



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Sexually Transmitted Diseases Surveillance Report Bexar County, 2016

Epidemiology Program

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12/21/2017

Report Overview

This report describes cases reported to the San Antonio Metropolitan Health District STD/HIV Program from January 1 to December 31, 2016, as well as historical data. The 2016 Bexar County STD Surveillance Report presents data by date of diagnosis, not date of report, as in previous surveillance reports. Therefore, cases and case rates from 2005-2012 may differ slightly from those in STD Surveillance Reports that were published after 2012.

Population numbers used to calculate rates for 2010 data are from the National Center for Health Statistics [Estimates of the April 1, 2010 resident population of the United States, by county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex], and were accessed through CDC Wonder system.

Population numbers used to calculate rates for 2011-2016 data are from the National Center for Health Statistics [Vintage 2017 postcensal estimates of the resident population of the United States April 1, 2010, July 1, 2010-July 1, 2017, by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex], and were accessed through CDC Wonder system.

The number of Persons Living with HIV was obtained from Texas' enhanced HIV/AIDS Reporting System. Population denominators used to calculate rates of HIV/AIDS among Men who have sex with Men (MSM) in the 2016 HIV Surveillance report were estimated through a previously published methodology. For more details, see:

Oster, Alexandra & Sternberg, Maya & Lansky, Amy & Broz, Dita & Wejnert, Cyprian & PazBailey, Gabriela. (2015). Population Size Estimates for Men who Have Sex with Men and Persons who Inject Drugs. Journal of urban health : bulletin of the New York Academy of Medicine. 92. 10.1007/s11524-015-9970-3.

MSM denominator estimates for this year's report were recalculated using updated data sources and rates may have changed.

Data on gender identity is not standardized in the Texas STD surveillance system. The sex of persons represented in this data may or may not reflect their current gender identity. Metro Health is working with the Texas Department of State Health Services to improve data collection on this highly impacted population so that data on transgender people can be included in future reports.

Standard measures of disease frequency¹ were calculated for each condition, frequencies and rates (number of cases per 100,00 population). The following measures are calculated by condition to monitor trends over time (2010-2016):

- Case count and rate by year
- Rates by year and race/ethnicity
- Rates by year and age group
- Rate by year comparing Bexar County to Texas and US
- Geographic mapping of the rates by census tract with an overlay of the council districts

Chlamydia

Description and Background²

Chlamydia is a sexually transmitted disease (STD) caused by infection with *Chlamydia trachomatis*. It can cause cervicitis and urethritis in women and urethritis and proctitis in men. Chlamydial infections in women can lead to serious consequences including pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2016, 1,598,354 cases of chlamydia were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia. A large number of cases are not reported because most people with chlamydia are asymptomatic and do not seek testing.

Impact and Risk²

Chlamydia is common among young people. Nearly two-thirds of new chlamydia infections in the U.S. occur in young persons age 15-24 years of age. It is estimated that 1 in 20 sexually active females aged 14-24 years has chlamydia². Substantial racial/ethnic disparities in infection exist nationally, with prevalence among non-Hispanic blacks 5.6 times the prevalence among non-Hispanic whites. Men who have sex with men (MSM) are also at risk for chlamydial infection since chlamydia can be transmitted by oral or anal sex. Among MSM screened for rectal chlamydia infection, positivity has ranged from 3.0% to 10.5%. Among MSM screened for pharyngeal chlamydia infection, positivity has ranged from 0.5% to 2.3%².

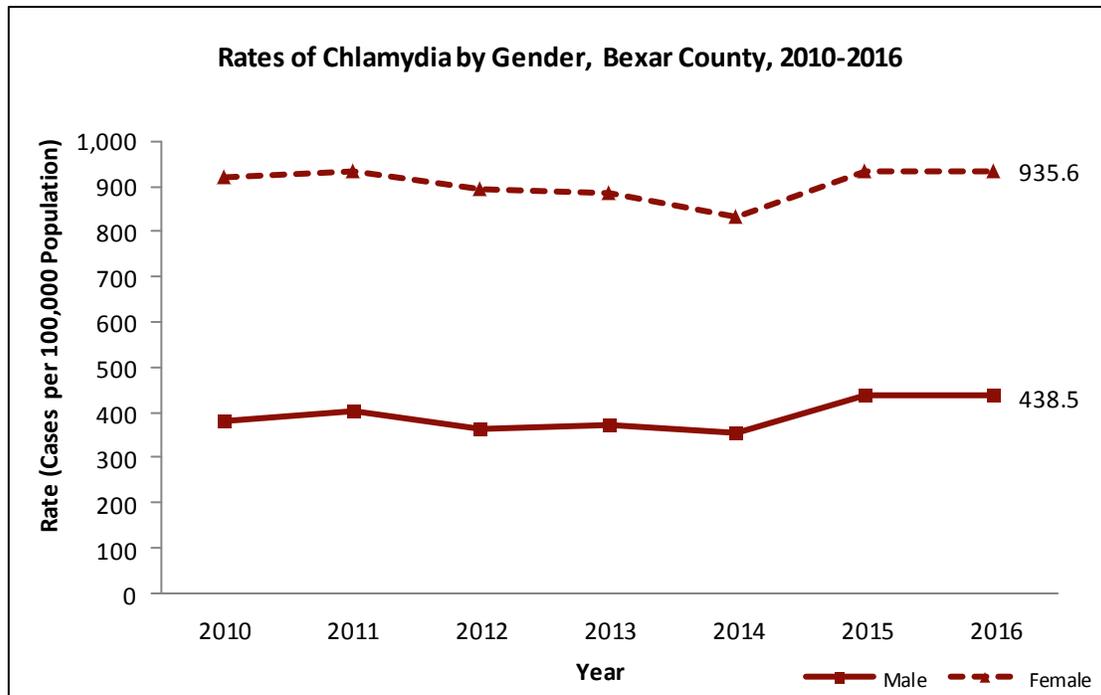
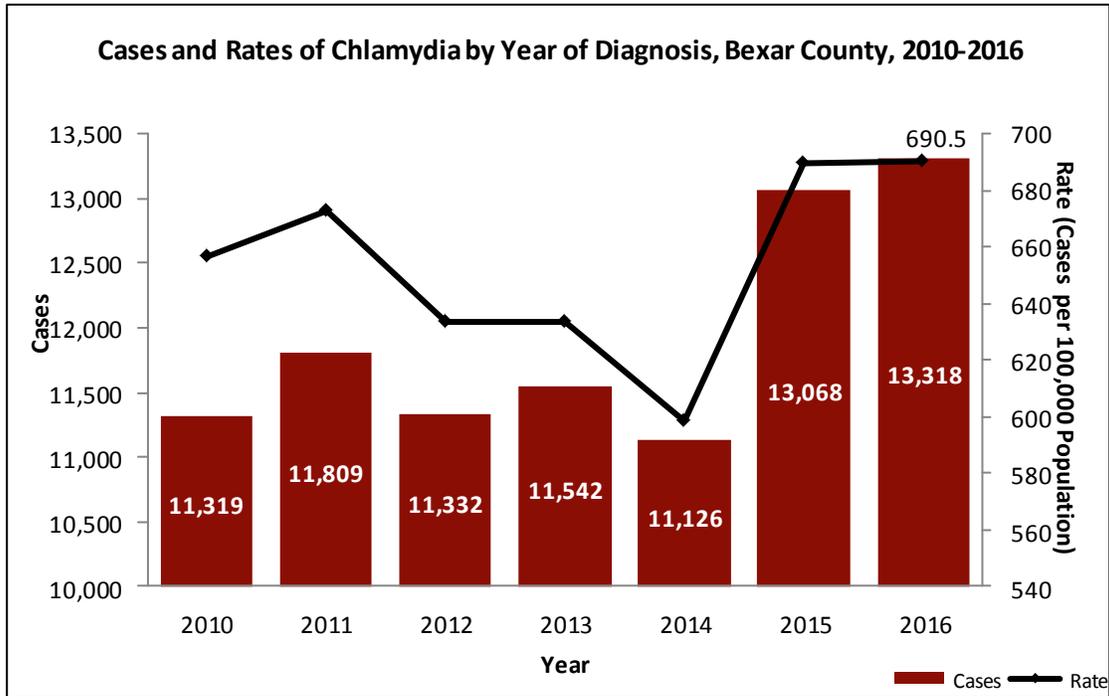
Chlamydia Screening and Treatment²

Because chlamydia is usually asymptomatic, screening is necessary to identify most infections. CDC recommends yearly chlamydia screening of all sexually active women age 25 years or younger and older women with risk factors for infection (e.g., women who have a new or more than one sex partner). Pregnant women should be screened at their first prenatal care visit. Pregnant women under 25 or at increased risk for chlamydia (e.g., women who have a new or more than one sex partner) should be screened again in their third trimester. Routine screening is not recommended for men. Screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., correctional facilities and STD clinics) when resources permit and do not hinder screening efforts in women. MSM who have receptive anal sex should be screened each year. Chlamydia can be easily cured with antibiotics. Latex male condoms, used consistently and correctly, can reduce the risk of getting or giving chlamydia. The surest way to avoid chlamydia is to abstain from vaginal, anal, and oral sex, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Conclusions:

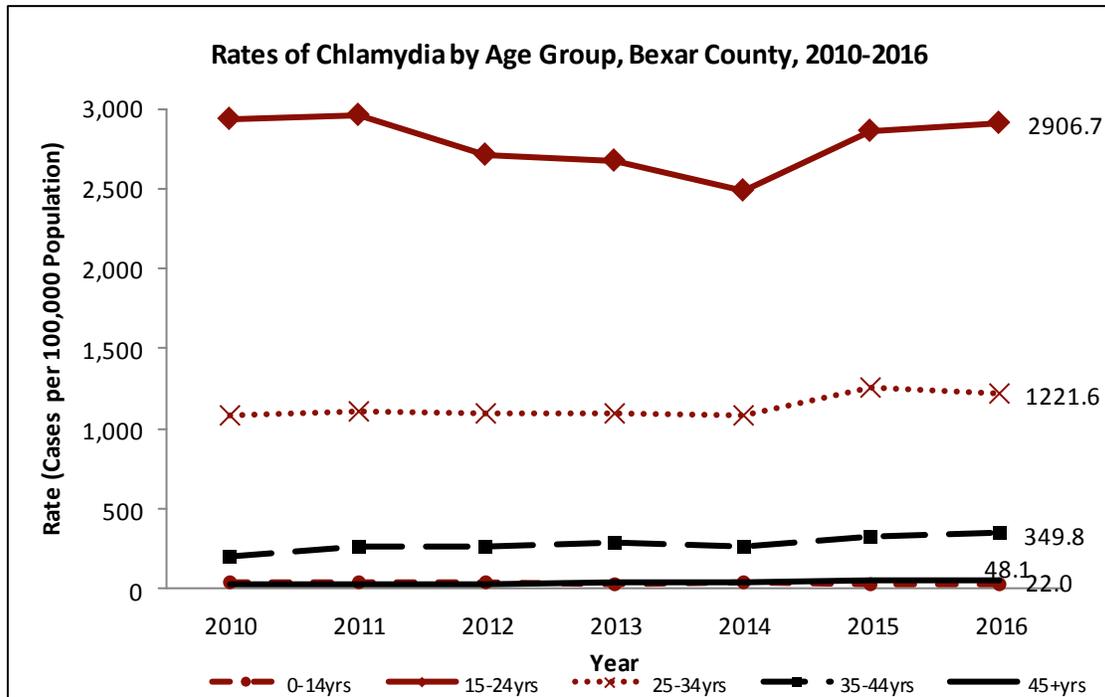
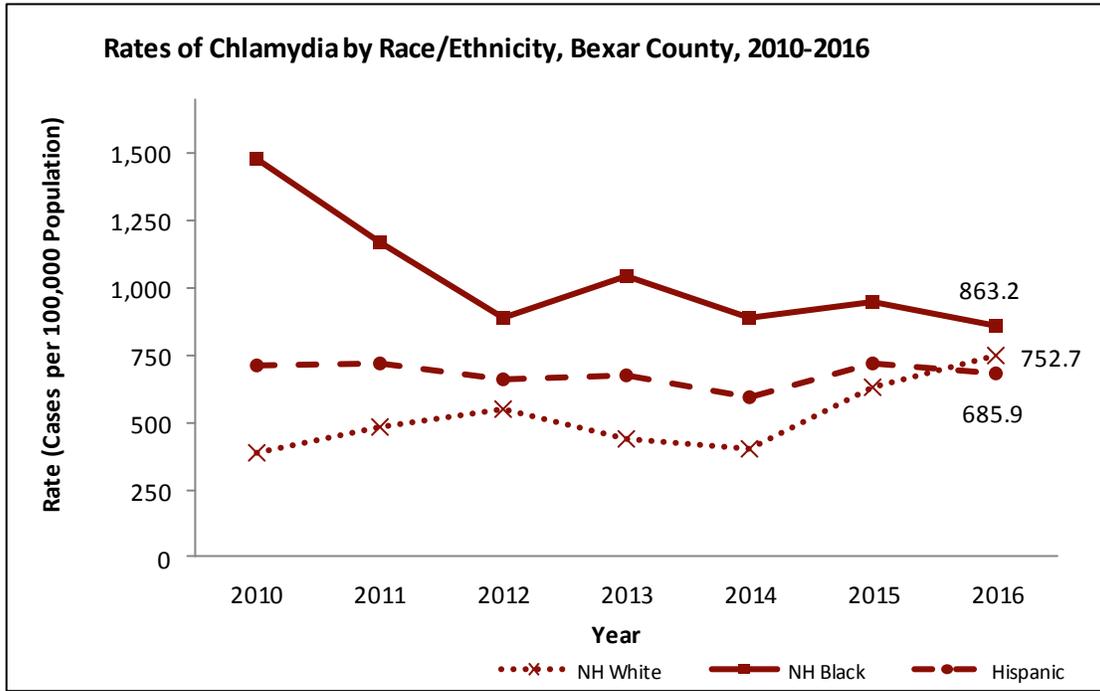
In 2016, there were 13,318 cases of chlamydia reported in Bexar County for a rate of 690.5 cases per 100,000 population. This is an 18% increase in the number of cases reported from 2010. Rates of chlamydia have historically been higher among females compared to males and this may be related to women receiving more screening than men. Rates of chlamydia have been higher among individuals that are Black, non-Hispanic, though the rates have declined over the last seven years by 42% (1,483.1 vs 863.2). Rates of chlamydia continue to be highest among individuals in the 15-24 year age group followed by the 25-34 year age group. Rates in Bexar County have consistently been higher compared to the Texas and US rates. Geographically, cases occur throughout the county.

