STD

SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

2008

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STATE OF CALIFORNIA

Kimberly Belshé, Secretary
HEALTH AND HUMAN SERVICES AGENCY

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SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA 2008

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Preface

This report, *Sexually Transmitted Diseases in California, 2008,* includes current surveillance and prevalence monitoring disease data collected through 2008 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/STDData.aspx.

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INTRODUCTION

OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2008

Rates of chlamydia and early syphilis increased in California in 2008, while rates of gonorrhea decreased considerably, compared to rates in 2007. In 2008, more than 149,000 cases of chlamydia were reported (149,070 cases, for a rate of 390.8 per 100,000 population); more than 25,000 cases of gonorrhea were reported (25,445 cases, for a rate of 66.7 per 100,000 population); and nearly 2,200 cases of primary and secondary syphilis were reported (2,180 cases, for a rate of 5.7 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; there was a decrease in the rate of congenital syphilis, from 14.7 per 100,000 live births in 2007 to 11.8 in 2008.

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 2008 for African American/Black females was 19 times higher than for non-Latina white females, and the rate for African American/Black males was nearly 10 times higher than among non-Latino white males. In some age groups, these racial disparities were substantially greater. Similar race/ethnic disparities were also seen in prevalence monitoring data from 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. For racial disparities fact sheet, presentation slides, and resource guide for facilitators, please reference the “Health Information for Professionals” section on the STD Control Branch website at http://www.cdph.ca.gov/programs/std/Pages/default.aspx.

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 2008, nearly 73,000 cases of chlamydia in females 15 to 24 years of age were reported, representing nearly 70 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

	Sexually Transmitted Disease			
DATA SOURCE	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, 2000–2008,* Sacramento, California, December 2008. 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 two population data sources include slightly different population projections or estimates, total California rates included in this report in different tables may differ slightly. 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 included in this report are based on the following categories: 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

laboratory reports and CMRs limits the interpretation of race/ethnicity data from these surveillance data. The majority of case reports originate from laboratories, a source 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 State and County Births, 1980–2018, with Actual and Projected Fertility Rates by Mother's Age and Race/Ethnicity, 2000–2018*, Sacramento, California, September 2009; 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 2008, California collected chlamydia and gonorrhea testing data from 32 family planning clinics and 18 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 2008, KPNC data from 2007 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 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, 2007*. Atlanta, Georgia: U.S. Department of Health and Human Services, December 2008. The source for chlamydia

prevalence monitoring is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2007 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2007.* Atlanta, Georgia: U.S. Department of Health and Human Services, January 2009. 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 (2nd 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 G*uidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers, Revised, July 2003*. This publication can be found at: http://familymedicine.medschool.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/STDData.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 2008, chlamydia was the most common reportable communicable disease in California, with 149,070 reported cases, for a rate of 390.8 per 100,000 population (Table 1). Chlamydia cases accounted for more than 82 percent of reported STD cases in the state.

Case-Based Chlamydia Surveillance — California versus United States

California chlamydia morbidity accounted for approximately 12.9 percent of the reported chlamydia cases in the United States for 2007. Comparison of California and national rates during the period 1990 to 2007 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 2007 (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 2008 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: Kern (681.6), Fresno (593.8), Long Beach (556.3), San Joaquin (513.1), Sacramento (505.9), San Francisco (486.7), Solano (485.4), and Madera (477.8) (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 2008 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Fresno (3,928.2), San Francisco (3,911.1), Long Beach (3,783.9), Alameda (3,699.1), Solano (3,578.7), Sacramento (3,555.2), San Diego (3,338.0), and Kern (3,303.3) (Table 4).

When the 2008 chlamydia data were compared with 2007 data, increases in the numbers and rates of reported cases were evident in more than half of the health jurisdictions (Table 2). Among high-morbidity jurisdictions (greater than 1,000 cases), rate increases of more than 10 percent were experienced by Kern (an increase of 19 percent, from 572.9 to 681.6), San Diego (10.2 percent, from 405.9 to 447.2), and San Mateo (11.9 percent, from 242.3 to 271.2). No high-morbidity jurisdictions experienced a notable decrease in chlamydia rates between 2007 and 2008.

Case-Based Chlamydia Surveillance — Gender

The 2008 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 2008, chlamydia rates for females were consistently about three times higher than rates for males (Figure 6). In 2008, the female chlamydia rate was 544.9 per 100,000, compared with the male rate of 231.2 (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 2000–2008 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (2,907.3 per 100,000 in 2008) (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 (1,047.0) (Table 3).

Consistent annual increases in the chlamydia rates for adolescent and young adult groups have been seen since 1990 and may, in part, reflect increases in screening for

these higher-risk groups in accordance with CDC and other national screening guidelines.[1] 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 2008 data indicated that chlamydia rates for African Americans/Blacks (1,015.3 per 100,000) were higher than rates for Latinos (347.2), Native Americans/Alaskan Natives (202.9), Asians/Pacific Islanders (121.6), and non-Latino whites (118.8) (Table 3). Compared to rates for 2007, chlamydia rates remained relatively stable among non-Latino whites, Latinos, Native Americans/Alaskan Natives, and Asians/Pacific Islanders, while rates increased 5.7 percent among African Americans/Blacks.

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.[2]

Overall, in 2008 among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (25.1 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).

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.[3] Although chlamydia positivity in females aged 15 to 24 years in family planning

[1] Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6): [32].
[2] Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? Sex Transm Dis 1998; 25: 251-253.
[3] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

sites decreased from 6.2 percent in 2007 to 5.9 percent in 2008 (7.1 percent among females 15 to 19 years of age, and 5.0 percent among females 20 to 24 years of age), the rates remain nearly twice the 2010 objective (Figure 10, Table 7).

Analysis of the 2008 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (7.8 percent) than females (4.4 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 almost twice as high as that for non-Latino whites (8.5 percent and 4.4 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.[3] In 2008, chlamydia positivity levels were 18.1 percent in 15- to 24-year-old females and 15.4 percent in 15- to 24-year-old males, well above the target prevalence. The overall female and male positivity decreased between 2007 and 2008, (from 10.8 percent to 9.9 percent for females and from 9.8 percent to 9.0 percent for males) (Figures 11-12, Table 8).

Racial/ethnic differences in chlamydia positivity were also apparent in STD clinic clients: Hispanic/Latino clients (9.5 percent) had chlamydia positivity significantly higher than that for non-Latino whites (5.8 percent), while the positivity for African Americans/Blacks was nearly two times as high (12.6 percent) as non-Latino whites. These disparities were particularly striking in the adolescent and young adult age groups. Note that 3.3 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity, and that the positivity in this group was relatively high, at 9.4 percent (Table 8).

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 2008, the positivity among females (11.7 percent) was higher than among males (5.1 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 8.4 percent in the 10- to 14-year-olds to 13.3 percent in the 17- to 19-year-olds) and increased substantially with increasing age groups for males (from 2.2 percent to 6.5 percent).

Racial/ethnic disparities were also apparent in the positivity data for this population: African Americans/Blacks had higher chlamydia positivity (12.6 percent) than did Native Americans/Alaskan Natives (8.6 percent), Asians/Pacific Islanders (5.8 percent), Hispanics/Latinos (5.4 percent), and non-Latino whites (5.5 percent) (Table 9).

Chlamydia Prevalence Monitoring — Managed Care

While the overall positivity among female patients tested in 50 KPNC facilities in 2007 (2008 data not available) was relatively low (3.3 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-three 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 (5.8 percent) versus females (3.3 percent) were not representative of screening of asymptomatic males (Table 10).

GONORRHEA IN CALIFORNIA

Surveillance for gonorrhea in California includes case-based surveillance, enhanced surveillance through the California Gonorrhea Surveillance System (CGSS), 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).

As part of California's gonorrhea control efforts, GCSS was established in 2004, allowing for the systematic collection of behavioral and clinical measures associated with gonorrhea. For further information regarding the epidemiology of gonorrhea in California, please reference the gonorrhea reports on the STD Control Branch website at http://www.cdph.ca.gov/data/statistics/Pages/STDData.aspx.

Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most common reportable communicable disease in California. In 2008, California received a total of 25,445 reports of gonorrhea cases, for an incidence of 66.7 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, markedly in 2007, and even more dramatically in 2008. The California gonorrhea rate of 66.7 in 2008 is more than three times higher than the *Healthy People 2010* target objective of fewer than 19 cases per 100,000.[4] In 2007, California gonorrhea morbidity accounted for 8.8 percent of all gonorrhea cases reported in the United States.

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

Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, 51 percent (31/61) of health jurisdictions had a gonorrhea incidence above the *Healthy People 2010* goal of fewer than 19 cases per 100,000 population.[4] The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (237.8), Alameda (122.3), Sacramento (116.9), Berkeley (109.1), Kern (106.7), and San Joaquin (101.4) (Figure 17, Table 11). Between 2007 and 2008, rates decreased in all of the jurisdictions with the highest rates (Table 11). No gonorrhea cases were reported in 2008 in Alpine, Sierra, Siskiyou, or Trinity counties. 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 (742.5), Sacramento (549.7), San Francisco (456.7), Kern (437.7), and Long Beach (418.4) (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 continued to decline sharply in 2007 and 2008 (Figure 18). In 2008, among males the incidence of gonorrhea was 72.6 per 100,000 population, and among females the incidence was 59.8 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 2008, 45.3 percent of gonorrhea cases of known gender in California were female.

Case-Based Gonorrhea Surveillance — Age

In 2008, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (273.4 per 100,000), followed by the 15- to 19-year-old age group (261.0) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 65.1 percent of total female cases (with age known). The peak age group among males was also 20 to 24 years old (252.8), 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 (193.3) and third (129.6) highest rates, respectively (Figure 19, Table 12).

Case-Based Gonorrhea Surveillance — Race/Ethnicity

Consistent with prior years, the 2008 data indicate that the gonorrhea incidence among African Americans/Blacks was 13 times higher than that among non-Latino whites (Figures 3, 21-22). In 2008, African Americans/Blacks had gonorrhea rates that were substantially higher (325.2 per 100,000) than rates for Native Americans/Alaskan Natives (36.1), Latinos (34.3), non-Latino whites (25.1), and Asians/Pacific Islanders (14.8) (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 2008 data from participating family planning clinics, the overall gonorrhea positivity among clients seeking family planning services was 0.7 percent for females and 2.5 percent for males (Figure 23, Table 14). For females, gonorrhea positivity was highest among the younger age groups (1.4 percent for 10- to 14-year-olds and 1.1 percent for 15- to 19-year-olds) and decreased among successive age intervals. For males, the highest positivity was among the 20- to 24-year-olds (2.9 percent) (Table 17). Nearly 80 percent of clients tested at the participating family planning clinics were female.

In family planning settings, 32.1 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.[5] The high level of co-infection in family planning settings clearly indicates the need to co-treat cases of gonorrhea to cover chlamydial infection. Co-infection with chlamydia was also present in 24.2 percent of males who tested positive for gonorrhea in family planning settings (Table 16).

Gonorrhea Prevalence Monitoring — STD Clinics

Based on 2008 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 2.5 percent (Figures 23, 25, Table 14). As above, gonorrhea positivity for females attending STD clinics was highest among the younger age groups (11.1 percent among 10- to 14-year-olds and 6.2 percent among 15- to 19-year-olds), and decreased with each successive age group. In 2008, the overall gonorrhea positivity among males attending STD clinics was 5.4 percent (Figure 25, Table 14), was highest (8.9 percent) among the 15- to 19-year-old age group, and deceased 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 35.4 percent among female cases and 23.9 percent among male cases (Tables 15-16).

[5] Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6).

Gonorrhea Prevalence Monitoring — Juvenile Detention Facilities

In 2008, the gonorrhea positivity among females in juvenile detention facilities was 3.0 percent, whereas, among males in juvenile detention facilities, gonorrhea positivity was 0.7 percent (Figures 23, 26, Table 14).

In juvenile detention facilities, the proportion of gonorrhea cases that were co-infected with chlamydia was 51.2 percent among female cases and 61.3 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 50 facilities in 2007 (2008 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 15 to 19 years (1.1 percent), followed by 10- to 14-year-olds (0.8 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 2.1 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 605 isolates analyzed in 2008, 26.1 percent (158) were resistant to ciprofloxacin (minimum inhibitory concentration (MIC) $\geq$ 1.0 μg/ml), and an additional 0.2 percent (1) had decreased susceptibility to ciprofloxacin (MIC 0.125 to 0.50 μg/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 26.1 percent was seen in 2008. 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.[6]

[6] 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

Isolates obtained from MSM constituted more than 50 percent of total isolates at three (Orange, San Diego, and San Francisco) of the four sites in 2008 (Figure 28).

SYPHILIS IN CALIFORNIA

California continued to experience increases in primary and secondary (P&S) syphilis cases in 2008, with 2,180 cases reported (Table 1). This is the ninth 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/STDData.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.[7]

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 2008, 2,180 cases of P&S syphilis (5.7 per 100,000 population) were reported in California, placing the state rate above the national average rate of 3.8 for 2007 (Figure 35). In 2007, California accounted for 18 percent of all P&S cases in the United States, compared to 19 percent in 2006, 18.5 percent in 2005, 17.1 percent in 2004, 18.1 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 2008 was 28.5 times the *Healthy People 2010* objective of fewer than 0.2 cases per 100,000.[8]

[7] Centers for Disease Control and Prevention. Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No. RR-10).
[8] U.S. Department of Health and Human Services. *Healthy People 2010,* Volume II (2nd 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 2008, 31 of the 61 (51 percent) health jurisdictions reported more than two P&S syphilis cases (Table 20), compared to 27 health jurisdictions in 2007. Thirty-three percent (20) of health jurisdictions did not report any P&S syphilis cases for 2008, while nearly 75 percent of the total P&S syphilis morbidity in California was reported from four counties: Los Angeles (37.8), San Diego (15.8 percent), San Francisco (15.0 percent), and Riverside (5.3 percent)

Case-Based Syphilis Surveillance — Gender

The male P&S syphilis rate increased from a low of 1.2 in 1998 to 10.9 in 2008 (Figure 37, Table 21); 2008 was the tenth 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 and remained at 0.6 in 2008. 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 11.6:1 in 2005. The male-to-female ratio rose to 17.2:1 in 2007 and to 18.2:1 in 2008.

Case-Based Syphilis Surveillance — Age

In 2008, the highest P&S syphilis rates for males were among those aged 30 to 34 years (24.0 per 100,000 population), while the highest rates for females were among those aged 25 to 29 years (1.7) (Figures 2, 38-39, Table 21). Nearly 56 percent of male P&S syphilis cases, compared to 36 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 30.8 percent in 2008. In contrast, the proportion of MSM cases in their 20s has increased from 17 percent to 26 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 36 percent in 2008.

Case-Based Syphilis Surveillance — Race/Ethnicity

Overall, male P&S syphilis rates were highest among African Americans/Blacks in 2008 (27.6 per 100,000 population), followed by non-Latino whites (11.1), and Latinos (9.3). Male rates increased from 2007 to 2008 among African Americans/Blacks and Asian/Pacific Islanders, decreased among Native American/Alaskan Natives, and remained steady among Latinos and non-Latino whites. (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 (4.3) have fluctuated, but there has been an overall increase since the reported Asian/Pacific Islander low of 0.2 in 1997.

The 2008 rate among African American/Black females of 2.8 per 100,000 population decreased compared to the 2006 rate of 4.3, which was the highest rate since 1998 and remained relatively steady with the 2007 rate of 2.9. Rates for non-Latina white females

remained relatively steady between 2007 and 2008, while the rate for Latina females decreased from 0.7 in 2007 to 0.5 in 2008 (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 2008, 35.0 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 2008, 57.2 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 14.7 in 2007; the rate decreased to 11.8 in 2008 (Figure 44, Table 1). California's incidence rate in 2008 was nearly 12 times the *Healthy People 2010* objective of fewer than one case per 100,000 live births.[9]

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 (34.0 per 100,000 live births) being nearly four times that of non-Latina whites (8.9) in 2008. The rate for Latinas (12.9) was nearly 50% higher than that of non-Latina whites (Figures 45-46, Table 26).

[9] U.S. Department of Health and Human Services. *Healthy People 2010,* Volume II (2nd 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

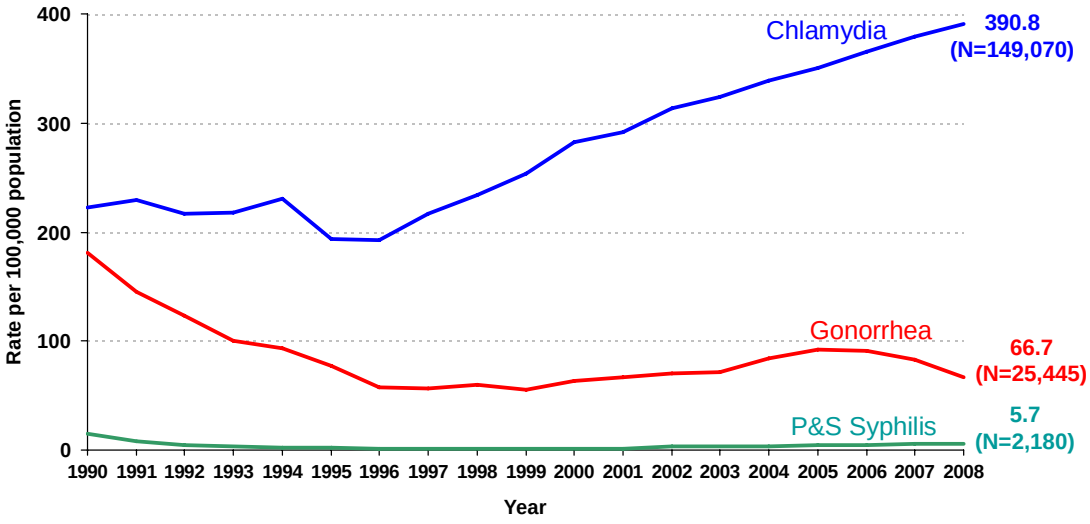
In 2008, 1,033 cases of PID were reported, for an incidence of 5.4 per 100,000 females (lower than the rate of 6.4 in 2007) (Table 27). Gonorrhea, chlamydia, and numerous anaerobic bacterial species can cause PID. The diagnosis often is based on clinical findings; these findings may or may not be confirmed 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 2008, there were two reported cases of chancroid (Table 29).

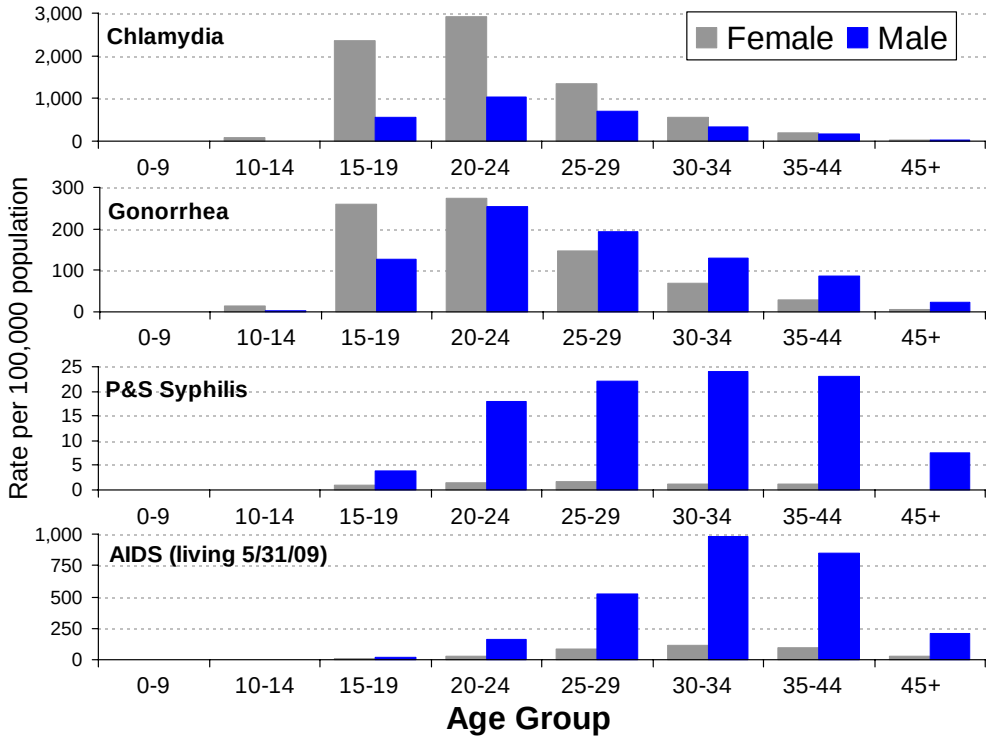
FIGURES

Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Rates, 1990–2008



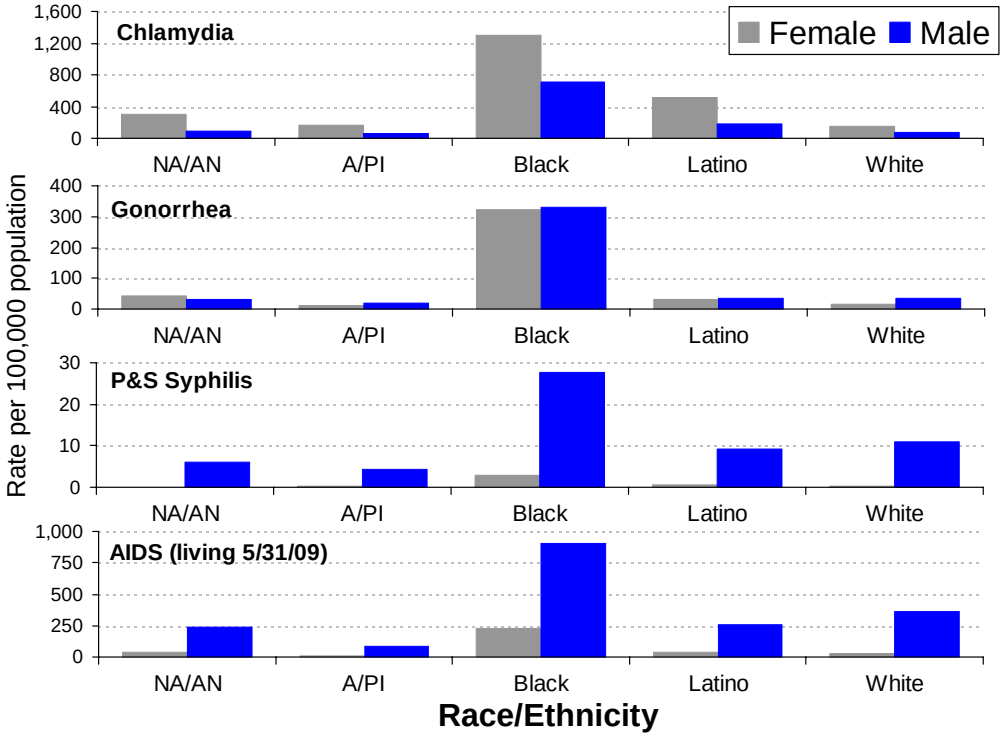
Source: California Department of Public Health, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Age Group (in years) and Gender, California, 2008



