Technical Notes

Surveillance of STIs in Los Angeles County

Data on STIs are obtained through passive and active surveillance. Passive STI surveillance relies on physicians, laboratories, and other healthcare providers to report STI diagnoses to DHSP by submitting a Confidential Morbidity Report (CMR) by mail or fax. Active STI surveillance entails staff contacting hospitals, laboratories, physicians, jails, student health centers and other sentinel sites to collect additional case reports. The STI CaseWatch system is used for the collection and management of STI surveillance data. STI surveillance case definitions are based on the CDC publication, "STI Case Definitions".[1]

Reporting Delay

Reporting delays can impact reliability of trends and rates over time. The STI reporting delay is defined as the time interval between the date of an STI diagnosis and the date the case is reported to DHSP. This delay varies, ranging from 1 day to 1 year or more. Therefore, the impact of the reporting delay must be considered when evaluating trends in case numbers and rates over time. In addition, differences in numbers of cases and rates may be observed in future presentations of data and reports.

Underreporting and Data Completeness

Data on STI diagnoses should be interpreted with caution. The proportion of STI cases that are not reported varies for each disease. Syphilis surveillance includes both passive and active surveillance, with detailed follow-up of cases and their sexual partners. Thus, underreporting of syphilis cases is minimized. Due to the acuteness of symptoms for gonorrhea infection, individuals are more likely to seek treatment, and therefore cases are more likely to be reported. On the other hand, chlamydia infections are often asymptomatic and therefore are more likely to be undiagnosed and underreported. Screening practices can also affect the number of reported STI cases. In 2020, the number of reported STIs decreased as a result of decreased STI screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order. Additionally, some healthcare providers may not be aware of the legal requirements to report STIs to DHSP and therefore do not submit a CMR.

Since 2019, in the State of California, providers are no longer required to report Chlamydia cases but the reporting requirement for laboratories remains. As a result, a higher proportion of reported Chlamydia cases are missing race/ethnicity information.

Rates

All rates are per 100,000 population. The population denominators used to compute the rates are based on estimates provided by LAC Internal Services Department and contracted through Hedderson Demographic Services. LAC live birth data are utilized as a denominator for congenital syphilis rate calculations.

All vital statistics are subject to random variation. This variation is inversely related to the number of cases and a small number of cases can result in unstable rates or proportions. STI rates are considered unstable when rates are based on less than or equal to 12 observations.

Place of Acquisition of STI

Some cases of reported STIs may have been acquired outside of LAC boundaries. Therefore, most disease rates more accurately reflect the place of diagnosis than the location where an infection was acquired. However, during case investigations, every effort is made to determine the location where the infection occurred in order to more effectively investigate and control the spread of disease. Cases determined to have been acquired outside LAC jurisdiction are not included in this report.

Caution should be exercised when interpreting census tract level case counts and rates because these values are inclusive of incarcerated populations and may be artificially inflated when an institution is housed within a given census tract.

HIV Co-infection

In this report, STI cases coinfected with HIV are defined as having an HIV diagnosis date before or no more than 30 days after an STI diagnosis.

Gender

STI cases attributed to transgender individuals may be underreported due to gender misclassification. Therefore, caution should be taken when interpreting overall STI case counts and trends over time among transgender individuals. Also, rates for transgender persons cannot be calculated due to a lack of denominator data i.e. transgender population estimates for LAC.

Race and ethnicity

Race and ethnicity in this report are grouped using the following criteria exclusively: A person is considered to be "Latinx" if so indicated in the race or ethnicity field, regardless of any other race information found for the person. When not indicated as 'Latinx', a person is considered to be 'American Indian/Alaskan Native (AIAN)' if the race field contains AIAN information, regardless of any other race information found for this person. Aside from the above criteria, a person is categorized as 'Multi-race' when two or more races are indicated in the above race fields. All other persons with a single race indicated are placed in the corresponding race category.

Exclusions

This report excludes cases reported to the Long Beach and Pasadena Health Departments. Cases from these jurisdictions are reported directly to the California Department of Public Health - Sexually Transmitted Disease Control Branch. For STI data within these jurisdictions, visit the following websites:

https://www.longbeach.gov/health/diseases-and-condition/information-on/hivstd/hivsti-data/

https://www.cityofpasadena.net/public-health/data/#communicable-disease-reports

References:

1. STI Case Definitions in Effect During 2023, CDC. Accessed on 06.25.2025 at: https://www.cdc.gov/sti-statistics/media/pdfs/2024/10/CaseDefinitions2023.pdf