Chlamydia



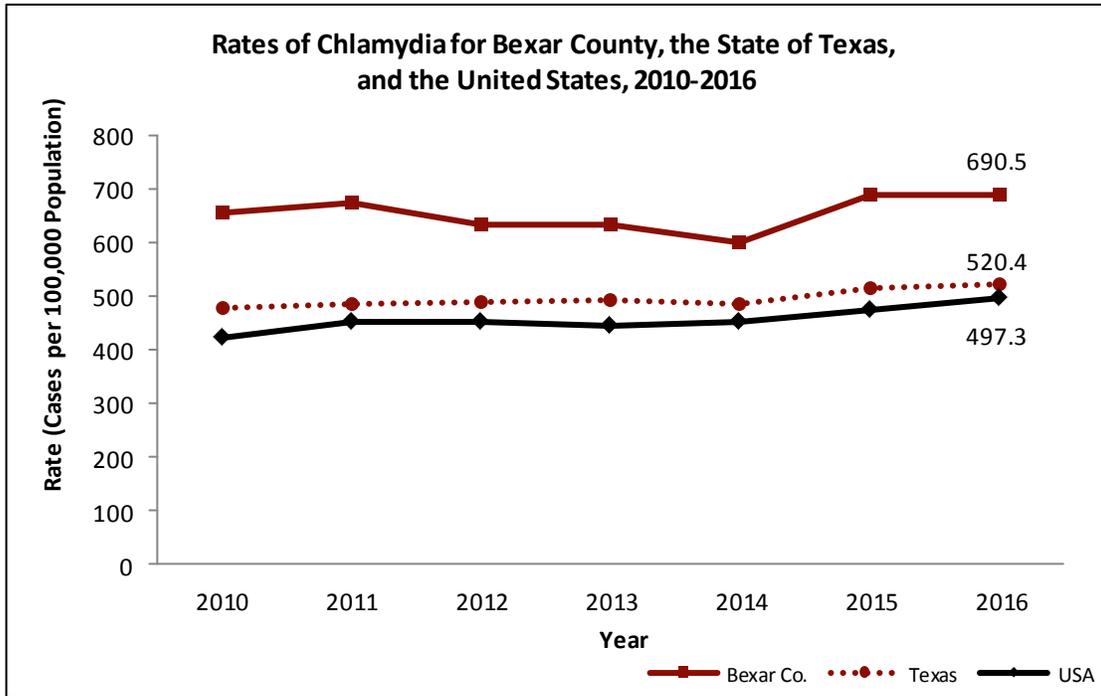
Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Chlamydia



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Chlamydia



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Chlamydia Cases and Rates¹ by Sex, Race/Ethnicity and Age Group, 2010-2016

	2010		2011		2012		2013		2014		2015		2016	
	Cases	Rate												
Overall	11,319	656.9	11,809	672.7	11,332	633.6	11,542	633.5	11,126	598.6	13,068	689.4	13,318	690.5
Sex														
Male	3,226	381.7	3,472	403.1	3,191	363.1	3,347	373.4	3,257	355.9	4,091	438.0	4,170	438.5
Female	8,093	922.0	8,336	932.4	8,141	895.0	8,194	885.1	7,866	833.5	8,977	933.6	9,148	935.6
Race/Ethnicity														
NH White	2,006	383.6	2,558	485.3	2,914	547.6	2,337	435.5	2,167	400.5	3,448	634.2	4,100	752.7
NH Black	1,781	1483.1	1,441	1172.7	1,124	886.4	1,357	1044.6	1,188	892.2	1,299	946.8	1,217	863.2
Hispanic	7,249	715.8	7,486	723.2	6,983	661.2	7,315	678.0	6,558	593.9	8,178	723.1	7,929	685.9
NH Other	276	410.4	318	452.3	301	410.1	516	672.9	193	240.2	129	154.2	61	70.1
Age Group														
0-14yrs	143	36.7	144	36.5	137	34.5	116	28.9	139	34.1	121	29.3	92	22.0
15-24yrs	7,813	2927.6	7,983	2953.6	7,423	2703.2	7,421	2676.5	6,994	2488.9	8,110	2863.0	8,288	2906.7
25-34yrs	2,754	1078.5	2,917	1109.0	2,970	1092.4	3,084	1096.5	3,119	1076.0	3,732	1252.5	3,721	1221.6
35-44yrs	477	206.0	603	257.4	616	259.0	708	292.9	656	266.5	808	321.2	897	349.8
45+yrs	132	22.8	162	27.3	186	30.7	213	34.3	215	33.9	296	45.6	320	48.1

¹Rates represent cases per 100,000 population.

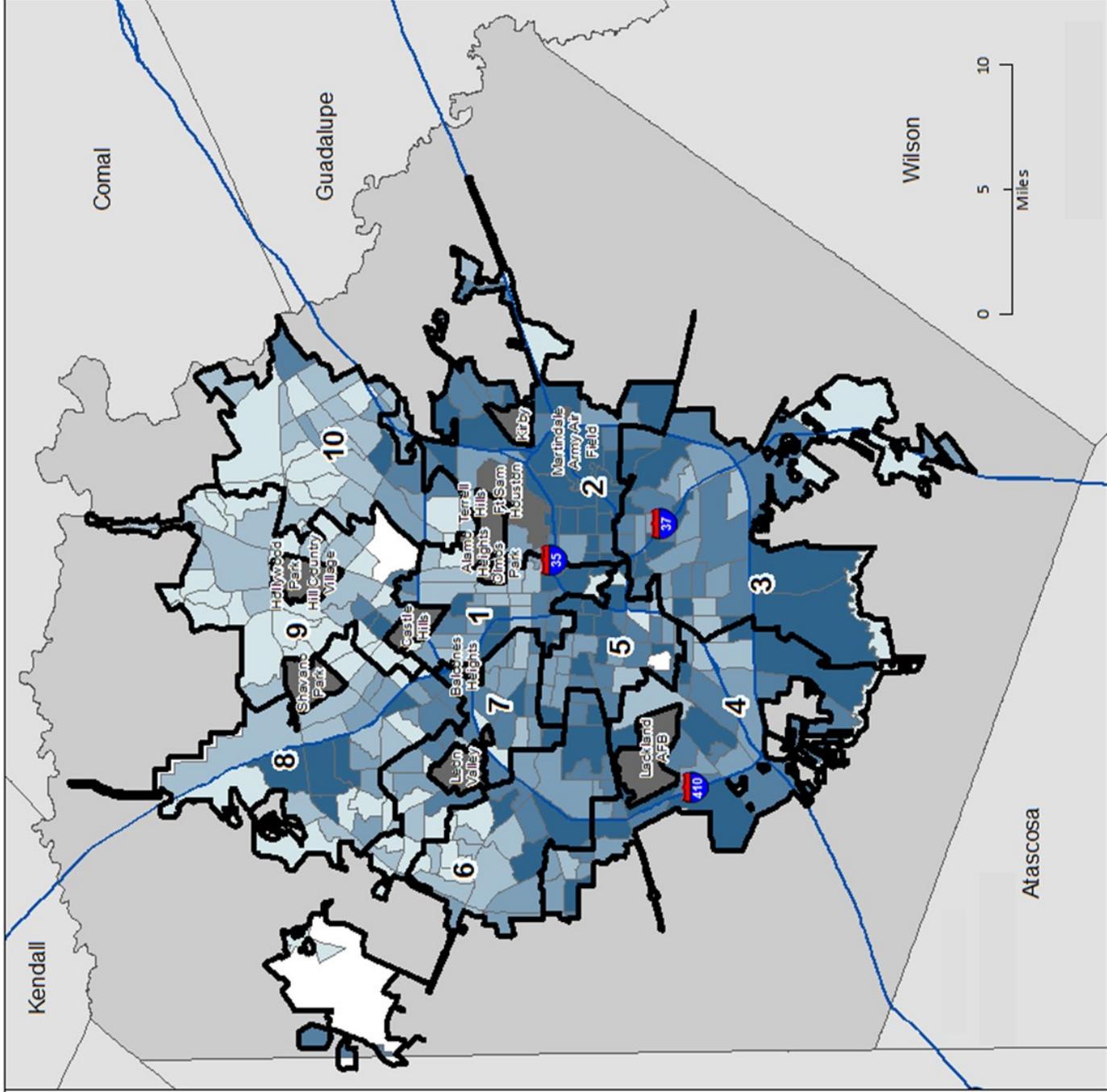
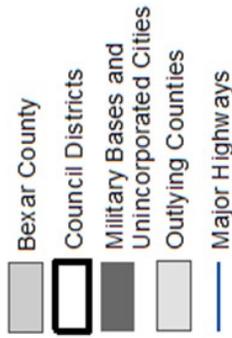
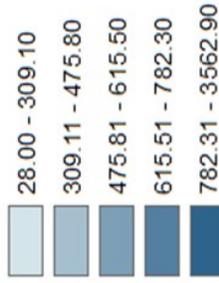
Note: Transgender persons may be included in male, female, or unknown sex categories.

NH: Non-Hispanic.

Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Chlamydia Rate, Bexar County, 2016

Census Tract
Rate by 100,000
(Quantiles)



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Gonorrhea

Description and Background³

Gonorrhea is an STD caused by infection with the *Neisseria gonorrhoeae* bacterium. *N. gonorrhoeae* infects the mucous membranes of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. *N. gonorrhoeae* can also infect the mucous membranes of the mouth, throat, eyes, and rectum. Gonorrhea is a very common infectious disease. The CDC estimates that, annually, 820,000 people in the United States get new gonorrheal infections, and less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15-24 years of age. In 2016, 468,514 cases of gonorrhea were reported to CDC.

Impact and Risk³

Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans. Among MSM screened for gonorrhea infection in the 29 STD surveillance clinics in nine STD Surveillance Network jurisdictions across the United States, positivity ranged from 2.8% to 15.3% (median 8.8%).⁴

