Sexually Transmitted Diseases in California
2020 Technical Notes

OVERVIEW OF DATA SOURCES BY SEXUALLY TRANSMITTED INFECTION

DATA SOURCE	Chlamydia	Gonorrhea	Syphilis	Other STIs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE		X	X	
PREVALENCE MONITORING				
Family Planning Clinics	X	X		
Managed Care Organizations	X	X		
ANTIMICROBIAL RESISTANCE SURVEILLANCE		X		

The sexually transmitted diseases (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 sexually transmitted infections (STI): chlamydia, gonorrhea, syphilis, 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 these data to the California Department of Public Health (CDPH). In 2020, most health jurisdictions used the California Reportable Disease Information Exchange (CalREDIE) system, while a few entered their case data into their own locally developed surveillance systems. For the CalREDIE data, incidents with resolution statuses of confirmed, probable, suspect, unknown, and missing were included in the case counts for all diseases except congenital syphilis (CS) – if they fulfilled the surveillance case definition for their respective disease. For CS, cases were enumerated based on the CS classification of confirmed, stillbirth, or probable.

At the time of publication, we identified an error that led to an approximate 25% undercount of primary and secondary (P&S) syphilis cases in San Francisco, <2% of the state's total morbidity for P&S syphilis. These data are being corrected for future reporting.

Rates by county and selected city health jurisdictions were calculated using State of California, Department of Finance, *E-6: Population Estimates and Components of Change by County, July 1, 2010-2020,* Sacramento, California, December 2020. Rates by age, race/ethnicity, and gender were calculated using State of California, Department of Finance, *Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060, Baseline 2020*, Sacramento, California, January 2021. In this report, data were presented by county and for the separate city health jurisdictions of Berkeley, Long Beach, and Pasadena. Data for these cities were displayed separately from their respective county totals as well as with the county totals.

Rates of **congenital syphilis** were calculated using State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Fertility Rates and Births, 1990-2040*,

Sacramento, California (Baseline 2020 Population Projections, Vintage 2020 Release), January 2021, and State of California, Department of Public Health, Center for Health Statistics, *Comprehensive Master Birth Files*.

Gender data for tables and graphs were based on the following categories: female (including transgender women), male (including transgender men), other, and unknown.

The **race and ethnicity** data included in this report were based on the following categories: Black/African American (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), American Indian/Alaska Native (non-Hispanic), multi-race (non-Hispanic), other race (non-Hispanic), and Not Specified (no race or ethnicity information was available). Missing race/ethnicity data hampers the interpretation of disease burden by race/ethnicity. The observed racial/ethnic disparities in the burden of STIs may reflect true differences in infection rates, or reporting practices of providers that serve different populations, among other things that influence the completeness of surveillance data.

Enhanced case-based surveillance for syphilis is based on standardized interviews of syphilis cases conducted by disease intervention specialists and/or public health nurses. Enhanced surveillance for gonorrhea is based on standardized interviews of a random, statewide sample of gonorrhea cases (excluding the County of San Francisco who conducts their own enhanced gonorrhea surveillance) and their medical providers, also conducted by state and 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, anatomic site of infection) data are collected beyond what are available in confidential morbidity reports (CMR).

Prevalence monitoring for chlamydia and gonorrhea in this report were reported to CDPH by family planning and managed care facilities. In 2020, prevalence monitoring data for clients who received family planning services were available from 27 facilities associated with Title X and 865 facilities, served by Quest Diagnostics, which participated in the Family PACT program.

Prevalence monitoring for chlamydia and gonorrhea is also conducted in managed care settings. Since 1999, Kaiser Permanente Northern California (KPNC) has participated in electronic data transmissions to CDPH. Through a data transmission protocol that removes patient identity, KPNC has provided chlamydia and gonorrhea testing data for all patients tested at their Northern California facilities.

California carries out surveillance for gonococcal drug resistance as part of the national **Gonococcal Isolate Surveillance Project (GISP).** Every month, sentinel STD clinics in Los Angeles, Orange, and San Diego's local health jurisdictions are asked to submit the first 25 gonococcal isolates from male urethral specimens for antibiotic susceptibility testing. Due to decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month from a given site.

The **regions** seen in various slides are defined as follows:

Region	County / City
Northern	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba Counties
Sacramento Area	El Dorado, Placer, Sacramento, and Yolo Counties
San Francisco	San Francisco County
Bay Area	Alameda, Berkeley (City), Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, and Sonoma Counties
Central Coast	Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura Counties
Central Inland	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties
Los Angeles	Los Angeles County excluding the Cities of Long Beach and Pasadena
Southern	Imperial, Long Beach (City), Orange, Pasadena (City), Riverside, San Bernardino, and San Diego Counties

The source of **national STD data** presented is the Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2020* Atlanta, Georgia: U.S. Department of Health and Human Services, 2020. The U.S. Healthy People Year 2030 Goals were from U.S. Department of Health and Human Resources, Healthy People 2030 Website, Sexually Transmitted Infections (https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections).

SMALL NUMBERS CAUTION

To prevent inadvertent or intentional identification of individuals in these data, the STD Control Branch reviews all tables and graphs prior to release, and implements cell suppression procedures in accordance with the California Health and Human Services Data De-Identification Guidelines (https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf).

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF COMMUNICABLE DISEASE CONTROL
Seema Jain, M.D., Chief

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STD CONTROL BRANCH
Kathleen Jacobson, M.D., Chief
Karlo Estacio, Assistant Branch Chief
Nicole Burghardt, MPH
Robert E. Snyder, PHD, MPH

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Inquiries regarding this report should be directed to:
California Department of Public Health
STD Control Branch
Data Management and Surveillance Unit
MS 7320
P.O. Box 997377
Sacramento, CA 95899-7377
STDEpi@cdph.ca.gov