

STD

SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

2013

Edmund G. Brown Jr., Governor
STATE OF CALIFORNIA

Diana S. Dooley, Secretary
HEALTH AND HUMAN SERVICES AGENCY

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SEXUALLY TRANSMITTED DISEASES
IN CALIFORNIA
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Prepared by the

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Preface

This report, *Sexually Transmitted Diseases in California, 2013*, includes current surveillance and prevalence monitoring disease data collected through 2013 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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Website

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

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TABLE OF CONTENTS

PREFACE	ii
ACKNOWLEDGEMENTS	iii
INTRODUCTION	1
DATA SOURCES	4
CHLAMYDIA IN CALIFORNIA	7
GONORRHEA IN CALIFORNIA	12
SYPHILIS IN CALIFORNIA	17
OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA	21
FIGURES	
Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Incidence Rates, 1990–2013	25
Figure 2. Incidence Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and HIV/AIDS, by Age Group (in years) and Gender, California, 2013	25
Figure 3. Incidence Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and HIV/AIDS, by Race/Ethnicity and Gender, California, 2013	26
Figure 4. Chlamydia, California versus United States Incidence Rates, 1990–2013	27
Figure 5. Chlamydia, Map of Incidence Rates by County, California, 2013	27
Figure 6. Chlamydia, Incidence Rates by Gender, California, 1990–2013	28
Figure 7. Chlamydia, Incidence Rates for Females by Age Group (in years), California, 2004–2013	28
Figure 8. Chlamydia, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013	29
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2013	29
Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 2004–2013	30
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group (in years), 2004–2013	30
Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males at STD Clinics, by Age Group (in years), 2004–2013	31
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2004–2013	31
Figure 14. Chlamydia Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2012	32
Figure 15. Gonorrhea, California Incidence Rates, 1913–2013	33
Figure 16. Gonorrhea, California versus United States Incidence Rates, 1941–2013	33
Figure 17. Gonorrhea, Map of Incidence Rates by County, California, 2013	34
Figure 18. Gonorrhea, Incidence Rates by Gender, California, 1990–2013	34
Figure 19. Gonorrhea, Incidence Rates for Males by Age Group (in years), California, 2004–2013	35

TABLE OF CONTENTS

Figure 20.	Gonorrhea, Incidence Rates for Females by Age Group (in years), California, 2004–2013	35
Figure 21.	Gonorrhea, Incidence Rates for Males by Race/Ethnicity, California, 2004–2013	36
Figure 22.	Gonorrhea, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013	36
Figure 23.	Gonorrhea Prevalence Monitoring, Percent Positive for Females, by Health Care Setting, California, 2013	37
Figure 24.	Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 2004–2013	37
Figure 25.	Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics, by Gender, 2004–2013	38
Figure 26.	Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2004–2013	38
Figure 27.	Gonorrhea Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2012	39
Figure 28.	Gonococcal Isolate Surveillance Project (GISP), Percent of <i>Neisseria Gonorrhoeae</i> Isolates with CDC "Alert" Values for Selected Cephalosporins in Five California STD Clinics, 1991–2013	39
Figure 29.	Gonococcal Isolate Surveillance Project (GISP), Percent of <i>Neisseria Gonorrhoeae</i> Isolates with CDC "Alert" Values for Selected Cephalosporins, by Sexual Orientation, in Five California STD Clinics, 1991–2013	40
Figure 30.	Total Syphilis (all stages), California Incidence Rates, 1913–2013	41
Figure 31.	Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2013	41
Figure 32.	Number of Primary and Secondary Syphilis Cases among Men who Have Sex with Men, by Region and Year	42
Figure 33.	HIV Status among Interviewed Primary and Secondary Syphilis Cases, Men who Have Sex with Men, California, 2013	42
Figure 34.	Percent of Interviewed Primary and Secondary Syphilis Cases who Reported Meeting Sex Partners at Specified Venues, among Men who Have Sex with Men, California, 2001–2013	43
Figure 35.	Primary and Secondary Syphilis, California versus United States Incidence Rates, 1941–2013	43
Figure 36.	Primary and Secondary Syphilis, Map of Incidence Rates by County, California, 2013	44
Figure 37.	Primary and Secondary Syphilis, Incidence Rates by Gender, California, 1990–2013 ..	44
Figure 38.	Primary and Secondary Syphilis, Incidence Rates for Males by Age Group (in years), California, 2004–2013	45
Figure 39.	Primary and Secondary Syphilis, Incidence Rates for Females by Age Group (in years), California, 2004–2013	45
Figure 40.	Primary and Secondary Syphilis, Incidence Rates for Males by Race/Ethnicity, California, 2004–2013	46
Figure 41.	Primary and Secondary Syphilis, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013	46

TABLE OF CONTENTS

Figure 42.	Primary and Secondary (P&S), and Early Latent (EL) Syphilis, Incidence Rates by Gender, California, 1990–2013	47
Figure 43.	Primary and Secondary (P&S), and Early Latent (EL) Syphilis, Incidence Rates by Gender and Race/Ethnicity, California, 2013	47
Figure 44.	Congenital Syphilis in Infants Less than One Year of Age, California versus United States Incidence Rates, 1963–2013	48
Figure 45.	Congenital Syphilis in Infants Less than One Year of Age, Map of Incidence Rates by County, California, 2013	48
Figure 46.	Congenital Syphilis Cases in Infants Less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Incidence Rates, California, 2004–2013	49
Figure 47.	Congenital Syphilis in Infants Less than One Year of Age, Incidence Rates by Race/Ethnicity of Mother, California, 2004–2013	49
Figure 48.	Congenital Syphilis in Infants Less than One Year of Age, Incidence Rates by Race/Ethnicity of Mother, California, 2013	50

TABLES

Table 1.	Cases of STDs Reported by Local Health Jurisdictions, and Incidence Rates per 100,000 Population, California, 1913–2013	53
Table 2.	Chlamydia, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	55
Table 3.	Chlamydia, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013	56
Table 4.	Chlamydia, Cases and Incidence Rates for Females of Select Age Groups, California Counties and Selected City Health Jurisdictions, 2013	57
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, 2013	58
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, 2013	58
Table 7.	Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics, by Gender, Race/Ethnicity, and Age Group, California, 2013	59
Table 8.	Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics, by Gender, Race/Ethnicity, and Age Group, California, 2013	60
Table 9.	Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Detention Facilities, by Gender, Race/Ethnicity, and Age Group, California, 2013	61
Table 10.	Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization, by Age Group and Gender, 2012	62
Table 11.	Gonorrhea, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	63
Table 12.	Gonorrhea, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013	64
Table 13.	Gonorrhea, Cases and Incidence Rates for Select Age Groups, by Gender, California Counties and Selected City Health Jurisdictions, 2013	65

TABLE OF CONTENTS

Table 14.	Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive, by Gender and Health Care Setting, California, 2013	66
Table 15.	Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Females, by Health Care Setting and Age Group, 2013	66
Table 16.	Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Males, by Health Care Setting and Age Group, 2013	66
Table 17.	Gonorrhea Prevalence Monitoring, Percent Positive, by Health Care Setting, Gender, and Age Group, California, 2013	67
Table 18.	Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2009–2013	68
Table 19.	Primary and Secondary Syphilis, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	69
Table 20.	Primary and Secondary Syphilis, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013	70
Table 21.	Early Latent Syphilis, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	71
Table 22.	Early Latent Syphilis, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013	72
Table 23.	Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	73
Table 24.	Congenital Syphilis in Infants Less than One Year of Age, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013	74
Table 25.	Congenital Syphilis in Infants Less than One Year of Age, Cases and Incidence Rates by Race/Ethnicity of Mother, California, 2004–2013	75
Table 26.	Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2009–2013	76

APPENDIX

Title 17. California Code of Regulations, Section 2500, Reportable Diseases and Conditions	79
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INTRODUCTION

OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2013

Rates¹ of gonorrhea and primary and secondary (P&S) syphilis increased in California in 2013 compared to rates in 2012, while the rate for chlamydia decreased slightly. In 2013, nearly 168,000 cases of chlamydia were reported (167,916 cases, for a rate of 439.5 per 100,000 population); more than 38,000 cases of gonorrhea were reported (38,365 cases, for a rate of 100.4 per 100,000 population); and more than 3,500 cases of P&S syphilis were reported (3,554 cases, for a rate of 9.3 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 decreased slightly, from 608.2 per 100,000 in 2012 to 588.0 in 2013; chlamydia rates in males increased very slightly, from 285.2 in 2012 to 288.6 in 2013. Following four years of steady declines from 2006 to 2009, the rate of gonorrhea in females increased in 2010 to 57.3, remained the same in 2011 at 57.3, then increased in 2012 to 69.0 and again in 2013 to 74.5. Male rates had fallen from 2006 through 2008, then stabilized in 2009, and have increased every year from 86.1 in 2010 to 126.2 in 2013. The rate of P&S syphilis was stable among females in both 2011 and 2012 at 0.6, then increased substantially in 2013 to 1.1. The rate of P&S syphilis among males increased once again from 15.1 in 2012 to 17.6 in 2013. Among the male P&S syphilis cases, most were among men who have sex with men (MSM), many of whom were co-infected with human immunodeficiency virus (HIV). Similar to the 75 percent increase seen among P&S syphilis rates in females aged 15 to 44 years, from 1.2 per 100,000 in 2012 to 2.1 in 2013, there was an 85 percent increase in the rate of congenital syphilis, from 6.0 per 100,000 live births in 2012 to 11.1 in 2013.

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 disproportionately high. For example, the gonorrhea rate in 2013 for African American/black females was nine times higher than for non-Latina white females, and the rate for African American/black males was five 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. While these gonorrhea rates remain highly elevated for African American/blacks, the disparity in rates, compared to non-Latino whites, decreased in 2013. Similarly, the disparities in chlamydia rates for African Americans/blacks compared to non-Latino whites, while also highly elevated, decreased in 2013. Although the precise reasons for

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.

the 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 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 2013, nearly 75,000 cases of chlamydia in females 15 to 24 years of age were reported, representing 66 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 MSM. For syphilis in 2013, among all male cases with data on sexual orientation, 87.4 percent were MSM.³ Using a recently published methodology,⁴ the rate of P&S syphilis among MSM was estimated to be 393.7 per 100,000 MSM, which is over 170 times higher than the rate among heterosexual men, and over 350 times higher than the rate among women. For gonorrhea in 2012, 57.6 percent of male gonorrhea cases were among MSM, based on interviews among a random sample of gonorrhea cases (2013 data was not available).⁵ Using the same rate estimation procedure with 2013 gonorrhea reported cases and this 2012 gonorrhea MSM ratio, the gonorrhea rate among MSM was 1,862.9 per 100,000 MSM, which is approximately 33 times the rate among heterosexual men and approximately 25 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.

DETAILED DATA TABLES FOR CHLAMYDIA AND GONORRHEA RATES BY GENDER, RACE/ETHNICITY, AGE AND LOCAL HEALTH JURISDICTION

As highlighted in the summary above and throughout this report, gender, race/ethnicity, age and geography are four key demographic characteristics by which the incidence and prevalence of STDs vary tremendously. The importance of these characteristics is also seen nationally, in the Centers for Disease Control and Prevention (CDC) disparities data summaries,⁷ in a plethora of other CDC STD reports,^{8,9} and in almost all other reports describing the epidemiologic characteristics of STDs in California, other states, and the United States as a whole.

Not only do the risks (and prevention/intervention strategies) for STDs vary by these individual demographic characteristics, they vary by a complex interplay among these characteristics. For this reason, the California STD Control Branch has released and posted on our web site (in an easy to manipulate spreadsheet format) very detailed tables that show this complexity. These tables, “Chlamydia Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail” and “Gonorrhea Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail”, have rows for all 58 California counties plus the three cities with independent health departments (Berkeley, Long Beach, and Pasadena), and columns for numbers of cases, rates, and population totals. These columns are stratified simultaneously by gender, age group, and race/ethnicity. These granular data allow for detailed and comprehensive comparisons of STD incidence within a particular health jurisdiction (i.e., county/city) and allow for comparisons of incidence across jurisdictions among very specific population sub-groups (e.g., female Latina teens; middle-aged white males). The spreadsheet files also contain “built in” tools for presenting the data for a specific jurisdiction in tabular and compact single-page format. Two important technical notes about missing race/ethnicity data and data confidentiality for these tables are included in the Data Sources section below. These tables, along with our Local Health Jurisdiction Data Summaries can be found at <http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>.

⁷ <http://www.cdc.gov/std/health-disparities/>

⁸ <http://www.cdc.gov/std/stats13/default.htm>

⁹ <http://www.cdc.gov/std/stats/by-age/15-24-all-STDs/default.htm>

DATA SOURCES

Overview of the Data Sources, by Sexually Transmitted Disease

DATA SOURCE	Sexually Transmitted Disease			
	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE		X	X	
PREVALENCE MONITORING				
Family Planning 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 (LHJ) in the form of laboratory reports and reports from health care providers. LHJs then submit the data to the California Department of Public Health (CDPH). In 2013, most health jurisdictions used the California Reportable Disease Information Exchange (CalREDIE) system, while a few entered case data into unique locally developed systems.

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, 2010-2013*, Sacramento, California, December 2013. Rates by age, race/ethnicity, and gender were calculated with the use of State of California, Department of Finance, *Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060*, Sacramento, California, January 2013. 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 (combined Asian and Native Hawaiian/Pacific Islander, non-Hispanic); Native American/Alaskan Native (non-Hispanic); multi-race (non-Hispanic); other race (non-Hispanic); and Not Specified (no race or ethnicity information was available). The substantial amount of missing race/ethnicity data from laboratory and health care

provider reports 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.

Because the proportion of these racial/ethnic data that are missing varies substantially across LHJs, for the “Chlamydia Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail” and “Gonorrhea Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail” tables that show rates of chlamydia and gonorrhea by LHJ, gender, age and race/ethnicity, the cases missing race/ethnicity data in each LHJ/gender/age strata have been redistributed in accordance with cases that do have such data in the same strata. This adjustment is necessary to make meaningful comparisons of rates by race/ethnicity across LHJs. This adjustment makes the assumption that the cases without race/ethnicity data have the same distribution of race/ethnicity as cases that do have such data. While this assumption is undoubtedly not fully accurate in some LHJs and therefore these tables must be interpreted cautiously, the assumption, or some other adjustment technique, is essential for comparisons across LHJs to be made.

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, 1970-2022, with Actual and Projected Fertility Rates by Mother’s Age and Race/Ethnicity, 2000–2022*, Sacramento, California, November 2013; and State of California, Department of Public Health, Center for Health Statistics, *Birth Statistical Master Files*.

Enhanced case-based surveillance for syphilis¹⁰ is based on standardized interviews of syphilis cases conducted by LHJ disease intervention specialists. Enhanced surveillance for gonorrhea¹¹ is based on standardized interviews of a *sample* of gonorrhea cases and their medical providers conducted by LHJ 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 Confidential Morbidity Reports (CMRs) alone.

Prevalence monitoring for chlamydia and gonorrhea is conducted primarily in family planning and STD clinics. The 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 2013, data was only available for the CPA, which collected chlamydia and gonorrhea testing data from 40 family planning clinics and 4 STD clinics.

¹⁰ <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf>

¹¹ <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-CGSS-Regional-Data.pdf>

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.

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

California 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, 2013*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2014. The U.S. Year 2020 Goals are from U.S. Department of Health and Human Resources, Healthy People 2020 web site, Topic Area Sexually Transmitted Diseases (<http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>).

Small Numbers Caution

Readers should observe caution when interpreting rates based on few events and/or small populations. For more information, refer to *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers, Revised, July 2003*. This publication can be found at:

<http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/prods/smallnumbers2003.pdf>.

Furthermore, because small numbers may result in potential confidentiality concerns, in our “Chlamydia Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail” and “Gonorrhea Cases & Rates with County, Gender, Race/Ethnicity, and Age Detail” tables stratified by LHJ/gender/age/race/ethnicity, some cells along with “complementary” cells have been suppressed in these publicly accessible data. For these tables, any cell is suppressed if the difference between the population “denominator” and the number of cases “numerator” is less than or equal to 50; and any complementary cells are suppressed such that the numbers in the originally suppressed cell(s) cannot be recalculated.

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 LHJs 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 CPA (excludes Los Angeles and San Francisco).

Case-Based Chlamydia Surveillance — Overview

In 2013, chlamydia was the most commonly reported communicable disease in California, with 167,916 reported cases, for an incidence rate of 439.5 per 100,000 population (Table 1). Chlamydia cases accounted for more than 77 percent of reported STD cases in the state.

Case-Based Chlamydia Surveillance — California versus United States

California chlamydia morbidity accounted for approximately 11.9 percent of the reported chlamydia cases in the United States for 2013. Comparison of California and national rates during the period 1990 to 2013 indicated concurrent rises in chlamydia rates from 1995 to 1999. From 2000 to 2008, chlamydia rates in California surpassed those for the United States; however, from 2009 to 2013 national rates exceeded those in California (Figure 4).

Case-Based Chlamydia Surveillance — Geographic Distribution

The 2013 chlamydia rates by LHJ indicated substantial differences across the state (Figure 5). The highest rates per 100,000 population were reported in the following LHJs: Kern (742.3), Fresno (637.4), San Francisco (613.4), Sacramento (553.4), San Bernardino (534.4), Tulare (517.2), Los Angeles (508.5), and San Diego (505.7) (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 400 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 2013 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Fresno (4,172.2), Kern (4,118.8), Inyo (4,062.3), Sacramento (3,752.1), and Solano (3,599.3) (Table 4).

When the 2013 chlamydia data were compared with 2012 data, decreases in the numbers and rates of reported cases were evident in nearly 60 percent of the health jurisdictions (Table 2). Among health jurisdictions with increases, only two high-morbidity jurisdictions (greater than 1,000 cases in 2013) had rate increases of more than 10 percent: Santa Cruz increased 14.5 percent (from 322.5 to 369.4) and Tulare by 12.9 percent (from 458.1 to 517.2). Among the remainder of the high-morbidity jurisdictions, two experienced a notable decrease in chlamydia rates between 2012 and 2013: Monterey decreased by 11.7 percent (from 418.0 to 369.2) and Stanislaus decreased by 14.0 percent (from 397.9 to 342.1).

Case-Based Chlamydia Surveillance — Gender

The 2013 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 2013, the female chlamydia rate was 588.0 per 100,000, compared with the male rate of 288.6 (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 two in 2013 (Figure 6).

Females have more opportunities than do males to access health care services, through 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 2000–2013 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (3,294.5 per 100,000 in 2013) (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 (1,198.6 in 2013) (Table 3).

Case-Based Chlamydia Surveillance — Race/Ethnicity

Consistent with patterns seen since 1990, the 2013 data indicated that chlamydia rates for African Americans/blacks (921.4 per 100,000) were higher than rates for Latinos (367.7), Native Americans/Alaskan Natives (323.7), non-Latino whites (167.8), and Asians/Pacific Islanders (130.0) (Table 3). Compared to rates for 2012, chlamydia rates remained relatively stable among Native Americans/Alaskan Natives, while rates decreased 7.7 percent among African Americans/blacks, 3.8 percent among Latinos, and 1.2 percent among non-Latino whites. In contrast, chlamydia rates increased 2.1 percent among Asians/Pacific Islanders.

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 5.5 times that of non-Latina white females (1,146.2 per 100,000 and 206.7, respectively); correspondingly, African American/black males also had a rate of chlamydia 5.4 times that of non-Latino white males (690.5 and 128.7, respectively). Latina females had a rate of chlamydia (524.1) 2.5 times that of non-Latina white females, while Latino males had a rate (214.2) 1.7 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 line-listed 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 in the CPA (excludes Los Angeles and San Francisco). 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, depending on the risk profile of persons accessing care in selected clinical settings.¹²

Overall, in 2013 among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (18.5 percent), followed by those tested in juvenile detention (12.8 percent). Females attending managed care organizations and family planning clinics had substantially lower positivity (Figure 9, Table 5).

Chlamydia Prevalence Monitoring — Family Planning Clinics

The *Healthy People 2020* STD-1.1 chlamydia prevalence goal objective is to reduce prevalence for females 15 to 24 years of age, attending family planning clinics to a 6.7 percent target.¹³ Chlamydia positivity in females aged 15 to 24 years in family

¹² Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? *Sex Transm Dis* 1998; 25: 251-253.

¹³ U.S. Department of Health and Human Services. *Healthy People 2020*, <http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>.

planning sites remained fairly stable between 2012 (4.9 percent) and 2013 (4.8 percent), well below the 2020 objective (Figure 10, Table 7).

Analysis of the 2013 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (7.8 percent) than females (3.8 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 (8.4 percent and 3.9 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

In 2013, chlamydia positivity levels in STD clinics were 15.7 percent in 15- to 24-year-old females and 12.3 percent in 15- to 24-year-old males. The overall female positivity increased substantially between 2012 and 2013 (from 5.0 percent to 7.3 percent), while it increased to a lesser degree for males (from 9.7 percent to 10.3 percent) (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 (10.3 percent), the chlamydia positivity was significantly higher than that for non-Latino whites (8.3 percent). These disparities were particularly striking in the adolescent and young adult age groups. Note that nearly 4 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity, and that the positivity in this group was high, at 11.2 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 2013, the positivity among females (12.2 percent) was higher than among males (4.3 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9).

Excluding detainees older than 19 years (because of very small numbers of this age group detained in juvenile detention facilities), positivity was highest for both females and males in the 17- to 19-year-old age group at 12.9 percent and 5.4 percent, respectively.

Racial/ethnic disparities were also apparent in the positivity data for this population: African Americans/blacks had the highest chlamydia positivity (12.4 percent), followed by Asians/Pacific Islanders (9.1 percent), non-Latino whites (8.2 percent), Hispanics/Latinos (7.7 percent), and Native Americans/Alaskan Natives (5.3 percent). (Table 9).

Chlamydia Prevalence Monitoring — Managed Care

While the overall positivity among female patients tested in 53 KPNC facilities in 2012 (2013 data not available) was relatively low (3.4 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 (5.6 percent). Females 25 years of age and older had significantly lower positivity. Seventy-three percent of the KPNC female cases were in the younger age groups, i.e., younger than 25 years of age.

Chlamydia testing among males in KPNC constituted approximately 25 percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall levels seen in males (4.4 percent) versus females (3.4 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) in the CPA (excludes Los Angeles and San Francisco). See the Data Sources section for detailed information about the collection of these data.

Variations in reported gonorrhea rates across demographic groups and LHJs 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 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 a population-based sample of gonorrhea cases. 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/STDDData.aspx>.

Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most commonly occurring communicable disease in California. In 2013, California received a total of 38,365 reports of gonorrhea cases, for an incidence rate of 100.4 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. In 2013, California gonorrhea morbidity accounted for 11.5 percent of all gonorrhea cases reported in the United States.

Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, the highest gonorrhea rates per 100,000 population were reported in the following health jurisdictions: San Francisco (303.8), Fresno (182.1), Kern (181.1), Berkeley (170.2), and Sacramento (153.3) (Figure 17, Table 11). No gonorrhea cases were reported in 2013 in Alpine and Del Norte Counties.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence of gonorrhea include Sierra (878.1), Fresno (698.4), Sacramento (646.9), and Kern (554.9) (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 began increasing again among both males and females. In 2013, the gonorrhea rate increased to 126.2 per 100,000 population among males, and 74.5 among females (Figure 18, Table 12). The gender disparity decreased substantially between 1990 and 1996, increased slightly in 2000, remained relatively stable until 2009, at which time it increased slightly once again. In 2013, 37.3 percent of reported gonorrhea cases in California were female.

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

Based on CGSS data from 2012, 57.6 percent of male gonorrhea cases with data on sexual orientation were among MSM. This corresponds to an estimated rate of gonorrhea in 2013 of 1,862.9¹⁴ per 100,000 MSM, much higher than the estimated rates of 55.7 among heterosexual men and 74.5 among females. Among MSM cases in the 2012 CGSS data, over one fifth (21.6 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 2013, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (338.9 per 100,000), followed by the 15- to 19-year-old age group (234.1) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 55 percent of total female cases. The peak age group among males was also 20 to 24 years old (376.9), 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 (371.4) and third (269.6) highest rates, respectively (Figure 19, Table 12). The Healthy People 2020 STD-6.1 gonorrhea goal objective is to reduce the gonorrhea rate among females 15 to 44 years of age to a target of 251.9 new cases per 100,000 population, while STD-6.2 is to reduce the gonorrhea rate among males 15 to 44 years of age to a target of 194.8 new cases per 100,000 population.¹⁵ In 2013, the California gonorrhea rate for 15- to 44-year-old

¹⁴ Based on meta-analysis estimate of 3.9 percent of US male population being MSM in past five 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.

¹⁵ U.S. Department of Health and Human Services. *Healthy People 2020*, <http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>.

females was 169.6, well below the 2020 objective. However, the rate for 15- to 44-year-old males was 249.5, nearly 30 percent higher than the 2020 objective.

Case-Based Gonorrhea Surveillance — Race/Ethnicity

Consistent with that of prior years, the 2013 data indicate that gonorrhea incidence among African Americans/blacks was more than six times higher than that among non-Latino whites (Figures 3, 21-22). In 2013, African Americans/blacks had gonorrhea rates that were substantially higher (351.1 per 100,000) than rates for Native Americans/Alaskan Natives (86.8), Latinos (69.9), non-Latino whites (56.9), and Asians/Pacific Islanders (23.7) (Table 12). Between 2012 and 2013, rates increased among males and females of all race/ethnicity groups, except for a small decrease in Asian/Pacific Islander females from 13.1 to 12.6 (Figures 21-22). While gonorrhea rates remain disproportionately high among African Americans/blacks, the increase in the rate between 2012 and 2013 was much less for African American/black males (10.6 percent) and females (1.9 percent) than the corresponding increase among, for example, Latinos (22.9 percent and 15.4 percent respectively).

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 in the CPA (excludes Los Angeles and San Francisco). See the Chlamydia Prevalence Monitoring section for a description of the collection of these data.