Gonorrhea Screening and Treatment³

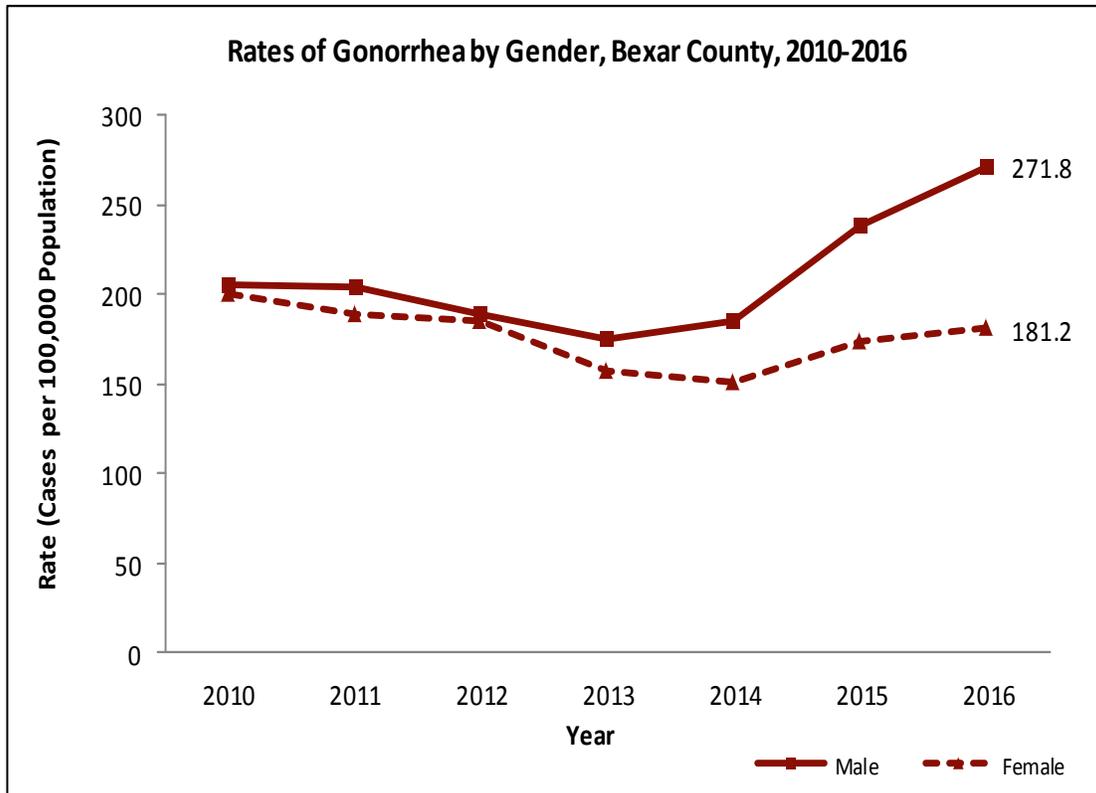
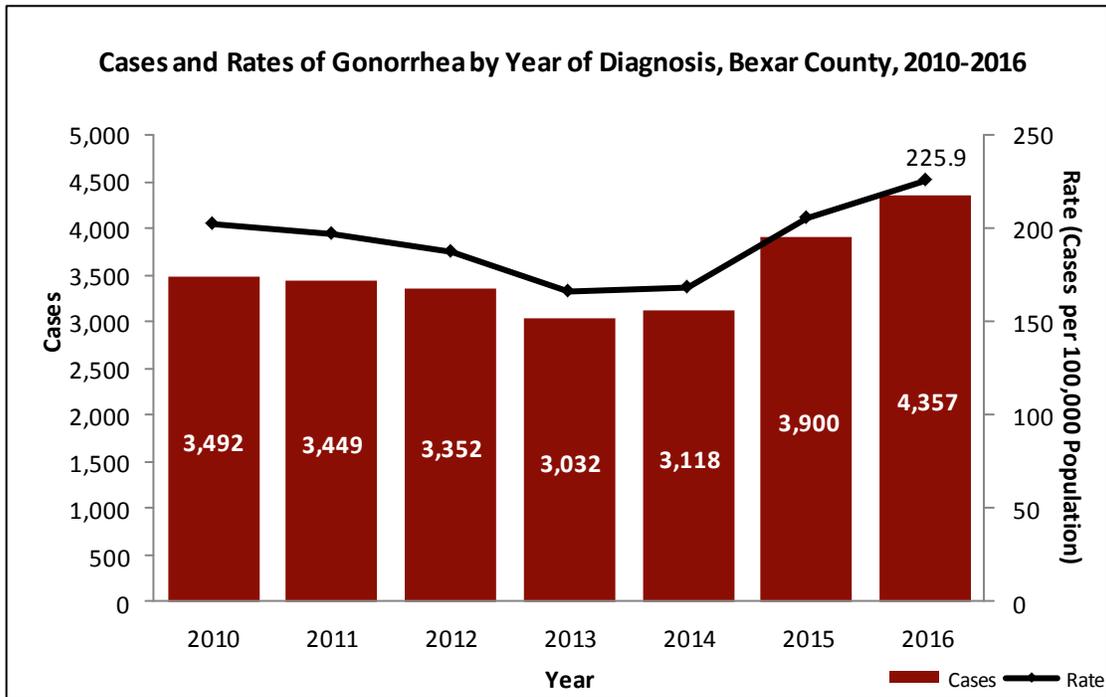
Individuals with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately. Also, anyone with an oral, anal, or vaginal sex partner recently diagnosed with an STD should see a health care provider for evaluation. Anyone who is sexually active should discuss his/her risk factors with a health care provider and ask whether he/she should be tested for gonorrhea or other STDs.

CDC now recommends dual therapy (using two drugs) for treating gonorrhea. It is important to take all the medication prescribed to cure gonorrhea. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Antimicrobial resistance is of increasing concern and successful treatment is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, he/she should return to a health care provider to be reevaluated. Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea. The surest way to avoid transmission of gonorrhea or other STDs is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Conclusions:

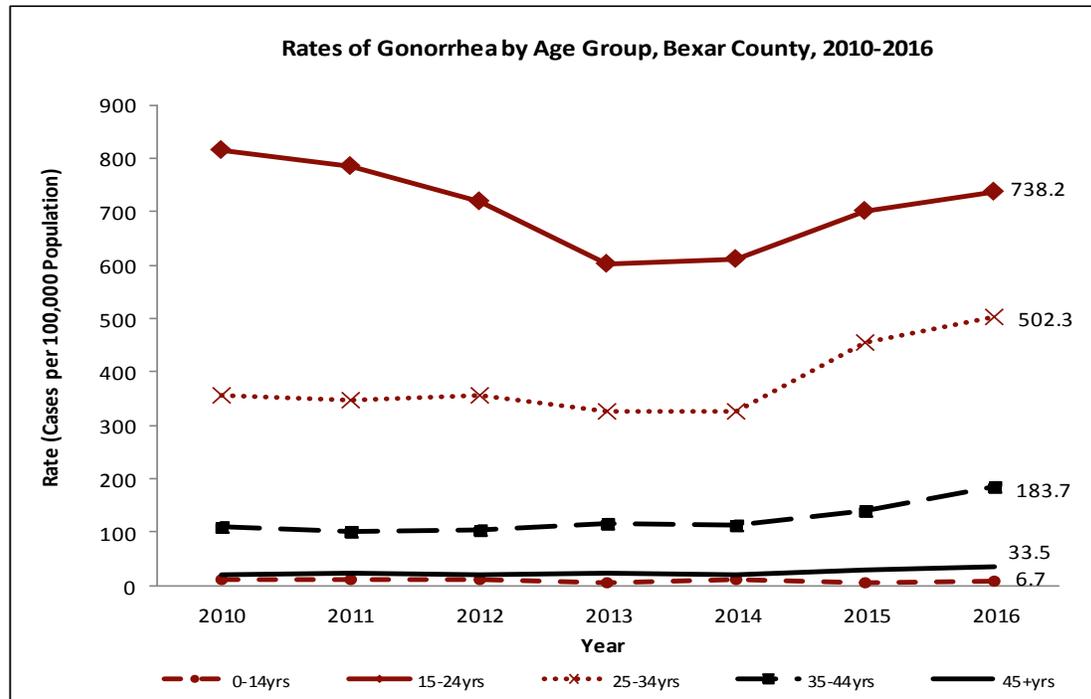
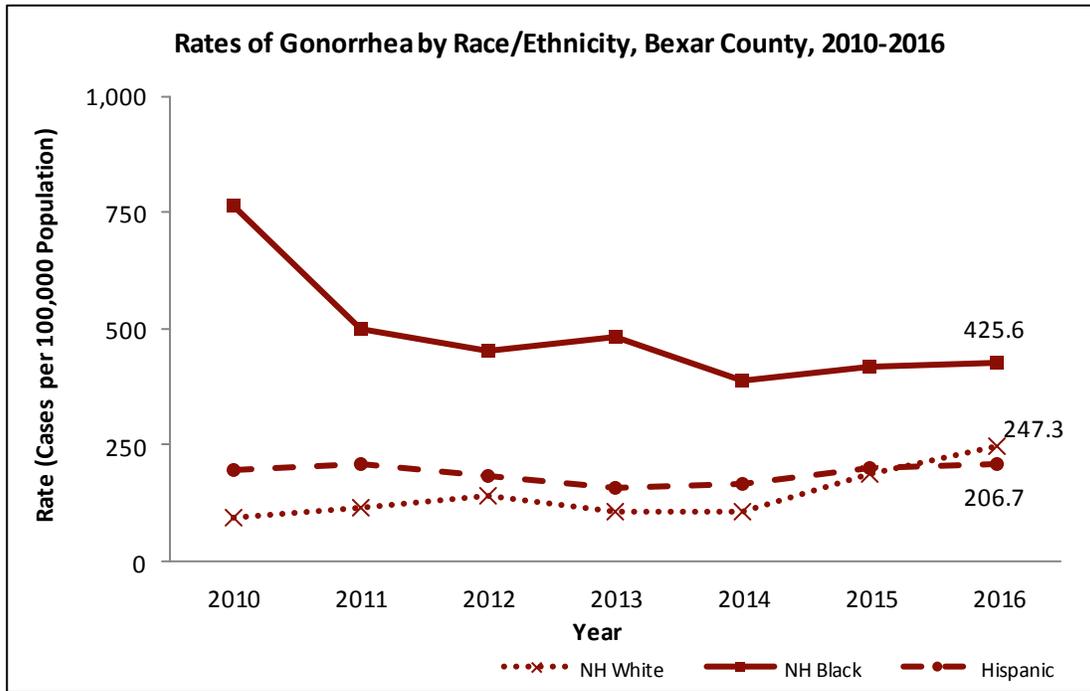
In 2016, there were 4,357 cases of gonorrhea reported in Bexar County for a rate of 225.9 cases per 100,000 population. This is a 25% increase in the number of cases reported from 2010. Rates of gonorrhea have historically been higher among males compared to females and the difference in 2016 was 1.5 times higher. This may be due to extragenital testing that is recommended for MSM population. Rates of gonorrhea have been higher among individuals that are Black, non-Hispanic, though the rates have declined over the last seven years by 44% (765.3 vs 425.6). Rates of gonorrhea continue to be highest among individuals in the 15-24 year age group followed by the 25-34 year age group. Rates in Bexar County have consistently been higher compared to the Texas and US rates. Geographically, cases occur throughout the county.

Gonorrhea



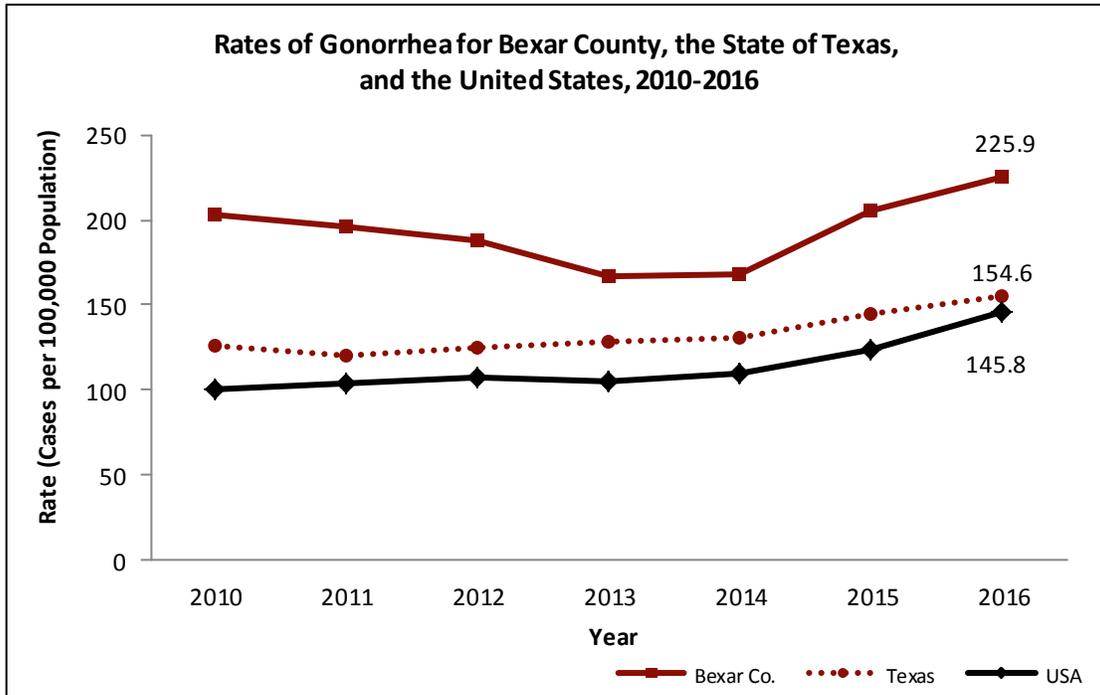
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Gonorrhea Cases and Rates¹ by Sex, Race/Ethnicity and Age Group, 2010-2016

	2010		2011		2012		2013		2014		2015		2016	
	Cases	Rate												
Overall	3,492	202.7	3,449	196.5	3,352	187.4	3,032	166.4	3,118	167.7	3,900	205.8	4,357	225.9
Sex														
Male	1737	205.5	1763	204.7	1664	189.3	1572	175.4	1690	184.7	2226	238.3	2585	271.8
Female	1754	199.8	1686	188.6	1688	185.6	1460	157.7	1428	151.3	1674	174.1	1772	181.2
Race/Ethnicity														
NH White	488	93.3	593	112.5	749	140.7	577	107.5	572	105.7	1008	185.4	1347	247.3
NH Black	919	765.3	615	500.5	571	450.3	626	481.9	517	388.3	574	418.4	600	425.6
Hispanic	1994	196.9	2156	208.3	1951	184.7	1690	156.6	1838	166.5	2285	202.0	2390	206.7
Age Group														
0-14yrs	37	9.5	40	10.1	39	9.8	20	5.0	46	11.3	23	5.6	28	6.7
15-24yrs	2179	816.5	2120	784.4	1972	718.1	1668	601.6	1713	609.6	1987	701.4	2105	738.2
25-34yrs	908	355.6	911	346.4	966	355.3	915	325.3	949	327.4	1355	454.8	1530	502.3
35-44yrs	257	111.0	239	102.0	250	105.1	282	116.7	281	114.1	354	140.7	471	183.7
45+yrs	111	19.1	139	23.4	125	20.6	147	23.7	129	20.3	181	27.9	223	33.5

