Sexually Transmitted Diseases in California
2019 Technical Notes

OVERVIEW OF THE DATA SOURCES, BY SEXUALLY TRANSMITTED DISEASE

DATA SOURCE	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE		X	X	
PREVALENCE MONITORING				
Family Planning Clinics	X	X		
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 STDs: 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 the data to the California Department of Public Health (CDPH). In 2019, most health jurisdictions used the California Reportable Disease Information Exchange (CalREDIE) system, while a few entered case data into unique locally developed systems. For the CalREDIE data, incidents with resolution status of confirmed, probable, suspect, unknown, and missing are included in the case counts for all diseases except congenital syphilis (CS). For CS, cases are counted based on the CS classification of confirmed, stillbirth, or probable.

Rates by county and selected city health jurisdictions were calculated with the use of State of California, Department of Finance, *E-6: Population Estimates and Components of Change by County, July 1, 2010-2019,* Sacramento, California, December 2019. 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, Baseline 2019*, Sacramento, California, January 2020. 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.

Gender information for tables and graphs was based on the following categories: Female (including Female to Male transgender), Male (including Male to Female transgender), Other, and Unknown. The number of reported cases among persons who identify as transgender constituted well under one percent of all reported STD cases in the California Project Area.

The **race and ethnicity** information included in this report is 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). 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.

Rates for **congenital syphilis** were calculated with the use of State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Fertility Rates and Births, 1990-2040*, Sacramento, California (Baseline 2019 Population Projections; Vintage 2019 Release), January 2020; and State of California, Department of Public Health, Center for Health Statistics, *Comprehensive Master Birth Files*.

Enhanced case-based surveillance for syphilis is based on standardized interviews of syphilis cases conducted by LHJ 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 San Francisco) 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 is available from the Confidential Morbidity Reports (CMRs) alone.

Prevalence monitoring for chlamydia and gonorrhea in this report is from family planning and managed care facilities. In 2019, prevalence monitoring data for clients receiving family planning services was available for 82 facilities associated with Title X and 891 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 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.

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 for antibiotic susceptibility testing. Due to decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month in 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 City of Long Beach and City of Pasadena
Southern	Imperial, Long Beach (City), Orange, Pasadena (City), Riverside, San Bernardino, and San Diego Counties

The source of **national STD data** presented is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2019* Atlanta, Georgia: U.S. Department of Health and Human Services, 2019. 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

In order to prevent inadvertent or intentional identification of individuals in the presented 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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