Gonorrhea Prevalence Monitoring — Family Planning Clinics

Based on 2013 data from participating family planning clinics, the overall gonorrhea positivity among clients seeking family planning services was 0.5 percent for females and 2.9 percent for males (Figure 23, Table 14). For females, gonorrhea positivity was highest among 10- to 14-year-olds (0.9 percent) and decreased with each successive age group. For males, the highest positivity was among the 35+ year-olds at 3.2 percent (Table 17). Nearly 85 percent of clients tested at the participating family planning clinics were female.

In family planning settings, 26.3 percent of female gonorrhea cases were co-infected with chlamydia (Table 15), an increase from the 25.2 percent co-infected in 2012. Of note, a similar increase was seen among women in all age groups for which these data are collected. In any case, 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 20.9 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.^{16,17}

Gonorrhea Prevalence Monitoring — STD Clinics

Based on 2013 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 1.7 percent (Figures 23, 25, Table 14). Gonorrhea positivity for females attending STD clinics was highest among the 15- to 19-year-old age group (3.1 percent), and decreased with each successive age group (Table 17). In 2013, the overall gonorrhea positivity among males attending STD clinics was 8.8 percent (Figure 25, Table 14), was highest (14.7 percent) among the 15- to 19-year-old age group, and decreased with increasing age (Table 17). Nearly 83 percent 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 28.6 percent among female cases and 27.9 percent among male cases (Tables 15-16).

Gonorrhea Prevalence Monitoring — Juvenile Detention Facilities

In 2013, the gonorrhea positivity among females in juvenile detention facilities was 2.4 percent, whereas, among males in juvenile detention facilities, gonorrhea positivity was 0.4 percent (Figures 23, 26, Table 14).

In juvenile detention facilities, the proportion of gonorrhea cases who were co-infected with chlamydia was 44.8 percent among female cases and 22.2 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 53 facilities in 2012 (2013 data not available), overall gonorrhea positivity among females was 0.3 percent (Figure 23, Table 14). Among females, the highest positivity was among those aged 15 to 19 years (0.5 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 25 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.

¹⁶ Lyss 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.

¹⁷ Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2010. *MMWR* 2010;59 (No. RR-12): 1-110.

Gonococcal Isolate Surveillance Project (GISP)

Gonococcal isolates from male urethral specimens are monitored in California for antimicrobial resistance, as part of GISP.

Of the 763 isolates analyzed in 2013, no specimens exhibited decreased susceptibility to ceftriaxone (minimum inhibitory concentration (MIC) \geq 0.25 mg/ml) or cefixime (MIC \geq 0.5 mg/ml); and 0.5 percent (4) exhibited decreased susceptibility to azithromycin (MIC \geq 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 6.5 percent in 2012 to 1.4 percent in 2013; however, the proportion with alert values to cefixime, a drug currently used to treat gonorrhea, increased from 0 percent to 1.3 percent (Figure 28). The proportion of isolates with CDC alert values to one or more cephalosporins was lower among MSM (1.1 percent) than among heterosexual men (2.5 percent) (Figure 29). Given these trends in cephalosporin MIC values, and international reports of isolates with decreased susceptibility to cephalosporins, the CDC 2010 treatment guidelines¹⁸ and a 2012 update¹⁹ 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 763 isolates analyzed in 2013, 35.6 percent (272) were resistant to ciprofloxacin (MIC \geq 1.0 μ g/ml), and an additional 0.9 percent (7) had decreased susceptibility to ciprofloxacin (MIC = 0.125 to 0.50 μ g/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 2013.

¹⁸ 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>

¹⁹ 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 2013, with 3,554 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). Similarly, California experienced an increase in early latent syphilis in 2013, with 2,893 cases reported, for a total of 6,447 total early syphilis cases in 2013.

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

Case-Based Syphilis Surveillance — Overview

In California, reactive non-treponemal and treponemal serologic tests for syphilis (STS) and positive darkfield microscopy results are reported to LHJs by medical providers and laboratories. Cases with symptoms of early syphilis are also reported to LHJs, 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.²⁰

P&S and early latent stages of syphilis are considered infectious, with primary and secondary infections having the highest likelihood of transmission. Because of this higher likelihood of transmission, this report focuses primarily on P&S syphilis.

Case-Based P&S Syphilis Surveillance — California versus United States

In 2013, 3,554 cases of P&S syphilis (9.3 per 100,000 population) were reported in California, placing the state rate above the national average rate of 5.5 (Figure 35). In 2013, California accounted for 20.3 percent of all P&S cases in the United States, compared to 5.5 percent in 2000.

Case-Based P&S Syphilis Surveillance — Geographic Distribution

The distribution of P&S syphilis varies throughout California (Figure 36). In 2013, 40 (66 percent) of the 61 health jurisdictions reported more than two P&S syphilis cases (Table 19), compared to 33 health jurisdictions in 2012 reporting more than two P&S syphilis cases. Twenty-three percent (14) of health jurisdictions did not report any P&S syphilis cases for 2013, while 54.7 percent of the total P&S syphilis morbidity in California

²⁰ Centers for Disease Control and Prevention. Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No. RR-10).

was reported from three counties: Los Angeles (31.3 percent), San Francisco (13.6 percent), and San Diego (9.9 percent).

Case-Based Infectious Syphilis Surveillance — Gender

The Healthy People 2020 STD-7.1 P&S syphilis goal objective is to reduce the P&S syphilis rate among females to a target of 1.3 new cases per 100,000 population, while STD-7.2 is to reduce the P&S syphilis rate among males to a target of 6.7 new cases per 100,000 population.²¹ In 2013, the California P&S syphilis rate for females was 1.1, while the male rate was 17.6 (2.6 times the 2020 objective). The male P&S syphilis rate increased steadily from a low of 1.2 in 1998 to 11.3 in 2008, decreased in 2009 to 10.5, then began steadily increasing again in 2010 (Figure 37, Table 20). Female rates reached a low of 0.2 in 2002, increased to 0.7 in 2007, decreased to 0.4 in 2010, then increased to 1.1 in 2013. The P&S male-to-female rate ratio reached a low of 1.5:1 in 1998, increased to 24.8:1 in 2012, and has decreased to 16.1:1 in 2013.

The male early latent syphilis rate increased steadily from a historic low of 1.3 in 2000 to 14.2 in 2013 (Figure 42). Among females, the early latent syphilis rate decreased dramatically from 20.6 in 1990 to 0.5 in 2002, remained near this historically low level through 2012 (at 0.7), then increased to 2013 to 1.0 (Figure 42). The early latent male-to-female rate ratio was 14.1:1 in 2013.

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

In the past decade, almost all of the increase in P&S syphilis has been among MSM (Figure 31). In 2013, 87.4 percent of male P&S cases with data on sexual orientation were MSM. This corresponds to an estimated rate of syphilis of 393.7²² cases per 100,000 MSM, much higher than the estimated rates of 2.3 among heterosexual men and 1.1 among females. Among MSM P&S cases, a little under half (44.9 percent) reported being HIV positive at the time of syphilis diagnosis, compared to 7 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.²³

Case-Based P&S Syphilis Surveillance — Age

In 2013, the highest P&S syphilis rates for males were among those aged 25 to 29 years (41.1 per 100,000 population), while the highest rates for females were among those aged 20 to 24 years (3.7) (Figures 2, 39-40, Table 20). More than 47 percent of male P&S syphilis cases and 34 percent of female cases were 35 years of age or older. The proportion of female cases in their 20s increased from 33.3 percent in 2004 to 45.0 percent in 2013.

²¹ U.S. Department of Health and Human Services. *Healthy People 2020*,

<http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>.

²² 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.

²³ <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf>.

Among MSM, the percent of cases in their 20s increased from 17.8 percent in 2003 to 34.1 percent in 2013 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.

Case-Based Infectious Syphilis Surveillance — Race/Ethnicity

Overall, male P&S syphilis rates were highest among African Americans/blacks in 2013 (39.3 per 100,000 population), followed by Native Americans/Alaskan Natives (17.0), Latinos (16.2), non-Latino whites (16.0), and Asians/Pacific Islanders (8.6). Male rates increased from 2012 to 2013 among all race/ethnicity groups (Figures 3, 41, Table 20). MSM cases accounted for the majority of cases in all race/ethnicity groups.²⁴

Female P&S syphilis rates also increased from 2012 to 2013 among all race/ethnicity groups, with the highest rate being among African American/black females (5.5 per 100,000 population) (Figure 42, Table 20).

The patterns of early latent syphilis rates by race/ethnicity largely reflect the patterns described above for P&S syphilis (Figure 43), in particular with African American/black males and females having higher rates of early latent syphilis than all other racial/ethnic groups. Also of note, the ratio of P&S to early latent cases was 2:1 among Asian/Pacific Islander males, whereas the ratio among males of all other racial/ethnic groups was approximately 1:1.

Case-Based P&S Syphilis Surveillance — HIV Co-infection among MSM Cases

Co-infection with HIV is common among P&S MSM syphilis cases. In 2013, 44.9 percent of interviewed MSM P&S syphilis cases self-reported being co-infected with HIV, a decrease from the 52.3 percent in 2012 (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 P&S Syphilis Surveillance — Venues among MSM cases

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 2013, 42.6 percent of California's interviewed MSM P&S cases reported using the Internet to meet sex partners (Figure 34).

²⁴ <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Syphilis-Elimination-Surveillance-Data.pdf>.

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 6.0 per 100,000 live births in 2012, the lowest level since 1984. However, just as the female P&S syphilis rate increased in 2013, so did the congenital syphilis rate (11.1 in 2013), which is now higher than the *Healthy People 2020* STD-8 objective of 9.6 new cases per 100,000 live births (Figure 44, Table 1).²⁵

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 (30.0 per 100,000 live births) being five times that of non-Latina whites (5.8 per 100,000 live births) in 2013. The rate for Latinas (9.8 per 100,000 live births) was also greater than that of non-Latina whites (Figures 47-48, Table 25).

²⁵ U.S. Department of Health and Human Services. *Healthy People 2020*, <http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>.

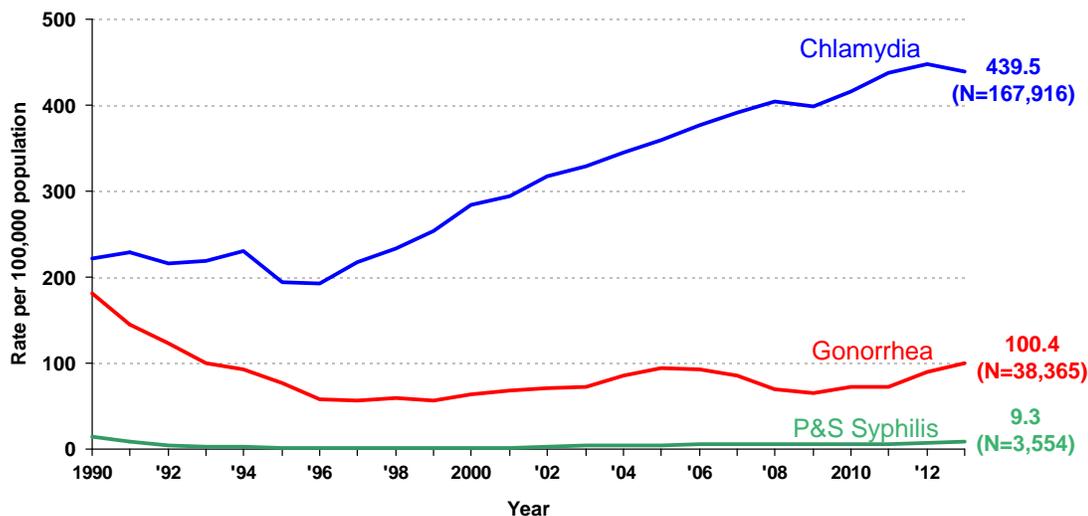
OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

Case-Based Chancroid Surveillance

In California, chancroid is a rare cause of genital ulcer disease, with few cases of chancroid reported over the past five years. In 2013, there were seven reported cases of chancroid (Table 26).

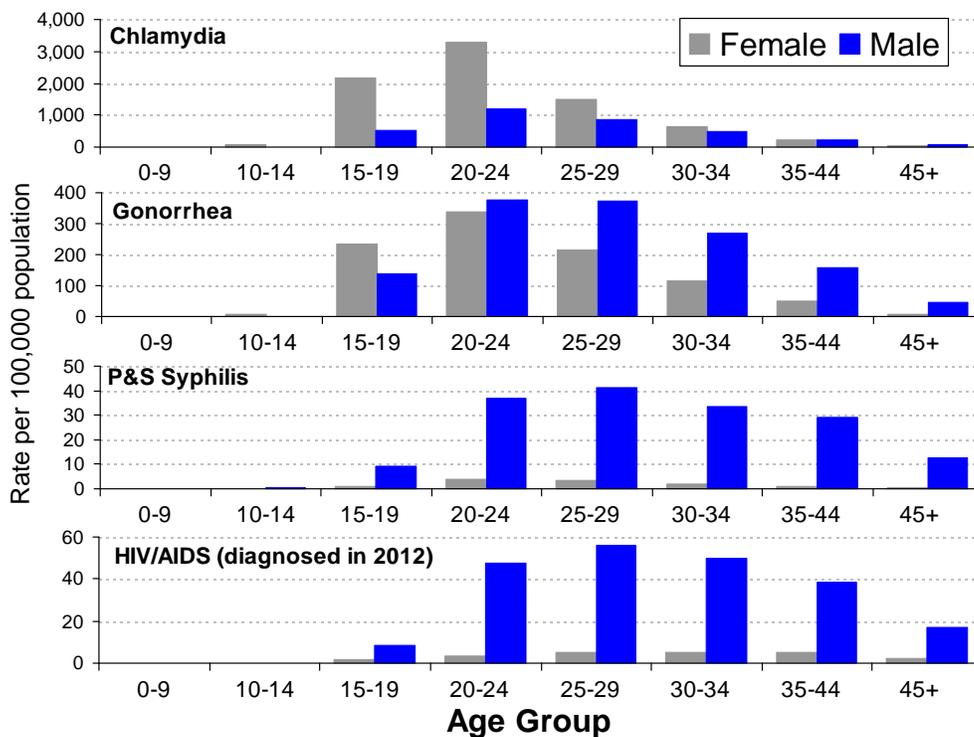
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Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Incidence Rates, 1990–2013



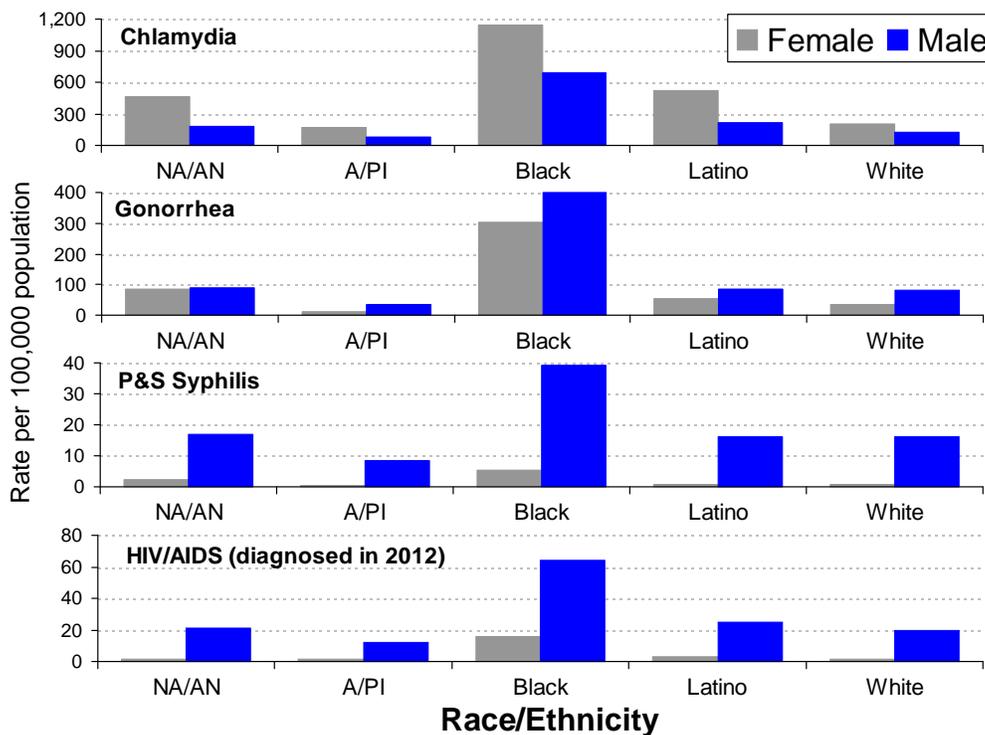
Source: California Department of Public Health, STD Control Branch

Figure 2. Incidence Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and HIV/AIDS, by Age Group (in years) and Gender, California, 2013



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

Figure 3. Incidence Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and HIV/AIDS, by Race/Ethnicity and Gender, California, 2013

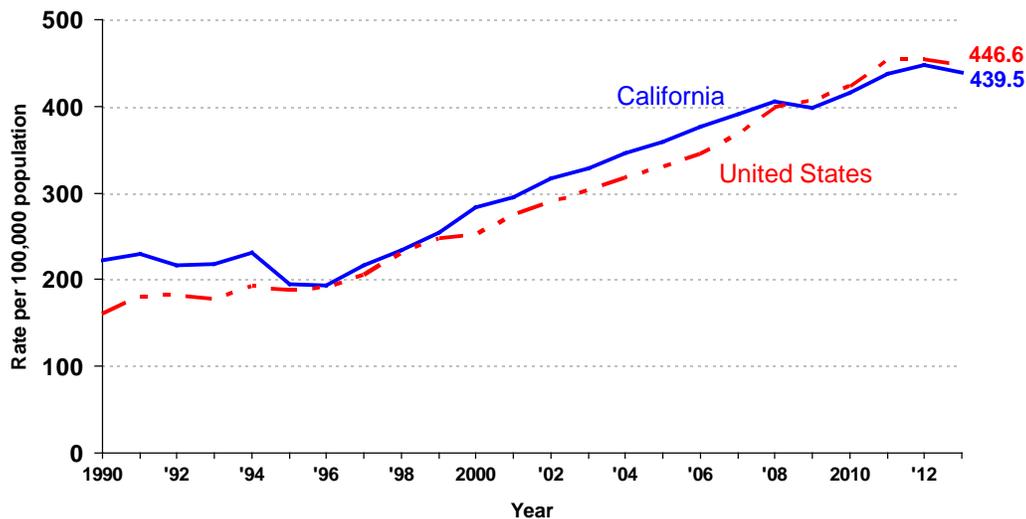


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

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

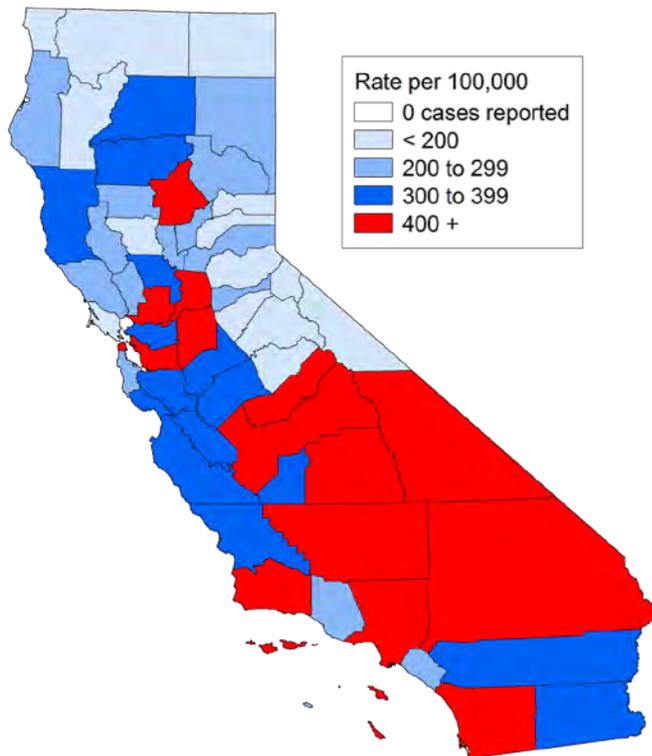
CHLAMYDIA

Figure 4. Chlamydia, California versus United States Incidence Rates, 1990–2013



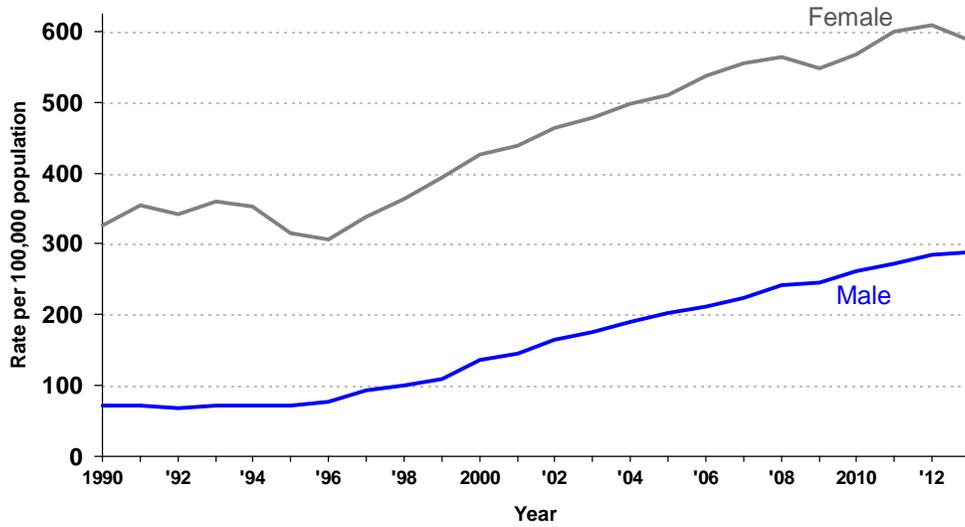
Source: California Department of Public Health, STD Control Branch
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2013*.
 Atlanta: U.S. Department of Health and Human Services, 2014, Table 1

Figure 5. Chlamydia, Map of Incidence Rates by County, California, 2013



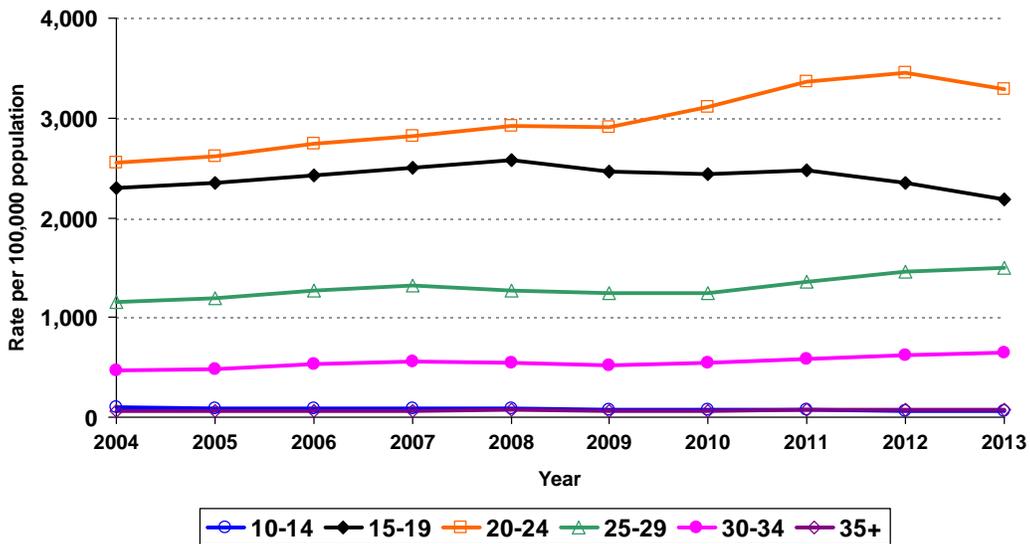
Source: California Department of Public Health, STD Control Branch

Figure 6. Chlamydia, Incidence Rates by Gender, California, 1990–2013



Source: California Department of Public Health, STD Control Branch

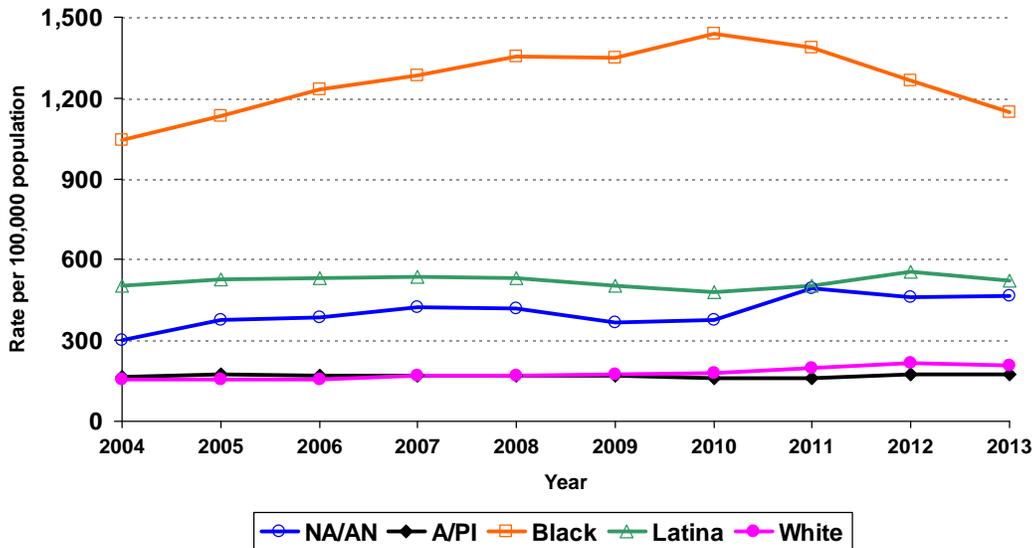
Figure 7. Chlamydia, Incidence Rates for Females by Age Group (in years), California, 2004–2013



Note: Age "Not Specified" ranged from 0.3% to 0.7% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

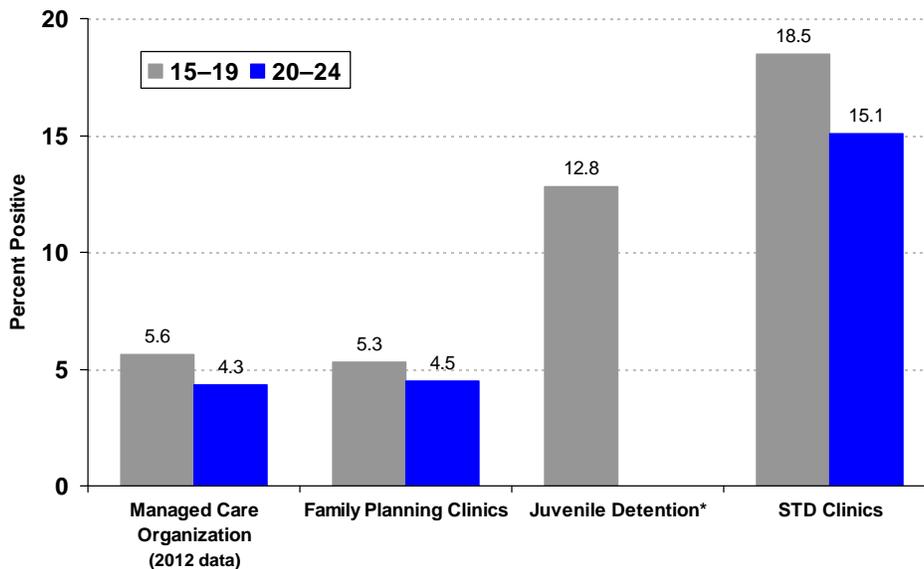
Figure 8. Chlamydia, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
 Race/ethnicity “Not Specified” ranged from 32.6% to 37.6% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

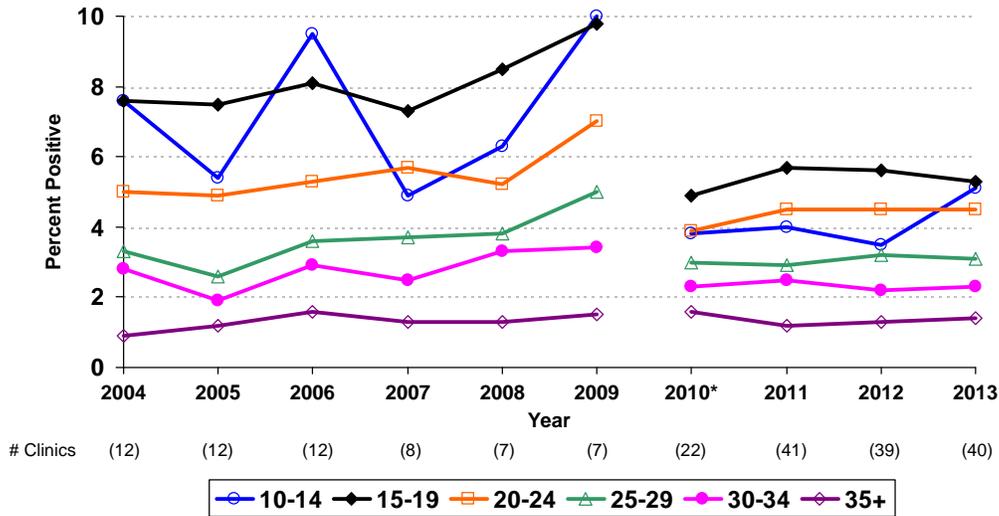
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2013



* This venue targets adolescents primarily.