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, 2008

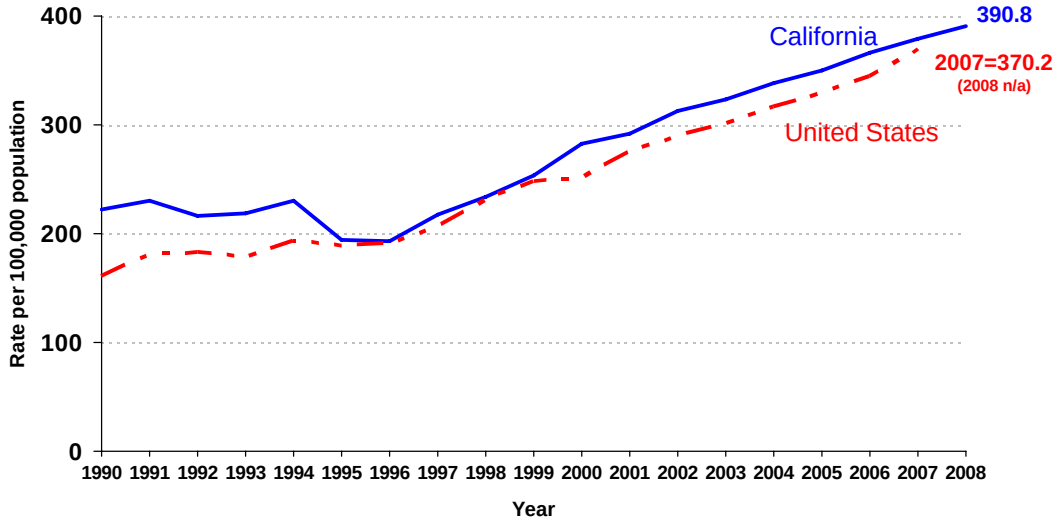


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

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

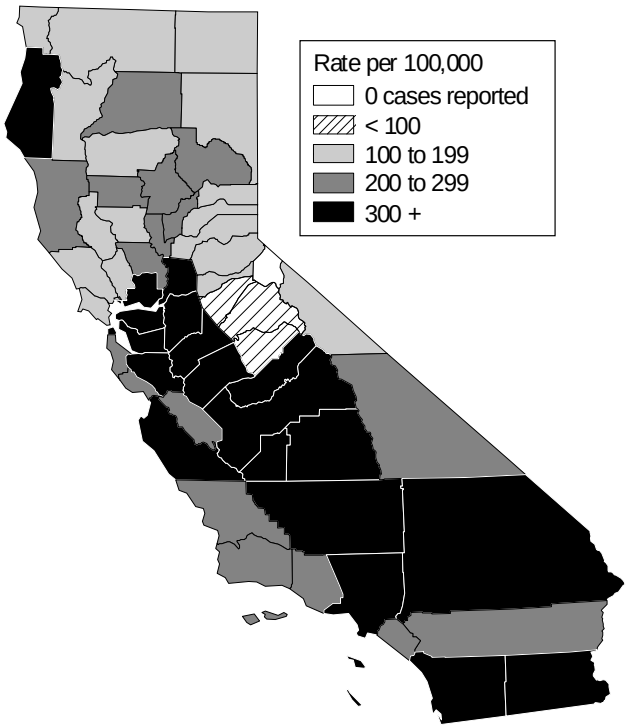
CHLAMYDIA

Figure 4. Chlamydia, California versus United States Rates, 1990–2008



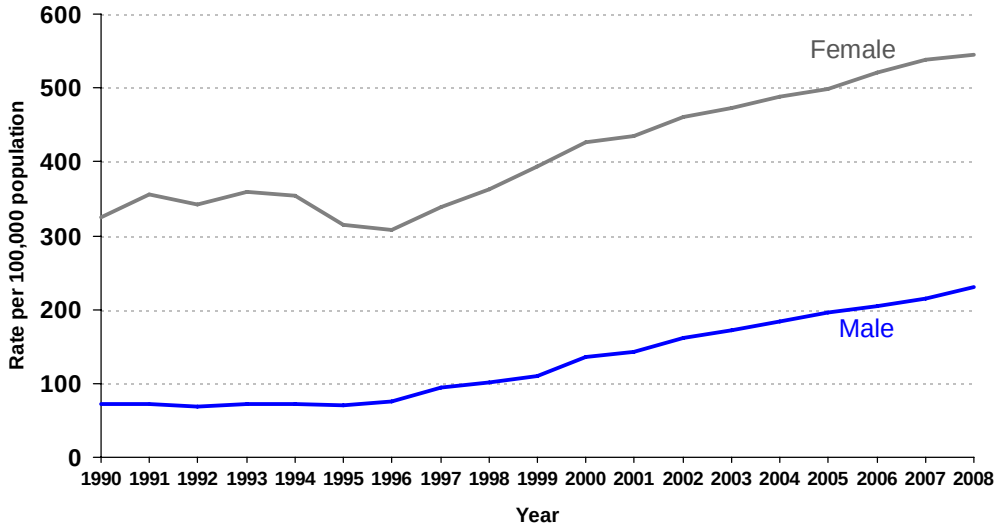
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2007*. Atlanta, Georgia: U.S. Department of Health and Human Services, December 2008, Table 1

Figure 5. Chlamydia, Rates by County, California, 2008



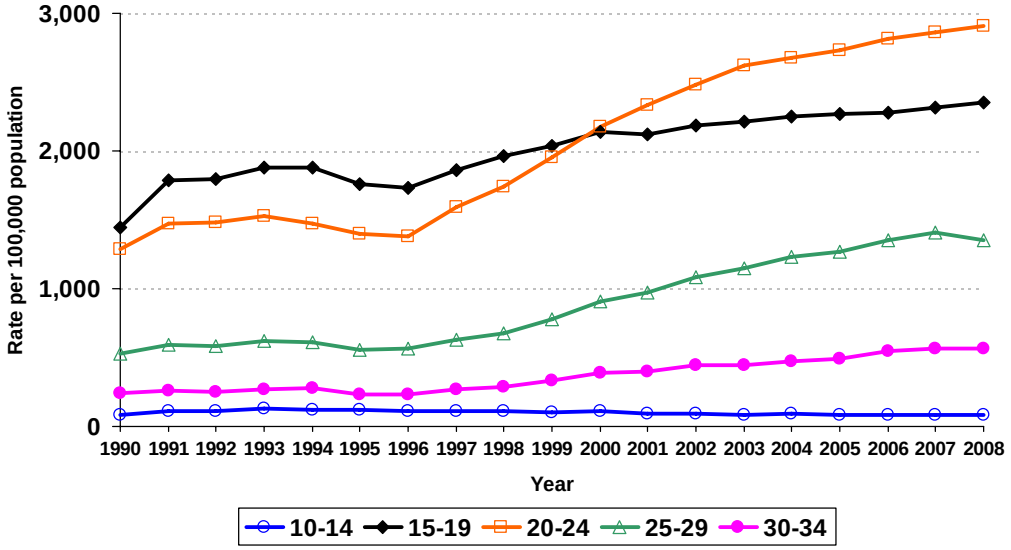
Source: California Department of Public Health, STD Control Branch

Figure 6. Chlamydia, Rates by Gender, California, 1990–2008



Source: California Department of Public Health, STD Control Branch

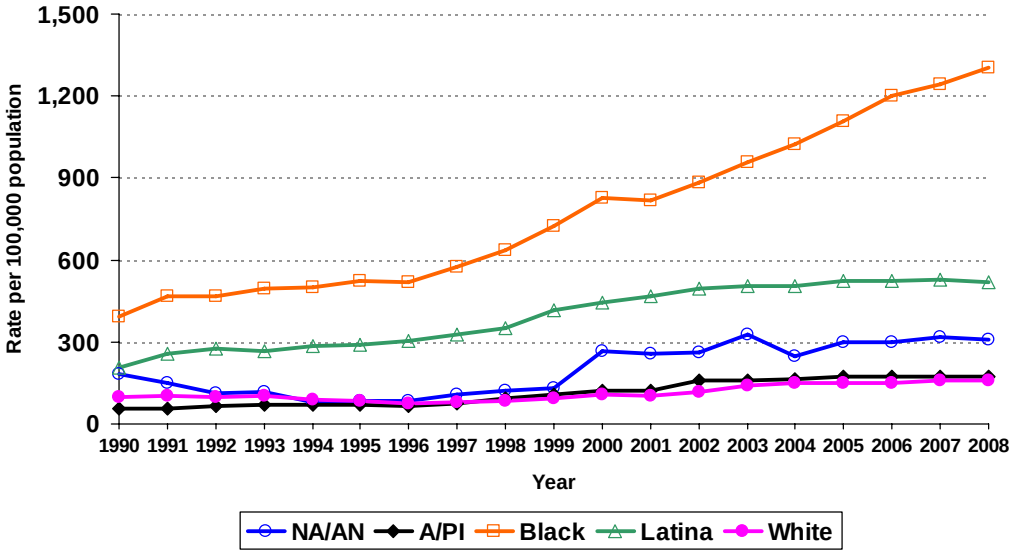
Figure 7. Chlamydia, Rates for Females by Age Group (in years), California, 1990–2008



Note: Age "Not Specified" ranged from 0.3% to 8.3% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

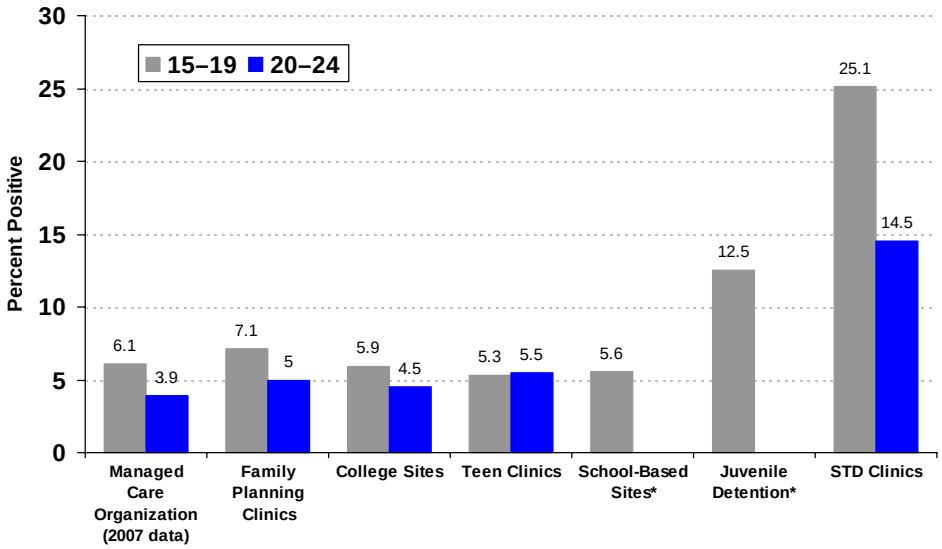
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2008



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

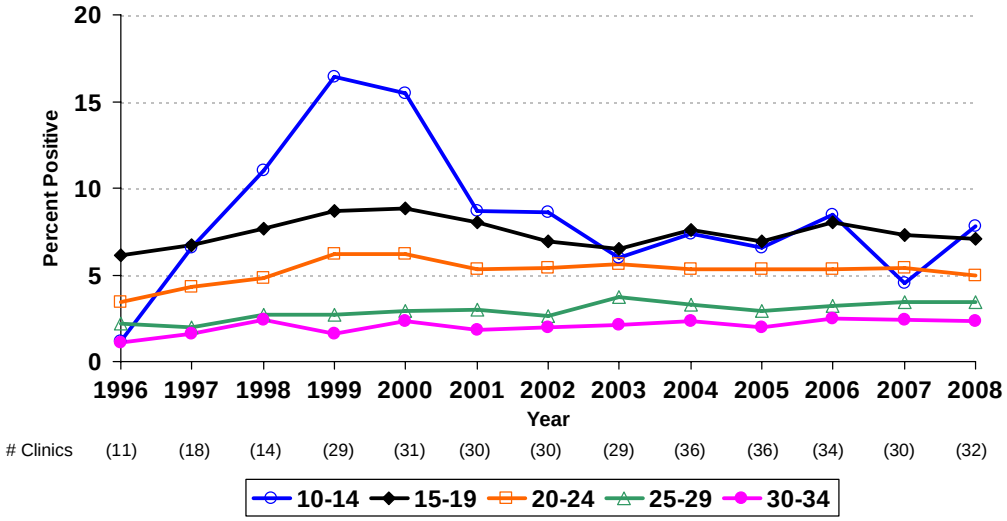
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2008



* These two venues target adolescents primarily.

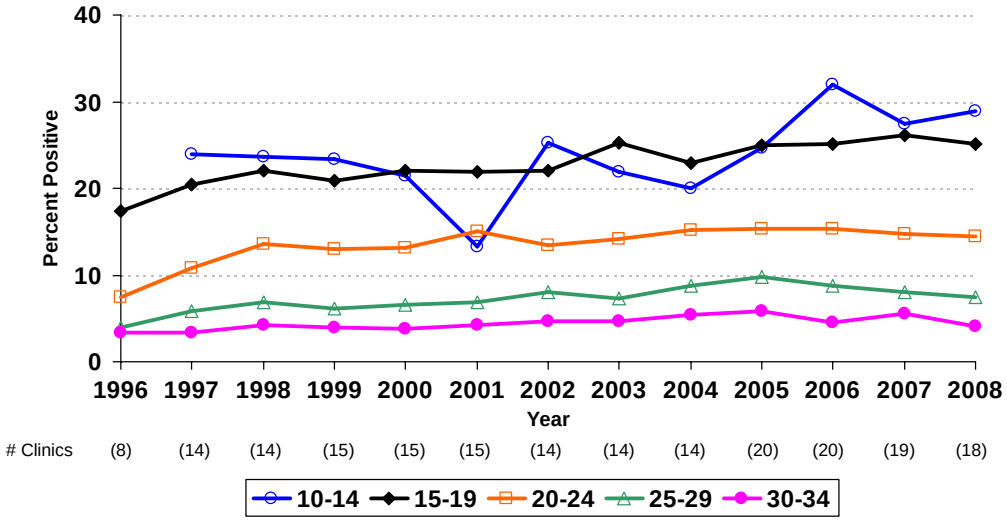
Source: California Department of Public Health, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 1996–2008



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

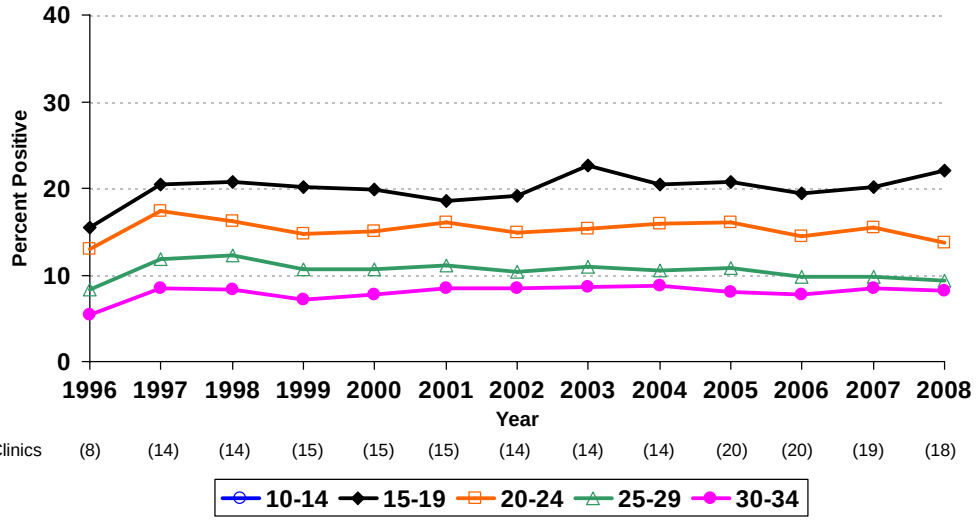
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group (in years), 1996–2008



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 (in years), 1996–2008



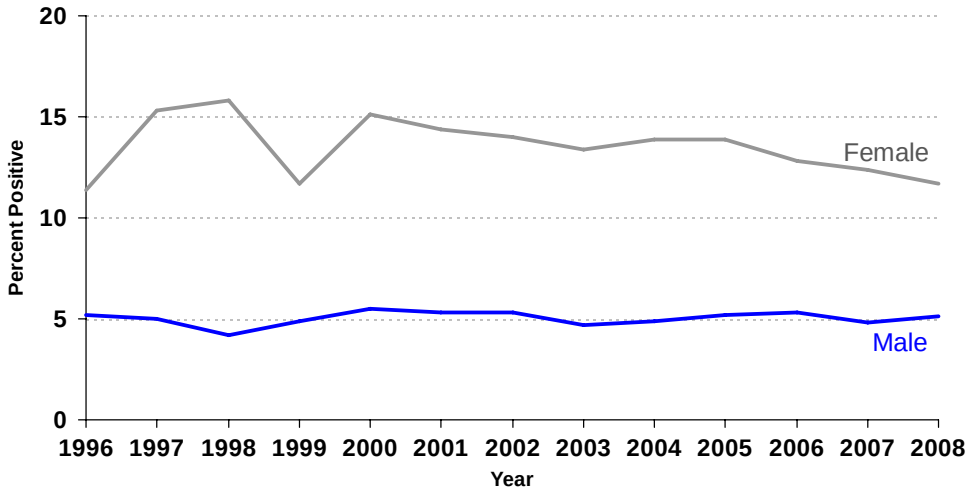
# Clinics	(8)	(14)	(14)	(15)	(15)	(15)	(14)	(14)	(14)	(20)	(20)	(19)	(18)

* 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

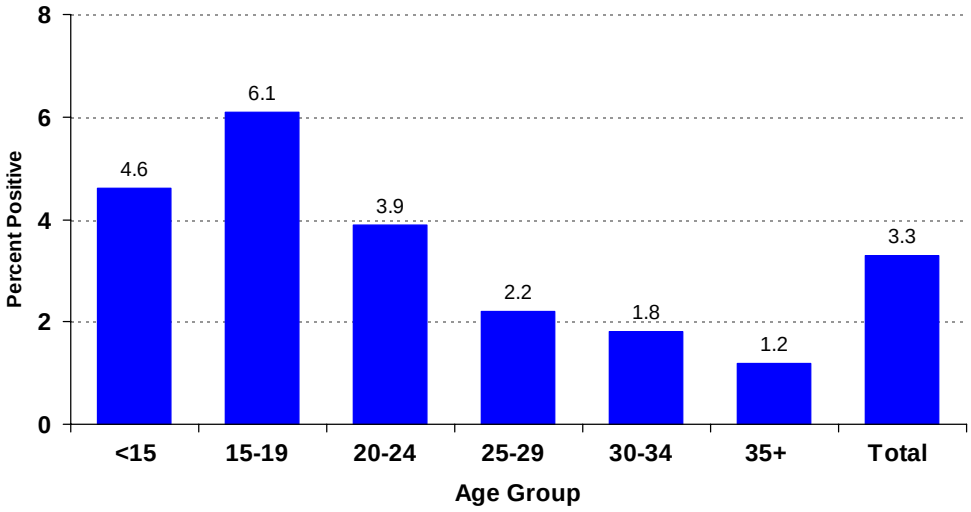
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 1996–2008



# Sites														
	–Female	(2)	(6)	(6)	(6)	(6)	(5)	(20)	(22)	(25)	(25)	(26)	(26)	(28)
	–Male	(2)	(4)	(4)	(5)	(5)	(4)	(20)	(22)	(25)	(22)	(21)	(19)	(19)

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 (in years), 2007*

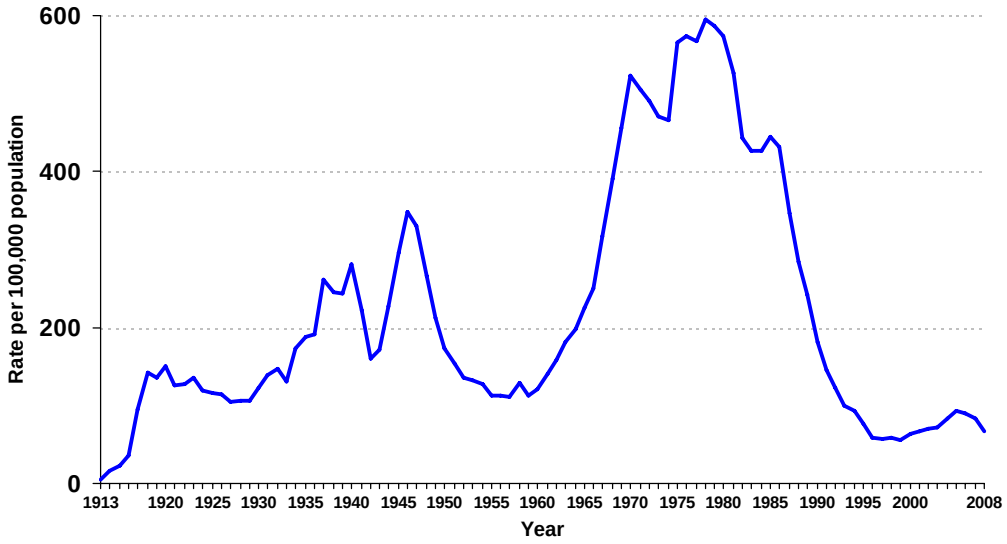


* 2008 data was not available.