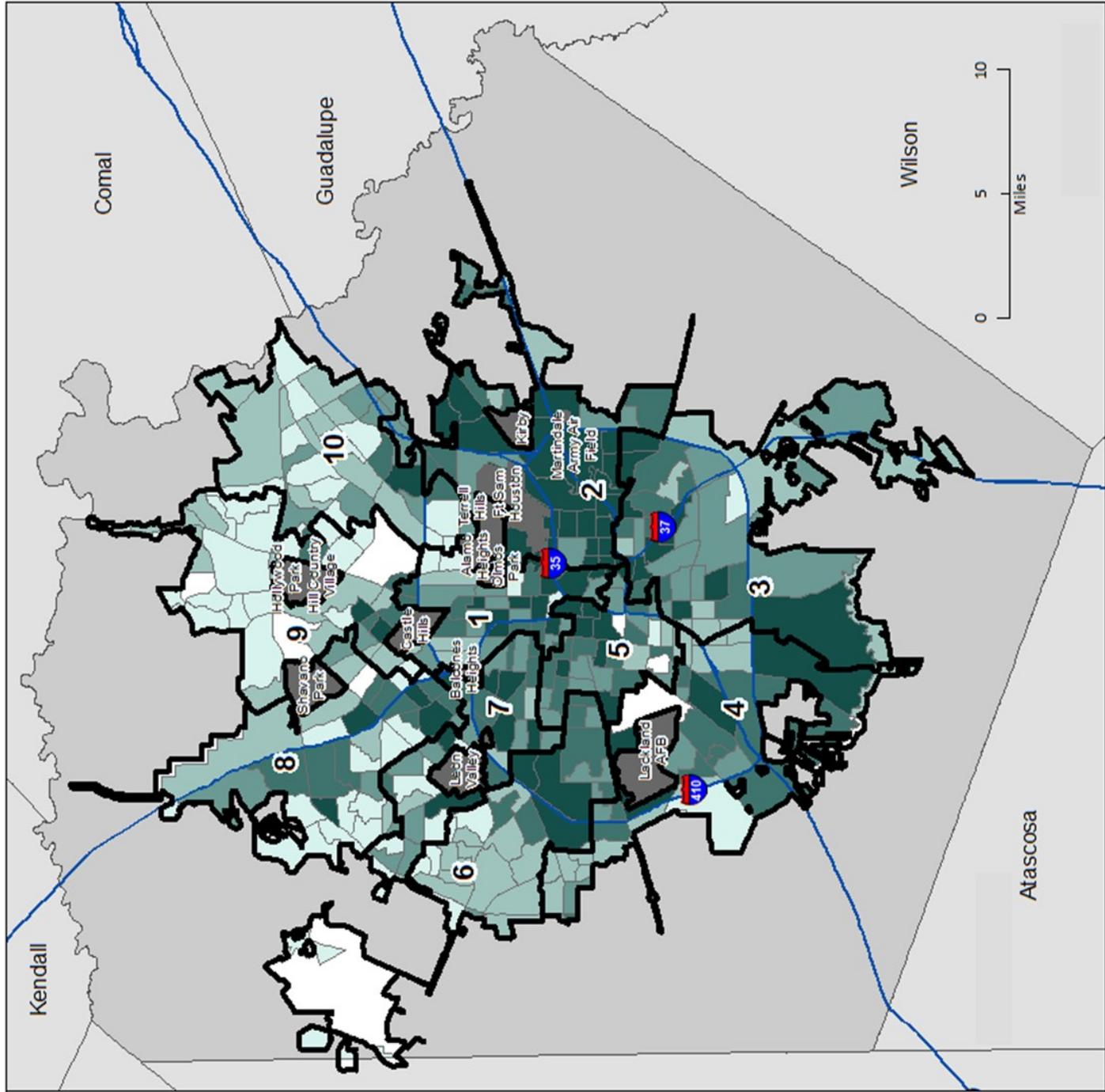
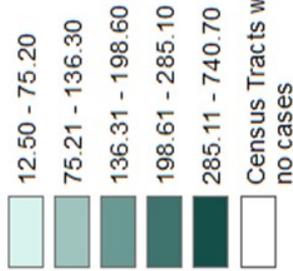
¹Rates represent cases per 100,000 population.

Note: Transgender persons may be included in male, female, or unknown sex categories.

NH: Non-Hispanic.

Gonorrhea Rate, Bexar County, 2016

Census Tract
Rate by 100,000
(Quantiles)



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Syphilis

Description and Background⁵

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum* and can cause long-term complications if not adequately treated. In 2016, 88,042 cases of syphilis were reported to The Centers for Disease Control and Prevention (CDC). Of these, 27,814 were primary and secondary (P&S) syphilis, the earliest and most transmissible stages of syphilis. Syphilis is transmitted from person to person by direct contact with a syphilitic sore, known as a chancre. Chancres occur on the external genitals, vagina, anus, or in the rectum, as well as on the lips and in the mouth. Transmission of syphilis occurs during vaginal, anal, or oral sex. Pregnant women with the disease can transmit it to their unborn child.

Impact and Risk⁵

In the 1990s, syphilis in the United States primarily occurred among heterosexual men and women of racial and ethnic minority groups. However, during the 2000s, cases increased among men who have sex with men (MSM). In 2002, rates of P&S syphilis were highest among men 30–39 years old, but in 2016, rates of P&S syphilis were highest among men 20–34 years old. This epidemiologic shift reflects increasing cases reported among young MSM in recent years. MSM accounted for 58% of all P&S syphilis cases in 2016. However, in recent years, the rate of P&S syphilis has been increasing among MSM as well as heterosexual men and women. Black, Hispanic, and other racial/ ethnic minorities are disproportionately affected by P&S syphilis in the United States. The rate of reported P&S syphilis cases was highest among Blacks

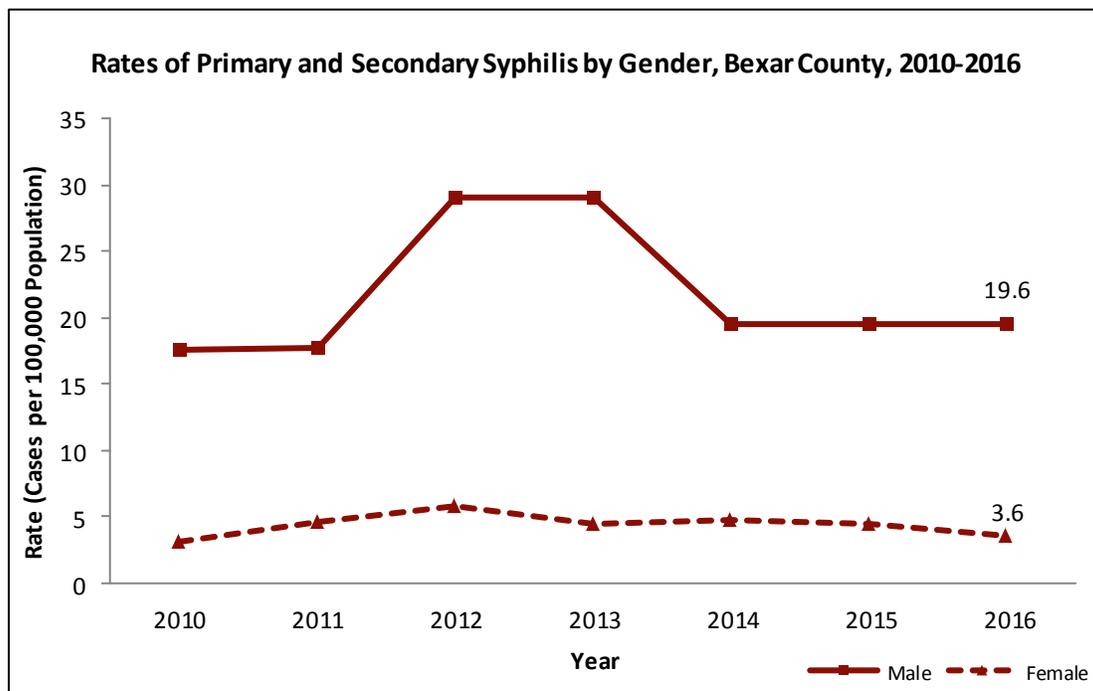
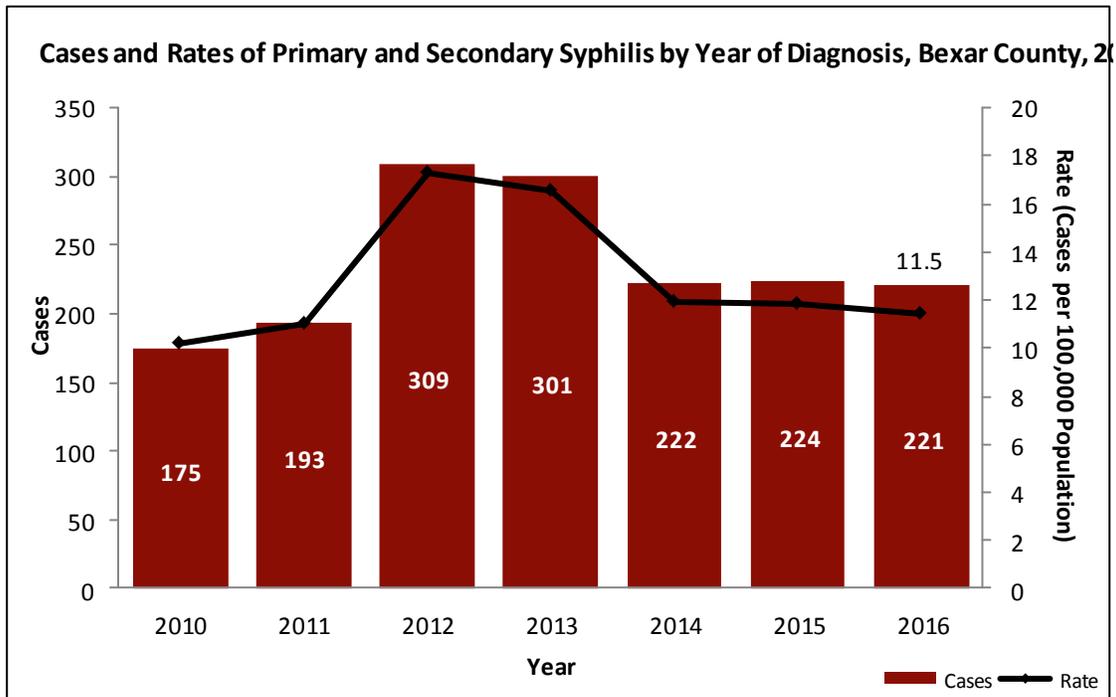
Syphilis Screening and Treatment⁵

Providers should routinely test persons who: 1. are pregnant; 2. are members of an at-risk subpopulation (persons in correctional facilities and MSM); 3. describe high risk sexual behaviors (having unprotected vaginal, anal, or oral sexual contact; multiple sexual partners; using drugs and alcohol, and engaging in commercial or coerced sex); 4. have partner(s) who have tested positive for syphilis; and 5. are sexually active and live in areas with high syphilis morbidity. Syphilis diagnoses are commonly made using blood tests. There are two types of blood tests available for syphilis: nontreponemal and treponemal. Nontreponemal tests (VDRL and RPR) are simple and often used for screening but they are not specific for syphilis and by themselves are insufficient for diagnosis. Persons with a reactive nontreponemal test should receive a treponemal test to confirm a syphilis diagnosis. Treponemal tests (FTA-ABS, TP-PA, various EIAs, and chemiluminescence immunoassays) detect antibodies specific for syphilis. If a treponemal test is used for screening and the results are positive, a nontreponemal test with titer should be performed to confirm diagnosis and guide patient management decisions. Syphilis can be cured in its early stages. A single intramuscular injection of long acting Benzathine penicillin G will cure a person who has primary, secondary or early latent syphilis. Three doses of long acting Benzathine penicillin at weekly intervals is recommended for individuals with late latent syphilis or latent syphilis of unknown duration. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done. Correct and consistent use of latex condoms can reduce the risk of syphilis only when the infected area or site of potential exposure is protected. However, a syphilis sore outside of the area covered by a latex condom can still allow transmission, so caution should be exercised even when using a condom. The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Conclusions:

