STD

SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

2011

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STATE OF CALIFORNIA

Diana S. Dooley, Secretary
HEALTH AND HUMAN SERVICES AGENCY

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Prepared by the

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Preface

This report, *Sexually Transmitted Diseases in California, 2011,* includes current surveillance and prevalence monitoring disease data collected through 2011 for the following infectious diseases: chlamydia, gonorrhea, syphilis, and chancroid.

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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INTRODUCTION

OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2011

Rates[1] of chlamydia, gonorrhea, and primary and secondary syphilis all increased in California in 2011 compared to rates in 2010. In 2011, more than 164,000 cases of chlamydia were reported (164,591 cases, for a rate of 438.0 per 100,000 population); more than 27,000 cases of gonorrhea were reported (27,455 cases, for a rate of 73.1 per 100,000 population); and more than 2,000 cases of primary and secondary syphilis were reported (2,448 cases, for a rate of 6.5 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.[2]

Rates of chlamydia in females increased, from 542.5 per 100,000 in 2010 to 569.9 in 2011; chlamydia rates in males also increased, from 247.7 in 2010 to 257.8 in 2011. Following four years of steady declines, the rate of gonorrhea in females increased in 2010 to 54.9, then remained relatively stable in 2011 at 54.5. Male rates had fallen from 2006 through 2008, then stabilized in 2009, increased substantially in 2010 to 81.7, then increased slightly in 2011 to 83.7. The rate of primary and secondary syphilis was stable among females (0.5 versus 0.4 in 2011 and 2010, respectively), and increased among males (10.2 in 2010 to 11.8 in 2011). Among the male primary and secondary syphilis cases, most were among men who have sex with men (MSM), many of whom were co-infected with human immunodeficiency virus (HIV). Although syphilis rates in females aged 15 to 44 years increased from 0.7 per 100,000 in 2010 to 1.0 in 2011, there was a decrease in the rate of congenital syphilis, from 10.0 per 100,000 live births in 2010 to 9.4 in 2011.

Many important patterns (e.g., geography, sex, age, race/ethnicity, sexual orientation, time) in the distribution of STDs in California are described in detail in the following sections of disease-specific text, figures, and tables. Three key points that require emphasis emerge from these patterns.

First, rates of STDs among African Americans/blacks are extraordinarily high. For example, the gonorrhea rate in 2011 for African American/black females was 15 times higher than for non-Latina white females, and the rate for African American/black males was almost 7 times higher than among non-Latino white males. In some age groups, these racial disparities were substantially greater. Similar racial/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, as well as social and economic disruption. Addressing these racial/ethnic STD disparities is of paramount concern and a critical challenge for STD programs. For a racial disparities fact sheet, presentation slides, and resource guide for facilitators, please

[1] All case-based rates are expressed as the number of cases per 100,000 population, unless otherwise specified.
[2] Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. Perspect Sex Reprod Health. 2004 Jan-Feb;36(1):6-10.

reference the "Health Information for Professionals" section on the STD Control Branch website at http://www.cdph.ca.gov/programs/std/Pages/default.aspx.

Secondly, of concern is the large number of STDs among young persons less than 25 years of age, 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 2011, more than 79,000 cases of chlamydia in females 15 to 24 years of age were reported, representing 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.

A third key issue is the large burden of STDs among gay men and other men who have sex with men (MSM). For syphilis in 2011, among all male cases with data on sexual orientation, 90 percent were MSM.[3] Using a recently published methodology,[4] the rate of primary and secondary syphilis among MSM was estimated to be 273 per 100,000 MSM, which is over 225 times higher than the rate among heterosexual men, and over 525 times higher than the rate among women. For gonorrhea in 2011, 60 percent of male gonorrhea cases were among MSM, based on interviews among a random sample of gonorrhea cases.[5] Using the same rate estimation procedure, the gonorrhea rate among MSM was 1294 per 100,000 MSM, which is approximately 38 times the rate among heterosexual men and approximately 24 times the rate among females. This disproportionate burden of disease among MSM has particular importance for a number of reasons, including the fact that a large proportion of MSM populations are co-infected with HIV, and that STDs have been shown to increase both the transmission and acquisition of HIV.[6]

[3] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf.
[4] Based on meta-analysis estimate of 3.9 percent of US male population being MSM in past 5 years in: Purcell DW, Johnson CH, Lansky A, et. al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. Open AIDS J. 2012;6:98-107.
[5] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-CGSS-Regional-Data.pdf.
[6] Fleming DT, Wasserheit JN. From epidemiologic synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. Sex Transm Infect. 1999;75:3-17.

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 Clinics	X	X		
STD Clinics	X	X		
Managed Care Organizations	X	X		
Juvenile Detention Facilities	X	X		
ANTIMICROBIAL RESISTANCE SURVEILLANCE		X		

The STD surveillance systems operated by California state and local STD control programs are the sources of 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 used the California Reportable Disease Information Exchange (CalREDIE) system or the Automated Vital Statistics System (AVSS) communicable disease module, or entered case data into unique locally developed systems. A small number of health jurisdictions reported case data through paper-based 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, 2000–2011,* Sacramento, California, December 2011. 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 is 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, 1980–2020, with Actual and Projected Fertility Rates by Mother's Age and Race/Ethnicity, 2000–2020*, Sacramento, California, October 2011; and State of California, Department of Public Health, Center for Health Statistics, *Birth Statistical Master Files*.

Enhanced case-based surveillance for syphilis[7] is based on standardized interviews of syphilis cases conducted by local health jurisdiction disease intervention specialists. Enhanced surveillance for gonorrhea[8] is based on standardized interviews of a *sample* of gonorrhea cases and their medical providers conducted by local health jurisdiction disease intervention specialists and/or public health nurses. For these syphilis and gonorrhea cases, a range of demographic, behavioral (e.g., gender of sex partners, venues where sex partners were met), and clinical (e.g., symptoms, HIV serostatus) data are collected beyond what is available from the CMRs alone.

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 2011, California collected chlamydia and gonorrhea testing data from 77 family planning clinics and 17 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. 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 available for 2011, KPNC data from 2010 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

[7] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf
[8] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-CGSS-Regional-Data.pdf

health department STD control programs. Data on chlamydia and gonorrhea testing comes from a standardized data collection form used in all participating sites.

California carries out surveillance for gonococcal drug resistance as part of the national **Gonococcal Isolate Surveillance Project (GISP).** Every month, sentinel site STD clinics in Los Angeles, 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, 2010*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2011. The source for chlamydia prevalence monitoring is the Centers for Disease Control and Prevention STD Chlamydia Profiles website, which can be found at: http://www.cdc.gov/std/Chlamydia2010/default.htm. 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 chlamydial infections are asymptomatic and that case detection is dependent on screening.

Case-based surveillance enables monitoring of incident chlamydia infections across the state. However, 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 treating infections that are not confirmed by testing. Furthermore, access to testing may vary by demographic characteristics and across local health jurisdictions due to factors including differential access to and utilization of medical care. For instance, screening is targeted at adolescent and young adult females who are also more likely to access care for reproductive health services. In contrast, lower rates of health care utilization by males and lack of male screening recommendations may result in observed differences in chlamydia rates by gender.

Chlamydia prevalence monitoring allows assessment of chlamydia prevalence in health care settings with defined screening protocols, consistent collection of data, measurement of chlamydial and gonococcal 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 2011, chlamydia was the most commonly reported communicable disease in California, with 164,591 reported cases, for an incidence rate of 438.0 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 11.5 percent of the reported chlamydia cases in the United States for 2010. Comparison of California and national rates during the period 1990 to 2009 indicated concurrent rises in chlamydia rates from 1995 to 1999. From 2000 to 2007, chlamydia rates in California surpassed those for the United States; however, from 2008 to 2010 national rates exceeded those in California (Figure 4).

Case-Based Chlamydia Surveillance — Geographic Distribution

The 2011 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 (663.2), Fresno (657.0), Sacramento (634.7), San Francisco (586.9), San Joaquin (543.8), San Bernardino (522.5), Long Beach

(518.3), and Los Angeles (510.6) (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).

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 2011 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Sacramento (4,468.4), San Francisco (4,335.0), Fresno (4,208.4), Kern (3,535.2), Long Beach (3,266.7), San Diego (3,247.2), Alameda (3,226.4), and Contra Costa (3,047.6) (Table 4).

When the 2011 chlamydia data were compared with 2010 data, increases in the numbers and rates of reported cases were evident in nearly two-thirds 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 Santa Barbara (an increase of 23.4 percent, from 335.6 to 414.2), San Bernardino (an increase of 22.6 percent, from 426.0 to 522.5), Riverside (an increase of 21.5 percent, from 323.6 to 393.1), Sonoma (an increase of 19.8 percent, from 243.7 to 291.9), Contra Costa (an increase of 13.2 percent, from 369.4 to 418.2), and Tulare (an increase of 11.5 percent, from 356.6 to 397.6). Among high-morbidity jurisdictions, only Solano experienced a notable decrease in chlamydia rates between 2010 and 2011 (a decrease of 30.8 percent, from 501.2 to 346.7).

Case-Based Chlamydia Surveillance — Gender

The 2011 data continued to demonstrate large differences by gender that reflect the higher screening rates noted above, as well as higher acquisition rates among females. In 2011, the female chlamydia rate was 569.9 per 100,000, compared with the male rate of 257.8 (Table 3). However, the ratio of female to male rates has steadily decreased, from a high of five in the early 1990s to a low of just over two in 2011 (Figure 6).

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 chlamydial 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 2000–2011 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (3,104.6 per 100,000 in 2011) (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 (1,126.2) (Table 3).

Case-Based Chlamydia Surveillance — Race/Ethnicity

Consistent with patterns seen since 1990, the 2011 data indicated that chlamydia rates for African Americans/blacks (1,030.3 per 100,000) were higher than rates for Latinos (332.6), Native Americans/Alaskan Natives (216.4), non-Latino whites (141.9), and Asians/Pacific Islanders (118.5) (Table 3). Compared to rates for 2010, chlamydia rates remained relatively stable among Latinos, African Americans/blacks, and Asians/Pacific Islanders, while rates increased 24.3 percent among Native Americans/Alaskan Natives and 10.0 percent among non-Latino whites.

Furthermore, the large disparities in rates of chlamydia by race/ethnicity were seen among both males and females. African American/black females had a rate of chlamydia more than seven times that of non-Latina white females (1,303.8 per 100,000 and 180.5, respectively); correspondingly, African American/black males had a rate of chlamydia more than seven times that of non-Latino white males (740.5 and 102.0, respectively). Latina females had a rate of chlamydia (485.2) nearly three times that of non-Latina white females, while Latino males had a rate (184.3) nearly two times that of non-Latino white males (Table 3).

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 chlamydial 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.[9]

Overall, in 2011 among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (23.5 percent), followed by those tested in juvenile detention (12.9 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.[10] Chlamydia positivity in females aged 15 to 24 years in family planning sites

[9] Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? Sex Transm Dis 1998; 25: 251-253.
[10] U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2nd edition). Washington, DC: U.S. Government Printing Office, 2000.

increased from 4.9 percent in 2010 to 5.2 percent in 2011, approximately 70 percent higher than the 2010 objective (Figure 10, Table 7).

Analysis of the 2011 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (8.4 percent) than females (4.0 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 over two times as high as that for non-Latino whites (7.9 percent and 3.5 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 chlamydial infections to no higher than three percent for both females and males 15 to 24 years of age, attending STD clinics.[11] In 2011, chlamydia positivity levels were 15.8 percent in 15- to 24-year-old females and 14.8 percent in 15- to 24-year-old males, well above the target prevalence. Both the overall female and male positivity slightly decreased between 2010 and 2011 (from 9.4 percent to 8.4 percent for females and from 9.0 percent to 8.7 percent for males) (Figures 11-12, Table 8).

Racial/ethnic differences in chlamydia positivity were also apparent in STD clinic clients. Among African American/black clients (11.3 percent) and Hispanic/Latino clients (8.6 percent), the chlamydia positivity was significantly higher than that for non-Latino whites (6.2 percent). These disparities were particularly striking in the adolescent and young adult age groups. Note that nearly 5.0 percent of the tests performed were of "Other/Mixed/Unknown" race/ethnicity, and that the positivity in this group was relatively high, at 10.9 percent (Table 8).

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 2011, the positivity among females (12.4 percent) was higher than among males (4.7 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9).

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

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 9.8 percent in the 10- to 14-year-olds to 13.7 percent in the 17- to 19-year-olds) and increased substantially with increasing age groups for males (from 2.0 percent to 5.8 percent, respectively).

Racial/ethnic disparities were also apparent in the positivity data for this population: African Americans/blacks had higher chlamydia positivity (13.7 percent) than did Native Americans/Alaskan Natives (6.9 percent), Hispanics/Latinos (6.2 percent), non-Latino whites (5.6 percent), and Asians/Pacific Islanders (4.7 percent) (Table 9).

Chlamydia Prevalence Monitoring — Managed Care

While the overall positivity among female patients tested in 50 KPNC facilities in 2010 (2011 data not available) was relatively low (3.7 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 (6.0 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-six 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 24 percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall levels seen in males (4.8 percent) versus females (3.7 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.

Variations in reported gonorrhea rates across demographic groups and local health jurisdictions may reflect true differences in disease burden and/or differential access to medical care, screening practices, and reporting by providers.

Because of the emergence of gonococcal strains that are resistant to multiple classes of antibiotics, monitoring for gonococcal antimicrobial resistance has been conducted in California as part of the Gonococcal Isolate Surveillance Project (GISP) since 1987.

As part of California's gonorrhea control efforts, CGSS 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 commonly reported communicable disease in California. In 2011, California received a total of 27,455 reports of gonorrhea cases, for an incidence rate of 73.1 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 treating 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). In California, the trend changed starting in 2000, with a nearly 70 percent increase in the gonorrhea rate between 1999 and 2005. Rates then decreased slightly in 2006, decreased markedly from 2007 to 2009, and then began increasing again in 2010. The California gonorrhea rate of 73.1 in 2011 is more than three times higher than the *Healthy People 2010* target objective of fewer than 19 cases per 100,000.[12] In 2010, California gonorrhea morbidity accounted for 8.5 percent of all gonorrhea cases reported in the United States.

[12] 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, 72 percent of health jurisdictions (44 of 61) had a gonorrhea incidence above the *Healthy People 2010* goal of fewer than 19 cases per 100,000 population.[13] The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (276.5), Fresno (127.2), Sacramento (126.7), Kern (102.6), and Los Angeles (102.3) (Figure 17, Table 11). Of the eight jurisdictions with highest rates in 2010, six experienced rate decreases between 2010 and 2011 (Table 11). No gonorrhea cases were reported in 2011 in Alpine, Mariposa, Modoc, and Mono Counties.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence of gonorrhea include Sacramento (601.0), Fresno (506.2), Alameda (449.9), Contra Costa (438.0), and Lake (410.9) (Table 13).

Case-Based Gonorrhea Surveillance — Gender

From 1991 to 1999, gonorrhea incidence rates declined substantially among both males and females, and then increased each year from 2000 through 2005. From 2006 to 2009, rates decreased each year among females. Among males, rates decreased each year from 2006 to 2008, but then stabilized in 2009. In 2010, gonorrhea incidence rates increased among both males and females, and then in 2011, increased to 83.7 per 100,000 population among males, and decreased slightly to 54.5 among females (Figure 18, Table 12). The gender disparity decreased substantially between 1990 and 1996, increased slightly in 2000, and has remained relatively stable ever since. In 2011, 39.6 percent of gonorrhea cases in California were female.

Case-Based Gonorrhea Surveillance — Sexual Orientation/Gender of Sex Partners

Based on CGSS data, 60.0 percent of male gonorrhea cases with data on sexual orientation were among MSM. This corresponds to an estimated rate of gonorrhea of 1294.4[14] per 100,000 MSM, much higher than the estimated rates of 34.5 among heterosexual men and 54.5 among females. Among MSM cases, over one quarter (26.9 percent) reported being HIV positive at the time of gonorrhea diagnosis. Very few heterosexual cases reported being HIV positive. A number of important behavioral factors were also elevated among MSM compared to heterosexual cases, including use of the Internet to meet sex partners, sexual activity with anonymous partners, and use of methamphetamines and poppers.

Case-Based Gonorrhea Surveillance — Age

In 2011, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (253.9 per 100,000), followed by the 15- to 19-year-old age group (212.7) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 63.2 percent of total female cases. The peak age group among males was also 20 to

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

[14] Based on meta-analysis estimate of 3.9 percent of US male population being MSM in past 5 years in: Purcell DW, Johnson CH, Lansky A, et. al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. Open AIDS J. 2012;6:98-107.

24 years old (270.0), 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 (246.5) and third (177.1) highest rates, respectively (Figure 19, Table 12).

Case-Based Gonorrhea Surveillance — Race/Ethnicity

Consistent with that of prior years, the 2011 data indicate that gonorrhea incidence among African Americans/blacks was nearly ten times higher than that among non-Latino whites (Figures 3, 21-22). In 2011, African Americans/blacks had gonorrhea rates that were substantially higher (303.8 per 100,000) than rates for Latinos (40.7), Native Americans/Alaskan Natives (37.7), non-Latino whites (33.3), and Asians/Pacific Islanders (17.2) (Table 12). Between 2010 and 2011, rates decreased among African Americans/blacks males and females but increased among males and females of all other race/ethnicity groups (Figures 21-22).

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 2011 data from participating family planning clinics, the overall gonorrhea positivity among clients seeking family planning services was 0.4 percent for females and 2.3 percent for males (Figure 23, Table 14). For females, gonorrhea positivity was highest among 10- to 14-year-olds (0.7 percent) and 15- to 19-year-olds (0.6 percent) and decreased among successive age intervals. For males, the highest positivity was among the 20- to 24-year-olds and 25- to 29-year-olds (2.8 and 2.3 percent, respectively) (Table 17). Nearly 90 percent of clients tested at the participating family planning clinics were female.

In family planning settings, 36.6 percent of female gonorrhea cases were co-infected with chlamydia (Table 15). 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 21.9 percent of males who tested positive for gonorrhea in family planning settings (Table 16). Previous research reaffirms the importance of following the current CDC recommendations for co-treatment of chlamydia and gonorrhea.[15,16]

[15] Lyes SB, Kamb ML, Peterman TA, et al. Chlamydia trachomatis among patients infected with and treated for Neisseria gonorrhoeae in sexually transmitted disease clinics in the United States. Ann Intern Med 2003; 139: 178-185.
[16] Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010;59 (No. RR-12): 1-110.

Gonorrhea Prevalence Monitoring — STD Clinics

Based on 2011 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 2.1 percent (Figures 23, 25, Table 14). Gonorrhea positivity for females attending STD clinics was highest among the 15- to 19-year-old age group (5.2 percent), and decreased with each successive age group (Table 17). In 2011, the overall gonorrhea positivity among males attending STD clinics was 5.6 percent (Figure 25, Table 14), was highest (8.2 percent) among the 15- to 19-year-old age group, and decreased with increasing age (Table 17). More than two-thirds of patients tested for gonorrhea at STD clinics were male (Table 17). Gonorrhea positivity for both females and males seeking care at STD clinics was high, relative to that for other health care settings, because these patients are more likely to have genitourinary symptoms and/or high-risk behaviors.

In STD clinic settings, the proportion of gonorrhea cases who were co-infected with chlamydia was 30.5 percent among female cases and 24.8 percent among male cases (Tables 15-16).

Gonorrhea Prevalence Monitoring — Juvenile Detention Facilities

In 2011, the gonorrhea positivity among females in juvenile detention facilities was 2.6 percent, whereas, among males in juvenile detention facilities, gonorrhea positivity was 0.6 percent (Figures 23, 26, Table 14).

In juvenile detention facilities, the proportion of gonorrhea cases who were co-infected with chlamydia was 53.1 percent among female cases and 56.9 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 2010 (2011 data not available), overall gonorrhea positivity among females was 0.4 percent (Figure 23, Table 14). Among females, the highest positivity was among those aged 15 to 19 years (0.8 percent), and decreased with increasing age (Figure 27, Table 17).

The overall gonorrhea positivity among males was 1.4 percent (Table 14). Since there are no established screening guidelines for asymptomatic males in this setting, testing in males constituted only 23 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 703 isolates analyzed in 2011, no specimens exhibited decreased susceptibility to ceftriaxone (minimum inhibitory concentration (MIC) $\geq$ 0.25 mg/ml) or cefixime (MIC $\geq$ 0.5

mg/ml); 0.3 percent (3) exhibited decreased susceptibility to azithromycin (MIC ≥ 2.0 mg/ml) (Table 18).

The number of isolates with CDC-defined alert values (suggesting possible emergence of reduced susceptibility) to one or more cephalosporins decreased from 8.0 percent in 2010 to 5.7 percent in 2011, but was still nearly twice the 2.9 percent in 2009 (Figure 28). The proportion of isolates with CDC alert values to one or more cephalosporins remains higher among MSM (6.2 percent) than among heterosexual men (4.4 percent) (Figure 29). Given these trends in cephalosporin MIC values, and international reports of isolates with decreased susceptibility to cephalosporins, the CDC 2010 treatment guidelines[17] and a 2012 update[18] recommend treatment with a higher dose of ceftriaxone (250 mg instead of 125 mg) **and** 1 gram of azithromycin for the treatment of uncomplicated gonorrhea.

Of the 703 isolates analyzed in 2011, 29.9 percent (210) were resistant to ciprofloxacin (MIC ≥ 1.0 μg/ml), and an additional 2.6 percent (18) had decreased susceptibility to ciprofloxacin (MIC = 0.125 to 0.50 μg/ml) (Table 18).

Isolates obtained from MSM constituted more than 60 percent of total isolates at all four sites (San Diego, Orange, San Francisco, and Los Angeles) in 2011.

[17] Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59 (No. RR-12); available at: http://www.cdc.gov/std/treatment/2010/default.htm

[18] Center for Disease Control and Prevention. Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. MMWR 2012.61(31);590-594; available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

SYPHILIS IN CALIFORNIA

California experienced an increase in primary and secondary (P&S) syphilis cases in 2011, with 2,448 cases reported (Table 1). These P&S syphilis cases occurred primarily among MSM in all areas of the state (Figures 31, 32). These cases 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 non-treponemal and treponemal 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.[19]

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 2011, 2,448 cases of P&S syphilis (6.5 per 100,000 population) were reported in California, placing the state rate above the national average rate of 4.5 for 2010 (Figure 35). In 2010, California accounted for 15 percent of all P&S cases in the United States, compared to 5.5 percent in 2000. The California P&S syphilis incidence rate in 2011 was more than 32 times the *Healthy People 2010* objective of fewer than 0.2 cases per 100,000.[20]

[19] Centers for Disease Control and Prevention. Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No. RR-10).
[20] 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 2011, 35 (57 percent) of the 61 health jurisdictions reported more than two P&S syphilis cases (Table 19), compared to 29 health jurisdictions in 2010 reporting more than two P&S syphilis cases. Twenty-eight percent (17) of health jurisdictions did not report any P&S syphilis cases for 2011, while 60.5 percent of the total P&S syphilis morbidity in California was reported from three counties: Los Angeles (33.2 percent), San Francisco (15.4 percent), and San Diego (11.9 percent).

Case-Based Syphilis Surveillance — Gender

The male P&S syphilis rate increased steadily from a low of 1.2 in 1998 to 10.9 in 2008, decreased in 2009 and 2010 to 10.0 and 10.2, respectively, then increased in 2011 to 11.8 (Figure 37, Table 20). Female rates reached a low of 0.2 in 2002, increased to 0.7 in 2006 and decreased to 0.5 in 2011. The P&S male-to-female rate ratio reached a low of 1.5:1 in 1998 and has since increased to 23:1 in 2011.

Case-Based Syphilis Surveillance — Sexual Orientation/Gender of Sex Partners

In the past decade, almost all of the increase in syphilis has been among MSM (Figure 31). In 2011, 90.0 percent of male cases with data on sexual orientation were MSM. This corresponds to an estimated rate of syphilis of 272.8[21] cases per 100,000 MSM, much higher than the estimated rates of 1.2 among heterosexual men and 0.5 among females. Among MSM cases, over half (53.4 percent) reported being HIV positive at the time of syphilis diagnosis, compared to 12.6 percent of heterosexual cases. A number of important behavioral factors were elevated among MSM compared to heterosexual cases, including use of the Internet to meet sex partners, sexual activity with anonymous partners, and use of methamphetamine.[22]

Case-Based Syphilis Surveillance — Age

In 2011, the highest P&S syphilis rates for males were among those aged 25 to 29 years (28.3 per 100,000 population), while the highest rates for females were among those aged 20 to 24 years (1.8) (Figures 2, 38-39, Table 20). More than 51 percent of male P&S syphilis cases and 40 percent of female cases were 35 years of age or older. The proportion of female cases in their 20s increased from 24.2 percent in 2004 to 36.7 percent in 2011.