Source: California Department of Public Health, STD Control Branch

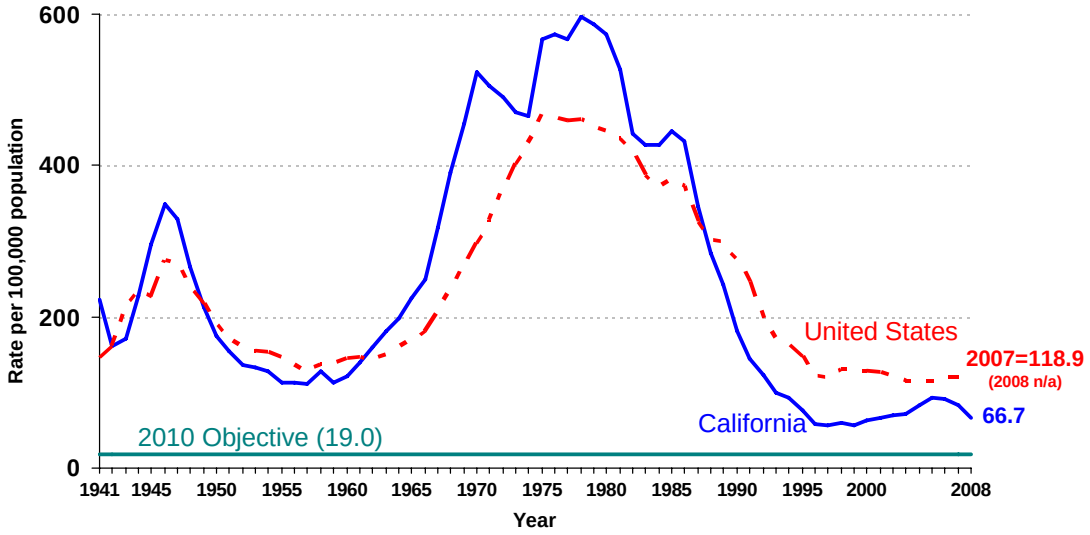
GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2008



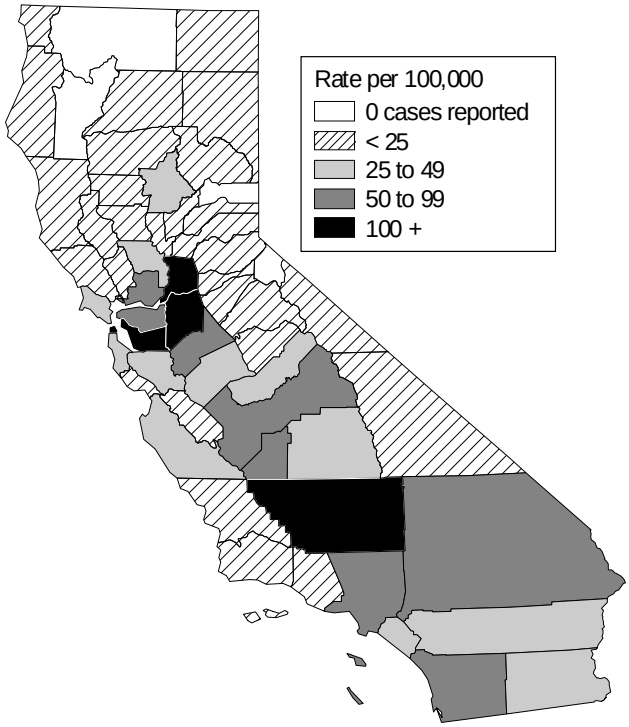
Source: California Department of Public Health, STD Control Branch

Figure 16. Gonorrhea, California versus United States Rates, 1941–2008



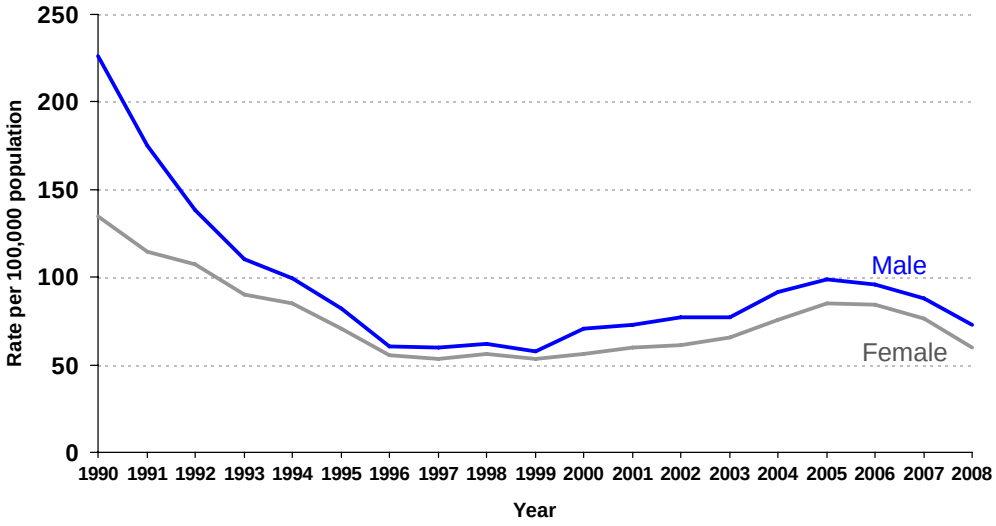
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2007*. Atlanta, Georgia: U.S. Department of Health and Human Services, December 2008, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2008



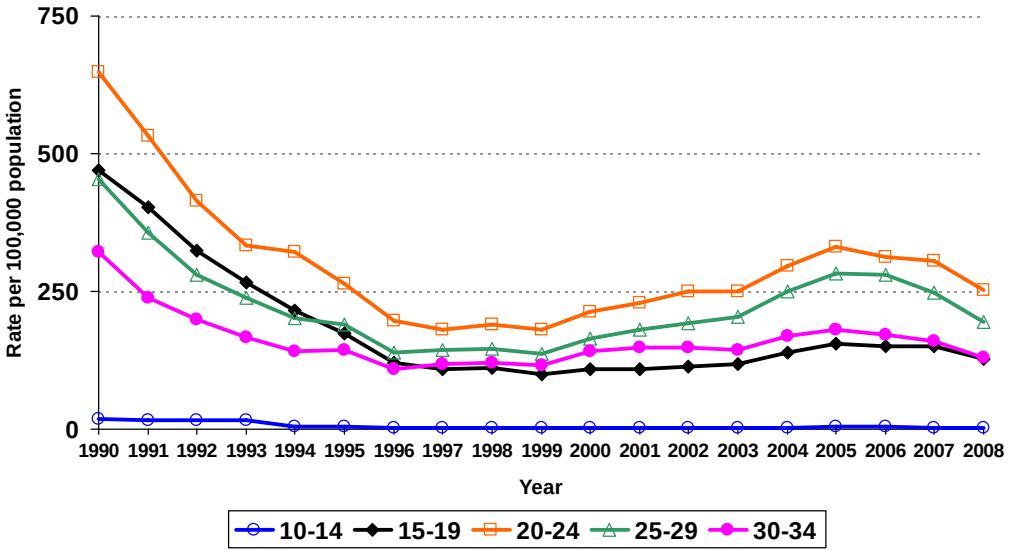
Source: California Department of Public Health, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2008



Source: California Department of Public Health, STD Control Branch

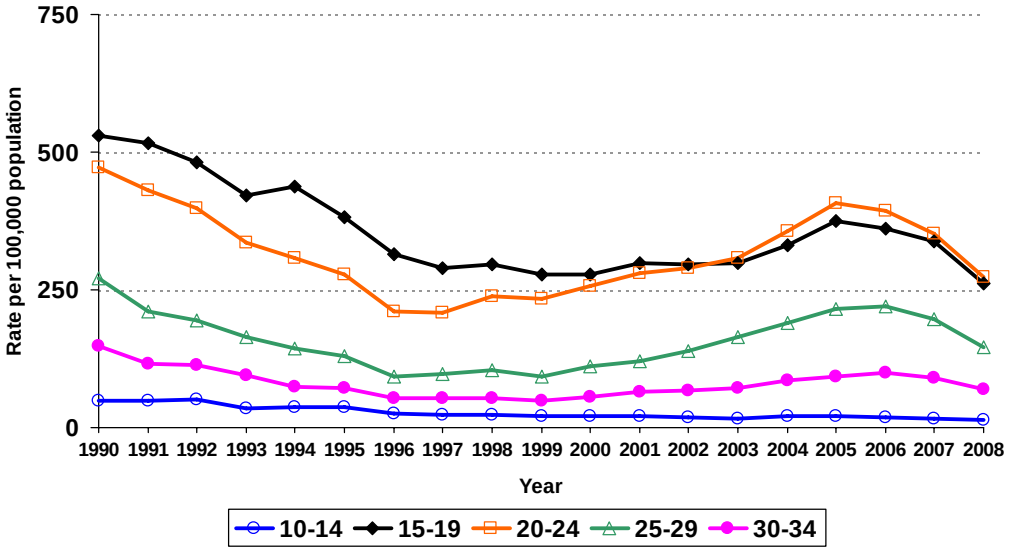
Figure 19. Gonorrhea, Rates for Males by Age Group (in years), California, 1990–2008



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

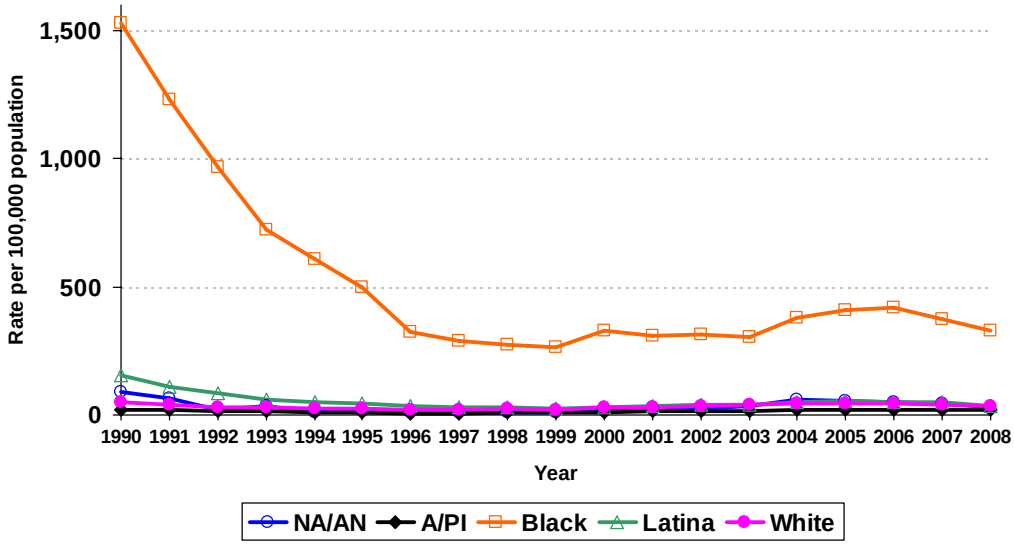
Figure 20. Gonorrhea, Rates for Females by Age Group (in years), California, 1990–2008



Note: Age "Not Specified" ranged from 0.3% to 9.0% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

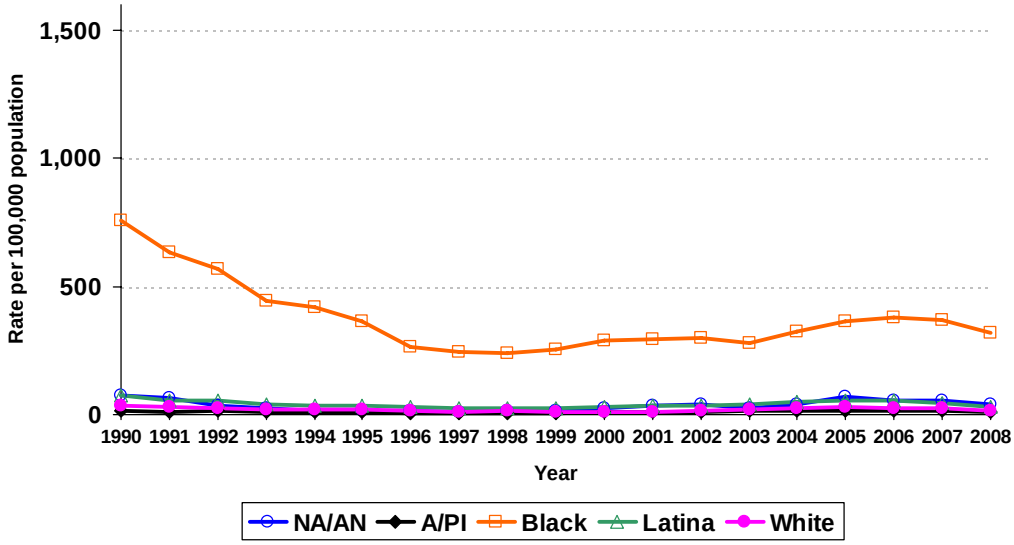
Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2008



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

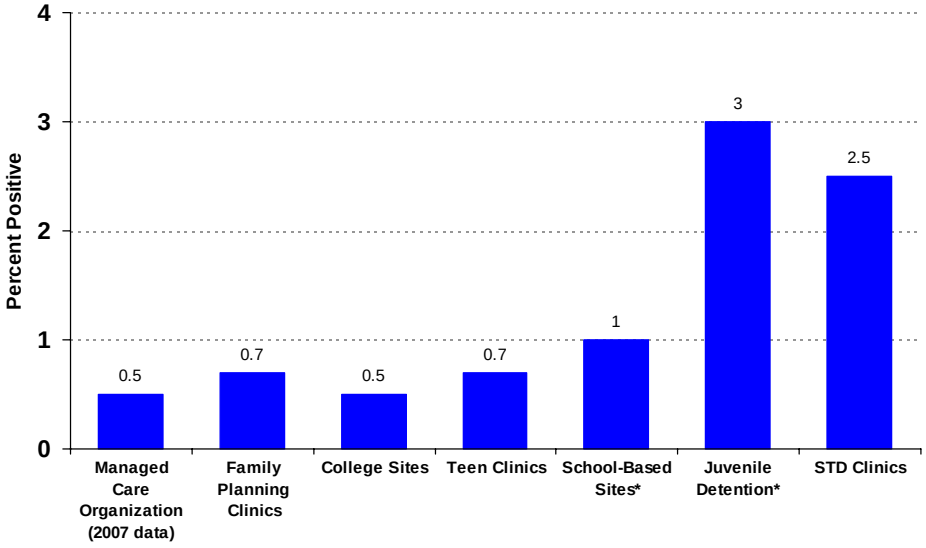
Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2008



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

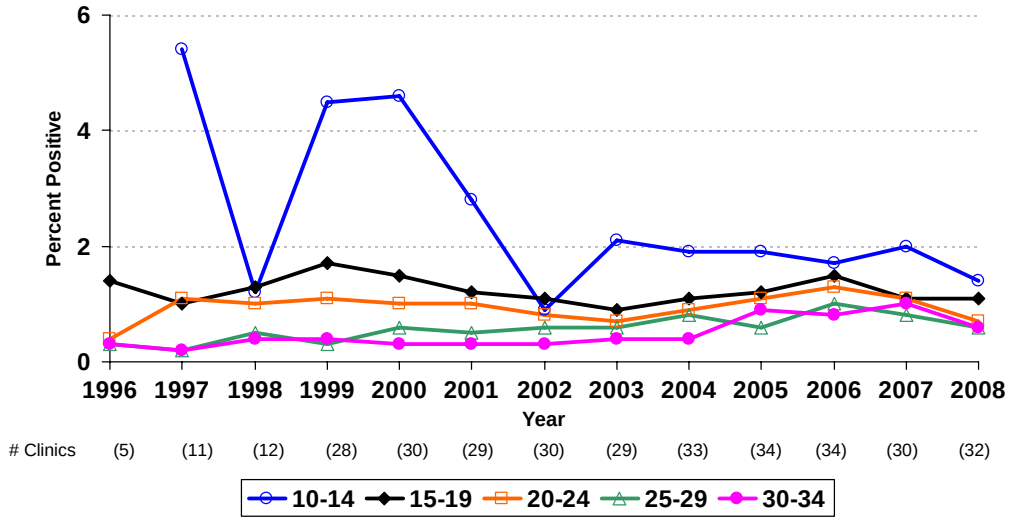
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive for Females, by Health Care Setting, California, 2008



* 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

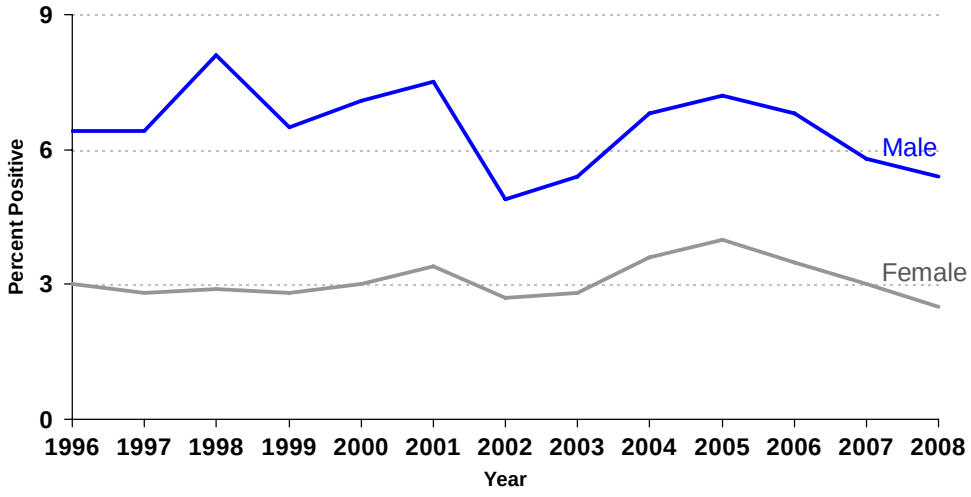
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 1996–2008



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,* 1996–2008

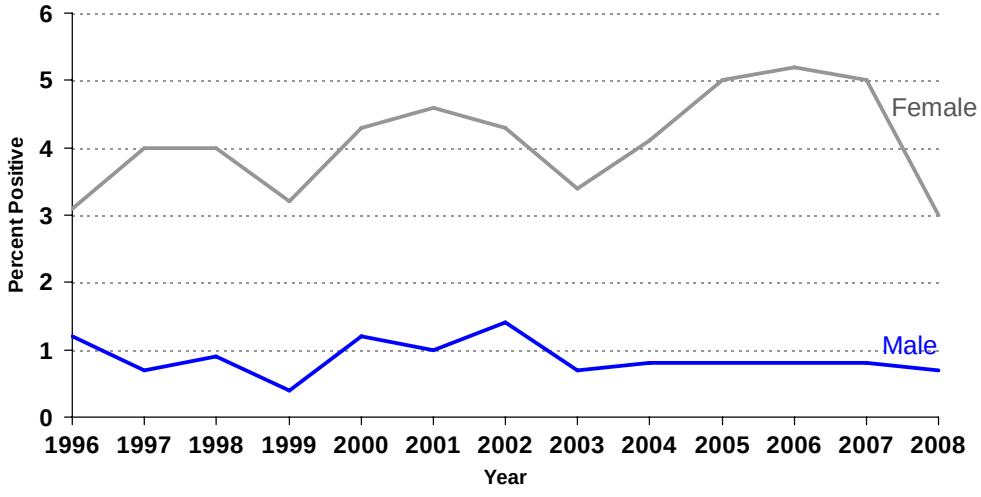


# Clinics	(6)	(6)	(6)	(15)	(15)	(15)	(14)	(14)	(14)	(20)	(19)	(18)	(18)

* 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

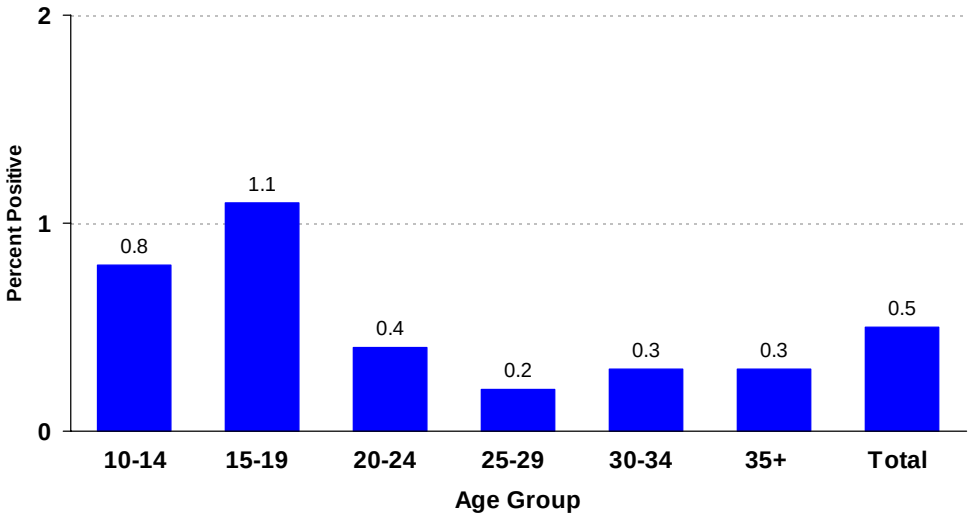
Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 1996–2008



# Sites	–Female	(2)	(5)	(5)	(5)	(6)	(5)	(9)	(10)	(8)	(8)	(9)	(6)	(10)
	–Male	(2)	(2)	(2)	(4)	(4)	(4)	(10)	(10)	(8)	(8)	(9)	(6)	(9)

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

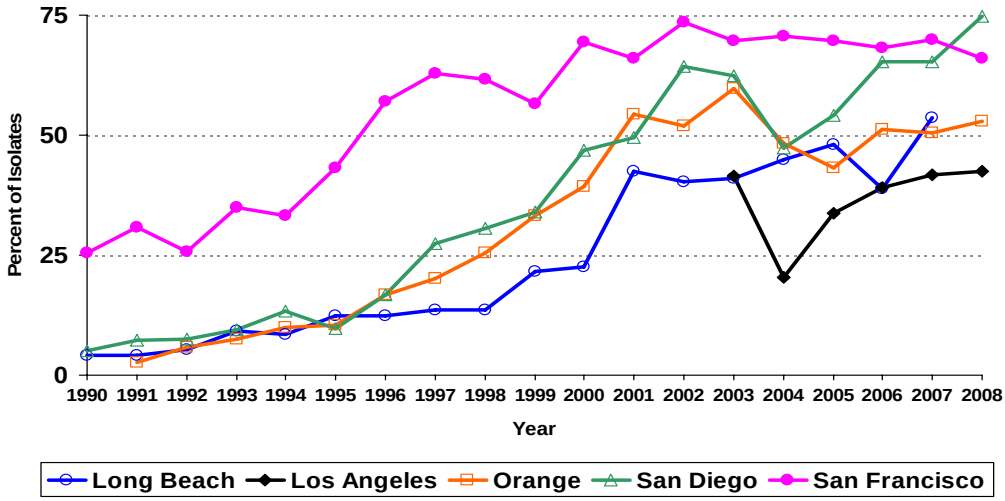
Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2007*



* 2008 data was not available.

Source: California Department of Public Health, STD Control Branch

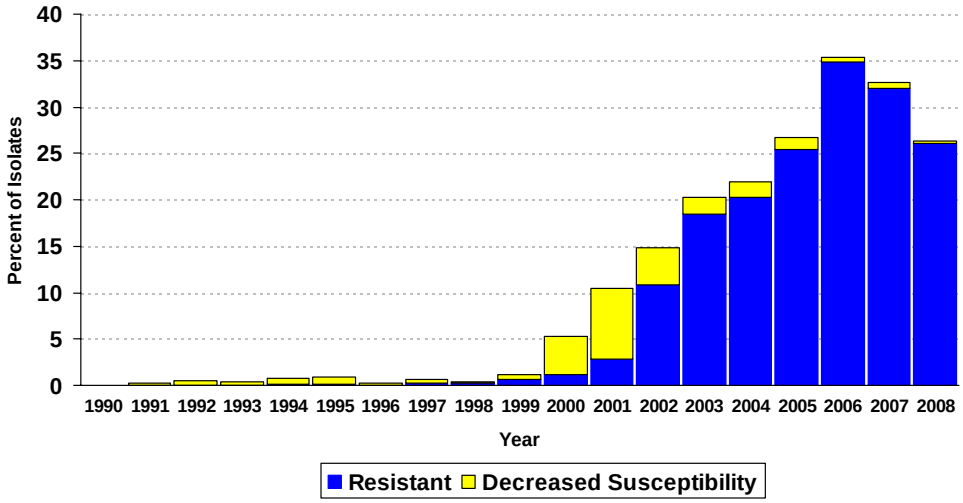
Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates Obtained from Men who Have Sex with Men in Five California STD Clinics, 1990–2008



Note: This project began in 1991 for the Orange County STD Clinic, and in 2003 for the Los Angeles County STD Clinic. Project participation ended for the Long Beach City STD Clinic in 2007.