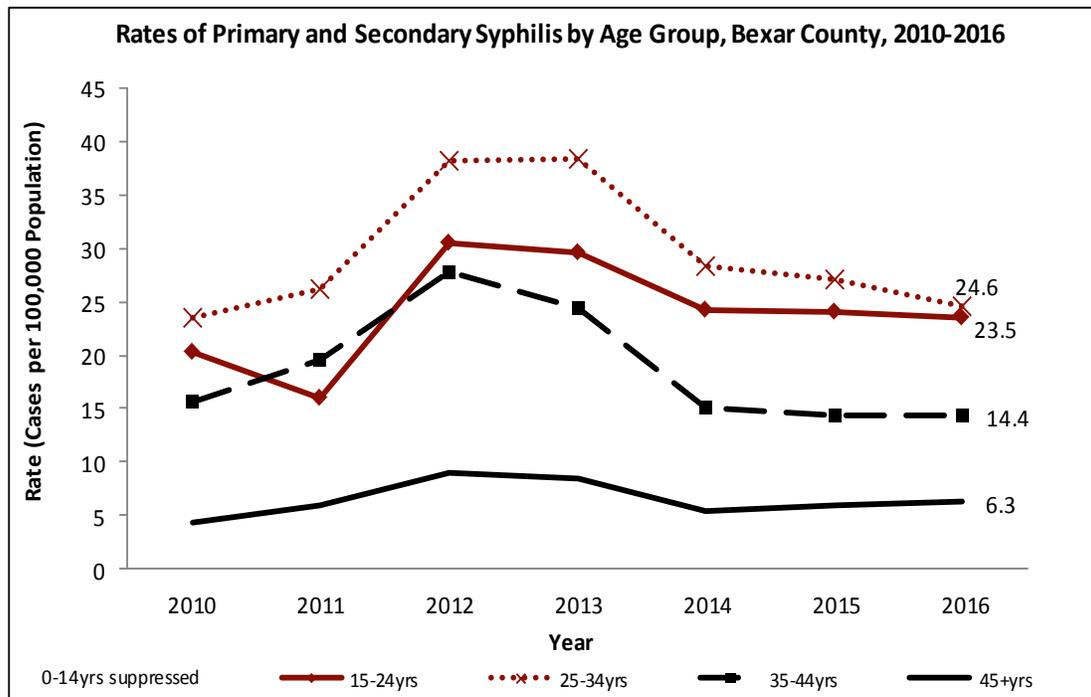
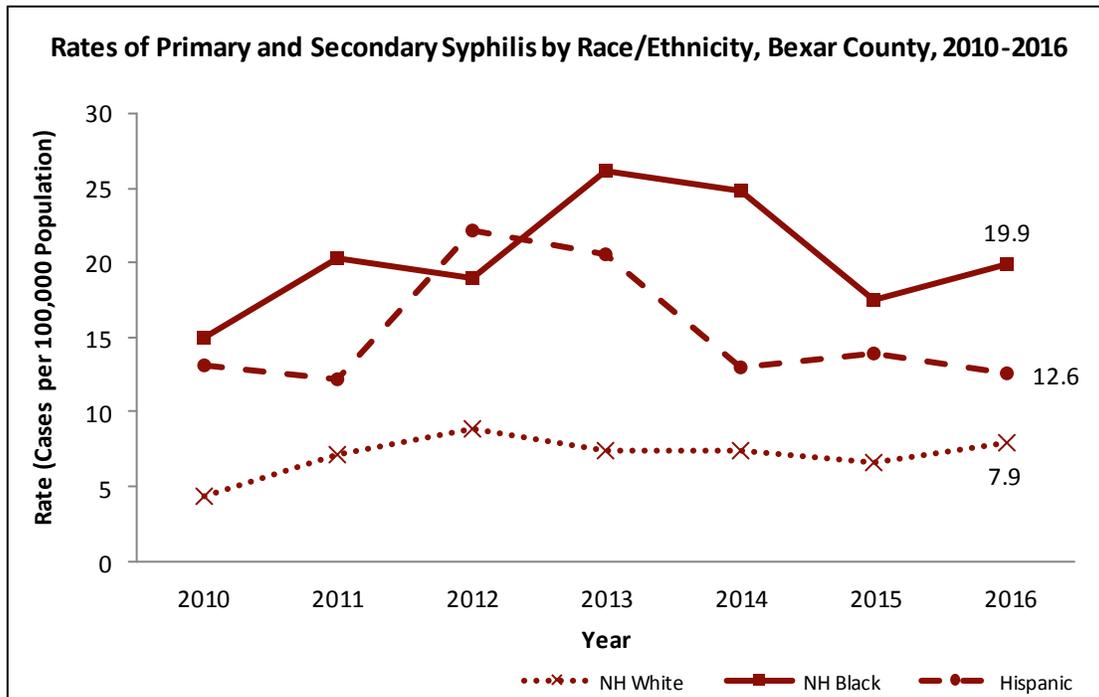
In 2016, there were 221 cases of P&S syphilis reported in Bexar County for a rate of 11.5 cases per 100,000 population. This is a 26% increase in the number of cases reported from 2010. Rates of P&S syphilis have historically been higher among males compared to females and the difference in 2016 was 1.5 times higher. Rates of P&S syphilis have been higher among individuals that are Black, non-Hispanic. Rates of P&S syphilis continue to be highest among individuals in the 25-34 year age group followed by the 15-24 year age group. Rates in Bexar County have consistently been higher compared to the Texas and US rates. Geographically, cases occur throughout the county and are more heavily concentrated within the city limits.

Primary and Secondary Syphilis



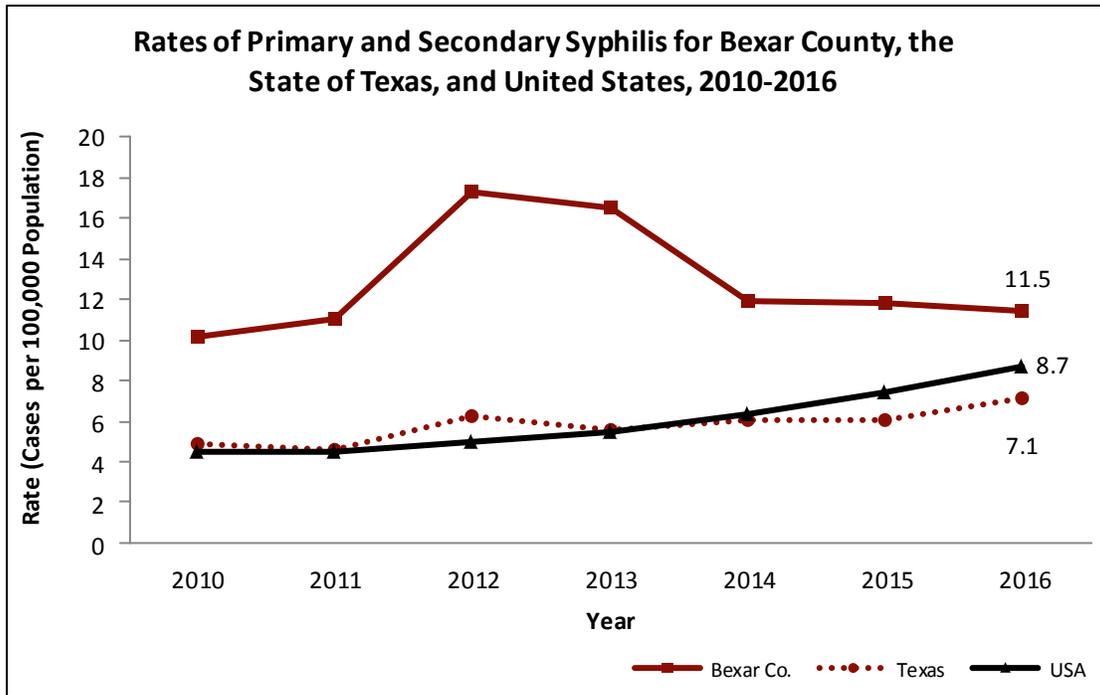
Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Primary and Secondary Syphilis



Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Primary and Secondary Syphilis



Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Primary and Secondary Syphilis Cases and Rates¹ by Sex, Race/Ethnicity and Age Group, 2010-2016

	2010		2011		2012		2013		2014		2015		2016	
	Cases	Rate												
Overall	175	10.2	193	11.0	309	17.3	301	16.5	222	11.9	224	11.8	221	11.5
Sex														
Male	148	17.5	152	17.6	256	29.1	260	29.0	178	19.5	182	19.5	186	19.6
Female	27	3.1	41	4.6	53	5.8	41	4.4	44	4.7	42	4.4	35	3.6
Race/Ethnicity														
NH White	23	4.4	38	7.2	47	8.8	40	7.5	40	7.4	36	6.6	43	7.9
NH Black	18	15.0	25	20.3	24	18.9	34	26.2	33	24.8	24	17.5	28	19.9
Hispanic	133	13.1	126	12.2	234	22.2	222	20.6	144	13.0	157	13.9	146	12.6
Age Group														
15-24yrs	54	20.2	43	15.9	84	30.6	82	29.6	68	24.2	68	24.0	67	23.5
25-34yrs	60	23.5	69	26.2	104	38.3	108	38.4	82	28.3	81	27.2	75	24.6
35-44yrs	36	15.5	46	19.6	66	27.8	59	24.4	37	15.0	36	14.3	37	14.4
45+yrs	25	4.3	35	5.9	55	9.1	52	8.4	34	5.4	39	6.0	42	6.3

¹Rates represent cases per 100,000 population.

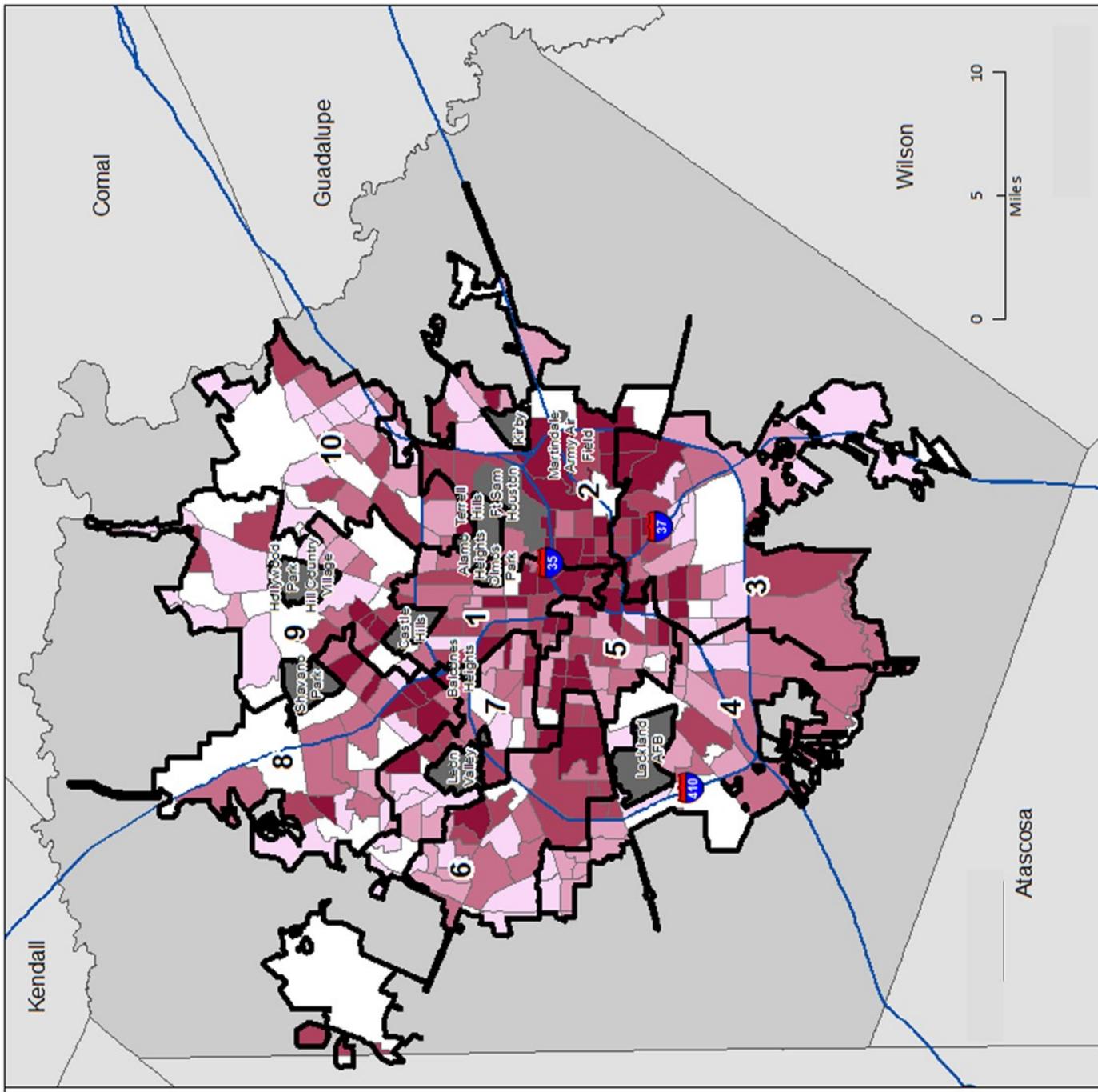
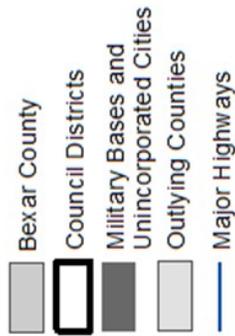
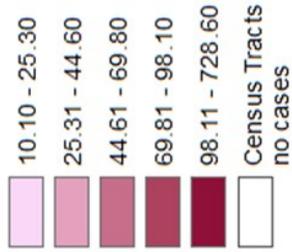
Note: Transgender persons may be included in male, female, or unknown sex categories.

Data for ages 0-14 years is suppressed due to small numbers to protect confidentiality

NH: Non-Hispanic.

Syphilis Rate, Bexar County, 2016

Census Tract Rate by 100,000 (Quantiles)



Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/poppest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

Congenital Syphilis

Description and Background⁶

Congenital syphilis is caused by the bacterium *Treponema pallidum*, which is passed from mother to child during fetal development or at birth. Nearly one half of all children infected with syphilis while they are in the womb die shortly before or after birth.

Impact and Risk⁶

Nationally, the congenital syphilis rate has been increasing since 2013, from 9.2 cases per 100,000 live births in 2013 to 15.7 cases per 100,000 live births in 2016. This rate represents a 27.6% increase relative to 2015 (12.3 cases per 100,000 live births) and a 86.9% increase relative to 2012 (8.4 cases per 100,000 live births). Additionally in 2016, rates were highest among Blacks (43.1 cases per 100,000 live births), followed by American Indians/Alaska Natives (31.6 cases per 100,000 live births), Hispanics (20.5 cases per 100,000 live births), Asians/Pacific Islanders (9.2 cases per 100,000 live births), and Whites (5.3 cases per 100,000 live births).