Among MSM, the percent of cases in their 20s increased from 17.6 percent in 2003 to 32.0 percent in 2011 and constituted the largest proportion of MSM cases; however this distribution varied by race/ethnicity with African American/black and Hispanic MSM being relatively younger and non-Hispanic white cases being relatively older.[22]

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[21] Based on meta-analysis estimate of 3.9 percent of US male population being MSM in past 5 years in: Purcell DW, Johnson CH, Lansky A, et. al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. Open AIDS J. 2012;6:98-107.
[22] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf.

Case-Based Syphilis Surveillance — Race/Ethnicity

Overall, male P&S syphilis rates were highest among African Americans/blacks in 2011 (30.9 per 100,000 population), followed by non-Latino whites (12.0), Latinos (10.2), Native Americans/Alaskan Natives (7.4), and Asians/Pacific Islanders (4.6). Male rates increased from 2010 to 2011 among all race/ethnicity groups (Figures 3, 40, Table 20). MSM cases accounted for the majority of cases in all race/ethnicity groups.[23]

The female P&S syphilis rates were highest among African American/black females in 2011 (2.8 per 100,000 population), which represents a decrease compared to a rate of 4.3 in 2006. Rates increased from 2010 (0 cases) to 2011 (3 cases) for Native American/Alaskan Native females. Rates for non-Latina white and Latina females remained relatively steady between 2010 and 2011 (Figure 41, Table 20).

Case-Based Syphilis Surveillance — HIV Co-infection

Co-infection with HIV is common among P&S MSM syphilis cases. In 2011, 52.6 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.

Case-Based Syphilis Surveillance — Venues

As part of the enhanced surveillance system implemented in 1999, data on venues where syphilis cases report meeting new 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. The Internet has remained the most commonly reported venue among interviewed MSM since 2003. In 2011, 43.8 percent of California's interviewed MSM P&S cases reported using the Internet to meet sex partners (Figure 34). Additional venue data are 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).

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 reached a low of 9.4 per 100,000 live births in 2011, the lowest level since 1985 (Figure 44, Table 1). However, California's incidence rate in 2011 remained more than nine times the *Healthy People 2010* objective of fewer than one case per 100,000 live births.[24]

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[23] http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf.
[24] U.S. Department of Health and Human Services. *Healthy People 2010,* Volume II (2nd edition). Washington, D.C.: U.S. Government Printing Office, 2000.

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 (50.4 per 100,000 live births) being twelve times that of non-Latina whites (4.2 per 100,000 live births) in 2011. The rate for Latinas (7.4 per 100,000 live births) was also greater than that of non-Latina whites (Figures 45-46, Table 25).

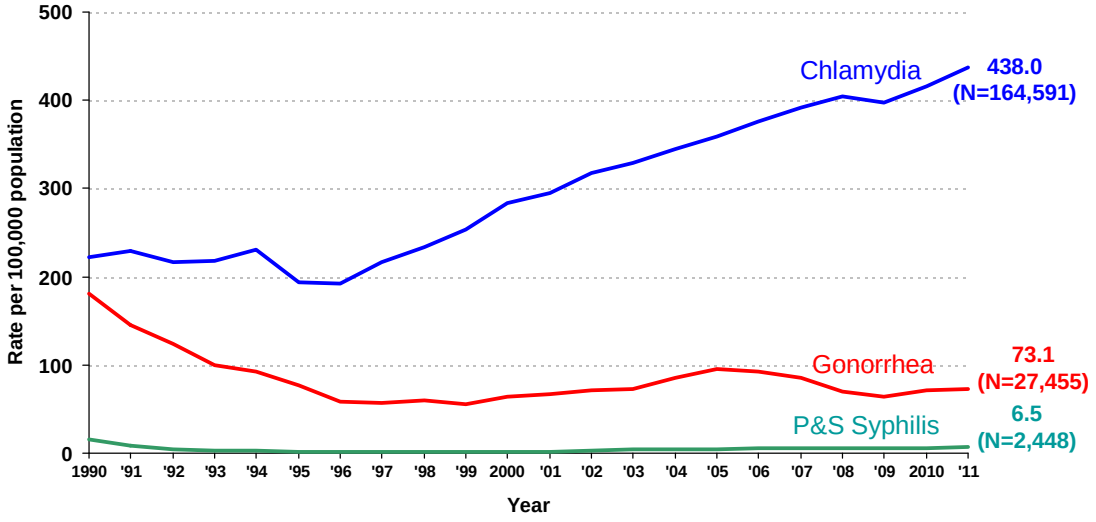
OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

Case-Based Chancroid Surveillance

In California, chancroid is a rare cause of genital ulcer disease, with few cases (less than 5 annually) of chancroid reported over the past five years. In 2011, there were two reported cases of chancroid (Table 26).

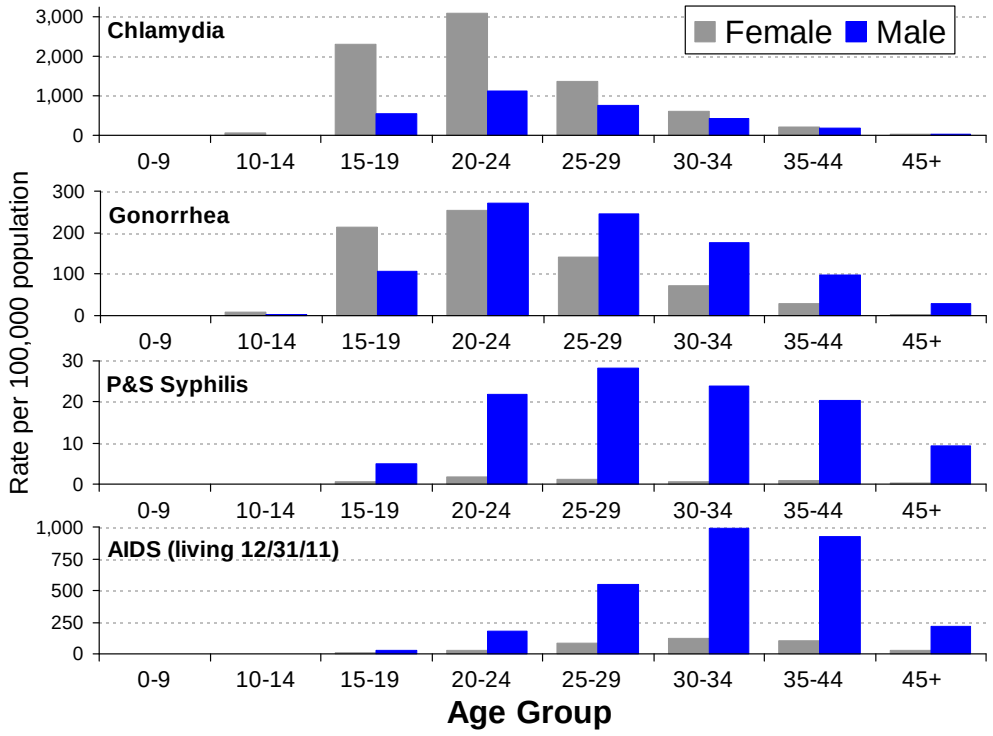
FIGURES

Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Rates, 1990–2011



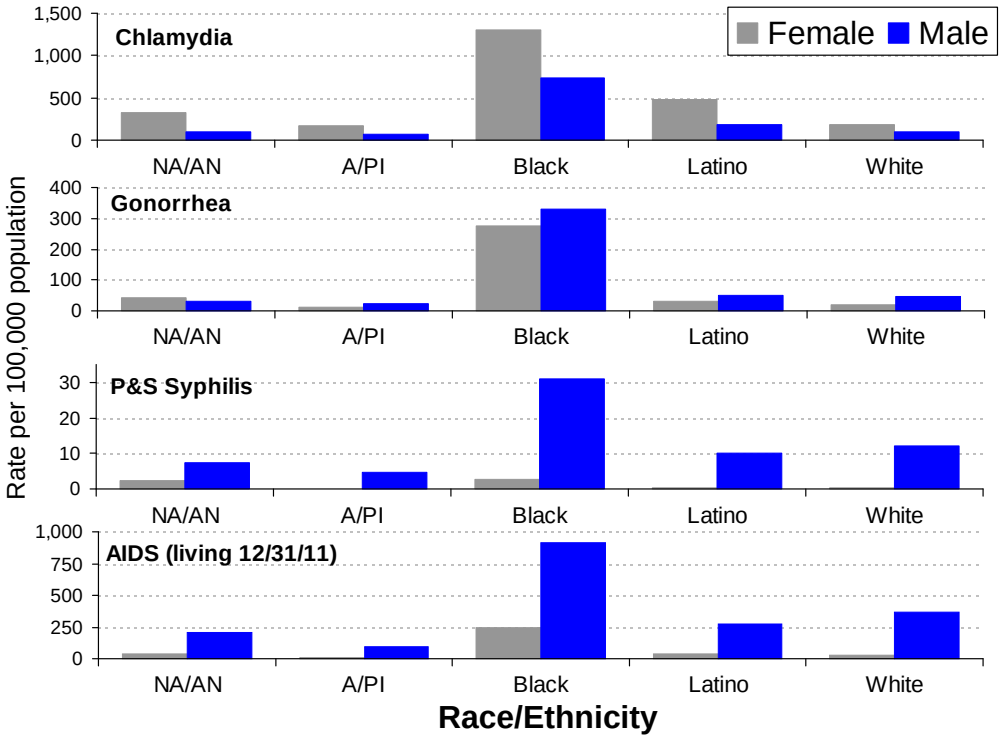
Source: California Department of Public Health, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Age Group (in years) and Gender, California, 2011



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, 2011

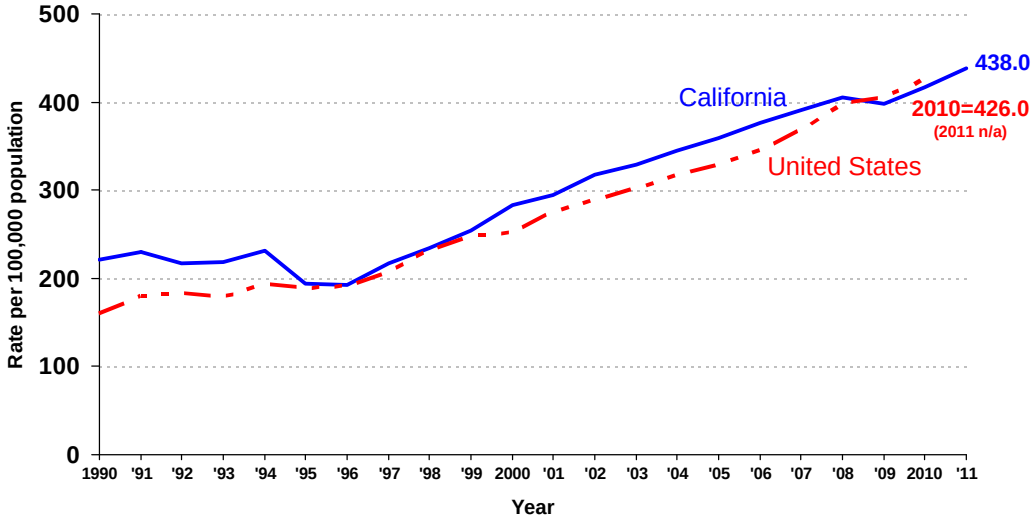


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

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

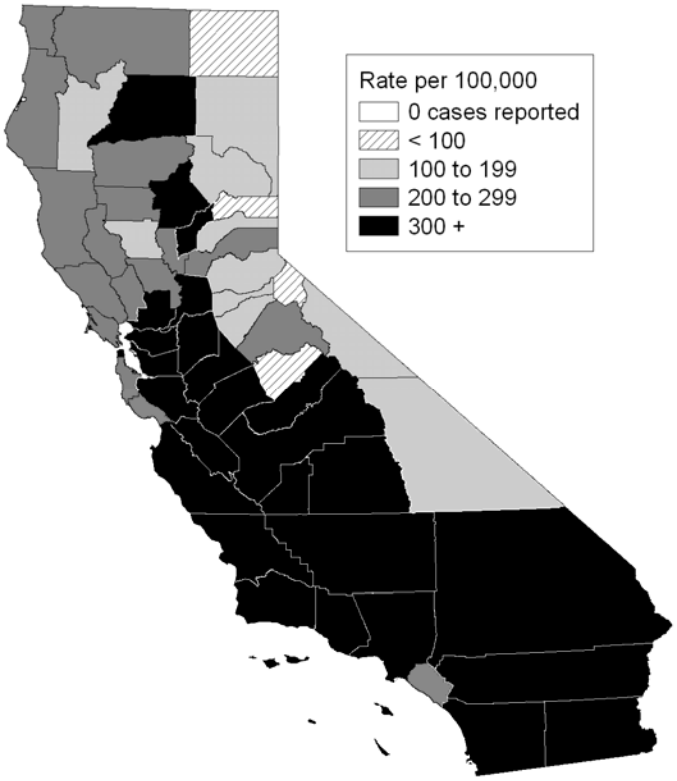
CHLAMYDIA

Figure 4. Chlamydia, California versus United States Rates, 1990–2011



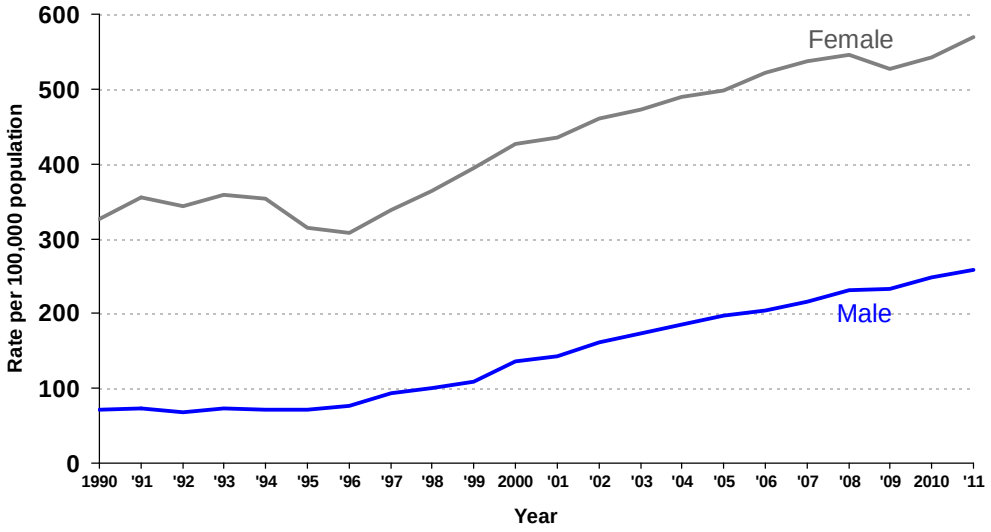
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2010*. Atlanta: U.S. Department of Health and Human Services, 2011, Table 1

Figure 5. Chlamydia, Rates by County, California, 2011



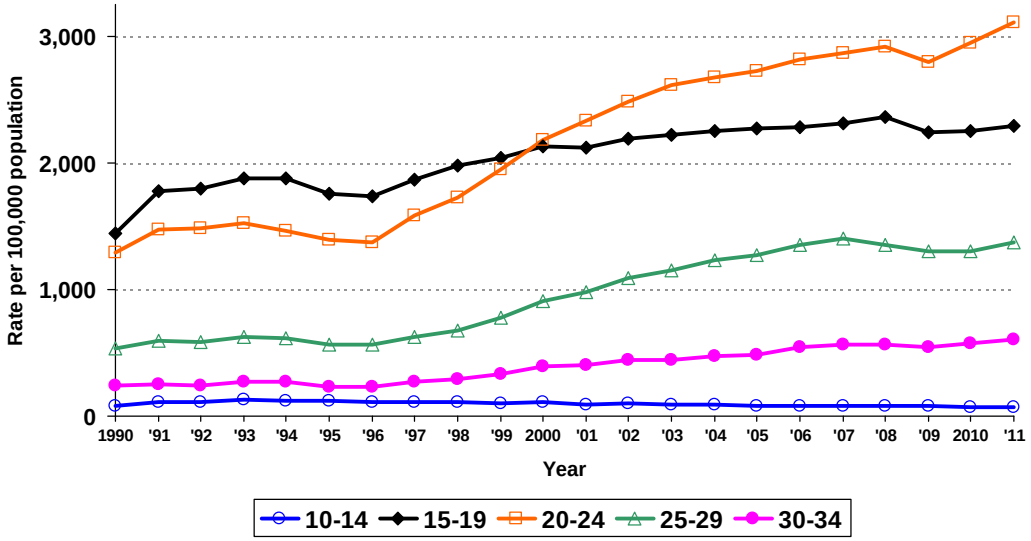
Source: California Department of Public Health, STD Control Branch

Figure 6. Chlamydia, Rates by Gender, California, 1990–2011



Source: California Department of Public Health, STD Control Branch

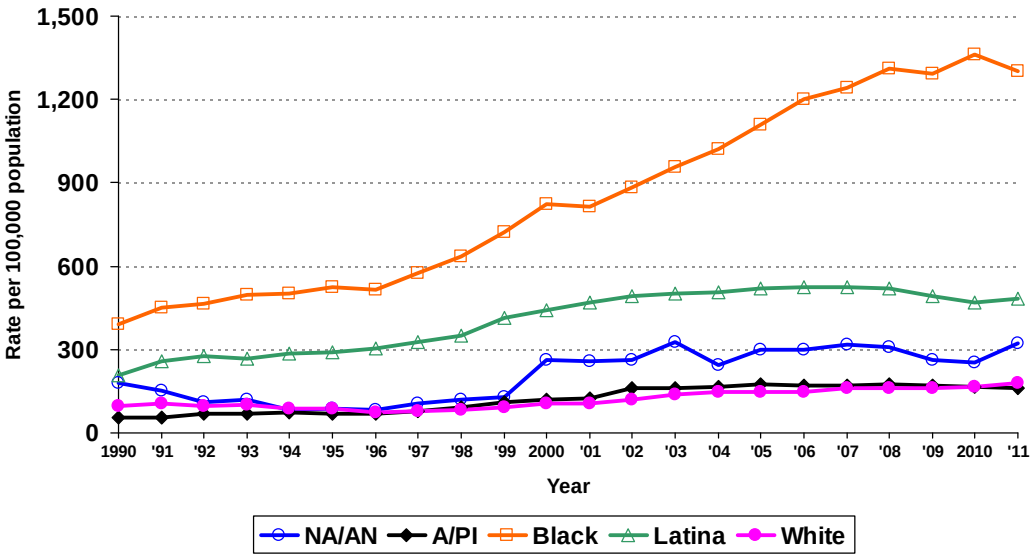
Figure 7. Chlamydia, Rates for Females by Age Group (in years), California, 1990–2011



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

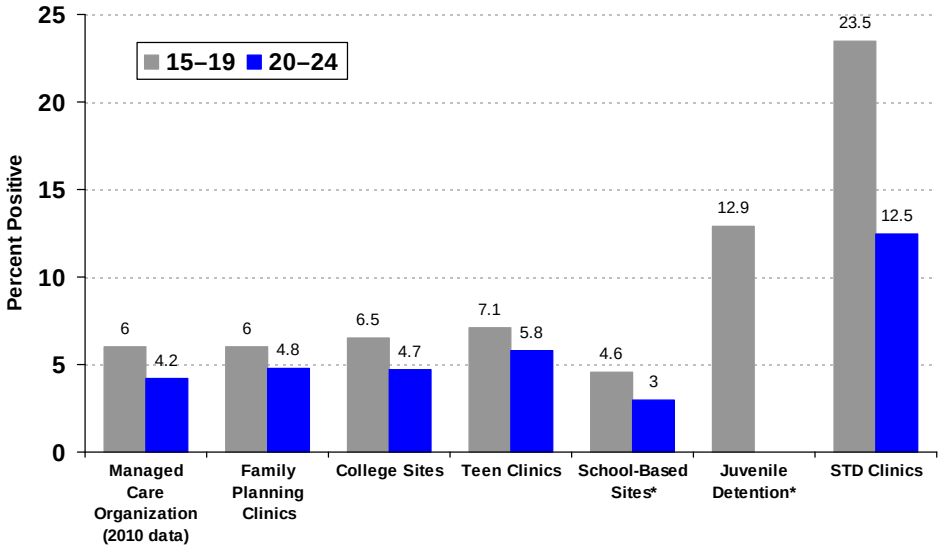
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2011



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

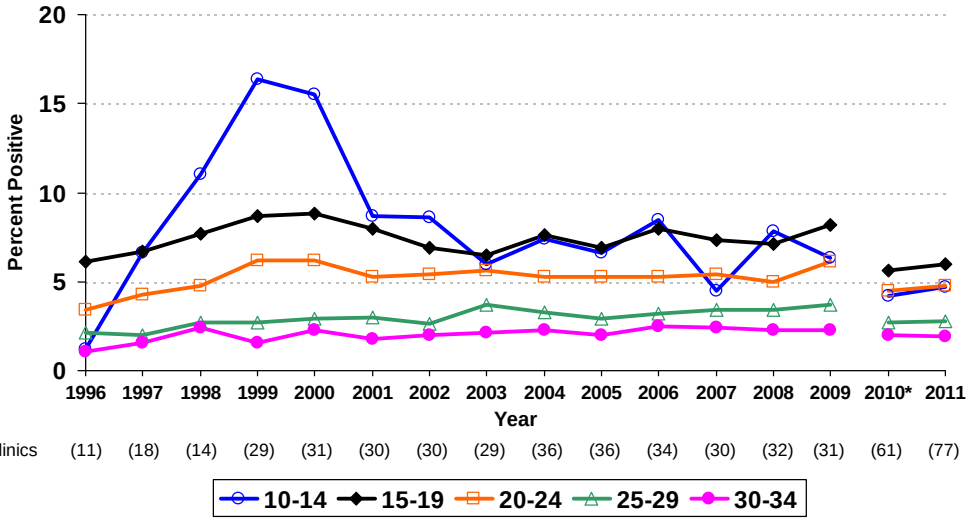
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2011



* 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

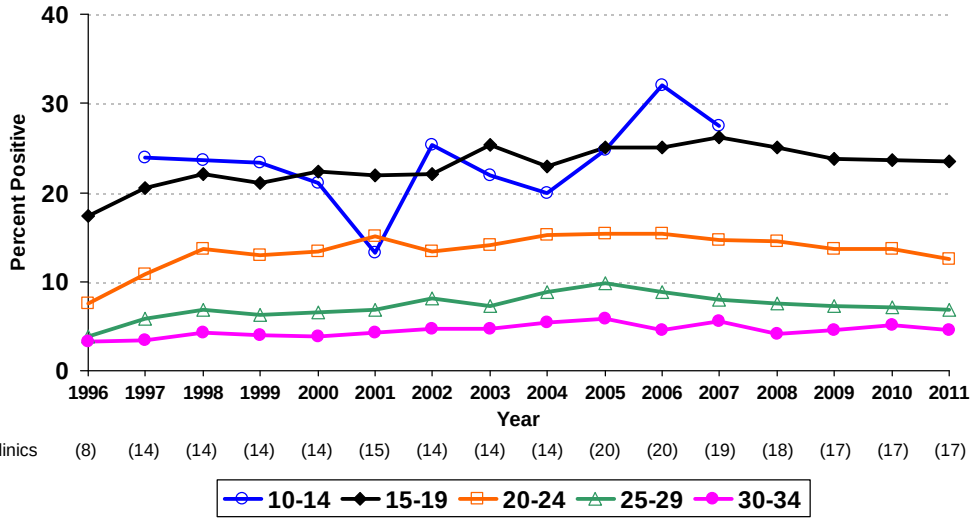
Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 1996–2011



* The 2010-2011 prevalence may not be consistent with prior years' data due to the impact of major changes in the data transmission process (including a much larger number of sites).