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, 1990–2008



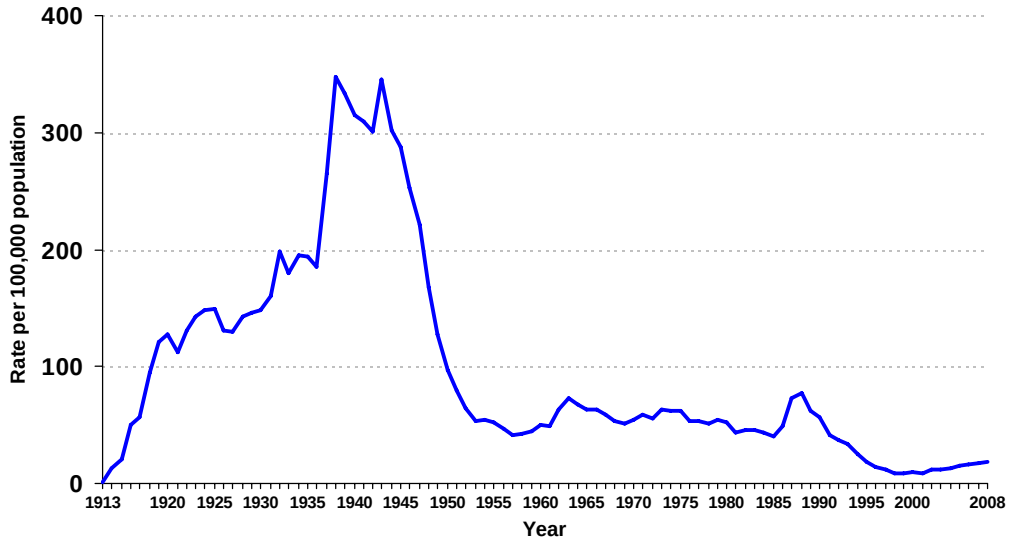
Note: Resistant isolates have minimum inhibitory concentrations (MICs) ≥ 1 µg ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of 0.125 – 0.5 µg ciprofloxacin/mL.

This project began in 1991 for the Orange County STD Clinic, and in 2003 for the Los Angeles County STD Clinic. Project participation ended for the Long Beach City STD Clinic in 2007.

Source: California Department of Public Health, STD Control Branch

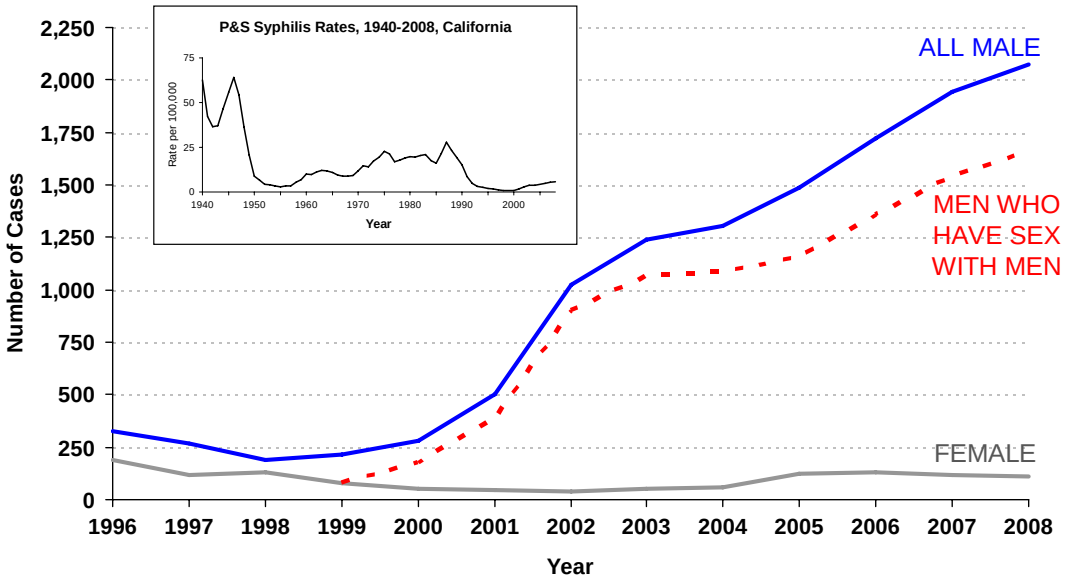
SYPHILIS

Figure 30. Total Syphilis (all stages), California Rates, 1913–2008



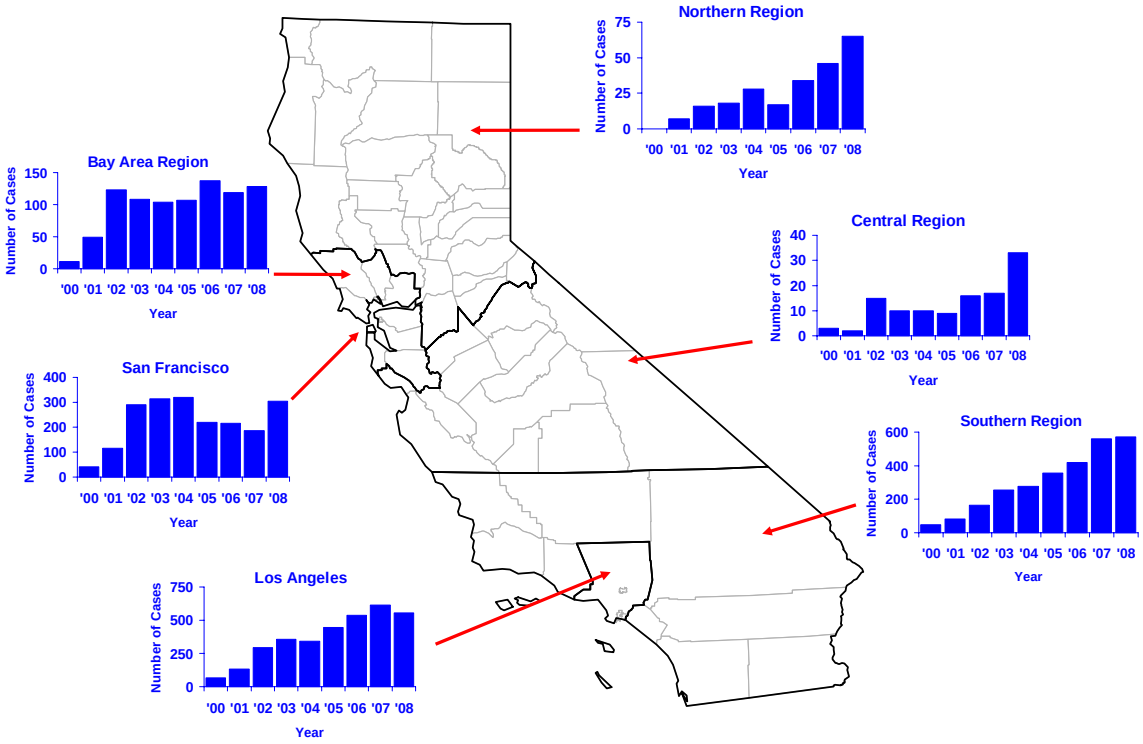
Source: California Department of Public Health, STD Control Branch

Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2008



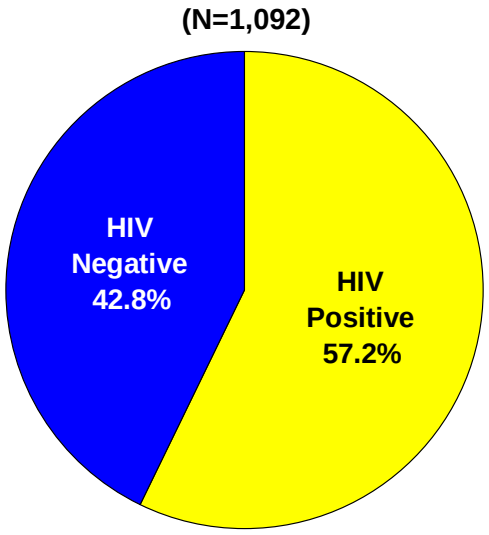
Source: California Department of Public Health, STD Control Branch

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

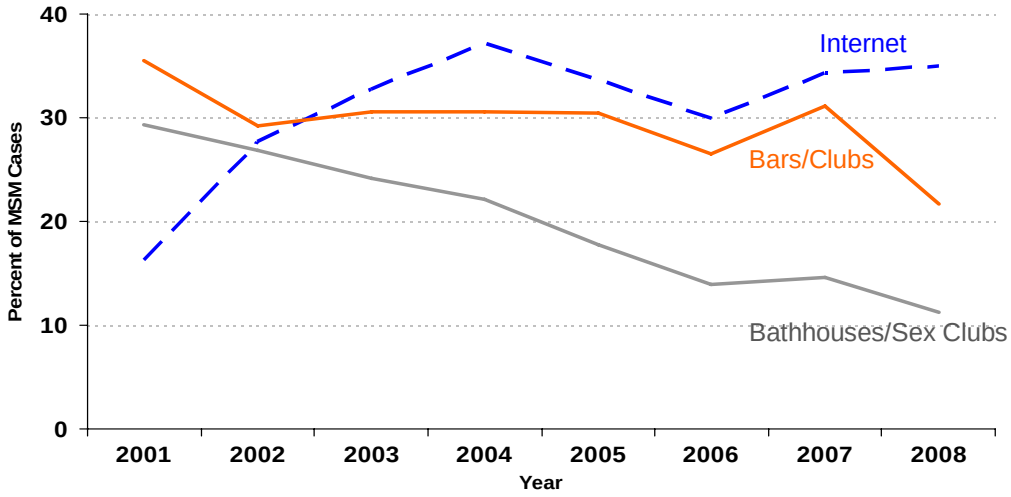
Figure 33. HIV Status among Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2008



Note: N does not include HIV status unknown or refused: 421 cases in 2008.

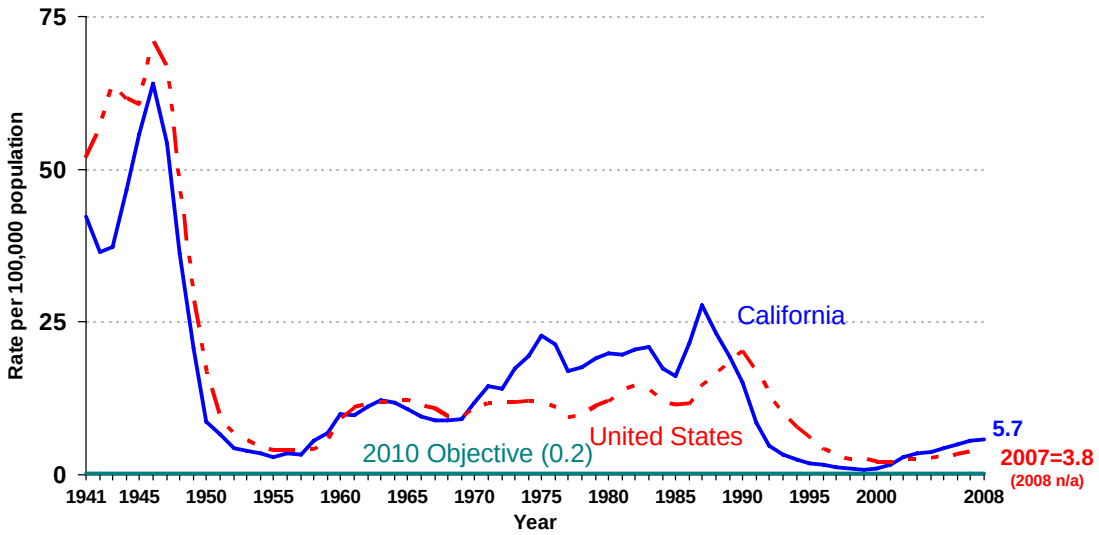
Source: California Department of Public Health, STD Control Branch

Figure 34. Percent Reporting Meeting Partners at Specified Venues, Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2001–2008



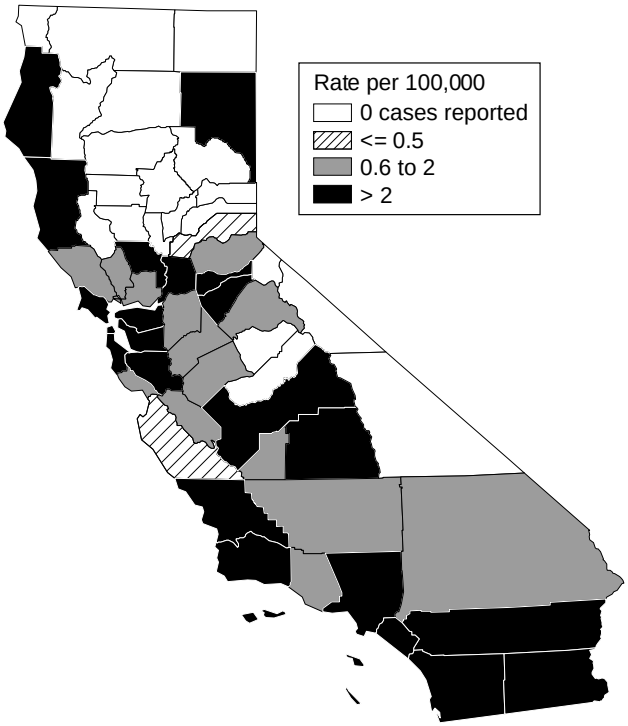
Source: California Department of Public Health, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Rates, 1941–2008



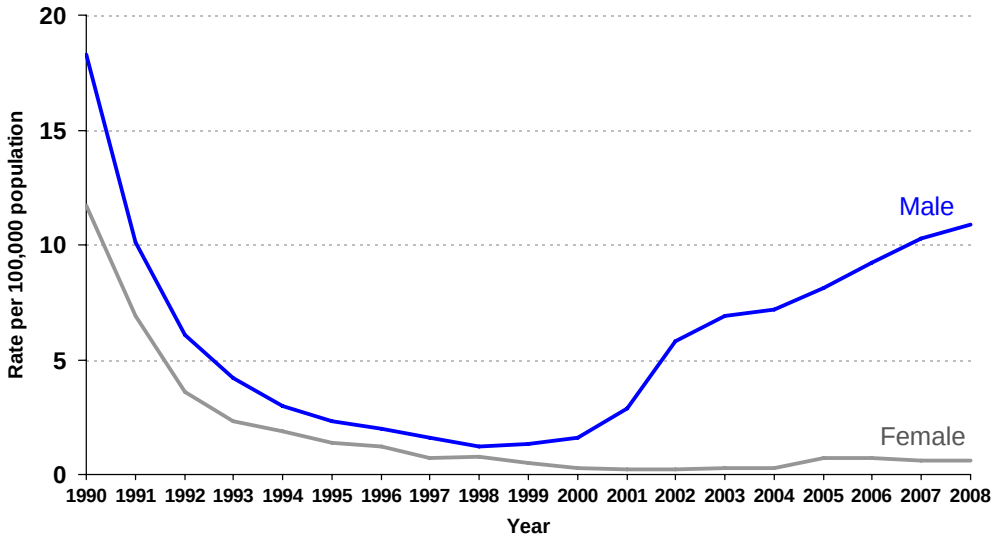
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2007*. Atlanta, Georgia: U.S. Department of Health and Human Services, December 2008, Table 1

Figure 36. Primary and Secondary Syphilis, Rates by County, California, 2008



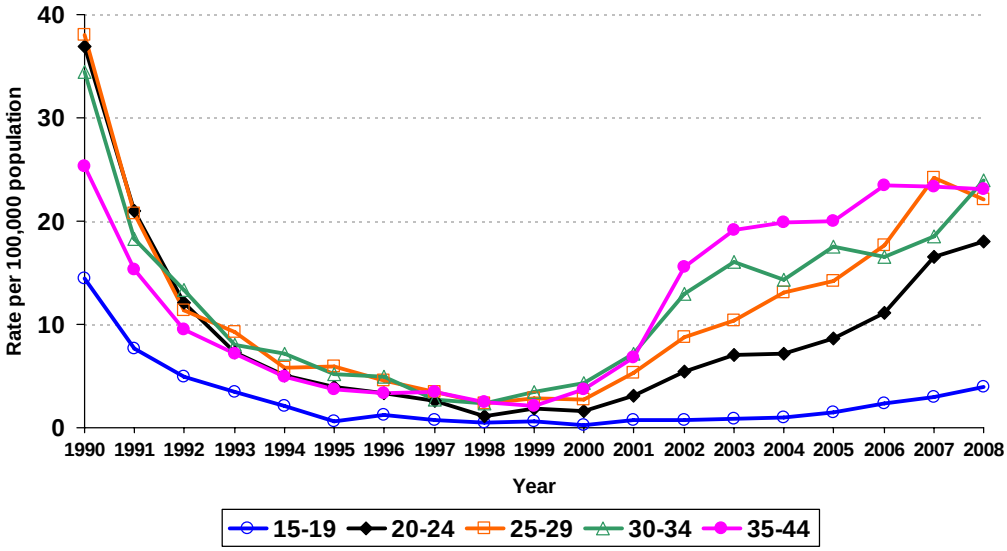
Source: California Department of Public Health, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Rates by Gender, California, 1990–2008



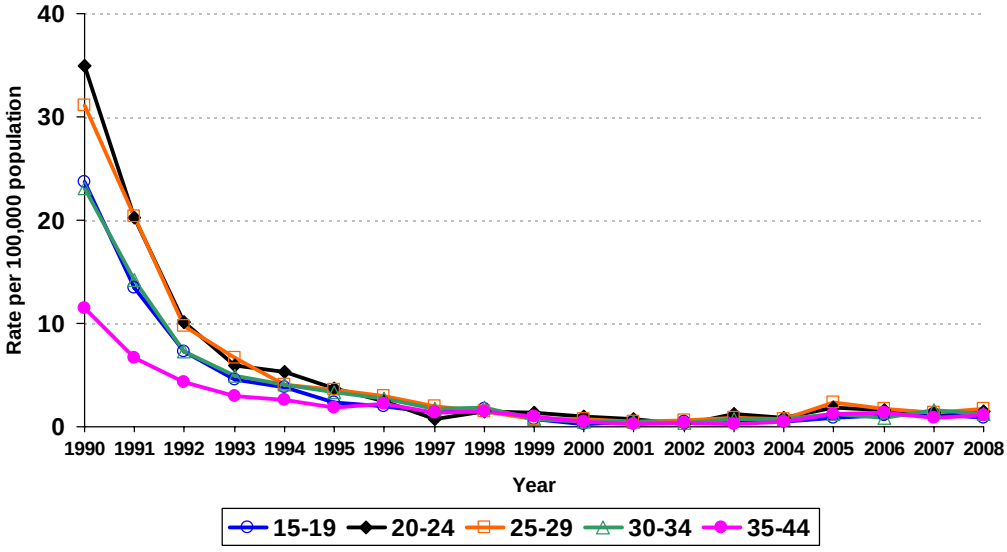
Source: California Department of Public Health, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Rates for Males by Age Group (in years), California, 1990–2008



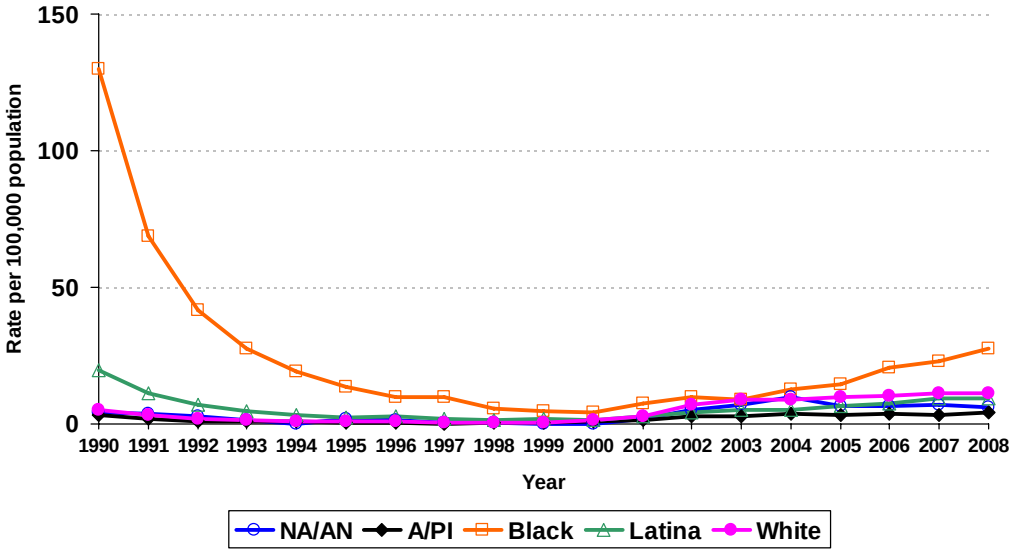
Source: California Department of Public Health, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Rates for Females by Age Group (in years), California, 1990–2008



Source: California Department of Public Health, STD Control Branch

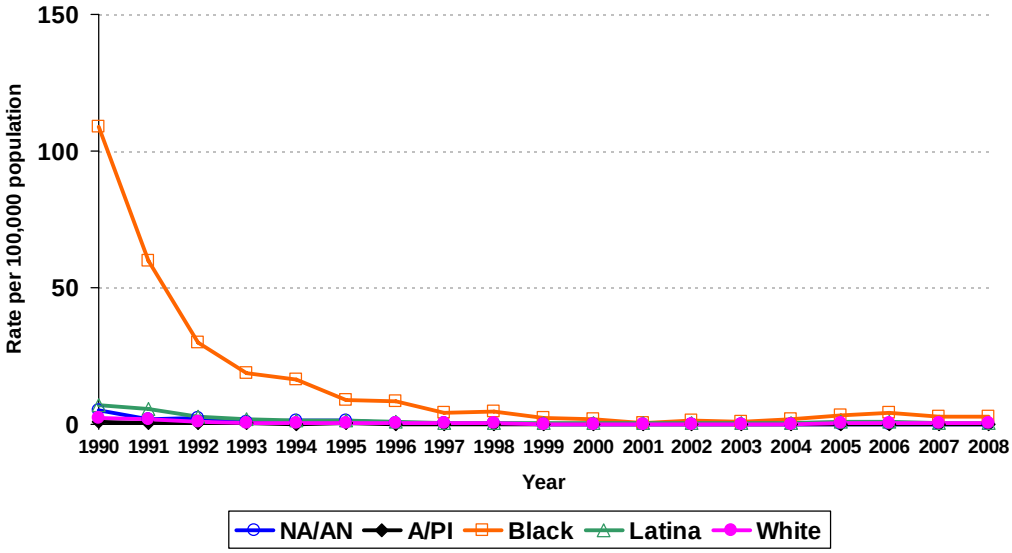
Figure 40. Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2008



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

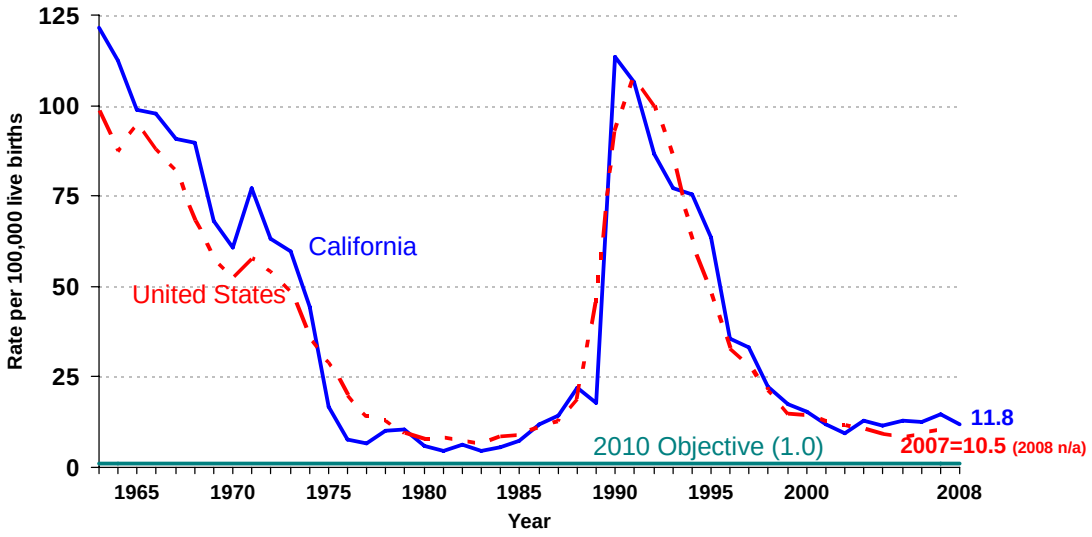
Figure 41. Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2008



