7	658.5	9	392.5
Tulare	418	2,147.0	891	2,339.2	1,257	1,318.5
Tuolumne	17	940.3	34	959.1	40	477.6
Ventura	385	1,213.3	943	1,535.3	1,401	838.4
Yolo	120	1,218.4	278	1,312.6	389	805.2
Yuba	51	1,569.7	96	1,546.4	144	895.3

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population. These age groupings are selected for comparison to other health outcomes for adolescents (15–19); Healthcare Effectiveness Data and Information Set (HEDIS) (15–25), with 15–24 as an approximation; and reproductive-age females (15–44).

Source: California Department of Public Health, STD Control Branch

**Table 5. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2007\***

Health Care Setting	Number of Sites	Females Ages 15–19			Females Ages 20–24			Female Totals		
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	47	38,539	2,334	6.1%	56,300	2,285	4.1%	189,005	6,533	3.5%
Family Planning Clinics	30	7,038	515	7.3%	9,988	540	5.4%	28,954	1,370	4.7%
College Sites	14	1,054	66	6.3%	1,432	68	4.7%	3,192	145	4.5%
Teen Clinics	3	931	61	6.6%	540	30	5.6%	1,545	97	6.3%
School-Based Sites	15	2,988	161	5.4%	64	1	1.6%	3,392	177	5.2%
Juvenile Detention	26	9,158	1,144	12.5%	10	4	40.0%	11,213	1,389	12.4%
STD Clinics	19	2,338	613	26.2%	4,284	629	14.7%	15,804	1,708	10.8%

\* Data displayed for the Managed Care Organization is for 2006, as 2007 data was not available.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 6. Chlamydia Prevalence Monitoring, Self-Reported Symptoms among Chlamydia Cases at Family Planning Clinics, California, 2007**

Symptom Status	Females		Males	
	Number	Percent of All Positives*	Number	Percent of All Positives*
<b>All Positives</b>	<b>1,370</b>		<b>743</b>	
Symptomatic	126	9.3%	89	12.2%
Asymptomatic	1,235	90.7%	640	87.8%
Unknown Symptom Status	9	0.7%	14	1.9%

\* Symptomatic and asymptomatic percent calculations exclude "unknown" from the denominator.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics,\* by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>36,540</b>	<b>2,113</b>	<b>5.8%</b>	<b>28,954</b>	<b>1,370</b>	<b>4.7%</b>	<b>7,586</b>	<b>743</b>	<b>9.8%</b>
Ages									
0 - 9	2	0	0.0%	2	0	0.0%	0	0	0.0%
10 - 14	261	11	4.2%	224	10	4.5%	37	1	2.7%
15 - 19	8,352	672	8.0%	7,038	515	7.3%	1,314	157	11.9%
20 - 24	12,269	830	6.8%	9,988	540	5.4%	2,281	290	12.7%
25 - 29	6,325	329	5.2%	4,957	171	3.4%	1,368	158	11.5%
30 - 34	3,315	134	4.0%	2,509	61	2.4%	806	73	9.1%
35+	5,991	137	2.3%	4,214	73	1.7%	1,777	64	3.6%
Not Specified	25	0	0.0%	22	0	0.0%	3	0	0.0%
<b>Native American/Alaskan Native</b>	<b>224</b>	<b>14</b>	<b>6.3%</b>	<b>181</b>	<b>9</b>	<b>5.0%</b>	<b>43</b>	<b>5</b>	<b>11.6%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1	0	0.0%	1	0	0.0%	0	0	0.0%
15 - 19	65	4	6.2%	55	3	5.5%	10	1	10.0%
20 - 24	76	6	7.9%	65	2	3.1%	11	4	36.4%
25 - 29	45	3	6.7%	34	3	8.8%	11	0	0.0%
30 - 34	15	0	0.0%	13	0	0.0%	2	0	0.0%
35+	22	1	4.5%	13	1	7.7%	9	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>1,912</b>	<b>109</b>	<b>5.7%</b>	<b>1,631</b>	<b>85</b>	<b>5.2%</b>	<b>281</b>	<b>24</b>	<b>8.5%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	5	2	40.0%	4	2	50.0%	1	0	0.0%
15 - 19	260	20	7.7%	221	18	8.1%	39	2	5.1%
20 - 24	554	31	5.6%	466	20	4.3%	88	11	12.5%
25 - 29	280	19	6.8%	243	15	6.2%	37	4	10.8%
30 - 34	188	9	4.8%	151	7	4.6%	37	2	5.4%
35+	621	28	4.5%	542	23	4.2%	79	5	6.3%
Not Specified	4	0	0.0%	4	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>5,633</b>	<b>575</b>	<b>10.2%</b>	<b>4,057</b>	<b>321</b>	<b>7.9%</b>	<b>1,576</b>	<b>254</b>	<b>16.1%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	41	1	2.4%	31	1	3.2%	10	0	0.0%
15 - 19	1,235	202	16.4%	987	138	14.0%	248	64	25.8%
20 - 24	1,781	218	12.2%	1,337	129	9.6%	444	89	20.0%
25 - 29	927	77	8.3%	667	31	4.6%	260	46	17.7%
30 - 34	519	40	7.7%	338	10	3.0%	181	30	16.6%
35+	1,129	37	3.3%	696	12	1.7%	433	25	5.8%
Not Specified	1	0	0.0%	1	0	0.0%	0	0	0.0%
<b>Hispanic/Latino</b>	<b>17,243</b>	<b>895</b>	<b>5.2%</b>	<b>13,781</b>	<b>613</b>	<b>4.4%</b>	<b>3,462</b>	<b>282</b>	<b>8.1%</b>
Ages									
0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	134	3	2.2%	112	2	1.8%	22	1	4.5%
15 - 19	4,028	286	7.1%	3,286	223	6.8%	742	63	8.5%
20 - 24	5,507	347	6.3%	4,474	236	5.3%	1,033	111	10.7%
25 - 29	3,021	150	5.0%	2,396	87	3.6%	625	63	10.1%
30 - 34	1,802	61	3.4%	1,431	35	2.4%	371	26	7.0%
35+	2,748	48	1.7%	2,080	30	1.4%	668	18	2.7%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%
<b>White</b>	<b>9,544</b>	<b>449</b>	<b>4.7%</b>	<b>7,655</b>	<b>298</b>	<b>3.9%</b>	<b>1,889</b>	<b>151</b>	<b>8.0%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	66	5	7.6%	64	5	7.8%	2	0	0.0%
15 - 19	2,410	135	5.6%	2,179	113	5.2%	231	22	9.5%
20 - 24	3,494	194	5.6%	2,926	135	4.6%	568	59	10.4%
25 - 29	1,657	69	4.2%	1,284	30	2.3%	373	39	10.5%
30 - 34	675	24	3.6%	476	9	1.9%	199	15	7.5%
35+	1,240	22	1.8%	725	6	0.8%	515	16	3.1%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>1,984</b>	<b>71</b>	<b>3.6%</b>	<b>1,649</b>	<b>44</b>	<b>2.7%</b>	<b>335</b>	<b>27</b>	<b>8.1%</b>
Ages									
0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	14	0	0.0%	12	0	0.0%	2	0	0.0%
15 - 19	354	25	7.1%	310	20	6.5%	44	5	11.4%
20 - 24	857	34	4.0%	720	18	2.5%	137	16	11.7%
25 - 29	395	11	2.8%	333	5	1.5%	62	6	9.7%
30 - 34	116	0	0.0%	100	0	0.0%	16	0	0.0%
35+	231	1	0.4%	158	1	0.6%	73	0	0.0%
Not Specified	16	0	0.0%	15	0	0.0%	1	0	0.0%

\* Includes data for 17 agencies (30 clinic sites).

† Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 8. Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics,\* by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>49,519</b>	<b>5,026</b>	<b>10.1%</b>	<b>15,804</b>	<b>1,708</b>	<b>10.8%</b>	<b>33,715</b>	<b>3,318</b>	<b>9.8%</b>
Ages									
0 - 9	4	0	0.0%	2	0	0.0%	2	0	0.0%
10 - 14	122	24	19.7%	69	19	27.5%	53	5	9.4%
15 - 19	4,396	1,029	23.4%	2,338	613	26.2%	2,058	416	20.2%
20 - 24	10,820	1,643	15.2%	4,284	629	14.7%	6,536	1,014	15.5%
25 - 29	10,471	967	9.2%	3,079	246	8.0%	7,392	721	9.8%
30 - 34	6,710	519	7.7%	1,807	100	5.5%	4,903	419	8.5%
35+	16,995	844	5.0%	4,225	101	2.4%	12,770	743	5.8%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
<b>Native American/Alaskan Native</b>	<b>107</b>	<b>7</b>	<b>6.5%</b>	<b>35</b>	<b>4</b>	<b>11.4%</b>	<b>72</b>	<b>3</b>	<b>4.2%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	10	4	40.0%	6	2	33.3%	4	2	50.0%
20 - 24	21	2	9.5%	11	2	18.2%	10	0	0.0%
25 - 29	17	0	0.0%	5	0	0.0%	12	0	0.0%
30 - 34	21	0	0.0%	6	0	0.0%	15	0	0.0%
35+	38	1	2.6%	7	0	0.0%	31	1	3.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>3,133</b>	<b>247</b>	<b>7.9%</b>	<b>1,131</b>	<b>81</b>	<b>7.2%</b>	<b>2,002</b>	<b>166</b>	<b>8.3%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	177	24	13.6%	110	18	16.4%	67	6	9.0%
20 - 24	720	68	9.4%	341	29	8.5%	379	39	10.3%
25 - 29	911	67	7.4%	324	20	6.2%	587	47	8.0%
30 - 34	565	37	6.5%	178	8	4.5%	387	29	7.5%
35+	760	51	6.7%	178	6	3.4%	582	45	7.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>15,086</b>	<b>2,092</b>	<b>13.9%</b>	<b>6,108</b>	<b>779</b>	<b>12.8%</b>	<b>8,978</b>	<b>1,313</b>	<b>14.6%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	64	20	31.3%	38	16	42.1%	26	4	15.4%
15 - 19	1,792	517	28.9%	1,073	306	28.5%	719	211	29.3%
20 - 24	3,488	737	21.1%	1,707	289	16.9%	1,781	448	25.2%
25 - 29	2,587	347	13.4%	1,017	96	9.4%	1,570	251	16.0%
30 - 34	1,781	174	9.8%	593	37	6.2%	1,188	137	11.5%
35+	5,374	297	5.5%	1,680	35	2.1%	3,694	262	7.1%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Hispanic/Latino</b>	<b>13,019</b>	<b>1,341</b>	<b>10.3%</b>	<b>4,099</b>	<b>513</b>	<b>12.5%</b>	<b>8,920</b>	<b>828</b>	<b>9.3%</b>
Ages									
0 - 9	2	0	0.0%	1	0	0.0%	1	0	0.0%
10 - 14	38	4	10.5%	21	3	14.3%	17	1	5.9%
15 - 19	1,431	303	21.2%	666	187	28.1%	765	116	15.2%
20 - 24	3,045	453	14.9%	1,059	187	17.7%	1,986	266	13.4%
25 - 29	2,701	277	10.3%	682	69	10.1%	2,019	208	10.3%
30 - 34	1,928	149	7.7%	517	35	6.8%	1,411	114	8.1%
35+	3,874	155	4.0%	1,153	32	2.8%	2,721	123	4.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>White</b>	<b>13,522</b>	<b>832</b>	<b>6.2%</b>	<b>2,872</b>	<b>155</b>	<b>5.4%</b>	<b>10,650</b>	<b>677</b>	<b>6.4%</b>
Ages									
0 - 9	2	0	0.0%	1	0	0.0%	1	0	0.0%
10 - 14	16	0	0.0%	8	0	0.0%	8	0	0.0%
15 - 19	540	73	13.5%	246	39	15.9%	294	34	11.6%
20 - 24	2,396	187	7.8%	767	56	7.3%	1,629	131	8.0%
25 - 29	3,188	179	5.6%	747	31	4.1%	2,441	148	6.1%
30 - 34	1,812	114	6.3%	337	9	2.7%	1,475	105	7.1%
35+	5,567	279	5.0%	766	20	2.6%	4,801	259	5.4%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>4,652</b>	<b>507</b>	<b>10.9%</b>	<b>1,559</b>	<b>176</b>	<b>11.3%</b>	<b>3,093</b>	<b>331</b>	<b>10.7%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	0	0.0%	2	0	0.0%	2	0	0.0%
15 - 19	446	108	24.2%	237	61	25.7%	209	47	22.5%
20 - 24	1,150	196	17.0%	399	66	16.5%	751	130	17.3%
25 - 29	1,067	97	9.1%	304	30	9.9%	763	67	8.8%
30 - 34	603	45	7.5%	176	11	6.3%	427	34	8.0%
35+	1,382	61	4.4%	441	8	1.8%	941	53	5.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

\* Includes data for 4 agencies (19 clinic sites).

† Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 9. Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Detention Facilities,\* by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>35,278</b>	<b>2,539</b>	<b>7.2%</b>	<b>11,213</b>	<b>1,389</b>	<b>12.4%</b>	<b>24,065</b>	<b>1,150</b>	<b>4.8%</b>
Ages									
0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	5,582	267	4.8%	2,010	220	10.9%	3,572	47	1.3%
15 - 16	16,602	1,167	7.0%	5,469	647	11.8%	11,133	520	4.7%
17 - 19	13,016	1,080	8.3%	3,689	497	13.5%	9,327	583	6.3%
20+	34	5	14.7%	13	5	38.5%	21	0	0.0%
Not Specified	40	20	50.0%	32	20	62.5%	8	0	0.0%
<b>Native American/Alaskan Native</b>	<b>144</b>	<b>12</b>	<b>8.3%</b>	<b>74</b>	<b>11</b>	<b>14.9%</b>	<b>70</b>	<b>1</b>	<b>1.4%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	31	3	9.7%	12	3	25.0%	19	0	0.0%
15 - 16	65	4	6.2%	38	3	7.9%	27	1	3.7%
17 - 19	48	5	10.4%	24	5	20.8%	24	0	0.0%
20+	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>702</b>	<b>33</b>	<b>4.7%</b>	<b>219</b>	<b>22</b>	<b>10.0%</b>	<b>483</b>	<b>11</b>	<b>2.3%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	104	4	3.8%	43	4	9.3%	61	0	0.0%
15 - 16	327	16	4.9%	100	9	9.0%	227	7	3.1%
17 - 19	270	13	4.8%	75	9	12.0%	195	4	2.1%
20+	1	0	0.0%	1	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>7,552</b>	<b>962</b>	<b>12.7%</b>	<b>2,647</b>	<b>478</b>	<b>18.1%</b>	<b>4,905</b>	<b>484</b>	<b>9.9%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,261	104	8.2%	462	81	17.5%	799	23	2.9%
15 - 16	3,584	438	12.2%	1,273	223	17.5%	2,311	215	9.3%
17 - 19	2,686	410	15.3%	897	164	18.3%	1,789	246	13.8%
20+	7	0	0.0%	1	0	0.0%	6	0	0.0%
Not Specified	14	10	71.4%	14	10	71.4%	0	0	0.0%
<b>Hispanic/Latino</b>	<b>17,931</b>	<b>969</b>	<b>5.4%</b>	<b>4,521</b>	<b>474</b>	<b>10.5%</b>	<b>13,410</b>	<b>495</b>	<b>3.7%</b>
Ages									
0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	2,830	96	3.4%	894	76	8.5%	1,936	20	1.0%
15 - 16	8,541	440	5.2%	2,242	211	9.4%	6,299	229	3.6%
17 - 19	6,537	431	6.6%	1,376	185	13.4%	5,161	246	4.8%
20+	15	2	13.3%	5	2	40.0%	10	0	0.0%
Not Specified	6	0	0.0%	4	0	0.0%	2	0	0.0%
<b>White</b>	<b>5,394</b>	<b>317</b>	<b>5.9%</b>	<b>2,441</b>	<b>234</b>	<b>9.6%</b>	<b>2,953</b>	<b>83</b>	<b>2.8%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	729	31	4.3%	360	27	7.5%	369	4	1.1%
15 - 16	2,441	146	6.0%	1,193	116	9.7%	1,248	30	2.4%
17 - 19	2,212	137	6.2%	879	88	10.0%	1,333	49	3.7%
20+	4	0	0.0%	2	0	0.0%	2	0	0.0%
Not Specified	8	3	37.5%	7	3	42.9%	1	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>3,555</b>	<b>246</b>	<b>6.9%</b>	<b>1,311</b>	<b>170</b>	<b>13.0%</b>	<b>2,244</b>	<b>76</b>	<b>3.4%</b>
Ages									
0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	627	29	4.6%	239	29	12.1%	388	0	0.0%
15 - 16	1,644	123	7.5%	623	85	13.6%	1,021	38	3.7%
17 - 19	1,263	84	6.7%	438	46	10.5%	825	38	4.6%
20+	7	3	42.9%	4	3	75.0%	3	0	0.0%
Not Specified	12	7	58.3%	7	7	100.0%	5	0	0.0%

\* Includes data for 26 facilities.

Source: California Department of Public Health, STD Control Branch

**Table 10. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization, by Age Group and Gender, 2006\***

Age Group	Total			Females			Males <sup>†</sup>		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	2,820	103	3.7%	2,203	100	4.5%	617	3	0.5%
15-19	45,577	2,733	6.0%	38,539	2,334	6.1%	7,038	399	5.7%
20-24	62,106	2,846	4.6%	56,300	2,285	4.1%	5,806	561	9.7%
25-29	44,898	1,361	3.0%	39,553	967	2.4%	5,345	394	7.4%
30-34	24,319	632	2.6%	20,369	424	2.1%	3,950	208	5.3%
35+	43,488	879	2.0%	32,041	423	1.3%	11,447	456	4.0%
<b>Total</b>	<b>223,208</b>	<b>8,554</b>	<b>3.8%</b>	<b>189,005</b>	<b>6,533</b>	<b>3.5%</b>	<b>34,203</b>	<b>2,021</b>	<b>5.9%</b>

\* 2007 data was not available.

† Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Source: California Department of Public Health, STD Control Branch