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

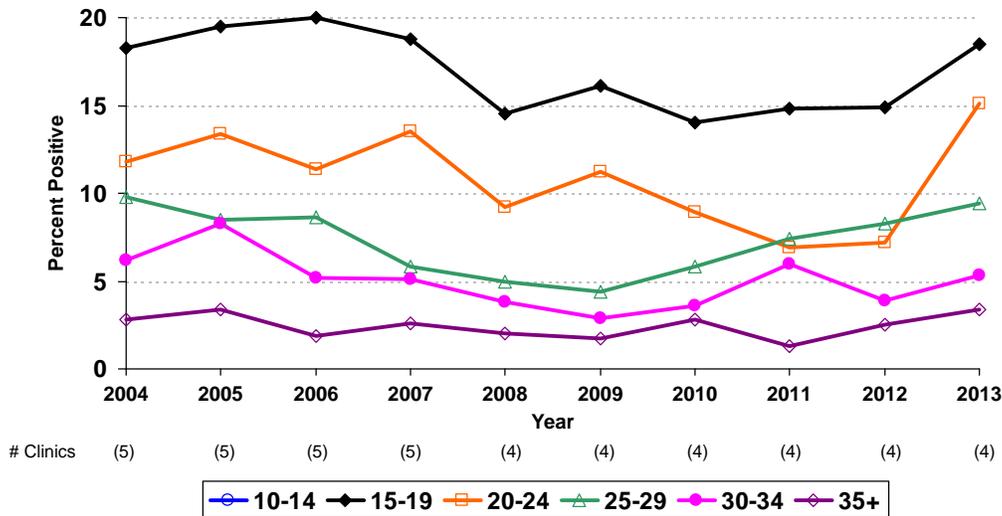
Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 2004–2013



* The 2010-2013 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

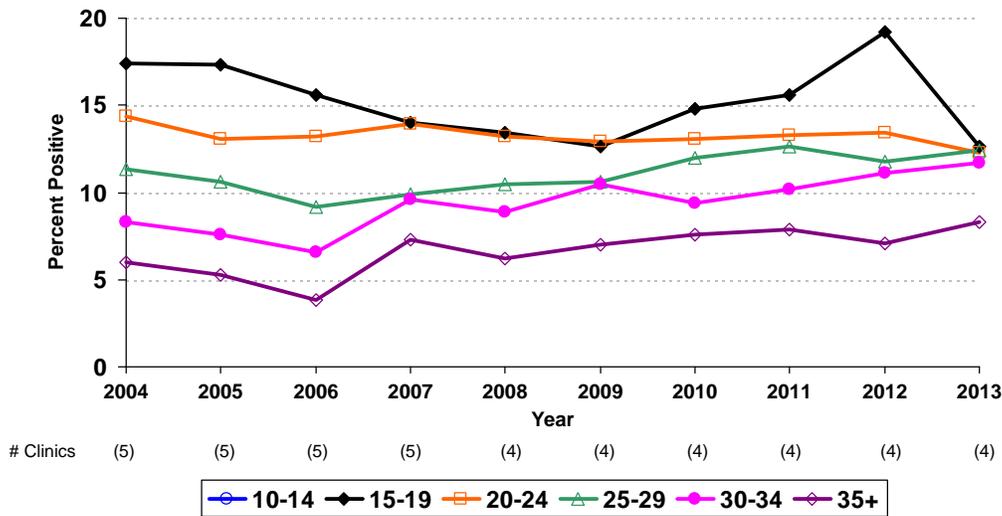
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group (in years), 2004–2013



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

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males* at STD Clinics, by Age Group (in years), 2004–2013

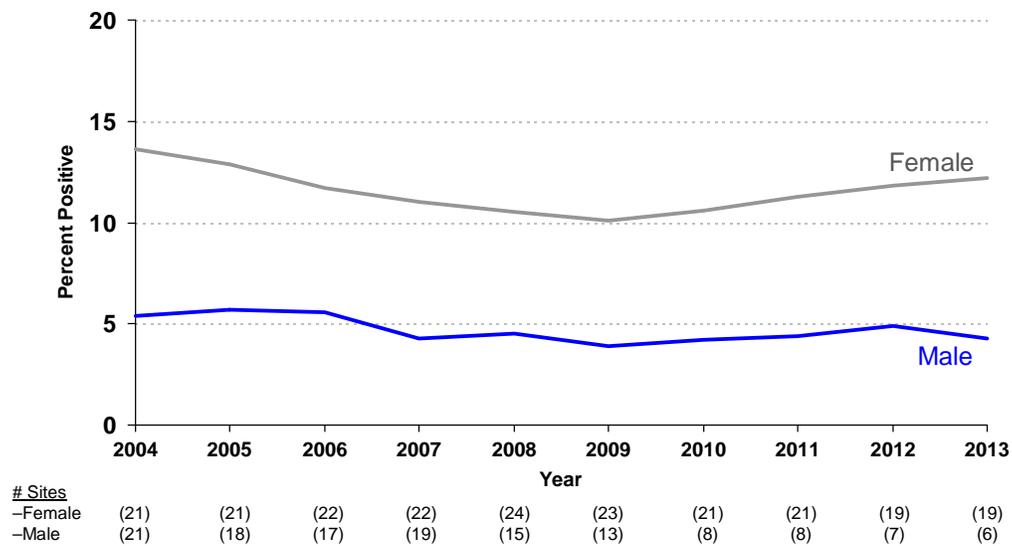


* Male data may disproportionately reflect symptomatic or exposure-based testing, and likely overstates prevalence.

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

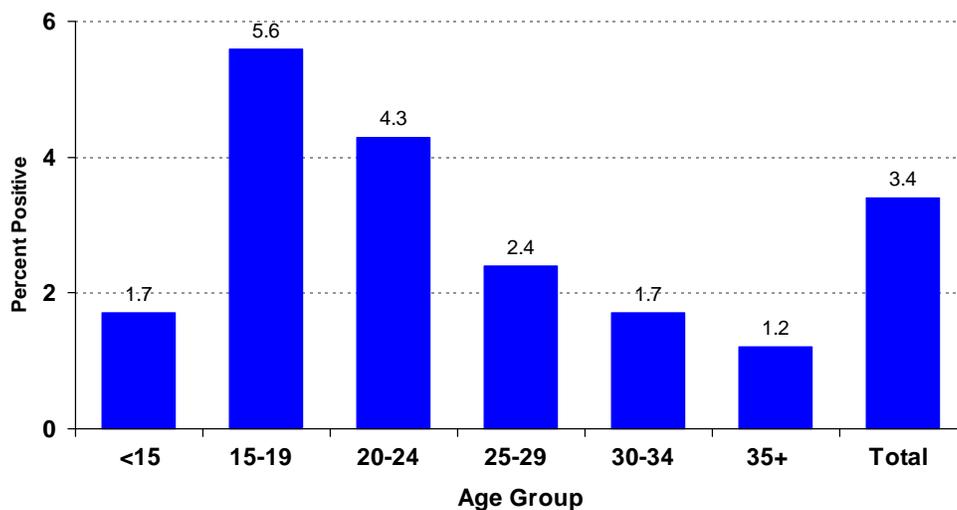
Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2004–2013



Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Figure 14. Chlamydia Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2012*

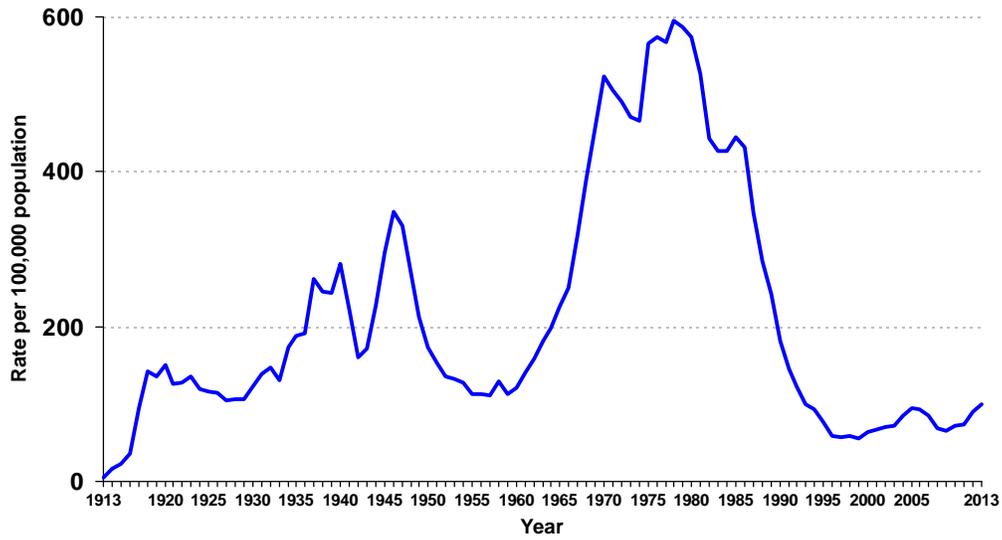


* 2013 data were not available.

Source: California Department of Public Health, STD Control Branch

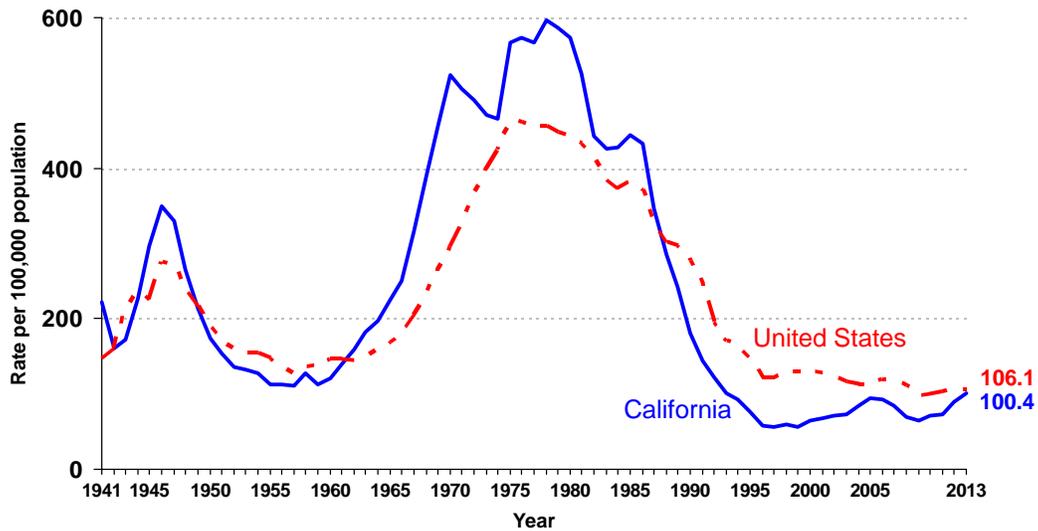
GONORRHEA

Figure 15. Gonorrhea, California Incidence Rates, 1913–2013



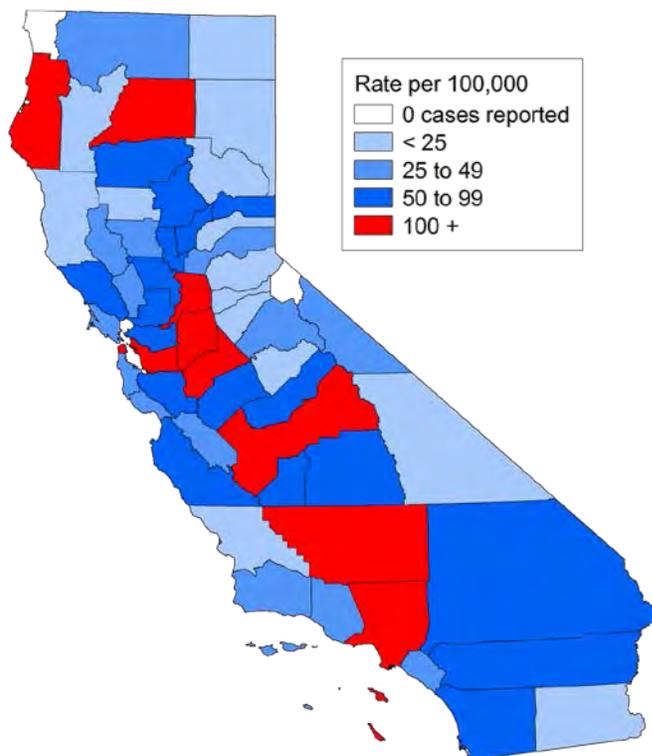
Source: California Department of Public Health, STD Control Branch

Figure 16. Gonorrhea, California versus United States Incidence Rates, 1941–2013



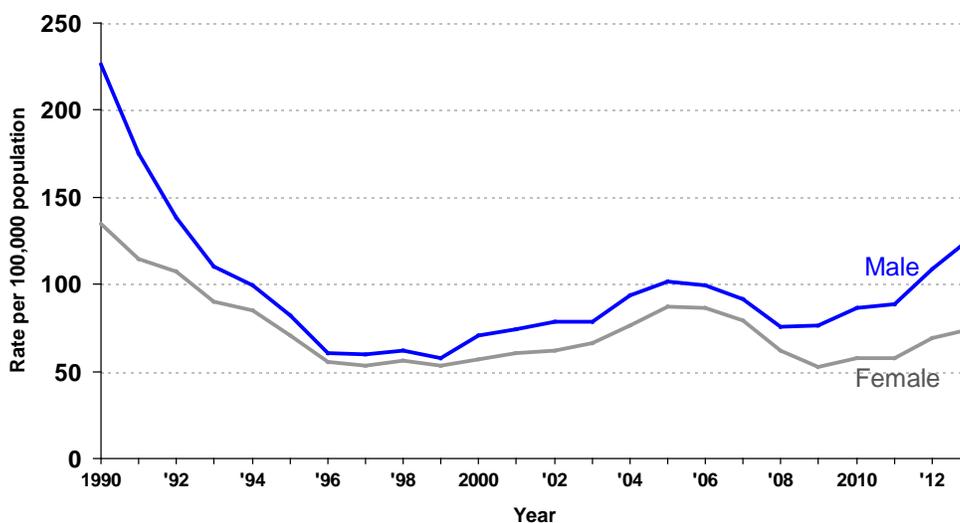
Source: California Department of Public Health, STD Control Branch
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2013*.
 Atlanta: U.S. Department of Health and Human Services, 2014, Table 1

Figure 17. Gonorrhea, Map of Incidence Rates by County, California, 2013



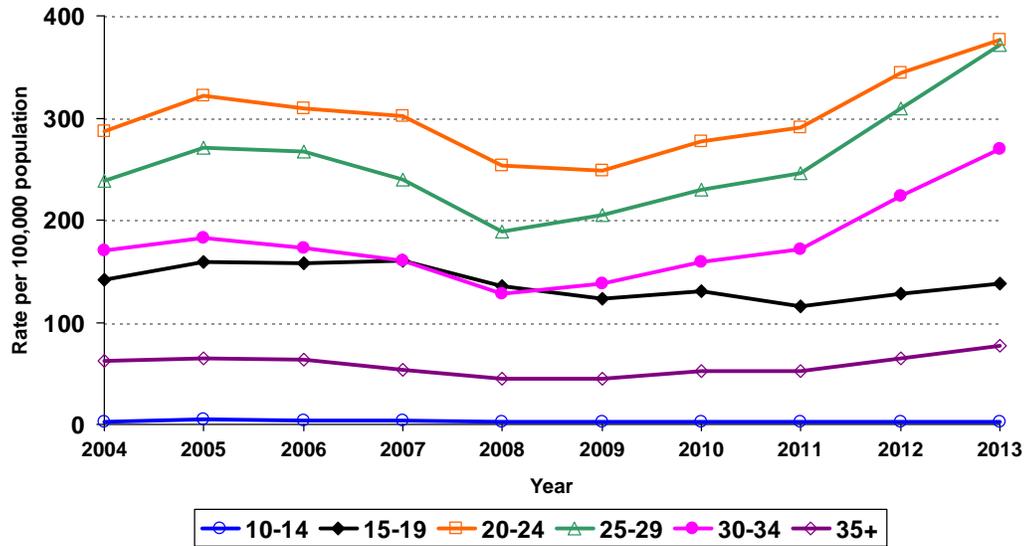
Source: California Department of Public Health, STD Control Branch

Figure 18. Gonorrhea, Incidence Rates by Gender, California, 1990–2013



Source: California Department of Public Health, STD Control Branch

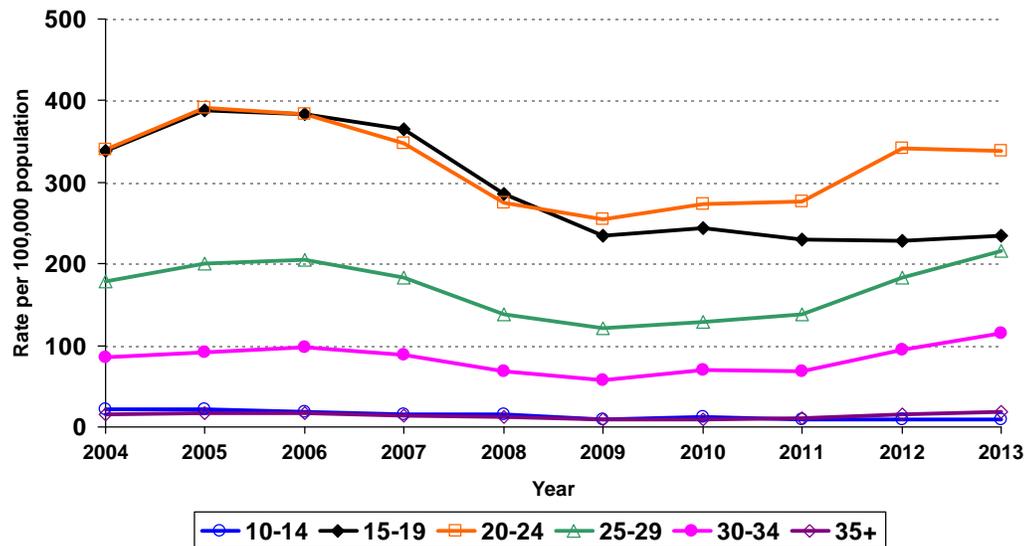
Figure 19. Gonorrhea, Incidence Rates for Males by Age Group (in years), California, 2004–2013



Note: Age "Not Specified" ranged from 0.3% to 0.9% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

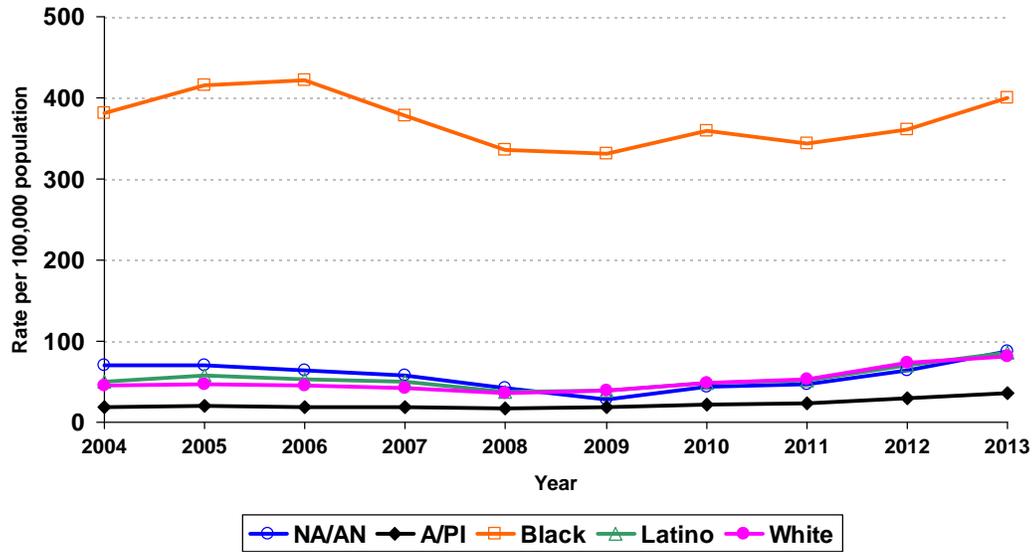
Figure 20. Gonorrhea, Incidence Rates for Females by Age Group (in years), California, 2004–2013



Note: Age "Not Specified" ranged from 0.2% to 0.7% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

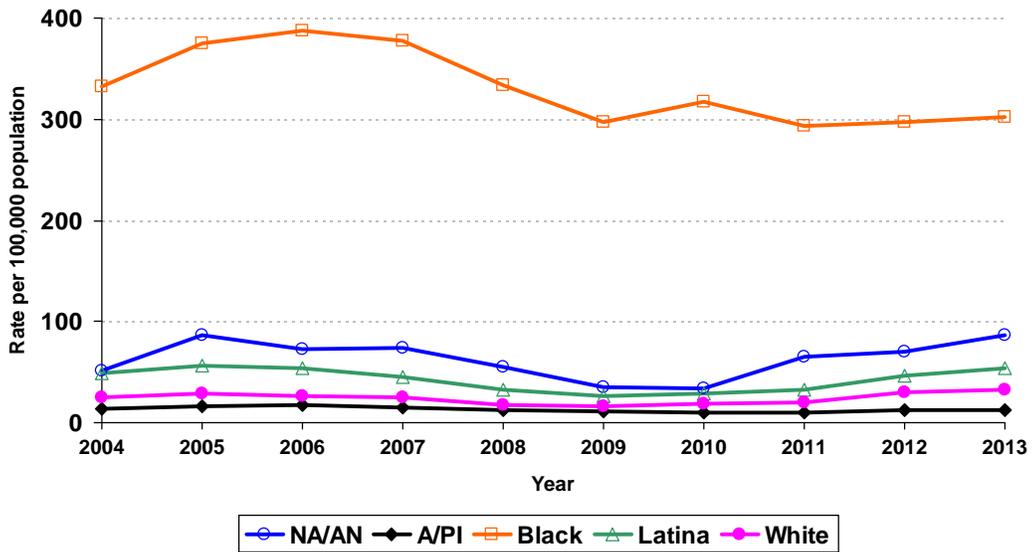
Figure 21. Gonorrhea, Incidence Rates for Males by Race/Ethnicity, California, 2004–2013



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
Race/ethnicity "Not Specified" ranged from 25.8% to 32.9% of cases for males in any given year.