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

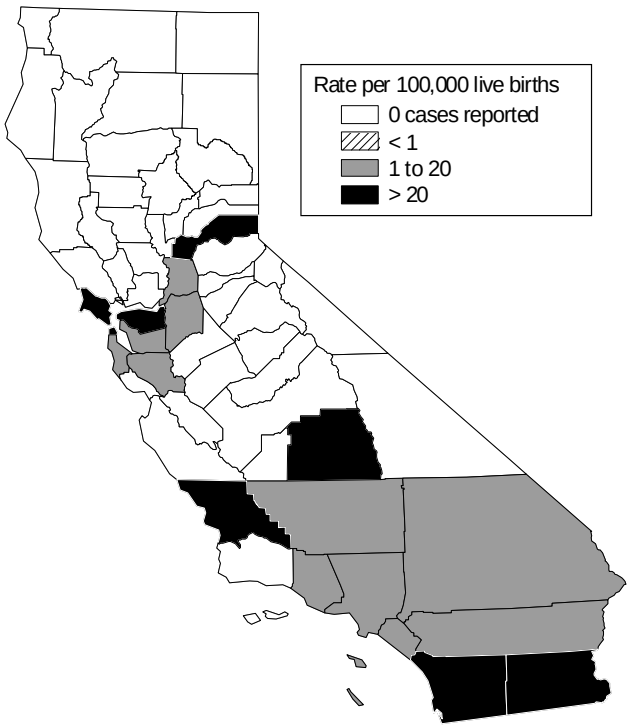
Figure 42. Congenital Syphilis in Infants Less than One Year of Age, California versus United States Rates, 1963–2008



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, 2007*. Atlanta, Georgia: U.S. Department of Health and Human Services, December 2008, Table 1

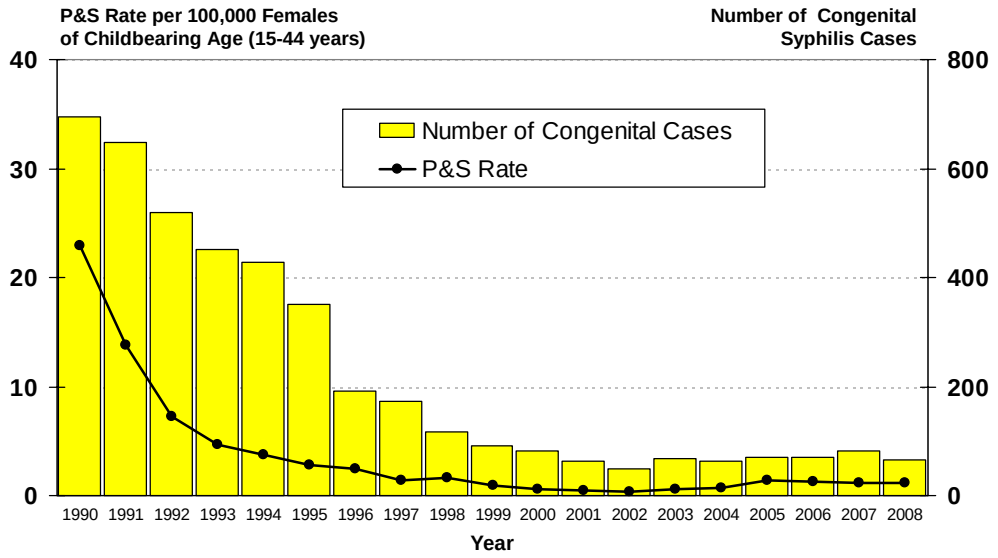
Figure 43. Congenital Syphilis in Infants Less than One Year of Age, Rates by County, California, 2008



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

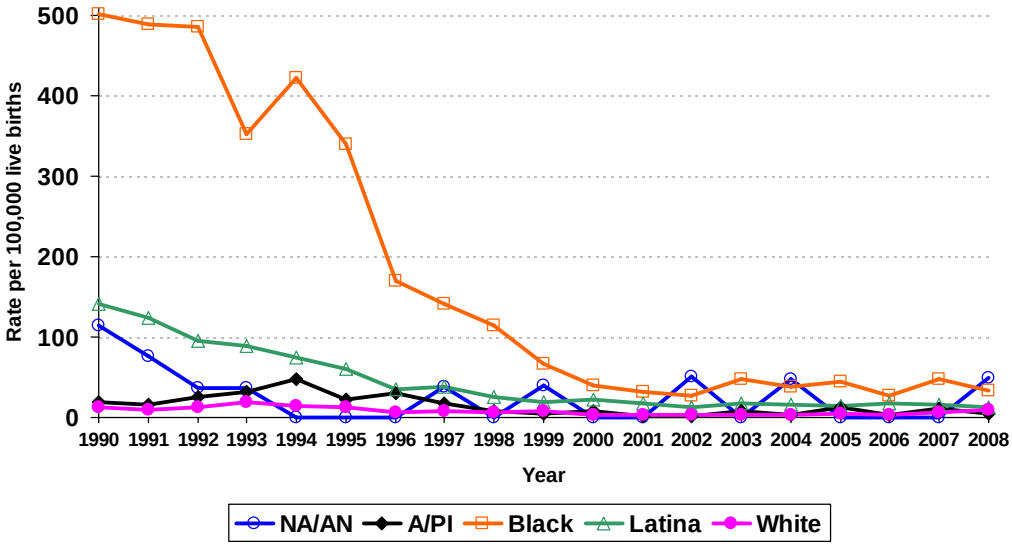
Source: California Department of Public Health, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants Less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Rates, California, 1990–2008



Source: California Department of Public Health, STD Control Branch

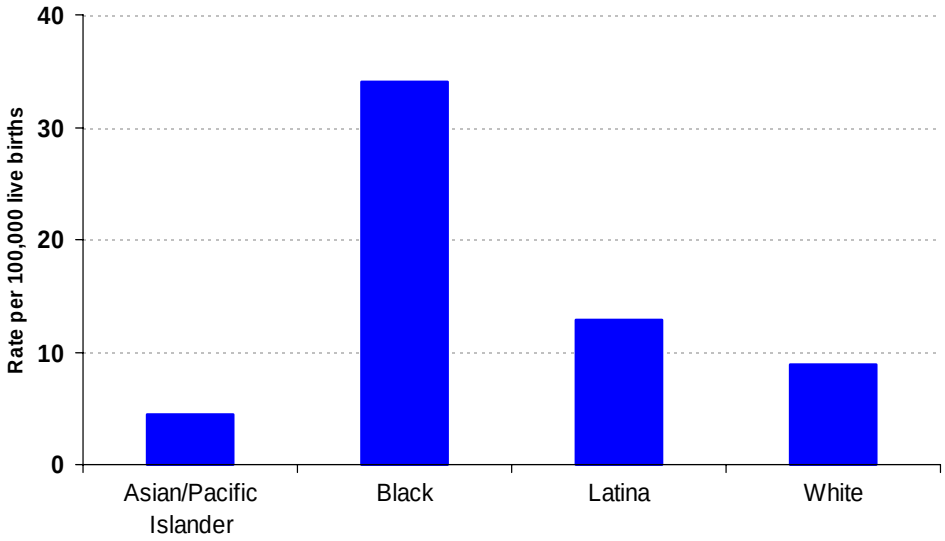
Figure 45. Congenital Syphilis in Infants Less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2008



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, 2008



Note: Native American/Alaskan Native rates were excluded; only one case was reported in 2008.

Source: California Department of Public Health, STD Control Branch

TABLES

Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2008

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, 1913–2008 *(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	1,752	5.3	117	22.4	2,974	9.0	76,801	233.7	19,550	59.5
1999	294	0.9	592	1.8	1,909	5.7	91	17.6	2,886	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	408	1.2	2,175	6.3	62	11.8	3,192	9.2	101,591	292.2	23,285	67.0
2002	1,064	3.0	735	2.1	2,215	6.3	50	9.4	4,064	11.5	110,763	313.2	24,673	69.8
2003	1,298	3.6	813	2.3	2,099	5.8	69	12.8	4,279	11.9	116,390	323.8	25,694	71.5
2004	1,367	3.7	877	2.4	2,457	6.7	63	11.6	4,764	13.1	123,479	338.7	30,483	83.6
2005	1,612	4.4	1,188	3.2	2,710	7.3	71	12.9	5,581	15.1	129,135	350.0	34,097	92.4
2006	1,850	5.0	1,380	3.7	2,950	7.9	70	12.5	6,250	16.8	136,414	365.7	33,809	90.6
2007	2,066	5.5	1,475	3.9	2,850	7.6	83	14.7	6,474	17.2	142,997	379.2	31,193	82.7
2008	2,180	5.7	1,641	4.3	3,013	7.9	65	11.8	6,899	18.1	149,070	390.8	25,445	66.7

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, 2000-2008.* Sacramento, California, December 2008

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1990-2017, with Actual and Projected State Births.* Sacramento, California, October 2008

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, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**123,479**	**338.7**	**129,135**	**350.0**	**136,414**	**365.7**	**142,997**	**379.2**	**149,070**	**390.8**
Alameda	5,249	350.7	5,202	346.6	6,028	398.7	7,086	463.5	6,972	450.2
— Berkeley[1]	311	298.1	315	302.2	366	346.3	434	406.8	407	379.5
Alpine	-	-	-	-	2	158.6	-	-	-	-
Amador	21	56.4	50	132.1	61	160.1	76	199.1	70	184.9
Butte	698	327.1	631	292.9	724	333.0	793	362.3	601	272.2
Calaveras	29	65.7	43	95.3	31	67.9	32	69.7	37	80.5
Colusa	33	159.5	31	147.0	47	218.6	25	114.8	22	100.7
Contra Costa	2,756	272.6	2,864	280.3	3,118	302.8	3,443	330.3	3,783	358.1
Del Norte	31	108.1	27	93.3	20	68.9	30	102.4	42	142.9
El Dorado	238	138.8	206	118.0	254	143.8	238	133.4	230	127.8
Fresno	4,811	550.8	4,856	546.2	5,293	584.3	5,369	582.7	5,563	593.8
Glenn	49	176.1	68	240.3	49	171.3	63	217.2	75	256.1
Humboldt	322	245.7	325	247.1	363	275.2	384	290.5	399	300.7
Imperial	360	226.9	401	246.1	587	348.1	680	391.3	673	378.5
Inyo	37	200.4	18	98.1	28	153.3	31	170.5	46	255.4
Kern	3,708	499.9	4,002	522.8	4,078	516.4	4,633	572.9	5,613	681.6
Kings	620	430.1	638	435.0	505	337.0	492	321.7	596	384.5
Lake	98	156.5	100	158.5	119	186.7	117	183.5	83	129.5
Lassen	44	125.7	44	125.8	34	95.8	39	107.6	48	134.2
Los Angeles	41,192	406.9	41,803	410.2	42,971	419.9	44,050	428.8	46,501	449.4
— Long Beach[1]	2,294	469.9	2,370	483.8	2,450	500.2	2,666	543.8	2,737	556.3
— Pasadena[1]	358	248.1	558	383.0	623	426.6	451	307.9	446	301.5
Madera	697	502.7	608	428.4	719	493.2	724	484.9	726	477.8
Marin	475	189.4	518	205.3	591	233.0	528	206.4	513	199.2
Mariposa	21	118.3	17	94.4	11	60.4	16	87.4	14	76.5
Mendocino	194	217.5	200	223.7	172	192.7	210	234.3	246	273.2
Merced	900	380.6	1,036	426.6	1,058	426.3	901	357.2	877	342.4
Modoc	6	62.4	10	103.6	13	133.8	14	144.9	12	123.4
Mono	11	81.9	9	66.7	16	116.2	15	109.0	22	160.3
Monterey	1,190	282.5	1,278	303.5	1,374	326.3	1,248	293.8	1,334	310.9
Napa	146	110.8	246	185.3	254	189.5	241	178.1	248	181.0
Nevada	111	113.4	124	125.2	112	112.5	138	139.2	138	139.2
Orange	6,200	204.5	7,670	250.9	8,008	260.8	8,093	261.5	8,326	266.4
Placer	436	144.2	465	148.3	660	204.5	620	187.8	651	192.2
Plumas	18	85.6	21	99.2	37	175.8	33	157.8	55	265.8
Riverside	3,760	203.9	4,644	241.4	5,112	255.4	6,380	309.4	6,105	289.8
Sacramento	6,233	458.9	6,892	500.1	7,677	550.4	7,669	543.0	7,223	505.9
San Benito	148	260.3	110	192.9	132	231.4	152	265.1	146	253.3
San Bernardino	7,433	387.0	7,649	387.9	8,058	400.9	8,399	412.0	8,694	421.9
San Diego	10,783	356.5	11,164	365.8	11,881	386.2	12,642	405.9	14,137	447.2
San Francisco	3,618	450.1	3,797	469.5	4,093	500.9	3,939	474.7	4,101	486.7
San Joaquin	2,618	406.2	2,785	422.0	3,181	474.7	3,532	520.1	3,525	513.1
San Luis Obispo	459	176.3	558	212.4	570	215.3	626	234.3	650	240.7
San Mateo	1,505	209.4	1,501	208.1	1,686	232.6	1,775	242.3	2,013	271.2
Santa Barbara	1,068	256.3	1,076	256.8	1,111	263.9	1,171	275.4	1,195	278.5
Santa Clara	5,549	317.9	5,278	299.9	5,758	322.8	5,763	317.5	5,616	304.1
Santa Cruz	585	225.5	582	223.4	622	237.4	663	250.5	668	249.7
Shasta	614	346.9	503	281.7	403	223.9	473	261.1	392	214.8
Sierra	-	-	2	57.5	1	28.8	-	-	6	178.9
Siskiyou	107	236.0	100	219.2	107	234.4	100	219.1	81	176.0
Solano	1,432	342.5	1,584	377.5	1,776	421.3	1,890	445.8	2,068	485.4
Sonoma	619	130.4	812	170.5	807	169.1	790	164.3	909	187.6
Stanislaus	1,821	365.6	2,002	393.9	1,808	350.9	1,946	373.3	1,975	375.4
Sutter	176	201.0	202	224.6	240	258.8	210	221.4	214	221.7
Tehama	154	259.8	141	233.2	157	255.4	140	226.2	107	171.3
Trinity	16	117.8	14	100.8	13	93.3	15	107.7	15	107.9
Tulare	1,779	440.5	1,851	447.4	1,746	413.6	1,691	393.1	1,813	413.7
Tuolumne	98	173.0	86	151.2	62	108.8	68	120.2	54	95.6
Ventura	1,552	192.5	1,556	191.6	1,381	168.8	1,889	229.2	2,092	251.9
Yolo	445	237.9	522	275.8	490	254.0	509	258.2	542	271.0
Yuba	206	312.9	213	311.0	205	292.6	203	285.4	213	294.4

[1] 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, 2008

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**149,070**	**390.8**	**104,400**	**544.9**	**44,130**	**231.2**	**540**
Ages 0 - 9	38	0.7	25	0.9	13	0.5	0
10 - 14	1,323	47.5	1,141	83.7	179	12.6	3
15 - 19	43,373	1,436.6	34,616	2,354.4	8,643	558.0	114
20 - 24	53,411	1,947.1	38,351	2,907.3	14,909	1,047.0	151
25 - 29	25,824	1,009.8	16,527	1,349.5	9,201	690.5	96
30 - 34	11,189	450.9	6,810	561.4	4,308	339.6	71
35 - 44	9,637	171.0	5,046	182.3	4,546	158.5	45
45+	3,756	27.6	1,573	22.0	2,160	33.4	23
Not Specified	519	-	311	-	171	-	37
Native American/Alaskan Native	**467**	**202.9**	**361**	**308.5**	**103**	**91.0**	**3**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	6	35.0	5	59.5	1	11.5	0
15 - 19	161	818.9	139	1,437.9	21	210.1	1
20 - 24	178	954.4	136	1,513.6	41	424.2	1
25 - 29	60	352.8	43	516.7	17	195.7	0
30 - 34	29	194.5	18	239.8	11	148.5	0
35 - 44	28	82.2	15	86.9	12	71.4	1
45+	3	3.3	3	6.2	0	0.0	0
Not Specified	2	-	2	-	0	-	0
Asian/Pacific Islander	**5,663**	**121.6**	**4,169**	**172.3**	**1,470**	**65.7**	**24**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	14	5.1	14	10.5	0	0.0	0
15 - 19	1,077	351.2	929	623.9	147	93.2	1
20 - 24	2,044	638.2	1,561	1,003.6	475	288.4	8
25 - 29	1,119	331.4	800	473.9	316	187.1	3
30 - 34	605	172.2	401	220.5	199	117.4	5
35 - 44	534	69.8	317	78.9	213	58.7	4
45+	250	14.3	131	13.6	117	14.8	2
Not Specified	20	-	16	-	3	-	1
African American/Black	**23,061**	**1,015.3**	**15,127**	**1,303.1**	**7,888**	**710.3**	**46**
Ages 0 - 9	9	3.1	5	3.5	4	2.7	0
10 - 14	360	206.5	296	345.8	64	72.1	0
15 - 19	9,355	4,452.8	6,904	6,717.5	2,431	2,265.2	20
20 - 24	8,043	4,217.4	5,309	5,796.2	2,724	2,748.3	10
25 - 29	2,870	1,761.1	1,609	2,011.9	1,258	1,515.8	3
30 - 34	1,091	745.3	516	681.5	571	808.1	4
35 - 44	890	266.4	313	182.9	571	350.5	6
45+	388	50.7	144	34.9	242	68.7	2
Not Specified	55	-	31	-	23	-	1
Hispanic/Latino	**48,119**	**347.2**	**35,083**	**517.6**	**12,953**	**182.9**	**83**
Ages 0 - 9	19	0.7	16	1.2	3	0.2	0
10 - 14	404	30.0	353	53.4	50	7.3	1
15 - 19	13,480	998.3	10,870	1,649.6	2,593	375.1	17
20 - 24	17,967	1,624.4	13,091	2,471.4	4,850	841.4	26
25 - 29	8,694	804.0	5,860	1,165.0	2,815	486.8	19
30 - 34	3,794	359.4	2,559	514.7	1,221	218.6	14
35 - 44	2,940	138.9	1,851	185.4	1,085	97.0	4
45+	713	23.0	407	25.3	304	20.3	2
Not Specified	108	-	76	-	32	-	0
White	**19,514**	**118.8**	**13,065**	**157.8**	**6,388**	**78.4**	**61**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	107	12.0	102	23.5	5	1.1	0
15 - 19	4,933	468.1	4,229	827.5	697	128.4	7
20 - 24	7,388	708.5	5,320	1,062.3	2,048	377.9	20
25 - 29	3,410	375.7	1,999	455.9	1,400	298.4	11
30 - 34	1,407	160.7	725	168.1	675	152.0	7
35 - 44	1,486	64.3	494	43.3	984	84.0	8
45+	730	9.4	161	4.0	561	15.1	8
Not Specified	53	-	35	-	18	-	0
Other/Multi/Unknown	**52,246**	**-**	**36,595**	**-**	**15,328**	**-**	**323**
Ages 0 - 9	10	-	4	-	6	-	0
10 - 14	432	-	371	-	59	-	2
15 - 19	14,367	-	11,545	-	2,754	-	68
20 - 24	17,791	-	12,934	-	4,771	-	86
25 - 29	9,671	-	6,216	-	3,395	-	60
30 - 34	4,263	-	2,591	-	1,631	-	41
35 - 44	3,759	-	2,056	-	1,681	-	22
45+	1,672	-	727	-	936	-	9
Not Specified	281	-	151	-	95	-	35

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, 2008

HEALTH JURISDICTION	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**34,616**	**2,354.4**	**72,967**	**2,615.9**	**101,350**	**1,267.7**
Alameda	1,976	3,916.1	3,597	3,699.1	4,755	1,428.1
— Berkeley[1]	121	2,833.6	202	1,609.1	248	845.3
Alpine	-	-	-	-	-	-
Amador	13	1,102.6	27	1,198.4	35	650.4
Butte	156	1,713.0	343	1,700.0	431	919.7
Calaveras	7	421.2	18	565.0	25	345.5
Colusa	5	516.5	12	627.3	17	364.6
Contra Costa	1,114	2,878.4	2,056	2,731.9	2,689	1,287.5
Del Norte	11	1,022.3	25	1,118.6	33	628.8
El Dorado	65	891.8	133	997.7	166	510.4
Fresno	1,588	3,891.8	3,118	3,928.2	4,193	2,013.9
Glenn	19	1,505.5	41	1,655.2	59	997.1
Humboldt	99	2,071.1	199	1,797.8	272	963.8
Imperial	163	1,964.6	362	2,351.9	497	1,365.7
Inyo	11	1,527.8	23	1,644.0	29	942.8
Kern	1,176	3,341.3	2,287	3,303.3	2,980	1,677.8
Kings	111	1,850.6	293	2,552.7	410	1,353.0
Lake	30	1,314.6	46	1,051.4	58	534.8
Lassen	11	953.2	22	947.1	26	471.7
Los Angeles	10,071	2,428.1	21,710	2,868.0	30,804	1,398.5
— Long Beach[1]	686	3,812.6	1,429	3,783.9	1,968	1,657.0
— Pasadena[1]	96	2,521.3	215	2,478.5	312	913.2
Madera	144	2,270.2	360	3,266.2	615	1,823.4
Marin	90	1,223.7	202	1,414.9	279	696.5
Mariposa	3	488.6	6	513.3	10	347.6
Mendocino	70	2,202.0	132	1,981.4	170	1,022.6
Merced	211	1,799.7	480	2,103.6	685	1,177.9
Modoc	6	1,604.3	7	905.6	10	570.1
Mono	2	392.9	4	415.8	11	412.6
Monterey	296	1,880.3	671	2,231.6	1,005	1,190.4
Napa	62	1,274.1	135	1,424.4	189	739.7
Nevada	55	1,508.9	80	1,182.0	98	612.2
Orange	1,614	1,415.6	3,901	1,794.8	5,893	871.2
Placer	166	1,247.0	341	1,395.9	448	711.5
Plumas	13	1,754.4	24	1,541.4	27	771.6
Riverside	1,473	1,553.4	3,292	1,811.8	4,498	966.2
Sacramento	1,997	3,597.3	3,764	3,555.2	4,930	1,667.9
San Benito	33	1,288.1	76	1,518.8	107	833.0
San Bernardino	2,321	2,469.7	4,623	2,588.8	6,202	1,325.0
San Diego	3,126	2,729.6	7,073	3,338.0	9,778	1,527.1
San Francisco	496	3,675.7	1,156	3,911.1	1,809	963.8
San Joaquin	912	2,972.0	1,807	3,094.4	2,363	1,652.7
San Luis Obispo	138	1,343.1	340	1,590.9	424	877.5
San Mateo	452	2,075.7	952	2,296.5	1,383	952.0
Santa Barbara	282	1,707.3	660	2,020.5	874	1,004.5
Santa Clara	1,231	2,099.5	2,665	2,419.4	3,931	1,103.2
Santa Cruz	170	1,876.4	341	1,714.3	484	822.0
Shasta	102	1,436.2	220	1,537.6	288	820.2
Sierra	2	1,834.9	2	775.2	2	351.5
Siskiyou	24	1,492.5	45	1,323.5	64	826.6
Solano	661	3,955.7	1,166	3,578.7	1,503	1,718.3
Sonoma	187	1,077.3	432	1,246.9	609	658.0
Stanislaus	470	1,990.6	1,082	2,405.0	1,491	1,323.6
Sutter	50	1,291.7	122	1,608.4	164	854.7
Tehama	28	1,129.9	67	1,325.7	89	713.3
Trinity	5	929.4	9	841.9	10	433.3
Tulare	453	2,274.7	940	2,430.8	1,333	1,368.2
Tuolumne	8	456.4	18	513.8	30	359.8
Ventura	460	1,438.6	1,064	1,718.5	1,542	920.3
Yolo	126	1,268.1	288	1,345.4	379	777.2
Yuba	51	1,551.6	108	1,698.1	144	874.5