Table 11. Gonorrhea, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>25,694</b>	<b>71.5</b>	<b>30,483</b>	<b>83.6</b>	<b>34,097</b>	<b>92.4</b>	<b>33,778</b>	<b>90.5</b>	<b>31,192</b>	<b>82.6</b>
Alameda	1,635	109.5	1,812	121.0	2,081	138.6	2,313	152.8	2,369	154.8
— Berkeley <sup>1</sup>	109	104.4	131	125.7	148	142.1	151	142.9	144	135.0
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.7	11	29.6	8	21.2	5	13.1	1	2.6
Butte	143	67.6	146	68.6	116	53.9	123	56.5	165	75.3
Calaveras	7	16.2	11	25.0	13	28.9	9	19.7	5	10.9
Colusa	4	20.0	6	29.0	5	23.6	4	18.6	1	4.6
Contra Costa	536	53.6	762	75.3	847	82.9	817	79.2	969	92.8
Del Norte	1	3.5	4	13.9	1	3.5	1	3.4	2	6.8
El Dorado	19	11.3	17	9.9	26	14.9	17	9.6	29	16.2
Fresno	1,130	132.0	1,137	130.2	1,312	147.6	1,469	162.1	1,084	117.4
Glenn	1	3.6	3	10.8	6	21.3	4	14.0	11	37.9
Humboldt	40	30.8	51	39.0	26	19.8	21	15.9	62	46.8
Imperial	37	24.0	48	30.3	64	39.1	43	25.4	62	35.6
Inyo	1	5.4	4	21.7	7	38.3	1	5.5	1	5.5
Kern	769	106.9	963	129.7	1,250	163.4	1,274	161.2	1,137	140.4
Kings	88	63.1	116	80.5	122	83.2	107	71.4	98	63.9
Lake	2	3.2	14	22.4	22	34.9	11	17.3	17	26.6
Lassen	4	11.7	11	31.1	12	34.3	3	8.4	4	11.0
Los Angeles	8,744	87.2	10,397	102.7	11,287	110.7	11,171	109.0	10,061	97.7
— Long Beach <sup>1</sup>	619	128.1	611	125.1	651	132.8	591	120.5	640	130.3
— Pasadena <sup>1</sup>	33	23.1	69	47.8	150	102.9	127	86.9	95	64.8
Madera	94	70.0	168	121.2	127	89.1	139	95.2	114	76.0
Marin	55	21.9	52	20.7	61	24.2	101	39.8	78	30.4
Mariposa	1	5.7	2	11.3	8	44.6	3	16.5	3	16.3
Mendocino	21	23.7	15	16.8	16	17.9	28	31.4	19	21.2
Merced	144	62.5	213	90.1	264	109.0	235	94.7	149	59.0
Modoc	-	-	-	-	4	41.6	1	10.3	10	102.6
Mono	-	-	2	14.7	2	14.6	3	21.4	1	7.1
Monterey	201	47.8	212	50.3	188	44.6	201	47.7	140	32.9
Napa	10	7.7	21	15.9	34	25.6	31	23.1	20	14.8
Nevada	6	6.2	11	11.2	10	10.2	6	6.0	16	16.1
Orange	883	29.4	927	30.6	1,233	40.3	1,031	33.5	973	31.4
Placer	53	18.2	59	19.5	74	23.7	60	18.6	63	19.1
Plumas	5	23.9	2	9.5	1	4.8	10	47.6	2	9.6
Riverside	763	43.3	793	43.1	850	44.2	1,015	50.6	1,168	56.4
Sacramento	1,728	129.7	1,949	143.5	2,267	164.5	2,091	149.7	2,198	155.3
San Benito	15	26.5	47	82.7	53	92.8	16	28.0	24	41.7
San Bernardino	1,799	96.4	1,905	99.2	2,183	110.8	2,085	103.7	1,830	89.7
San Diego	1,982	66.1	2,354	77.8	2,632	86.3	2,767	89.9	2,358	75.6
San Francisco	1,809	227.9	2,142	269.0	2,463	308.0	2,501	310.2	2,015	246.5
San Joaquin	627	100.2	830	128.9	749	113.5	790	117.7	1,007	148.0
San Luis Obispo	57	22.2	34	13.1	46	17.5	42	15.9	48	18.0
San Mateo	220	30.7	250	34.8	243	33.7	311	42.8	263	35.8
Santa Barbara	78	18.8	71	17.0	117	27.9	85	20.2	79	18.6
Santa Clara	726	41.9	1,041	59.6	998	56.6	1,046	58.4	873	48.0
Santa Cruz	65	25.1	76	29.3	112	43.0	67	25.6	87	32.8
Shasta	41	23.5	69	39.1	46	25.8	37	20.5	18	9.9
Sierra	-	-	-	-	1	28.8	-	-	-	-
Siskiyou	5	11.1	7	15.5	12	26.3	10	21.9	-	-
Solano	250	60.3	297	71.1	408	97.3	353	83.7	341	80.4
Sonoma	115	24.4	144	30.3	152	31.9	126	26.4	93	19.3
Stanislaus	283	57.9	535	107.4	657	129.3	404	78.3	503	96.2
Sutter	49	57.5	61	69.8	78	86.7	35	37.8	22	23.0
Tehama	3	5.1	12	20.3	19	31.6	26	42.4	14	22.5
Trinity	-	-	3	22.1	-	-	2	14.3	2	14.3
Tulare	200	50.8	408	101.0	405	97.9	469	111.0	313	72.6
Tuolumne	7	12.4	10	17.6	10	17.6	9	15.8	14	24.6
Ventura	145	18.2	136	16.9	216	26.6	148	18.1	166	20.1
Yolo	42	22.9	49	26.2	72	38.0	64	33.1	70	35.4
Yuba	50	77.7	63	95.0	81	118.3	37	52.8	20	27.9

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 12. Gonorrhea, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
<b>Total</b>	<b>31,192</b>	<b>82.6</b>	<b>14,490</b>	<b>76.5</b>	<b>16,577</b>	<b>87.8</b>	<b>125</b>
Ages 0 - 9	25	0.5	15	0.6	10	0.4	0
10 - 14	266	9.3	214	15.4	50	3.4	2
15 - 19	7,184	243.1	4,861	337.9	2,292	151.1	31
20 - 24	8,834	328.8	4,549	352.8	4,259	304.8	26
25 - 29	5,572	224.0	2,332	195.7	3,218	248.3	22
30 - 34	3,181	126.8	1,111	90.6	2,058	160.6	12
35 - 44	4,017	70.6	987	35.3	3,013	103.9	17
45+	1,987	15.0	365	5.2	1,615	25.7	7
Not Specified	126	-	56	-	62	-	8
<b>Native American/Alaskan Native</b>	<b>112</b>	<b>49.8</b>	<b>64</b>	<b>56.0</b>	<b>48</b>	<b>43.4</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	35	179.9	24	250.6	11	111.4	0
20 - 24	31	170.8	19	218.5	12	126.9	0
25 - 29	23	141.2	12	150.4	11	132.3	0
30 - 34	10	68.8	5	68.1	5	69.6	0
35 - 44	11	32.0	4	23.0	7	41.3	0
45+	2	2.3	0	0.0	2	4.9	0
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>749</b>	<b>16.4</b>	<b>355</b>	<b>15.0</b>	<b>394</b>	<b>18.0</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	2	0.7	2	1.5	0	0.0	0
15 - 19	124	40.7	98	66.3	26	16.5	0
20 - 24	206	64.3	110	70.7	96	58.3	0
25 - 29	140	42.3	53	31.8	87	52.9	0
30 - 34	114	31.8	40	21.5	74	42.9	0
35 - 44	97	12.8	26	6.5	71	19.8	0
45+	62	3.7	25	2.7	37	4.9	0
Not Specified	4	-	1	-	3	-	0
<b>African American/Black</b>	<b>8,397</b>	<b>370.9</b>	<b>4,241</b>	<b>366.7</b>	<b>4,136</b>	<b>373.6</b>	<b>20</b>
Ages 0 - 9	5	1.7	3	2.1	2	1.4	0
10 - 14	117	64.2	90	100.5	26	28.1	1
15 - 19	2,782	1,320.8	1,852	1,797.3	922	857.0	8
20 - 24	2,629	1,420.5	1,345	1,519.5	1,281	1,326.7	3
25 - 29	1,271	801.6	534	681.4	735	916.6	2
30 - 34	599	409.0	221	291.9	378	534.3	0
35 - 44	640	185.9	138	78.5	500	296.7	2
45+	326	43.5	47	11.6	279	81.0	0
Not Specified	28	-	11	-	13	-	4
<b>Hispanic/Latino</b>	<b>6,265</b>	<b>46.3</b>	<b>2,927</b>	<b>44.2</b>	<b>3,325</b>	<b>48.0</b>	<b>13</b>
Ages 0 - 9	10	0.4	7	0.5	3	0.2	0
10 - 14	52	3.8	39	5.8	13	1.9	0
15 - 19	1,313	102.4	847	135.4	464	70.6	2
20 - 24	1,905	178.1	951	186.3	951	170.1	3
25 - 29	1,281	121.1	528	107.8	750	132.0	3
30 - 34	708	66.9	244	49.0	461	82.3	3
35 - 44	738	35.4	235	23.9	502	45.5	1
45+	244	8.3	68	4.4	175	12.3	1
Not Specified	14	-	8	-	6	-	0
<b>White</b>	<b>5,195</b>	<b>31.6</b>	<b>1,932</b>	<b>23.3</b>	<b>3,250</b>	<b>39.9</b>	<b>13</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	19	2.1	18	4.0	1	0.2	0
15 - 19	615	58.0	454	88.2	161	29.5	0
20 - 24	1,207	117.1	628	127.0	575	107.2	4
25 - 29	976	111.4	387	91.3	589	130.4	0
30 - 34	633	70.8	191	43.4	440	97.1	2
35 - 44	1,135	47.3	185	15.6	946	77.8	4
45+	594	7.8	61	1.5	531	14.5	2
Not Specified	16	-	8	-	7	-	1
<b>Other/Multi/Unknown</b>	<b>10,474</b>	<b>-</b>	<b>4,971</b>	<b>-</b>	<b>5,424</b>	<b>-</b>	<b>79</b>
Ages 0 - 9	10	-	5	-	5	-	0
10 - 14	76	-	65	-	10	-	1
15 - 19	2,315	-	1,586	-	708	-	21
20 - 24	2,856	-	1,496	-	1,344	-	16
25 - 29	1,881	-	818	-	1,046	-	17
30 - 34	1,117	-	410	-	700	-	7
35 - 44	1,396	-	399	-	987	-	10
45+	759	-	164	-	591	-	4
Not Specified	64	-	28	-	33	-	3

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 13. Gonorrhea, Cases and Rates for Select Age Groups, by Gender, California Counties and Selected City Health Jurisdictions, 2007