Source: California Department of Public Health, STD Control Branch

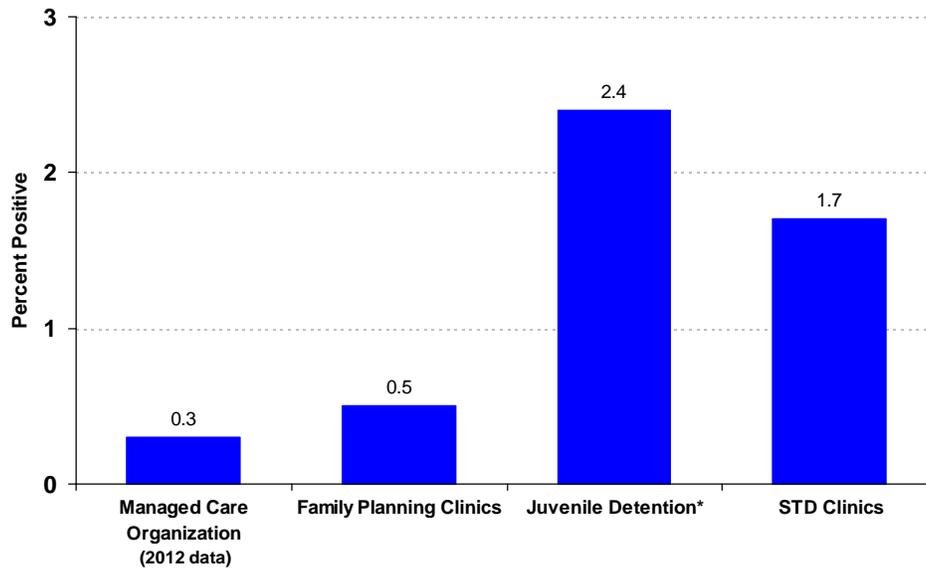
Figure 22. Gonorrhea, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
Race/ethnicity "Not Specified" ranged from 28.8% to 34.3% of cases for females in any given year.

Source: California Department of Public Health, STD Control Branch

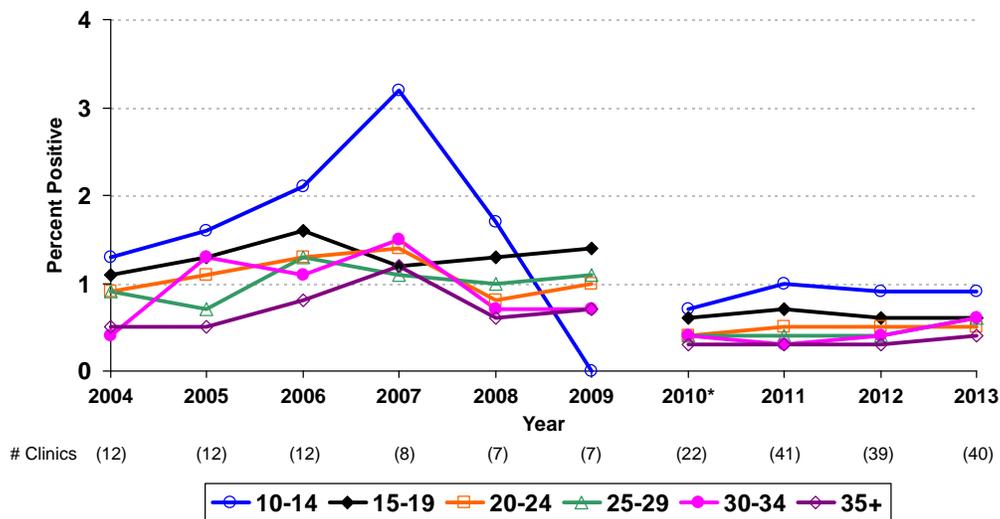
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive for Females, by Health Care Setting, California, 2013



* This venue targets adolescents primarily.

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

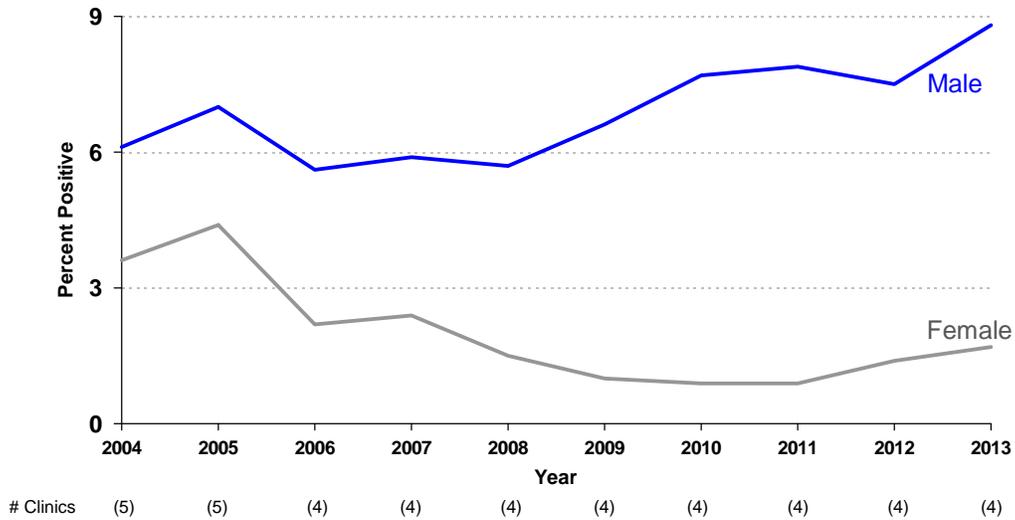
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group (in years), 2004–2013



* The 2010-2013 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

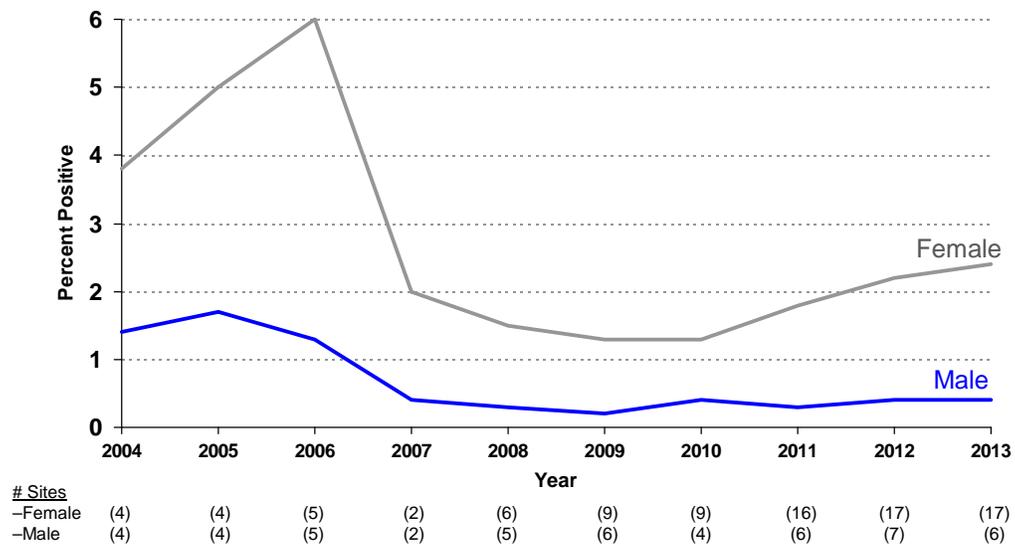
Figure 25. Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics, by Gender,* 2004–2013



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

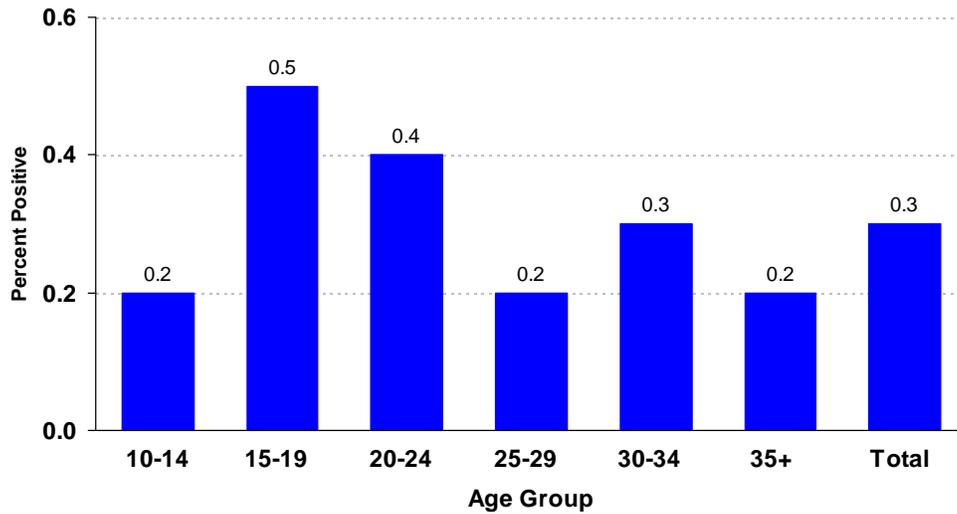
Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Detention Facilities, by Gender, 2004–2013



Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

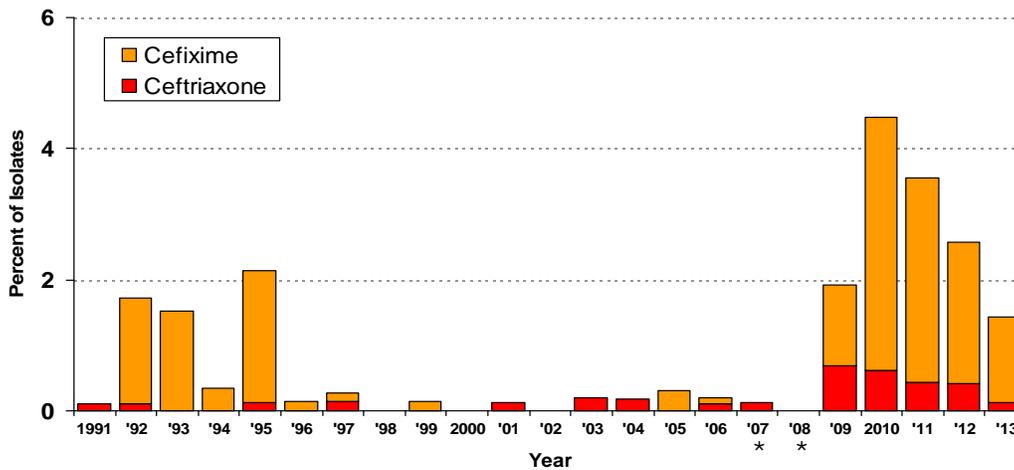
Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive for Females in a Northern California Managed Care Organization, by Age Group (in years), 2012*



* 2013 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 Selected Cephalosporins in Five California STD Clinics, 1991–2013



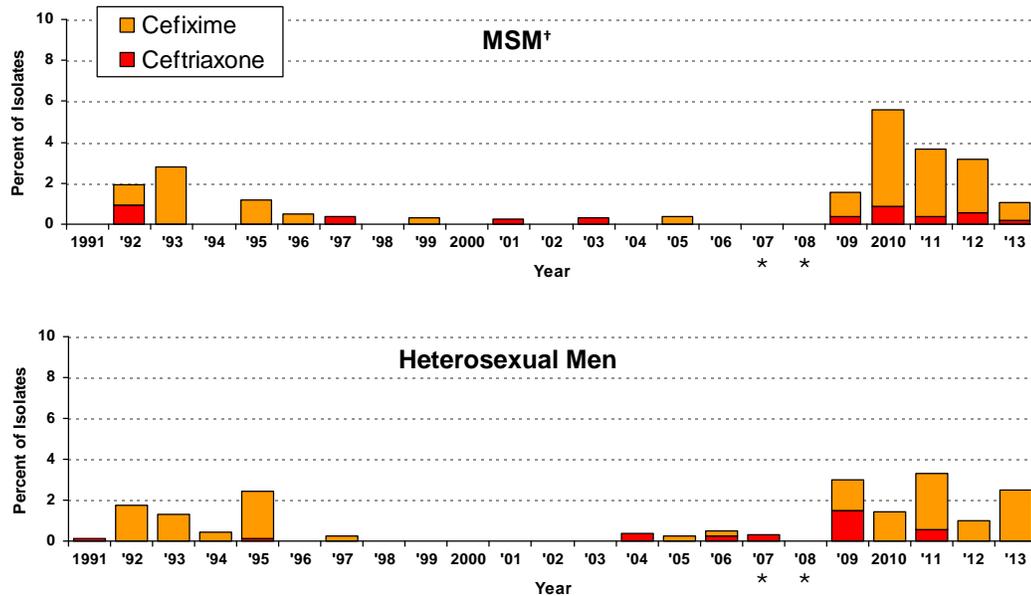
* Cefixime susceptibility was not run in 2007-2008.

Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Cefixime alerts have minimum inhibitory concentrations (MICs) ≥ 0.25 $\mu\text{g/mL}$. Ceftriaxone alerts have MICs ≥ 0.125 $\mu\text{g/mL}$.

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 Selected Cephalosporins, by Sexual Orientation, in Five California STD Clinics, 1991–2013



† MSM = Men who have sex with men

* Cefixime susceptibility was not run in 2007-2008.

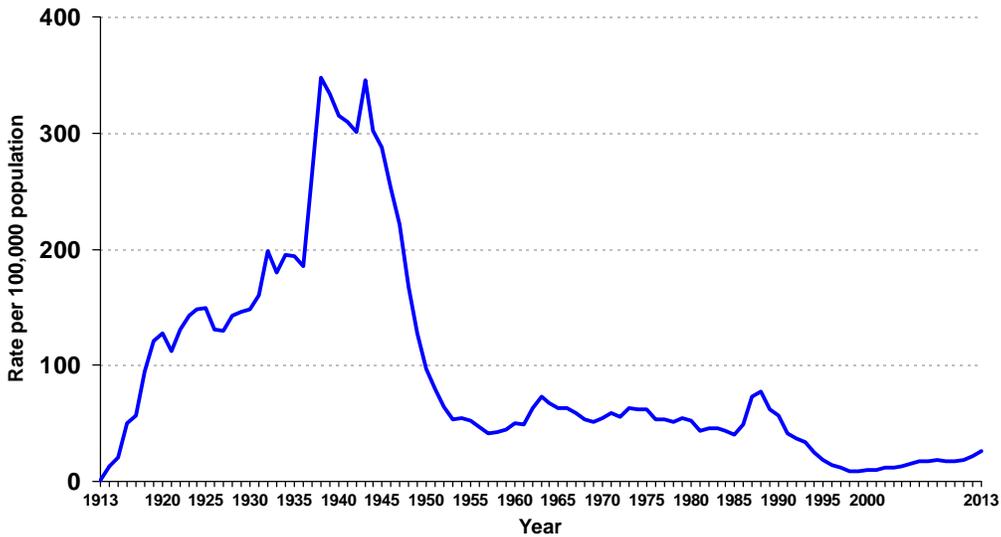
Note: "Alert" values are set by CDC as markers to look at possible decreased susceptibility. Cefixime alerts have minimum inhibitory concentrations (MICs) $\geq 0.25 \mu\text{g/mL}$. Ceftriaxone alerts have MICs $\geq 0.125 \mu\text{g/mL}$.

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

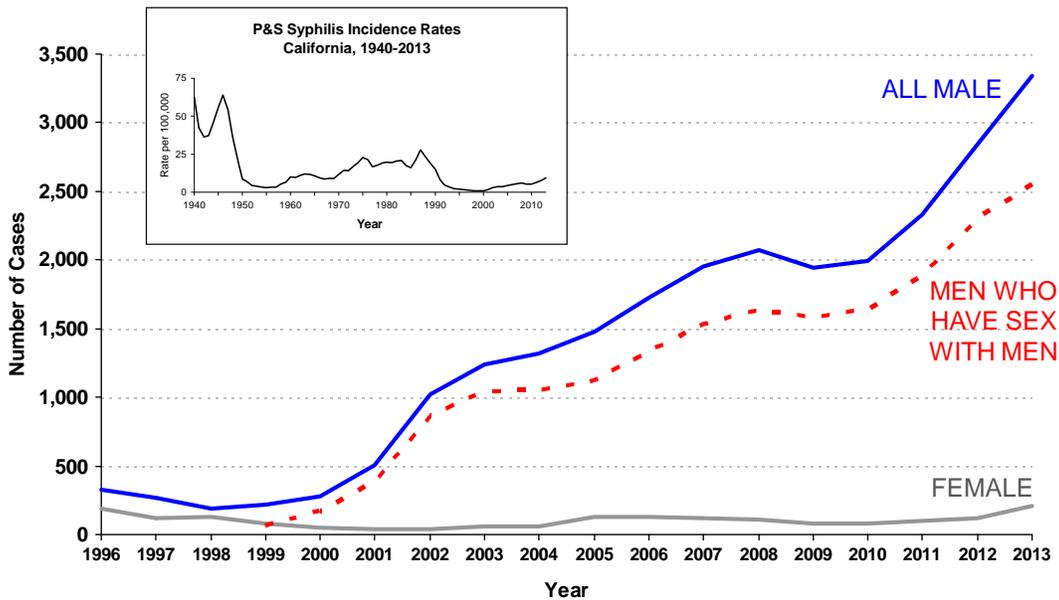
SYPHILIS

Figure 30. Total Syphilis (all stages), California Incidence Rates, 1913–2013



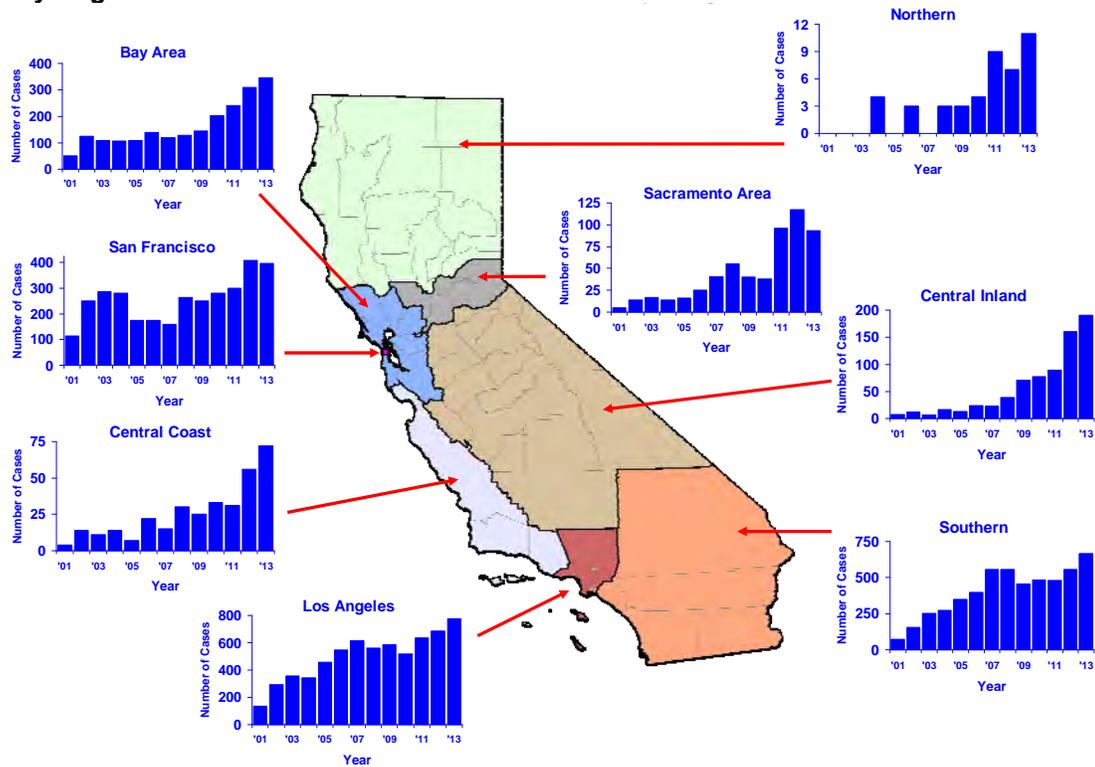
Source: California Department of Public Health, STD Control Branch

Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2013



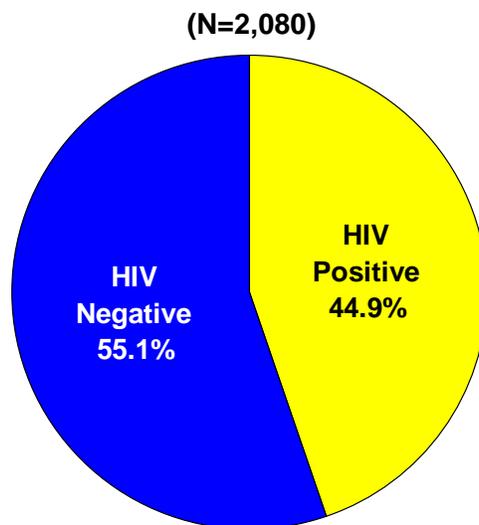
Source: California Department of Public Health, STD Control Branch

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



Source: California Department of Public Health, STD Control Branch

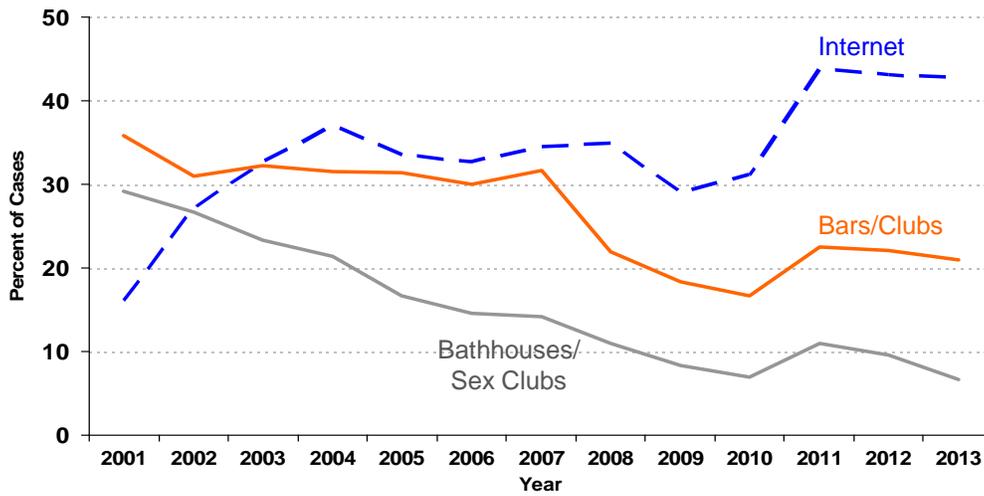
Figure 33. HIV Status among Interviewed Primary and Secondary Syphilis Cases, Men who Have Sex with Men, California, 2013



Note: N does not include HIV status unknown or refused to state: 124 cases in 2013.