[1] 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, 2008*

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	50	39,806	2,430	6.1%	57,829	2,271	3.9%	198,941	6,532	3.3%
Family Planning Clinics	32	7,295	521	7.1%	10,645	532	5.0%	31,052	1,375	4.4%
College Sites	14	1,127	67	5.9%	1,442	65	4.5%	3,359	150	4.5%
Teen Clinics	3	904	48	5.3%	546	30	5.5%	1,518	83	5.5%
School-Based Sites	20	3,428	192	5.6%	62	5	8.1%	3,738	212	5.7%
Juvenile Detention	28	9,152	1,148	12.5%	4	2	50.0%	11,450	1,341	11.7%
STD Clinics	18	2,118	532	25.1%	4,164	604	14.5%	15,481	1,530	9.9%

* Data displayed for the Managed Care Organization is for 2007, as 2008 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, 2008

Symptom Status	Females		Males	
	Number	Percent of All Positives*	Number	Percent of All Positives*
All Positives	**1,375**		**619**	
Symptomatic	0	0.0%	0	0.0%
Asymptomatic	126	100.0%	34	100.0%
Unknown Symptom Status	1,249	90.8%	585	94.5%

* 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, 2008

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**39,015**	**1,994**	**5.1%**	**31,052**	**1,375**	**4.4%**	**7,963**	**619**	**7.8%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	279	19	6.8%	231	18	7.8%	48	1	2.1%
15 - 19	8,707	677	7.8%	7,295	521	7.1%	1,412	156	11.0%
20 - 24	12,933	779	6.0%	10,645	532	5.0%	2,288	247	10.8%
25 - 29	6,730	299	4.4%	5,269	178	3.4%	1,461	121	8.3%
30 - 34	3,736	108	2.9%	2,888	65	2.3%	848	43	5.1%
35+	6,618	112	1.7%	4,713	61	1.3%	1,905	51	2.7%
Not Specified	12	0	0.0%	11	0	0.0%	1	0	0.0%
Native American/Alaskan Native	**235**	**17**	**7.2%**	**196**	**15**	**7.7%**	**39**	**2**	**5.1%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	3	1	33.3%	2	0	0.0%	1	1	100.0%
15 - 19	61	4	6.6%	58	4	6.9%	3	0	0.0%
20 - 24	83	8	9.6%	69	7	10.1%	14	1	7.1%
25 - 29	40	2	5.0%	33	2	6.1%	7	0	0.0%
30 - 34	14	1	7.1%	9	1	11.1%	5	0	0.0%
35+	34	1	2.9%	25	1	4.0%	9	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**1,912**	**104**	**5.4%**	**1,653**	**82**	**5.0%**	**259**	**22**	**8.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	9	0	0.0%	6	0	0.0%	3	0	0.0%
15 - 19	249	23	9.2%	212	16	7.5%	37	7	18.9%
20 - 24	550	38	6.9%	480	30	6.3%	70	8	11.4%
25 - 29	305	17	5.6%	268	13	4.9%	37	4	10.8%
30 - 34	188	8	4.3%	161	7	4.3%	27	1	3.7%
35+	610	18	3.0%	525	16	3.0%	85	2	2.4%
Not Specified	1	0	0.0%	1	0	0.0%	0	0	0.0%
African American/Black	**6,190**	**525**	**8.5%**	**4,590**	**326**	**7.1%**	**1,600**	**199**	**12.4%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	44	3	6.8%	31	3	9.7%	13	0	0.0%
15 - 19	1,329	202	15.2%	1,079	140	13.0%	250	62	24.8%
20 - 24	2,078	202	9.7%	1,609	132	8.2%	469	70	14.9%
25 - 29	1,070	72	6.7%	787	37	4.7%	283	35	12.4%
30 - 34	539	24	4.5%	387	8	2.1%	152	16	10.5%
35+	1,130	22	1.9%	697	6	0.9%	433	16	3.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	**18,603**	**842**	**4.5%**	**14,942**	**584**	**3.9%**	**3,661**	**258**	**7.0%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	130	9	6.9%	106	9	8.5%	24	0	0.0%
15 - 19	4,360	276	6.3%	3,562	213	6.0%	798	63	7.9%
20 - 24	5,818	336	5.8%	4,763	225	4.7%	1,055	111	10.5%
25 - 29	3,126	124	4.0%	2,476	76	3.1%	650	48	7.4%
30 - 34	2,056	54	2.6%	1,633	34	2.1%	423	20	4.7%
35+	3,110	43	1.4%	2,400	27	1.1%	710	16	2.3%
Not Specified	3	0	0.0%	2	0	0.0%	1	0	0.0%
White	**9,583**	**420**	**4.4%**	**7,627**	**307**	**4.0%**	**1,956**	**113**	**5.8%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	74	5	6.8%	70	5	7.1%	4	0	0.0%
15 - 19	2,271	139	6.1%	2,012	121	6.0%	259	18	6.9%
20 - 24	3,480	160	4.6%	2,916	116	4.0%	564	44	7.8%
25 - 29	1,666	71	4.3%	1,286	41	3.2%	380	30	7.9%
30 - 34	694	20	2.9%	505	14	2.8%	189	6	3.2%
35+	1,398	25	1.8%	838	10	1.2%	560	15	2.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	**2,492**	**86**	**3.5%**	**2,044**	**61**	**3.0%**	**448**	**25**	**5.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	19	1	5.3%	16	1	6.3%	3	0	0.0%
15 - 19	437	33	7.6%	372	27	7.3%	65	6	9.2%
20 - 24	924	35	3.8%	808	22	2.7%	116	13	11.2%
25 - 29	523	13	2.5%	419	9	2.1%	104	4	3.8%
30 - 34	245	1	0.4%	193	1	0.5%	52	0	0.0%
35+	336	3	0.9%	228	1	0.4%	108	2	1.9%
Not Specified	8	0	0.0%	8	0	0.0%	0	0	0.0%

* Includes data for 17 agencies (32 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, 2008

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**49,993**	**4,624**	**9.2%**	**15,481**	**1,530**	**9.9%**	**34,512**	**3,094**	**9.0%**
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	63	15	23.8%	45	13	28.9%	18	2	11.1%
15 - 19	3,780	899	23.8%	2,118	532	25.1%	1,662	367	22.1%
20 - 24	10,958	1,535	14.0%	4,164	604	14.5%	6,794	931	13.7%
25 - 29	10,553	930	8.8%	3,077	230	7.5%	7,476	700	9.4%
30 - 34	6,872	490	7.1%	1,775	73	4.1%	5,097	417	8.2%
35+	17,765	755	4.2%	4,301	78	1.8%	13,464	677	5.0%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
Native American/Alaskan Native	**154**	**11**	**7.1%**	**56**	**3**	**5.4%**	**98**	**8**	**8.2%**
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	4	1	25.0%	2	1	50.0%	2	0	0.0%
20 - 24	33	3	9.1%	14	1	7.1%	19	2	10.5%
25 - 29	18	1	5.6%	5	0	0.0%	13	1	7.7%
30 - 34	24	0	0.0%	6	0	0.0%	18	0	0.0%
35+	75	6	8.0%	29	1	3.4%	46	5	10.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**3,423**	**254**	**7.4%**	**1,154**	**85**	**7.4%**	**2,269**	**169**	**7.4%**
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	154	16	10.4%	88	10	11.4%	66	6	9.1%
20 - 24	831	86	10.3%	391	48	12.3%	440	38	8.6%
25 - 29	943	51	5.4%	337	17	5.0%	606	34	5.6%
30 - 34	593	48	8.1%	157	7	4.5%	436	41	9.4%
35+	902	53	5.9%	181	3	1.7%	721	50	6.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	**15,869**	**2,006**	**12.6%**	**6,494**	**749**	**11.5%**	**9,375**	**1,257**	**13.4%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	30	7	23.3%	21	5	23.8%	9	2	22.2%
15 - 19	1,843	529	28.7%	1,136	301	26.5%	707	228	32.2%
20 - 24	3,656	690	18.9%	1,743	289	16.6%	1,913	401	21.0%
25 - 29	2,773	358	12.9%	1,079	97	9.0%	1,694	261	15.4%
30 - 34	1,858	182	9.8%	652	32	4.9%	1,206	150	12.4%
35+	5,709	240	4.2%	1,863	25	1.3%	3,846	215	5.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	**13,889**	**1,322**	**9.5%**	**4,066**	**485**	**11.9%**	**9,823**	**837**	**8.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	27	8	29.6%	22	8	36.4%	5	0	0.0%
15 - 19	1,199	278	23.2%	588	171	29.1%	611	107	17.5%
20 - 24	3,328	509	15.3%	1,030	183	17.8%	2,298	326	14.2%
25 - 29	2,925	270	9.2%	728	71	9.8%	2,197	199	9.1%
30 - 34	2,028	111	5.5%	481	22	4.6%	1,547	89	5.8%
35+	4,382	146	3.3%	1,217	30	2.5%	3,165	116	3.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	**15,014**	**876**	**5.8%**	**3,152**	**151**	**4.8%**	**11,862**	**725**	**6.1%**
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	411	39	9.5%	205	25	12.2%	206	14	6.8%
20 - 24	2,674	191	7.1%	838	62	7.4%	1,836	129	7.0%
25 - 29	3,512	217	6.2%	799	40	5.0%	2,713	177	6.5%
30 - 34	2,149	134	6.2%	429	10	2.3%	1,720	124	7.2%
35+	6,264	295	4.7%	879	14	1.6%	5,385	281	5.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	**1,644**	**155**	**9.4%**	**559**	**57**	**10.2%**	**1,085**	**98**	**9.0%**
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	2	0	0.0%	0	0	0.0%	2	0	0.0%
15 - 19	169	36	21.3%	99	24	24.2%	70	12	17.1%
20 - 24	436	56	12.8%	148	21	14.2%	288	35	12.2%
25 - 29	382	33	8.6%	129	5	3.9%	253	28	11.1%
30 - 34	220	15	6.8%	50	2	4.0%	170	13	7.6%
35+	433	15	3.5%	132	5	3.8%	301	10	3.3%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%

* Includes data for 3 agencies (18 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, 2008

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**36,812**	**2,644**	**7.2%**	**11,450**	**1,341**	**11.7%**	**25,362**	**1,303**	**5.1%**
Ages 0 - 9	5	0	0.0%	0	0	0.0%	5	0	0.0%
10 - 14	5,709	268	4.7%	2,279	191	8.4%	3,430	77	2.2%
15 - 16	17,633	1,260	7.1%	5,527	667	12.1%	12,106	593	4.9%
17 - 19	13,414	1,114	8.3%	3,625	481	13.3%	9,789	633	6.5%
20+	8	2	25.0%	5	2	40.0%	3	0	0.0%
Not Specified	43	0	0.0%	14	0	0.0%	29	0	0.0%
Native American/Alaskan Native	**116**	**10**	**8.6%**	**60**	**7**	**11.7%**	**56**	**3**	**5.4%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	12	0	0.0%	4	0	0.0%	8	0	0.0%
15 - 16	60	6	10.0%	35	6	17.1%	25	0	0.0%
17 - 19	44	4	9.1%	21	1	4.8%	23	3	13.0%
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%
Asian/Pacific Islander	**686**	**40**	**5.8%**	**222**	**19**	**8.6%**	**464**	**21**	**4.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	104	5	4.8%	45	5	11.1%	59	0	0.0%
15 - 16	347	17	4.9%	111	8	7.2%	236	9	3.8%
17 - 19	235	18	7.7%	66	6	9.1%	169	12	7.1%
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%
African American/Black	**8,065**	**1,018**	**12.6%**	**3,044**	**502**	**16.5%**	**5,021**	**516**	**10.3%**
Ages 0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	1,333	121	9.1%	584	84	14.4%	749	37	4.9%
15 - 16	3,866	489	12.6%	1,483	243	16.4%	2,383	246	10.3%
17 - 19	2,856	408	14.3%	971	175	18.0%	1,885	233	12.4%
20+	3	0	0.0%	2	0	0.0%	1	0	0.0%
Not Specified	5	0	0.0%	4	0	0.0%	1	0	0.0%
Hispanic/Latino	**18,827**	**1,017**	**5.4%**	**4,853**	**476**	**9.8%**	**13,974**	**541**	**3.9%**
Ages 0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	2,893	98	3.4%	1,064	72	6.8%	1,829	26	1.4%
15 - 16	9,145	489	5.3%	2,332	245	10.5%	6,813	244	3.6%
17 - 19	6,763	430	6.4%	1,448	159	11.0%	5,315	271	5.1%
20+	2	0	0.0%	0	0	0.0%	2	0	0.0%
Not Specified	23	0	0.0%	9	0	0.0%	14	0	0.0%
White	**5,008**	**276**	**5.5%**	**2,193**	**197**	**9.0%**	**2,815**	**79**	**2.8%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	717	18	2.5%	383	17	4.4%	334	1	0.3%
15 - 16	2,267	120	5.3%	1,032	94	9.1%	1,235	26	2.1%
17 - 19	2,020	138	6.8%	777	86	11.1%	1,243	52	4.2%
20+	1	0	0.0%	1	0	0.0%	0	0	0.0%
Not Specified	3	0	0.0%	0	0	0.0%	3	0	0.0%
Other/Mixed/Unknown	**4,110**	**283**	**6.9%**	**1,078**	**140**	**13.0%**	**3,032**	**143**	**4.7%**
Ages 0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	650	26	4.0%	199	13	6.5%	451	13	2.9%
15 - 16	1,948	139	7.1%	534	71	13.3%	1,414	68	4.8%
17 - 19	1,496	116	7.8%	342	54	15.8%	1,154	62	5.4%
20+	2	2	100.0%	2	2	100.0%	0	0	0.0%
Not Specified	12	0	0.0%	1	0	0.0%	11	0	0.0%

* Includes data for 28 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, 2007

	Total			Females			Males†		
Age Group	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	2,928	109	3.7%	2,280	104	4.6%	648	5	0.8%
15-19	47,089	2,865	6.1%	39,806	2,430	6.1%	7,283	435	6.0%
20-24	64,305	2,837	4.4%	57,829	2,271	3.9%	6,476	566	8.7%
25-29	48,300	1,347	2.8%	42,149	912	2.2%	6,151	435	7.1%
30-34	26,927	663	2.5%	22,311	403	1.8%	4,616	260	5.6%
35+	48,383	958	2.0%	34,566	412	1.2%	13,817	546	4.0%
Total	**237,932**	**8,779**	**3.7%**	**198,941**	**6,532**	**3.3%**	**38,991**	**2,247**	**5.8%**

* 2008 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, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**30,483**	**83.6**	**34,097**	**92.4**	**33,809**	**90.6**	**31,193**	**82.7**	**25,445**	**66.7**
Alameda	1,812	121.1	2,081	138.7	2,313	153.0	2,369	155.0	1,894	122.3
— Berkeley[1]	131	125.6	148	142.0	151	142.9	144	135.0	117	109.1
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	11	29.6	8	21.1	5	13.1	1	2.6	4	10.6
Butte	146	68.4	116	53.9	123	56.6	165	75.4	66	29.9
Calaveras	11	24.9	13	28.8	9	19.7	5	10.9	1	2.2
Colusa	6	29.0	5	23.7	4	18.6	1	4.6	2	9.2
Contra Costa	762	75.4	847	82.9	817	79.3	969	93.0	780	73.8
Del Norte	4	14.0	1	3.5	1	3.4	2	6.8	1	3.4
El Dorado	17	9.9	26	14.9	17	9.6	29	16.3	14	7.8
Fresno	1,137	130.2	1,312	147.6	1,469	162.2	1,085	117.8	657	70.1
Glenn	3	10.8	6	21.2	4	14.0	11	37.9	1	3.4
Humboldt	51	38.9	26	19.8	21	15.9	62	46.9	25	18.8
Imperial	48	30.3	64	39.3	43	25.5	62	35.7	57	32.1
Inyo	4	21.7	7	38.2	1	5.5	1	5.5	1	5.6
Kern	963	129.8	1,250	163.3	1,274	161.3	1,137	140.6	879	106.7
Kings	116	80.5	122	83.2	107	71.4	98	64.1	81	52.2
Lake	14	22.4	22	34.9	11	17.3	17	26.7	1	1.6
Lassen	11	31.4	12	34.3	3	8.4	4	11.0	2	5.6
Los Angeles	10,397	102.7	11,287	110.8	11,171	109.2	10,061	97.9	8,894	86.0
— Long Beach[1]	611	125.2	651	132.9	591	120.7	640	130.5	479	97.3
— Pasadena[1]	69	47.8	150	103.0	127	87.0	95	64.9	69	46.6
Madera	168	121.2	127	89.5	139	95.3	114	76.3	63	41.5
Marin	52	20.7	61	24.2	101	39.8	78	30.5	67	26.0
Mariposa	2	11.3	8	44.4	3	16.5	3	16.4	2	10.9
Mendocino	15	16.8	16	17.9	28	31.4	19	21.2	12	13.3
Merced	213	90.1	264	108.7	235	94.7	149	59.1	84	32.8
Modoc	-	-	4	41.4	1	10.3	10	103.5	1	10.3
Mono	2	14.9	2	14.8	3	21.8	1	7.3	2	14.6
Monterey	212	50.3	188	44.7	201	47.7	140	33.0	133	31.0
Napa	21	15.9	34	25.6	31	23.1	20	14.8	21	15.3
Nevada	11	11.2	10	10.1	6	6.0	16	16.1	7	7.1
Orange	927	30.6	1,233	40.3	1,031	33.6	974	31.5	843	27.0
Placer	59	19.5	74	23.6	60	18.6	63	19.1	45	13.3
Plumas	2	9.5	1	4.7	10	47.5	2	9.6	2	9.7
Riverside	793	43.0	850	44.2	1,015	50.7	1,168	56.6	823	39.1
Sacramento	1,949	143.5	2,267	164.5	2,091	149.9	2,197	155.6	1,669	116.9
San Benito	47	82.7	53	93.0	16	28.1	24	41.9	9	15.6
San Bernardino	1,905	99.2	2,183	110.7	2,085	103.7	1,830	89.8	1,313	63.7
San Diego	2,354	77.8	2,632	86.2	2,767	90.0	2,359	75.7	2,027	64.1
San Francisco	2,142	266.5	2,463	304.5	2,501	306.1	2,014	242.7	2,004	237.8
San Joaquin	830	128.8	749	113.5	790	117.9	1,007	148.3	697	101.4
San Luis Obispo	34	13.1	46	17.5	42	15.9	48	18.0	35	13.0
San Mateo	250	34.8	243	33.7	311	42.9	263	35.9	248	33.4
Santa Barbara	71	17.0	117	27.9	85	20.2	79	18.6	90	21.0
Santa Clara	1,041	59.6	998	56.7	1,046	58.6	873	48.1	700	37.9
Santa Cruz	76	29.3	112	43.0	67	25.6	87	32.9	61	22.8
Shasta	69	39.0	46	25.8	37	20.6	18	9.9	23	12.6
Sierra	-	-	1	28.8	-	-	-	-	-	-
Siskiyou	7	15.4	12	26.3	10	21.9	-	-	-	-
Solano	297	71.0	408	97.2	353	83.7	341	80.4	311	73.0
Sonoma	144	30.3	152	31.9	126	26.4	93	19.3	69	14.2
Stanislaus	535	107.4	657	129.3	404	78.4	503	96.5	270	51.3
Sutter	61	69.7	78	86.7	35	37.7	22	23.2	14	14.5
Tehama	12	20.2	19	31.4	26	42.3	14	22.6	4	6.4
Trinity	3	22.1	-	-	2	14.3	2	14.4	-	-
Tulare	408	101.0	405	97.9	469	111.1	313	72.8	191	43.6
Tuolumne	10	17.7	10	17.6	9	15.8	14	24.7	7	12.4
Ventura	136	16.9	216	26.6	179	21.9	166	20.1	157	18.9
Yolo	49	26.2	72	38.0	64	33.2	70	35.5	64	32.0
Yuba	63	95.7	81	118.3	37	52.8	20	28.1	17	23.5