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>9,410</b>	<b>344.9</b>	<b>6,551</b>	<b>224.8</b>	<b>4,787</b>	<b>48.5</b>	<b>9,840</b>	<b>98.4</b>
Alameda	853	887.8	580	583.4	325	74.0	568	134.6
— Berkeley <sup>1</sup>	43	344.4	46	353.6	14	48.1	38	132.7
Alpine	-	-	-	-	-	-	-	-
Amador	1	44.8	-	-	-	-	-	-
Butte	60	299.4	31	145.5	26	47.4	45	83.7
Calaveras	2	63.7	-	-	2	16.8	1	8.9
Colusa	-	-	1	48.3	-	-	-	-
Contra Costa	359	482.2	191	243.3	191	67.4	193	70.5
Del Norte	1	44.1	1	34.1	-	-	-	-
El Dorado	10	76.2	4	28.5	5	10.2	10	20.7
Fresno	381	487.0	260	308.6	191	85.0	228	98.5
Glenn	4	163.3	1	37.7	3	43.9	3	41.7
Humboldt	23	205.5	8	69.0	12	33.8	18	51.0
Imperial	13	86.6	16	95.1	16	40.7	16	33.0
Inyo	1	70.9	-	-	-	-	-	-
Kern	400	585.9	251	320.3	246	128.7	216	105.0
Kings	28	250.1	20	125.7	25	77.8	23	48.5
Lake	6	137.4	8	169.8	1	5.9	1	6.2
Lassen	-	-	1	22.9	-	-	2	14.5
Los Angeles	3,089	422.4	2,212	290.2	1,425	52.5	3,160	116.3
— Long Beach <sup>1</sup>	197	522.7	133	369.8	86	68.5	208	167.3
— Pasadena <sup>1</sup>	39	453.4	14	142.8	9	21.8	26	64.9
Madera	41	382.5	5	44.3	65	157.6	2	5.6
Marin	15	106.8	8	48.0	12	17.2	41	59.2
Mariposa	-	-	1	80.5	1	21.1	-	-
Mendocino	6	88.3	2	27.7	3	12.7	7	29.2
Merced	53	236.3	27	111.8	36	60.4	30	48.6
Modoc	4	510.2	3	339.0	2	77.5	-	-
Mono	-	-	-	-	-	-	1	21.8
Monterey	29	97.3	43	121.8	26	25.3	42	37.9
Napa	6	64.3	4	40.8	4	11.6	6	17.0
Nevada	6	88.8	5	65.5	2	7.4	3	11.5
Orange	231	108.7	229	101.1	155	18.3	348	41.2
Placer	19	80.9	7	29.0	10	11.8	27	33.2
Plumas	2	127.5	-	-	-	-	-	-
Riverside	365	208.0	250	135.9	203	40.5	324	64.5
Sacramento	794	762.3	491	449.8	308	82.8	517	144.1
San Benito	8	165.1	3	56.6	7	48.0	6	40.2
San Bernardino	715	409.1	407	219.6	311	60.3	376	72.9
San Diego	606	292.7	433	180.7	333	40.4	950	113.1
San Francisco	139	461.2	237	773.7	125	50.0	1,478	520.3
San Joaquin	353	623.1	210	341.8	185	116.4	236	149.3
San Luis Obispo	16	74.7	7	27.3	10	15.6	15	21.5
San Mateo	56	136.0	50	112.4	33	16.0	119	56.8
Santa Barbara	25	77.5	21	62.7	9	8.5	22	19.7
Santa Clara	223	207.0	179	159.2	148	30.8	308	59.6
Santa Cruz	21	104.0	22	111.2	14	18.8	28	36.0
Shasta	8	55.8	5	33.1	2	4.2	3	6.6
Sierra	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-
Solano	135	418.5	70	205.8	56	50.4	74	63.2
Sonoma	24	69.8	15	41.2	13	10.0	40	30.9
Stanislaus	128	289.6	102	229.2	104	82.3	161	132.0
Sutter	4	53.9	6	76.9	5	22.0	7	31.4
Tehama	5	99.1	1	18.1	2	13.0	6	39.7
Trinity	2	188.1	-	-	-	-	-	-
Tulare	75	196.9	57	138.4	87	85.4	91	88.1
Tuolumne	3	84.6	1	20.8	4	29.1	4	25.2
Ventura	37	60.2	40	61.9	27	12.6	62	28.0
Yolo	18	85.0	20	95.7	14	28.3	17	35.6
Yuba	7	112.8	5	72.5	3	16.9	5	27.4

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

**Table 14. Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive, by Gender and Health Care Setting, California, 2007\***

Health Care Setting	Females			Males <sup>†</sup>		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	99,848	515	0.5%	17,921	465	2.6%
Family Planning Clinics	26,371	264	1.0%	7,139	307	4.3%
College Sites	2,103	3	0.1%	838	10	1.2%
Teen Clinics	1,484	8	0.5%	400	16	4.0%
School-Based Sites	1,307	9	0.7%	318	2	0.6%
Juvenile Detention	4,426	221	5.0%	16,309	126	0.8%
STD Clinics	15,134	453	3.0%	31,799	1,839	5.8%

\* Data displayed for the Managed Care Organization is for 2006, as 2007 data was not available.

† Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 15. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Females, by Health Care Setting and Age Group, 2007\***

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	4	1	25.0%	6	6	100.0%	13	8	61.5%	35	17	48.6%
15-19	73	37	50.7%	162	74	45.7%	196	79	40.3%	186	109	58.6%
20-24	99	39	39.4%	151	64	42.4%	152	52	34.2%	0	0	0.0%
25-29	36	11	30.6%	65	13	20.0%	63	17	27.0%	0	0	0.0%
30-34	23	3	13.0%	21	2	9.5%	39	5	12.8%	0	0	0.0%
35+	27	6	22.2%	46	4	8.7%	51	6	11.8%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Total</b>	<b>262</b>	<b>97</b>	<b>37.0%</b>	<b>451</b>	<b>163</b>	<b>36.1%</b>	<b>514</b>	<b>167</b>	<b>32.5%</b>	<b>221</b>	<b>126</b>	<b>57.0%</b>

\* Data displayed for the Managed Care Organization is for 2006, as 2007 data was not available.

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 16. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Males, by Health Care Setting and Age Group, 2007\***

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	0	0	0.0%	1	0	0.0%	2	1	50.0%	8	8	100.0%
15-19	46	14	30.4%	146	63	43.2%	65	25	38.5%	118	62	52.5%
20-24	101	40	39.6%	434	143	32.9%	85	20	23.5%	0	0	0.0%
25-29	56	14	25.0%	387	85	22.0%	89	16	18.0%	0	0	0.0%
30-34	41	11	26.8%	242	49	20.2%	62	6	9.7%	0	0	0.0%
35+	60	7	11.7%	611	115	18.8%	160	24	15.0%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Total</b>	<b>304</b>	<b>86</b>	<b>28.3%</b>	<b>1,821</b>	<b>455</b>	<b>25.0%</b>	<b>463</b>	<b>92</b>	<b>19.9%</b>	<b>126</b>	<b>70</b>	<b>55.6%</b>

\* Data displayed for the Managed Care Organization is for 2006, as 2007 data was not available.

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 17. Gonorrhea Prevalence Monitoring, Percent Positive, by Health Care Setting, Gender, and Age Group, California, 2007\*

Health Care Setting & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Family Planning Clinics</b>	<b>33,510</b>	<b>571</b>	<b>1.7%</b>	<b>26,371</b>	<b>264</b>	<b>1.0%</b>	<b>7,139</b>	<b>307</b>	<b>4.3%</b>
Ages									
0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	231	4	1.7%	202	4	2.0%	29	0	0.0%
15 - 19	7,569	119	1.6%	6,412	73	1.1%	1,157	46	4.0%
20 - 24	11,044	203	1.8%	8,894	100	1.1%	2,150	103	4.8%
25 - 29	5,793	94	1.6%	4,486	37	0.8%	1,307	57	4.4%
30 - 34	3,131	64	2.0%	2,351	23	1.0%	780	41	5.3%
35+	5,727	87	1.5%	4,013	27	0.7%	1,714	60	3.5%
Not Specified	14	0	0.0%	12	0	0.0%	2	0	0.0%
<b>STD Clinics</b>	<b>46,933</b>	<b>2,292</b>	<b>4.9%</b>	<b>15,134</b>	<b>453</b>	<b>3.0%</b>	<b>31,799</b>	<b>1,839</b>	<b>5.8%</b>
Ages									
0 - 9	3	0	0.0%	1	0	0.0%	2	0	0.0%
10 - 14	74	7	9.5%	50	6	12.0%	24	1	4.2%
15 - 19	3,731	310	8.3%	2,062	162	7.9%	1,669	148	8.9%
20 - 24	9,944	593	6.0%	4,045	152	3.8%	5,899	441	7.5%
25 - 29	9,770	456	4.7%	2,975	65	2.2%	6,795	391	5.8%
30 - 34	6,526	264	4.0%	1,786	21	1.2%	4,740	243	5.1%
35+	16,884	662	3.9%	4,215	47	1.1%	12,669	615	4.9%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
<b>Managed Care Organization</b>	<b>117,769</b>	<b>980</b>	<b>0.8%</b>	<b>99,848</b>	<b>515</b>	<b>0.5%</b>	<b>17,921</b>	<b>465</b>	<b>2.6%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,460	15	1.0%	1,171	13	1.1%	289	2	0.7%
15 - 19	24,241	261	1.1%	20,641	196	0.9%	3,600	65	1.8%
20 - 24	33,303	237	0.7%	30,219	152	0.5%	3,084	85	2.8%
25 - 29	23,610	153	0.6%	20,828	63	0.3%	2,782	90	3.2%
30 - 34	12,519	101	0.8%	10,423	39	0.4%	2,096	62	3.0%
35+	22,636	213	0.9%	16,566	52	0.3%	6,070	161	2.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Juvenile Detention Facilities</b>	<b>20,735</b>	<b>347</b>	<b>1.7%</b>	<b>4,426</b>	<b>221</b>	<b>5.0%</b>	<b>16,309</b>	<b>126</b>	<b>0.8%</b>
Ages									
0 - 9	4	0	0.0%	0	0	0.0%	4	0	0.0%
10 - 14	3,354	43	1.3%	741	35	4.7%	2,613	8	0.3%
15 - 19	17,343	304	1.8%	3,676	186	5.1%	13,667	118	0.9%
20 - 24	26	0	0.0%	7	0	0.0%	19	0	0.0%
25 - 29	1	0	0.0%	1	0	0.0%	0	0	0.0%
30 - 34	1	0	0.0%	1	0	0.0%	0	0	0.0%
35+	1	0	0.0%	0	0	0.0%	1	0	0.0%
Not Specified	5	0	0.0%	0	0	0.0%	5	0	0.0%

\* Data displayed for the Managed Care Organization is for 2006, as 2007 data was not available.

† Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 18. Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2003–2007

CLINIC SITE	2003		2004		2005		2006		2007	
	Number	Percent								
<b>TOTALS</b>										
Total Specimens	1,006		1,082		1,005		968		841	
No Resistance	697	69.3	809	74.8	647	64.4	532	55.0	511	60.8
Ciprofloxacin-Resistant	186	18.5	220	20.3	255	25.4	337	34.8	269	32.0
Ciprofloxacin Decreased Susceptibility	17	1.7	18	1.7	13	1.3	5	0.5	6	0.7
Cefixime Decreased Susceptibility	0	0.0	2	0.2	0	0.0	1	0.1	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	309	30.7	273	25.2	358	35.6	436	45.0	330	39.2
<b>Long Beach</b>										
Total Specimens	93		100		98		67		69	
No Resistance	71	76.3	77	77.0	62	63.3	39	58.2	41	59.4
Ciprofloxacin-Resistant	18	19.4	25	25.0	23	23.5	19	28.4	21	30.4
Ciprofloxacin Decreased Susceptibility	1	1.1	0	0.0	0	0.0	0	0.0	1	1.4
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	22	23.7	23	23.0	36	36.7	28	41.8	28	40.6
<b>Los Angeles</b>										
Total Specimens	202		268		193		207		165	
No Resistance	143	70.8	226	84.3	156	80.8	133	64.3	123	74.5
Ciprofloxacin-Resistant	25	12.4	37	13.8	28	14.5	47	22.7	37	22.4
Ciprofloxacin Decreased Susceptibility	1	0.5	1	0.4	0	0.0	0	0.0	2	1.2
Cefixime Decreased Susceptibility	0	0.0	2	0.7	0	0.0	1	0.5	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	59	29.2	42	15.7	37	19.2	74	35.7	42	25.5
<b>Orange</b>										
Total Specimens	178		161		120		133		117	
No Resistance	109	61.2	104	64.6	75	62.5	68	51.1	70	59.8
Ciprofloxacin-Resistant	56	31.5	33	20.5	33	27.5	46	34.6	48	41.0
Ciprofloxacin Decreased Susceptibility	1	0.6	3	1.9	2	1.7	1	0.8	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	69	38.8	57	35.4	45	37.5	65	48.9	47	40.2
<b>San Diego</b>										
Total Specimens	257		253		294		262		190	
No Resistance	175	68.1	196	77.5	172	58.5	152	58.0	101	53.2
Ciprofloxacin-Resistant	34	13.2	52	20.6	77	26.2	92	35.1	69	36.3
Ciprofloxacin Decreased Susceptibility	4	1.6	2	0.8	2	0.7	4	1.5	3	1.6
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	82	31.9	57	22.5	122	41.5	110	42.0	89	46.8
<b>San Francisco</b>										
Total Specimens	276		300		300		299		300	
No Resistance	199	72.1	206	68.7	182	60.7	140	46.8	176	58.7
Ciprofloxacin-Resistant	53	19.2	73	24.3	94	31.3	133	44.5	94	31.3
Ciprofloxacin Decreased Susceptibility	10	3.6	12	4.0	9	3.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	n/d	n/d
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	77	27.9	94	31.3	118	39.3	159	53.2	124	41.3

\* Other Drug Resistance includes penicillin and tetracycline.

n/d: Susceptibility testing not done.

Note: Totaling the types of resistance may add to more than total specimens, due to multi-drug-resistant specimens.

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

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Table 19. Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1998–2007

CLINIC SITE	Ciprofloxacin					
	Resistant (MIC >= 1)		Decreased Susceptibility (MIC 0.125 - 0.50)		No Resistance (MIC <= 0.06)	
	Number	Percent	Number	Percent	Number	Percent
<b>TOTAL 2007</b>	<b>269</b>	<b>32.0</b>	<b>6</b>	<b>0.7</b>	<b>566</b>	<b>67.3</b>
<b>Total excluding Los Angeles</b>	<b>232</b>	<b>34.3</b>	<b>4</b>	<b>0.6</b>	<b>440</b>	<b>65.1</b>
Long Beach	21	30.4	1	1.4	47	68.1
Los Angeles	37	22.4	2	1.2	126	76.4
Orange	48	41.0	0	0.0	69	59.0
San Diego	69	36.3	3	1.6	118	62.1
San Francisco	94	31.3	0	0.0	206	68.7
<b>TOTAL 2006</b>	<b>337</b>	<b>34.8</b>	<b>5</b>	<b>0.5</b>	<b>626</b>	<b>64.7</b>
<b>Total excluding Los Angeles</b>	<b>290</b>	<b>38.1</b>	<b>5</b>	<b>0.7</b>	<b>466</b>	<b>61.2</b>
Long Beach	19	28.4	0	0.0	48	71.6
Los Angeles	47	22.7	0	0.0	160	77.3
Orange	46	34.6	1	0.8	86	64.7
San Diego	92	35.1	4	1.5	166	63.4
San Francisco	133	44.5	0	0.0	166	55.5
<b>TOTAL 2005</b>	<b>255</b>	<b>25.4</b>	<b>13</b>	<b>1.3</b>	<b>737</b>	<b>73.3</b>
<b>Total excluding Los Angeles</b>	<b>227</b>	<b>28.0</b>	<b>13</b>	<b>1.6</b>	<b>572</b>	<b>70.4</b>
Long Beach	23	23.5	0	0.0	75	76.5
Los Angeles	28	14.5	0	0.0	165	85.5
Orange	33	27.5	2	1.7	85	70.8
San Diego	77	26.2	2	0.7	215	73.1
San Francisco	94	31.3	9	3.0	197	65.7
<b>TOTAL 2004</b>	<b>220</b>	<b>20.3</b>	<b>18</b>	<b>1.7</b>	<b>844</b>	<b>78.0</b>
<b>Total excluding Los Angeles</b>	<b>183</b>	<b>22.5</b>	<b>17</b>	<b>2.1</b>	<b>614</b>	<b>75.4</b>
Long Beach	25	25.0	0	0.0	75	75.0
Los Angeles	37	13.8	1	0.4	230	85.8
Orange	33	20.5	3	1.9	125	77.6
San Diego	52	20.6	2	0.8	199	78.7
San Francisco	73	24.3	12	4.0	215	71.7
<b>TOTAL 2003</b>	<b>186</b>	<b>18.5</b>	<b>17</b>	<b>1.7</b>	<b>803</b>	<b>79.8</b>
<b>Total excluding Los Angeles</b>	<b>161</b>	<b>20.0</b>	<b>16</b>	<b>2.0</b>	<b>627</b>	<b>78.0</b>
Long Beach	18	19.4	1	1.1	74	79.6
Los Angeles	25	12.4	1	0.5	176	87.1
Orange	56	31.5	1	0.6	121	68.0
San Diego	34	13.2	4	1.6	219	85.2
San Francisco	53	19.2	10	3.6	213	77.2
<b>TOTAL 2002</b>	<b>87</b>	<b>10.8</b>	<b>33</b>	<b>4.1</b>	<b>684</b>	<b>85.1</b>
Long Beach	7	7.2	1	1.0	89	91.8
Orange	20	11.4	1	0.6	154	88.0
San Diego	41	16.5	3	1.2	205	82.3
San Francisco	19	6.7	28	9.9	236	83.4
<b>TOTAL 2001</b>	<b>21</b>	<b>2.8</b>	<b>58</b>	<b>7.6</b>	<b>681</b>	<b>89.6</b>
Long Beach	3	3.0	1	1.0	95	96.0
Orange	3	2.3	2	1.6	124	96.1
San Diego	5	2.1	4	1.7	226	96.2
San Francisco	10	3.4	51	17.2	236	79.5
<b>TOTAL 2000</b>	<b>8</b>	<b>1.1</b>	<b>30</b>	<b>4.2</b>	<b>684</b>	<b>94.7</b>
Long Beach	0	0.0	0	0.0	93	100.0
Orange	6	5.6	0	0.0	101	94.4
San Diego	1	0.4	1	0.4	226	99.1
San Francisco	1	0.3	29	9.9	264	89.8
<b>TOTAL 1999</b>	<b>4</b>	<b>0.6</b>	<b>4</b>	<b>0.6</b>	<b>693</b>	<b>98.9</b>
Long Beach	0	0.0	0	0.0	83	100.0
Orange	1	0.8	0	0.0	128	99.2
San Diego	2	1.0	1	0.5	189	98.4
San Francisco	1	0.3	3	1.0	293	98.7
<b>TOTAL 1998</b>	<b>1</b>	<b>0.2</b>	<b>1</b>	<b>0.2</b>	<b>652</b>	<b>99.7</b>
Long Beach	0	0.0	0	0.0	118	100.0
Orange	0	0.0	0	0.0	117	100.0
San Diego	0	0.0	0	0.0	179	100.0
San Francisco	1	0.4	1	0.4	238	99.2

Note: MIC = Minimum Inhibitory Concentration

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Public Health, STD Control Branch