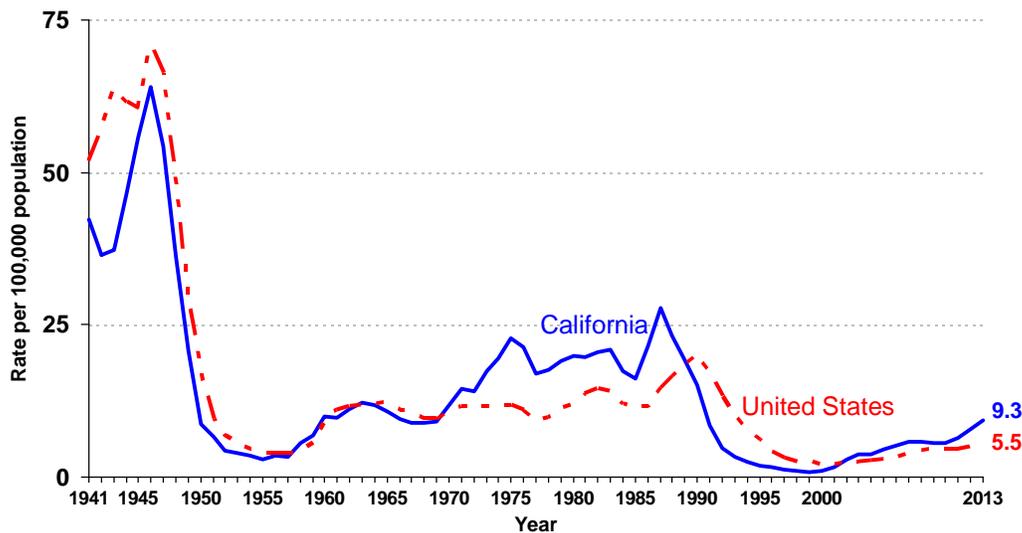
Source: California Department of Public Health, STD Control Branch

Figure 34. Percent of Interviewed Primary and Secondary Syphilis Cases who Reported Meeting Sex Partners at Specified Venues, among Men who Have Sex with Men, California, 2001–2013



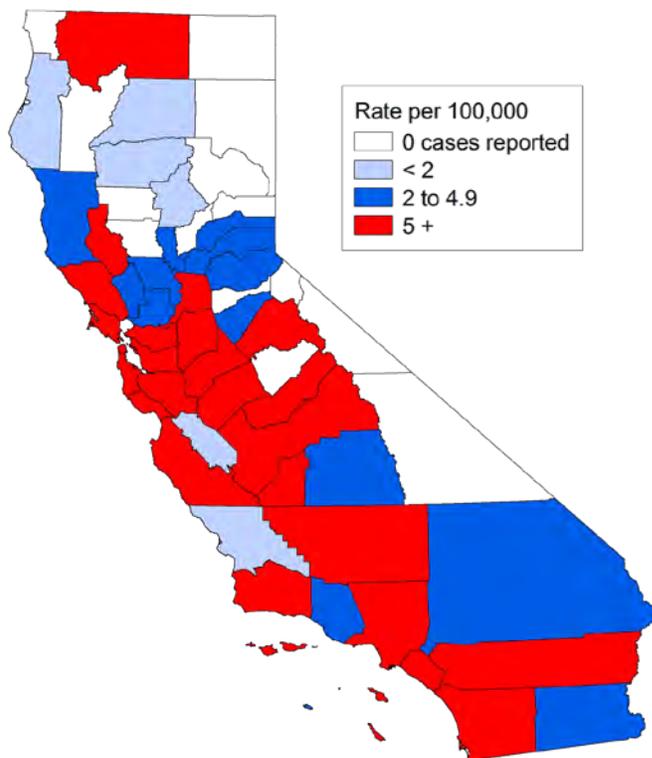
Source: California Department of Public Health, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Incidence Rates, 1941–2013



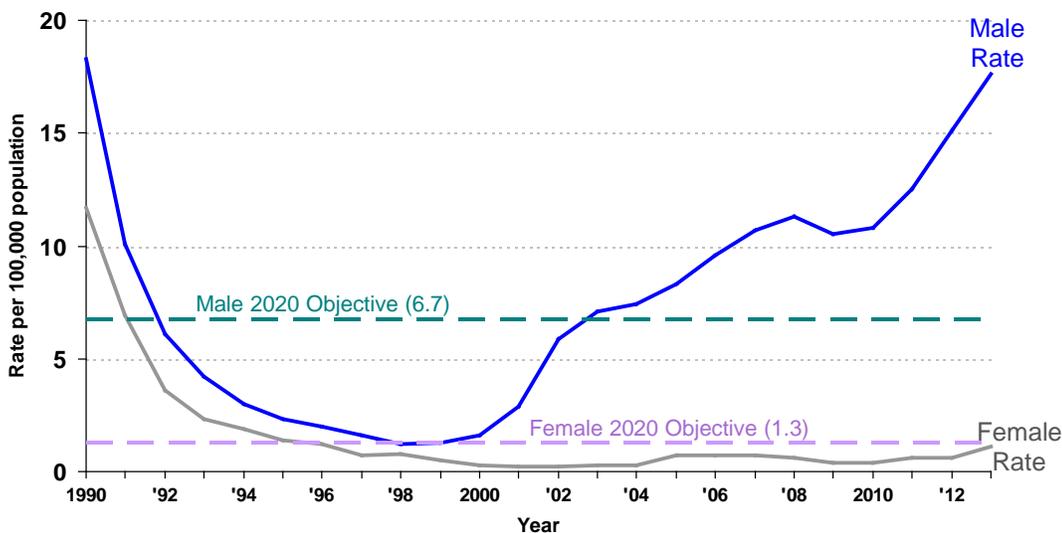
Source: California Department of Public Health, STD Control Branch
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2013*.
 Atlanta: U.S. Department of Health and Human Services, 2014, Table 1

Figure 36. Primary and Secondary Syphilis, Map of Incidence Rates by County, California, 2013



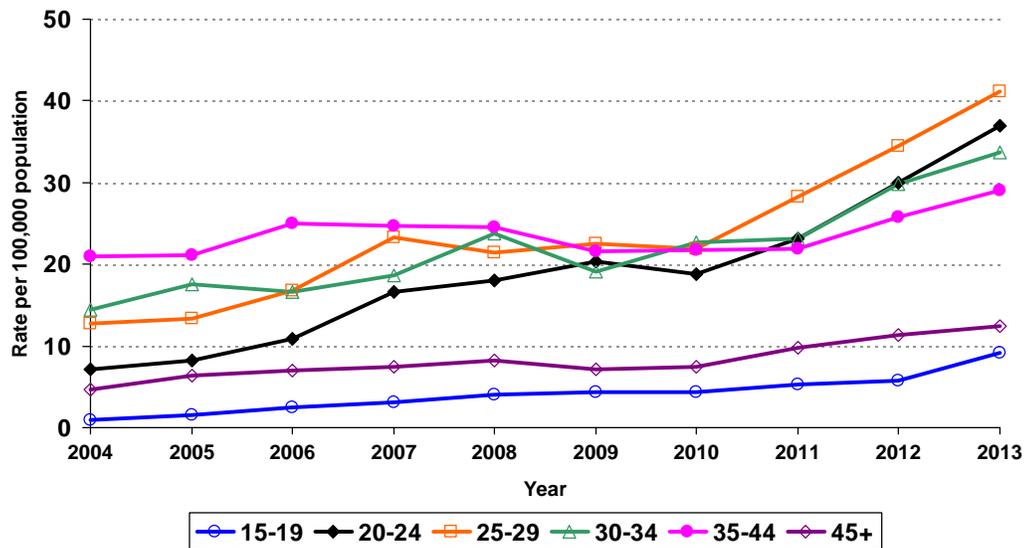
Source: California Department of Public Health, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Incidence Rates by Gender, California, 1990–2013



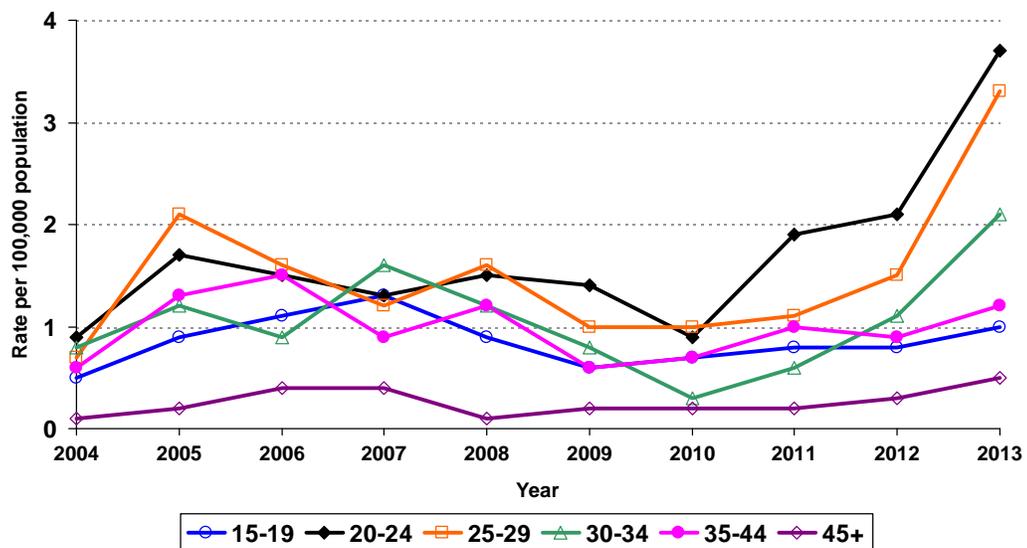
Source: California Department of Public Health, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Incidence Rates for Males by Age Group (in years), California, 2004–2013



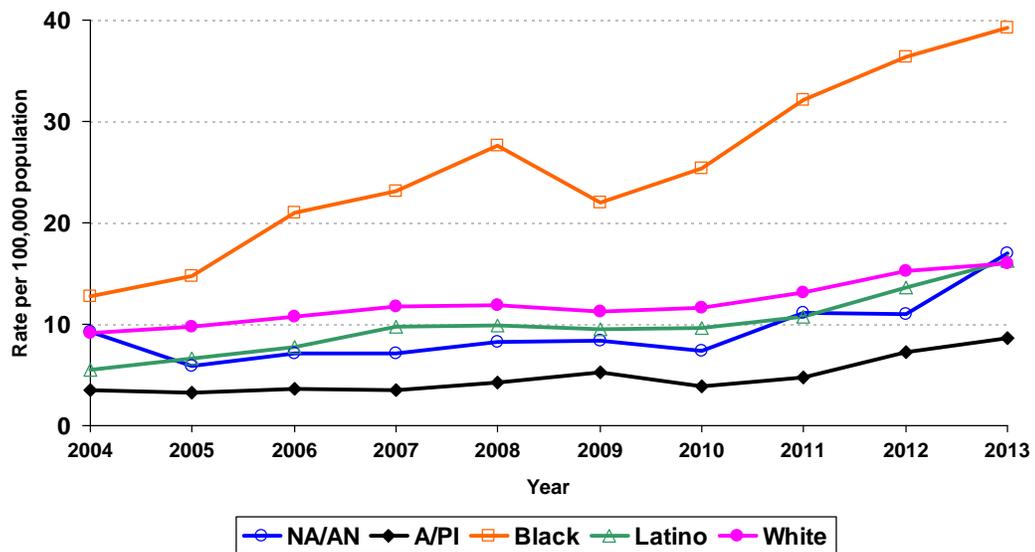
Source: California Department of Public Health, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Incidence Rates for Females by Age Group (in years), California, 2004–2013



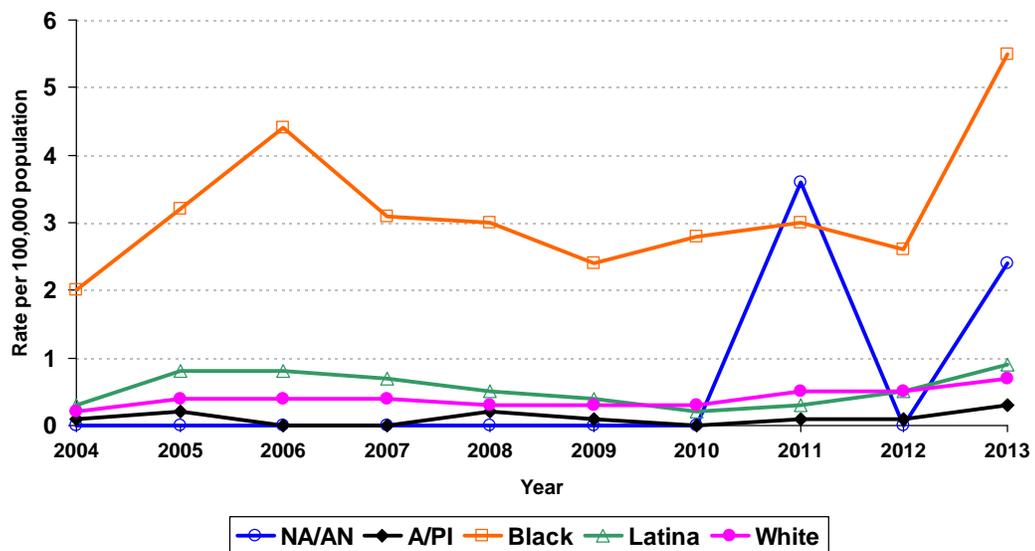
Source: California Department of Public Health, STD Control Branch

Figure 40. Primary and Secondary Syphilis, Incidence Rates for Males by Race/Ethnicity, California, 2004–2013



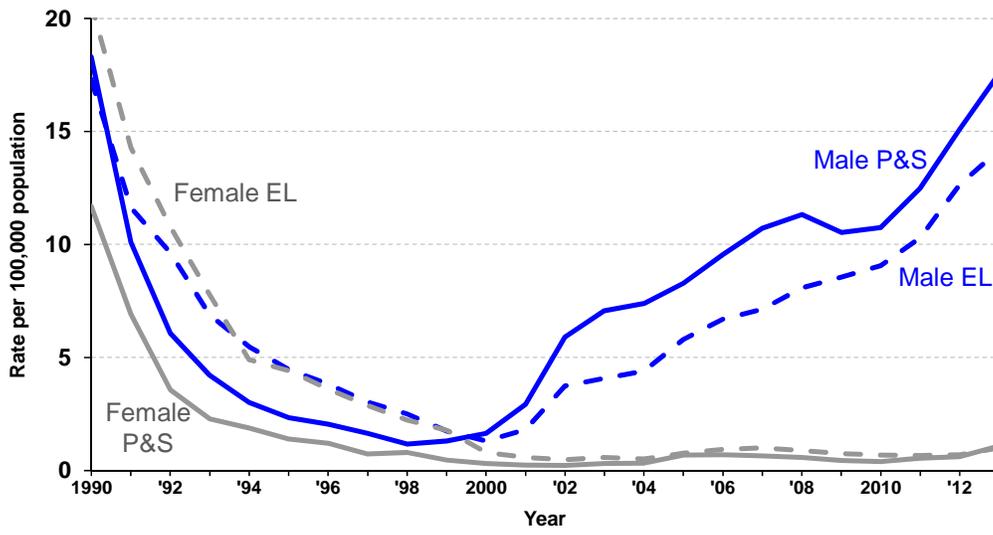
Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
 Race/ethnicity "Not Specified" ranged from 2.6% to 8.5% of cases for males in any given year.
 Source: California Department of Public Health, STD Control Branch

Figure 41. Primary and Secondary Syphilis, Incidence Rates for Females by Race/Ethnicity, California, 2004–2013



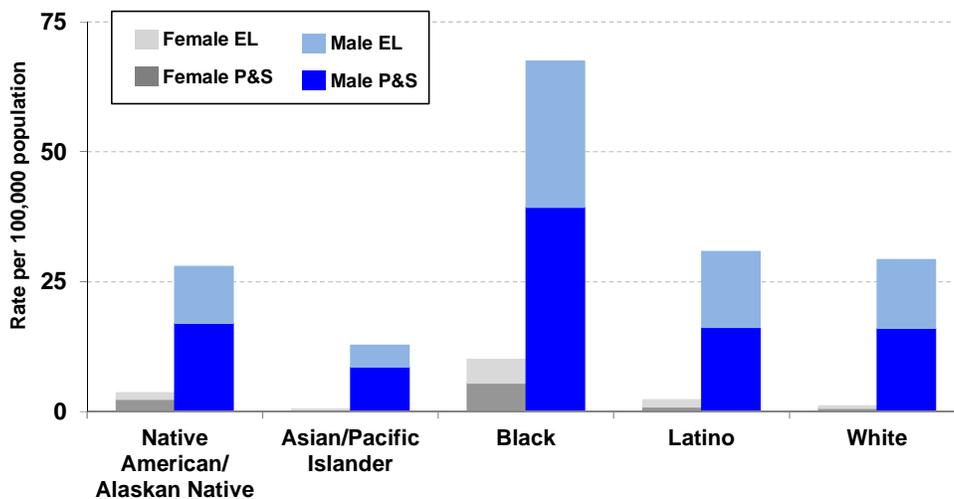
Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.
 Race/ethnicity "Not Specified" ranged from 0% to 9.6% of cases for females in any given year.
 Source: California Department of Public Health, STD Control Branch

Figure 42. Primary and Secondary (P&S), and Early Latent (EL) Syphilis, Incidence Rates by Gender, California, 1990–2013



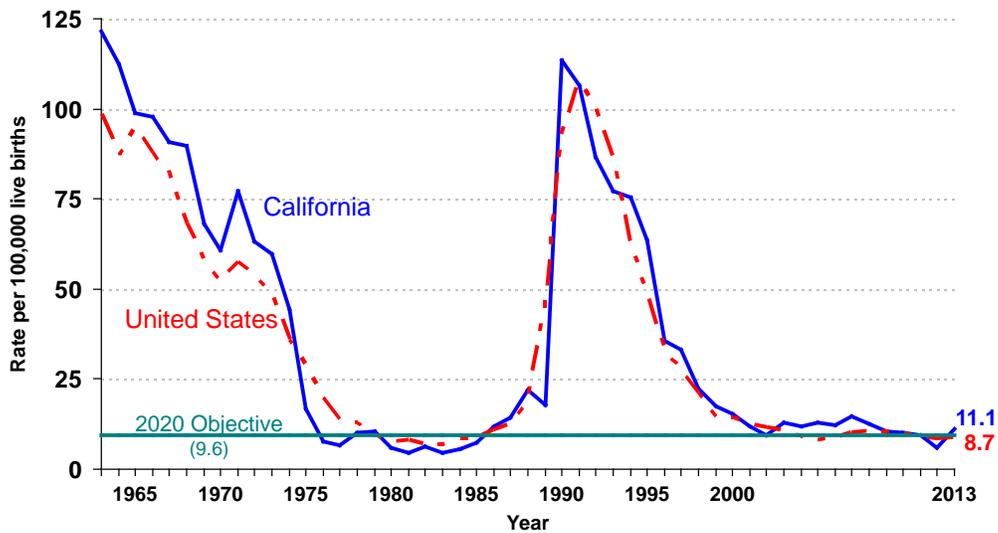
Source: California Department of Public Health, STD Control Branch

Figure 43. Primary and Secondary (P&S), and Early Latent (EL) Syphilis, Incidence Rates by Gender and Race/Ethnicity, California, 2013



Source: California Department of Public Health, STD Control Branch

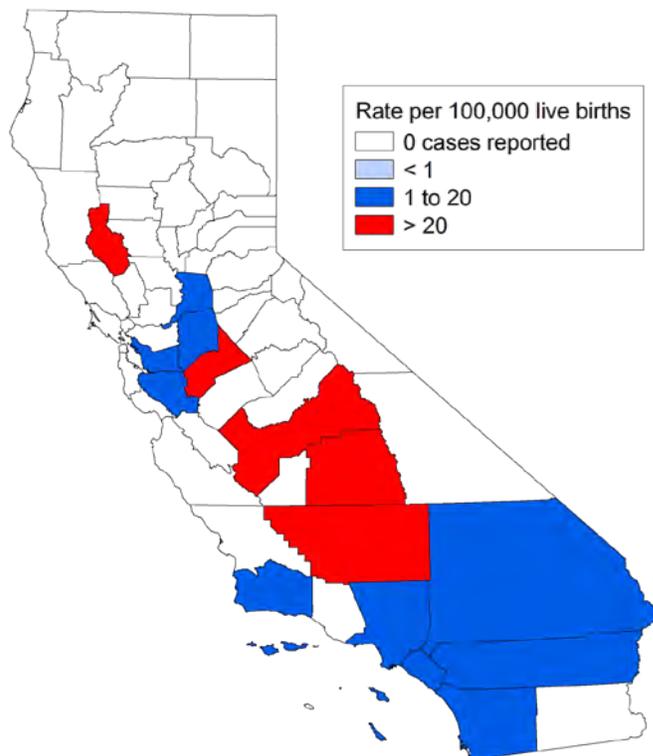
Figure 44. Congenital Syphilis in Infants Less than One Year of Age, California versus United States Incidence Rates, 1963–2013



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, 2013*. Atlanta: U.S. Department of Health and Human Services, 2014, Table 1

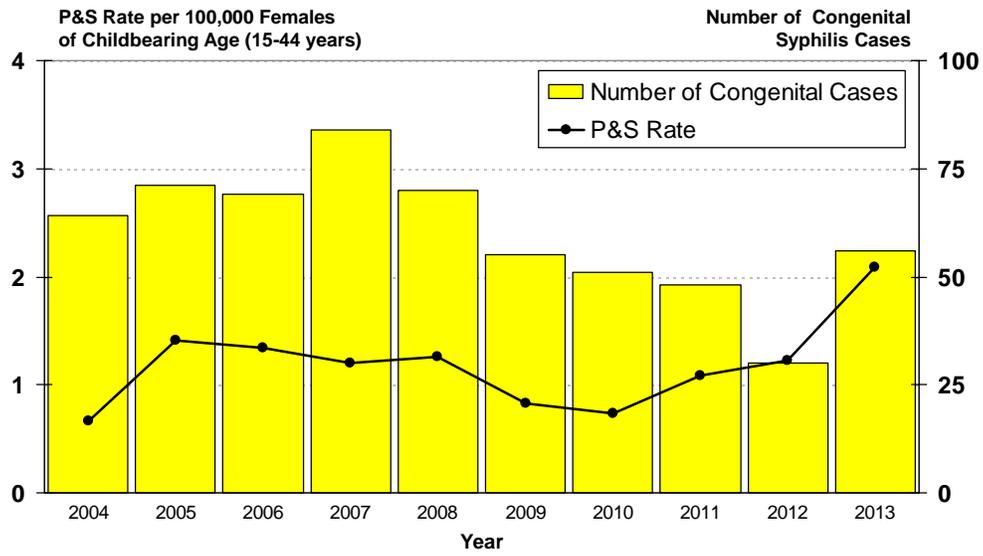
Figure 45. Congenital Syphilis in Infants Less than One Year of Age, Map of Incidence Rates by County, California, 2013



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

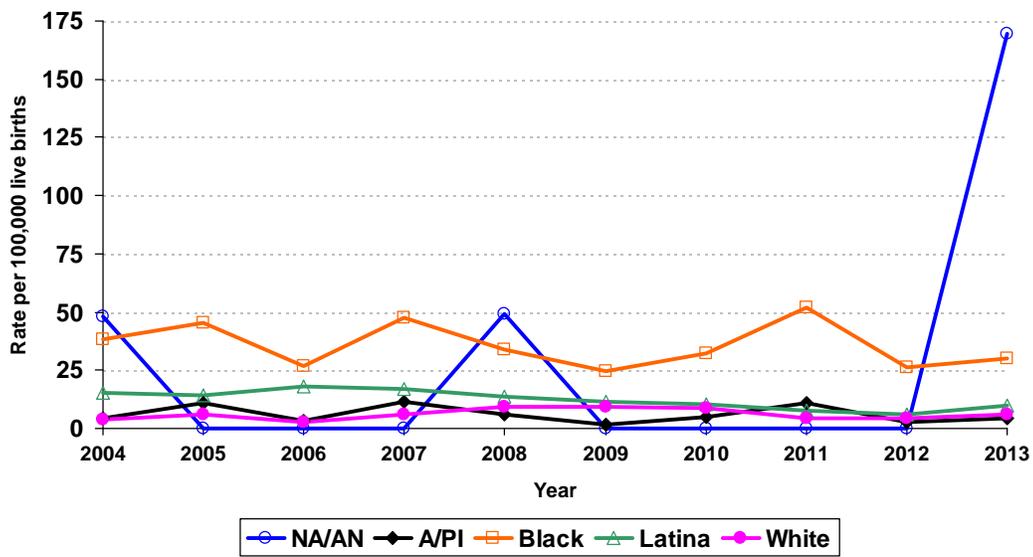
Source: California Department of Public Health, STD Control Branch

Figure 46. Congenital Syphilis Cases in Infants Less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Incidence Rates, California, 2004–2013



Source: California Department of Public Health, STD Control Branch

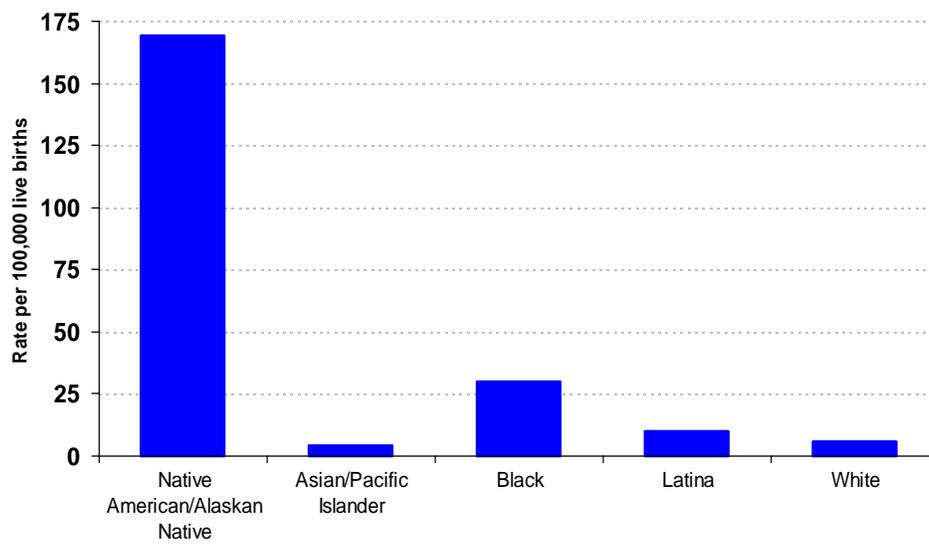
Figure 47. Congenital Syphilis in Infants Less than One Year of Age, Incidence Rates by Race/Ethnicity of Mother, California, 2004–2013



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

Source: California Department of Public Health, STD Control Branch

Figure 48. Congenital Syphilis in Infants Less than One Year of Age, Incidence Rates by Race/Ethnicity of Mother, California, 2013



Source: California Department of Public Health, STD Control Branch

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Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Incidence Rates per 100,000 Population, California, 1913–2013

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 Incidence Rates per 100,000 Population, California, 1913–2013 (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	589	1.8	1,909	5.7	90	17.4	2,881	8.6	84,841	253.9	18,662	55.8
2000	331	1.0	357	1.0	2,620	7.7	81	15.2	3,389	10.0	96,424	283.6	21,778	64.1
2001	547	1.6	411	1.2	2,176	6.3	62	11.8	3,196	9.3	101,591	294.4	23,285	67.5
2002	1,064	3.0	734	2.1	2,221	6.4	50	9.4	4,069	11.6	110,759	317.0	24,672	70.6
2003	1,301	3.7	824	2.3	2,108	6.0	69	12.8	4,302	12.2	116,385	328.9	25,692	72.6
2004	1,375	3.8	877	2.5	2,460	6.9	64	11.7	4,776	13.4	123,439	345.3	30,481	85.3
2005	1,606	4.5	1,179	3.3	2,713	7.5	71	12.9	5,569	15.5	129,177	359.0	34,099	94.8
2006	1,851	5.1	1,377	3.8	2,959	8.2	69	12.3	6,256	17.3	136,481	376.5	33,820	93.3
2007	2,071	5.7	1,482	4.1	2,867	7.8	84	14.8	6,504	17.8	143,014	391.3	31,190	85.3
2008	2,185	5.9	1,648	4.5	3,060	8.3	70	12.7	6,963	18.9	149,255	405.0	25,491	69.2
2009	2,023	5.5	1,718	4.6	2,494	6.7	55	10.4	6,290	17.0	147,604	398.1	24,011	64.8
2010	2,070	5.5	1,810	4.9	2,363	6.3	51	10.0	6,294	16.9	155,345	416.4	26,842	71.9
2011	2,451	6.5	2,051	5.5	2,500	6.7	48	9.6	7,050	18.8	164,595	438.1	27,461	73.1
2012	2,977	7.9	2,528	6.7	2,548	6.7	30	6.0	8,083	21.3	169,774	448.3	33,782	89.2
2013	3,554	9.3	2,893	7.6	3,609	9.4	56	11.1	10,112	26.5	167,916	439.5	38,365	100.4

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 incidence 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, 2010-2013*. Sacramento, California, December 2013

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 1970-2022, with Actual and Projected Fertility Rates by Mother's Age and Race/Ethnicity, 2000-2022*. Sacramento, California, November 2013