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

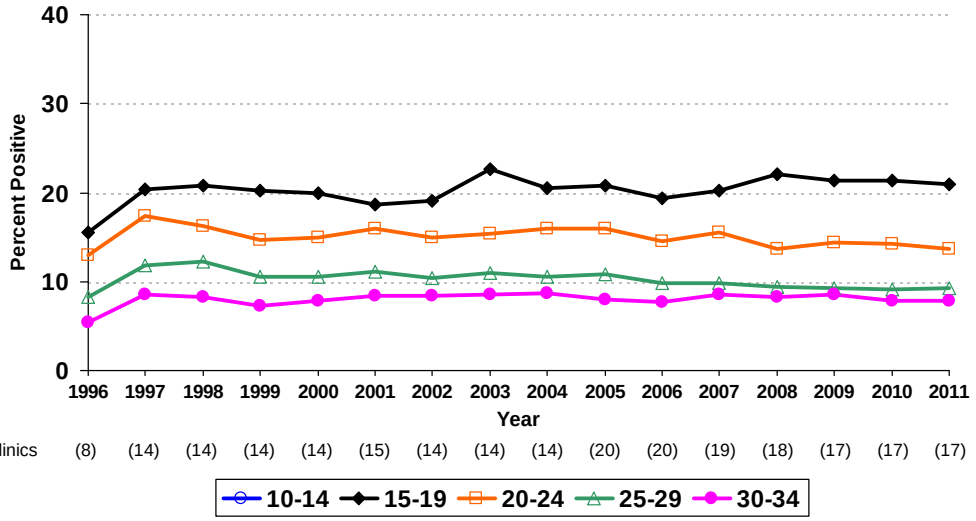
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group (in years), 1996–2011



Note: Age group 10-14 not graphed in 1996 and 2008-2011, 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), 1996–2011



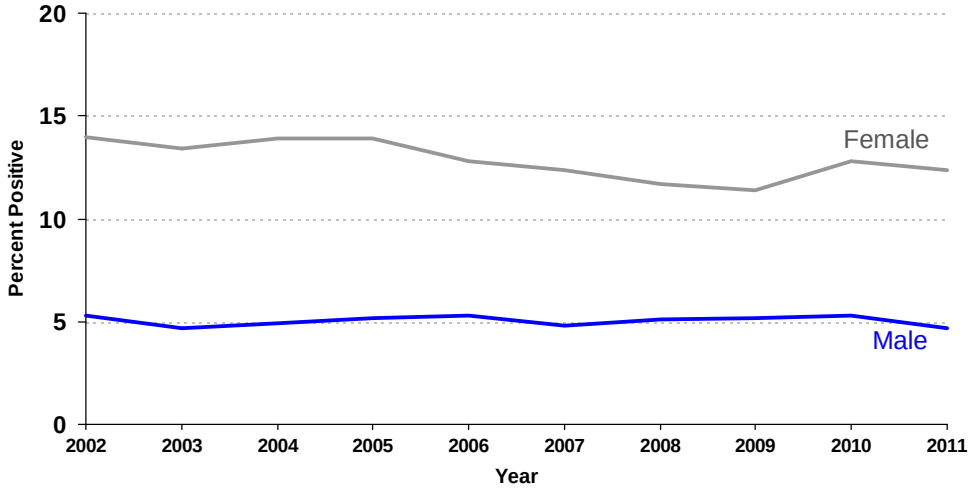
# Clinics	(8)	(14)	(14)	(14)	(14)	(15)	(14)	(14)	(14)	(20)	(20)	(19)	(18)	(17)	(17)	(17)

* 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

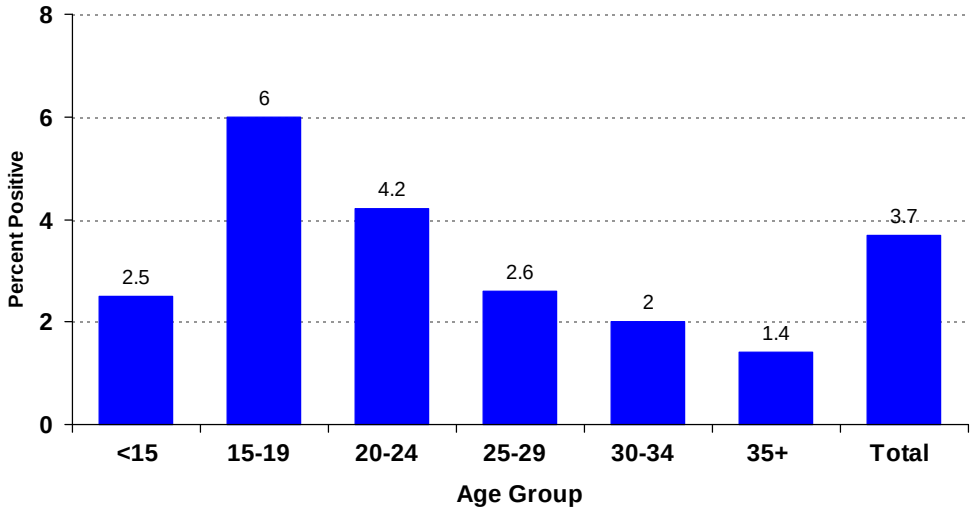
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2002–2011



# Sites											
	–Female	(20)	(22)	(25)	(25)	(26)	(26)	(28)	(27)	(25)	(25)
	–Male	(20)	(22)	(25)	(22)	(21)	(23)	(19)	(17)	(12)	(12)

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), 2010*

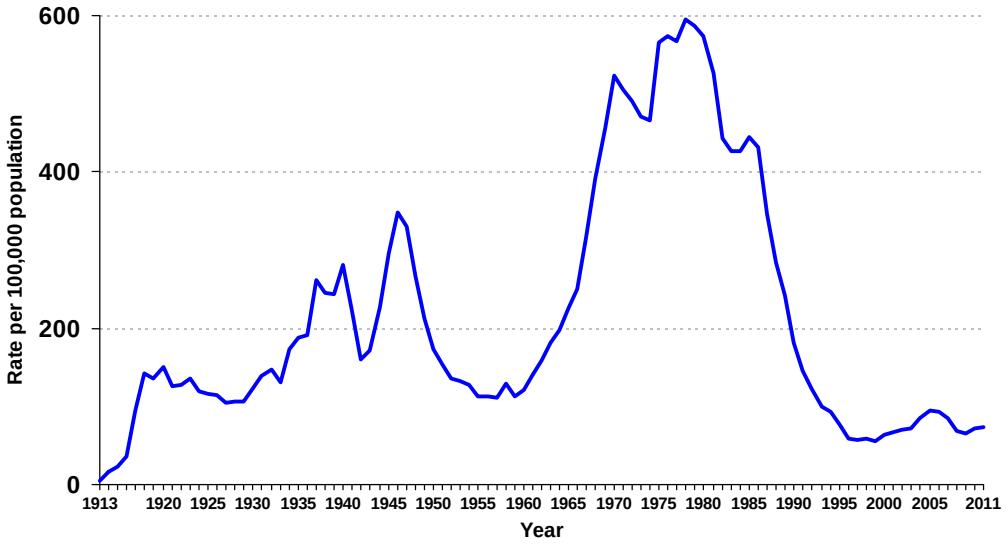


* 2011 data were not available.

Source: California Department of Public Health, STD Control Branch

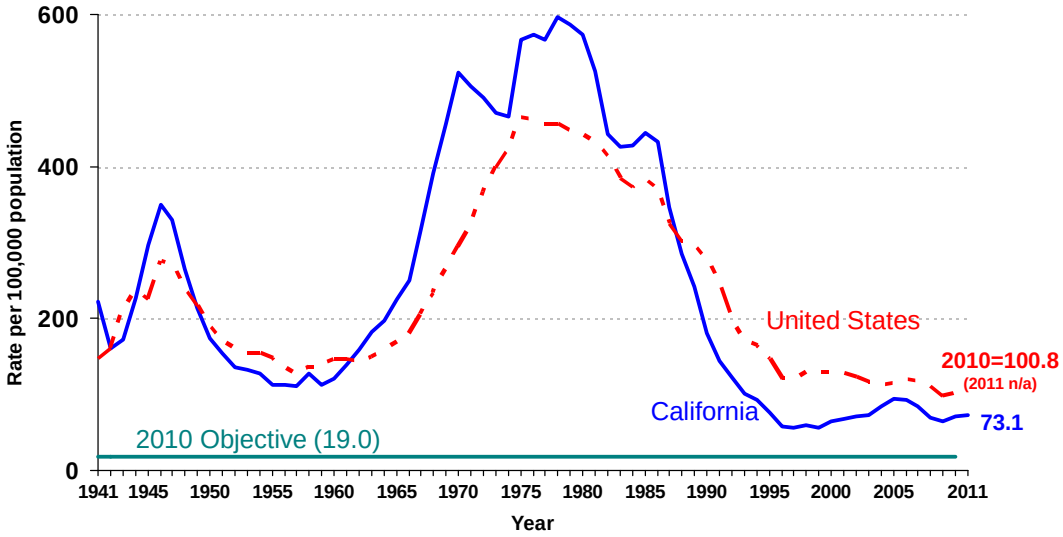
GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2011



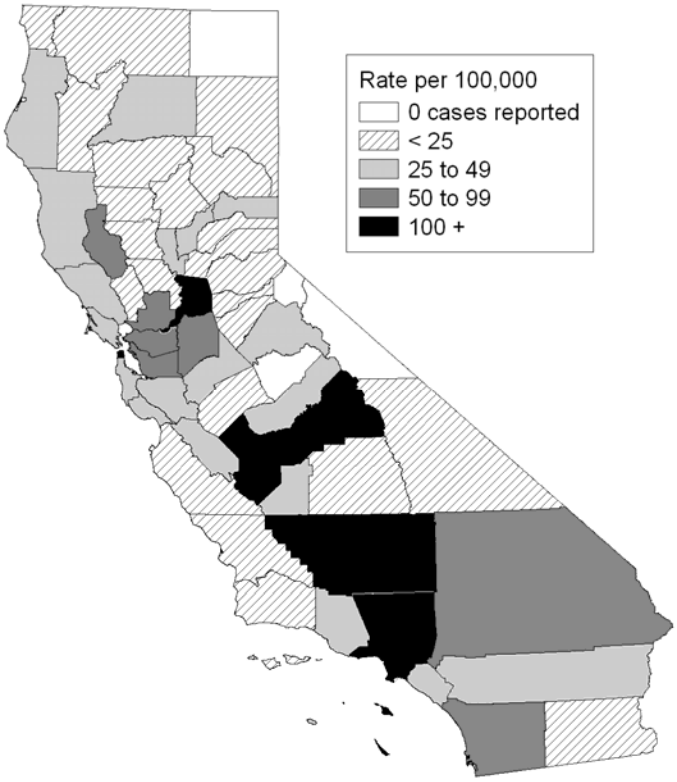
Source: California Department of Public Health, STD Control Branch

Figure 16. Gonorrhea, California versus United States Rates, 1941–2011



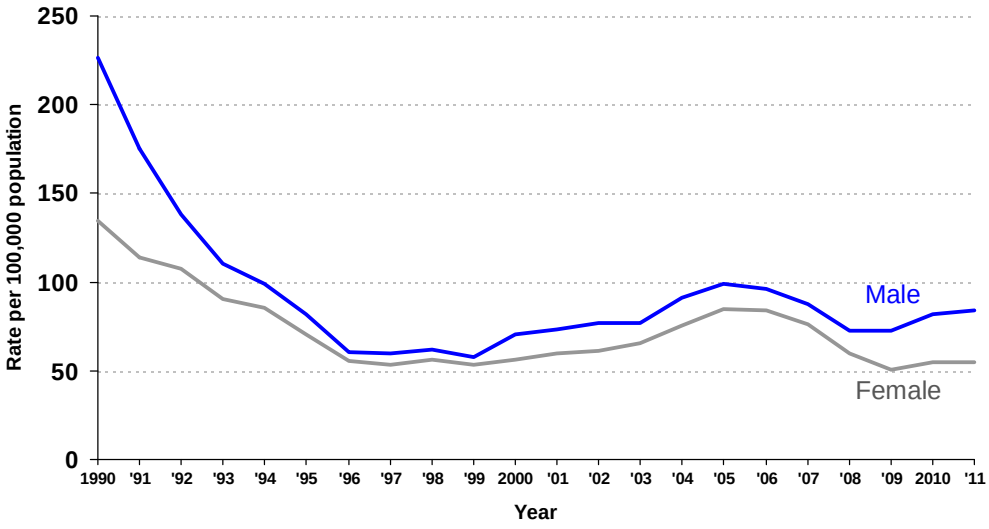
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2010*. Atlanta: U.S. Department of Health and Human Services, 2011, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2011



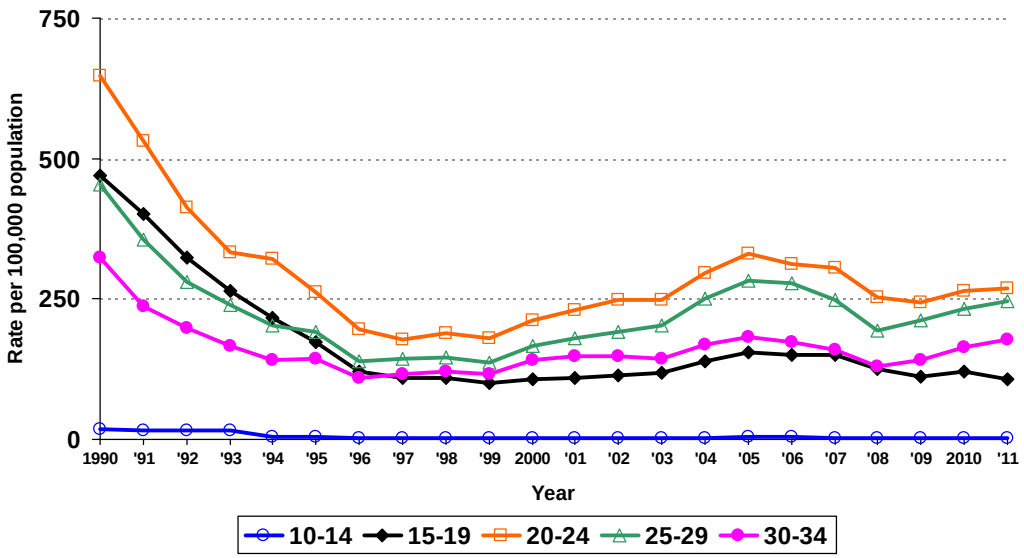
Source: California Department of Public Health, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2011



Source: California Department of Public Health, STD Control Branch

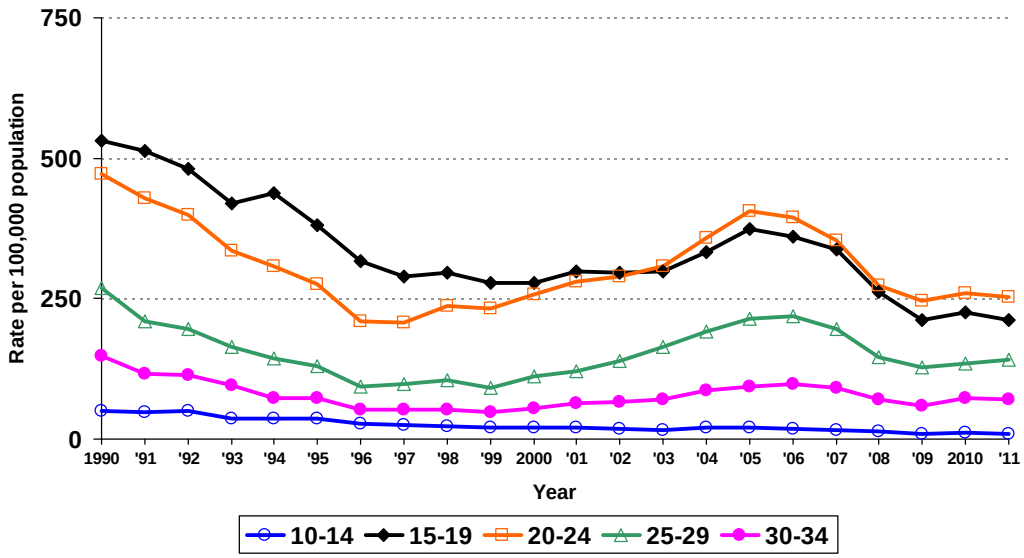
Figure 19. Gonorrhea, Rates for Males by Age Group (in years), California, 1990–2011



Note: Age "Not Specified" ranged from 0.3% to 7.5% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

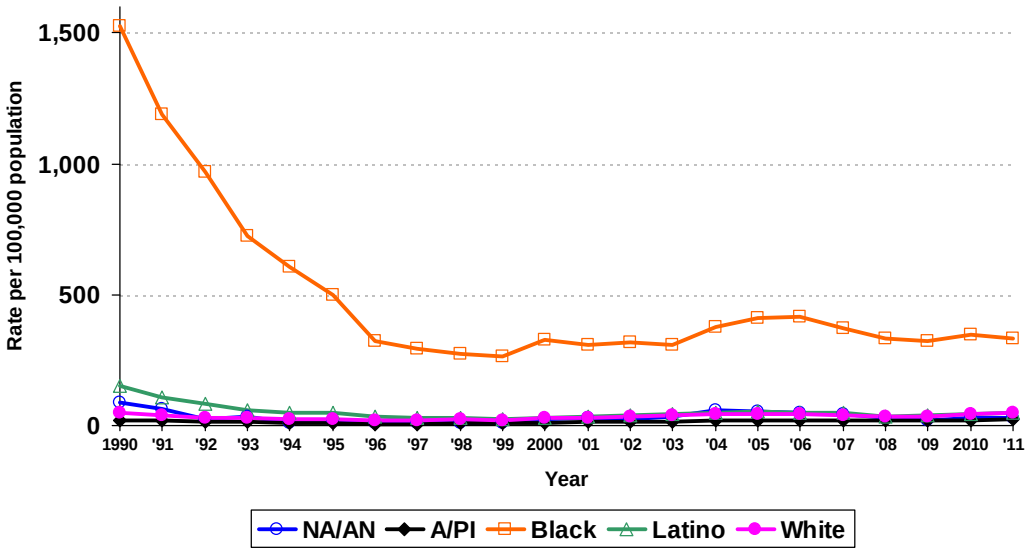
Figure 20. Gonorrhea, Rates for Females by Age Group (in years), California, 1990–2011



Note: Age "Not Specified" ranged from 0.2% to 9.0% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

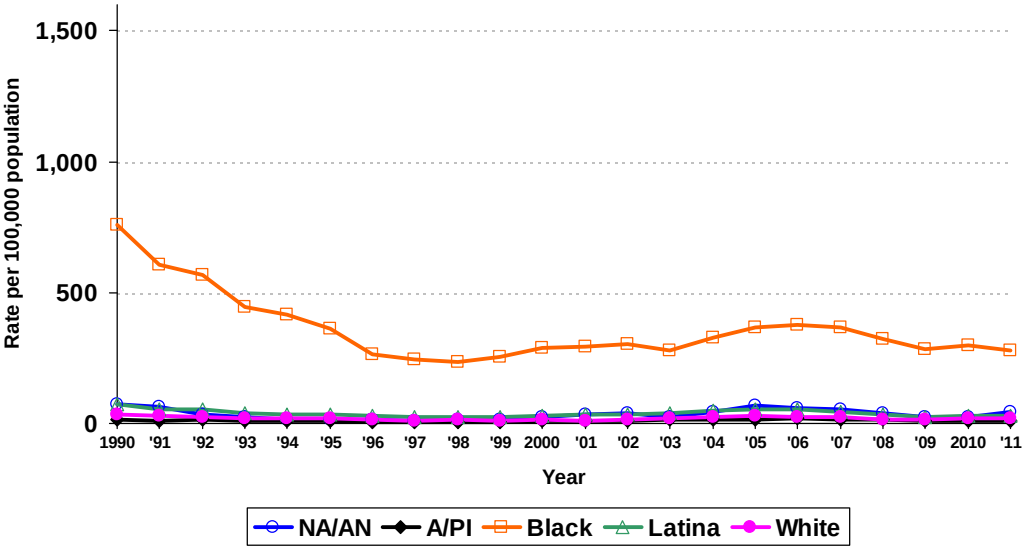
Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2011



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

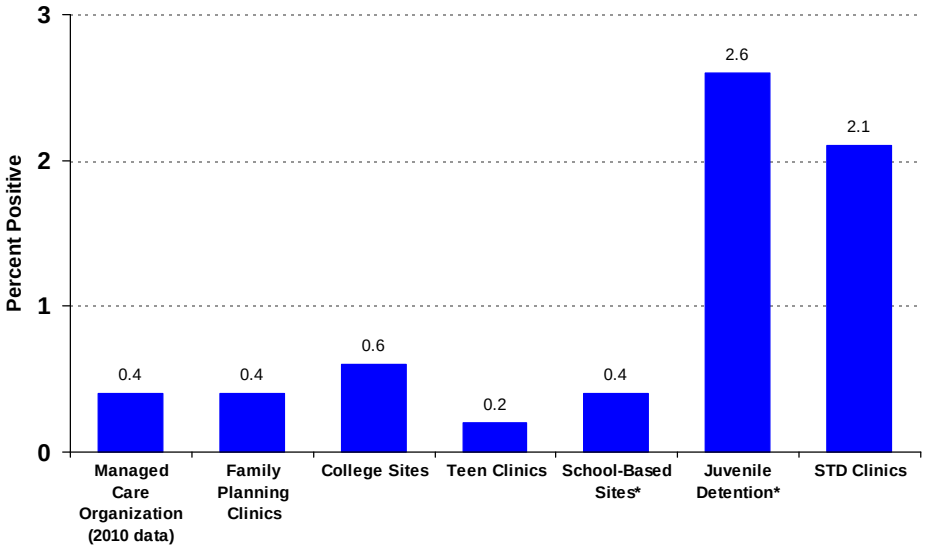
Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2011



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

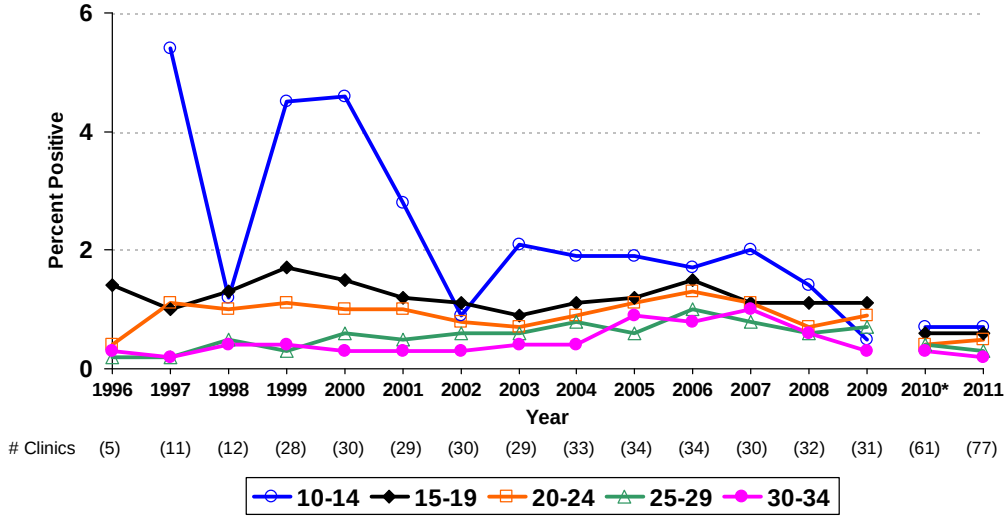
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive for Females, by Health Care Setting, California, 2011



* 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), 1996–2011

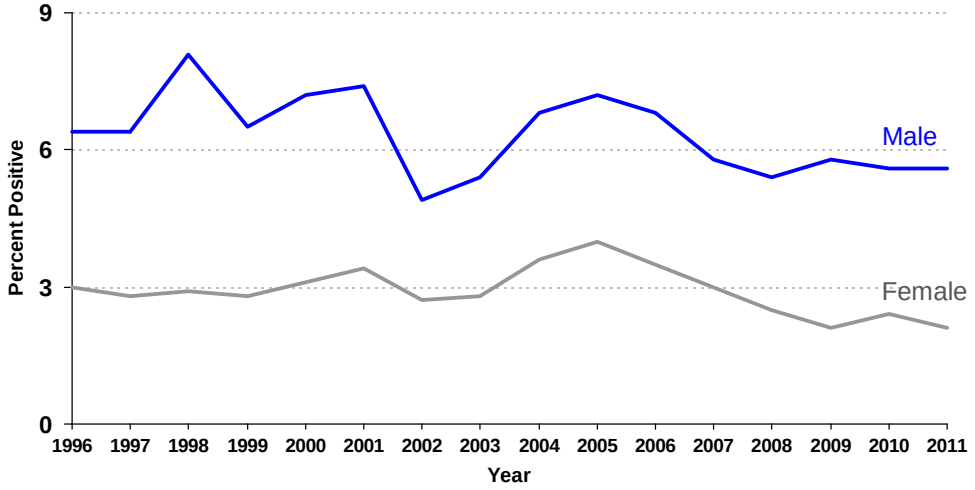


* The 2010-2011 prevalence may not be consistent with prior years' data due to the impact of major changes in the data transmission process (including a much larger number of sites).