Table 20. Primary and Secondary Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>1,305</b>	<b>3.6</b>	<b>1,375</b>	<b>3.8</b>	<b>1,609</b>	<b>4.4</b>	<b>1,853</b>	<b>5.0</b>	<b>2,055</b>	<b>5.4</b>
Alameda	35	2.3	54	3.6	50	3.3	71	4.7	49	3.2
— Berkeley <sup>1</sup>	2	1.9	8	7.7	5	4.8	4	3.8	9	8.4
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	1	2.6
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	18	1.8	12	1.2	20	2.0	14	1.4	27	2.6
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	1	0.6	1	0.6	-	-
Fresno	8	0.9	4	0.5	4	0.5	8	0.9	9	1.0
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	1	0.8	-	-	1	0.8	-	-
Imperial	2	1.3	-	-	1	0.6	2	1.2	3	1.7
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	3	0.4	3	0.4	14	1.8	23	2.9	23	2.8
Kings	1	0.7	-	-	-	-	4	2.7	-	-
Lake	-	-	1	1.6	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	532	5.3	518	5.1	734	7.2	874	8.5	935	9.1
— Long Beach <sup>1</sup>	57	11.8	37	7.6	66	13.5	76	15.5	76	15.5
— Pasadena <sup>1</sup>	5	3.5	7	4.8	3	2.1	9	6.2	8	5.5
Madera	-	-	-	-	-	-	1	0.7	1	0.7
Marin	2	0.8	-	-	3	1.2	6	2.4	4	1.6
Mariposa	-	-	-	-	-	-	-	-	1	5.4
Mendocino	-	-	3	3.4	-	-	-	-	-	-
Merced	-	-	-	-	-	-	2	0.8	1	0.4
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	3	0.7	1	0.2	-	-	-	-	1	0.2
Napa	-	-	2	1.5	3	2.3	1	0.7	1	0.7
Nevada	-	-	-	-	1	1.0	1	1.0	-	-
Orange	37	1.2	50	1.6	96	3.1	80	2.6	141	4.6
Placer	-	-	-	-	1	0.3	1	0.3	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	72	4.1	84	4.6	105	5.5	79	3.9	77	3.7
Sacramento	18	1.4	16	1.2	14	1.0	30	2.1	62	4.4
San Benito	-	-	-	-	1	1.8	-	-	2	3.5
San Bernardino	19	1.0	18	0.9	17	0.9	26	1.3	14	0.7
San Diego	111	3.7	136	4.5	192	6.3	239	7.8	351	11.2
San Francisco	334	42.1	348	43.7	249	31.1	241	29.9	202	24.7
San Joaquin	2	0.3	10	1.6	3	0.5	11	1.6	7	1.0
San Luis Obispo	2	0.8	2	0.8	1	0.4	4	1.5	2	0.7
San Mateo	16	2.2	17	2.4	11	1.5	33	4.5	22	3.0
Santa Barbara	1	0.2	2	0.5	3	0.7	4	0.9	7	1.6
Santa Clara	55	3.2	55	3.1	42	2.4	53	3.0	56	3.1
Santa Cruz	7	2.7	4	1.5	1	0.4	4	1.5	1	0.4
Shasta	-	-	-	-	-	-	1	0.6	-	-
Sierra	-	-	-	-	-	-	1	28.9	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	2	0.5	4	1.0	9	2.1	4	0.9	6	1.4
Sonoma	13	2.8	6	1.3	12	2.5	4	0.8	7	1.5
Stanislaus	5	1.0	13	2.6	6	1.2	3	0.6	7	1.3
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	1	1.6	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	2	0.5	3	0.7	6	1.5	8	1.9	20	4.6
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	3	0.4	7	0.9	9	1.1	15	1.8	14	1.7
Yolo	2	1.1	1	0.5	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	2	2.9	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 21. Primary and Secondary Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
<b>Total</b>	<b>2,055</b>	<b>5.4</b>	<b>119</b>	<b>0.6</b>	<b>1,934</b>	<b>10.2</b>	<b>2</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	a	0	0.0	1	a	0
15 - 19	60	2.0	16	1.1	44	2.9	0
20 - 24	245	9.1	17	1.3	228	16.3	0
25 - 29	332	13.3	16	1.3	316	24.4	0
30 - 34	255	10.2	20	1.6	234	18.3	1
35 - 44	700	12.3	25	0.9	674	23.2	1
45+	460	3.5	25	0.4	435	6.9	0
Not Specified	2	-	0	-	2	-	0
<b>Native American/Alaskan Native</b>	<b>8</b>	<b>3.6</b>	<b>0</b>	<b>0.0</b>	<b>8</b>	<b>7.2</b>	<b>0</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	5.1	0	0.0	1	10.1	0
20 - 24	2	11.0	0	0.0	2	21.2	0
25 - 29	2	12.3	0	0.0	2	24.1	0
30 - 34	1	6.9	0	0.0	1	13.9	0
35 - 44	2	5.8	0	0.0	2	11.8	0
45+	0	0.0	0	0.0	0	0.0	0
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>77</b>	<b>1.7</b>	<b>1</b>	<b>a</b>	<b>76</b>	<b>3.5</b>	<b>0</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	7	2.2	1	0.6	6	3.6	0
25 - 29	18	5.4	0	0.0	18	10.9	0
30 - 34	12	3.4	0	0.0	12	7.0	0
35 - 44	28	3.7	0	0.0	28	7.8	0
45+	12	0.7	0	0.0	12	1.6	0
Not Specified	0	-	0	-	0	-	0
<b>African American/Black</b>	<b>289</b>	<b>12.8</b>	<b>34</b>	<b>2.9</b>	<b>255</b>	<b>23.0</b>	<b>0</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	15	7.1	1	1.0	14	13.0	0
20 - 24	55	29.7	4	4.5	51	52.8	0
25 - 29	50	31.5	1	1.3	49	61.1	0
30 - 34	32	21.8	7	9.2	25	35.3	0
35 - 44	74	21.5	8	4.6	66	39.2	0
45+	63	8.4	13	3.2	50	14.5	0
Not Specified	0	-	0	-	0	-	0
<b>Hispanic/Latino</b>	<b>692</b>	<b>5.1</b>	<b>48</b>	<b>0.7</b>	<b>643</b>	<b>9.3</b>	<b>1</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	33	2.6	13	2.1	20	3.0	0
20 - 24	112	10.5	4	0.8	108	19.3	0
25 - 29	153	14.5	11	2.2	142	25.0	0
30 - 34	105	9.9	7	1.4	97	17.3	1
35 - 44	211	10.1	9	0.9	202	18.3	0
45+	77	2.6	4	0.3	73	5.2	0
Not Specified	1	-	0	-	1	-	0
<b>White</b>	<b>925</b>	<b>5.6</b>	<b>34</b>	<b>0.4</b>	<b>890</b>	<b>10.9</b>	<b>1</b>
Ages							
0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.1	0	0.0	1	0.2	0
15 - 19	11	1.0	2	0.4	9	1.6	0
20 - 24	60	5.8	8	1.6	52	9.7	0
25 - 29	103	11.8	4	0.9	99	21.9	0
30 - 34	99	11.1	6	1.4	93	20.5	0
35 - 44	366	15.3	7	0.6	358	29.4	1
45+	284	3.7	7	0.2	277	7.6	0
Not Specified	1	-	0	-	1	-	0
<b>Other/Multi/Unknown</b>	<b>64</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>62</b>	<b>-</b>	<b>0</b>
Ages							
0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	9	-	0	-	9	-	0
25 - 29	6	-	0	-	6	-	0
30 - 34	6	-	0	-	6	-	0
35 - 44	19	-	1	-	18	-	0
45+	24	-	1	-	23	-	0
Not Specified	0	-	0	-	0	-	0

a: Fewer than 0.05 per 100,000.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 22. Early Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>822</b>	<b>2.3</b>	<b>882</b>	<b>2.4</b>	<b>1,192</b>	<b>3.2</b>	<b>1,385</b>	<b>3.7</b>	<b>1,460</b>	<b>3.9</b>
Alameda	29	1.9	20	1.3	28	1.9	26	1.7	24	1.6
— Berkeley <sup>1</sup>	1	1.0	3	2.9	4	3.8	-	-	4	3.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	3	8.0	-	-	1	2.6
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	4	0.4	10	1.0	9	0.9	5	0.5	13	1.2
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	9	1.1	6	0.7	9	1.0	7	0.8	9	1.0
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	1	0.6	1	0.6	1	0.6	1	0.6	7	4.0
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	6	0.8	4	0.5	12	1.6	24	3.0	12	1.5
Kings	3	2.2	-	-	-	-	-	-	2	1.3
Lake	1	1.6	1	1.6	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	1	2.8
Los Angeles	415	4.1	428	4.2	637	6.2	819	8.0	848	8.2
— Long Beach <sup>1</sup>	21	4.3	25	5.1	47	9.6	51	10.4	54	11.0
— Pasadena <sup>1</sup>	5	3.5	3	2.1	2	1.4	2	1.4	4	2.7
Madera	-	-	-	-	-	-	2	1.4	1	0.7
Marin	1	0.4	2	0.8	-	-	3	1.2	1	0.4
Mariposa	-	-	-	-	1	5.6	-	-	1	5.4
Mendocino	-	-	1	1.1	1	1.1	-	-	-	-
Merced	2	0.9	-	-	2	0.8	3	1.2	1	0.4
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	2	0.5	3	0.7	-	-	1	0.2	-	-
Napa	-	-	-	-	1	0.8	-	-	2	1.5
Nevada	-	-	2	2.0	-	-	-	-	-	-
Orange	26	0.9	29	1.0	51	1.7	53	1.7	69	2.2
Placer	-	-	-	-	-	-	2	0.6	1	0.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	27	1.5	33	1.8	60	3.1	50	2.5	37	1.8
Sacramento	5	0.4	5	0.4	12	0.9	21	1.5	18	1.3
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	5	0.3	5	0.3	11	0.6	13	0.6	12	0.6
San Diego	40	1.3	84	2.8	121	4.0	124	4.0	155	5.0
San Francisco	190	23.9	201	25.2	177	22.1	177	22.0	150	18.3
San Joaquin	7	1.1	4	0.6	5	0.8	3	0.4	6	0.9
San Luis Obispo	1	0.4	2	0.8	1	0.4	-	-	2	0.7
San Mateo	6	0.8	1	0.1	6	0.8	8	1.1	13	1.8
Santa Barbara	1	0.2	-	-	-	-	-	-	2	0.5
Santa Clara	18	1.0	13	0.7	20	1.1	16	0.9	28	1.5
Santa Cruz	5	1.9	5	1.9	4	1.5	2	0.8	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	5	1.2	6	1.4	1	0.2	1	0.2	9	2.1
Sonoma	3	0.6	1	0.2	7	1.5	5	1.0	6	1.2
Stanislaus	4	0.8	1	0.2	3	0.6	4	0.8	1	0.2
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	0.3	5	1.2	7	1.7	10	2.4	15	3.5
Tuolumne	1	1.8	1	1.8	-	-	-	-	-	-
Ventura	4	0.5	3	0.4	2	0.2	5	0.6	13	1.6
Yolo	-	-	5	2.7	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 23. Early Latent Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2007