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

Table 2. Chlamydia, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate								
CALIFORNIA	147,604	398.1	155,345	416.4	164,595	438.1	169,774	448.3	167,916	439.5
Alameda	6,784	451.1	7,029	464.5	6,654	436.0	6,508	422.8	6,456	412.5
— Berkeley ¹	443	397.6	412	364.9	403	351.8	485	420.4	474	405.3
Alpine	2	169.5	-	-	1	89.4	2	180.8	2	180.8
Amador	84	221.6	71	187.5	57	152.8	66	181.0	75	207.2
Butte	730	332.9	802	364.6	884	401.0	851	385.0	925	416.8
Calaveras	45	98.8	48	105.6	67	148.4	83	181.7	74	162.6
Colusa	22	103.4	31	144.3	23	107.0	38	177.0	23	106.6
Contra Costa	3,390	324.9	3,887	369.4	4,417	416.2	3,835	358.5	4,072	376.2
Del Norte	46	161.1	46	161.2	60	210.6	35	123.0	18	64.4
El Dorado	239	133.0	243	134.3	239	132.3	289	158.1	307	167.4
Fresno	5,453	590.2	5,956	638.8	6,189	658.8	6,085	641.3	6,112	637.4
Glenn	37	131.9	46	163.4	70	247.7	89	316.3	69	244.6
Humboldt	364	272.1	349	259.2	389	287.7	403	299.3	394	292.2
Imperial	620	357.9	657	374.5	738	416.4	582	326.6	595	332.2
Inyo	26	140.9	33	178.1	31	166.0	69	365.0	76	402.6
Kern	5,195	625.0	5,271	626.6	5,624	662.5	6,039	705.3	6,436	742.3
Kings	512	337.3	496	324.8	590	388.9	574	380.8	565	375.5
Lake	140	217.4	173	267.8	176	273.1	172	267.1	157	243.6
Lassen	36	103.5	71	202.0	63	181.7	59	176.8	79	241.4
Los Angeles	47,075	480.1	47,682	485.3	50,335	510.5	51,709	519.9	50,949	508.5
— Long Beach ¹	2,514	543.7	2,632	568.8	2,406	518.5	2,473	529.0	2,256	479.5
— Pasadena ¹	416	304.6	366	267.5	436	313.8	380	271.3	348	247.0
Madera	633	421.6	702	463.9	727	478.1	620	409.7	655	428.0
Marin	531	211.4	609	241.0	542	213.1	478	188.2	478	186.8
Mariposa	19	103.9	20	109.9	7	38.9	27	147.1	30	162.3
Mendocino	208	237.5	260	295.7	242	274.8	377	425.7	308	347.3
Merced	860	338.4	995	388.8	1,038	400.4	1,118	428.3	1,027	390.5
Modoc	6	62.3	1	10.4	6	62.7	9	95.4	11	118.7
Mono	29	206.0	30	210.7	26	181.8	26	180.8	24	169.3
Monterey	1,353	327.1	1,426	342.6	1,532	364.8	1,762	418.0	1,568	369.2
Napa	224	165.1	266	194.4	317	230.3	343	248.5	301	216.4
Nevada	114	115.8	143	145.0	147	149.1	174	177.7	181	184.9
Orange	8,249	275.1	8,063	267.2	7,926	260.1	8,730	283.9	8,548	275.3
Placer	633	184.0	602	171.9	721	202.3	780	216.4	812	222.4
Plumas	51	254.2	55	276.3	36	180.5	63	322.1	52	269.8
Riverside	6,330	293.3	7,093	323.6	8,761	394.6	9,134	406.0	8,895	392.2
Sacramento	7,541	534.3	8,441	594.3	9,083	634.9	8,352	581.7	8,012	553.4
San Benito	143	259.6	177	319.9	211	377.1	220	387.2	197	343.9
San Bernardino	7,740	382.7	8,685	426.0	10,782	525.1	11,804	571.9	11,097	534.4
San Diego	14,280	464.0	15,363	495.1	15,376	491.9	16,547	524.7	16,093	505.7
San Francisco	4,174	520.6	4,600	570.5	4,778	587.4	4,874	592.7	5,098	613.4
San Joaquin	3,521	517.5	3,674	535.1	3,755	542.0	3,634	520.6	3,382	480.5
San Luis Obispo	649	242.0	673	249.5	815	301.7	869	320.8	983	361.7
San Mateo	1,789	249.8	1,967	273.3	1,952	268.2	1,808	245.7	1,801	242.5
Santa Barbara	1,256	297.3	1,423	335.6	1,764	414.4	1,746	409.8	1,884	435.9
Santa Clara	5,435	306.2	5,655	316.6	5,628	311.5	5,462	299.0	5,799	312.8
Santa Cruz	655	250.1	761	289.1	744	280.2	867	322.5	1,003	369.4
Shasta	453	256.1	416	234.4	575	322.9	592	331.6	585	327.9
Sierra	4	123.3	3	92.9	2	63.7	2	64.2	2	65.5
Siskiyou	78	173.5	73	162.6	99	220.5	66	145.4	73	161.4
Solano	1,984	481.0	2,071	501.3	1,439	347.3	2,095	499.6	2,010	474.9
Sonoma	989	205.8	1,180	243.8	1,420	291.8	1,512	309.5	1,451	294.7
Stanislaus	1,721	336.1	1,866	362.2	1,887	364.2	2,082	397.9	1,804	342.1
Sutter	213	225.7	238	251.5	231	243.9	231	238.9	286	294.9
Tehama	165	261.4	167	263.1	162	255.1	223	352.1	193	304.3
Trinity	10	72.6	16	116.7	14	103.5	13	96.8	11	81.9
Tulare	1,598	364.5	1,582	357.0	1,785	398.8	2,073	458.1	2,360	517.2
Tuolumne	77	139.3	104	188.6	118	214.3	93	171.9	85	156.6
Ventura	2,323	283.8	2,279	276.2	2,521	303.7	2,634	316.1	2,519	299.8
Yolo	553	276.9	578	287.1	575	283.8	660	321.9	696	337.5
Yuba	213	296.7	197	272.3	244	335.9	186	254.3	218	297.5

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

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 3. Chlamydia, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
Total	167,916	439.5	112,806	588.0	54,893	288.6	217
Ages 0 - 9	41	0.8	26	1.1	15	0.6	0
10 - 14	879	34.9	763	62.1	116	9.0	0
15 - 19	36,914	1,336.5	29,412	2,184.7	7,465	527.3	37
20 - 24	63,570	2,207.2	45,537	3,294.5	17,954	1,198.6	79
25 - 29	31,941	1,166.8	19,724	1,492.8	12,178	859.9	39
30 - 34	15,332	562.2	8,582	642.2	6,730	483.9	20
35 - 44	12,301	239.1	6,145	239.7	6,136	239.8	20
45+	6,111	42.5	2,139	28.3	3,965	58.1	7
Not Specified	827	-	478	-	334	-	15
Native American/Alaskan Native	537	323.7	388	464.7	148	179.6	1
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	3	28.9	2	39.7	1	18.7	0
15 - 19	124	1,077.5	99	1,757.6	25	425.5	0
20 - 24	206	1,625.8	153	2,538.9	52	782.6	1
25 - 29	103	929.5	72	1,333.1	31	545.7	0
30 - 34	41	374.8	26	482.4	15	270.3	0
35 - 44	44	210.4	26	247.4	18	173.0	0
45+	14	20.3	8	22.3	6	18.2	0
Not Specified	2	-	2	-	0	-	0
Asian/Pacific Islander	6,627	130.0	4,655	174.0	1,968	81.2	4
Ages 0 - 9	4	0.7	3	1.1	1	0.3	0
10 - 14	12	4.4	11	8.2	1	0.7	0
15 - 19	837	270.0	719	479.7	118	73.7	0
20 - 24	2,448	709.1	1,910	1,134.4	537	303.6	1
25 - 29	1,514	430.2	1,040	589.8	473	269.3	1
30 - 34	793	204.8	489	239.2	303	165.8	1
35 - 44	675	83.9	327	75.8	347	92.9	1
45+	327	15.8	149	13.0	178	19.3	0
Not Specified	17	-	7	-	10	-	0
African American/Black	20,405	921.4	12,816	1,146.2	7,572	690.5	17
Ages 0 - 9	3	1.1	2	1.5	1	0.7	0
10 - 14	230	164.5	190	277.7	40	56.1	0
15 - 19	6,097	3,607.8	4,568	5,551.1	1,523	1,756.5	6
20 - 24	7,654	4,186.9	5,099	5,814.1	2,548	2,679.1	7
25 - 29	3,410	2,147.8	1,812	2,334.7	1,595	1,965.4	3
30 - 34	1,479	976.2	646	865.3	833	1,084.0	0
35 - 44	923	317.5	327	226.3	595	407.0	1
45+	518	60.5	124	27.4	394	97.5	0
Not Specified	91	-	48	-	43	-	0
Hispanic/Latino	54,325	367.7	38,312	524.1	15,986	214.2	27
Ages 0 - 9	12	0.5	8	0.6	4	0.3	0
10 - 14	310	24.0	280	44.3	30	4.6	0
15 - 19	12,711	939.5	10,245	1,551.1	2,463	355.7	3
20 - 24	21,180	1,590.3	15,604	2,438.1	5,565	804.4	11
25 - 29	10,229	852.7	6,583	1,159.4	3,641	576.3	5
30 - 34	4,798	412.7	2,877	512.2	1,919	319.4	2
35 - 44	3,718	175.6	2,063	197.0	1,651	154.2	4
45+	1,204	32.8	540	28.2	662	37.6	2
Not Specified	163	-	112	-	51	-	0
White	25,107	167.8	15,490	206.7	9,607	128.7	10
Ages 0 - 9	5	0.4	3	0.5	2	0.3	0
10 - 14	76	10.9	73	21.6	3	0.8	0
15 - 19	4,720	579.3	3,997	1,007.8	722	172.7	1
20 - 24	9,166	1,000.9	6,524	1,504.0	2,638	547.3	4
25 - 29	5,019	532.5	2,798	613.9	2,220	456.1	1
30 - 34	2,353	247.8	1,050	230.2	1,303	264.0	0
35 - 44	2,104	116.5	716	81.7	1,386	149.0	2
45+	1,518	20.2	234	6.0	1,283	35.6	1
Not Specified	146	-	95	-	50	-	1
Other/Multi/Unknown	60,915	-	41,145	-	19,612	-	158
Ages 0 - 9	17	-	10	-	7	-	0
10 - 14	248	-	207	-	41	-	0
15 - 19	12,425	-	9,784	-	2,614	-	27
20 - 24	22,916	-	16,247	-	6,614	-	55
25 - 29	11,666	-	7,419	-	4,218	-	29
30 - 34	5,868	-	3,494	-	2,357	-	17
35 - 44	4,837	-	2,686	-	2,139	-	12
45+	2,530	-	1,084	-	1,442	-	4
Not Specified	408	-	214	-	180	-	14

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 4. Chlamydia, Cases and Incidence Rates for Females of Select Age Groups, California Counties and Selected City Health Jurisdictions, 2013

COUNTY	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	29,412	2,184.7	74,949	2,746.9	109,400	1,376.2
Alameda	1,239	2,640.8	2,803	2,763.5	4,087	1,216.5
— Berkeley ¹	72	1,092.4	195	1,121.0	255	779.3
Alpine	1	2,823.8	1	1,947.7	2	1,456.5
Amador	6	682.9	27	1,648.3	45	1,015.9
Butte	208	2,505.0	515	2,641.4	642	1,448.2
Calaveras	18	1,269.3	50	2,093.9	65	1,041.1
Colusa	1	124.6	14	947.1	17	414.5
Contra Costa	773	2,036.6	1,925	2,697.0	2,796	1,334.7
Del Norte	3	367.5	5	326.8	7	168.8
El Dorado	60	931.6	165	1,457.6	208	698.5
Fresno	1,390	3,451.3	3,196	4,172.2	4,544	2,253.2
Glenn	12	1,161.9	35	1,823.4	50	957.3
Humboldt	80	1,966.7	186	1,820.6	266	997.4
Imperial	109	1,548.4	284	2,048.7	456	1,300.0
Inyo	18	3,198.7	41	4,062.3	53	1,789.2
Kern	1,179	3,471.6	2,739	4,118.8	3,831	2,196.5
Kings	111	2,177.4	285	2,845.9	399	1,443.6
Lake	33	1,808.0	82	2,314.2	114	1,131.8
Lassen	20	2,297.5	43	2,812.3	55	1,323.0
Los Angeles	8,016	2,318.3	21,397	2,963.2	31,881	1,462.3
— Long Beach ¹	408	2,221.5	1,056	2,729.5	1,490	1,337.5
— Pasadena ¹	62	1,607.5	137	1,629.5	211	667.9
Madera	157	2,794.2	362	3,237.2	507	1,539.0
Marin	65	931.6	176	1,460.3	265	648.4
Mariposa	6	1,092.8	16	1,692.9	22	857.4
Mendocino	71	2,713.2	159	3,215.8	221	1,468.3
Merced	244	2,086.8	557	2,447.5	796	1,418.9
Modoc	2	671.0	6	1,193.6	8	587.7
Mono	5	1,209.2	11	1,335.8	14	503.5
Monterey	284	1,822.0	711	2,305.8	1,106	1,281.5
Napa	50	1,074.1	145	1,599.0	218	848.4
Nevada	44	1,541.2	84	1,630.8	119	816.0
Orange	1,299	1,210.3	3,724	1,695.4	5,562	863.6
Placer	175	1,340.3	401	1,670.4	559	822.4
Plumas	18	3,643.2	28	2,742.1	31	1,172.2
Riverside	1,721	1,823.7	4,448	2,502.9	6,449	1,372.3
Sacramento	1,611	3,242.3	3,747	3,752.1	5,373	1,779.0
San Benito	35	1,474.0	97	2,268.5	145	1,230.7
San Bernardino	2,286	2,637.6	5,617	3,364.4	7,873	1,765.2
San Diego	2,519	2,378.8	7,005	3,083.0	10,269	1,528.6
San Francisco	369	2,088.7	1,133	2,501.2	1,915	976.2
San Joaquin	726	2,602.4	1,653	3,036.3	2,317	1,603.2
San Luis Obispo	215	2,107.0	504	2,290.5	672	1,326.6
San Mateo	263	1,212.1	723	1,761.3	1,121	778.6
Santa Barbara	364	1,970.6	970	2,462.0	1,289	1,407.7
Santa Clara	915	1,597.7	2,441	2,168.7	3,782	995.8
Santa Cruz	199	1,836.0	494	2,211.6	690	1,219.7
Shasta	183	3,358.8	325	2,935.2	410	1,327.7
Sierra	1	1,471.4	1	878.1	1	277.2
Siskiyou	13	1,099.3	30	1,337.0	44	672.5
Solano	428	2,963.4	1,017	3,599.3	1,393	1,699.3
Sonoma	278	1,753.1	662	2,038.7	933	1,017.8
Stanislaus	378	1,860.3	872	2,164.3	1,291	1,181.8
Sutter	55	1,593.0	129	1,939.4	189	994.0
Tehama	37	1,669.8	94	2,284.2	128	1,159.7
Trinity	4	1,029.1	9	1,353.2	10	550.5
Tulare	503	2,646.4	1,177	3,221.0	1,747	1,847.2
Tuolumne	18	1,265.1	44	1,597.4	55	737.9
Ventura	433	1,430.4	1,138	1,902.4	1,721	1,041.2
Yolo	126	1,267.4	351	1,467.7	495	973.8
Yuba	35	1,315.3	95	1,851.4	142	953.7

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

Note: Incidence 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, 2013*

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	53	36,747	2,064	5.6%	63,457	2,742	4.3%	196,507	6,583	3.4%
Family Planning Clinics	40	19,088	1,011	5.3%	34,956	1,576	4.5%	97,001	3,676	3.8%
Juvenile Detention	19	3,825	489	12.8%	9	0	0.0%	4,530	552	12.2%
STD Clinics	4	65	12	18.5%	285	43	15.1%	1,602	117	7.3%

* Data displayed for the Managed Care Organization is for 2012, as 2013 data were not available.

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

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, 2013*

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	53	9,693	397	4.1%	11,140	925	8.3%	66,403	2,944	4.4%
Family Planning Clinics	40	1,837	179	9.7%	4,912	550	11.2%	17,610	1,382	7.8%
Juvenile Detention	6	3,612	169	4.7%	3	0	0.0%	4,080	175	4.3%
STD Clinics	4	143	18	12.6%	991	122	12.3%	7,651	785	10.3%

* Data displayed for the Managed Care Organization is for 2012, as 2013 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics,* by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	114,611	5,058	4.4%	97,001	3,676	3.8%	17,610	1,382	7.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	604	30	5.0%	568	29	5.1%	36	1	2.8%
15 - 19	20,925	1,190	5.7%	19,088	1,011	5.3%	1,837	179	9.7%
20 - 24	39,868	2,126	5.3%	34,956	1,576	4.5%	4,912	550	11.2%
25 - 29	25,747	1,033	4.0%	21,531	674	3.1%	4,216	359	8.5%
30 - 34	12,547	386	3.1%	9,952	232	2.3%	2,595	154	5.9%
35+	14,920	293	2.0%	10,906	154	1.4%	4,014	139	3.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Native American/Alaskan Native	686	41	6.0%	583	32	5.5%	103	9	8.7%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	5	0	0.0%	5	0	0.0%	0	0	0.0%
15 - 19	159	13	8.2%	139	10	7.2%	20	3	15.0%
20 - 24	237	22	9.3%	205	18	8.8%	32	4	12.5%
25 - 29	136	4	2.9%	117	3	2.6%	19	1	5.3%
30 - 34	61	2	3.3%	51	1	2.0%	10	1	10.0%
35+	88	0	0.0%	66	0	0.0%	22	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	7,091	312	4.4%	6,373	255	4.0%	718	57	7.9%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	23	2	8.7%	22	2	9.1%	1	0	0.0%
15 - 19	1,104	45	4.1%	1,049	42	4.0%	55	3	5.5%
20 - 24	2,837	143	5.0%	2,624	116	4.4%	213	27	12.7%
25 - 29	1,768	72	4.1%	1,563	59	3.8%	205	13	6.3%
30 - 34	695	31	4.5%	590	23	3.9%	105	8	7.6%
35+	664	19	2.9%	525	13	2.5%	139	6	4.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	9,844	828	8.4%	7,527	504	6.7%	2,317	324	14.0%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	51	12	23.5%	50	11	22.0%	1	1	100.0%
15 - 19	1,637	226	13.8%	1,369	183	13.4%	268	43	16.0%
20 - 24	3,266	340	10.4%	2,528	187	7.4%	738	153	20.7%
25 - 29	2,222	149	6.7%	1,716	87	5.1%	506	62	12.3%
30 - 34	1,172	55	4.7%	861	24	2.8%	311	31	10.0%
35+	1,496	46	3.1%	1,003	12	1.2%	493	34	6.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	39,464	1,647	4.2%	33,757	1,230	3.6%	5,707	417	7.3%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	209	7	3.3%	188	7	3.7%	21	0	0.0%
15 - 19	7,048	367	5.2%	6,307	312	4.9%	741	55	7.4%
20 - 24	13,263	692	5.2%	11,766	533	4.5%	1,497	159	10.6%
25 - 29	8,214	320	3.9%	7,029	220	3.1%	1,185	100	8.4%
30 - 34	4,606	132	2.9%	3,771	74	2.0%	835	58	6.9%
35+	6,124	129	2.1%	4,696	84	1.8%	1,428	45	3.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	41,591	1,613	3.9%	34,875	1,157	3.3%	6,716	456	6.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	239	5	2.1%	230	5	2.2%	9	0	0.0%
15 - 19	8,042	374	4.7%	7,488	317	4.2%	554	57	10.3%
20 - 24	14,477	659	4.6%	12,683	496	3.9%	1,794	163	9.1%
25 - 29	9,586	367	3.8%	7,854	220	2.8%	1,732	147	8.5%
30 - 34	4,253	127	3.0%	3,244	82	2.5%	1,009	45	4.5%
35+	4,994	81	1.6%	3,376	37	1.1%	1,618	44	2.7%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	15,935	617	3.9%	13,886	498	3.6%	2,049	119	5.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	77	4	5.2%	73	4	5.5%	4	0	0.0%
15 - 19	2,935	165	5.6%	2,736	147	5.4%	199	18	9.0%
20 - 24	5,788	270	4.7%	5,150	226	4.4%	638	44	6.9%
25 - 29	3,821	121	3.2%	3,252	85	2.6%	569	36	6.3%
30 - 34	1,760	39	2.2%	1,435	28	2.0%	325	11	3.4%
35+	1,554	18	1.2%	1,240	8	0.6%	314	10	3.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Includes data for 8 agencies (40 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 8. Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics,* by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total			Female			Male†		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	9,253	902	9.7%	1,602	117	7.3%	7,651	785	10.3%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	0	0.0%	4	0	0.0%	0	0	0.0%
15 - 19	208	30	14.4%	65	12	18.5%	143	18	12.6%
20 - 24	1,276	165	12.9%	285	43	15.1%	991	122	12.3%
25 - 29	1,746	209	12.0%	266	25	9.4%	1,480	184	12.4%
30 - 34	1,422	154	10.8%	188	10	5.3%	1,234	144	11.7%
35+	4,597	344	7.5%	794	27	3.4%	3,803	317	8.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Native American/Alaskan Native	35	4	11.4%	13	1	7.7%	22	3	13.6%
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	1	1	100.0%	1	1	100.0%	0	0	0.0%
20 - 24	4	0	0.0%	3	0	0.0%	1	0	0.0%
25 - 29	8	1	12.5%	2	0	0.0%	6	1	16.7%
30 - 34	4	1	25.0%	1	0	0.0%	3	1	33.3%
35+	18	1	5.6%	6	0	0.0%	12	1	8.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	687	92	13.4%	151	16	10.6%	536	76	14.2%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	11	4	36.4%	5	1	20.0%	6	3	50.0%
20 - 24	123	17	13.8%	37	6	16.2%	86	11	12.8%
25 - 29	153	13	8.5%	26	1	3.8%	127	12	9.4%
30 - 34	125	18	14.4%	20	4	20.0%	105	14	13.3%
35+	275	40	14.5%	63	4	6.3%	212	36	17.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
African American/Black	1,187	134	11.3%	267	19	7.1%	920	115	12.5%
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	34	5	14.7%	16	3	18.8%	18	2	11.1%
20 - 24	181	32	17.7%	45	9	20.0%	136	23	16.9%
25 - 29	220	36	16.4%	53	5	9.4%	167	31	18.6%
30 - 34	196	21	10.7%	33	1	3.0%	163	20	12.3%
35+	554	40	7.2%	118	1	0.8%	436	39	8.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	2,588	266	10.3%	490	38	7.8%	2,098	228	10.9%
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	87	10	11.5%	27	3	11.1%	60	7	11.7%
20 - 24	442	56	12.7%	84	17	20.2%	358	39	10.9%
25 - 29	563	77	13.7%	68	8	11.8%	495	69	13.9%
30 - 34	425	45	10.6%	44	0	0.0%	381	45	11.8%
35+	1,069	78	7.3%	265	10	3.8%	804	68	8.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	4,398	366	8.3%	620	31	5.0%	3,778	335	8.9%
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	67	6	9.0%	12	1	8.3%	55	5	9.1%
20 - 24	452	50	11.1%	99	7	7.1%	353	43	12.2%
25 - 29	710	70	9.9%	107	8	7.5%	603	62	10.3%
30 - 34	625	65	10.4%	77	3	3.9%	548	62	11.3%
35+	2,544	175	6.9%	325	12	3.7%	2,219	163	7.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	358	40	11.2%	61	12	19.7%	297	28	9.4%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	8	4	50.0%	4	3	75.0%	4	1	25.0%
20 - 24	74	10	13.5%	17	4	23.5%	57	6	10.5%
25 - 29	92	12	13.0%	10	3	30.0%	82	9	11.0%
30 - 34	47	4	8.5%	13	2	15.4%	34	2	5.9%
35+	137	10	7.3%	17	0	0.0%	120	10	8.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Includes data for 1 agency (4 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 9. Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Detention Facilities,* by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Total	8,610	727	8.4%	4,530	552	12.2%	4,080	175	4.3%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,158	69	6.0%	694	63	9.1%	464	6	1.3%
15 - 16	3,947	352	8.9%	2,262	288	12.7%	1,685	64	3.8%
17 - 19	3,490	306	8.8%	1,563	201	12.9%	1,927	105	5.4%
20+	15	0	0.0%	11	0	0.0%	4	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Native American/Alaskan Native	38	2	5.3%	21	1	4.8%	17	1	5.9%
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 - 16	19	1	5.3%	11	0	0.0%	8	1	12.5%
17 - 19	17	1	5.9%	8	1	12.5%	9	0	0.0%
20+	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Asian/Pacific Islander	121	11	9.1%	61	10	16.4%	60	1	1.7%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	12	2	16.7%	9	2	22.2%	3	0	0.0%
15 - 16	41	4	9.8%	21	4	19.0%	20	0	0.0%
17 - 19	68	5	7.4%	31	4	12.9%	37	1	2.7%
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	1,545	191	12.4%	1,114	154	13.8%	431	37	8.6%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	264	22	8.3%	181	19	10.5%	83	3	3.6%
15 - 16	751	104	13.8%	556	89	16.0%	195	15	7.7%
17 - 19	526	65	12.4%	373	46	12.3%	153	19	12.4%
20+	4	0	0.0%	4	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Hispanic/Latino	4,761	368	7.7%	2,046	251	12.3%	2,715	117	4.3%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	611	33	5.4%	320	30	9.4%	291	3	1.0%
15 - 16	2,163	171	7.9%	1,054	128	12.1%	1,109	43	3.9%
17 - 19	1,983	164	8.3%	668	93	13.9%	1,315	71	5.4%
20+	4	0	0.0%	4	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
White	1,591	130	8.2%	930	113	12.2%	661	17	2.6%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	198	9	4.5%	130	9	6.9%	68	0	0.0%
15 - 16	748	63	8.4%	460	58	12.6%	288	5	1.7%
17 - 19	643	58	9.0%	339	46	13.6%	304	12	3.9%
20+	2	0	0.0%	1	0	0.0%	1	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Other/Mixed/Unknown	554	25	4.5%	358	23	6.4%	196	2	1.0%
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	71	3	4.2%	52	3	5.8%	19	0	0.0%
15 - 16	225	9	4.0%	160	9	5.6%	65	0	0.0%
17 - 19	253	13	5.1%	144	11	7.6%	109	2	1.8%
20+	5	0	0.0%	2	0	0.0%	3	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Includes data for 19 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, 2012*