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,* 1996–2011

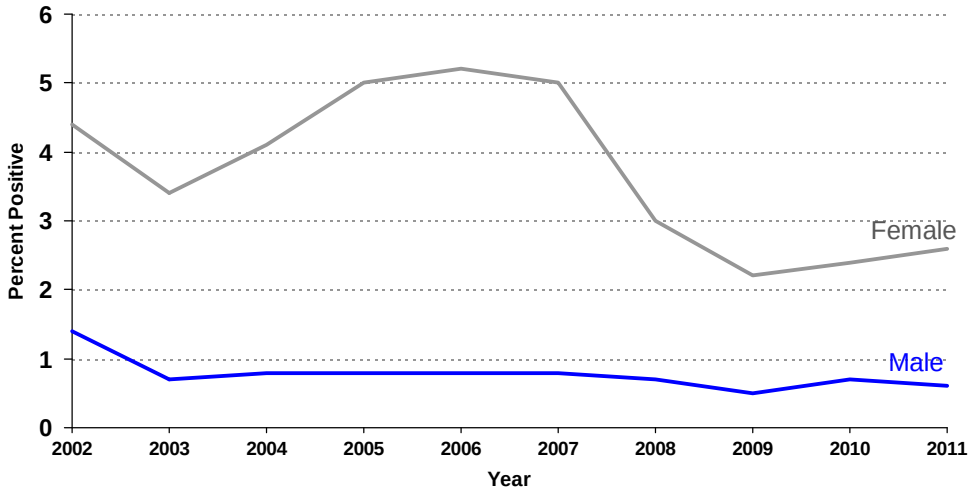


# Clinics	(6)	(6)	(6)	(14)	(14)	(15)	(14)	(14)	(14)	(20)	(19)	(18)	(18)	(17)	(17)	(17)

* 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

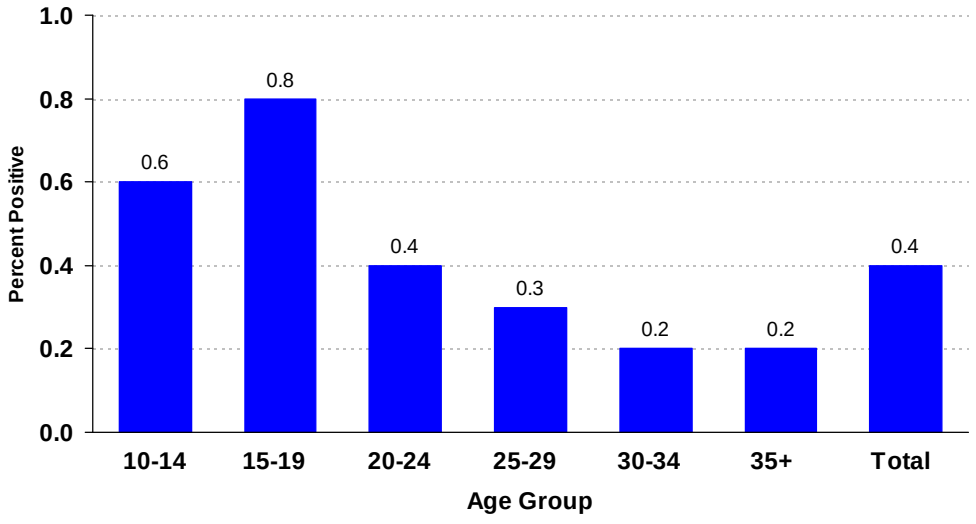
Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2002–2011



# Sites										
–Female	(9)	(10)	(8)	(8)	(9)	(6)	(10)	(13)	(13)	(20)
–Male	(10)	(10)	(8)	(8)	(9)	(6)	(9)	(10)	(8)	(10)

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

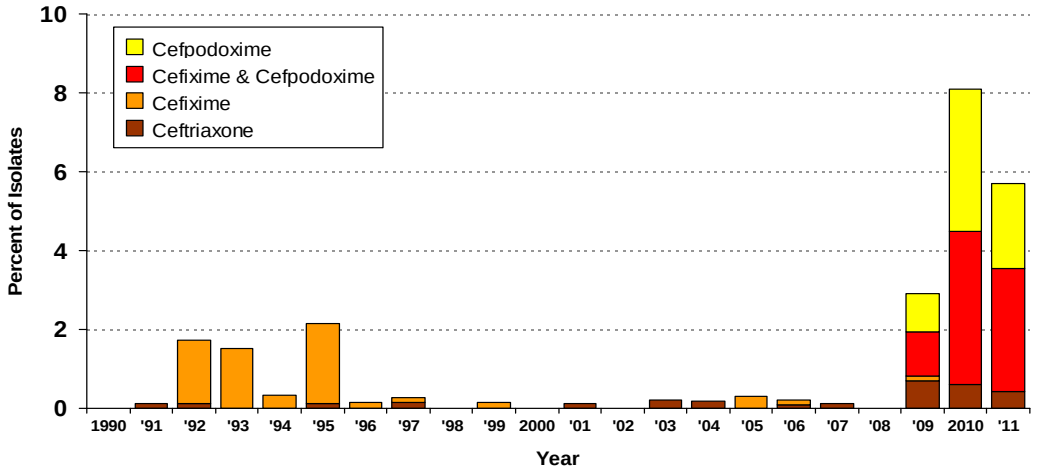
Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2010*



* 2011 data were not available.

Source: California Department of Public Health, STD Control Branch

Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with CDC "Alert" Values for Cephalosporins in Five California STD Clinics, 1990–2011

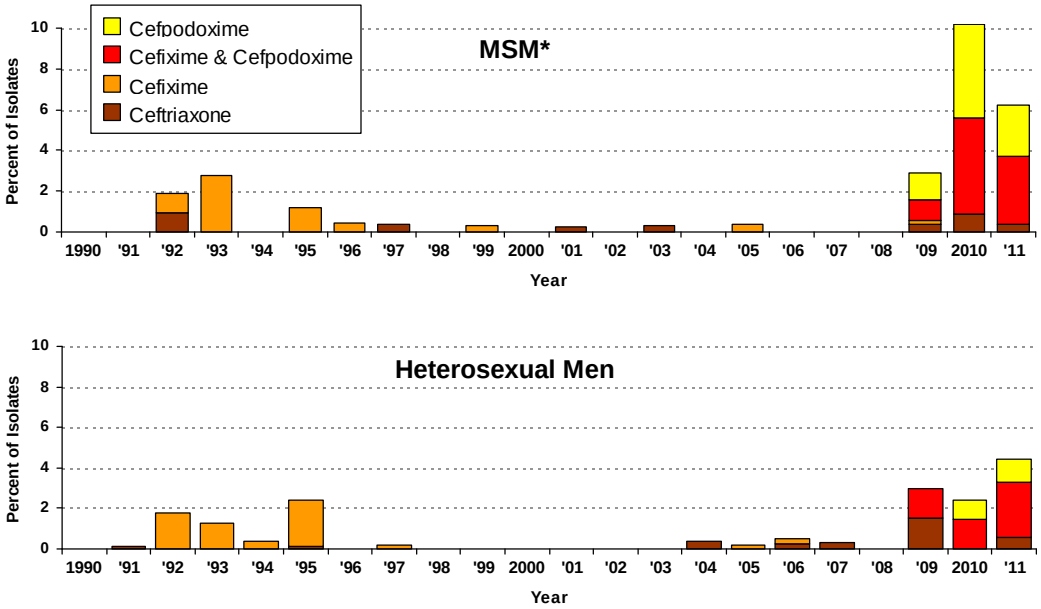


Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Cefpodoxime and cefixime alerts have minimum inhibitory concentrations (MICs) ≥ 0.25 µg/Ml. Ceftriaxone alerts have MICs ≥ 0.125 µg/mL.

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

Figure 29. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with CDC "Alert" Values for Cephalosporins, by Sexual Orientation, in Five California STD Clinics, 1990–2011



* MSM = Men who have sex with men

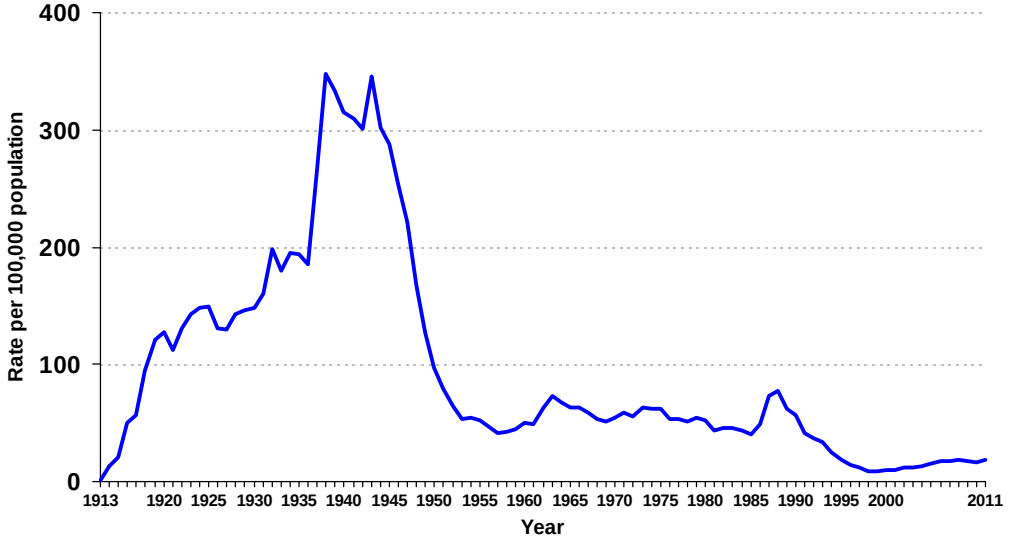
Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Cefpodoxime and cefixime alerts have minimum inhibitory concentrations (MICs) ≥ 0.25 µg/Ml. Ceftriaxone alerts have MICs ≥ 0.125 µg/mL.

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

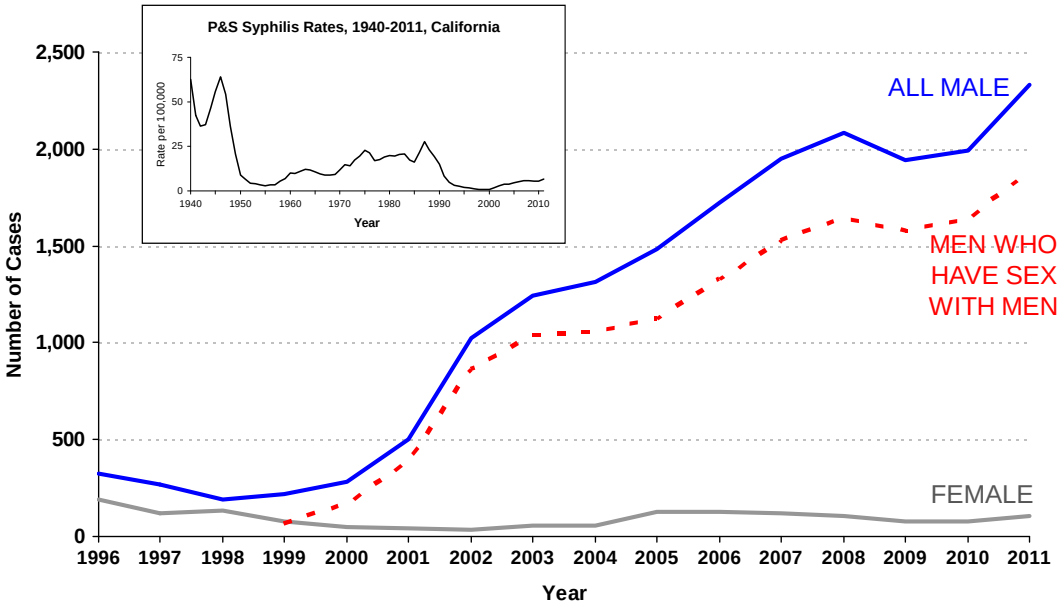
SYPHILIS

Figure 30. Total Syphilis (all stages), California Rates, 1913–2011



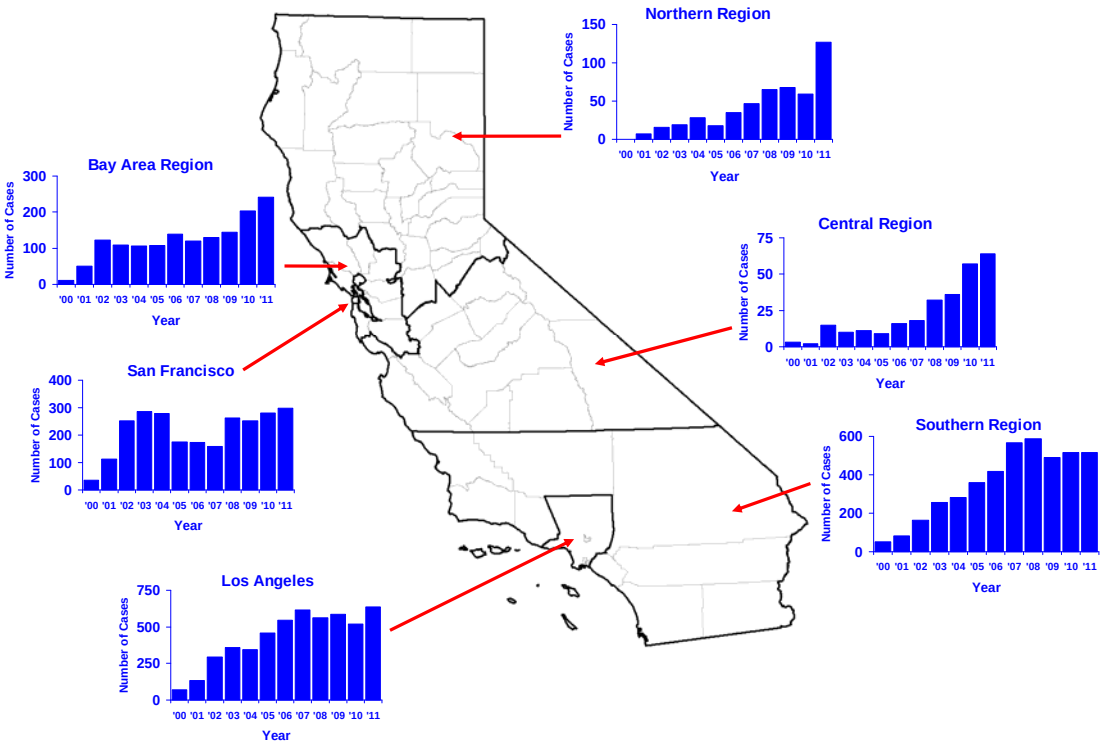
Source: California Department of Public Health, STD Control Branch

Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2011



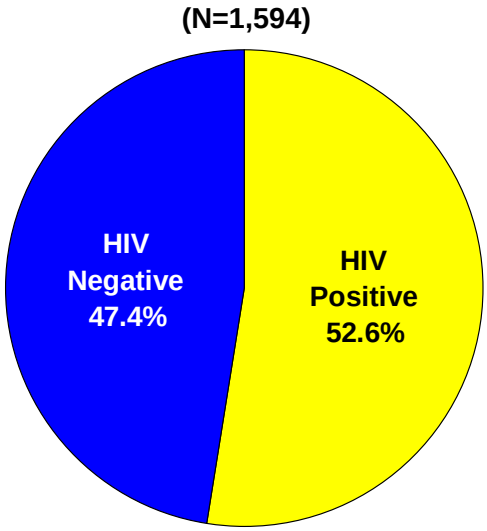
Source: California Department of Public Health, STD Control Branch

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

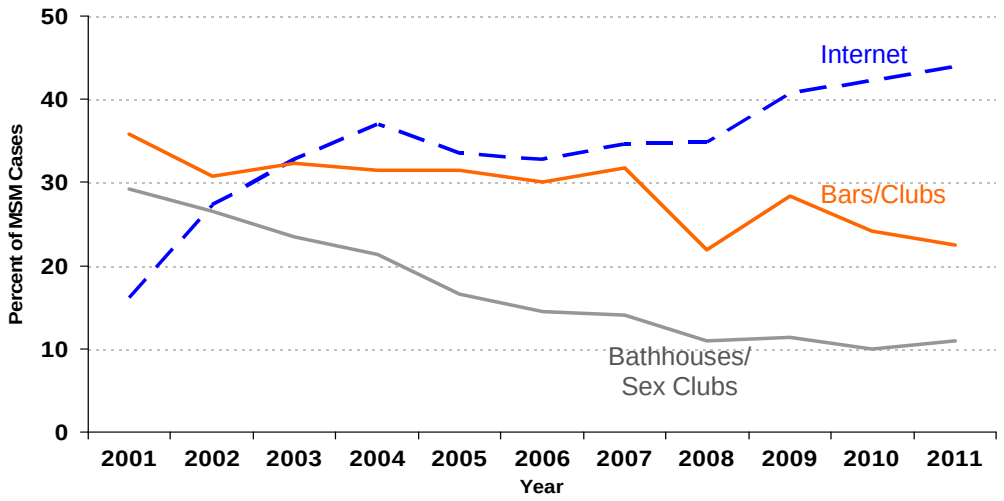
Figure 33. HIV Status among Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2011



Note: N does not include HIV status unknown or refused: 97 cases in 2011.

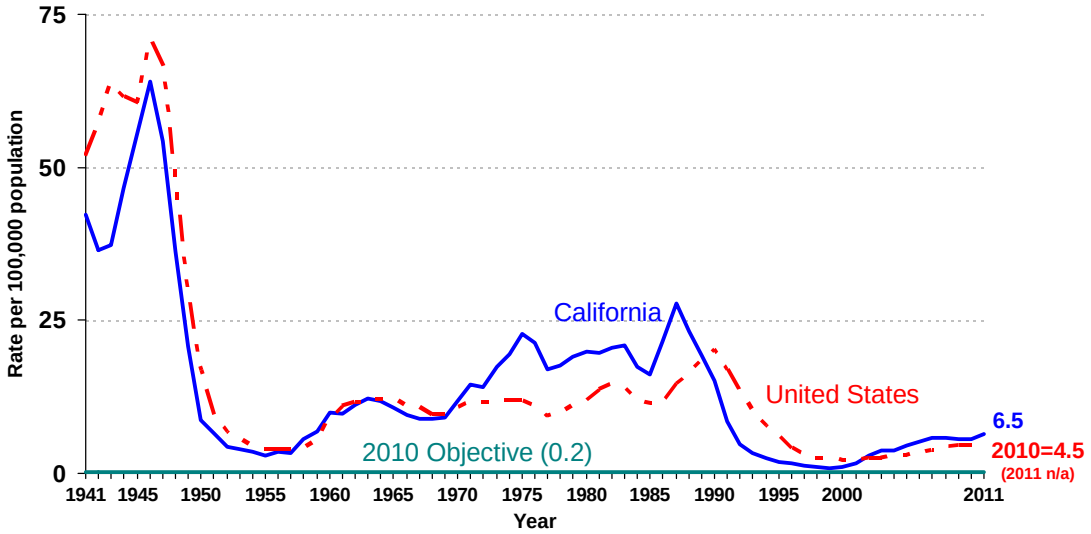
Source: California Department of Public Health, STD Control Branch

Figure 34. Percent Reporting Meeting Partners at Specified Venues, Interviewed Men who Have Sex with Men, Primary and Secondary Syphilis Cases, California, 2001–2011



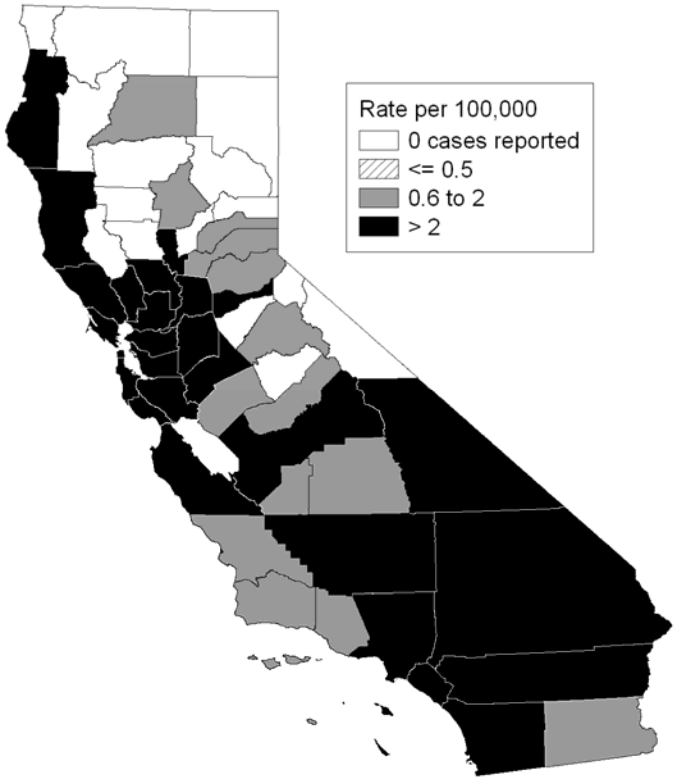
Source: California Department of Public Health, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Rates, 1941–2011



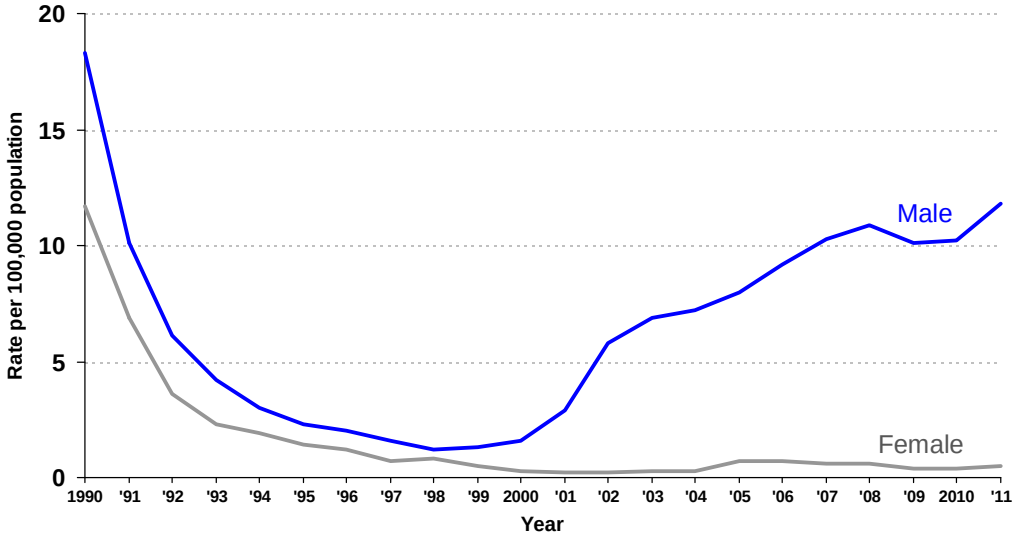
Source: California Department of Public Health, STD Control Branch
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2010*. Atlanta: U.S. Department of Health and Human Services, 2011, Table 1

Figure 36. Primary and Secondary Syphilis, Rates by County, California, 2011



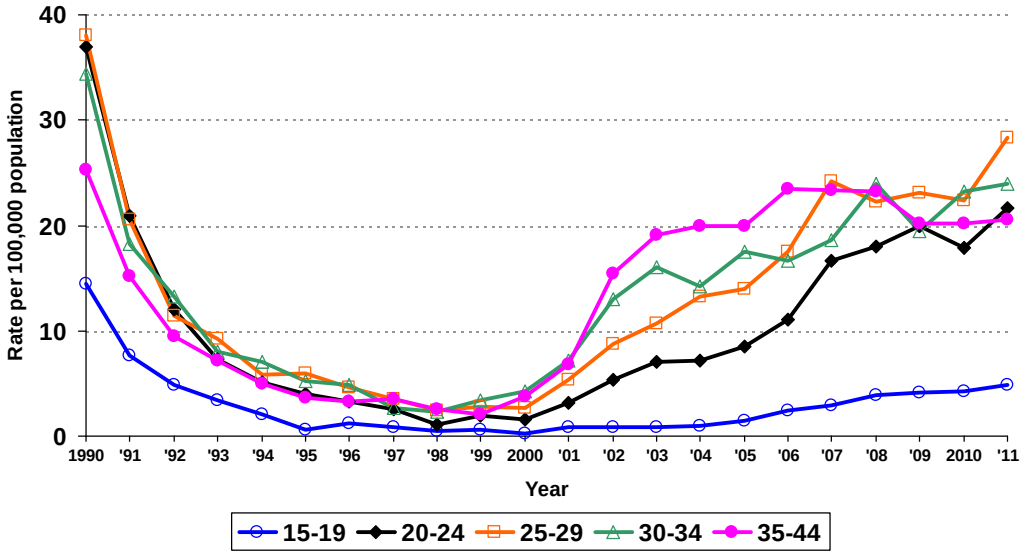
Source: California Department of Public Health, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Rates by Gender, California, 1990–2011