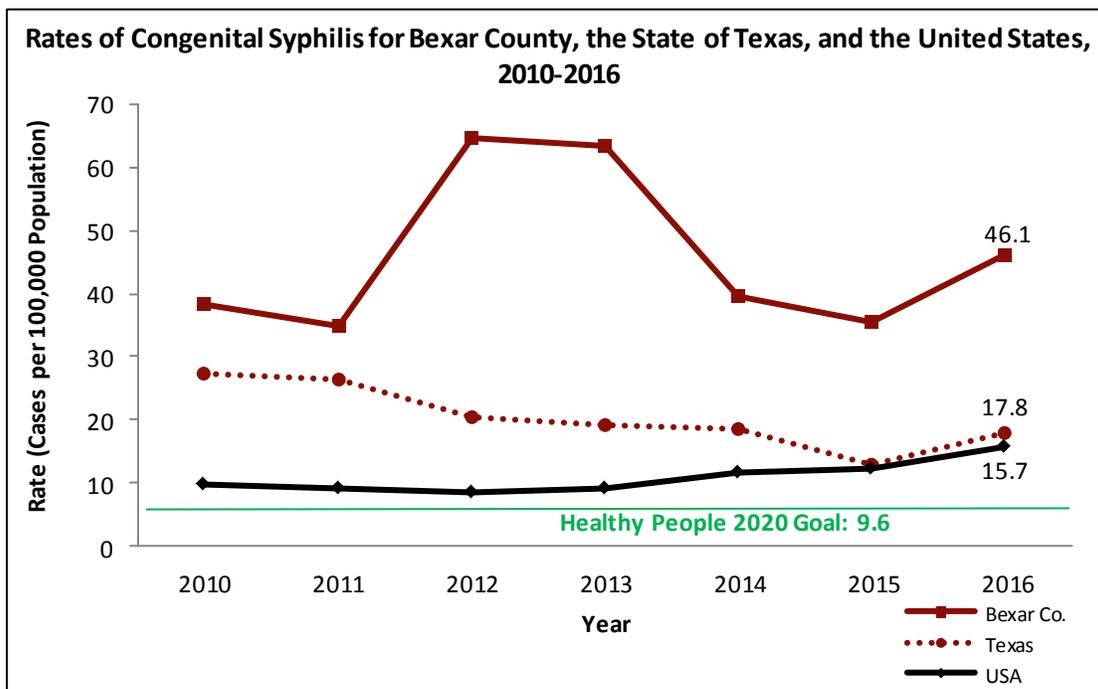
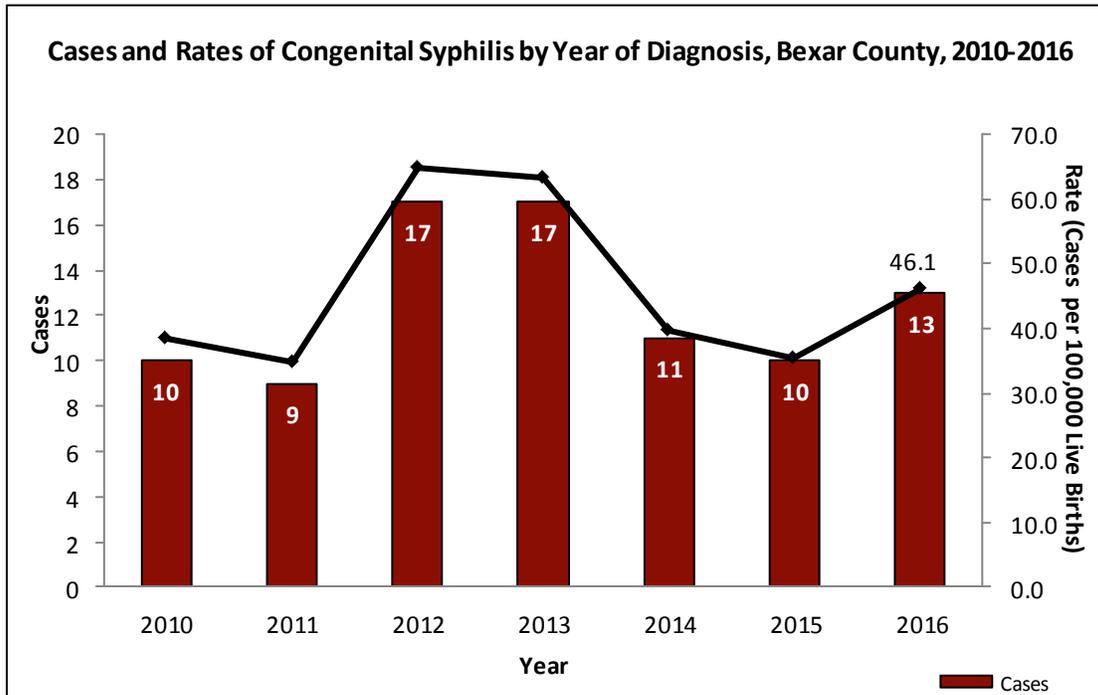
Congenital Syphilis Screening and Treatment⁵

All pregnant women should be tested for syphilis at the first prenatal visit. The syphilis screening test should be repeated during the third trimester (28 to 32 weeks gestation) and at delivery in women who are at high risk for syphilis, live in areas of high syphilis morbidity, are previously untested or had a positive screening test in the first trimester. Depending on how long a pregnant woman has been infected, she may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth. Untreated syphilis in pregnant women results in infant death in up to 40% of cases. Any woman who delivers a stillborn infant after 20 weeks' gestation should also be tested for syphilis. An infected baby born alive may not have signs or symptoms of disease. If not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies may become developmentally delayed, have seizures or die. All babies born to mothers who test positive for syphilis during pregnancy should be screened and examined thoroughly for evidence of congenital syphilis. For pregnant women, only penicillin therapy can be used to treat syphilis and prevent passing the disease to her baby; treatment with penicillin is extremely effective (success rate of 98%) in preventing mother-to-child transmission. Pregnant women who are allergic to penicillin should be referred to a specialist for desensitization to penicillin.

Conclusions:

In 2016, there were 13 cases of congenital syphilis reported in Bexar County for a rate of 46.1 cases per 100,000 live births. This is a 27% increase in the number of cases reported from 2010. Rates of congenital syphilis have consistently been higher in Bexar County compared to the rates in Texas and the US. Due to small numbers, the data cannot be further analyzed.

Congenital Syphilis



Sources: Case data: Texas STD File for Bexar County; Denominators: CDC Wonder, <https://wonder.cdc.gov/std-sex.html>, accessed 11/14/2017; CDC's 2016 & 2015 Sexually Transmitted Diseases Surveillance, <https://www.cdc.gov/std/stats16/tables.htm> and <https://www.cdc.gov/std/stats15/tables.htm>, respectively; and Texas DSHS, <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>, and <https://www2.census.gov/programs-surveys/popest/datasets/2010-2016/counties/asrh/cc-est2016-alldata-48.csv>, accessed 11/15/2017.

HIV

Description and Background⁷

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. Unlike some other viruses, the human body cannot get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.

Impact and Risk⁷

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body cannot fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection. About 1 in 7 people in the US who have HIV do not know they have it. In 2016, 39,782 people received an HIV diagnosis.

HIV Screening and Treatment⁷

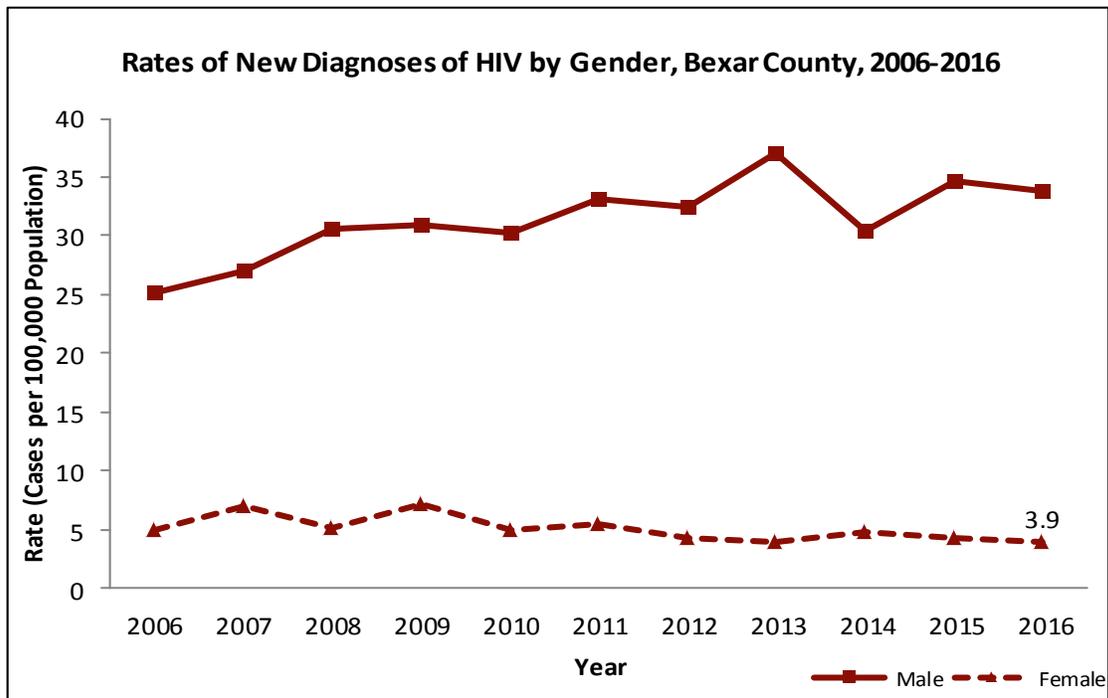
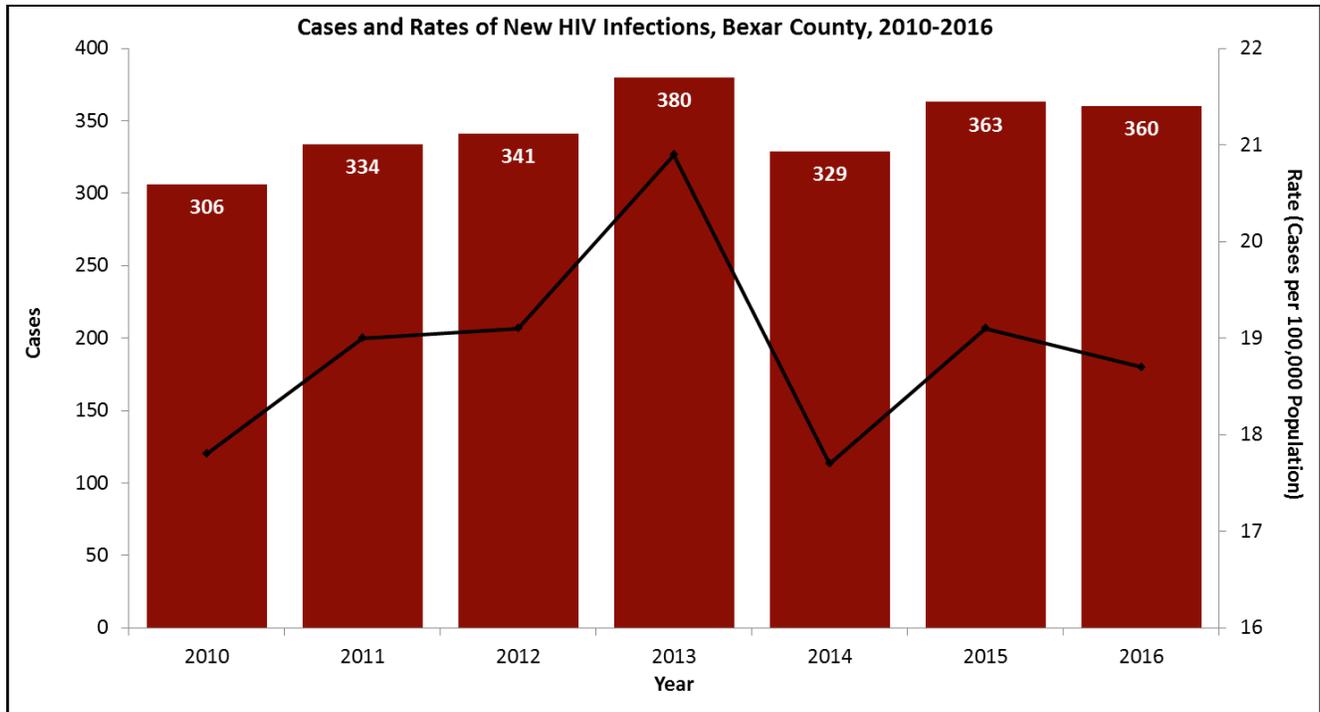
The only way to know for sure whether you have HIV is to get tested. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. Knowing your HIV status gives you powerful information to help you take steps to keep you and your partner healthy.