Age Group	Total			Females			Males [†]		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
0- 9	252	0	0.0%	153	0	0.0%	99	0	0.0%
10-14	3,511	44	1.3%	2,346	42	1.8%	1,165	2	0.2%
15-19	46,440	2,461	5.3%	36,747	2,064	5.6%	9,693	397	4.1%
20-24	74,597	3,667	4.9%	63,457	2,742	4.3%	11,140	925	8.3%
25-29	49,092	1,483	3.0%	38,837	938	2.4%	10,255	545	5.3%
30-34	30,821	738	2.4%	22,451	391	1.7%	8,370	347	4.1%
35+	58,197	1,134	1.9%	32,516	406	1.2%	25,681	728	2.8%
Total	262,910	9,527	3.6%	196,507	6,583	3.4%	66,403	2,944	4.4%

* 2013 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 Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate								
CALIFORNIA	24,011	64.8	26,842	71.9	27,461	73.1	33,782	89.2	38,365	100.4
Alameda	1,670	111.1	1,924	127.1	1,508	98.8	1,544	100.3	1,860	118.8
— Berkeley ¹	138	123.8	173	153.2	109	95.1	113	97.9	199	170.2
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	6	15.8	4	10.6	5	13.4	2	5.5	6	16.6
Butte	51	23.3	61	27.7	49	22.2	69	31.2	143	64.4
Calaveras	4	8.8	6	13.2	4	8.9	5	10.9	10	22.0
Colusa	3	14.1	-	-	1	4.7	1	4.7	9	41.7
Contra Costa	643	61.6	821	78.0	863	81.3	934	87.3	874	80.7
Del Norte	3	10.5	1	3.5	1	3.5	-	-	-	-
El Dorado	19	10.6	16	8.8	14	7.7	21	11.5	38	20.7
Fresno	721	78.0	797	85.5	1,197	127.4	1,503	158.4	1,746	182.1
Glenn	2	7.1	7	24.9	7	24.8	8	28.4	5	17.7
Humboldt	18	13.5	31	23.0	44	32.5	66	49.0	202	149.8
Imperial	28	16.2	25	14.3	38	21.4	35	19.6	43	24.0
Inyo	4	21.7	3	16.2	1	5.4	1	5.3	2	10.6
Kern	826	99.4	970	115.3	870	102.5	1,269	148.2	1,570	181.1
Kings	37	24.4	22	14.4	42	27.7	44	29.2	91	60.5
Lake	38	59.0	28	43.3	42	65.2	53	82.3	25	38.8
Lassen	1	2.9	-	-	5	14.4	5	15.0	6	18.3
Los Angeles	9,040	92.2	10,022	102.0	10,089	102.3	11,960	120.3	13,065	130.4
— Long Beach ¹	368	79.6	444	96.0	422	90.9	458	98.0	451	95.9
— Pasadena ¹	55	40.3	57	41.7	58	41.7	43	30.7	48	34.1
Madera	54	36.0	83	54.8	74	48.7	110	72.7	138	90.2
Marin	74	29.5	66	26.1	72	28.3	82	32.3	84	32.8
Mariposa	-	-	1	5.5	-	-	4	21.8	3	16.2
Mendocino	13	14.8	15	17.1	22	25.0	19	21.5	14	15.8
Merced	72	28.3	76	29.7	61	23.5	99	37.9	141	53.6
Modoc	-	-	-	-	-	-	2	21.2	2	21.6
Mono	-	-	2	14.0	-	-	-	-	5	35.3
Monterey	97	23.5	81	19.5	91	21.7	208	49.3	363	85.5
Napa	14	10.3	28	20.5	24	17.4	29	21.0	37	26.6
Nevada	6	6.1	7	7.1	14	14.2	13	13.3	22	22.5
Orange	750	25.0	1,137	37.7	972	31.9	1,182	38.4	1,452	46.8
Placer	69	20.1	64	18.3	77	21.6	119	33.0	108	29.6
Plumas	2	10.0	3	15.1	2	10.0	1	5.1	3	15.6
Riverside	712	33.0	773	35.3	896	40.4	1,175	52.2	1,411	62.2
Sacramento	1,784	126.4	1,889	133.0	1,813	126.7	2,156	150.2	2,219	153.3
San Benito	6	10.9	9	16.3	14	25.0	36	63.4	26	45.4
San Bernardino	1,099	54.3	1,140	55.9	1,403	68.3	1,864	90.3	2,046	98.5
San Diego	1,847	60.0	2,023	65.2	2,168	69.4	2,603	82.5	2,875	90.3
San Francisco	1,809	225.6	1,937	240.2	2,251	276.7	2,480	301.6	2,525	303.8
San Joaquin	564	82.9	709	103.3	623	89.9	720	103.1	947	134.5
San Luis Obispo	37	13.8	31	11.5	50	18.5	84	31.0	61	22.4
San Mateo	207	28.9	211	29.3	236	32.4	265	36.0	332	44.7
Santa Barbara	61	14.4	66	15.6	104	24.4	170	39.9	121	28.0
Santa Clara	558	31.4	598	33.5	641	35.5	1,006	55.1	1,132	61.1
Santa Cruz	56	21.4	47	17.9	81	30.5	100	37.2	134	49.4
Shasta	71	40.1	36	20.3	45	25.3	175	98.0	248	139.0
Sierra	1	30.8	-	-	1	31.8	1	32.1	2	65.5
Siskiyou	13	28.9	6	13.4	10	22.3	7	15.4	21	46.4
Solano	320	77.6	436	105.5	243	58.6	356	84.9	417	98.5
Sonoma	92	19.1	97	20.0	134	27.5	153	31.3	255	51.8
Stanislaus	155	30.3	167	32.4	136	26.2	302	57.7	553	104.9
Sutter	20	21.2	30	31.7	24	25.3	22	22.8	72	74.2
Tehama	16	25.3	3	4.7	8	12.6	42	66.3	60	94.6
Trinity	1	7.3	1	7.3	1	7.4	-	-	2	14.9
Tulare	100	22.8	90	20.3	94	21.0	170	37.6	291	63.8
Tuolumne	3	5.4	4	7.3	15	27.2	17	31.4	17	31.3
Ventura	147	18.0	170	20.6	211	25.4	378	45.4	333	39.6
Yolo	51	25.5	54	26.8	47	23.2	88	42.9	142	68.9
Yuba	16	22.3	14	19.4	23	31.7	24	32.8	56	76.4

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

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 12. Gonorrhea, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Total	38,365	100.4	14,297	74.5	24,066	126.2	62
Ages 0 - 9	19	0.4	15	0.6	4	0.2	0
10 - 14	136	5.4	111	9.0	25	1.9	0
15 - 19	5,116	185.2	3,152	234.1	1,956	138.2	8
20 - 24	10,346	359.2	4,684	338.9	5,645	376.9	17
25 - 29	8,128	296.9	2,856	216.2	5,259	371.4	13
30 - 34	5,297	194.2	1,539	115.2	3,750	269.6	8
35 - 44	5,362	104.2	1,251	48.8	4,099	158.8	12
45+	3,726	25.9	614	8.1	3,110	45.6	2
Not Specified	235	-	75	-	158	-	2
Native American/Alaskan Native	144	86.8	72	86.2	72	87.4	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	9.6	1	19.9	0	0.0	0
15 - 19	11	95.6	8	142.0	3	51.1	0
20 - 24	45	355.1	30	497.8	15	225.8	0
25 - 29	32	288.8	15	277.7	17	299.2	0
30 - 34	16	146.2	6	111.3	10	180.2	0
35 - 44	23	110.0	9	85.7	14	134.6	0
45+	16	23.2	3	8.4	13	39.5	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	1,206	23.7	338	12.6	866	35.7	2
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.4	1	0.7	0	0.0	0
15 - 19	74	23.9	40	26.7	34	21.2	0
20 - 24	302	87.5	116	68.9	185	104.6	1
25 - 29	274	77.9	73	41.4	201	114.4	0
30 - 34	212	54.8	47	23.0	165	90.3	0
35 - 44	229	28.5	40	9.3	189	50.6	0
45+	112	5.4	21	1.8	90	9.7	1
Not Specified	2	-	0	-	2	-	0
African American/Black	7,775	351.1	3,383	302.6	4,385	399.9	7
Ages 0 - 9	2	0.8	2	1.5	0	0.0	0
10 - 14	52	37.2	43	62.8	9	12.6	0
15 - 19	1,758	1,040.3	1,150	1,397.5	606	698.9	2
20 - 24	2,439	1,334.2	1,202	1,370.6	1,232	1,295.4	5
25 - 29	1,528	962.4	557	717.7	971	1,196.5	0
30 - 34	788	520.1	217	290.7	571	743.1	0
35 - 44	679	233.6	134	92.8	545	372.8	0
45+	503	58.7	65	14.3	438	108.4	0
Not Specified	26	-	13	-	13	-	0
Hispanic/Latino	10,328	69.9	3,902	53.4	6,408	85.9	18
Ages 0 - 9	7	0.3	5	0.4	2	0.1	0
10 - 14	37	2.9	29	4.6	8	1.2	0
15 - 19	1,347	99.6	782	118.4	564	81.4	1
20 - 24	3,085	231.6	1,318	205.9	1,766	255.3	1
25 - 29	2,376	198.1	864	152.2	1,508	238.7	4
30 - 34	1,490	128.2	422	75.1	1,065	177.2	3
35 - 44	1,389	65.6	343	32.8	1,038	96.9	8
45+	569	15.5	131	6.8	437	24.8	1
Not Specified	28	-	8	-	20	-	0
White	8,517	56.9	2,482	33.1	6,027	80.7	8
Ages 0 - 9	3	0.2	3	0.5	0	0.0	0
10 - 14	15	2.2	14	4.1	1	0.3	0
15 - 19	542	66.5	361	91.0	181	43.3	0
20 - 24	1,695	185.1	745	171.7	950	197.1	0
25 - 29	1,840	195.2	551	120.9	1,285	264.0	4
30 - 34	1,384	145.7	349	76.5	1,032	209.1	3
35 - 44	1,556	86.1	295	33.7	1,260	135.4	1
45+	1,450	19.3	150	3.9	1,300	36.1	0
Not Specified	32	-	14	-	18	-	0
Other/Multi/Unknown	10,395	-	4,120	-	6,248	-	27
Ages 0 - 9	7	-	5	-	2	-	0
10 - 14	30	-	23	-	7	-	0
15 - 19	1,384	-	811	-	568	-	5
20 - 24	2,780	-	1,273	-	1,497	-	10
25 - 29	2,078	-	796	-	1,277	-	5
30 - 34	1,407	-	498	-	907	-	2
35 - 44	1,486	-	430	-	1,053	-	3
45+	1,076	-	244	-	832	-	0
Not Specified	147	-	40	-	105	-	2

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 13. Gonorrhea, Cases and Incidence Rates for Select Age Groups, by Gender, California Counties and Selected City Health Jurisdictions, 2013

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	7,836	287.2	7,601	260.9	6,243	61.6	16,102	158.9
Alameda	493	486.0	375	356.6	221	49.5	734	170.6
— Berkeley ¹	33	189.7	57	345.5	19	65.9	83	290.6
Alpine	-	-	-	-	-	-	-	-
Amador	5	305.2	-	-	-	-	1	8.9
Butte	31	159.0	33	161.4	38	70.7	39	72.0
Calaveras	-	-	2	73.6	2	17.0	6	52.3
Colusa	2	135.3	3	174.3	3	57.6	1	18.5
Contra Costa	243	340.5	166	220.2	186	62.7	256	91.1
Del Norte	-	-	-	-	-	-	-	-
El Dorado	4	35.3	10	79.6	6	12.2	18	37.1
Fresno	535	698.4	333	410.9	448	192.9	411	174.7
Glenn	2	104.2	-	-	-	-	3	42.1
Humboldt	43	420.9	19	184.9	57	162.8	79	211.1
Imperial	20	144.3	8	51.5	4	9.6	11	24.0
Inyo	1	99.1	1	92.5	-	-	-	-
Kern	369	554.9	361	486.2	294	144.5	517	229.2
Kings	23	229.7	13	96.1	26	82.5	26	53.9
Lake	9	254.0	3	74.4	6	35.7	7	41.3
Lassen	3	196.2	2	61.8	-	-	1	7.3
Los Angeles	2,364	327.4	2,809	371.9	1,680	61.4	6,085	225.3
— Long Beach ¹	101	261.1	79	211.7	70	54.1	188	150.2
— Pasadena ¹	11	130.8	5	55.5	8	19.3	22	54.7
Madera	47	420.3	27	218.9	27	66.1	35	99.4
Marin	15	124.5	8	57.9	13	18.3	48	69.8
Mariposa	1	105.8	1	108.5	1	20.7	-	-
Mendocino	2	40.5	1	18.2	3	12.9	7	29.6
Merced	44	193.3	38	153.3	29	47.5	28	44.7
Modoc	1	198.9	-	-	-	-	1	42.8
Mono	1	121.4	1	115.3	-	-	3	66.0
Monterey	84	272.4	61	175.1	105	101.5	112	99.3
Napa	9	99.2	4	40.9	7	19.5	17	46.6
Nevada	3	58.2	4	72.2	6	22.9	8	31.4
Orange	243	110.6	305	131.5	247	29.4	651	78.6
Placer	20	83.3	20	79.1	30	31.2	37	40.6
Plumas	1	97.9	-	-	1	20.0	1	20.3
Riverside	339	190.8	298	159.4	269	47.9	487	86.8
Sacramento	646	646.9	382	364.6	477	121.9	652	172.4
San Benito	8	187.1	6	135.4	7	46.1	4	27.5
San Bernardino	618	370.2	464	262.2	432	81.0	519	99.3
San Diego	412	181.3	545	209.2	406	48.0	1,384	161.4
San Francisco	98	216.3	327	731.0	94	37.7	1,974	723.0
San Joaquin	234	429.8	178	301.5	217	124.2	305	175.4
San Luis Obispo	10	45.4	14	53.6	16	24.1	21	29.5
San Mateo	52	126.7	63	141.5	36	17.2	179	87.2
Santa Barbara	40	101.5	22	53.7	22	21.2	36	33.0
Santa Clara	187	166.1	214	174.8	238	46.9	481	92.5
Santa Cruz	31	138.8	24	104.1	33	45.6	45	61.5
Shasta	55	496.7	45	376.2	68	147.2	77	173.7
Sierra	1	878.1	-	-	-	-	1	120.0
Siskiyou	4	178.3	4	148.0	4	34.3	8	69.9
Solano	126	445.9	81	263.3	85	74.8	122	106.1
Sonoma	44	135.5	36	104.3	51	38.6	118	90.5
Stanislaus	116	287.9	106	246.2	128	96.1	197	150.9
Sutter	14	210.5	13	178.6	20	82.1	24	99.1
Tehama	7	170.1	9	208.9	15	95.3	27	172.0
Trinity	1	150.4	-	-	-	-	1	27.0
Tulare	67	183.4	58	149.0	62	58.2	98	90.8
Tuolumne	5	181.5	4	121.2	4	30.6	4	25.5
Ventura	65	108.7	62	96.8	75	34.1	118	53.8
Yolo	25	104.5	33	151.7	31	60.4	52	103.0
Yuba	13	253.4	5	92.3	13	70.0	25	133.1

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

Note: Incidence 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, 2013*

Health Care Setting	Females			Males†		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	196,363	667	0.3%	66,272	941	1.4%
Family Planning Clinics	97,001	524	0.5%	17,610	507	2.9%
Juvenile Detention	4,342	105	2.4%	4,079	18	0.4%
STD Clinics	1,602	28	1.7%	7,668	672	8.8%

* Data displayed for the Managed Care Organization is for 2012, as 2013 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 15. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Females, by Health Care Setting and Age Group, 2013*

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	5	2	40.0%	0	0	0.0%	5	3	60.0%	13	5	38.5%
15-19	113	44	38.9%	2	1	50.0%	186	87	46.8%	92	42	45.7%
20-24	189	45	23.8%	6	1	16.7%	255	89	34.9%	0	0	0.0%
25-29	120	23	19.2%	6	2	33.3%	90	21	23.3%	0	0	0.0%
30-34	58	16	27.6%	0	0	0.0%	64	10	15.6%	0	0	0.0%
35+	39	8	20.5%	14	4	28.6%	67	12	17.9%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	524	138	26.3%	28	8	28.6%	667	222	33.3%	105	47	44.8%

* Data displayed for the Managed Care Organization is for 2012, as 2013 data were not available.

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

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 16. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Males, by Health Care Setting and Age Group, 2013*

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Detention Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	0	0	0.0%	0	0	0.0%	3	1	33.3%	0	0	0.0%
15-19	34	8	23.5%	21	8	38.1%	96	22	22.9%	18	4	22.2%
20-24	148	35	23.6%	109	30	27.5%	247	55	22.3%	0	0	0.0%
25-29	119	26	21.8%	141	51	36.2%	133	22	16.5%	0	0	0.0%
30-34	79	20	25.3%	115	27	23.5%	122	19	15.6%	0	0	0.0%
35+	127	17	13.4%	285	71	24.9%	339	48	14.2%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	507	106	20.9%	671	187	27.9%	940	167	17.8%	18	4	22.2%

* Data displayed for the Managed Care Organization is for 2012, as 2013 data were not available.

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

Source: California Department of Public Health, STD Control Branch (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 17. Gonorrhea Prevalence Monitoring, Percent Positive, by Health Care Setting, Gender, and Age Group, California, 2013*

Health Care Setting & Age Group	Total			Female			Male [†]		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
Family Planning Clinics	114,611	1,031	0.9%	97,001	524	0.5%	17,610	507	2.9%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	604	5	0.8%	568	5	0.9%	36	0	0.0%
15 - 19	20,925	147	0.7%	19,088	113	0.6%	1,837	34	1.9%
20 - 24	39,868	337	0.8%	34,956	189	0.5%	4,912	148	3.0%
25 - 29	25,747	239	0.9%	21,531	120	0.6%	4,216	119	2.8%
30 - 34	12,547	137	1.1%	9,952	58	0.6%	2,595	79	3.0%
35+	14,920	166	1.1%	10,906	39	0.4%	4,014	127	3.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
STD Clinics	9,270	700	7.6%	1,602	28	1.7%	7,668	672	8.8%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	4	0	0.0%	4	0	0.0%	0	0	0.0%
15 - 19	208	23	11.1%	65	2	3.1%	143	21	14.7%
20 - 24	1,279	116	9.1%	285	6	2.1%	994	110	11.1%
25 - 29	1,749	147	8.4%	266	6	2.3%	1,483	141	9.5%
30 - 34	1,423	115	8.1%	188	0	0.0%	1,235	115	9.3%
35+	4,607	299	6.5%	794	14	1.8%	3,813	285	7.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Managed Care Organization	262,635	1,608	0.6%	196,363	667	0.3%	66,272	941	1.4%
Ages 0 - 9	159	0	0.0%	113	0	0.0%	46	0	0.0%
10 - 14	3,510	8	0.2%	2,345	5	0.2%	1,165	3	0.3%
15 - 19	46,423	282	0.6%	36,734	186	0.5%	9,689	96	1.0%
20 - 24	74,570	502	0.7%	63,444	255	0.4%	11,126	247	2.2%
25 - 29	49,072	223	0.5%	38,822	90	0.2%	10,250	133	1.3%
30 - 34	30,805	187	0.6%	22,445	64	0.3%	8,360	123	1.5%
35+	58,096	406	0.7%	32,460	67	0.2%	25,636	339	1.3%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
Juvenile Detention Facilities	8,421	123	1.5%	4,342	105	2.4%	4,079	18	0.4%
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,138	13	1.1%	675	13	1.9%	463	0	0.0%
15 - 19	7,268	110	1.5%	3,656	92	2.5%	3,612	18	0.5%
20 - 24	12	0	0.0%	9	0	0.0%	3	0	0.0%
25 - 29	3	0	0.0%	2	0	0.0%	1	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	0	0	0.0%	0	0	0.0%	0	0	0.0%

* Data displayed for the Managed Care Organization is for 2012, as 2013 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 (excludes data from Los Angeles and San Francisco Infertility Prevention Projects)

Table 18. Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2009–2013

CLINIC SITE	2009		2010		2011		2012		2013	
	Number	Percent								
TOTALS										
Total Specimens	724		803		703		736		763	
No Resistance	496	68.5	556	69.2	400	56.9	375	51.0	351	46.0
Ceftriaxone Decreased Susceptibility ¹	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility ²	1	0.1	4	0.5	0	0.0	1	0.1	0	0.0
Azithromycin Decreased Susceptibility ³	7	1.0	11	1.4	3	0.4	1	0.1	4	0.5
Ciprofloxacin Decreased Susceptibility ⁴	3	0.4	14	1.7	18	2.6	16	2.2	7	0.9
Ciprofloxacin-Resistant ⁵	105	14.5	151	18.8	210	29.9	258	35.1	272	35.6
Other Drug Resistance*	201	27.8	206	25.7	255	36.3	308	41.8	330	43.3
Los Angeles										
Total Specimens	210		264		174		149		194	
No Resistance	153	72.9	189	71.6	117	67.2	77	51.7	91	46.9
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	1	0.5	2	0.8	0	0.0	0	0.0	0	0.0
Azithromycin Decreased Susceptibility	1	0.5	3	1.1	0	0.0	1	0.7	1	0.5
Ciprofloxacin Decreased Susceptibility	0	0.0	4	1.5	0	0.0	3	2.0	0	0.0
Ciprofloxacin-Resistant	28	13.3	44	16.7	49	28.2	52	34.9	67	34.5
Other Drug Resistance*	52	24.8	64	24.2	46	26.4	66	44.3	89	45.9
Orange										
Total Specimens	82		104		107		124		124	
No Resistance	52	63.4	71	68.3	68	63.6	71	57.3	47	37.9
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	1	0.8	0	0.0
Azithromycin Decreased Susceptibility	1	1.2	2	1.9	0	0.0	0	0.0	1	0.8
Ciprofloxacin Decreased Susceptibility	0	0.0	1	1.0	6	5.6	2	1.6	1	0.8
Ciprofloxacin-Resistant	15	18.3	24	23.1	27	25.2	42	33.9	55	44.4
Other Drug Resistance*	29	35.4	26	25.0	26	24.3	38	30.6	53	42.7
San Diego										
Total Specimens	172		205		210		205		176	
No Resistance	104	60.5	140	68.3	112	53.3	87	42.4	87	49.4
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Azithromycin Decreased Susceptibility	5	2.9	5	2.4	2	1.0	0	0.0	1	0.6
Ciprofloxacin Decreased Susceptibility	1	0.6	5	2.4	10	4.8	8	3.9	6	3.4
Ciprofloxacin-Resistant	36	20.9	41	20.0	66	31.4	79	38.5	56	31.8
Other Drug Resistance*	55	32.0	54	26.3	91	43.3	105	51.2	67	38.1
San Francisco										
Total Specimens	260		230		212		258		269	
No Resistance	187	71.9	156	67.8	103	48.6	140	54.3	126	46.8
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	2	0.9	0	0.0	0	0.0	0	0.0
Azithromycin Decreased Susceptibility	0	0.0	1	0.4	1	0.5	0	0.0	1	0.4
Ciprofloxacin Decreased Susceptibility	2	0.8	4	1.7	2	0.9	3	1.2	0	0.0
Ciprofloxacin-Resistant	26	10.0	42	18.3	68	32.1	85	32.9	94	34.9
Other Drug Resistance*	65	25.0	62	27.0	92	43.4	99	38.4	121	45.0

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 μ g/ml; ⁵ MIC \geq 1.0 μ g/ml

* Other Drug Resistance includes penicillin and tetracycline.