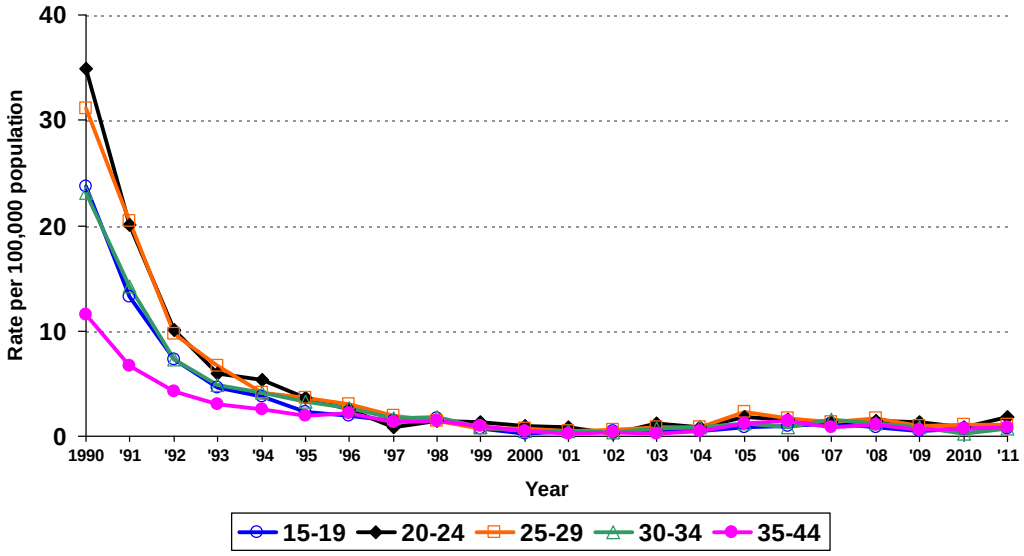
Source: California Department of Public Health, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Rates for Males by Age Group (in years), California, 1990–2011



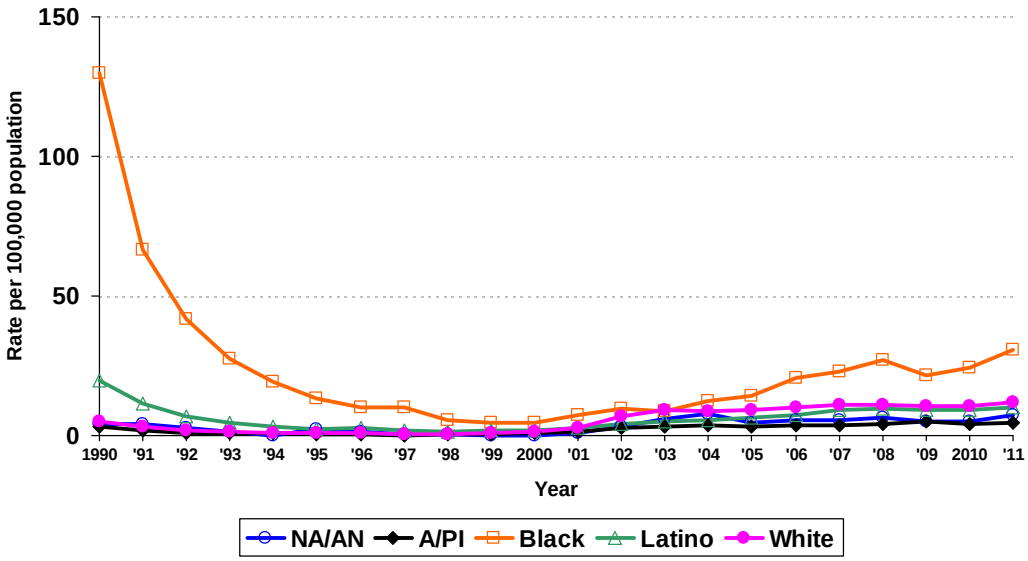
Source: California Department of Public Health, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Rates for Females by Age Group (in years), California, 1990–2011



Source: California Department of Public Health, STD Control Branch

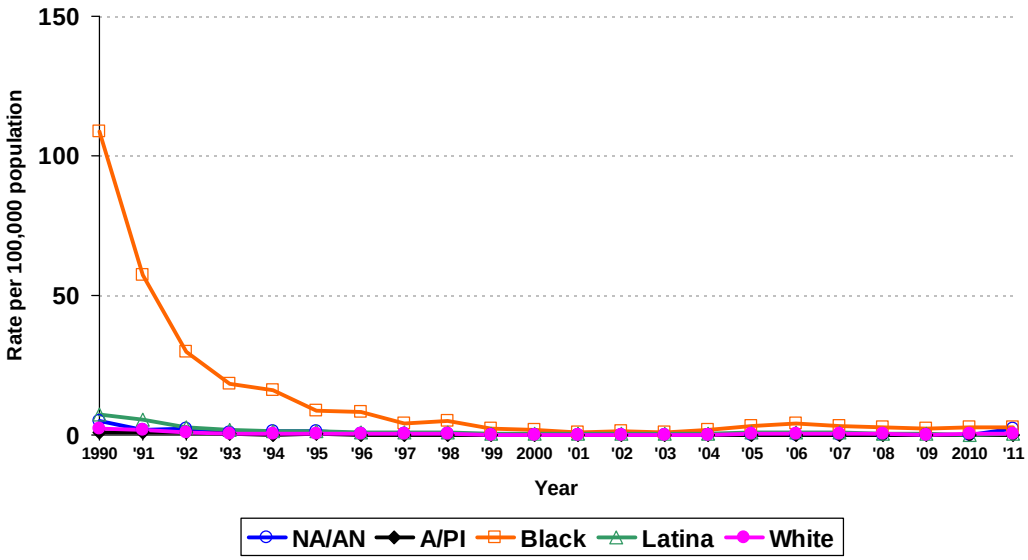
Figure 40. Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2011



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

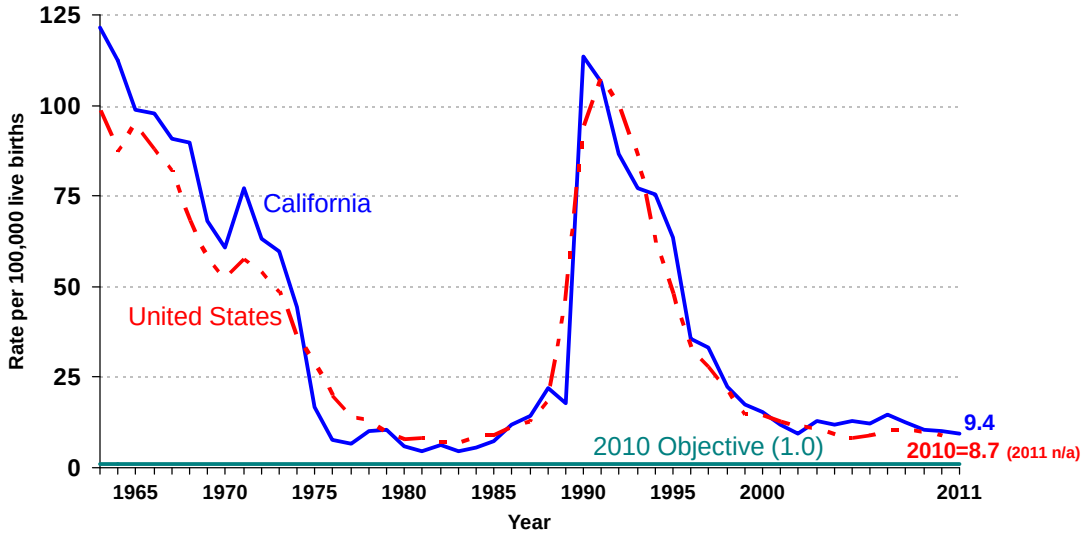
Figure 41. Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2011



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
Race/ethnicity "Not Specified" ranged from 0% to 6.7% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

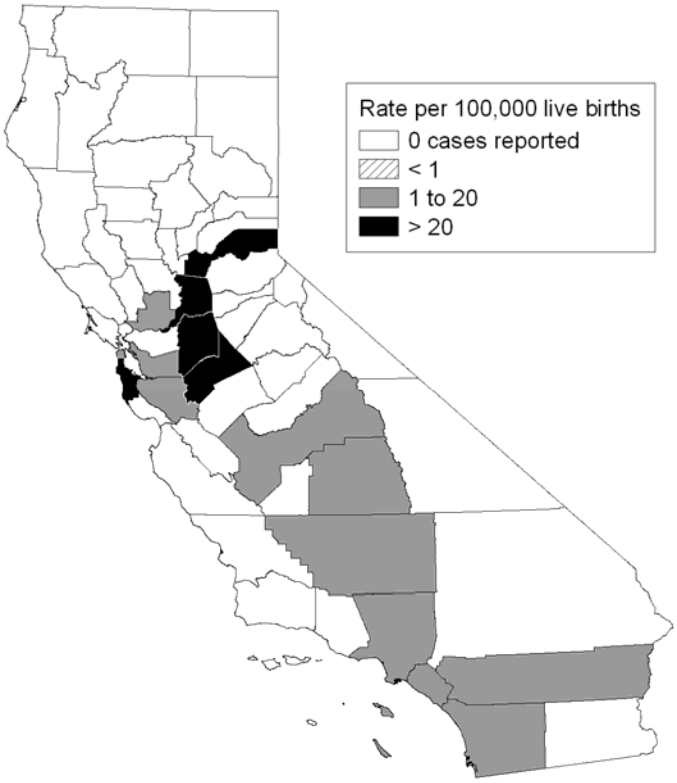
Figure 42. Congenital Syphilis in Infants Less than One Year of Age, California versus United States Rates, 1963–2011



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, 2010*. Atlanta: U.S. Department of Health and Human Services, 2011, Table 1

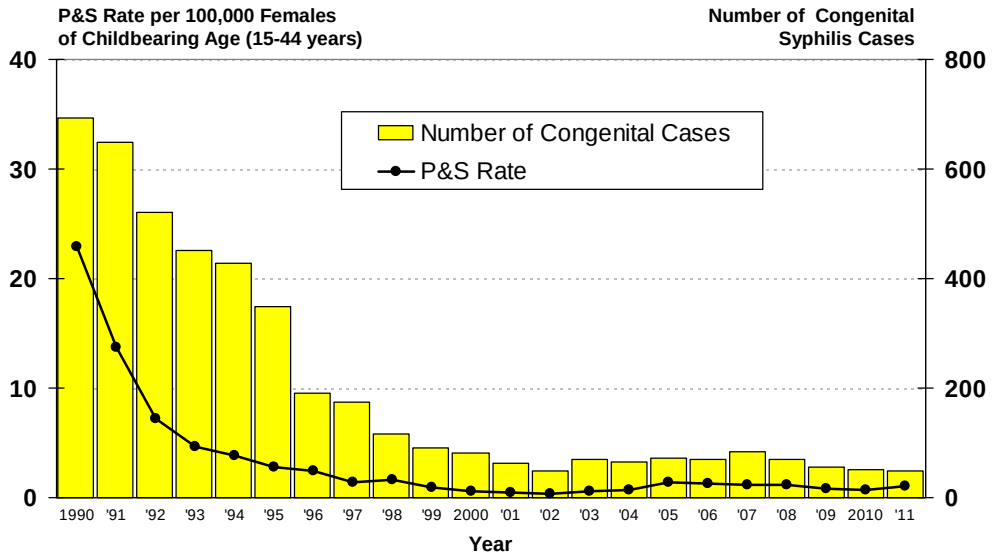
Figure 43. Congenital Syphilis in Infants Less than One Year of Age, Rates by County, California, 2011



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

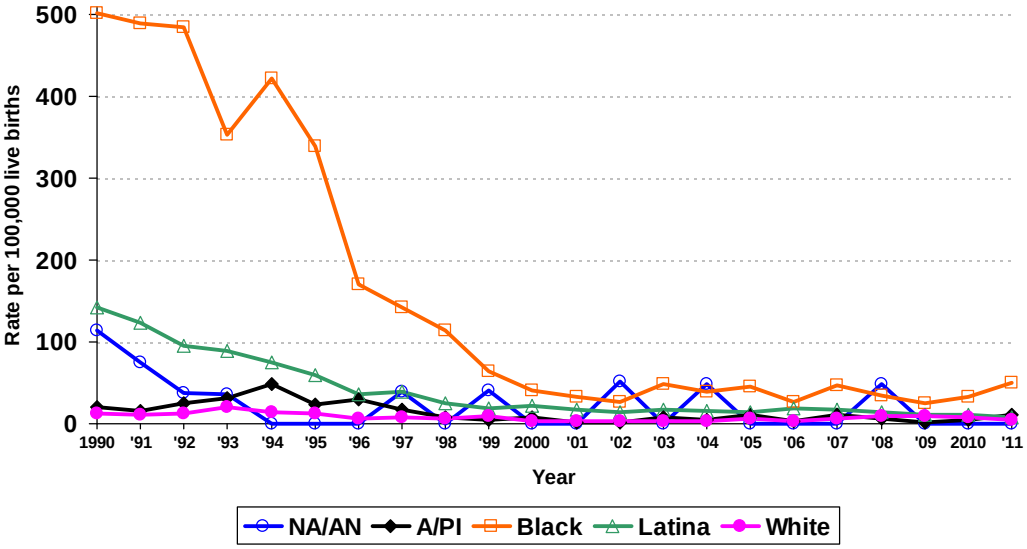
Source: California Department of Public Health, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants Less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Rates, California, 1990–2011



Source: California Department of Public Health, STD Control Branch

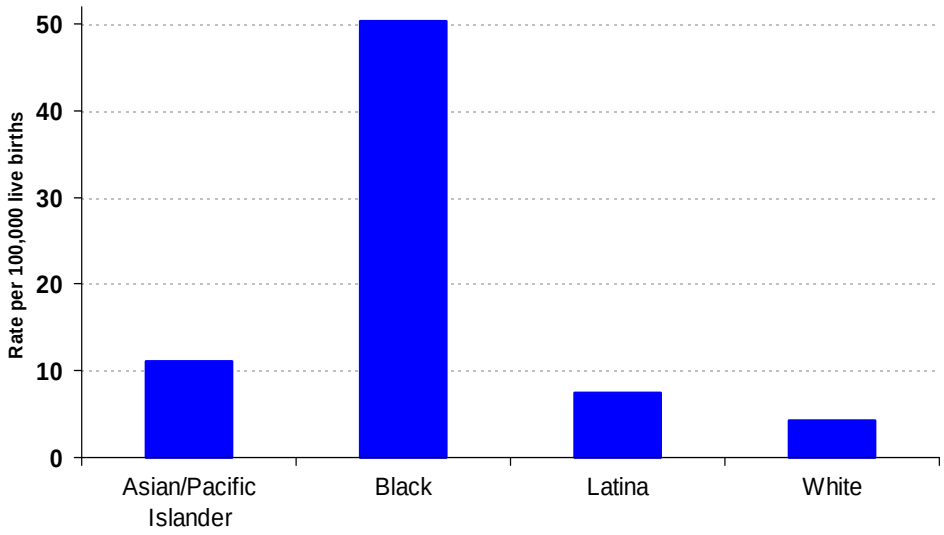
Figure 45. Congenital Syphilis in Infants Less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2011



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, 2011



Note: Native American/Alaskan Native rates were excluded; no cases were reported in 2011.

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, 1913–2011

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, 1913–2011 *(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	960	3.0	2,441	7.5	174	33.2	3,961	12.2	70,491	217.2	18,424	56.8
1998	325	1.0	780	2.4	1,750	5.3	117	22.4	2,972	9.0	76,801	233.7	19,550	59.5
1999	293	0.9	590	1.8	1,909	5.7	90	17.4	2,882	8.6	84,841	253.9	18,662	55.8
2000	331	1.0	356	1.0	2,620	7.7	81	15.2	3,388	10.0	96,425	283.6	21,778	64.1
2001	547	1.6	412	1.2	2,178	6.3	62	11.8	3,199	9.3	101,592	294.4	23,285	67.5
2002	1,063	3.0	734	2.1	2,221	6.4	50	9.4	4,068	11.6	110,763	317.0	24,673	70.6
2003	1,302	3.7	823	2.3	2,107	6.0	69	12.8	4,301	12.2	116,391	328.9	25,693	72.6
2004	1,372	3.8	877	2.5	2,460	6.9	64	11.7	4,773	13.4	123,480	345.4	30,484	85.3
2005	1,606	4.5	1,180	3.3	2,714	7.5	71	12.9	5,571	15.5	129,141	358.9	34,098	94.8
2006	1,850	5.1	1,376	3.8	2,958	8.2	69	12.3	6,253	17.3	136,472	376.5	33,817	93.3
2007	2,068	5.7	1,482	4.1	2,866	7.8	84	14.8	6,500	17.8	143,009	391.2	31,191	85.3
2008	2,190	5.9	1,650	4.5	3,058	8.3	70	12.7	6,968	18.9	149,257	405.0	25,493	69.2
2009	2,023	5.5	1,723	4.6	2,496	6.7	55	10.4	6,297	17.0	147,603	398.1	24,009	64.8
2010	2,064	5.5	1,809	4.8	2,358	6.3	51	10.0	6,282	16.8	155,340	416.3	26,842	71.9
2011	2,448	6.5	2,053	5.5	2,496	6.6	48	9.4	7,045	18.7	164,591	438.0	27,455	73.1

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, 2000-2011.* Sacramento, California, December 2011

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1980-2020, with Actual and Projected State Births.* Sacramento, California, October 2011

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, 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**143,009**	**391.2**	**149,257**	**405.0**	**147,603**	**398.1**	**155,340**	**416.3**	**164,591**	**438.0**
Alameda	7,087	480.0	6,974	467.5	6,784	451.1	7,031	464.6	6,651	435.9
— Berkeley[1]	434	397.6	408	369.8	443	397.6	414	366.6	400	349.3
Alpine	-	-	-	-	2	169.5	-	-	1	90.2
Amador	76	199.6	70	184.9	84	221.6	71	187.3	57	152.5
Butte	793	365.2	601	275.1	729	332.4	802	364.5	883	400.3
Calaveras	32	70.1	37	81.0	45	98.8	48	106.1	66	146.7
Colusa	25	118.4	22	103.9	22	103.4	31	144.5	23	106.7
Contra Costa	3,443	337.1	3,785	366.3	3,390	324.9	3,887	369.4	4,438	418.2
Del Norte	30	105.3	42	147.0	46	161.1	46	161.0	59	206.9
El Dorado	238	134.3	230	128.8	239	133.0	243	134.1	239	131.6
Fresno	5,369	596.7	5,558	608.6	5,453	590.2	5,962	639.0	6,189	657.0
Glenn	63	224.9	75	266.7	37	131.9	46	163.2	70	248.2
Humboldt	384	289.5	399	299.5	363	271.4	349	259.3	388	288.5
Imperial	680	407.4	673	395.6	620	357.9	657	374.2	738	414.2
Inyo	31	168.0	46	250.2	26	140.9	33	177.2	31	167.8
Kern	4,634	575.1	5,614	684.7	5,196	625.2	5,265	625.5	5,628	663.2
Kings	492	327.2	596	392.5	512	337.3	496	324.1	589	385.6
Lake	117	182.9	83	128.9	140	217.4	173	268.4	176	276.3
Lassen	39	109.1	48	136.7	36	103.5	71	204.4	63	183.8
Los Angeles	44,050	450.7	46,503	474.7	47,075	480.1	47,682	485.2	50,333	510.6
— Long Beach[1]	2,666	573.7	2,737	590.1	2,514	543.7	2,632	568.7	2,404	518.3
— Pasadena[1]	451	333.3	448	330.7	416	304.6	366	267.5	436	313.9
Madera	724	493.2	726	486.9	633	421.6	701	463.7	725	476.1
Marin	528	212.2	514	205.4	532	211.8	608	240.5	542	213.3
Mariposa	16	87.1	14	76.1	19	103.9	20	110.4	7	39.0
Mendocino	210	239.6	246	280.2	208	237.5	260	295.7	242	276.0
Merced	901	361.1	877	348.1	860	338.4	995	388.1	1,035	400.1
Modoc	14	146.0	12	124.7	6	62.3	1	10.3	6	63.0
Mono	15	105.5	22	156.3	29	206.0	30	212.6	26	183.6
Monterey	1,286	315.3	1,331	323.9	1,353	327.1	1,426	342.9	1,527	363.8
Napa	241	181.0	248	184.0	224	165.1	266	194.6	317	230.2
Nevada	138	140.1	138	139.8	114	115.8	143	145.2	147	149.8
Orange	8,093	272.9	8,514	285.4	8,249	275.1	8,063	267.2	7,924	260.3
Placer	620	188.0	656	194.1	633	184.0	603	172.0	721	202.7
Plumas	33	160.2	55	270.0	51	254.2	55	275.1	36	182.1
Riverside	6,380	306.3	6,153	289.8	6,330	293.3	7,092	323.6	8,753	393.1
Sacramento	7,678	553.1	7,146	510.1	7,541	534.3	8,442	594.3	9,080	634.7
San Benito	152	276.4	146	265.2	143	259.6	177	319.8	211	378.9
San Bernardino	8,399	419.4	8,698	431.3	7,740	382.7	8,685	426.0	10,761	522.5
San Diego	12,642	419.4	14,141	463.4	14,280	464.0	15,363	494.8	15,399	491.8
San Francisco	3,939	497.8	4,101	513.5	4,174	520.6	4,600	569.9	4,778	586.9
San Joaquin	3,533	527.5	3,525	522.0	3,521	517.5	3,675	535.1	3,772	543.8
San Luis Obispo	626	237.0	650	243.6	649	242.0	673	249.5	815	301.0
San Mateo	1,775	252.0	2,013	283.0	1,789	249.8	1,967	273.4	1,952	269.2
Santa Barbara	1,171	281.1	1,196	284.8	1,256	297.3	1,424	335.6	1,764	414.2
Santa Clara	5,763	331.9	5,619	319.3	5,436	306.3	5,648	316.0	5,626	311.5
Santa Cruz	663	257.4	668	257.0	655	250.1	761	289.2	743	280.6
Shasta	473	269.0	392	221.9	453	256.1	416	234.4	575	323.6
Sierra	-	-	6	182.7	4	123.3	3	92.9	2	62.9
Siskiyou	100	222.9	81	179.8	78	173.5	73	162.4	99	221.2
Solano	1,890	458.0	2,068	500.5	1,984	481.0	2,071	501.2	1,434	346.7
Sonoma	790	167.0	910	190.9	989	205.8	1,180	243.7	1,420	291.9
Stanislaus	1,907	375.1	1,979	387.7	1,721	336.1	1,866	362.1	1,881	362.8
Sutter	210	227.0	214	229.0	213	225.7	238	251.1	232	243.3
Tehama	140	225.8	107	170.6	165	261.4	167	262.4	162	253.9
Trinity	15	108.8	15	109.2	10	72.6	16	115.2	15	110.7
Tulare	1,691	399.2	1,815	420.7	1,598	364.5	1,582	356.6	1,785	397.6
Tuolumne	68	121.1	55	98.1	76	137.5	104	189.2	117	215.1
Ventura	1,889	234.4	2,093	257.7	2,322	283.7	2,279	276.1	2,515	302.9
Yolo	510	261.7	544	275.3	553	276.9	577	287.1	582	288.6
Yuba	203	289.1	213	298.2	213	296.7	197	272.3	241	332.2