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
<b>Total</b>	<b>1,460</b>	<b>3.9</b>	<b>179</b>	<b>0.9</b>	<b>1,278</b>	<b>6.8</b>	<b>3</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	57	1.9	16	1.1	41	2.7	0
20 - 24	180	6.7	34	2.6	146	10.5	0
25 - 29	219	8.8	38	3.2	181	14.0	0
30 - 34	216	8.6	32	2.6	184	14.4	0
35 - 44	460	8.1	34	1.2	424	14.6	2
45+	326	2.5	24	0.3	301	4.8	1
Not Specified	2	-	1	-	1	-	0
<b>Native American/Alaskan Native</b>	<b>6</b>	<b>2.7</b>	<b>0</b>	<b>0.0</b>	<b>6</b>	<b>5.4</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	1	5.5	0	0.0	1	10.6	0
25 - 29	2	12.3	0	0.0	2	24.1	0
30 - 34	0	0.0	0	0.0	0	0.0	0
35 - 44	0	0.0	0	0.0	0	0.0	0
45+	3	3.5	0	0.0	3	7.4	0
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>63</b>	<b>1.4</b>	<b>7</b>	<b>0.3</b>	<b>56</b>	<b>2.6</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	0.3	0	0.0	1	0.6	0
20 - 24	15	4.7	2	1.3	13	7.9	0
25 - 29	10	3.0	2	1.2	8	4.9	0
30 - 34	12	3.4	3	1.6	9	5.2	0
35 - 44	18	2.4	0	0.0	18	5.0	0
45+	7	0.4	0	0.0	7	0.9	0
Not Specified	0	-	0	-	0	-	0
<b>African American/Black</b>	<b>239</b>	<b>10.6</b>	<b>48</b>	<b>4.2</b>	<b>190</b>	<b>17.2</b>	<b>1</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	11	5.2	1	1.0	10	9.3	0
20 - 24	25	13.5	3	3.4	22	22.8	0
25 - 29	37	23.3	12	15.3	25	31.2	0
30 - 34	34	23.2	7	9.2	27	38.2	0
35 - 44	69	20.0	12	6.8	57	33.8	0
45+	63	8.4	13	3.2	49	14.2	1
Not Specified	0	-	0	-	0	-	0
<b>Hispanic/Latino</b>	<b>638</b>	<b>4.7</b>	<b>92</b>	<b>1.4</b>	<b>546</b>	<b>7.9</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	37	2.9	13	2.1	24	3.7	0
20 - 24	109	10.2	24	4.7	85	15.2	0
25 - 29	117	11.1	16	3.3	101	17.8	0
30 - 34	105	9.9	15	3.0	90	16.1	0
35 - 44	178	8.5	16	1.6	162	14.7	0
45+	90	3.1	7	0.5	83	5.9	0
Not Specified	2	-	1	-	1	-	0
<b>White</b>	<b>475</b>	<b>2.9</b>	<b>29</b>	<b>0.4</b>	<b>445</b>	<b>5.5</b>	<b>1</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	6	0.6	1	0.2	5	0.9	0
20 - 24	27	2.6	5	1.0	22	4.1	0
25 - 29	46	5.3	7	1.7	39	8.6	0
30 - 34	60	6.7	6	1.4	54	11.9	0
35 - 44	184	7.7	6	0.5	177	14.6	1
45+	152	2.0	4	0.1	148	4.1	0
Not Specified	0	-	0	-	0	-	0
<b>Other/Multi/Unknown</b>	<b>39</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>35</b>	<b>-</b>	<b>1</b>
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	2	-	1	-	1	-	0
20 - 24	3	-	0	-	3	-	0
25 - 29	7	-	1	-	6	-	0
30 - 34	5	-	1	-	4	-	0
35 - 44	11	-	0	-	10	-	1
45+	11	-	0	-	11	-	0
Not Specified	0	-	0	-	0	-	0

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 24. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>2,099</b>	<b>5.8</b>	<b>2,455</b>	<b>6.7</b>	<b>2,706</b>	<b>7.3</b>	<b>2,944</b>	<b>7.9</b>	<b>2,817</b>	<b>7.5</b>
Alameda	109	7.3	104	6.9	40	2.7	68	4.5	45	2.9
— Berkeley <sup>1</sup>	2	1.9	4	3.8	1	1.0	2	1.9	5	4.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	1	0.5	2	0.9	1	0.5	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	1	4.8	-	-	-	-	-	-
Contra Costa	12	1.2	21	2.1	17	1.7	25	2.4	46	4.4
Del Norte	1	3.5	1	3.5	1	3.5	-	-	-	-
El Dorado	2	1.2	-	-	1	0.6	2	1.1	1	0.6
Fresno	63	7.4	30	3.4	41	4.6	31	3.4	23	2.5
Glenn	1	3.6	-	-	-	-	1	3.5	-	-
Humboldt	1	0.8	1	0.8	4	3.0	2	1.5	-	-
Imperial	13	8.4	7	4.4	16	9.8	12	7.1	18	10.3
Inyo	-	-	-	-	1	5.5	-	-	-	-
Kern	55	7.6	57	7.7	110	14.4	164	20.8	140	17.3
Kings	2	1.4	3	2.1	1	0.7	3	2.0	2	1.3
Lake	-	-	-	-	-	-	1	1.6	-	-
Lassen	-	-	1	2.8	2	5.7	7	19.7	1	2.8
Los Angeles	929	9.3	1,254	12.4	1,447	14.2	1,618	15.8	1,430	13.9
— Long Beach <sup>1</sup>	55	11.4	56	11.5	65	13.3	50	10.2	65	13.2
— Pasadena <sup>1</sup>	6	4.2	10	6.9	7	4.8	9	6.2	10	6.8
Madera	3	2.2	2	1.4	6	4.2	3	2.1	4	2.7
Marin	10	4.0	6	2.4	7	2.8	10	3.9	11	4.3
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	1	1.1	-	-	-	-	-	-
Merced	5	2.2	7	3.0	8	3.3	2	0.8	9	3.6
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	13	3.1	4	0.9	10	2.4	6	1.4	2	0.5
Napa	4	3.1	3	2.3	3	2.3	2	1.5	2	1.5
Nevada	2	2.1	-	-	-	-	2	2.0	-	-
Orange	196	6.5	208	6.9	204	6.7	144	4.7	173	5.6
Placer	-	-	2	0.7	-	-	2	0.6	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	69	3.9	75	4.1	111	5.8	96	4.8	121	5.8
Sacramento	24	1.8	38	2.8	33	2.4	68	4.9	43	3.0
San Benito	1	1.8	1	1.8	1	1.8	-	-	2	3.5
San Bernardino	119	6.4	100	5.2	129	6.5	103	5.1	89	4.4
San Diego	177	5.9	172	5.7	182	6.0	220	7.1	272	8.7
San Francisco	132	16.6	159	20.0	97	12.1	122	15.1	127	15.5
San Joaquin	18	2.9	7	1.1	13	2.0	14	2.1	17	2.5
San Luis Obispo	1	0.4	12	4.6	7	2.7	6	2.3	6	2.2
San Mateo	8	1.1	16	2.2	30	4.2	18	2.5	32	4.4
Santa Barbara	14	3.4	5	1.2	11	2.6	15	3.6	11	2.6
Santa Clara	58	3.3	70	4.0	68	3.9	57	3.2	79	4.3
Santa Cruz	4	1.5	2	0.8	8	3.1	2	0.8	5	1.9
Shasta	-	-	-	-	-	-	1	0.6	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	1	2.2	-	-	-	-
Solano	5	1.2	9	2.2	8	1.9	10	2.4	13	3.1
Sonoma	4	0.8	6	1.3	9	1.9	14	2.9	2	0.4
Stanislaus	8	1.6	12	2.4	13	2.6	20	3.9	28	5.4
Sutter	3	3.5	2	2.3	3	3.3	-	-	1	1.0
Tehama	4	6.9	2	3.4	-	-	2	3.3	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	10	2.5	13	3.2	9	2.2	21	5.0	16	3.7
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	18	2.3	38	4.7	45	5.5	42	5.1	46	5.6
Yolo	1	0.5	2	1.1	7	3.7	6	3.1	-	-
Yuba	-	-	-	-	-	-	1	1.4	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 25. Congenital Syphilis in Infants Less than One Year of Age, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>69</b>	<b>12.8</b>	<b>63</b>	<b>11.6</b>	<b>71</b>	<b>12.9</b>	<b>70</b>	<b>12.5</b>	<b>81</b>	<b>14.3</b>
Alameda	4	18.5	1	4.8	3	14.4	-	-	4	18.6
— Berkeley <sup>1</sup>	-	-	-	-	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	2	15.1	-	-	2	15.2	-	-	4	29.7
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	3	19.5	2	12.6	2	12.6	-	-	-	-
Glenn	-	-	1	251.3	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	1	34.4	3	104.9	2	65.4	1	32.0	2	63.7
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	2	15.5	2	14.9	4	28.5	5	33.1	5	32.6
Kings	-	-	1	39.2	-	-	-	-	1	36.0
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	30	19.7	28	18.5	29	19.3	31	20.4	32	21.1
— Long Beach <sup>1</sup>	-	-	3	38.1	2	25.1	3	38.1	3	39.5
— Pasadena <sup>1</sup>	-	-	1	44.0	2	89.7	1	45.4	2	90.2
Madera	-	-	-	-	-	-	1	38.1	-	-
Marin	-	-	-	-	-	-	1	36.6	1	35.5
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	-	-	1	21.5
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	13.5	-	-	-	-	-	-	-	-
Napa	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	2	4.4	6	13.3	3	6.8	7	15.8	4	9.1
Placer	-	-	-	-	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	4	14.3	1	3.4	3	9.5	-	-	-	-
Sacramento	-	-	1	4.8	2	9.4	2	9.1	2	9.0
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	2	6.5	1	3.1	3	9.1	1	2.9	2	5.7
San Diego	10	22.0	7	15.3	7	15.3	12	25.6	10	21.0
San Francisco	-	-	1	11.7	-	-	-	-	1	11.0
San Joaquin	-	-	-	-	1	8.7	2	17.0	3	25.9
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	-	-	-	-	-	-	-	-	1	10.1
Santa Barbara	1	17.2	1	16.1	-	-	-	-	-	-
Santa Clara	6	22.2	5	18.8	3	11.3	2	7.4	2	7.3
Santa Cruz	-	-	-	-	-	-	2	55.6	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	-	-	2	34.9	-	-	-	-
Sonoma	-	-	-	-	-	-	-	-	-	-
Stanislaus	1	12.5	-	-	1	11.8	1	11.5	-	-
Sutter	-	-	1	74.5	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	-	-	1	12.6	1	12.2	-	-	-	-
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	-	-	1	8.2	1	8.0	6	49.2
Yolo	-	-	-	-	2	81.5	1	37.8	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 live births.

