

Syphilis and Gonorrhea among Men who have Sex with Men (MSM), California: 2017 Snapshot¹

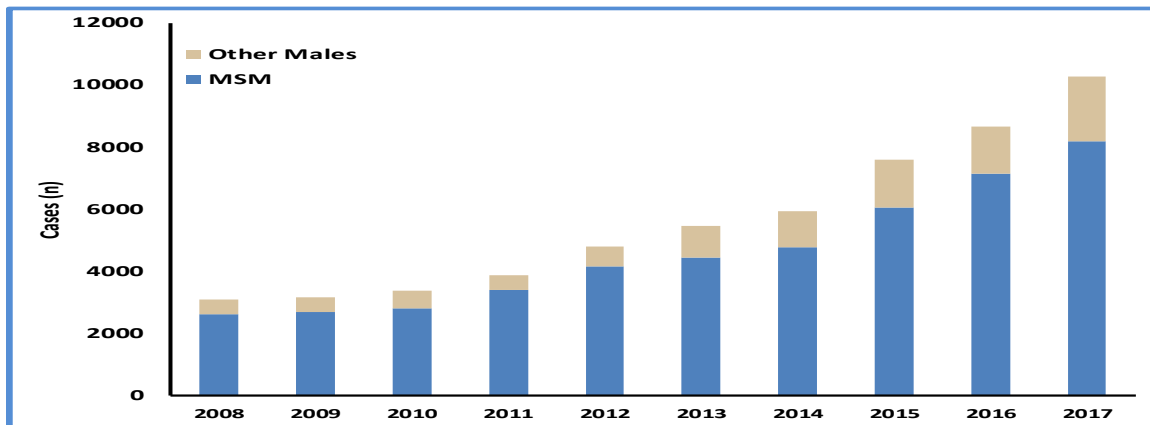
EARLY SYPHILIS

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Early syphilis includes primary, secondary, and early latent stages of the disease. Untreated infection can lead to long term health problems, including brain disease. Syphilis increases both transmission and acquisition of HIV. Tests and treatment are available.

SYPHILIS CONTINUES TO DISPROPORTIONATELY IMPACT MSM:

- In 2017, the rate of early syphilis among MSM was 727 cases per 100,000
- 8,178 early syphilis cases were reported among MSM in 2017, a 14% increase from 2016
- 71% of early syphilis cases reported in California in 2017 were among MSM²

Early Syphilis Cases among Males, 2008-2017



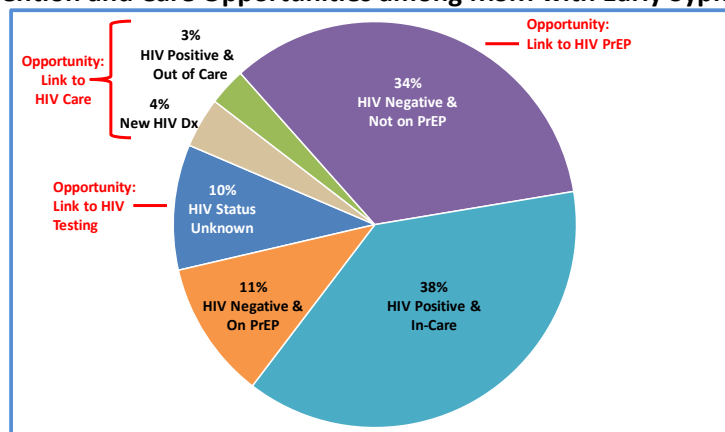
SYPHILIS AND HIV EPIDEMICS OVERLAP AMONG MSM:

- 45% of MSM with early syphilis are co-infected with HIV³
- The rate of early syphilis among HIV-positive MSM is:
 - 11X higher than the rate among HIV-neg MSM
 - 250X higher than the rate among other males
 - 550X times higher than the rate among females

SYPHILIS CASE MANAGEMENT PROVIDES OPPORTUNITIES FOR HIV CARE AND PREVENTION ACTIVITIES:

- 51% of MSM with early syphilis would benefit from HIV-related services, including:³
 - HIV testing
 - Linkage to HIV care
 - Linkage to HIV pre-exposure prophylaxis (PrEP)