[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, 2011

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**164,591**	**438.0**	**113,133**	**569.9**	**50,937**	**257.8**	**521**
Ages 0 - 9	63	1.1	36	1.3	26	0.9	1
10 - 14	1,110	41.3	960	73.0	149	10.9	1
15 - 19	42,504	1,402.8	33,860	2,293.4	8,539	549.6	105
20 - 24	63,009	2,084.4	45,175	3,104.6	17,656	1,126.2	178
25 - 29	28,743	1,054.2	18,046	1,374.2	10,594	749.6	103
30 - 34	13,092	518.6	7,502	609.8	5,532	427.4	58
35 - 44	10,534	193.7	5,396	201.0	5,101	185.2	37
45+	4,878	33.3	1,762	23.0	3,098	44.4	18
Not Specified	658	-	396	-	242	-	20
Native American/Alaskan Native	**534**	**216.4**	**406**	**323.6**	**128**	**105.5**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	2	13.5	2	27.5	0	0.0	0
15 - 19	171	867.8	138	1,428.7	33	328.5	0
20 - 24	196	950.9	150	1,499.4	46	433.6	0
25 - 29	95	510.3	72	789.1	23	242.3	0
30 - 34	44	262.7	32	384.2	12	142.5	0
35 - 44	17	50.3	9	52.3	8	48.1	0
45+	8	7.8	2	3.7	6	12.4	0
Not Specified	1	-	1	-	0	-	0
Asian/Pacific Islander	**5,841**	**118.5**	**4,171**	**162.9**	**1,659**	**70.1**	**11**
Ages 0 - 9	2	0.3	2	0.7	0	0.0	0
10 - 14	11	4.1	11	8.4	0	0.0	0
15 - 19	936	305.7	813	545.7	122	77.6	1
20 - 24	2,051	624.3	1,600	999.6	449	266.5	2
25 - 29	1,312	383.1	878	520.2	431	248.1	3
30 - 34	631	179.6	385	213.9	244	142.3	2
35 - 44	577	73.6	327	79.4	248	66.7	2
45+	303	15.6	141	13.2	161	18.3	1
Not Specified	18	-	14	-	4	-	0
African American/Black	**23,676**	**1,030.3**	**15,331**	**1,303.8**	**8,308**	**740.5**	**37**
Ages 0 - 9	6	2.0	2	1.4	4	2.6	0
10 - 14	308	200.6	260	344.7	48	61.5	0
15 - 19	8,322	4,307.6	6,177	6,548.6	2,131	2,155.4	14
20 - 24	8,844	4,228.9	5,819	5,768.0	3,012	2,782.5	13
25 - 29	3,427	1,945.5	1,910	2,221.2	1,510	1,674.8	7
30 - 34	1,336	872.1	652	833.7	683	910.8	1
35 - 44	933	305.8	331	208.9	600	409.3	2
45+	436	53.8	137	31.4	299	80.0	0
Not Specified	64	-	43	-	21	-	0
Hispanic/Latino	**49,418**	**332.6**	**35,359**	**485.2**	**13,958**	**184.3**	**101**
Ages 0 - 9	23	0.8	16	1.2	7	0.5	0
10 - 14	348	26.5	312	48.4	36	5.4	0
15 - 19	13,209	913.5	10,657	1,508.3	2,534	342.7	18
20 - 24	19,045	1,457.6	13,912	2,218.4	5,090	749.1	43
25 - 29	8,672	759.4	5,674	1,046.2	2,978	496.6	20
30 - 34	4,039	371.1	2,460	479.3	1,564	271.9	15
35 - 44	3,093	143.4	1,839	179.0	1,249	110.6	5
45+	869	24.2	413	22.4	456	26.1	0
Not Specified	120	-	76	-	44	-	0
White	**23,332**	**141.9**	**14,946**	**180.5**	**8,327**	**102.0**	**59**
Ages 0 - 9	3	0.2	0	0.0	3	0.4	0
10 - 14	92	11.1	85	21.0	7	1.6	0
15 - 19	5,041	512.5	4,253	892.4	779	153.7	9
20 - 24	9,046	834.1	6,521	1,252.5	2,504	444.1	21
25 - 29	4,243	429.0	2,408	504.4	1,820	355.8	15
30 - 34	1,885	216.4	893	208.8	986	222.4	6
35 - 44	1,722	82.5	540	52.3	1,176	111.6	6
45+	1,233	15.4	199	4.8	1,032	26.9	2
Not Specified	67	-	47	-	20	-	0
Other/Multi/Unknown	**61,790**	**-**	**42,920**	**-**	**18,557**	**-**	**313**
Ages 0 - 9	29	-	16	-	12	-	1
10 - 14	349	-	290	-	58	-	1
15 - 19	14,825	-	11,822	-	2,940	-	63
20 - 24	23,827	-	17,173	-	6,555	-	99
25 - 29	10,994	-	7,104	-	3,832	-	58
30 - 34	5,157	-	3,080	-	2,043	-	34
35 - 44	4,192	-	2,350	-	1,820	-	22
45+	2,029	-	870	-	1,144	-	15
Not Specified	388	-	215	-	153	-	20

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, 2011

COUNTY	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**33,860**	**2,293.4**	**79,035**	**2,696.0**	**109,979**	**1,347.8**
Alameda	1,583	3,219.8	3,213	3,226.4	4,404	1,335.2
— Berkeley[1]	98	2,149.2	182	1,357.7	229	731.0
Alpine	1	3,571.4	1	1,388.9	1	438.6
Amador	15	1,442.3	28	1,269.8	36	647.4
Butte	193	2,118.8	512	2,488.3	614	1,246.9
Calaveras	21	1,431.5	36	1,164.3	47	626.7
Colusa	4	411.1	9	463.9	13	263.3
Contra Costa	1,075	2,830.6	2,359	3,047.6	3,223	1,514.7
Del Norte	23	2,405.9	33	1,572.2	46	861.6
El Dorado	54	798.7	134	998.7	175	529.6
Fresno	1,629	4,072.0	3,425	4,208.4	4,622	2,108.8
Glenn	14	1,205.9	32	1,296.6	49	796.7
Humboldt	76	1,693.0	189	1,790.6	262	917.5
Imperial	142	1,892.3	377	2,406.6	556	1,461.3
Inyo	9	1,382.5	14	1,027.1	22	712.0
Kern	1,263	3,505.7	2,537	3,535.2	3,362	1,786.8
Kings	142	2,300.7	301	2,486.8	415	1,291.8
Lake	49	2,611.9	100	2,417.2	131	1,209.2
Lassen	10	926.8	20	879.5	23	411.7
Los Angeles	9,569	2,265.1	22,663	2,772.7	32,159	1,439.1
— Long Beach[1]	528	3,112.8	1,163	3,266.7	1,605	1,433.5
— Pasadena[1]	101	2,825.2	199	2,443.4	267	832.4
Madera	179	2,707.6	362	3,046.1	584	1,655.0
Marin	80	1,089.3	184	1,249.7	252	652.1
Mariposa	1	195.3	4	362.3	5	175.3
Mendocino	57	1,967.6	125	1,976.9	175	1,029.8
Merced	240	2,042.9	542	2,299.4	784	1,259.5
Modoc	2	540.5	3	385.1	3	161.8
Mono	5	948.8	15	1,474.9	19	668.5
Monterey	317	2,066.2	747	2,445.8	1,100	1,297.3
Napa	79	1,560.6	178	1,779.3	234	884.0
Nevada	38	1,149.4	69	1,050.2	95	593.5
Orange	1,538	1,329.1	3,762	1,637.9	5,409	787.9
Placer	187	1,342.1	386	1,456.9	502	762.2
Plumas	14	2,114.8	19	1,312.2	20	566.9
Riverside	1,918	1,969.0	4,700	2,405.3	6,432	1,281.0
Sacramento	2,240	4,061.4	4,885	4,468.4	6,430	2,150.8
San Benito	66	2,482.1	115	2,139.1	164	1,175.8
San Bernardino	2,167	2,349.3	5,549	2,983.8	7,535	1,541.9
San Diego	2,830	2,451.5	7,255	3,247.2	10,183	1,587.1
San Francisco	491	4,042.2	1,204	4,335.0	1,911	1,044.0
San Joaquin	921	2,795.7	1,934	3,036.7	2,576	1,678.7
San Luis Obispo	183	1,833.5	424	1,982.6	569	1,172.0
San Mateo	318	1,506.7	842	1,996.8	1,270	898.6
Santa Barbara	405	2,462.2	962	2,836.4	1,267	1,449.6
Santa Clara	1,066	1,751.2	2,620	2,228.2	3,801	1,077.6
Santa Cruz	156	1,853.8	378	2,008.6	521	901.6
Shasta	170	2,517.4	333	2,344.1	411	1,135.5
Sierra	-	-	-	-	1	176.1
Siskiyou	22	1,523.5	48	1,510.9	59	754.6
Solano	386	2,394.1	792	2,404.3	1,021	1,148.6
Sonoma	311	1,840.8	705	2,011.7	979	1,047.3
Stanislaus	426	1,737.0	1,000	2,077.2	1,424	1,199.0
Sutter	57	1,353.9	134	1,641.6	176	859.5
Tehama	31	1,281.5	87	1,711.3	120	913.9
Trinity	2	402.4	8	764.8	10	415.6
Tulare	405	2,041.1	916	2,291.1	1,286	1,236.5
Tuolumne	32	2,090.1	72	2,195.1	87	1,044.8
Ventura	492	1,592.7	1,278	2,031.8	1,822	1,074.1
Yolo	104	1,042.9	291	1,319.9	412	820.3
Yuba	52	1,496.0	124	1,803.1	170	950.1

[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) (15–24); 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, 2011*

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	37,902	2,291	6.0%	51,702	2,193	4.2%	164,463	6,018	3.7%
Family Planning Clinics	77	38,781	2,315	6.0%	69,978	3,327	4.8%	182,734	7,312	4.0%
College Sites	6	757	49	6.5%	1,159	54	4.7%	2,254	112	5.0%
Teen Clinics	3	532	38	7.1%	479	28	5.8%	1,057	71	6.7%
School-Based Sites	20	5,282	243	4.6%	231	7	3.0%	5,954	271	4.6%
Juvenile Detention	25	6,271	812	12.9%	4	0	0.0%	7,542	936	12.4%
STD Clinics	17	1,563	368	23.5%	3,705	463	12.5%	14,487	1,223	8.4%

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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, Number Tested and Percent Positive for Males† Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2011*

Health Care Setting	Number of Sites	Males Ages 15–19			Males Ages 20–24			Male Totals		
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	50	8,810	467	5.3%	7,920	652	8.2%	51,281	2,476	4.8%
Family Planning Clinics	75	4,009	400	10.0%	9,522	1,100	11.6%	29,915	2,518	8.4%
College Sites	6	121	11	9.1%	256	30	11.7%	507	46	9.1%
Teen Clinics	3	122	13	10.7%	207	15	7.2%	338	29	8.6%
School-Based Sites	20	1,363	59	4.3%	79	7	8.9%	1,607	72	4.5%
Juvenile Detention	12	11,081	561	5.1%	6	1	16.7%	12,704	594	4.7%
STD Clinics	17	1,254	262	20.9%	6,232	846	13.6%	35,790	3,102	8.7%

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics,* by Gender, Race/Ethnicity, and Age Group, California, 2011

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**212,649**	**9,830**	**4.6%**	**182,734**	**7,312**	**4.0%**	**29,915**	**2,518**	**8.4%**
Ages 0 - 9	3	0	0.0%	2	0	0.0%	1	0	0.0%
10 - 14	1,150	48	4.2%	993	47	4.7%	157	1	0.6%
15 - 19	42,790	2,715	6.3%	38,781	2,315	6.0%	4,009	400	10.0%
20 - 24	79,500	4,427	5.6%	69,978	3,327	4.8%	9,522	1,100	11.6%
25 - 29	46,607	1,728	3.7%	39,508	1,113	2.8%	7,099	615	8.7%
30 - 34	20,085	539	2.7%	16,502	318	1.9%	3,583	221	6.2%
35+	22,508	373	1.7%	16,964	192	1.1%	5,544	181	3.3%
Not Specified	6	0	0.0%	6	0	0.0%	0	0	0.0%
Native American/Alaskan Native	**1,298**	**77**	**5.9%**	**1,102**	**54**	**4.9%**	**196**	**23**	**11.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	5	1	20.0%	4	1	25.0%	1	0	0.0%
15 - 19	235	15	6.4%	218	10	4.6%	17	5	29.4%
20 - 24	501	36	7.2%	427	26	6.1%	74	10	13.5%
25 - 29	323	17	5.3%	263	11	4.2%	60	6	10.0%
30 - 34	119	6	5.0%	96	5	5.2%	23	1	4.3%
35+	115	2	1.7%	94	1	1.1%	21	1	4.8%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**15,969**	**686**	**4.3%**	**14,541**	**560**	**3.9%**	**1,428**	**126**	**8.8%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	44	1	2.3%	37	1	2.7%	7	0	0.0%
15 - 19	2,671	122	4.6%	2,505	113	4.5%	166	9	5.4%
20 - 24	6,643	324	4.9%	6,148	269	4.4%	495	55	11.1%
25 - 29	4,004	152	3.8%	3,627	117	3.2%	377	35	9.3%
30 - 34	1,392	52	3.7%	1,223	39	3.2%	169	13	7.7%
35+	1,215	35	2.9%	1,001	21	2.1%	214	14	6.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	**30,219**	**2,391**	**7.9%**	**24,991**	**1,667**	**6.7%**	**5,228**	**724**	**13.8%**
Ages 0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	191	22	11.5%	155	21	13.5%	36	1	2.8%
15 - 19	5,870	819	14.0%	5,075	664	13.1%	795	155	19.5%
20 - 24	11,202	998	8.9%	9,339	694	7.4%	1,863	304	16.3%
25 - 29	6,697	379	5.7%	5,555	216	3.9%	1,142	163	14.3%
30 - 34	2,929	98	3.3%	2,371	45	1.9%	558	53	9.5%
35+	3,329	75	2.3%	2,496	27	1.1%	833	48	5.8%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	**85,931**	**3,613**	**4.2%**	**74,134**	**2,725**	**3.7%**	**11,797**	**888**	**7.5%**
Ages 0 - 9	2	0	0.0%	2	0	0.0%	0	0	0.0%
10 - 14	537	16	3.0%	450	16	3.6%	87	0	0.0%
15 - 19	19,266	1,006	5.2%	17,315	868	5.0%	1,951	138	7.1%
20 - 24	31,419	1,692	5.4%	27,736	1,264	4.6%	3,683	428	11.6%
25 - 29	16,782	592	3.5%	14,290	382	2.7%	2,492	210	8.4%
30 - 34	8,152	186	2.3%	6,763	114	1.7%	1,389	72	5.2%
35+	9,767	121	1.2%	7,572	81	1.1%	2,195	40	1.8%
Not Specified	6	0	0.0%	6	0	0.0%	0	0	0.0%
White	**60,139**	**2,111**	**3.5%**	**51,296**	**1,565**	**3.1%**	**8,843**	**546**	**6.2%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	275	7	2.5%	261	7	2.7%	14	0	0.0%
15 - 19	11,119	481	4.3%	10,323	420	4.1%	796	61	7.7%
20 - 24	22,449	947	4.2%	19,878	740	3.7%	2,571	207	8.1%
25 - 29	14,104	425	3.0%	11,735	269	2.3%	2,369	156	6.6%
30 - 34	5,688	148	2.6%	4,533	90	2.0%	1,155	58	5.0%
35+	6,504	103	1.6%	4,566	39	0.9%	1,938	64	3.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	**19,093**	**952**	**5.0%**	**16,670**	**741**	**4.4%**	**2,423**	**211**	**8.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	98	1	1.0%	86	1	1.2%	12	0	0.0%
15 - 19	3,629	272	7.5%	3,345	240	7.2%	284	32	11.3%
20 - 24	7,286	430	5.9%	6,450	334	5.2%	836	96	11.5%
25 - 29	4,697	163	3.5%	4,038	118	2.9%	659	45	6.8%
30 - 34	1,805	49	2.7%	1,516	25	1.6%	289	24	8.3%
35+	1,578	37	2.3%	1,235	23	1.9%	343	14	4.1%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Includes data for 20 agencies (77 clinic sites). Totals exclude tests with unspecified gender.

† 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, 2011

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	**50,277**	**4,325**	**8.6%**	**14,487**	**1,223**	**8.4%**	**35,790**	**3,102**	**8.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	48	12	25.0%	32	10	31.3%	16	2	12.5%
15 - 19	2,817	630	22.4%	1,563	368	23.5%	1,254	262	20.9%
20 - 24	9,937	1,309	13.2%	3,705	463	12.5%	6,232	846	13.6%
25 - 29	11,181	959	8.6%	3,116	215	6.9%	8,065	744	9.2%
30 - 34	7,571	533	7.0%	1,808	82	4.5%	5,763	451	7.8%
35+	18,723	882	4.7%	4,263	85	2.0%	14,460	797	5.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Native American/Alaskan Native	**145**	**9**	**6.2%**	**46**	**2**	**4.3%**	**99**	**7**	**7.1%**
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	6	1	16.7%	4	0	0.0%	2	1	50.0%
20 - 24	29	4	13.8%	13	1	7.7%	16	3	18.8%
25 - 29	28	1	3.6%	8	0	0.0%	20	1	5.0%
30 - 34	19	1	5.3%	4	0	0.0%	15	1	6.7%
35+	63	2	3.2%	17	1	5.9%	46	1	2.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	**3,951**	**271**	**6.9%**	**1,159**	**84**	**7.2%**	**2,792**	**187**	**6.7%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	1	25.0%	4	1	25.0%	0	0	0.0%
15 - 19	163	22	13.5%	87	16	18.4%	76	6	7.9%
20 - 24	835	84	10.1%	353	33	9.3%	482	51	10.6%
25 - 29	1,067	78	7.3%	322	16	5.0%	745	62	8.3%
30 - 34	649	30	4.6%	164	10	6.1%	485	20	4.1%
35+	1,233	56	4.5%	229	8	3.5%	1,004	48	4.8%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	**14,526**	**1,637**	**11.3%**	**5,896**	**561**	**9.5%**	**8,630**	**1,076**	**12.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	20	6	30.0%	14	5	35.7%	6	1	16.7%
15 - 19	1,316	364	27.7%	846	205	24.2%	470	159	33.8%
20 - 24	3,189	549	17.2%	1,527	203	13.3%	1,662	346	20.8%
25 - 29	2,892	332	11.5%	1,170	88	7.5%	1,722	244	14.2%
30 - 34	1,963	160	8.2%	676	30	4.4%	1,287	130	10.1%
35+	5,146	226	4.4%	1,663	30	1.8%	3,483	196	5.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	**13,453**	**1,161**	**8.6%**	**3,541**	**336**	**9.5%**	**9,912**	**825**	**8.3%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	17	3	17.6%	8	3	37.5%	9	0	0.0%
15 - 19	771	148	19.2%	331	90	27.2%	440	58	13.2%
20 - 24	2,921	399	13.7%	818	131	16.0%	2,103	268	12.7%
25 - 29	2,875	276	9.6%	661	67	10.1%	2,214	209	9.4%
30 - 34	2,167	163	7.5%	443	22	5.0%	1,724	141	8.2%
35+	4,702	172	3.7%	1,280	23	1.8%	3,422	149	4.4%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	**15,830**	**988**	**6.2%**	**3,114**	**154**	**4.9%**	**12,716**	**834**	**6.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	2	0	0.0%	2	0	0.0%	0	0	0.0%
15 - 19	374	50	13.4%	199	30	15.1%	175	20	11.4%
20 - 24	2,422	196	8.1%	797	64	8.0%	1,625	132	8.1%
25 - 29	3,755	209	5.6%	827	33	4.0%	2,928	176	6.0%
30 - 34	2,418	142	5.9%	419	10	2.4%	1,999	132	6.6%
35+	6,859	391	5.7%	870	17	2.0%	5,989	374	6.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	**2,372**	**259**	**10.9%**	**731**	**86**	**11.8%**	**1,641**	**173**	**10.5%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	5	2	40.0%	4	1	25.0%	1	1	100.0%
15 - 19	187	45	24.1%	96	27	28.1%	91	18	19.8%
20 - 24	541	77	14.2%	197	31	15.7%	344	46	13.4%
25 - 29	564	63	11.2%	128	11	8.6%	436	52	11.9%
30 - 34	355	37	10.4%	102	10	9.8%	253	27	10.7%
35+	720	35	4.9%	204	6	2.9%	516	29	5.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Includes data for 3 agencies (17 clinic sites). Totals exclude tests with unspecified gender.

† 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, 2011

Race & Age Group		Total			Female			Male		
		# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total		**20,246**	**1,530**	**7.6%**	**7,542**	**936**	**12.4%**	**12,704**	**594**	**4.7%**
Ages	0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
	10 - 14	2,872	155	5.4%	1,261	123	9.8%	1,611	32	2.0%
	15 - 16	9,463	713	7.5%	3,741	465	12.4%	5,722	248	4.3%
	17 - 19	7,889	660	8.4%	2,530	347	13.7%	5,359	313	5.8%
	20+	10	1	10.0%	4	0	0.0%	6	1	16.7%
	Not Specified	11	1	9.1%	6	1	16.7%	5	0	0.0%
Native American/Alaskan Native		**72**	**5**	**6.9%**	**49**	**4**	**8.2%**	**23**	**1**	**4.3%**
Ages	0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
	10 - 14	12	0	0.0%	11	0	0.0%	1	0	0.0%
	15 - 16	30	2	6.7%	17	2	11.8%	13	0	0.0%
	17 - 19	30	3	10.0%	21	2	9.5%	9	1	11.1%
	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%
Asian/Pacific Islander		**213**	**10**	**4.7%**	**101**	**9**	**8.9%**	**112**	**1**	**0.9%**
Ages	0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
	10 - 14	24	1	4.2%	8	1	12.5%	16	0	0.0%
	15 - 16	90	5	5.6%	48	5	10.4%	42	0	0.0%
	17 - 19	99	4	4.0%	45	3	6.7%	54	1	1.9%
	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		**3,101**	**425**	**13.7%**	**1,762**	**297**	**16.9%**	**1,339**	**128**	**9.6%**
Ages	0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
	10 - 14	515	47	9.1%	308	43	14.0%	207	4	1.9%
	15 - 16	1,461	202	13.8%	879	143	16.3%	582	59	10.1%
	17 - 19	1,122	176	15.7%	572	111	19.4%	550	65	11.8%
	20+	2	0	0.0%	2	0	0.0%	0	0	0.0%
	Not Specified	1	0	0.0%	1	0	0.0%	0	0	0.0%
Hispanic/Latino		**8,527**	**529**	**6.2%**	**3,079**	**328**	**10.7%**	**5,448**	**201**	**3.7%**
Ages	0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
	10 - 14	1,199	54	4.5%	517	38	7.4%	682	16	2.3%
	15 - 16	4,048	256	6.3%	1,543	176	11.4%	2,505	80	3.2%
	17 - 19	3,276	219	6.7%	1,019	114	11.2%	2,257	105	4.7%
	20+	3	0	0.0%	0	0	0.0%	3	0	0.0%
	Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
White		**2,376**	**134**	**5.6%**	**1,261**	**112**	**8.9%**	**1,115**	**22**	**2.0%**
Ages	0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
	10 - 14	323	12	3.7%	189	11	5.8%	134	1	0.7%
	15 - 16	1,090	64	5.9%	604	58	9.6%	486	6	1.2%
	17 - 19	958	58	6.1%	463	43	9.3%	495	15	3.0%
	20+	1	0	0.0%	1	0	0.0%	0	0	0.0%
	Not Specified	4	0	0.0%	4	0	0.0%	0	0	0.0%
Other/Mixed/Unknown		**5,957**	**427**	**7.2%**	**1,290**	**186**	**14.4%**	**4,667**	**241**	**5.2%**
Ages	0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
	10 - 14	799	41	5.1%	228	30	13.2%	571	11	1.9%
	15 - 16	2,744	184	6.7%	650	81	12.5%	2,094	103	4.9%
	17 - 19	2,404	200	8.3%	410	74	18.0%	1,994	126	6.3%
	20+	4	1	25.0%	1	0	0.0%	3	1	33.3%
	Not Specified	5	1	20.0%	1	1	100.0%	4	0	0.0%

* Includes data for 25 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, 2010*

