San Francisco Monthly STI Report

Data for December, 2025
Report prepared March 2, 2026

Table 1. STIs among residents, December, 2025. Female syphilis cases include patients assigned as female at birth.

	2025		2024	
	month	*YTD*	*month*	*YTD*
Gonorrhea	350	4,578	403	4,812
Male rectal gonorrhea	139	1,688	145	1,691
Chlamydia	263	3,467	308	4,219
Male rectal chlamydia	40	510	49	825
Syphilis (adult total)	44	678	74	892
Primary & secondary	7	116	13	158
Early latent	17	253	29	334
Unknown latent	6	102	12	162
Late latent	14	207	20	238
Neurosyphilis	0	3	2	15
Congenital syphilis	0	2	0	3
Female syphilis	10	146	12	154

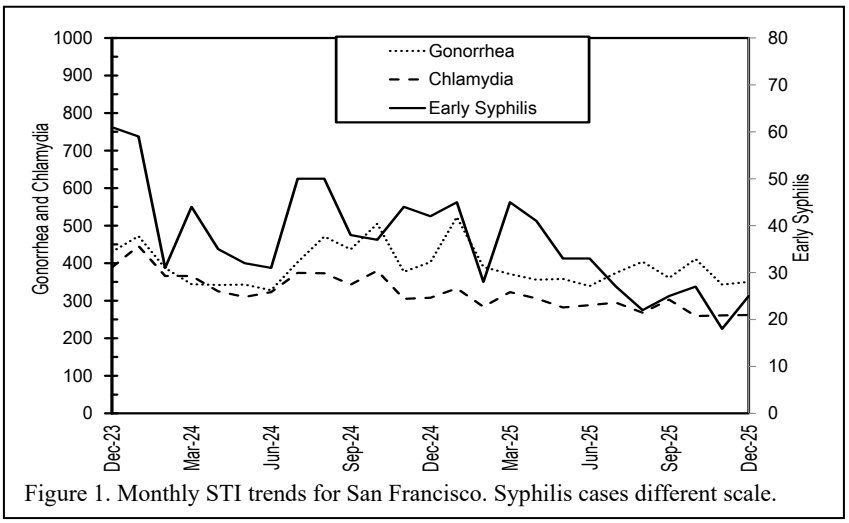

Figure 1. Monthly STI trends for San Francisco. Syphilis cases different scale.

Table 2. Selected STI cases and rates for San Francisco by age and race/ethnicity, 2025 through December only. Rates equal cases per 100,000 residents per year based on 2020 US Census Data.

	(All races)		Asian		Black/Afr-Am		Hispanic		Multiracial		Pacific Isl		White	
	cases	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*	*cases*	*rate*
All ages														
Chlamydia	3,464	396.4	308	104.7	492	1,091.6	570	416.8	63	138.6	24	739.8	754	220.9
Gonorrhea	4,580	524.1	440	149.6	403	894.1	931	680.8	189	415.9	18	554.9	1,716	502.8
Early syphilis	369	42.2	34	11.6	56	124.3	103	75.3	15	33.0	*	*	131	38.4
Ages 10-19 yrs														
Chlamydia	445	730.2	21	105.4	116	3,059.1	67	443.7	*	*	6	1,709.4	53	350.1
Gonorrhea	60	98.5	*	*	21	553.8	10	66.2	0	0.0	0	0.0	10	66.1
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

* Cells with case counts < 5

** Data not shown for Native Americans due to low counts and for Other and Missing groups due to a lack of denominators to calculate rates

Table 3. HIV testing among City Clinic patients, December, 2025.

	2025		2024	
	month	*YTD*	*month*	*YTD*
Tests*	738	8,379	727	8,615
Antibody positive	4	47	4	59
Acute HIV infection	0	4	0	1

*Tests include all HIV rapid tests, 4th generation HIV tests, and pooled RNA tests.

Note: All statistics are provisional until the annual report is released for the year. Morbidity is based on date of diagnosis. Totals for past months may change due to delays in reporting from labs and providers.

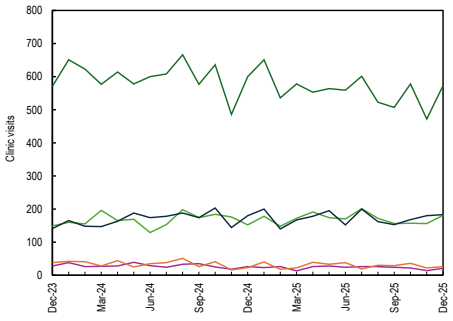

Figure 2. City Clinic visits by gender identity & gender of sex partners.

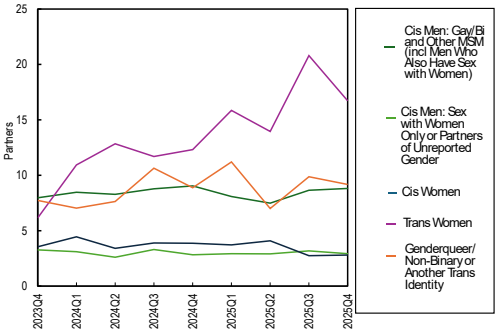

Figure 3. Quarterly average number of recent* sex partners for City Clinic visits by gender identity & gender of sex partners. **Recall period is 3 months.*

San Francisco citywide cases of chlamydia, gonorrhea and syphilis continue to decline in 2025

Year-end 2025 data reveal continued declines in cases of chlamydia (CT), gonorrhea (GC), and syphilis in San Francisco compared with 2024. Reported CT decreased 18% to 3,464 cases, GC decreased 5% to 4,580 cases, and total syphilis decreased 24% to 678 cases. Decreases in chlamydia and syphilis cases among men who have sex with men and transgender women (data not shown) are even more notable, likely attributable to utilization of doxy-PEP among these populations[1].

However, despite the citywide decline in STIs, disparities persist. There was a 5% decrease in syphilis cases among females from 2024 to 2025, compared to the 27% decrease among males (the majority of whom were reported as gay, bisexual, or having had sex with other men). People experiencing homelessness and people who use drugs also continue to be disproportionately affected by syphilis and congenital syphilis (CS). There were 2 CS cases in 2025, one less than the year prior. Groups throughout SF continue to come together to prevent CS, including implementing strategies identified in the CS elimination plan.

The 2025 STI data show that Black/African Americans (B/AA) continue to be disproportionately affected by CT, GC, and early syphilis. CT rates were 5 times higher among B/AAs compared to Whites, GC rates were 1.8 times higher, and early syphilis rates were 3.2 times higher. These racial disparities are even more notable when comparing B/AAs ages 10-19 years old compared to Whites 10-19 years old. The SF B/AA Health Initiative (BAAHI) STI Work Group continues to convene monthly and is planning sexual health interventions to improve equity for B/AA youth and young adults.

Reach out to alyson.decker@sfdph.org if you are interested in becoming involved with the Congenital Syphilis Taskforce or BAAHI STI Work Group.

[1]Sankaran M, Glidden DV, Kohn RP, et al. Doxycycline Postexposure Prophylaxis and Sexually Transmitted Infection Trends. JAMA Intern Med. 2025;185(3):266–272. doi:10.1001/jamainternmed.2024.7178