[1] 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, 2008

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**25,445**	**66.7**	**11,460**	**59.8**	**13,852**	**72.6**	**133**
Ages 0 - 9	12	0.2	6	0.2	6	0.2	0
10 - 14	242	8.7	201	14.7	41	2.9	0
15 - 19	5,807	192.3	3,837	261.0	1,956	126.3	14
20 - 24	7,240	263.9	3,606	273.4	3,600	252.8	34
25 - 29	4,383	171.4	1,787	145.9	2,576	193.3	20
30 - 34	2,520	101.5	851	70.1	1,644	129.6	25
35 - 44	3,311	58.8	798	28.8	2,490	86.8	23
45+	1,838	13.5	339	4.7	1,489	23.0	10
Not Specified	92	-	35	-	50	-	7
Native American/Alaskan Native	**83**	**36.1**	**48**	**41.0**	**35**	**30.9**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	5.8	1	11.9	0	0.0	0
15 - 19	14	71.2	9	93.1	5	50.0	0
20 - 24	19	101.9	14	155.8	5	51.7	0
25 - 29	17	100.0	10	120.2	7	80.6	0
30 - 34	5	33.5	2	26.6	3	40.5	0
35 - 44	20	58.7	9	52.1	11	65.4	0
45+	7	7.7	3	6.2	4	9.4	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**690**	**14.8**	**294**	**12.1**	**392**	**17.5**	**4**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	4	1.5	4	3.0	0	0.0	0
15 - 19	88	28.7	64	43.0	24	15.2	0
20 - 24	193	60.3	98	63.0	93	56.5	2
25 - 29	150	44.4	59	35.0	90	53.3	1
30 - 34	86	24.5	29	15.9	56	33.0	1
35 - 44	113	14.8	24	6.0	89	24.5	0
45+	56	3.2	16	1.7	40	5.1	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**7,387**	**325.2**	**3,721**	**320.6**	**3,655**	**329.1**	**11**
Ages 0 - 9	2	0.7	1	0.7	1	0.7	0
10 - 14	123	70.6	102	119.2	21	23.7	0
15 - 19	2,417	1,150.4	1,590	1,547.1	827	770.6	0
20 - 24	2,338	1,226.0	1,175	1,282.8	1,158	1,168.3	5
25 - 29	1,049	643.7	465	581.4	582	701.3	2
30 - 34	528	360.7	198	261.5	329	465.6	1
35 - 44	562	168.2	128	74.8	431	264.6	3
45+	349	45.6	55	13.3	294	83.5	0
Not Specified	19	-	7	-	12	-	0
Hispanic/Latino	**4,747**	**34.3**	**2,165**	**31.9**	**2,573**	**36.3**	**9**
Ages 0 - 9	3	0.1	3	0.2	0	0.0	0
10 - 14	30	2.2	24	3.6	6	0.9	0
15 - 19	932	69.0	623	94.5	308	44.6	1
20 - 24	1,473	133.2	723	136.5	747	129.6	3
25 - 29	963	89.1	379	75.3	582	100.6	2
30 - 34	546	51.7	185	37.2	361	64.6	0
35 - 44	607	28.7	183	18.3	421	37.6	3
45+	184	5.9	44	2.7	140	9.4	0
Not Specified	9	-	1	-	8	-	0
White	**4,123**	**25.1**	**1,394**	**16.8**	**2,709**	**33.2**	**20**
Ages 0 - 9	2	0.1	0	0.0	2	0.2	0
10 - 14	10	1.1	10	2.3	0	0.0	0
15 - 19	457	43.4	327	64.0	129	23.8	1
20 - 24	967	92.7	443	88.5	519	95.8	5
25 - 29	765	84.3	269	61.4	492	104.9	4
30 - 34	484	55.3	127	29.5	354	79.7	3
35 - 44	874	37.8	146	12.8	723	61.8	5
45+	554	7.2	68	1.7	485	13.1	1
Not Specified	10	-	4	-	5	-	1
Other/Multi/Unknown	**8,415**	**-**	**3,838**	**-**	**4,488**	**-**	**89**
Ages 0 - 9	5	-	2	-	3	-	0
10 - 14	74	-	60	-	14	-	0
15 - 19	1,899	-	1,224	-	663	-	12
20 - 24	2,250	-	1,153	-	1,078	-	19
25 - 29	1,439	-	605	-	823	-	11
30 - 34	871	-	310	-	541	-	20
35 - 44	1,135	-	308	-	815	-	12
45+	688	-	153	-	526	-	9
Not Specified	54	-	23	-	25	-	6

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, 2008

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**7,443**	**266.8**	**5,556**	**186.9**	**3,763**	**37.7**	**8,149**	**80.5**
Alameda	722	742.5	465	462.0	219	49.6	450	106.2
— Berkeley[1]	37	294.7	34	260.0	13	44.5	33	114.6
Alpine	-	-	-	-	-	-	-	-
Amador	1	44.4	2	54.2	1	11.0	-	-
Butte	22	109.0	24	112.2	8	14.3	10	18.2
Calaveras	-	-	-	-	-	-	-	-
Colusa	1	52.3	-	-	1	18.7	-	-
Contra Costa	303	402.6	133	167.9	142	49.6	160	57.8
Del Norte	-	-	-	-	-	-	1	10.6
El Dorado	2	15.0	2	14.0	4	8.0	6	12.2
Fresno	284	357.8	118	138.1	98	42.6	148	62.3
Glenn	1	40.4	-	-	-	-	-	-
Humboldt	8	72.3	5	43.6	9	25.1	3	8.4
Imperial	18	116.9	10	58.3	13	32.0	15	29.8
Inyo	1	71.5	-	-	-	-	-	-
Kern	303	437.7	225	284.4	188	95.8	152	72.0
Kings	34	296.2	20	123.3	12	36.3	15	31.0
Lake	1	22.9	-	-	-	-	-	-
Lassen	1	43.0	-	-	-	-	1	7.2
Los Angeles	2,524	333.4	2,052	259.9	1,248	45.7	2,873	105.3
— Long Beach[1]	158	418.4	105	291.4	62	49.3	145	116.4
— Pasadena[1]	25	288.2	10	101.2	7	16.8	26	64.3
Madera	13	117.9	3	26.0	41	96.7	6	16.3
Marin	21	147.1	9	53.6	9	13.0	27	39.4
Mariposa	2	171.1	-	-	-	-	-	-
Mendocino	4	60.0	2	28.1	4	16.9	1	4.1
Merced	27	118.3	17	69.6	25	40.6	14	22.0
Modoc	-	-	1	113.4	-	-	-	-
Mono	1	104.0	-	-	-	-	1	21.7
Monterey	34	113.1	29	82.3	32	30.9	38	34.1
Napa	6	63.3	2	20.3	6	17.2	7	19.6
Nevada	-	-	1	13.1	4	14.7	2	7.6
Orange	177	81.4	205	88.8	133	15.5	318	37.3
Placer	17	69.6	12	48.2	4	4.6	10	12.1
Plumas	1	64.2	1	61.2	-	-	-	-
Riverside	274	150.8	164	86.2	128	24.7	240	46.2
Sacramento	582	549.7	399	360.2	254	67.5	370	101.8
San Benito	3	60.0	2	36.7	3	20.0	1	6.5
San Bernardino	532	297.9	308	162.7	249	47.2	213	40.4
San Diego	484	228.4	434	177.7	272	32.7	792	93.4
San Francisco	135	456.7	279	935.9	142	56.6	1,417	496.1
San Joaquin	238	407.6	184	294.4	109	67.1	155	95.9
San Luis Obispo	8	37.4	12	47.0	7	10.9	8	11.4
San Mateo	53	127.9	52	116.5	31	15.0	107	50.9
Santa Barbara	27	82.7	20	59.1	11	10.3	32	28.3
Santa Clara	178	161.6	133	115.5	117	24.2	253	48.8
Santa Cruz	22	110.6	12	61.3	7	9.3	17	21.7
Shasta	10	69.9	5	33.0	4	8.3	4	8.7
Sierra	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-
Solano	131	402.1	55	160.6	60	53.3	62	52.2
Sonoma	21	60.6	13	35.7	8	6.2	24	18.4
Stanislaus	87	193.4	56	124.1	53	41.1	71	57.1
Sutter	7	92.3	3	37.8	1	4.3	3	13.2
Tehama	1	19.8	1	18.0	1	6.4	1	6.4
Trinity	-	-	-	-	-	-	-	-
Tulare	47	121.5	35	84.3	54	51.6	54	50.7
Tuolumne	1	28.5	2	42.4	3	21.8	1	6.3
Ventura	43	69.5	32	49.2	34	15.7	46	20.5
Yolo	23	107.4	12	56.9	12	23.8	17	34.9
Yuba	7	110.1	5	70.8	2	11.0	3	16.0

[1] 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, 2008*

Health Care Setting	Females			Males†		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	198,941	951	0.5%	38,991	819	2.1%
Family Planning Clinics	29,692	218	0.7%	7,652	195	2.5%
College Sites	2,953	14	0.5%	1,215	9	0.7%
Teen Clinics	1,480	11	0.7%	465	13	2.8%
School-Based Sites	3,734	37	1.0%	791	8	1.0%
Juvenile Detention	5,360	162	3.0%	17,974	119	0.7%
STD Clinics	15,290	385	2.5%	33,182	1,808	5.4%

* Data displayed for the Managed Care Organization is for 2007, as 2008 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, 2008*

	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	#	Among GC+		#	Among GC+		#	Among GC+		#	Among GC+	
Age Group	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	3	3	100.0%	5	4	80.0%	19	14	73.7%	23	14	60.9%
15-19	73	30	41.1%	131	66	50.4%	428	185	43.2%	139	69	49.6%
20-24	70	22	31.4%	120	46	38.3%	255	73	28.6%	0	0	0.0%
25-29	30	11	36.7%	59	13	22.0%	104	19	18.3%	0	0	0.0%
30-34	16	2	12.5%	27	4	14.8%	57	8	14.0%	0	0	0.0%
35+	26	2	7.7%	42	3	7.1%	88	11	12.5%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	**218**	**70**	**32.1%**	**384**	**136**	**35.4%**	**951**	**310**	**32.6%**	**162**	**83**	**51.2%**

* Data displayed for the Managed Care Organization is for 2007, as 2008 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, 2008*

	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	#	Among GC+		#	Among GC+		#	Among GC+		#	Among GC+	
Age Group	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+	GC+	# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	1	0	0.0%	1	0	0.0%	1	0	0.0%	9	5	55.6%
15-19	26	14	53.8%	144	52	36.1%	109	40	36.7%	110	68	61.8%
20-24	64	17	26.6%	460	150	32.6%	190	54	28.4%	0	0	0.0%
25-29	35	10	28.6%	369	79	21.4%	128	25	19.5%	0	0	0.0%
30-34	22	4	18.2%	241	49	20.3%	110	22	20.0%	0	0	0.0%
35+	46	2	4.3%	586	100	17.1%	281	43	15.3%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	**194**	**47**	**24.2%**	**1,801**	**430**	**23.9%**	**819**	**184**	**22.5%**	**119**	**73**	**61.3%**

* Data displayed for the Managed Care Organization is for 2007, as 2008 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, 2008*

Health Care Setting & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Family Planning Clinics	**37,344**	**413**	**1.1%**	**29,692**	**218**	**0.7%**	**7,652**	**195**	**2.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	246	4	1.6%	209	3	1.4%	37	1	2.7%
15 - 19	8,157	100	1.2%	6,940	73	1.1%	1,217	27	2.2%
20 - 24	12,331	134	1.1%	10,099	70	0.7%	2,232	64	2.9%
25 - 29	6,475	65	1.0%	5,038	30	0.6%	1,437	35	2.4%
30 - 34	3,654	38	1.0%	2,814	16	0.6%	840	22	2.6%
35+	6,476	72	1.1%	4,588	26	0.6%	1,888	46	2.4%
Not Specified	5	0	0.0%	4	0	0.0%	1	0	0.0%
STD Clinics	**48,472**	**2,193**	**4.5%**	**15,290**	**385**	**2.5%**	**33,182**	**1,808**	**5.4%**
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	61	6	9.8%	45	5	11.1%	16	1	6.3%
15 - 19	3,720	275	7.4%	2,105	131	6.2%	1,615	144	8.9%
20 - 24	10,482	583	5.6%	4,083	120	2.9%	6,399	463	7.2%
25 - 29	9,906	429	4.3%	3,019	59	2.0%	6,887	370	5.4%
30 - 34	6,657	269	4.0%	1,751	27	1.5%	4,906	242	4.9%
35+	17,644	631	3.6%	4,286	43	1.0%	13,358	588	4.4%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
Managed Care Organization	**237,932**	**1,770**	**0.7%**	**198,941**	**951**	**0.5%**	**38,991**	**819**	**2.1%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2,928	20	0.7%	2,280	19	0.8%	648	1	0.2%
15 - 19	47,089	537	1.1%	39,806	428	1.1%	7,283	109	1.5%
20 - 24	64,305	445	0.7%	57,829	255	0.4%	6,476	190	2.9%
25 - 29	48,300	232	0.5%	42,149	104	0.2%	6,151	128	2.1%
30 - 34	26,927	167	0.6%	22,311	57	0.3%	4,616	110	2.4%
35+	48,383	369	0.8%	34,566	88	0.3%	13,817	281	2.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Juvenile Detention Facilities	**23,334**	**281**	**1.2%**	**5,360**	**162**	**3.0%**	**17,974**	**119**	**0.7%**
Ages 0 - 9	5	0	0.0%	0	0	0.0%	5	0	0.0%
10 - 14	3,531	32	0.9%	987	23	2.3%	2,544	9	0.4%
15 - 19	19,760	249	1.3%	4,360	139	3.2%	15,400	110	0.7%
20 - 24	5	0	0.0%	3	0	0.0%	2	0	0.0%
25 - 29	0	0	0.0%	0	0	0.0%	0	0	0.0%
30 - 34	0	0	0.0%	0	0	0.0%	0	0	0.0%
35+	1	0	0.0%	1	0	0.0%	0	0	0.0%
Not Specified	32	0	0.0%	9	0	0.0%	23	0	0.0%

* Data displayed for the Managed Care Organization is for 2007, as 2008 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, 2004–2008

CLINIC SITE	2004		2005		2006		2007		2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTALS										
Total Specimens	**1,082**		**1,005**		**968**		**841**		**605**	
No Resistance	809	74.8	647	64.4	532	55.0	511	60.8	418	69.1
Ciprofloxacin-Resistant	220	20.3	255	25.4	337	34.8	269	32.0	158	26.1
Ciprofloxacin Decreased Susceptibility	18	1.7	13	1.3	5	0.5	6	0.7	1	0.2
Cefixime Decreased Susceptibility	2	0.2	0	0.0	1	0.1	n/d	n/d	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*	273	25.2	358	35.6	436	45.0	330	39.2	187	30.9
Long Beach										
Total Specimens	100		98		67		69			
No Resistance	77	77.0	62	63.3	39	58.2	41	59.4		
Ciprofloxacin-Resistant	25	25.0	23	23.5	19	28.4	21	30.4		
Ciprofloxacin Decreased Susceptibility	0	0.0	0	0.0	0	0.0	1	1.4		
Cefixime Decreased Susceptibility	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		
Other Drug Resistance*	23	23.0	36	36.7	28	41.8	28	40.6		
Los Angeles										
Total Specimens	268		193		207		165		125	
No Resistance	226	84.3	156	80.8	133	64.3	123	74.5	103	82.4
Ciprofloxacin-Resistant	37	13.8	28	14.5	47	22.7	37	22.4	21	16.8
Ciprofloxacin Decreased Susceptibility	1	0.4	0	0.0	0	0.0	2	1.2	0	0.0
Cefixime Decreased Susceptibility	2	0.7	0	0.0	1	0.5	n/d	n/d	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*	42	15.7	37	19.2	74	35.7	42	25.5	22	17.6
Orange										
Total Specimens	161		120		133		117		87	
No Resistance	104	64.6	75	62.5	68	51.1	70	59.8	64	73.6
Ciprofloxacin-Resistant	33	20.5	33	27.5	46	34.6	48	41.0	29	33.3
Ciprofloxacin Decreased Susceptibility	3	1.9	2	1.7	1	0.8	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	n/d	n/d	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*	57	35.4	45	37.5	65	48.9	47	40.2	23	26.4
San Diego										
Total Specimens	253		294		262		190		182	
No Resistance	196	77.5	172	58.5	152	58.0	101	53.2	118	64.8
Ciprofloxacin-Resistant	52	20.6	77	26.2	92	35.1	69	36.3	53	29.1
Ciprofloxacin Decreased Susceptibility	2	0.8	2	0.7	4	1.5	3	1.6	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	n/d	n/d	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*	57	22.5	122	41.5	110	42.0	89	46.8	64	35.2
San Francisco										
Total Specimens	300		300		299		300		211	
No Resistance	206	68.7	182	60.7	140	46.8	176	58.7	133	63.0
Ciprofloxacin-Resistant	73	24.3	94	31.3	133	44.5	94	31.3	55	26.1
Ciprofloxacin Decreased Susceptibility	12	4.0	9	3.0	0	0.0	0	0.0	1	0.5
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	n/d	n/d	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*	94	31.3	118	39.3	159	53.2	124	41.3	78	37.0

* 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

California Department of Public Health, STD Control Branch

Table 19. Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1999–2008

CLINIC SITE	Ciprofloxacin					
	Resistant (MIC >= 1)		Decreased Susceptibility (MIC 0.125 - 0.50)		No Resistance (MIC <= 0.06)	
	Number	Percent	Number	Percent	Number	Percent
TOTAL 2008	**158**	**26.1**	**1**	**0.2**	**446**	**73.7**
Los Angeles	21	16.8	0	0.0	104	83.2
Orange	29	33.3	0	0.0	58	66.7
San Diego	53	29.1	0	0.0	129	70.9
San Francisco	55	26.1	1	0.5	155	73.5
TOTAL 2007	**269**	**32.0**	**6**	**0.7**	**566**	**67.3**
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
TOTAL 2006	**337**	**34.8**	**5**	**0.5**	**626**	**64.7**
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
TOTAL 2005	**255**	**25.4**	**13**	**1.3**	**737**	**73.3**
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
TOTAL 2004	**220**	**20.3**	**18**	**1.7**	**844**	**78.0**
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
TOTAL 2003	**186**	**18.5**	**17**	**1.7**	**803**	**79.8**
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
TOTAL 2002	**87**	**10.8**	**33**	**4.1**	**684**	**85.1**
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
TOTAL 2001	**21**	**2.8**	**58**	**7.6**	**681**	**89.6**
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
TOTAL 2000	**8**	**1.1**	**30**	**4.2**	**684**	**94.7**
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
TOTAL 1999	**4**	**0.6**	**4**	**0.6**	**693**	**98.9**
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

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, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**1,367**	**3.7**	**1,612**	**4.4**	**1,850**	**5.0**	**2,066**	**5.5**	**2,180**	**5.7**
Alameda	54	3.6	50	3.3	71	4.7	51	3.3	80	5.2
— Berkeley[1]	8	7.7	5	4.8	4	3.8	9	8.4	9	8.4
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	1	2.6	1	2.6
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	1	2.2
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	12	1.2	20	2.0	14	1.4	27	2.6	24	2.3
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	1	0.6	1	0.6	-	-	2	1.1
Fresno	4	0.5	4	0.4	8	0.9	9	1.0	26	2.8
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	1	0.8	-	-	1	0.8	-	-	3	2.3
Imperial	-	-	1	0.6	2	1.2	3	1.7	7	3.9
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	3	0.4	14	1.8	23	2.9	23	2.8	14	1.7
Kings	-	-	-	-	4	2.7	1	0.7	3	1.9
Lake	1	1.6	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	1	2.8
Los Angeles	518	5.1	734	7.2	876	8.6	934	9.1	823	8.0
— Long Beach[1]	37	7.6	66	13.5	77	15.7	76	15.5	98	19.9
— Pasadena[1]	7	4.9	3	2.1	9	6.2	8	5.5	11	7.4
Madera	-	-	-	-	1	0.7	1	0.7	-	-
Marin	-	-	3	1.2	6	2.4	5	2.0	6	2.3
Mariposa	-	-	-	-	-	-	1	5.5	-	-
Mendocino	3	3.4	-	-	-	-	-	-	2	2.2
Merced	-	-	-	-	2	0.8	1	0.4	5	2.0
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.2	-	-	-	-	1	0.2	1	0.2
Napa	2	1.5	3	2.3	1	0.7	1	0.7	2	1.5
Nevada	-	-	1	1.0	1	1.0	-	-	-	-
Orange	50	1.6	97	3.2	80	2.6	141	4.6	99	3.2
Placer	-	-	1	0.3	1	0.3	-	-	1	0.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	84	4.6	106	5.5	78	3.9	77	3.7	116	5.5
Sacramento	16	1.2	14	1.0	30	2.2	63	4.5	91	6.4
San Benito	-	-	1	1.8	-	-	2	3.5	1	1.7
San Bernardino	18	0.9	17	0.9	26	1.3	14	0.7	40	1.9
San Diego	136	4.5	192	6.3	239	7.8	352	11.3	344	10.9
San Francisco	340	42.3	249	30.8	237	29.0	202	24.3	326	38.7
San Joaquin	10	1.6	3	0.5	11	1.6	7	1.0	8	1.2
San Luis Obispo	2	0.8	1	0.4	4	1.5	3	1.1	8	3.0
San Mateo	17	2.4	11	1.5	33	4.6	22	3.0	23	3.1
Santa Barbara	2	0.5	3	0.7	4	1.0	8	1.9	14	3.3
Santa Clara	55	3.2	43	2.4	53	3.0	58	3.2	41	2.2
Santa Cruz	4	1.5	1	0.4	4	1.5	3	1.1	4	1.5
Shasta	-	-	-	-	1	0.6	-	-	-	-
Sierra	-	-	-	-	1	28.8	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	4	1.0	9	2.1	4	0.9	6	1.4	5	1.2
Sonoma	6	1.3	12	2.5	4	0.8	7	1.5	3	0.6
Stanislaus	13	2.6	6	1.2	3	0.6	7	1.3	5	1.0
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	1	1.6	1	1.6	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	3	0.7	6	1.5	8	1.9	19	4.4	32	7.3
Tuolumne	-	-	-	-	-	-	1	1.8	1	1.8
Ventura	7	0.9	9	1.1	15	1.8	14	1.7	12	1.4
Yolo	1	0.5	-	-	-	-	-	-	5	2.5
Yuba	-	-	-	-	2	2.9	-	-	-	-