	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	276	0	0.0%	157	0	0.0%	119	0	0.0%
10-14	3,285	71	2.2%	2,391	63	2.6%	894	8	0.9%
15-19	46,712	2,758	5.9%	37,902	2,291	6.0%	8,810	467	5.3%
20-24	59,622	2,845	4.8%	51,702	2,193	4.2%	7,920	652	8.2%
25-29	38,779	1,202	3.1%	30,989	793	2.6%	7,790	409	5.3%
30-34	23,359	663	2.8%	17,186	351	2.0%	6,173	312	5.1%
35+	43,711	955	2.2%	24,136	327	1.4%	19,575	628	3.2%
Total	**215,744**	**8,494**	**3.9%**	**164,463**	**6,018**	**3.7%**	**51,281**	**2,476**	**4.8%**

* 2011 data were 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, 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**31,191**	**85.3**	**25,493**	**69.2**	**24,009**	**64.8**	**26,842**	**71.9**	**27,455**	**73.1**
Alameda	2,369	160.5	1,894	127.0	1,669	111.0	1,923	127.1	1,506	98.7
— Berkeley[1]	144	131.9	117	106.0	137	122.9	172	152.3	107	93.4
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.6	4	10.6	6	15.8	4	10.6	5	13.4
Butte	165	76.0	66	30.2	51	23.3	61	27.7	49	22.2
Calaveras	5	11.0	1	2.2	4	8.8	6	13.3	4	8.9
Colusa	1	4.7	2	9.4	3	14.1	-	-	1	4.6
Contra Costa	969	94.9	780	75.5	643	61.6	821	78.0	864	81.4
Del Norte	2	7.0	1	3.5	3	10.5	1	3.5	1	3.5
El Dorado	29	16.4	14	7.8	19	10.6	16	8.8	14	7.7
Fresno	1,083	120.4	658	72.1	722	78.1	800	85.7	1,198	127.2
Glenn	11	39.3	1	3.6	2	7.1	7	24.8	7	24.8
Humboldt	62	46.7	25	18.8	18	13.5	31	23.0	44	32.7
Imperial	62	37.1	57	33.5	28	16.2	25	14.2	38	21.3
Inyo	1	5.4	1	5.4	4	21.7	3	16.1	1	5.4
Kern	1,137	141.1	879	107.2	824	99.1	970	115.2	871	102.6
Kings	98	65.2	81	53.3	37	24.4	22	14.4	42	27.5
Lake	17	26.6	1	1.6	38	59.0	28	43.4	42	65.9
Lassen	4	11.2	2	5.7	1	2.9	-	-	5	14.6
Los Angeles	10,061	102.9	8,894	90.8	9,040	92.2	10,022	102.0	10,089	102.3
— Long Beach[1]	640	137.7	479	103.3	368	79.6	444	95.9	422	91.0
— Pasadena[1]	95	70.2	69	50.9	55	40.3	57	41.7	58	41.8
Madera	114	77.7	63	42.2	54	36.0	82	54.2	74	48.6
Marin	78	31.4	67	26.8	74	29.5	66	26.1	72	28.3
Mariposa	3	16.3	2	10.9	-	-	1	5.5	-	-
Mendocino	19	21.7	12	13.7	13	14.8	15	17.1	22	25.1
Merced	149	59.7	84	33.3	72	28.3	76	29.6	61	23.6
Modoc	10	104.3	1	10.4	-	-	-	-	-	-
Mono	1	7.0	2	14.2	-	-	2	14.2	-	-
Monterey	146	35.8	132	32.1	97	23.5	81	19.5	91	21.7
Napa	20	15.0	21	15.6	14	10.3	28	20.5	24	17.4
Nevada	16	16.2	7	7.1	6	6.1	7	7.1	14	14.3
Orange	974	32.8	878	29.4	750	25.0	1,137	37.7	969	31.8
Placer	63	19.1	45	13.3	69	20.1	64	18.3	77	21.6
Plumas	2	9.7	2	9.8	2	10.0	3	15.0	2	10.1
Riverside	1,168	56.1	826	38.9	712	33.0	773	35.3	896	40.2
Sacramento	2,198	158.3	1,679	119.8	1,784	126.4	1,889	133.0	1,813	126.7
San Benito	24	43.6	9	16.4	6	10.9	9	16.3	14	25.1
San Bernardino	1,830	91.4	1,313	65.1	1,099	54.3	1,140	55.9	1,403	68.1
San Diego	2,359	78.3	2,026	66.4	1,847	60.0	2,023	65.2	2,174	69.4
San Francisco	2,014	254.5	2,004	250.9	1,809	225.6	1,937	240.0	2,251	276.5
San Joaquin	1,007	150.4	697	103.2	564	82.9	709	103.2	617	89.0
San Luis Obispo	48	18.2	35	13.1	37	13.8	31	11.5	50	18.5
San Mateo	263	37.3	248	34.9	207	28.9	211	29.3	236	32.5
Santa Barbara	79	19.0	90	21.4	61	14.4	66	15.6	103	24.2
Santa Clara	873	50.3	700	39.8	558	31.4	598	33.5	641	35.5
Santa Cruz	87	33.8	61	23.5	56	21.4	47	17.9	81	30.6
Shasta	18	10.2	23	13.0	71	40.1	36	20.3	45	25.3
Sierra	-	-	-	-	1	30.8	-	-	1	31.5
Siskiyou	-	-	-	-	13	28.9	6	13.3	10	22.3
Solano	341	82.6	311	75.3	320	77.6	436	105.5	242	58.5
Sonoma	93	19.7	69	14.5	92	19.1	97	20.0	134	27.5
Stanislaus	496	97.6	270	52.9	155	30.3	167	32.4	135	26.0
Sutter	22	23.8	14	15.0	20	21.2	30	31.6	24	25.2
Tehama	14	22.6	4	6.4	16	25.3	3	4.7	8	12.5
Trinity	2	14.5	-	-	1	7.3	1	7.2	1	7.4
Tulare	313	73.9	191	44.3	100	22.8	90	20.3	94	20.9
Tuolumne	14	24.9	7	12.5	3	5.4	3	5.5	15	27.6
Ventura	166	20.6	157	19.3	147	18.0	170	20.6	210	25.3
Yolo	70	35.9	65	32.9	51	25.5	54	26.9	47	23.3
Yuba	20	28.5	17	23.8	16	22.3	14	19.4	23	31.7

[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, 2011

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**27,455**	**73.1**	**10,817**	**54.5**	**16,531**	**83.7**	**107**
Ages 0 - 9	18	0.3	13	0.5	5	0.2	0
10 - 14	154	5.7	125	9.5	28	2.0	1
15 - 19	4,828	159.3	3,141	212.7	1,677	107.9	10
20 - 24	7,963	263.4	3,695	253.9	4,233	270.0	35
25 - 29	5,346	196.1	1,842	140.3	3,484	246.5	20
30 - 34	3,184	126.1	882	71.7	2,292	177.1	10
35 - 44	3,478	63.9	760	28.3	2,701	98.1	17
45+	2,352	16.1	325	4.2	2,017	28.9	10
Not Specified	132	-	34	-	94	-	4
Native American/Alaskan Native	**93**	**37.7**	**55**	**43.8**	**38**	**31.3**	**0**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	6.8	1	13.8	0	0.0	0
15 - 19	16	81.2	14	144.9	2	19.9	0
20 - 24	27	131.0	16	159.9	11	103.7	0
25 - 29	17	91.3	10	109.6	7	73.7	0
30 - 34	9	53.7	6	72.0	3	35.6	0
35 - 44	12	35.5	5	29.1	7	42.1	0
45+	10	9.8	3	5.6	7	14.5	0
Not Specified	1	-	0	-	1	-	0
Asian/Pacific Islander	**846**	**17.2**	**277**	**10.8**	**566**	**23.9**	**3**
Ages 0 - 9	1	0.2	1	0.3	0	0.0	0
10 - 14	2	0.7	2	1.5	0	0.0	0
15 - 19	83	27.1	56	37.6	27	17.2	0
20 - 24	216	65.7	83	51.9	132	78.3	1
25 - 29	184	53.7	52	30.8	131	75.4	1
30 - 34	130	37.0	27	15.0	102	59.5	1
35 - 44	160	20.4	41	10.0	119	32.0	0
45+	70	3.6	15	1.4	55	6.3	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**6,982**	**303.8**	**3,251**	**276.5**	**3,718**	**331.4**	**13**
Ages 0 - 9	1	0.3	1	0.7	0	0.0	0
10 - 14	70	45.6	54	71.6	16	20.5	0
15 - 19	1,930	999.0	1,310	1,388.8	619	626.1	1
20 - 24	2,332	1,115.1	1,127	1,117.1	1,197	1,105.8	8
25 - 29	1,150	652.9	416	483.8	733	813.0	1
30 - 34	563	367.5	170	217.4	393	524.1	0
35 - 44	525	172.1	120	75.7	403	274.9	2
45+	398	49.1	48	11.0	349	93.4	1
Not Specified	13	-	5	-	8	-	0
Hispanic/Latino	**6,049**	**40.7**	**2,292**	**31.5**	**3,738**	**49.4**	**19**
Ages 0 - 9	4	0.1	3	0.2	1	0.1	0
10 - 14	30	2.3	27	4.2	3	0.4	0
15 - 19	929	64.2	565	80.0	363	49.1	1
20 - 24	1,807	138.3	799	127.4	1,000	147.2	8
25 - 29	1,378	120.7	440	81.1	935	155.9	3
30 - 34	811	74.5	217	42.3	591	102.8	3
35 - 44	750	34.8	174	16.9	573	50.7	3
45+	329	9.2	63	3.4	265	15.2	1
Not Specified	11	-	4	-	7	-	0
White	**5,474**	**33.3**	**1,519**	**18.3**	**3,932**	**48.2**	**23**
Ages 0 - 9	3	0.2	1	0.1	2	0.2	0
10 - 14	12	1.4	11	2.7	1	0.2	0
15 - 19	441	44.8	288	60.4	150	29.6	3
20 - 24	1,196	110.3	531	102.0	661	117.2	4
25 - 29	1,135	114.8	314	65.8	813	158.9	8
30 - 34	771	88.5	161	37.6	608	137.1	2
35 - 44	1,027	49.2	139	13.5	884	83.9	4
45+	880	11.0	72	1.7	806	21.0	2
Not Specified	9	-	2	-	7	-	0
Other/Multi/Unknown	**8,011**	**-**	**3,423**	**-**	**4,539**	**-**	**49**
Ages 0 - 9	9	-	7	-	2	-	0
10 - 14	39	-	30	-	8	-	1
15 - 19	1,429	-	908	-	516	-	5
20 - 24	2,385	-	1,139	-	1,232	-	14
25 - 29	1,482	-	610	-	865	-	7
30 - 34	900	-	301	-	595	-	4
35 - 44	1,004	-	281	-	715	-	8
45+	665	-	124	-	535	-	6
Not Specified	98	-	23	-	71	-	4

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, 2011

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**6,836**	**233.2**	**5,910**	**189.3**	**3,803**	**36.8**	**10,416**	**99.7**
Alameda	448	449.9	352	340.1	190	42.4	482	112.7
— Berkeley[1]	22	164.1	30	214.8	6	19.2	47	152.9
Alpine	-	-	-	-	-	-	-	-
Amador	5	226.8	-	-	-	-	-	-
Butte	24	116.6	6	27.7	6	10.0	13	22.1
Calaveras	-	-	1	29.9	2	16.0	1	8.4
Colusa	-	-	1	48.2	-	-	-	-
Contra Costa	339	438.0	147	180.2	177	60.1	184	64.2
Del Norte	1	47.6	-	-	-	-	-	-
El Dorado	3	22.4	3	20.5	5	9.5	2	3.9
Fresno	412	506.2	241	276.4	262	106.1	255	99.6
Glenn	2	81.0	1	38.3	2	26.8	1	12.5
Humboldt	14	132.6	8	72.6	6	16.3	13	35.4
Imperial	14	89.4	8	45.8	8	18.0	8	14.3
Inyo	-	-	-	-	-	-	1	20.8
Kern	277	386.0	211	258.9	160	75.5	213	93.7
Kings	8	66.1	8	47.4	13	36.2	13	25.3
Lake	17	410.9	9	197.5	4	22.7	12	71.4
Lassen	1	44.0	2	45.7	-	-	2	14.0
Los Angeles	2,302	281.6	2,247	262.4	1,246	44.8	4,172	151.1
— Long Beach[1]	100	280.9	102	300.3	49	41.3	165	140.5
— Pasadena[1]	19	233.3	8	86.2	5	12.8	25	65.9
Madera	28	235.6	10	79.5	21	45.6	14	34.4
Marin	8	54.3	16	95.0	13	19.5	32	48.2
Mariposa	-	-	-	-	-	-	-	-
Mendocino	7	110.7	4	59.4	6	24.8	5	20.2
Merced	18	76.4	22	87.2	8	11.9	12	17.1
Modoc	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-
Monterey	23	75.3	20	56.4	17	16.1	31	27.5
Napa	6	60.0	3	29.7	9	25.2	6	16.4
Nevada	3	45.7	1	13.7	6	21.2	4	14.5
Orange	188	81.9	253	104.0	134	15.2	380	43.3
Placer	25	94.4	18	67.9	10	10.9	24	27.4
Plumas	-	-	2	134.0	-	-	-	-
Riverside	275	140.7	190	92.6	151	26.5	260	45.5
Sacramento	657	601.0	396	346.4	275	70.9	444	117.9
San Benito	6	111.6	3	51.0	4	24.5	1	5.9
San Bernardino	474	254.9	339	171.8	271	48.1	301	53.4
San Diego	369	165.2	488	190.0	229	26.8	1,001	115.0
San Francisco	88	316.8	319	1,135.7	124	49.3	1,679	582.5
San Joaquin	238	373.7	130	196.3	107	61.6	132	76.4
San Luis Obispo	14	65.5	17	66.9	5	7.6	14	19.7
San Mateo	42	99.6	48	106.6	28	13.6	115	54.3
Santa Barbara	37	109.1	27	77.1	16	14.7	23	19.9
Santa Clara	120	102.1	148	119.2	99	20.3	255	48.7
Santa Cruz	25	132.8	12	63.4	13	17.0	30	37.9
Shasta	13	91.5	7	46.8	7	13.8	18	36.9
Sierra	-	-	-	-	1	104.4	-	-
Siskiyou	3	94.4	4	120.8	-	-	3	25.6
Solano	109	330.9	49	143.1	31	26.5	50	40.7
Sonoma	28	79.9	21	58.2	18	13.7	66	50.0
Stanislaus	39	81.0	23	48.6	24	17.6	42	31.9
Sutter	6	73.5	7	82.9	5	20.1	6	24.5
Tehama	3	59.0	1	18.3	2	12.0	2	12.0
Trinity	-	-	-	-	-	-	1	25.1
Tulare	27	67.5	21	49.1	22	19.4	21	18.1
Tuolumne	7	213.4	3	67.5	3	21.4	2	12.3
Ventura	59	93.8	43	65.0	50	22.4	58	25.1
Yolo	15	68.0	16	73.6	7	13.2	9	17.4
Yuba	9	130.9	4	53.0	6	30.2	3	14.6

[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, 2011*

Health Care Setting	Females			Males†		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	164,272	713	0.4%	51,112	721	1.4%
Family Planning Clinics	182,630	748	0.4%	29,906	699	2.3%
College Sites	2,255	13	0.6%	505	9	1.8%
Teen Clinics	1,056	2	0.2%	339	21	6.2%
School-Based Sites	5,953	26	0.4%	1,607	6	0.4%
Juvenile Detention	5,575	147	2.6%	9,824	58	0.6%
STD Clinics	14,415	299	2.1%	34,640	1,932	5.6%

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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, 2011*

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	7	4	57.1%	1	1	100.0%	15	6	40.0%	20	16	80.0%
15-19	226	107	47.3%	81	37	45.7%	311	142	45.7%	126	61	48.4%
20-24	315	111	35.2%	100	34	34.0%	207	71	34.3%	0	0	0.0%
25-29	121	30	24.8%	52	15	28.8%	97	18	18.6%	0	0	0.0%
30-34	38	13	34.2%	25	1	4.0%	38	3	7.9%	0	0	0.0%
35+	41	9	22.0%	39	3	7.7%	45	5	11.1%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	1	1	100.0%
Total	**748**	**274**	**36.6%**	**298**	**91**	**30.5%**	**713**	**245**	**34.4%**	**147**	**78**	**53.1%**

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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, 2011*

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+	# GC+	Among GC+ # CT+	Among GC+ % CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	2	0	0.0%	0	0	0.0%	0	0	0.0%	3	2	66.7%
15-19	84	29	34.5%	98	47	48.0%	140	56	40.0%	55	31	56.4%
20-24	268	63	23.5%	432	139	32.2%	166	34	20.5%	0	0	0.0%
25-29	164	29	17.7%	434	102	23.5%	93	20	21.5%	0	0	0.0%
30-34	71	19	26.8%	288	59	20.5%	85	19	22.4%	0	0	0.0%
35+	110	13	11.8%	592	111	18.8%	237	36	15.2%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	**699**	**153**	**21.9%**	**1,844**	**458**	**24.8%**	**721**	**165**	**22.9%**	**58**	**33**	**56.9%**

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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, 2011*

Health Care Setting & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Family Planning Clinics	**212,536**	**1,447**	**0.7%**	**182,630**	**748**	**0.4%**	**29,906**	**699**	**2.3%**
Ages 0 - 9	3	0	0.0%	2	0	0.0%	1	0	0.0%
10 - 14	1,150	9	0.8%	993	7	0.7%	157	2	1.3%
15 - 19	42,773	310	0.7%	38,766	226	0.6%	4,007	84	2.1%
20 - 24	79,460	583	0.7%	69,937	315	0.5%	9,523	268	2.8%
25 - 29	46,586	285	0.6%	39,487	121	0.3%	7,099	164	2.3%
30 - 34	20,075	109	0.5%	16,493	38	0.2%	3,582	71	2.0%
35+	22,483	151	0.7%	16,946	41	0.2%	5,537	110	2.0%
Not Specified	6	0	0.0%	6	0	0.0%	0	0	0.0%
STD Clinics	**49,055**	**2,231**	**4.5%**	**14,415**	**299**	**2.1%**	**34,640**	**1,932**	**5.6%**
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	47	1	2.1%	31	1	3.2%	16	0	0.0%
15 - 19	2,773	180	6.5%	1,559	81	5.2%	1,214	99	8.2%
20 - 24	9,626	544	5.7%	3,686	100	2.7%	5,940	444	7.5%
25 - 29	10,634	501	4.7%	3,089	53	1.7%	7,545	448	5.9%
30 - 34	7,370	326	4.4%	1,797	25	1.4%	5,573	301	5.4%
35+	18,605	679	3.6%	4,253	39	0.9%	14,352	640	4.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Managed Care Organization	**215,384**	**1,434**	**0.7%**	**164,272**	**713**	**0.4%**	**51,112**	**721**	**1.4%**
Ages 0 - 9	163	0	0.0%	106	0	0.0%	57	0	0.0%
10 - 14	3,281	15	0.5%	2,389	15	0.6%	892	0	0.0%
15 - 19	46,684	451	1.0%	37,881	311	0.8%	8,803	140	1.6%
20 - 24	59,596	373	0.6%	51,675	207	0.4%	7,921	166	2.1%
25 - 29	38,759	190	0.5%	30,974	97	0.3%	7,785	93	1.2%
30 - 34	23,334	123	0.5%	17,175	38	0.2%	6,159	85	1.4%
35+	43,567	282	0.6%	24,072	45	0.2%	19,495	237	1.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Juvenile Detention Facilities	**15,399**	**205**	**1.3%**	**5,575**	**147**	**2.6%**	**9,824**	**58**	**0.6%**
Ages 0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	2,209	23	1.0%	933	20	2.1%	1,276	3	0.2%
15 - 19	13,172	181	1.4%	4,633	126	2.7%	8,539	55	0.6%
20 - 24	8	0	0.0%	4	0	0.0%	4	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+	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	9	1	11.1%	5	1	20.0%	4	0	0.0%

* Data displayed for the Managed Care Organization is for 2010, as 2011 data were 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, 2007–2011

CLINIC SITE	2007		2008		2009		2010		2011	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTALS										
Total Specimens	**841**		**605**		**724**		**803**		**703**	
No Resistance	453	53.9	388	64.1	496	68.5	556	69.2	400	56.9
Ceftriaxone Decreased Susceptibility[1]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility[2]	n/d	n/d	n/d	n/d	1	0.1	4	0.5	0	0.0
Azithromycin Decreased Susceptibility[3]	5	0.6	1	0.2	7	1.0	11	1.4	3	0.4
Ciprofloxacin Decreased Susceptibility[4]	6	0.7	1	0.2	3	0.4	14	1.7	18	2.6
Ciprofloxacin-Resistant[5]	269	32.0	158	26.1	105	14.5	151	18.8	210	29.9
Other Drug Resistance*	330	39.2	187	30.9	201	27.8	206	25.7	255	36.3
Long Beach										
Total Specimens	69									
No Resistance	36	52.2								
Ceftriaxone Decreased Susceptibility	0	0.0								
Cefixime Decreased Susceptibility	n/d	n/d								
Azithromycin Decreased Susceptibility	1	1.4								
Ciprofloxacin Decreased Susceptibility	1	1.4								
Ciprofloxacin-Resistant	21	30.4								
Other Drug Resistance*	28	40.6								
Los Angeles										
Total Specimens	165		125		210		264		174	
No Resistance	110	66.7	96	76.8	153	72.9	189	71.6	117	67.2
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	n/d	n/d	n/d	n/d	1	0.5	2	0.8	0	0.0
Azithromycin Decreased Susceptibility	2	1.2	0	0.0	1	0.5	3	1.1	0	0.0
Ciprofloxacin Decreased Susceptibility	2	1.2	0	0.0	0	0.0	4	1.5	0	0.0
Ciprofloxacin-Resistant	37	22.4	21	16.8	28	13.3	44	16.7	49	28.2
Other Drug Resistance*	42	25.5	22	17.6	52	24.8	64	24.2	46	26.4
Orange										
Total Specimens	117		87		82		104		107	
No Resistance	58	49.6	52	59.8	52	63.4	71	68.3	68	63.6
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	n/d	n/d	n/d	n/d	0	0.0	0	0.0	0	0.0
Azithromycin Decreased Susceptibility	0	0.0	0	0.0	1	1.2	2	1.9	0	0.0
Ciprofloxacin Decreased Susceptibility	0	0.0	0	0.0	0	0.0	1	1.0	6	5.6
Ciprofloxacin-Resistant	48	41.0	29	33.3	15	18.3	24	23.1	27	25.2
Other Drug Resistance*	47	40.2	23	26.4	29	35.4	26	25.0	26	24.3
San Diego										
Total Specimens	190		182		172		205		210	
No Resistance	83	43.7	111	61.0	104	60.5	140	68.3	112	53.3
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	n/d	n/d	n/d	n/d	0	0.0	0	0.0	0	0.0
Azithromycin Decreased Susceptibility	1	0.5	0	0.0	5	2.9	5	2.4	2	1.0
Ciprofloxacin Decreased Susceptibility	3	1.6	0	0.0	1	0.6	5	2.4	10	4.8
Ciprofloxacin-Resistant	69	36.3	53	29.1	36	20.9	41	20.0	66	31.4
Other Drug Resistance*	89	46.8	64	35.2	55	32.0	54	26.3	91	43.3
San Francisco										
Total Specimens	300		211		260		230		212	
No Resistance	166	55.3	129	61.1	187	71.9	156	67.8	103	48.6
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	n/d	n/d	n/d	n/d	0	0.0	2	0.9	0	0.0
Azithromycin Decreased Susceptibility	1	0.3	1	0.5	0	0.0	1	0.4	1	0.5
Ciprofloxacin Decreased Susceptibility	0	0.0	1	0.5	2	0.8	4	1.7	2	0.9
Ciprofloxacin-Resistant	94	31.3	55	26.1	26	10.0	42	18.3	68	32.1
Other Drug Resistance*	124	41.3	78	37.0	65	25.0	62	27.0	92	43.4

[1] Minimum inhibitory concentration (MIC) $\geq$ 0.25 mg/ml; [2] MIC $\geq$ 0.5 mg/ml; [3] MIC $\geq$ 2.0 mg/ml; [4] MIC 0.125 to 0.50 μg/ml; [5] MIC $\geq$ 1.0 μg/ml