No effective cure currently exists, but with proper medical care, HIV can be controlled. The medicine used to treat HIV is called antiretroviral therapy or ART. If people with HIV take ART as prescribed, their viral load (amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

Conclusions:

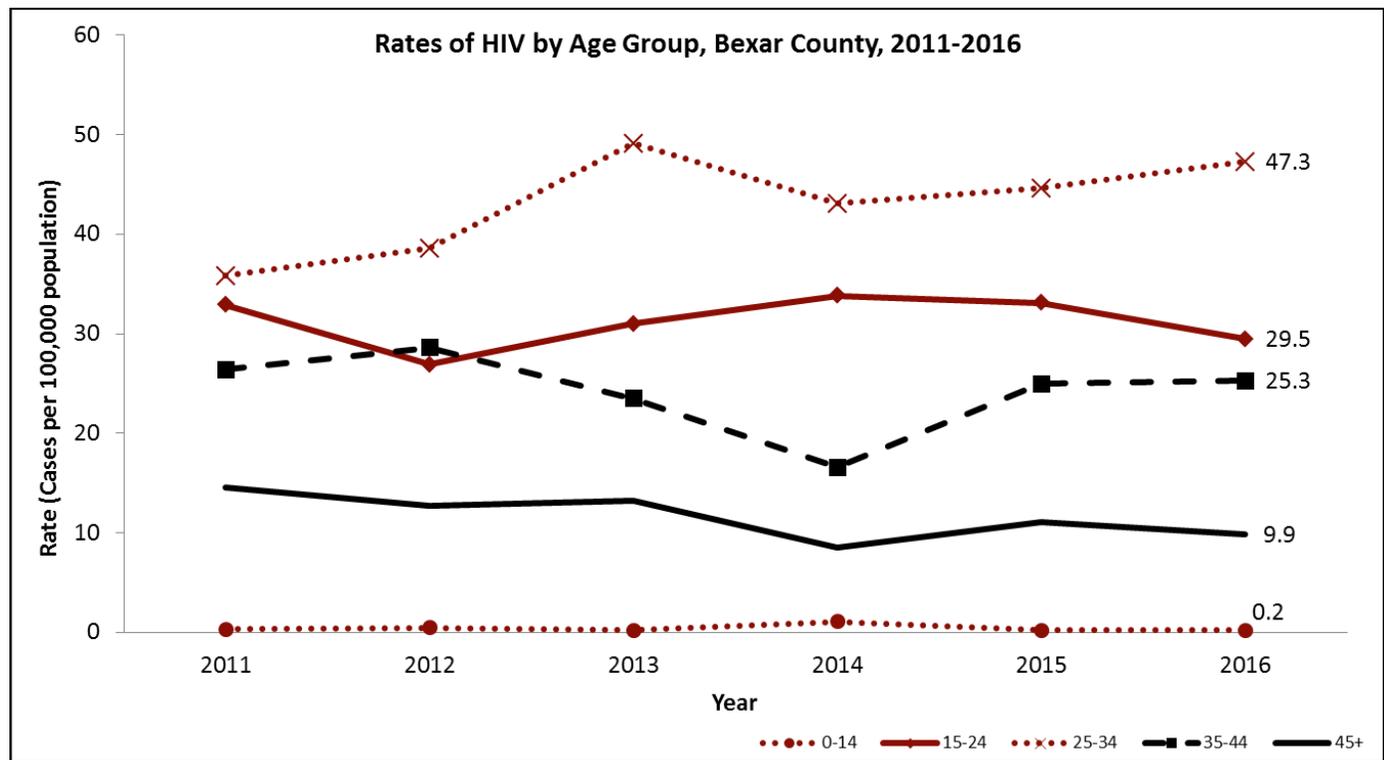
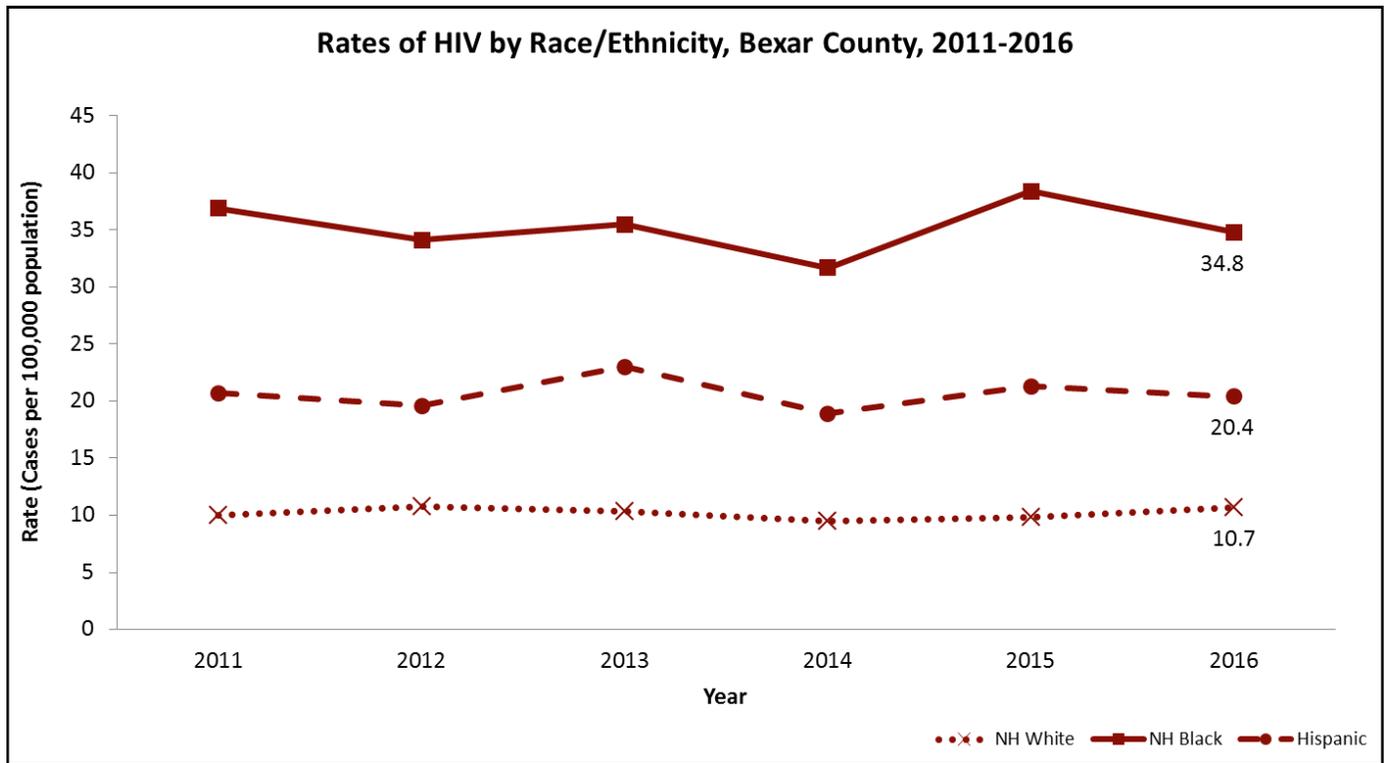
In 2016, there were 360 cases of HIV reported in Bexar County for a rate of 18.7 cases per 100,000 population. Rates among men have been historical higher than females and more have been reported among males (88%) than females (12%). Rates of HIV have been higher among individuals that are Black, non-Hispanic. Rates of HIV continue to be highest among individuals in the 25-34 year age group. In 2016, the rates among individuals increased to 27.8 and surpassed the rate among the 25-24 year age group. Rates in Bexar County have consistently been higher compared to the Texas and the US rates. In 2015, 56 individuals died due to HIV. Geographically, new cases of HIV and persons living with HIV occur throughout the county.

Human Immunodeficiency Virus (HIV)



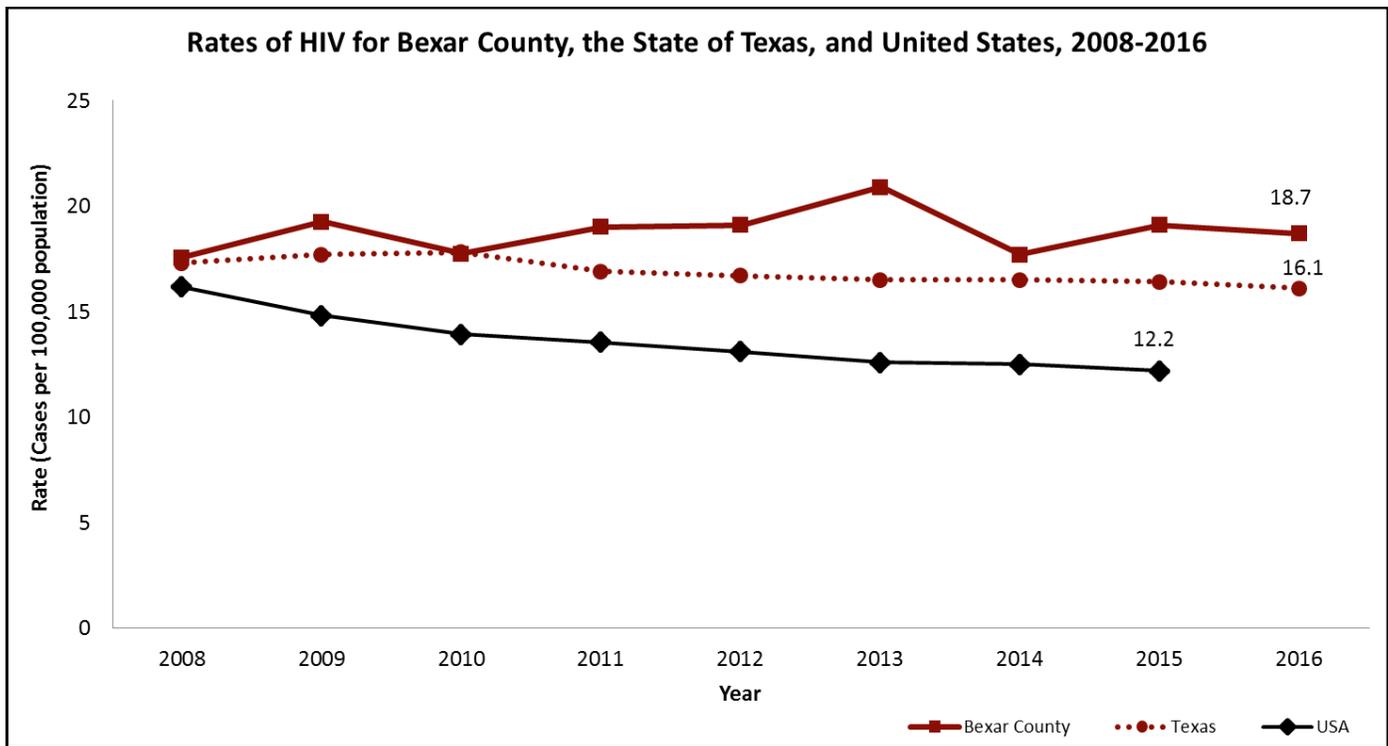
Sources: Case data: 2016 Annual Report: Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

Human Immunodeficiency Virus (HIV)



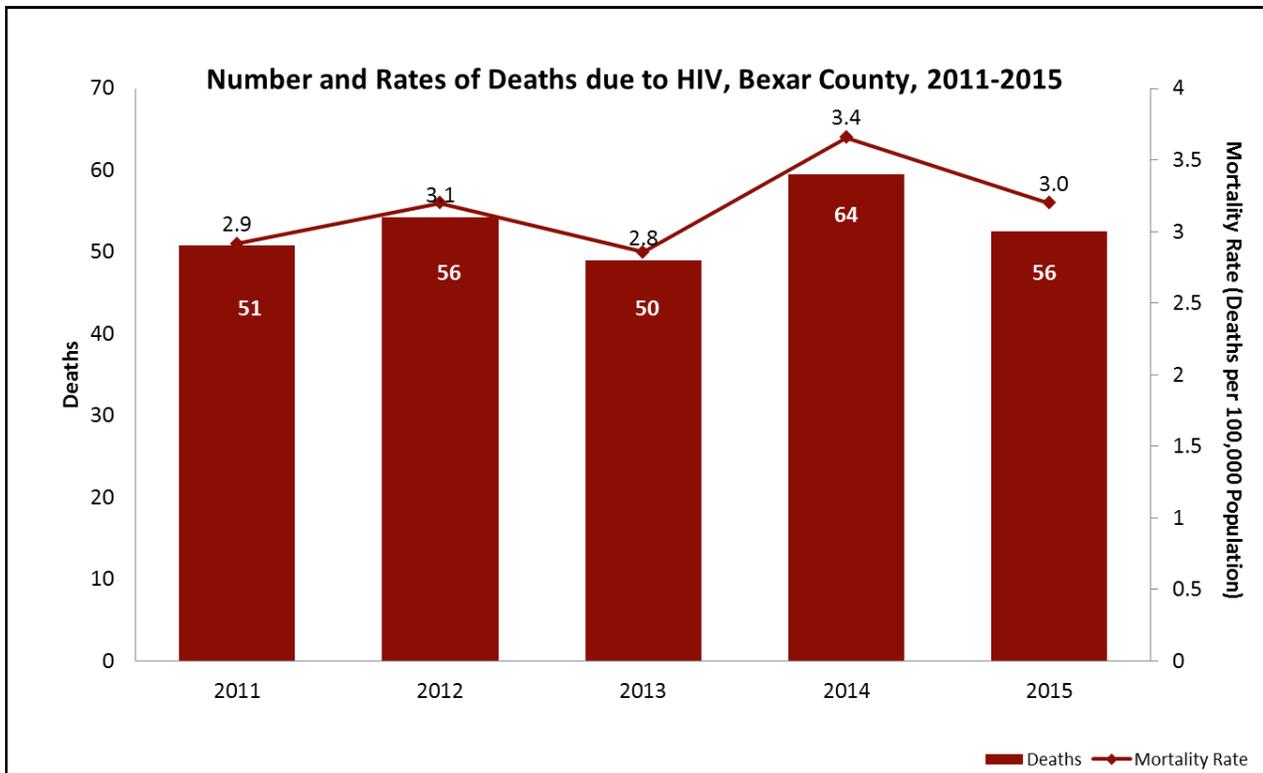
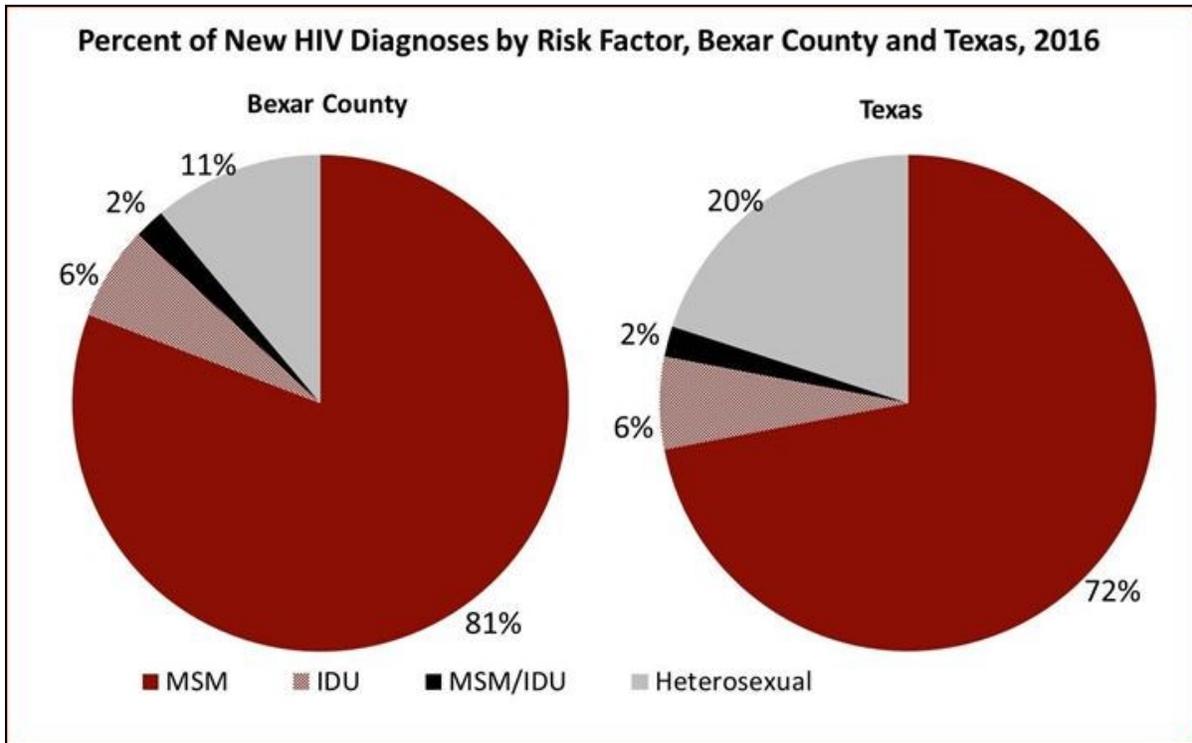
Sources: Case data: 2016 Annual Report: Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