HIV Prevention and Care Opportunities among MSM with Early Syphilis, 2017³



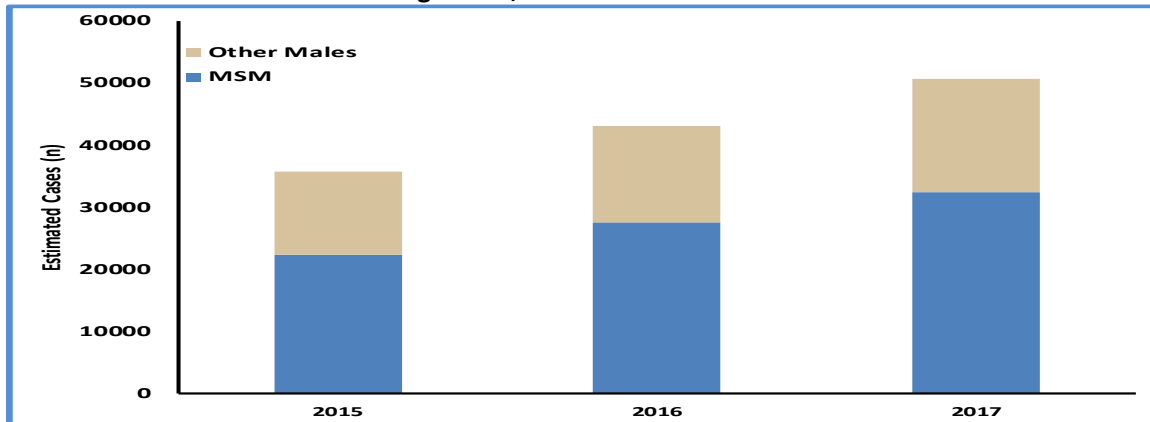
GONORRHEA

Gonorrhea is the second most commonly reported sexually transmitted bacterial infection in California. Gonococcal infections often cause no symptoms. Tests and treatment are available.

GONORRHEA CONTINUES TO DISPROPORTIONATELY IMPACT MSM:⁴

- In 2017, the estimated rate of gonorrhea among MSM was 2,884 cases per 100,000
- An estimated 32,419 gonorrhea cases were reported among MSM in 2017, an 18% increase from 2016

Estimated Gonorrhea Cases among Males, 2015-2017⁴



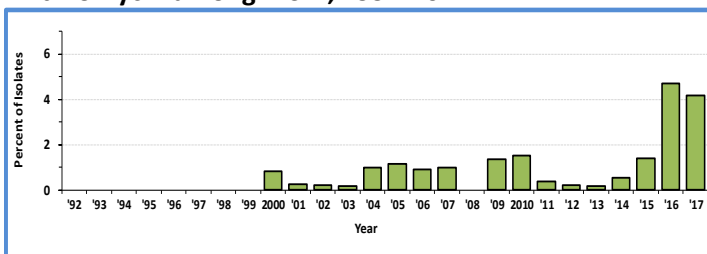
ANTIBIOTIC RESISTANCE IS A CONCERN AMONG MSM:

- Among MSM participating in the Gonococcal Isolate Surveillance Project (GISP):
 - Over 4% had isolates that demonstrated reduced susceptibility to Azithromycin in 2016 and 2017
 - Reduced susceptibility to Cephalosporins has decreased substantially since 2010

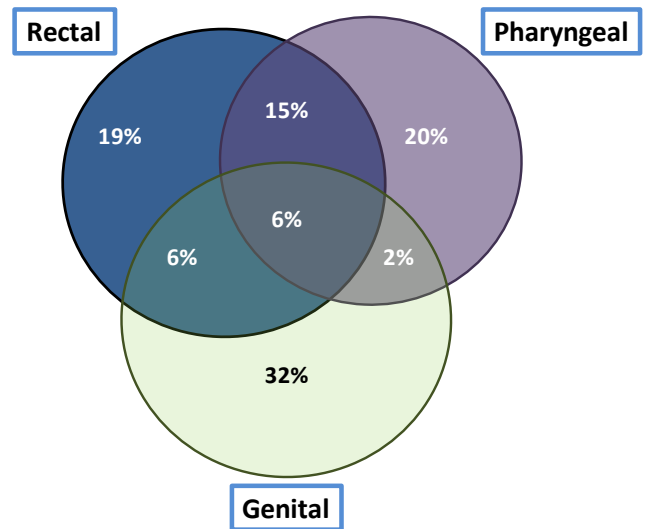
MSM SHOULD BE TESTED FOR GONORRHEA AND CHLAMYDIA AT ALL ANATOMIC SITES OF EXPOSURE:

- Among MSM participating in the California Gonorrhea Surveillance System (CGSS):
 - 54% of cases would have been missed without rectal and/or pharyngeal testing

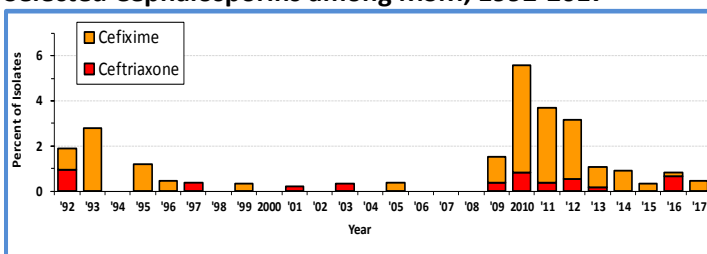
Percent of GISP Isolates with Reduced Susceptibility to Azithromycin among MSM, 1992-2017



Percent of Gonorrhea Cases by Anatomic Site of Infection among MSM, CGSS, 2017



Percent of GISP Isolates with Reduced Susceptibility to Selected Cephalosporins among MSM, 1992-2017



1. All 2017 data are provisional; MSM population denominators for rate calculations are based on: Grey et al. Estimating the Population Sizes of Men who have sex with Men in US States and Counties Using Data from the American Community Survey. 2016. JMIR Public Health Surveillance.
2. Excludes cases with missing data on gender and gender of sex partners.
3. Excludes cases from the counties of Los Angeles and San Francisco.
4. Gonorrhea case counts are estimated by applying the distribution of MSM vs. Other Males measured in CGSS, a 2.5% random sample of gonorrhea cases, to the total number of reported male cases in a given year.