* 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. Primary and Secondary Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**2,068**	**5.7**	**2,190**	**5.9**	**2,023**	**5.5**	**2,064**	**5.5**	**2,448**	**6.5**
Alameda	51	3.5	81	5.4	76	5.1	113	7.5	138	9.0
— Berkeley[1]	9	8.2	9	8.2	8	7.2	15	13.3	17	14.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.6	1	2.6	1	2.6	1	2.6	1	2.7
Butte	-	-	-	-	1	0.5	-	-	2	0.9
Calaveras	-	-	1	2.2	1	2.2	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	27	2.6	24	2.3	37	3.5	33	3.1	64	6.0
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	2	1.1	2	1.1	1	0.6	1	0.6
Fresno	9	1.0	26	2.8	24	2.6	14	1.5	28	3.0
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	3	2.3	-	-	-	-	3	2.2
Imperial	3	1.8	7	4.1	6	3.5	-	-	3	1.7
Inyo	-	-	-	-	-	-	-	-	1	5.4
Kern	23	2.9	15	1.8	22	2.6	25	3.0	43	5.1
Kings	1	0.7	3	2.0	-	-	4	2.6	2	1.3
Lake	-	-	-	-	-	-	3	4.7	-	-
Lassen	-	-	1	2.8	-	-	-	-	-	-
Los Angeles	933	9.5	827	8.4	778	7.9	692	7.0	813	8.2
— Long Beach[1]	76	16.4	99	21.3	54	11.7	47	10.2	47	10.1
— Pasadena[1]	8	5.9	11	8.1	9	6.6	-	-	6	4.3
Madera	1	0.7	-	-	-	-	-	-	3	2.0
Marin	5	2.0	6	2.4	3	1.2	2	0.8	6	2.4
Mariposa	1	5.4	-	-	-	-	-	-	-	-
Mendocino	-	-	2	2.3	-	-	-	-	2	2.3
Merced	1	0.4	5	2.0	1	0.4	5	2.0	3	1.2
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.2	-	-	1	0.2	7	1.7	9	2.1
Napa	1	0.8	2	1.5	3	2.2	3	2.2	5	3.6
Nevada	-	-	-	-	2	2.0	1	1.0	1	1.0
Orange	141	4.8	101	3.4	94	3.1	76	2.5	66	2.2
Placer	-	-	1	0.3	4	1.2	4	1.1	6	1.7
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	77	3.7	111	5.2	93	4.3	121	5.5	129	5.8
Sacramento	63	4.5	91	6.5	66	4.7	52	3.7	118	8.2
San Benito	2	3.6	1	1.8	-	-	2	3.6	-	-
San Bernardino	14	0.7	40	2.0	31	1.5	39	1.9	59	2.9
San Diego	354	11.7	346	11.3	262	8.5	276	8.9	292	9.3
San Francisco	202	25.5	330	41.3	312	38.9	361	44.7	376	46.2
San Joaquin	7	1.0	8	1.2	27	4.0	32	4.7	45	6.5
San Luis Obispo	3	1.1	8	3.0	2	0.7	-	-	2	0.7
San Mateo	22	3.1	23	3.2	21	2.9	23	3.2	33	4.6
Santa Barbara	8	1.9	14	3.3	7	1.7	4	0.9	4	0.9
Santa Clara	59	3.4	41	2.3	62	3.5	86	4.8	68	3.8
Santa Cruz	3	1.2	4	1.5	6	2.3	8	3.0	16	6.0
Shasta	-	-	-	-	-	-	1	0.6	3	1.7
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	1	2.2	-	-	-	-
Solano	6	1.5	5	1.2	17	4.1	5	1.2	22	5.3
Sonoma	7	1.5	3	0.6	7	1.5	12	2.5	20	4.1
Stanislaus	7	1.4	5	1.0	13	2.5	25	4.9	30	5.8
Sutter	-	-	-	-	-	-	2	2.1	3	3.1
Tehama	1	1.6	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	19	4.5	32	7.4	20	4.6	13	2.9	7	1.6
Tuolumne	1	1.8	-	-	-	-	-	-	1	1.8
Ventura	14	1.7	15	1.8	18	2.2	15	1.8	15	1.8
Yolo	-	-	5	2.5	1	0.5	2	1.0	5	2.5
Yuba	-	-	-	-	1	1.4	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 20. Primary and Secondary Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2011

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**2,448**	**6.5**	**103**	**0.5**	**2,332**	**11.8**	**13**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	a	1	0.1	0	0.0	0
15 - 19	87	2.9	11	0.7	76	4.9	0
20 - 24	366	12.1	26	1.8	340	21.7	0
25 - 29	416	15.3	15	1.1	400	28.3	1
30 - 34	319	12.6	8	0.7	309	23.9	2
35 - 44	594	10.9	24	0.9	565	20.5	5
45+	664	4.5	18	0.2	641	9.2	5
Not Specified	1	-	0	-	1	-	0
Native American/Alaskan Native	**12**	**4.9**	**3**	**2.4**	**9**	**7.4**	**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	2	10.2	1	10.4	1	10.0	0
20 - 24	3	14.6	0	0.0	3	28.3	0
25 - 29	0	0.0	0	0.0	0	0.0	0
30 - 34	3	17.9	1	12.0	2	23.8	0
35 - 44	3	8.9	1	5.8	2	12.0	0
45+	1	1.0	0	0.0	1	2.1	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**111**	**2.3**	**3**	**0.1**	**108**	**4.6**	**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	3	1.0	1	0.7	2	1.3	0
20 - 24	18	5.5	0	0.0	18	10.7	0
25 - 29	19	5.5	0	0.0	19	10.9	0
30 - 34	20	5.7	1	0.6	19	11.1	0
35 - 44	32	4.1	1	0.2	31	8.3	0
45+	19	1.0	0	0.0	19	2.2	0
Not Specified	0	-	0	-	0	-	0
African American/Black	**381**	**16.6**	**33**	**2.8**	**347**	**30.9**	**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	24	12.4	5	5.3	19	19.2	0
20 - 24	87	41.6	12	11.9	75	69.3	0
25 - 29	80	45.4	3	3.5	77	85.4	0
30 - 34	43	28.1	2	2.6	41	54.7	0
35 - 44	70	22.9	5	3.2	65	44.3	0
45+	77	9.5	6	1.4	70	18.7	1
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	**800**	**5.4**	**24**	**0.3**	**770**	**10.2**	**6**
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	41	2.8	1	0.1	40	5.4	0
20 - 24	152	11.6	10	1.6	142	20.9	0
25 - 29	162	14.2	8	1.5	154	25.7	0
30 - 34	120	11.0	0	0.0	118	20.5	2
35 - 44	193	8.9	4	0.4	188	16.6	1
45+	132	3.7	1	0.1	128	7.3	3
Not Specified	0	-	0	-	0	-	0
White	**1,016**	**6.2**	**34**	**0.4**	**981**	**12.0**	**1**
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.1	1	0.2	0	0.0	0
15 - 19	12	1.2	2	0.4	10	2.0	0
20 - 24	79	7.3	4	0.8	75	13.3	0
25 - 29	136	13.8	2	0.4	134	26.2	0
30 - 34	114	13.1	3	0.7	111	25.0	0
35 - 44	266	12.7	13	1.3	253	24.0	0
45+	408	5.1	9	0.2	398	10.4	1
Not Specified	0	-	0	-	0	-	0
Other/Multi/Unknown	**128**	**-**	**6**	**-**	**117**	**-**	**5**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	5	-	1	-	4	-	0
20 - 24	27	-	0	-	27	-	0
25 - 29	19	-	2	-	16	-	1
30 - 34	19	-	1	-	18	-	0
35 - 44	30	-	0	-	26	-	4
45+	27	-	2	-	25	-	0
Not Specified	1	-	0	-	1	-	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 21. Early Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**1,482**	**4.1**	**1,650**	**4.5**	**1,723**	**4.6**	**1,809**	**4.8**	**2,053**	**5.5**
Alameda	28	1.9	43	2.9	35	2.3	59	3.9	65	4.3
— Berkeley[1]	4	3.7	7	6.3	3	2.7	2	1.8	2	1.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.6	-	-	-	-	-	-	-	-
Butte	-	-	1	0.5	1	0.5	1	0.5	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	13	1.3	18	1.7	11	1.1	13	1.2	21	2.0
Del Norte	-	-	-	-	-	-	-	-	1	3.5
El Dorado	-	-	1	0.6	-	-	1	0.6	-	-
Fresno	9	1.0	8	0.9	12	1.3	5	0.5	8	0.8
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	1	0.7	1	0.7	-	-
Imperial	7	4.2	5	2.9	1	0.6	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	12	1.5	12	1.5	6	0.7	17	2.0	22	2.6
Kings	2	1.3	1	0.7	-	-	1	0.7	1	0.7
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	1	2.8	2	5.7	1	2.9	-	-	-	-
Los Angeles	860	8.8	853	8.7	1,039	10.6	968	9.9	1,108	11.2
— Long Beach[1]	53	11.4	65	14.0	52	11.2	37	8.0	51	11.0
— Pasadena[1]	4	3.0	7	5.2	3	2.2	4	2.9	5	3.6
Madera	1	0.7	-	-	-	-	-	-	2	1.3
Marin	1	0.4	1	0.4	1	0.4	6	2.4	4	1.6
Mariposa	1	5.4	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	1	0.4	-	-	2	0.8	2	0.8	4	1.5
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	2	0.5	-	-	6	1.4	7	1.7
Napa	2	1.5	1	0.7	3	2.2	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	2	2.0
Orange	71	2.4	64	2.1	56	1.9	47	1.6	42	1.4
Placer	2	0.6	1	0.3	-	-	1	0.3	3	0.8
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	37	1.8	75	3.5	59	2.7	66	3.0	108	4.9
Sacramento	15	1.1	33	2.4	37	2.6	43	3.0	46	3.2
San Benito	-	-	-	-	-	-	1	1.8	-	-
San Bernardino	13	0.6	21	1.0	27	1.3	21	1.0	44	2.1
San Diego	158	5.2	177	5.8	137	4.5	174	5.6	163	5.2
San Francisco	149	18.8	201	25.2	207	25.8	282	34.9	290	35.6
San Joaquin	9	1.3	13	1.9	7	1.0	12	1.7	11	1.6
San Luis Obispo	2	0.8	15	5.6	-	-	-	-	-	-
San Mateo	14	2.0	11	1.5	5	0.7	11	1.5	11	1.5
Santa Barbara	2	0.5	7	1.7	4	0.9	1	0.2	-	-
Santa Clara	26	1.5	26	1.5	25	1.4	26	1.5	34	1.9
Santa Cruz	-	-	-	-	4	1.5	5	1.9	9	3.4
Shasta	-	-	1	0.6	1	0.6	-	-	1	0.6
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	9	2.2	6	1.5	8	1.9	8	1.9	4	1.0
Sonoma	6	1.3	6	1.3	1	0.2	2	0.4	9	1.9
Stanislaus	1	0.2	3	0.6	7	1.4	11	2.1	7	1.4
Sutter	-	-	2	2.1	-	-	-	-	1	1.0
Tehama	-	-	1	1.6	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	16	3.8	31	7.2	14	3.2	5	1.1	15	3.3
Tuolumne	-	-	1	1.8	-	-	-	-	-	-
Ventura	13	1.6	7	0.9	8	1.0	12	1.5	8	1.0
Yolo	-	-	-	-	3	1.5	-	-	2	1.0
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 22. Early Latent Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2011

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	**2,053**	**5.5**	**124**	**0.6**	**1,925**	**9.7**	**4**
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	65	2.1	21	1.4	44	2.8	0
20 - 24	229	7.6	24	1.6	205	13.1	0
25 - 29	299	11.0	22	1.7	277	19.6	0
30 - 34	287	11.4	18	1.5	268	20.7	1
35 - 44	537	9.9	22	0.8	514	18.7	1
45+	634	4.3	17	0.2	615	8.8	2
Not Specified	1	-	0	-	1	-	0
Native American/Alaskan Native	**7**	**2.8**	**1**	**0.8**	**6**	**4.9**	**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	1	5.1	0	0.0	1	10.0	0
20 - 24	2	9.7	1	10.0	1	9.4	0
25 - 29	0	0.0	0	0.0	0	0.0	0
30 - 34	1	6.0	0	0.0	1	11.9	0
35 - 44	1	3.0	0	0.0	1	6.0	0
45+	2	2.0	0	0.0	2	4.1	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	**69**	**1.4**	**5**	**0.2**	**64**	**2.7**	**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	2	0.7	0	0.0	2	1.3	0
20 - 24	5	1.5	1	0.6	4	2.4	0
25 - 29	7	2.0	0	0.0	7	4.0	0
30 - 34	13	3.7	2	1.1	11	6.4	0
35 - 44	25	3.2	2	0.5	23	6.2	0
45+	16	0.8	0	0.0	16	1.8	0
Not Specified	1	-	0	-	1	-	0
African American/Black	**302**	**13.1**	**41**	**3.5**	**261**	**23.3**	**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	20	10.4	8	8.5	12	12.1	0
20 - 24	68	32.5	13	12.9	55	50.8	0
25 - 29	44	25.0	7	8.1	37	41.0	0
30 - 34	44	28.7	5	6.4	39	52.0	0
35 - 44	58	19.0	5	3.2	53	36.2	0
45+	68	8.4	3	0.7	65	17.4	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	**860**	**5.8**	**48**	**0.7**	**810**	**10.7**	**2**
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	29	2.0	7	1.0	22	3.0	0
20 - 24	106	8.1	6	1.0	100	14.7	0
25 - 29	162	14.2	10	1.8	152	25.3	0
30 - 34	134	12.3	6	1.2	127	22.1	1
35 - 44	235	10.9	11	1.1	223	19.7	1
45+	193	5.4	8	0.4	185	10.6	0
Not Specified	0	-	0	-	0	-	0
White	**739**	**4.5**	**26**	**0.3**	**712**	**8.7**	**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	11	1.1	6	1.3	5	1.0	0
20 - 24	43	4.0	1	0.2	42	7.4	0
25 - 29	75	7.6	4	0.8	71	13.9	0
30 - 34	84	9.6	5	1.2	79	17.8	0
35 - 44	200	9.6	4	0.4	196	18.6	0
45+	326	4.1	6	0.1	319	8.3	1
Not Specified	0	-	0	-	0	-	0
Other/Multi/Unknown	**76**	**-**	**3**	**-**	**72**	**-**	**1**
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	2	-	0	-	2	-	0
20 - 24	5	-	2	-	3	-	0
25 - 29	11	-	1	-	10	-	0
30 - 34	11	-	0	-	11	-	0
35 - 44	18	-	0	-	18	-	0
45+	29	-	0	-	28	-	1
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 23. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**2,866**	**7.8**	**3,058**	**8.3**	**2,496**	**6.7**	**2,358**	**6.3**	**2,496**	**6.6**
Alameda	56	3.8	60	4.0	47	3.1	40	2.6	59	3.9
— Berkeley[1]	6	5.5	7	6.3	6	5.4	1	0.9	8	7.0
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	1	0.5	-	-	1	0.5
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	47	4.6	73	7.1	61	5.8	51	4.8	41	3.9
Del Norte	-	-	-	-	-	-	1	3.5	-	-
El Dorado	2	1.1	1	0.6	1	0.6	1	0.6	2	1.1
Fresno	22	2.4	26	2.8	38	4.1	32	3.4	36	3.8
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	1	0.8	-	-	2	1.5	1	0.7
Imperial	20	12.0	25	14.7	11	6.3	10	5.7	3	1.7
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	140	17.4	80	9.8	104	12.5	98	11.6	135	15.9
Kings	2	1.3	3	2.0	7	4.6	4	2.6	2	1.3
Lake	-	-	-	-	-	-	-	-	1	1.6
Lassen	1	2.8	2	5.7	1	2.9	2	5.8	2	5.8
Los Angeles	1,434	14.7	1,543	15.8	1,206	12.3	1,119	11.4	1,090	11.1
— Long Beach[1]	69	14.8	92	19.8	66	14.3	66	14.3	107	23.1
— Pasadena[1]	11	8.1	4	3.0	11	8.1	9	6.6	17	12.2
Madera	4	2.7	2	1.3	8	5.3	12	7.9	5	3.3
Marin	10	4.0	15	6.0	6	2.4	5	2.0	15	5.9
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	1	1.1	-	-	-	-	-	-	-	-
Merced	9	3.6	5	2.0	4	1.6	8	3.1	3	1.2
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	2	0.5	4	1.0	4	1.0	4	1.0	9	2.1
Napa	2	1.5	6	4.5	4	2.9	4	2.9	2	1.5
Nevada	1	1.0	1	1.0	1	1.0	-	-	-	-
Orange	177	6.0	170	5.7	130	4.3	165	5.5	129	4.2
Placer	-	-	2	0.6	-	-	6	1.7	4	1.1
Plumas	-	-	1	4.9	-	-	-	-	-	-
Riverside	129	6.2	88	4.1	101	4.7	72	3.3	139	6.2
Sacramento	38	2.7	91	6.5	82	5.8	80	5.6	64	4.5
San Benito	2	3.6	2	3.6	2	3.6	-	-	-	-
San Bernardino	91	4.5	152	7.5	117	5.8	120	5.9	148	7.2
San Diego	282	9.4	312	10.2	214	7.0	194	6.2	233	7.4
San Francisco	127	16.0	123	15.4	131	16.3	115	14.2	143	17.6
San Joaquin	19	2.8	21	3.1	33	4.8	25	3.6	32	4.6
San Luis Obispo	6	2.3	8	3.0	1	0.4	1	0.4	1	0.4
San Mateo	30	4.3	12	1.7	18	2.5	18	2.5	16	2.2
Santa Barbara	10	2.4	12	2.9	7	1.7	9	2.1	8	1.9
Santa Clara	81	4.7	80	4.5	63	3.5	66	3.7	73	4.0
Santa Cruz	5	1.9	3	1.2	3	1.1	2	0.8	5	1.9
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	1	2.2	-	-	2	4.4	-	-	1	2.2
Solano	15	3.6	10	2.4	8	1.9	10	2.4	16	3.9
Sonoma	4	0.8	8	1.7	5	1.0	11	2.3	12	2.5
Stanislaus	30	5.9	14	2.7	14	2.7	15	2.9	12	2.3
Sutter	1	1.1	2	2.1	2	2.1	2	2.1	-	-
Tehama	-	-	1	1.6	1	1.6	1	1.6	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	17	4.0	27	6.3	22	5.0	22	5.0	15	3.3
Tuolumne	1	1.8	1	1.8	-	-	1	1.8	-	-
Ventura	47	5.8	67	8.3	32	3.9	28	3.4	33	4.0
Yolo	-	-	4	2.0	3	1.5	-	-	3	1.5
Yuba	-	-	-	-	1	1.4	2	2.8	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 24. Congenital Syphilis in Infants Less than One Year of Age, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2007–2011

COUNTY	2007		2008		2009		2010		2011	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	**84**	**14.8**	**70**	**12.7**	**55**	**10.4**	**51**	**10.0**	**48**	**9.4**
Alameda	4	18.6	2	9.5	-	-	2	10.4	2	10.4
— Berkeley[1]	-	-	1	105.3	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	4	29.7	4	30.5	-	-	1	8.1	-	-
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	-	-	-	-	5	30.7	3	18.4	2	12.2
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	2	63.5	1	31.0	2	63.6	1	32.6	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	5	32.6	1	6.5	1	6.7	-	-	1	6.9
Kings	1	36.0	-	-	-	-	-	-	-	-
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	32	21.1	21	14.2	16	11.5	9	6.8	17	12.7
— Long Beach[1]	3	39.5	-	-	2	28.0	2	28.9	2	28.9
— Pasadena[1]	2	90.2	-	-	-	-	-	-	-	-
Madera	-	-	-	-	-	-	-	-	-	-
Marin	1	35.5	1	36.8	-	-	-	-	-	-
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	1	21.5	-	-	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	-	-
Napa	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	4	9.1	1	2.4	1	2.5	1	2.6	1	2.6
Placer	-	-	1	24.8	-	-	-	-	1	25.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	-	-	2	6.1	1	3.2	1	3.3	3	9.7
Sacramento	2	9.0	1	4.7	6	29.4	2	10.0	6	29.9
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	2	5.7	2	5.9	2	6.3	-	-	-	-
San Diego	11	23.1	13	27.8	9	20.0	13	29.0	2	4.5
San Francisco	1	11.0	2	22.0	2	22.7	-	-	1	11.7
San Joaquin	3	25.9	1	9.1	1	9.2	6	56.6	3	27.6
San Luis Obispo	-	-	1	36.5	-	-	-	-	-	-
San Mateo	1	10.1	1	10.2	-	-	-	-	3	33.0
Santa Barbara	-	-	-	-	-	-	1	17.2	-	-
Santa Clara	2	7.3	6	22.4	2	7.9	1	4.2	2	8.3
Santa Cruz	-	-	-	-	-	-	-	-	-	-
Shasta	-	-	-	-	-	-	1	46.8	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	-	-	-	-	-	-	1	19.7
Sonoma	-	-	-	-	1	17.6	-	-	-	-
Stanislaus	-	-	-	-	-	-	1	12.8	2	25.2
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	2	23.5	8	93.8	6	71.8	7	85.8	1	12.1
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	6	49.2	1	8.3	-	-	-	-	-	-
Yolo	-	-	-	-	-	-	1	41.2	-	-
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 25. Congenital Syphilis in Infants Less than One Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 2002–2011

RACE/ETHNICITY	NUMBER OF CASES									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
CALIFORNIA	**50**	**69**	**64**	**71**	**69**	**84**	**70**	**55**	**51**	**48**
Native American/Alaskan Native	1	0	1	0	0	0	1	0	0	0
Asian/Pacific Islander	1	5	3	7	2	8	4	1	3	7
African American/Black	8	14	11	13	8	14	10	7	9	14
Hispanic/Latina	35	45	42	40	53	50	40	31	27	19
White	4	5	6	9	4	9	14	13	12	6
Other/Not Specified	1	0	1	2	2	3	1	3	0	2

RACE/ETHNICITY	RATE PER 100,000 LIVE BIRTHS									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
CALIFORNIA	**9.4**	**12.8**	**11.7**	**12.9**	**12.3**	**14.8**	**12.7**	**10.4**	**10.0**	**9.4**
Native American/Alaskan Native	50.9	0.0	48.2	0.0	0.0	0.0	49.2	0.0	0.0	0.0
Asian/Pacific Islander	1.6	7.8	4.6	10.9	3.1	11.6	5.9	1.5	4.8	11.1
African American/Black	26.8	47.9	38.4	45.2	26.7	47.5	34.0	24.5	32.5	50.4
Hispanic/Latina	13.3	16.7	15.3	14.1	18.1	16.8	13.9	11.5	10.5	7.4
White	2.5	3.1	3.8	5.8	2.6	6.0	9.5	9.2	8.5	4.2

Source: California Department of Public Health, STD Control Branch

Table 26. Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2007–2011

COUNTY	Cases				
	2007	2008	2009	2010	2011
CALIFORNIA	**1**	**2**	**3**	**4**	**2**
Alameda	-	-	2	-	1
— Berkeley[1]	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	-	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	-	-	1	1	1
— Long Beach[1]	-	-	-	1	-
— Pasadena[1]	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	1	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	1	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	-	-	-	-
San Francisco	-	1	-	-	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	-	-	-
San Mateo	-	1	-	-	-
Santa Barbara	-	-	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	1	-	-	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

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 condition listed below, to report to the local health officer for the juridiction 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 electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
= All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
FAX ✆ ✉ Amebiasis
Anaplasmosis/Ehrlichiosis
✆ ! Anthrax, human or animal
FAX ✆ ✉ Babesiosis
✆ ! Botulism (Infant, Foodborne, Wound, Other)
Brucellosis, animal (except infections due to *Brucella canis*)
✆ ! Brucellosis, human
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (Varicella) (only hospitalizations and deaths)
Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
✆ ! Cholera
✆ ! Ciguatera Fish Poisoning
Coccidioidomycosis
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cyclosporiasis
Cysticercosis or taeniasis
✆ ! Dengue
✆ ! Diphtheria
✆ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
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 of less than 15 years of age)
✆ ! Hantavirus Infections
✆ ! Hemolytic Uremic Syndrome
FAX ✆ ✉ Hepatitis A, acute infection
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta) (specify acute case or chronic)
Hepatitis E, acute infection
Influenza, deaths in laboratory-confirmed cases for age 0-64 years
Influenza, novel strains (human)
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 ✆ ✉ Poliovirus Infection
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
✆ ! Rabies, human or animal
FAX ✆ ✉ Relapsing Fever
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
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)
FAX ✆ ✉ *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
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
Tularemia, animal
✆ ! Tularemia, human
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
FAX ✆ ✉ *Vibrio* Infections
✆ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo Ebola, Lassa, and Marburg viruses)
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**). Specifiy 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 (Health & 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.

CDPH 110a (revised 07/05/2011)

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