Human Immunodeficiency Virus (HIV)



Sources: Case data: 2016 Annual Report: Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

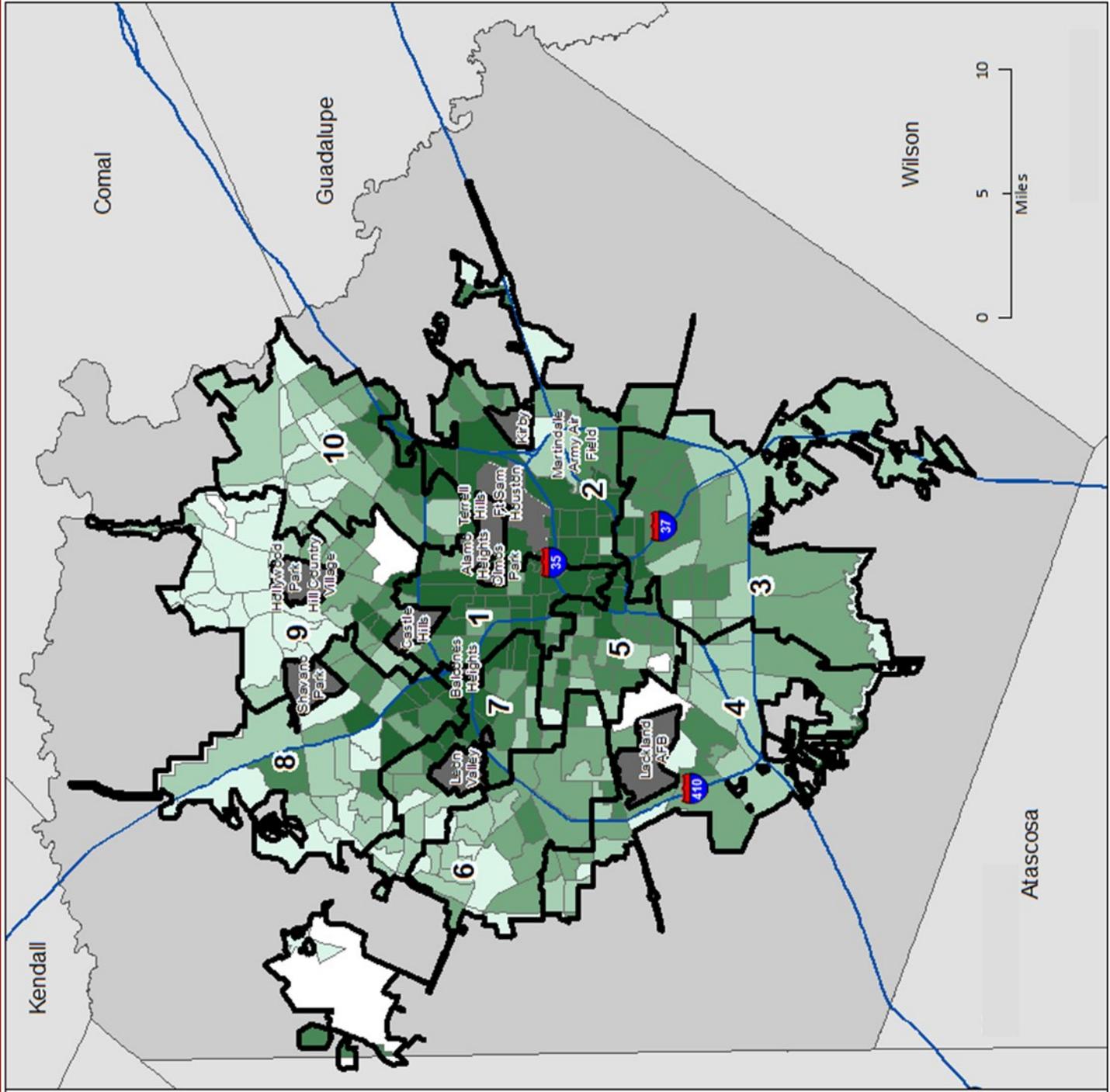
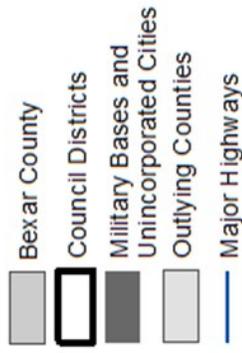
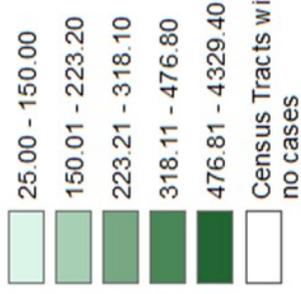
Human Immunodeficiency Virus (HIV)



Sources: Case data: 2016 Annual Report: Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

People living with HIV, Bexar County, 2016

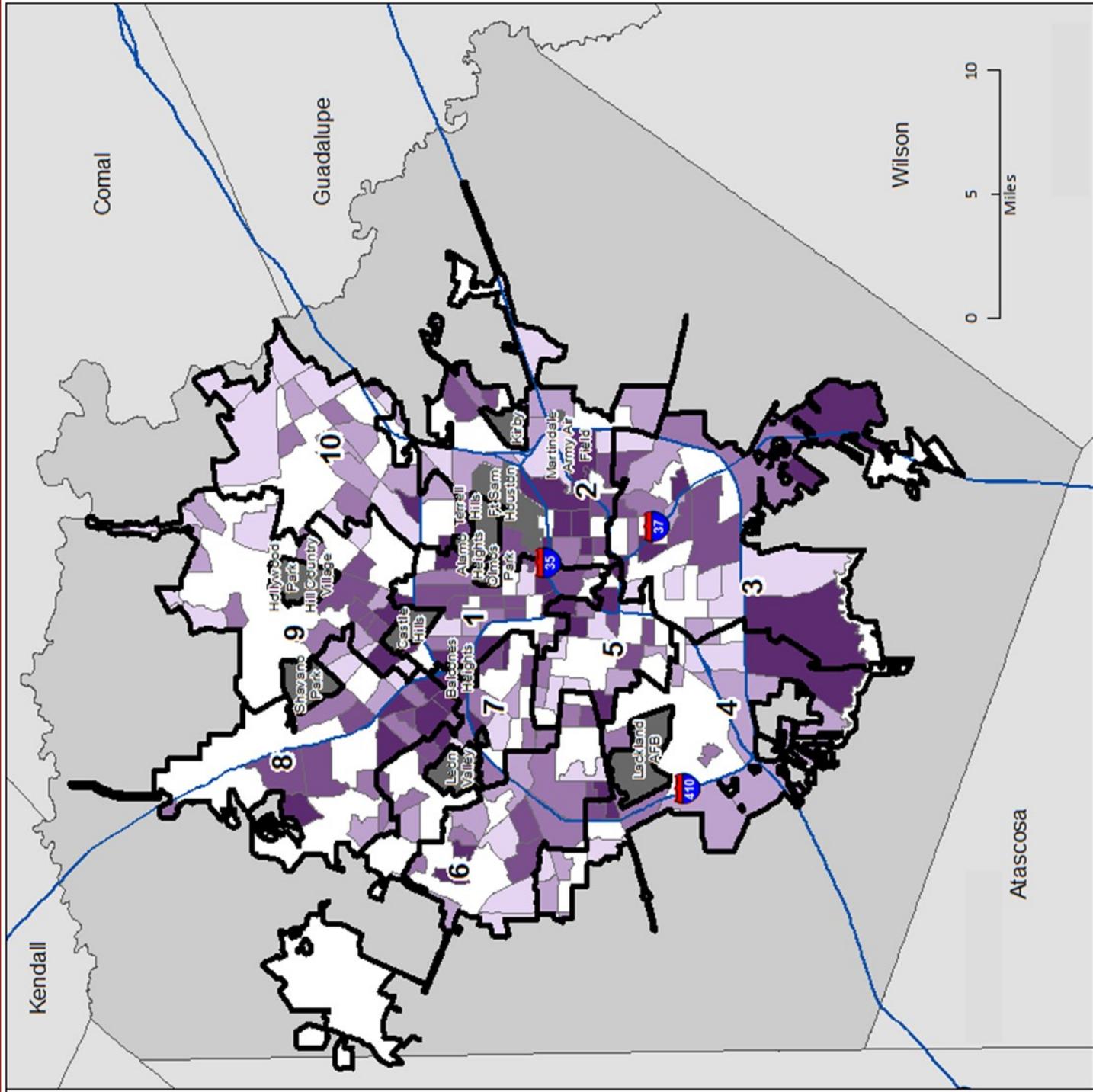
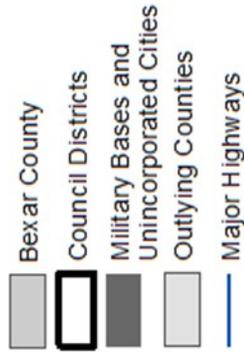
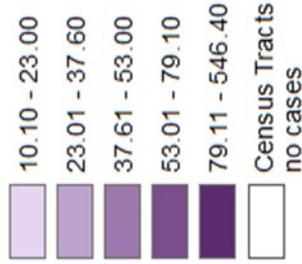
**Census Tract
Rate by 100,000
(Quantiles)**



Sources: Case data: 2016 Annual Report; Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

New HIV Dx, Bexar County, 2016

**Census Tract
Rate by 100,000
(Quantiles)**



Sources: Case data: 2016 Annual Report; Texas HIV Surveillance Report; Texas HARS database, 2016; CDC Wonder. US estimated based on CDC number and US population Source: Texas HARS database, 2016 File

References

1. Hennekens CH, Buring JE. *Epidemiology in Medicine*. Little, Brown, and Co. Boston/Toronto; 1987.
2. Centers for Disease Control and Prevention-Chlamydia CDC Fact Sheet (Detailed Version), accessed on 11/1/2017 at <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>.
3. Centers for Disease Control and Prevention-Gonorrhea CDC Fact Sheet (Detailed Version), accessed on 11/1/2017 at <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>.
4. Centers for Disease Control and Prevention—STDs in Men who have Sex with Men, access on 11/1/2017 at <https://www.cdc.gov/std/stats16/msm.htm>.
5. Centers for Disease Control and Prevention Syphilis & MSM CDC Fact Sheet (Detailed Version), accessed on 11/1/2017 at <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>.
6. Centers for Disease Control and Prevention Congenital Syphilis Fact Sheet (Detailed Version), accessed on 11/1/2017 at <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>.
7. Centers for Disease Control and Prevention website accessed on 11/1/2017 at <https://www.cdc.gov/hiv/>.

For information on STD/HIV Services, please contact:

Metro Health STD/HIV Clinic

512 East Highland
San Antonio, TX 78210
210.207.8830

Hours:

Monday: 7:45 am - 4:30 pm
Tuesday: 7:45 am - 4:30 pm
Wednesday: 7:45 am - 7:45 pm
Thursday: 7:45 am - 4:30 pm
Friday: 7:45 am - 12 pm

Counseling Hours

Mon, Tue, Thu - 8:00 am - 4:30 pm
Wed - 8:00 am - 7:30 pm
Fri - 8:00 am - 12 pm

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