Source: California Department of Public Health, STD Control Branch

**Table 26. Congenital Syphilis in Infants Less than One Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 1998–2007**

RACE/ETHNICITY	NUMBER OF CASES									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
<b>California</b>	<b>117</b>	<b>91</b>	<b>81</b>	<b>62</b>	<b>50</b>	<b>69</b>	<b>63</b>	<b>71</b>	<b>70</b>	<b>81</b>
Native American/Alaskan Native	0	1	0	0	1	0	1	0	0	0
Asian/Pacific Islander	4	3	5	1	1	5	2	8	2	8
African American/Black	40	23	13	10	8	14	11	13	8	14
Hispanic/Latina	62	46	57	45	35	45	42	40	53	49
White	11	15	6	6	4	5	6	8	5	7
Other/Not Specified	0	3	0	0	1	0	1	2	2	3

RACE/ETHNICITY	RATE PER 100,000 LIVE BIRTHS									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
<b>California</b>	<b>22.4</b>	<b>17.6</b>	<b>15.2</b>	<b>11.8</b>	<b>9.4</b>	<b>12.8</b>	<b>11.6</b>	<b>12.9</b>	<b>12.5</b>	<b>14.3</b>
Native American/Alaskan Native	0.0	40.0	0.0	0.0	50.9	0.0	48.2	0.0	0.0	0.0
Asian/Pacific Islander	7.2	5.3	8.2	1.7	1.6	7.8	3.1	12.4	3.1	11.6
African American/Black	113.6	67.4	40.2	32.3	26.8	47.9	38.4	45.2	26.7	47.5
Hispanic/Latina	25.0	18.5	22.1	17.2	13.3	16.7	15.3	14.1	18.1	16.5
White	6.2	8.7	3.6	3.7	2.5	3.1	3.8	5.1	3.2	4.6

Source: California Department of Public Health, STD Control Branch

Table 27. Pelvic Inflammatory Disease, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>1,241</b>	<b>6.9</b>	<b>1,210</b>	<b>6.6</b>	<b>1,321</b>	<b>7.1</b>	<b>1,189</b>	<b>6.4</b>	<b>1,208</b>	<b>6.4</b>
Alameda	49	6.4	108	14.1	120	15.7	93	12.1	72	9.3
— Berkeley <sup>1</sup>	-	-	4	7.5	2	3.8	2	3.7	2	3.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	4	3.7	3	2.8	4	3.7	6	5.4	4	3.6
Calaveras	2	9.1	3	13.4	1	4.4	3	13.0	6	25.8
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	74	14.5	26	5.0	29	5.6	28	5.3	23	4.3
Del Norte	1	7.9	1	7.6	-	-	-	-	-	-
El Dorado	4	4.7	2	2.3	-	-	4	4.5	4	4.4
Fresno	50	11.7	87	20.0	55	12.4	15	3.3	37	8.0
Glenn	1	7.3	1	7.2	1	7.1	1	7.0	2	13.7
Humboldt	14	21.3	5	7.6	11	16.6	13	19.6	37	55.4
Imperial	-	-	2	2.6	-	-	3	3.7	-	-
Inyo	-	-	-	-	2	21.0	1	10.5	-	-
Kern	123	35.0	121	33.3	156	41.5	127	32.6	116	29.1
Kings	1	1.7	-	-	1	1.6	4	6.1	2	3.0
Lake	1	3.2	-	-	2	6.2	1	3.1	1	3.0
Lassen	-	-	1	7.4	1	7.4	2	14.4	-	-
Los Angeles	294	5.8	300	5.9	326	6.3	322	6.2	235	4.5
— Long Beach <sup>1</sup>	15	6.1	9	3.6	4	1.6	16	6.4	5	2.0
— Pasadena <sup>1</sup>	1	1.4	-	-	-	-	-	-	-	-
Madera	2	2.9	4	5.5	3	4.0	5	6.6	1	1.3
Marin	24	18.9	13	10.2	22	17.3	9	7.1	21	16.4
Mariposa	1	11.4	-	-	1	11.2	-	-	1	11.0
Mendocino	7	15.6	-	-	-	-	-	-	1	2.2
Merced	7	6.1	5	4.2	19	15.7	12	9.7	6	4.7
Modoc	-	-	-	-	1	19.8	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	8	3.9	13	6.3	22	10.7	19	9.2	13	6.3
Napa	-	-	-	-	1	1.5	-	-	1	1.5
Nevada	5	10.2	2	4.0	6	12.0	-	-	-	-
Orange	42	2.8	47	3.1	55	3.6	41	2.6	46	2.9
Placer	11	7.4	6	3.9	8	5.0	11	6.7	14	8.4
Plumas	-	-	-	-	-	-	-	-	1	9.2
Riverside	43	4.8	13	1.4	16	1.7	37	3.7	39	3.8
Sacramento	89	13.1	60	8.7	30	4.3	64	9.0	127	17.7
San Benito	-	-	1	3.5	2	7.0	1	3.5	-	-
San Bernardino	38	4.1	55	5.7	85	8.6	57	5.6	18	1.7
San Diego	68	4.6	40	2.7	42	2.8	70	4.6	128	8.3
San Francisco	64	16.5	58	14.9	34	8.8	32	8.2	34	8.7
San Joaquin	42	13.4	22	6.8	18	5.4	11	3.3	14	4.0
San Luis Obispo	-	-	2	1.6	-	-	2	1.6	1	0.8
San Mateo	4	1.1	9	2.5	37	10.2	21	5.7	54	14.7
Santa Barbara	4	1.9	3	1.4	7	3.4	4	1.9	6	2.8
Santa Clara	22	2.6	21	2.4	26	3.0	19	2.2	9	1.0
Santa Cruz	23	17.7	33	25.3	36	27.5	24	18.2	33	24.9
Shasta	-	-	-	-	-	-	3	3.2	3	3.2
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	1	4.3	2	8.6	2	8.5	5	21.2	2	8.5
Solano	3	1.5	8	3.9	7	3.4	7	3.3	3	1.4
Sonoma	9	3.7	16	6.6	14	5.8	3	1.2	-	-
Stanislaus	23	9.2	28	11.0	36	13.9	23	8.7	24	8.9
Sutter	10	23.1	13	29.3	4	8.7	8	16.9	6	12.4
Tehama	-	-	2	6.6	1	3.3	-	-	-	-
Trinity	-	-	-	-	-	-	1	14.0	1	13.8
Tulare	49	24.8	46	22.7	64	30.8	65	30.5	48	22.1
Tuolumne	1	3.7	2	7.4	-	-	-	-	3	10.9
Ventura	14	3.5	13	3.2	2	0.5	5	1.2	3	0.7
Yolo	1	1.1	4	4.2	8	8.3	3	3.1	5	5.0
Yuba	8	24.9	9	27.2	3	8.7	4	11.1	3	8.1

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 females.

Source: California Department of Public Health, STD Control Branch

Table 28. Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2003–2007

COUNTY	Cases				
	2003	2004	2005	2006	2007
<b>CALIFORNIA</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
Alameda	-	-	-	-	-
— Berkeley <sup>1</sup>	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	-	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	-	-	-	-	-
— Long Beach <sup>1</sup>	-	-	-	-	-
— Pasadena <sup>1</sup>	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	-	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	1	-	-	-
San Francisco	-	-	-	-	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	1	-	-
San Mateo	-	-	-	-	-
Santa Barbara	-	-	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	-	-	-	1
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	-	-
Sonoma	-	-	-	-	-
Stanislaus	-	-	-	-	-
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	-	-	-	-
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	-	-
Yuba	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Source: California Department of Public Health, STD Control Branch

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**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812  
Reportable Diseases and Conditions\***

**§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]**

☎ = Report immediately by telephone (designated by a ♦ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)

FAX ☎ ☒ = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(i)(1), §2641–2643**

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")		Pelvic Inflammatory Disease (PID)
FAX ☎ ☒	Amebiasis	FAX ☎ ☒	Pertussis (Whooping Cough)
	Anthrax	☎	Plague, Human or Animal
	Avian Influenza (human)	FAX ☎ ☒	Poliomyelitis, Paralytic
FAX ☎ ☒	Babesiosis	FAX ☎ ☒	Psittacosis
	Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒	Q Fever
	Brucellosis	☎	Rabies, Human or Animal
FAX ☎ ☒	Campylobacteriosis	FAX ☎ ☒	Relapsing Fever
	Chancroid		Rheumatic Fever, Acute
FAX ☎ ☒	Chickenpox (only hospitalizations and deaths)		Rocky Mountain Spotted Fever
	Chlamydial Infections, including Lymphogranulom Venereum (LGV)		Rubella (German Measles)
	Cholera	FAX ☎ ☒	Rubella Syndrome, Congenital
	Ciguatera Fish Poisoning	☎	Salmonellosis (Other than Typhoid Fever)
	Coccidioidomycosis	☎	Scombroid Fish Poisoning
FAX ☎ ☒	Colorado Tick Fever	☎	Severe Acute Respiratory Syndrome (SARS)
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX ☎ ☒	Shiga toxin (detected in feces)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	FAX ☎ ☒	Shigellosis
FAX ☎ ☒	Cryptosporidiosis	FAX ☎ ☒	Smallpox (Variola)
	Cysticercosis or Taeniasis	FAX ☎ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	Dengue	FAX ☎ ☒	Syphilis
	Diarrhea of the Newborn, Outbreak		Tetanus
	Diphtheria		Toxic Shock Syndrome
	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒	Toxoplasmosis
	Ehrlichiosis	FAX ☎ ☒	Trichinosis
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☎ ☒	Tuberculosis
	<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☎ ☒	Tularemia
† FAX ☎ ☒	Foodborne Disease	FAX ☎ ☒	Typhoid Fever, Cases and Carriers
	Giardiasis	FAX ☎ ☒	Typhus Fever
	Gonococcal Infections	FAX ☎ ☒	<i>Vibrio</i> Infections
FAX ☎ ☒	<i>Haemophilus influenzae</i> invasive disease (report an incident less than 15 years of age)	☎	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
	Hantavirus Infections	FAX ☎ ☒	Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
	Hemolytic Uremic Syndrome	FAX ☎ ☒	West Nile Virus (WNV) Infection
	Hepatitis, Viral	☎	Yellow Fever
FAX ☎ ☒	Hepatitis A	FAX ☎ ☒	Yersiniosis
	Hepatitis B (specify acute case or chronic)	☎	<b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Hepatitis C (specify acute case or chronic)	☎	<b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in §2500). Specify if institutional and/or open community.
	Hepatitis D (Delta)		
	Hepatitis, other, acute		
	Human Immunodeficiency Virus (HIV) (§2641–2643)		
	Influenza deaths (report an incident of less than 18 years of age)		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☎ ☒	Listeriosis		
	Lyme Disease		
FAX ☎ ☒	Malaria		
FAX ☎ ☒	Measles (Rubeola)		
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
	Meningococcal Infections		
	Mumps		
	Paralytic Shellfish Poisoning		

**REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)**

Disorders Characterized by Lapses of Consciousness (§2800-2812)  
Pesticide-related illness or injury (known or suspected cases)\*\*  
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) (§2593)\*\*

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).  
\*\* Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).  
\*\*\* The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at [www.ccrca.org](http://www.ccrca.org).