Note: Totalling 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 Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate								
CALIFORNIA	2,023	5.5	2,070	5.5	2,451	6.5	2,977	7.9	3,554	9.3
Alameda	76	5.1	113	7.5	139	9.1	135	8.8	156	10.0
— Berkeley ¹	8	7.2	15	13.3	18	15.7	9	7.8	11	9.4
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	1	2.6	1	2.6	1	2.7	-	-	-	-
Butte	1	0.5	-	-	2	0.9	1	0.5	2	0.9
Calaveras	1	2.2	-	-	-	-	-	-	2	4.4
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	37	3.5	33	3.1	64	6.0	63	5.9	78	7.2
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	2	1.1	1	0.6	1	0.6	2	1.1	4	2.2
Fresno	24	2.6	14	1.5	28	3.0	55	5.8	100	10.4
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	3	2.2	5	3.7	2	1.5
Imperial	6	3.5	-	-	4	2.3	2	1.1	4	2.2
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	22	2.6	25	3.0	43	5.1	77	9.0	119	13.7
Kings	-	-	4	2.6	2	1.3	6	4.0	15	10.0
Lake	-	-	3	4.6	-	-	-	-	5	7.8
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	779	7.9	692	7.0	813	8.2	946	9.5	1,112	11.1
— Long Beach ¹	54	11.7	47	10.2	47	10.1	52	11.1	76	16.2
— Pasadena ¹	9	6.6	1	0.7	7	5.0	12	8.6	2	1.4
Madera	-	-	-	-	3	2.0	2	1.3	11	7.2
Marin	3	1.2	2	0.8	6	2.4	10	3.9	18	7.0
Mariposa	-	-	-	-	-	-	1	5.4	-	-
Mendocino	-	-	-	-	2	2.3	2	2.3	3	3.4
Merced	1	0.4	5	2.0	3	1.2	3	1.1	18	6.8
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.2	7	1.7	9	2.1	19	4.5	31	7.3
Napa	3	2.2	3	2.2	5	3.6	5	3.6	6	4.3
Nevada	2	2.0	1	1.0	1	1.0	2	2.0	4	4.1
Orange	94	3.1	76	2.5	66	2.2	109	3.5	199	6.4
Placer	4	1.2	4	1.1	6	1.7	7	1.9	15	4.1
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	93	4.3	121	5.5	129	5.8	111	4.9	130	5.7
Sacramento	66	4.7	52	3.7	118	8.2	141	9.8	116	8.0
San Benito	-	-	2	3.6	-	-	1	1.8	1	1.7
San Bernardino	30	1.5	39	1.9	59	2.9	53	2.6	76	3.7
San Diego	263	8.5	280	9.0	292	9.3	334	10.6	351	11.0
San Francisco	311	38.8	361	44.8	378	46.5	486	59.1	482	58.0
San Joaquin	27	4.0	32	4.7	45	6.5	76	10.9	74	10.5
San Luis Obispo	2	0.7	-	-	2	0.7	12	4.4	5	1.8
San Mateo	21	2.9	23	3.2	34	4.7	42	5.7	58	7.8
Santa Barbara	7	1.7	4	0.9	4	0.9	9	2.1	22	5.1
Santa Clara	62	3.5	86	4.8	67	3.7	103	5.6	150	8.1
Santa Cruz	6	2.3	8	3.0	16	6.0	16	6.0	24	8.8
Shasta	-	-	1	0.6	3	1.7	1	0.6	1	0.6
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	1	2.2	-	-	-	-	1	2.2	3	6.6
Solano	17	4.1	5	1.2	22	5.3	23	5.5	20	4.7
Sonoma	7	1.5	12	2.5	20	4.1	39	8.0	27	5.5
Stanislaus	13	2.5	26	5.0	31	6.0	35	6.7	57	10.8
Sutter	-	-	2	2.1	3	3.2	-	-	3	3.1
Tehama	-	-	-	-	-	-	-	-	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	20	4.6	13	2.9	7	1.6	17	3.8	18	3.9
Tuolumne	-	-	-	-	1	1.8	-	-	3	5.5
Ventura	18	2.2	16	1.9	14	1.7	15	1.8	18	2.1
Yolo	1	0.5	2	1.0	5	2.5	9	4.4	10	4.8
Yuba	1	1.4	1	1.4	-	-	1	1.4	-	-

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

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 20. Primary and Secondary Syphilis, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
Total	3,554	9.3	209	1.1	3,343	17.6	2
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	5	0.2	1	0.1	4	0.3	0
15 - 19	143	5.2	14	1.0	129	9.1	0
20 - 24	603	20.9	51	3.7	552	36.9	0
25 - 29	626	22.9	43	3.3	582	41.1	1
30 - 34	497	18.2	28	2.1	469	33.7	0
35 - 44	781	15.2	30	1.2	750	29.1	1
45+	892	6.2	41	0.5	851	12.5	0
Not Specified	7	-	1	-	6	-	0
Native American/Alaskan Native	16	9.6	2	2.4	14	17.0	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	5	39.5	1	16.6	4	60.2	0
25 - 29	2	18.0	0	0.0	2	35.2	0
30 - 34	2	18.3	0	0.0	2	36.0	0
35 - 44	3	14.3	0	0.0	3	28.8	0
45+	4	5.8	1	2.8	3	9.1	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	215	4.2	7	0.3	208	8.6	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	1	0.4	0	0.0	1	0.7	0
15 - 19	8	2.6	0	0.0	8	5.0	0
20 - 24	42	12.2	2	1.2	40	22.6	0
25 - 29	37	10.5	2	1.1	35	19.9	0
30 - 34	29	7.5	0	0.0	29	15.9	0
35 - 44	55	6.8	1	0.2	54	14.5	0
45+	42	2.0	2	0.2	40	4.3	0
Not Specified	1	-	0	-	1	-	0
African American/Black	494	22.3	62	5.5	431	39.3	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	28	16.6	3	3.6	25	28.8	0
20 - 24	121	66.2	18	20.5	103	108.3	0
25 - 29	107	67.4	12	15.5	94	115.8	1
30 - 34	65	42.9	6	8.0	59	76.8	0
35 - 44	78	26.8	10	6.9	68	46.5	0
45+	94	11.0	12	2.6	82	20.3	0
Not Specified	1	-	1	-	0	-	0
Hispanic/Latino	1,276	8.6	67	0.9	1,209	16.2	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	4	0.3	1	0.2	3	0.5	0
15 - 19	75	5.5	8	1.2	67	9.7	0
20 - 24	269	20.2	17	2.7	252	36.4	0
25 - 29	261	21.8	15	2.6	246	38.9	0
30 - 34	212	18.2	7	1.2	205	34.1	0
35 - 44	269	12.7	10	1.0	259	24.2	0
45+	185	5.0	9	0.5	176	10.0	0
Not Specified	1	-	0	-	1	-	0
White	1,248	8.3	51	0.7	1,196	16.0	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	19	2.3	3	0.8	16	3.8	0
20 - 24	122	13.3	8	1.8	114	23.7	0
25 - 29	177	18.8	10	2.2	167	34.3	0
30 - 34	152	16.0	11	2.4	141	28.6	0
35 - 44	302	16.7	7	0.8	294	31.6	1
45+	473	6.3	12	0.3	461	12.8	0
Not Specified	3	-	0	-	3	-	0
Other/Multi/Unknown	305	-	20	-	285	-	0
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	13	-	0	-	13	-	0
20 - 24	44	-	5	-	39	-	0
25 - 29	42	-	4	-	38	-	0
30 - 34	37	-	4	-	33	-	0
35 - 44	74	-	2	-	72	-	0
45+	94	-	5	-	89	-	0
Not Specified	1	-	0	-	1	-	0

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 21. Early Latent Syphilis, Cases and Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate								
CALIFORNIA	1,718	4.6	1,810	4.9	2,051	5.5	2,528	6.7	2,893	7.6
Alameda	35	2.3	59	3.9	65	4.3	77	5.0	86	5.5
— Berkeley ¹	3	2.7	2	1.8	2	1.7	4	3.5	6	5.1
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	1	2.7	-	-
Butte	1	0.5	1	0.5	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	11	1.1	13	1.2	21	2.0	26	2.4	27	2.5
Del Norte	-	-	-	-	1	3.5	-	-	-	-
El Dorado	-	-	1	0.6	-	-	-	-	1	0.5
Fresno	12	1.3	5	0.5	8	0.9	17	1.8	41	4.3
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	1	0.7	1	0.7	-	-	-	-	1	0.7
Imperial	1	0.6	-	-	-	-	1	0.6	7	3.9
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	6	0.7	17	2.0	22	2.6	32	3.7	43	5.0
Kings	-	-	1	0.7	1	0.7	3	2.0	1	0.7
Lake	-	-	-	-	-	-	-	-	1	1.6
Lassen	1	2.9	-	-	-	-	-	-	-	-
Los Angeles	1,038	10.6	968	9.9	1,109	11.2	1,359	13.7	1,419	14.2
— Long Beach ¹	52	11.2	37	8.0	51	11.0	48	10.3	61	13.0
— Pasadena ¹	3	2.2	4	2.9	5	3.6	16	11.4	9	6.4
Madera	-	-	-	-	2	1.3	1	0.7	2	1.3
Marin	1	0.4	6	2.4	4	1.6	6	2.4	2	0.8
Mariposa	-	-	-	-	-	-	-	-	1	5.4
Mendocino	-	-	-	-	-	-	1	1.1	-	-
Merced	2	0.8	2	0.8	3	1.2	6	2.3	1	0.4
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	6	1.4	7	1.7	4	0.9	9	2.1
Napa	3	2.2	-	-	-	-	1	0.7	2	1.4
Nevada	-	-	-	-	2	2.0	-	-	-	-
Orange	55	1.8	47	1.6	42	1.4	51	1.7	117	3.8
Placer	-	-	1	0.3	3	0.8	1	0.3	4	1.1
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	58	2.7	66	3.0	108	4.9	95	4.2	99	4.4
Sacramento	36	2.6	43	3.0	46	3.2	37	2.6	27	1.9
San Benito	-	-	1	1.8	-	-	1	1.8	-	-
San Bernardino	27	1.3	21	1.0	44	2.1	39	1.9	63	3.0
San Diego	136	4.4	176	5.7	161	5.2	243	7.7	233	7.3
San Francisco	207	25.8	281	34.9	290	35.7	374	45.5	521	62.7
San Joaquin	7	1.0	12	1.7	11	1.6	22	3.2	30	4.3
San Luis Obispo	-	-	-	-	-	-	1	0.4	4	1.5
San Mateo	5	0.7	11	1.5	11	1.5	24	3.3	22	3.0
Santa Barbara	4	0.9	1	0.2	-	-	1	0.2	2	0.5
Santa Clara	25	1.4	26	1.5	34	1.9	43	2.4	60	3.2
Santa Cruz	4	1.5	5	1.9	9	3.4	12	4.5	8	2.9
Shasta	1	0.6	-	-	1	0.6	-	-	4	2.2
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	8	1.9	8	1.9	4	1.0	8	1.9	9	2.1
Sonoma	1	0.2	2	0.4	9	1.8	11	2.3	8	1.6
Stanislaus	7	1.4	11	2.1	7	1.4	10	1.9	18	3.4
Sutter	-	-	-	-	1	1.1	2	2.1	1	1.0
Tehama	-	-	-	-	-	-	-	-	1	1.6
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	14	3.2	5	1.1	15	3.4	5	1.1	5	1.1
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	8	1.0	12	1.5	8	1.0	10	1.2	13	1.5
Yolo	3	1.5	-	-	2	1.0	3	1.5	-	-
Yuba	-	-	1	1.4	-	-	-	-	-	-

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

Note: Incidence rates are per 100,000 population.

Source: California Department of Public Health, STD Control Branch

Table 22. Early Latent Syphilis, Cases and Incidence Rates by Gender, Race/Ethnicity, and Age Group, California, 2013

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
Total	2,893	7.6	193	1.0	2,696	14.2	4
Ages 0 - 9	1	a	0	0.0	1	a	0
10 - 14	1	a	1	0.1	0	0.0	0
15 - 19	81	2.9	24	1.8	57	4.0	0
20 - 24	289	10.0	41	3.0	248	16.6	0
25 - 29	431	15.7	43	3.3	388	27.4	0
30 - 34	430	15.8	31	2.3	398	28.6	1
35 - 44	726	14.1	26	1.0	697	27.0	3
45+	931	6.5	27	0.4	904	13.3	0
Not Specified	3	-	0	-	3	-	0
Native American/Alaskan Native	10	6.0	1	1.2	9	10.9	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	0	0.0	0	0.0	0	0.0	0
20 - 24	0	0.0	0	0.0	0	0.0	0
25 - 29	3	27.1	1	18.5	2	35.2	0
30 - 34	1	9.1	0	0.0	1	18.0	0
35 - 44	2	9.6	0	0.0	2	19.2	0
45+	4	5.8	0	0.0	4	12.1	0
Not Specified	0	-	0	-	0	-	0
Asian/Pacific Islander	108	2.1	6	0.2	102	4.2	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	0.3	0	0.0	1	0.6	0
20 - 24	13	3.8	0	0.0	13	7.3	0
25 - 29	21	6.0	1	0.6	20	11.4	0
30 - 34	16	4.1	1	0.5	15	8.2	0
35 - 44	36	4.5	2	0.5	34	9.1	0
45+	21	1.0	2	0.2	19	2.1	0
Not Specified	0	-	0	-	0	-	0
African American/Black	359	16.2	50	4.5	309	28.2	0
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	23	13.6	12	14.6	11	12.7	0
20 - 24	55	30.1	5	5.7	50	52.6	0
25 - 29	86	54.2	15	19.3	71	87.5	0
30 - 34	44	29.0	8	10.7	36	46.8	0
35 - 44	60	20.6	4	2.8	56	38.3	0
45+	91	10.6	6	1.3	85	21.0	0
Not Specified	0	-	0	-	0	-	0
Hispanic/Latino	1,192	8.1	97	1.3	1,092	14.6	3
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	45	3.3	11	1.7	34	4.9	0
20 - 24	143	10.7	24	3.7	119	17.2	0
25 - 29	195	16.3	16	2.8	179	28.3	0
30 - 34	209	18.0	15	2.7	193	32.1	1
35 - 44	305	14.4	16	1.5	287	26.8	2
45+	292	7.9	14	0.7	278	15.8	0
Not Specified	2	-	0	-	2	-	0
White	1,022	6.8	33	0.4	989	13.2	0
Ages 0 - 9	1	0.1	0	0.0	1	0.1	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	9	1.1	1	0.3	8	1.9	0
20 - 24	62	6.8	10	2.3	52	10.8	0
25 - 29	96	10.2	7	1.5	89	18.3	0
30 - 34	123	13.0	7	1.5	116	23.5	0
35 - 44	270	14.9	3	0.3	267	28.7	0
45+	460	6.1	5	0.1	455	12.6	0
Not Specified	1	-	0	-	1	-	0
Other/Multi/Unknown	202	-	6	-	195	-	1
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	3	-	0	-	3	-	0
20 - 24	16	-	2	-	14	-	0
25 - 29	30	-	3	-	27	-	0
30 - 34	37	-	0	-	37	-	0
35 - 44	53	-	1	-	51	-	1
45+	63	-	0	-	63	-	0
Not Specified	0	-	0	-	0	-	0

a: Fewer than 0.05 per 100,000.

Note: Incidence 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 Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate								
CALIFORNIA	2,494	6.7	2,363	6.3	2,500	6.7	2,548	6.7	3,609	9.4
Alameda	47	3.1	40	2.6	59	3.9	76	4.9	151	9.6
— Berkeley ¹	6	5.4	1	0.9	8	7.0	10	8.7	16	13.7
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	1	0.5	-	-	1	0.5	5	2.3	4	1.8
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	1	4.7	1	4.6
Contra Costa	61	5.8	51	4.8	40	3.8	39	3.6	71	6.6
Del Norte	-	-	1	3.5	-	-	1	3.5	-	-
El Dorado	1	0.6	1	0.6	2	1.1	2	1.1	4	2.2
Fresno	38	4.1	32	3.4	36	3.8	49	5.2	126	13.1
Glenn	-	-	-	-	-	-	-	-	2	7.1
Humboldt	-	-	2	1.5	1	0.7	-	-	1	0.7
Imperial	11	6.3	10	5.7	8	4.5	11	6.2	13	7.3
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	104	12.5	98	11.7	135	15.9	114	13.3	141	16.3
Kings	7	4.6	4	2.6	2	1.3	5	3.3	11	7.3
Lake	-	-	-	-	1	1.6	1	1.6	3	4.7
Lassen	1	2.9	2	5.7	2	5.8	3	9.0	1	3.1
Los Angeles	1,206	12.3	1,120	11.4	1,087	11.0	1,013	10.2	1,496	14.9
— Long Beach ¹	66	14.3	67	14.5	104	22.4	34	7.3	95	20.2
— Pasadena ¹	11	8.1	9	6.6	17	12.2	6	4.3	7	5.0
Madera	8	5.3	12	7.9	5	3.3	8	5.3	19	12.4
Marin	6	2.4	5	2.0	16	6.3	5	2.0	7	2.7
Mariposa	-	-	-	-	-	-	-	-	3	16.2
Mendocino	-	-	-	-	-	-	1	1.1	1	1.1
Merced	4	1.6	8	3.1	3	1.2	4	1.5	6	2.3
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	4	1.0	4	1.0	9	2.1	17	4.0	37	8.7
Napa	4	2.9	4	2.9	2	1.5	1	0.7	5	3.6
Nevada	1	1.0	-	-	-	-	-	-	1	1.0
Orange	130	4.3	165	5.5	132	4.3	85	2.8	213	6.9
Placer	-	-	6	1.7	4	1.1	3	0.8	8	2.2
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	101	4.7	72	3.3	139	6.3	197	8.8	230	10.1
Sacramento	82	5.8	80	5.6	65	4.5	58	4.0	85	5.9
San Benito	2	3.6	-	-	-	-	2	3.5	2	3.5
San Bernardino	117	5.8	120	5.9	143	7.0	195	9.4	201	9.7
San Diego	211	6.9	196	6.3	234	7.5	217	6.9	288	9.1
San Francisco	131	16.3	115	14.3	143	17.6	170	20.7	170	20.5
San Joaquin	33	4.8	25	3.6	32	4.6	25	3.6	18	2.6
San Luis Obispo	1	0.4	1	0.4	1	0.4	3	1.1	14	5.2
San Mateo	18	2.5	18	2.5	16	2.2	33	4.5	22	3.0
Santa Barbara	7	1.7	9	2.1	8	1.9	14	3.3	18	4.2
Santa Clara	64	3.6	67	3.8	73	4.0	83	4.5	70	3.8
Santa Cruz	3	1.1	2	0.8	5	1.9	8	3.0	10	3.7
Shasta	-	-	-	-	-	-	2	1.1	2	1.1
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	2	4.4	-	-	1	2.2	1	2.2	1	2.2
Solano	8	1.9	10	2.4	16	3.9	16	3.8	14	3.3
Sonoma	5	1.0	12	2.5	12	2.5	7	1.4	6	1.2
Stanislaus	14	2.7	15	2.9	12	2.3	15	2.9	31	5.9
Sutter	2	2.1	2	2.1	2	2.1	3	3.1	4	4.1
Tehama	1	1.6	1	1.6	1	1.6	3	4.7	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	22	5.0	22	5.0	15	3.4	22	4.9	41	9.0
Tuolumne	-	-	1	1.8	-	-	1	1.8	2	3.7
Ventura	32	3.9	28	3.4	33	4.0	27	3.2	46	5.5
Yolo	3	1.5	-	-	3	1.5	2	1.0	8	3.9
Yuba	1	1.4	2	2.8	1	1.4	-	-	1	1.4

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

Note: Incidence 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 Incidence Rates, California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	2009		2010		2011		2012		2013	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
CALIFORNIA	55	10.4	51	10.0	48	9.6	30	6.0	56	11.1
Alameda	-	-	2	10.4	2	10.5	-	-	1	5.2
— Berkeley ¹	-	-	-	-	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	-	-	1	8.1	-	-	1	8.3	-	-
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	5	30.7	3	18.4	2	12.4	2	12.5	12	74.3
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	2	63.6	1	32.6	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	1	6.7	-	-	1	7.0	4	27.5	4	27.1
Kings	-	-	-	-	-	-	-	-	-	-
Lake	-	-	-	-	-	-	-	-	2	276.1
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	16	11.5	9	6.8	17	13.0	7	5.3	8	6.1
— Long Beach ¹	2	28.0	2	28.9	2	29.3	1	14.7	1	14.7
— Pasadena ¹	-	-	-	-	-	-	-	-	-	-
Madera	-	-	-	-	-	-	-	-	-	-
Marin	-	-	-	-	-	-	-	-	-	-
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	1	23.2	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	-	-
Napa	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	1	2.5	1	2.6	1	2.6	-	-	4	10.4
Placer	-	-	-	-	1	26.1	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	1	3.2	1	3.3	3	9.8	3	9.9	5	15.8
Sacramento	6	29.4	2	10.0	6	30.0	1	5.1	2	10.2
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	2	6.3	-	-	-	-	1	3.3	6	19.3
San Diego	9	20.0	13	29.0	2	4.6	4	9.0	2	4.6
San Francisco	2	22.7	-	-	1	11.3	-	-	-	-
San Joaquin	1	9.2	6	56.6	3	29.0	1	9.9	2	18.8
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	-	-	-	-	3	33.2	1	10.9	-	-
Santa Barbara	-	-	1	17.2	-	-	-	-	1	17.7
Santa Clara	2	7.9	1	4.2	2	8.5	-	-	1	4.2
Santa Cruz	-	-	-	-	-	-	1	32.4	-	-
Shasta	-	-	1	46.8	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	1	199.6	-	-
Solano	-	-	-	-	1	19.4	-	-	-	-
Sonoma	1	17.6	-	-	-	-	-	-	-	-
Stanislaus	-	-	1	12.8	2	25.8	-	-	3	38.2
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	6	71.8	7	85.8	1	12.6	2	25.0	3	36.9
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	-	-	-	-	-	-	-	-
Yolo	-	-	1	41.2	-	-	-	-	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

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

Note: Incidence 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 Incidence Rates by Race/Ethnicity of Mother, California, 2004–2013

RACE/ETHNICITY	NUMBER OF CASES									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CALIFORNIA	64	71	69	84	70	55	51	48	30	56
Native American/Alaskan Native	1	0	0	0	1	0	0	0	0	3
Asian/Pacific Islander	3	7	2	8	4	1	3	7	2	3
African American/Black	11	13	8	14	10	7	9	14	7	8
Hispanic/Latina	42	40	53	50	40	31	27	19	15	24
White	6	9	4	9	14	13	12	6	6	8
Other/Not Specified	1	2	2	3	1	3	0	2	0	10

RACE/ETHNICITY	INCIDENCE RATE PER 100,000 LIVE BIRTHS									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CALIFORNIA	11.7	12.9	12.3	14.8	12.7	10.4	10.0	9.6	6.0	11.1
Native American/Alaskan Native	48.2	0.0	0.0	0.0	49.2	0.0	0.0	0.0	0.0	169.4
Asian/Pacific Islander	4.6	10.9	3.1	11.6	5.9	1.5	4.8	10.9	2.8	4.2
African American/Black	38.4	45.2	26.7	47.5	34.0	24.5	32.5	51.7	26.4	30.0
Hispanic/Latina	15.3	14.1	18.1	16.8	13.9	11.5	10.5	7.6	6.1	9.8
White	3.8	5.8	2.6	6.0	9.5	9.2	8.5	4.3	4.4	5.8

Source: California Department of Public Health, STD Control Branch

Table 26. Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2009–2013

COUNTY	Cases				
	2009	2010	2011	2012	2013
CALIFORNIA	3	4	2	7	7
Alameda	2	-	1	-	1
— Berkeley ¹	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	1
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	-	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	1	1	1	1	1
— Long Beach ¹	-	1	-	-	-
— Pasadena ¹	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	1	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	1	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	1	-	-	-
Sacramento	-	-	-	1	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	-	-	-	3
San Francisco	-	-	-	1	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	-	-	-
San Mateo	-	-	-	-	-
Santa Barbara	-	-	-	1	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	1	-	-	-
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	1	-
Sonoma	-	-	-	-	-
Stanislaus	-	-	-	-	1
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	-	-	-	-
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	1	-
Yuba	-	-	-	-	-

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

Source: California Department of Public Health, STD Control Branch

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Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, 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 jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

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

⓪ ! = Report immediately by telephone (designated by a ⓪ 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 ⓪ ☒ = 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(i)(1)

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")	FAX ⓪ ☒	Q Fever
FAX ⓪ ☒	Amebiasis	⓪ !	Rabies, human or animal
	Anaplasmosis/Ehrlichiosis	FAX ⓪ ☒	Relapsing Fever
⓪ !	Anthrax, human or animal		Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
FAX ⓪ ☒	Babesiosis		Rocky Mountain Spotted Fever
⓪ !	Botulism (Infant, Foodborne, Wound, Other)		Rubella (German Measles)
	Brucellosis, animal (except infections due to <i>Brucella canis</i>)		Rubella Syndrome, Congenital
⓪ !	Brucellosis, human	FAX ⓪ ☒	Salmonellosis (Other than Typhoid Fever)
FAX ⓪ ☒	Campylobacteriosis	⓪ !	Scombroid Fish Poisoning
	Chancroid	⓪ !	Severe Acute Respiratory Syndrome (SARS)
FAX ⓪ ☒	Chickenpox (Varicella) (only hospitalizations and deaths)	⓪ !	Shiga toxin (detected in feces)
	<i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum (LGV)	FAX ⓪ ☒	Shigellosis
⓪ !	Cholera	⓪ !	Smallpox (Variola)
⓪ !	Ciguatera Fish Poisoning	FAX ⓪ ☒	<i>Staphylococcus aureus</i> 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)
	Coccidioidomycosis	FAX ⓪ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	FAX ⓪ ☒	Syphilis
FAX ⓪ ☒	Cryptosporidiosis		Tetanus
	Cyclosporiasis		Toxic Shock Syndrome
	Cysticercosis or taeniasis	FAX ⓪ ☒	Trichinosis
⓪ !	Dengue	FAX ⓪ ☒	Tuberculosis
⓪ !	Diphtheria		Tularemia, animal
⓪ !	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	⓪ !	Tularemia, human
FAX ⓪ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⓪ ☒	Typhoid Fever, Cases and Carriers
⓪ !	<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ⓪ ☒	<i>Vibrio</i> Infections
† FAX ⓪ ☒	Foodborne Disease	⓪ !	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo Ebola, Lassa, and Marburg viruses)
	Giardiasis	FAX ⓪ ☒	West Nile virus (WNV) Infection
	Gonococcal Infections	⓪ !	Yellow Fever
FAX ⓪ ☒	<i>Haemophilus influenzae</i> , invasive disease (report an incident of less than 15 years of age)	FAX ⓪ ☒	Yersiniosis
⓪ !	Hantavirus Infections	⓪ !	OCCURRENCE of ANY UNUSUAL DISEASE
⓪ !	Hemolytic Uremic Syndrome	⓪ !	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.
FAX ⓪ ☒	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 ⓪ ☒	Listeriosis		
	Lyme Disease		
FAX ⓪ ☒	Malaria		
⓪ !	Measles (Rubeola)		
FAX ⓪ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
⓪ !	Meningococcal Infections		
	Mumps		
⓪ !	Paralytic Shellfish Poisoning		
	Pelvic Inflammatory Disease (PID)		
FAX ⓪ ☒	Pertussis (Whooping Cough)		
⓪ !	Plague, human or animal		
FAX ⓪ ☒	Poliovirus Infection		
FAX ⓪ ☒	Psittacosis		

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.ccrca.org.

CDPH 110a (revised 07/05/2011)