[1] 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, 2008

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**2,180**	**5.7**	**108**	**0.6**	**2,071**	**10.9**	**1**
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	74	2.5	13	0.9	61	3.9	0
20 - 24	276	10.1	20	1.5	256	18.0	0
25 - 29	315	12.3	21	1.7	294	22.1	0
30 - 34	320	12.9	15	1.2	305	24.0	0
35 - 44	693	12.3	30	1.1	662	23.1	1
45+	502	3.7	9	0.1	493	7.6	0
Not Specified	0	-	0	-	0	-	0
Native American/Alaskan Native	**7**	**3.0**	**0**	**0.0**	**7**	**6.2**	**0**
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	5.4	0	0.0	1	10.3	0
25 - 29	2	11.8	0	0.0	2	23.0	0
30 - 34	2	13.4	0	0.0	2	27.0	0
35 - 44	0	0.0	0	0.0	0	0.0	0
45+	2	2.2	0	0.0	2	4.7	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**103**	**2.2**	**6**	**0.2**	**97**	**4.3**	**0**
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	3	1.0	0	0.0	3	1.9	0
20 - 24	13	4.1	0	0.0	13	7.9	0
25 - 29	20	5.9	3	1.8	17	10.1	0
30 - 34	25	7.1	0	0.0	25	14.8	0
35 - 44	29	3.8	3	0.7	26	7.2	0
45+	13	0.7	0	0.0	13	1.6	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**340**	**15.0**	**33**	**2.8**	**307**	**27.6**	**0**
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	20	9.5	3	2.9	17	15.8	0
20 - 24	78	40.9	8	8.7	70	70.6	0
25 - 29	43	26.4	7	8.8	36	43.4	0
30 - 34	39	26.6	3	4.0	36	50.9	0
35 - 44	88	26.3	7	4.1	81	49.7	0
45+	72	9.4	5	1.2	67	19.0	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	**697**	**5.0**	**36**	**0.5**	**661**	**9.3**	**0**
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	38	2.8	6	0.9	32	4.6	0
20 - 24	106	9.6	6	1.1	100	17.3	0
25 - 29	141	13.0	7	1.4	134	23.2	0
30 - 34	119	11.3	5	1.0	114	20.4	0
35 - 44	208	9.8	9	0.9	199	17.8	0
45+	85	2.7	3	0.2	82	5.5	0
Not Specified	0	-	0	-	0	-	0
White	**931**	**5.7**	**28**	**0.3**	**902**	**11.1**	**1**
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	10	0.9	3	0.6	7	1.3	0
20 - 24	68	6.5	5	1.0	63	11.6	0
25 - 29	90	9.9	3	0.7	87	18.5	0
30 - 34	119	13.6	7	1.6	112	25.2	0
35 - 44	338	14.6	9	0.8	328	28.0	1
45+	306	4.0	1	a	305	8.2	0
Not Specified	0	-	0	-	0	-	0
Other/Multi/Unknown	**102**	**-**	**5**	**-**	**97**	**-**	**0**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	3	-	1	-	2	-	0
20 - 24	10	-	1	-	9	-	0
25 - 29	19	-	1	-	18	-	0
30 - 34	16	-	0	-	16	-	0
35 - 44	30	-	2	-	28	-	0
45+	24	-	0	-	24	-	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, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**877**	**2.4**	**1,188**	**3.2**	**1,380**	**3.7**	**1,475**	**3.9**	**1,641**	**4.3**
Alameda	20	1.3	28	1.9	26	1.7	27	1.8	43	2.8
— Berkeley[1]	3	2.9	4	3.8	-	-	4	3.7	7	6.5
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	3	7.9	-	-	1	2.6	-	-
Butte	-	-	-	-	-	-	-	-	1	0.5
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	10	1.0	9	0.9	5	0.5	13	1.2	20	1.9
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	1	0.6
Fresno	6	0.7	9	1.0	7	0.8	9	1.0	7	0.7
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	1	0.6	1	0.6	1	0.6	7	4.0	8	4.5
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	4	0.5	12	1.6	24	3.0	12	1.5	12	1.5
Kings	-	-	-	-	-	-	2	1.3	1	0.6
Lake	1	1.6	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	1	2.8	2	5.6
Los Angeles	429	4.2	636	6.2	819	8.0	860	8.4	850	8.2
— Long Beach[1]	25	5.1	47	9.6	51	10.4	53	10.8	64	13.0
— Pasadena[1]	3	2.1	2	1.4	2	1.4	4	2.7	7	4.7
Madera	-	-	-	-	2	1.4	1	0.7	-	-
Marin	2	0.8	-	-	3	1.2	1	0.4	1	0.4
Mariposa	-	-	1	5.6	-	-	1	5.5	-	-
Mendocino	1	1.1	1	1.1	-	-	-	-	-	-
Merced	-	-	2	0.8	3	1.2	1	0.4	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	3	0.7	-	-	1	0.2	-	-	-	-
Napa	-	-	1	0.8	-	-	2	1.5	1	0.7
Nevada	2	2.0	-	-	-	-	-	-	-	-
Orange	29	1.0	51	1.7	53	1.7	71	2.3	60	1.9
Placer	-	-	-	-	2	0.6	1	0.3	1	0.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	33	1.8	60	3.1	50	2.5	37	1.8	74	3.5
Sacramento	6	0.4	12	0.9	20	1.4	18	1.3	35	2.5
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	5	0.3	11	0.6	13	0.6	13	0.6	21	1.0
San Diego	84	2.8	121	4.0	124	4.0	157	5.0	177	5.6
San Francisco	194	24.1	174	21.5	174	21.3	144	17.4	203	24.1
San Joaquin	4	0.6	5	0.8	3	0.4	7	1.0	11	1.6
San Luis Obispo	2	0.8	1	0.4	-	-	2	0.7	15	5.6
San Mateo	1	0.1	6	0.8	8	1.1	14	1.9	10	1.3
Santa Barbara	-	-	-	-	-	-	2	0.5	7	1.6
Santa Clara	13	0.7	20	1.1	16	0.9	26	1.4	27	1.5
Santa Cruz	5	1.9	4	1.5	2	0.8	-	-	-	-
Shasta	-	-	-	-	-	-	-	-	1	0.5
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	6	1.4	1	0.2	1	0.2	9	2.1	6	1.4
Sonoma	1	0.2	7	1.5	5	1.0	6	1.2	6	1.2
Stanislaus	1	0.2	3	0.6	4	0.8	1	0.2	3	0.6
Sutter	-	-	-	-	-	-	-	-	2	2.1
Tehama	-	-	-	-	-	-	-	-	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	5	1.2	7	1.7	9	2.1	16	3.7	27	6.2
Tuolumne	1	1.8	-	-	-	-	-	-	-	-
Ventura	3	0.4	2	0.2	5	0.6	13	1.6	7	0.8
Yolo	5	2.7	-	-	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

[1] 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, 2008

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**1,641**	**4.3**	**165**	**0.9**	**1,474**	**7.7**	**2**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	a	0	0.0	1	0.1	0
15 - 19	59	2.0	25	1.7	34	2.2	0
20 - 24	165	6.0	29	2.2	135	9.5	1
25 - 29	244	9.5	31	2.5	213	16.0	0
30 - 34	205	8.3	30	2.5	175	13.8	0
35 - 44	547	9.7	27	1.0	519	18.1	1
45+	417	3.1	23	0.3	394	6.1	0
Not Specified	3	-	0	-	3	-	0
Native American/Alaskan Native	**8**	**3.5**	**0**	**0.0**	**8**	**7.1**	**0**
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	5.4	0	0.0	1	10.3	0
25 - 29	1	5.9	0	0.0	1	11.5	0
30 - 34	2	13.4	0	0.0	2	27.0	0
35 - 44	3	8.8	0	0.0	3	17.8	0
45+	1	1.1	0	0.0	1	2.3	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**61**	**1.3**	**7**	**0.3**	**53**	**2.4**	**1**
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	5	1.6	1	0.6	3	1.8	1
25 - 29	10	3.0	0	0.0	10	5.9	0
30 - 34	9	2.6	1	0.5	8	4.7	0
35 - 44	25	3.3	5	1.2	20	5.5	0
45+	12	0.7	0	0.0	12	1.5	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**250**	**11.0**	**43**	**3.7**	**207**	**18.6**	**0**
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	18	8.6	9	8.8	9	8.4	0
20 - 24	31	16.3	4	4.4	27	27.2	0
25 - 29	36	22.1	8	10.0	28	33.7	0
30 - 34	23	15.7	6	7.9	17	24.1	0
35 - 44	77	23.1	7	4.1	70	43.0	0
45+	64	8.4	9	2.2	55	15.6	0
Not Specified	1	-	0	-	1	-	0
Hispanic/Latino	**664**	**4.8**	**82**	**1.2**	**582**	**8.2**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.1	0	0.0	1	0.1	0
15 - 19	37	2.7	14	2.1	23	3.3	0
20 - 24	85	7.7	17	3.2	68	11.8	0
25 - 29	130	12.0	15	3.0	115	19.9	0
30 - 34	99	9.4	17	3.4	82	14.7	0
35 - 44	201	9.5	9	0.9	192	17.2	0
45+	110	3.5	10	0.6	100	6.7	0
Not Specified	1	-	0	-	1	-	0
White	**613**	**3.7**	**31**	**0.4**	**581**	**7.1**	**1**
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	4	0.4	2	0.4	2	0.4	0
20 - 24	36	3.5	7	1.4	29	5.4	0
25 - 29	61	6.7	7	1.6	54	11.5	0
30 - 34	69	7.9	6	1.4	63	14.2	0
35 - 44	224	9.7	6	0.5	217	18.5	1
45+	218	2.8	3	0.1	215	5.8	0
Not Specified	1	-	0	-	1	-	0
Other/Multi/Unknown	**45**	**-**	**2**	**-**	**43**	**-**	**0**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	7	-	0	-	7	-	0
25 - 29	6	-	1	-	5	-	0
30 - 34	3	-	0	-	3	-	0
35 - 44	17	-	0	-	17	-	0
45+	12	-	1	-	11	-	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 24. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**2,457**	**6.7**	**2,710**	**7.3**	**2,950**	**7.9**	**2,850**	**7.6**	**3,013**	**7.9**
Alameda	104	6.9	40	2.7	69	4.6	56	3.7	61	3.9
— Berkeley[1]	4	3.8	1	1.0	2	1.9	6	5.6	7	6.5
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	1	0.5	2	0.9	1	0.5	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	1	4.8	-	-	-	-	-	-	-	-
Contra Costa	21	2.1	17	1.7	25	2.4	47	4.5	72	6.8
Del Norte	1	3.5	1	3.5	-	-	-	-	-	-
El Dorado	-	-	1	0.6	2	1.1	2	1.1	1	0.6
Fresno	30	3.4	41	4.6	31	3.4	22	2.4	28	3.0
Glenn	-	-	-	-	1	3.5	-	-	-	-
Humboldt	1	0.8	4	3.0	2	1.5	-	-	1	0.8
Imperial	7	4.4	16	9.8	12	7.1	18	10.4	6	3.4
Inyo	-	-	1	5.5	-	-	-	-	-	-
Kern	57	7.7	110	14.4	164	20.8	140	17.3	81	9.8
Kings	3	2.1	1	0.7	3	2.0	2	1.3	3	1.9
Lake	-	-	-	-	1	1.6	-	-	-	-
Lassen	1	2.9	2	5.7	7	19.7	1	2.8	3	8.4
Los Angeles	1,255	12.4	1,448	14.2	1,621	15.8	1,432	13.9	1,541	14.9
— Long Beach[1]	56	11.5	66	13.5	51	10.4	67	13.7	90	18.3
— Pasadena[1]	11	7.6	7	4.8	11	7.5	11	7.5	4	2.7
Madera	2	1.4	6	4.2	3	2.1	4	2.7	4	2.6
Marin	6	2.4	7	2.8	11	4.3	11	4.3	16	6.2
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	1	1.1	-	-	-	-	1	1.1	-	-
Merced	7	3.0	8	3.3	2	0.8	9	3.6	4	1.6
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	4	0.9	10	2.4	6	1.4	2	0.5	4	0.9
Napa	3	2.3	3	2.3	2	1.5	2	1.5	6	4.4
Nevada	-	-	-	-	2	2.0	1	1.0	1	1.0
Orange	209	6.9	205	6.7	147	4.8	175	5.7	168	5.4
Placer	2	0.7	-	-	2	0.6	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	1	4.8
Riverside	76	4.1	111	5.8	96	4.8	127	6.2	83	3.9
Sacramento	38	2.8	33	2.4	66	4.7	38	2.7	94	6.6
San Benito	1	1.8	1	1.8	-	-	2	3.5	1	1.7
San Bernardino	100	5.2	129	6.5	103	5.1	90	4.4	153	7.4
San Diego	172	5.7	182	6.0	220	7.2	275	8.8	288	9.1
San Francisco	159	19.8	97	12.0	122	14.9	127	15.3	123	14.6
San Joaquin	7	1.1	14	2.1	14	2.1	17	2.5	19	2.8
San Luis Obispo	12	4.6	7	2.7	6	2.3	6	2.2	8	3.0
San Mateo	16	2.2	30	4.2	18	2.5	32	4.4	12	1.6
Santa Barbara	5	1.2	11	2.6	15	3.6	10	2.4	12	2.8
Santa Clara	69	4.0	69	3.9	57	3.2	81	4.5	79	4.3
Santa Cruz	2	0.8	8	3.1	2	0.8	4	1.5	3	1.1
Shasta	-	-	-	-	1	0.6	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	1	2.2	-	-	1	2.2	-	-
Solano	9	2.2	8	1.9	10	2.4	15	3.5	10	2.3
Sonoma	6	1.3	9	1.9	14	2.9	4	0.8	8	1.7
Stanislaus	12	2.4	13	2.6	20	3.9	28	5.4	14	2.7
Sutter	2	2.3	3	3.3	-	-	1	1.1	2	2.1
Tehama	2	3.4	-	-	2	3.3	-	-	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	13	3.2	9	2.2	21	5.0	19	4.4	33	7.5
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	38	4.7	45	5.5	42	5.1	48	5.8	65	7.8
Yolo	2	1.1	7	3.7	6	3.1	-	-	4	2.0
Yuba	-	-	-	-	1	1.4	-	-	-	-

[1] 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, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**63**	**11.6**	**71**	**12.9**	**70**	**12.5**	**83**	**14.7**	**65**	**11.8**
Alameda	1	4.8	3	14.4	-	-	4	18.6	2	9.5
— Berkeley[1]	-	-	-	-	-	-	-	-	1	101.9
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	-	-	2	15.2	-	-	4	29.7	4	30.5
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	2	12.6	2	12.6	-	-	-	-	-	-
Glenn	1	251.3	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	3	104.9	2	65.4	1	32.0	2	63.5	1	31.0
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	2	14.9	4	28.5	5	33.1	5	32.6	1	6.5
Kings	1	39.2	-	-	-	-	1	36.0	-	-
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	28	18.5	29	19.3	31	20.4	32	21.1	21	14.2
— Long Beach[1]	3	38.1	2	25.1	3	38.1	3	39.5	-	-
— Pasadena[1]	1	44.0	2	89.7	1	45.4	2	90.2	-	-
Madera	-	-	-	-	1	38.1	-	-	-	-
Marin	-	-	-	-	1	36.6	1	35.5	1	36.8
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	1	21.5	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	-	-
Napa	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	6	13.3	3	6.8	7	15.8	4	9.1	1	2.4
Placer	-	-	-	-	-	-	-	-	1	24.8
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	1	3.4	3	9.5	-	-	-	-	1	3.0
Sacramento	1	4.8	2	9.4	2	9.1	2	9.0	1	4.7
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	1	3.1	3	9.1	1	2.9	2	5.7	2	5.9
San Diego	7	15.3	7	15.3	12	25.6	11	23.1	13	27.8
San Francisco	1	11.7	-	-	-	-	1	11.0	2	22.0
San Joaquin	-	-	1	8.7	2	17.0	3	25.9	1	9.1
San Luis Obispo	-	-	-	-	-	-	-	-	1	36.5
San Mateo	-	-	-	-	-	-	1	10.1	1	10.2
Santa Barbara	1	16.1	-	-	-	-	-	-	-	-
Santa Clara	5	18.8	3	11.3	2	7.4	2	7.3	5	18.7
Santa Cruz	-	-	-	-	2	55.6	-	-	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	2	34.9	-	-	-	-	-	-
Sonoma	-	-	-	-	-	-	-	-	-	-
Stanislaus	-	-	1	11.8	1	11.5	-	-	-	-
Sutter	1	74.5	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	12.6	1	12.2	-	-	1	11.8	5	58.6
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	1	8.2	1	8.0	6	49.2	1	8.3
Yolo	-	-	2	81.5	1	37.8	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

[1] 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, 1999–2008

RACE/ETHNICITY	NUMBER OF CASES									
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
California	**91**	**81**	**62**	**50**	**69**	**63**	**71**	**70**	**83**	**65**
Native American/Alaskan Native	1	0	0	1	0	1	0	0	0	1
Asian/Pacific Islander	3	5	1	1	5	2	8	2	8	3
African American/Black	23	13	10	8	14	11	13	8	14	10
Hispanic/Latina	46	57	45	35	45	42	40	53	49	37
White	15	6	6	4	5	6	8	5	9	13
Other/Not Specified	3	0	0	1	0	1	2	2	3	1

RACE/ETHNICITY	RATE PER 100,000 LIVE BIRTHS									
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
California	**17.6**	**15.2**	**11.8**	**9.4**	**12.8**	**11.6**	**12.9**	**12.5**	**14.7**	**11.8**
Native American/Alaskan Native	40.0	0.0	0.0	50.9	0.0	48.2	0.0	0.0	0.0	49.2
Asian/Pacific Islander	5.3	8.2	1.7	1.6	7.8	3.1	12.4	3.1	11.6	4.5
African American/Black	67.4	40.2	32.3	26.8	47.9	38.4	45.2	26.7	47.5	34.0
Hispanic/Latina	18.5	22.1	17.2	13.3	16.7	15.3	14.1	18.1	16.5	12.9
White	8.7	3.6	3.7	2.5	3.1	3.8	5.1	3.2	6.0	8.9

Source: California Department of Public Health, STD Control Branch

Table 27. Pelvic Inflammatory Disease, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2004–2008

COUNTY	2004		2005		2006		2007		2008	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**1,210**	**6.6**	**1,321**	**7.1**	**1,190**	**6.4**	**1,209**	**6.4**	**1,033**	**5.4**
Alameda	108	14.1	120	15.7	93	12.1	72	9.3	62	7.9
— Berkeley[1]	4	7.5	2	3.8	2	3.7	2	3.7	2	3.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	3	2.8	4	3.7	6	5.4	4	3.6	-	-
Calaveras	3	13.4	1	4.4	3	13.0	6	25.8	1	4.2
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	26	5.0	29	5.6	28	5.3	23	4.3	46	8.6
Del Norte	1	7.6	-	-	-	-	-	-	1	7.3
El Dorado	2	2.3	-	-	4	4.5	4	4.4	2	2.2
Fresno	87	20.0	55	12.4	15	3.3	37	8.0	31	6.6
Glenn	1	7.2	1	7.1	1	7.0	2	13.7	-	-
Humboldt	5	7.6	11	16.6	13	19.6	37	55.4	12	17.9
Imperial	2	2.6	-	-	3	3.7	-	-	1	1.2
Inyo	-	-	2	21.0	1	10.5	-	-	-	-
Kern	121	33.3	156	41.5	127	32.6	116	29.1	120	29.5
Kings	-	-	1	1.6	4	6.1	2	3.0	1	1.4
Lake	-	-	2	6.2	1	3.1	1	3.0	-	-
Lassen	1	7.4	1	7.4	2	14.4	-	-	3	21.1
Los Angeles	300	5.9	326	6.3	322	6.2	235	4.5	203	3.9
— Long Beach[1]	9	3.6	4	1.6	16	6.4	5	2.0	3	1.2
— Pasadena[1]	-	-	-	-	-	-	-	-	-	-
Madera	4	5.5	3	4.0	5	6.6	1	1.3	1	1.3
Marin	13	10.2	22	17.3	9	7.1	21	16.4	-	-
Mariposa	-	-	1	11.2	-	-	1	11.0	2	21.8
Mendocino	-	-	-	-	-	-	1	2.2	1	2.2
Merced	5	4.2	19	15.7	12	9.7	6	4.7	2	1.5
Modoc	-	-	1	19.8	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	13	6.3	22	10.7	19	9.2	13	6.3	8	3.8
Napa	-	-	1	1.5	-	-	1	1.5	-	-
Nevada	2	4.0	6	12.0	-	-	-	-	-	-
Orange	47	3.1	55	3.6	41	2.6	46	2.9	33	2.1
Placer	6	3.9	8	5.0	11	6.7	14	8.4	6	3.5
Plumas	-	-	-	-	-	-	1	9.2	-	-
Riverside	13	1.4	16	1.7	37	3.7	39	3.8	16	1.5
Sacramento	60	8.7	30	4.3	64	9.0	127	17.7	81	11.2
San Benito	1	3.5	2	7.0	1	3.5	-	-	-	-
San Bernardino	55	5.7	85	8.6	57	5.6	18	1.7	14	1.3
San Diego	40	2.7	42	2.8	70	4.6	128	8.3	73	4.7
San Francisco	58	14.9	34	8.8	32	8.2	34	8.7	52	13.2
San Joaquin	22	6.8	18	5.4	11	3.3	14	4.0	11	3.1
San Luis Obispo	2	1.6	-	-	2	1.6	1	0.8	1	0.8
San Mateo	9	2.5	37	10.2	21	5.7	54	14.7	69	18.8
Santa Barbara	3	1.4	7	3.4	4	1.9	7	3.3	1	0.5
Santa Clara	21	2.4	26	3.0	19	2.2	9	1.0	19	2.1
Santa Cruz	33	25.3	36	27.5	24	18.2	33	24.9	37	27.8
Shasta	-	-	-	-	3	3.2	3	3.2	4	4.2
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	2	8.6	2	8.5	5	21.2	2	8.5	-	-
Solano	8	3.9	7	3.4	7	3.3	3	1.4	8	3.7
Sonoma	16	6.6	14	5.8	3	1.2	-	-	8	3.2
Stanislaus	28	11.0	36	13.9	23	8.7	24	8.9	22	8.0
Sutter	13	29.3	4	8.7	8	16.9	6	12.4	5	10.1
Tehama	2	6.6	1	3.3	-	-	-	-	2	6.2
Trinity	-	-	-	-	1	14.0	1	13.8	-	-
Tulare	46	22.7	64	30.8	65	30.5	48	22.1	63	28.3
Tuolumne	2	7.4	-	-	-	-	3	10.9	-	-
Ventura	13	3.2	2	0.5	6	1.5	3	0.7	5	1.2
Yolo	4	4.2	8	8.3	3	3.1	5	5.0	5	4.9
Yuba	9	27.2	3	8.7	4	11.1	3	8.1	1	2.6

[1] 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, 2004–2008

COUNTY	Cases				
	2004	2005	2006	2007	2008
CALIFORNIA	**1**	**1**	**0**	**1**	**2**
Alameda	-	-	-	-	-
— Berkeley[1]	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	-	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	-	-	-	-	-
— Long Beach[1]	-	-	-	-	-
— Pasadena[1]	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	-	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	1	-	-	-	-
San Francisco	-	-	-	-	1
San Joaquin	-	-	-	-	-
San Luis Obispo	-	1	-	-	-
San Mateo	-	-	-	-	1
Santa Barbara	-	-	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	-	-	1	-
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	-	-
Sonoma	-	-	-	-	-
Stanislaus	-	-	-	-	-
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	-	-	-	-
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	-	-
Yuba	-	-	-	-	-

[1] City Health Department numbers are included in their respective county totals.

Source: California Department of Public Health, STD Control Branch

APPENDIX

State of California - Health and Human Services Agency

California Department of Public Health

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, 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(j)(1)

Acquired Immune Deficiency Syndrome (AIDS) (Human Immunodeficiency Virus infection only - see lower right)
FAX ✆ ✉ Amebiasis
☎ Anthrax
☎ Avian Influenza (human)
FAX ✆ ✉ Babesiosis
☎ Botulism (Infant, Foodborne, Wound)
☎ Brucellosis
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (only hospitalizations and deaths)
Chlamydial Infections, including Lymphogranulom Venereum (LGV)
☎ Cholera
☎ Ciguatera Fish Poisoning
Coccidioidomycosis
FAX ✆ ✉ Colorado Tick Fever
FAX ✆ ✉ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cysticercosis or Taeniasis
☎ Dengue
☎ Diarrhea of the Newborn, Outbreak
☎ Diphtheria
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae* invasive disease (report an incident less than 15 years of age)
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
Hepatitis, Viral
FAX ✆ ✉ Hepatitis A
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
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
☎ Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ Meningococcal Infections
Mumps
☎ Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
FAX ✆ ✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
FAX ✆ ✉ Poliomyelitis, Paralytic
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
☎ Rabies, Human or Animal
FAX ✆ ✉ Relapsing Fever
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
☎ Scombroid Fish Poisoning
☎ Severe Acute Respiratory Syndrome (SARS)
☎ Shiga toxin (detected in feces)
FAX ✆ ✉ Shigellosis
☎ Smallpox (Variola)
☎ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
☎ Tularemia
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
Typhus Fever
FAX ✆ ✉ *Vibrio* Infections
☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ✆ ✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
FAX ✆ ✉ West Nile Virus (WNV) Infection
☎ Yellow Fever
FAX ✆ ✉ Yersiniosis
☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx .

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 (Heatlh 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.ccrcal.org.

PM110 (revised 10/30/08)


Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Colusa
Yuba
Nevada
Lake
Sutter
Placer
El Dorado
Sonoma
Yolo
Napa
Sacramento
Amador
Alpine
Solano
Calaveras
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
San Benito
Fresno
Inyo
Monterey
Tulare
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Orange
Riverside
San Diego
Imperial