

Health Advisory

Cover Sheet

DATE: December 8, 2015

SUBJECT: Recommendations addressing the increase of
Gonorrhea and Syphilis in Montana

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For LOCAL HEALTH DEPARTMENT reference only

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**DPHHS CDCP
STD/HIV Section
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Information Sheet

Date: December 8, 2015

Subject: Recommendations addressing the increase of Gonorrhea and Syphilis in Montana

Background:

Following a similar trend nationwide, Montana is experiencing a significant increase in cases of syphilis and gonorrhea. The number of gonorrhea cases has nearly doubled in each of the last three years, with approximately 700 reported year to date in 2015 (Figure 1). Syphilis, which has been only sporadically reported in the state over the last decade, is also increasing with 11 primary and secondary cases thus far in 2015 (Figure 2).

Information:

Local and state health departments continue to receive reports of increased gonorrhea and syphilis activity. Gonorrhea activity continues to be elevated in Montana's larger cities and in and around tribal communities. Although syphilis activity has been reported more sporadically, the increase in recent cases is a significant public health concern. Recent primary and secondary syphilis cases have included males and females of all races, aged 18 to mid-40s. While cases among heterosexuals have been reported, men who have sex with men continue to make up a majority of our syphilis cases.

Working collaboratively, clinicians and public health providers can address this public health concern by performing risk assessments on patients, and ensuring appropriate testing, treatment and reporting to public health authorities. Detailed recommendations regarding screening, treatment, and reporting are below.

Recommendations:

From the Centers for Disease Control's 2015 STD Treatment Guidelines

Patient Assessment/Screening:

Below is a brief overview of STD testing recommendations.

- **All adults and adolescents from ages 13 to 64** should be tested at least once for HIV.
- Annual chlamydia screening of all **sexually active women** younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection
- Annual gonorrhea screening for all **sexually active women** younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Syphilis, HIV, chlamydia, and hepatitis B screening for **all pregnant women**, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, to protect the health of mothers and their infants.
- Screening at least once a year for syphilis, chlamydia, and gonorrhea for **all sexually active gay, bisexual, and other men who have sex with men (MSM)**. MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals).

- **Anyone who has unsafe sex or shares injection drug equipment** should get tested for HIV at least once a year. Sexually active gay and bisexual men may benefit from more frequent testing (e.g., every 3 to 6 months).

Treatment:

Appropriate treatment is critical to control the spread of infection and required by Montana Administrative Rules.

Recommended treatment for Gonorrhea:

- Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1g orally in a single dose
- If ceftriaxone is not available: Cefixime 400 mg orally in a single dose PLUS Azithromycin 1 g orally in a single dose
- Comment: A test-of-cure is not needed for persons who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens; however, any person with pharyngeal gonorrhea who is treated with an alternative regimen should return 14 days after treatment for a test-of cure using either culture or molecular testing.

Recommended treatment for Syphilis:

- Recommended Regimen for Adults with *Primary, Secondary Syphilis or Early Latent Syphilis*: Benzathine penicillin G 2.4 million units IM in a single dose
- *Late Latent Syphilis or Latent Syphilis of Unknown Duration or Tertiary Syphilis with Normal CSF Examination* : Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

COMMENT: Clinical and serologic evaluation should be performed at 6 and 12 months after treatment; more frequent evaluation might be prudent if follow-up is uncertain or if repeat infection is a concern. Additional information can be found at: <http://www.cdc.gov/std/tg2015/syphilis.htm>. Providers should ask patients about known allergies to penicillin. Any person allergic to penicillin should be treated in consultation with an infectious-disease specialist.

Reporting:

Promptly report to Local Public Health Authorities and Public Health Actions

- **Health Care Providers:**
 - Reporting of suspected and confirmed cases of gonorrhea and syphilis is required by state reporting rules. Public health authorities are required to ensure proper treatment is administered and will conduct contact tracing efforts to identify partners who may be at risk of infection. Prompt reporting by clinicians is essential to prevent spread of these conditions.
- **Local Health Authorities:**
 - Administrative Rules of Montana (ARM) require the local health officer, or designee, to investigate and implement control measures as indicated by STD Treatment Guidelines to prevent or control the transmission of disease.
 - Verify that appropriate treatment is given to the case, and if possible, that an interview has been conducted before sending case record form into DPHHS.
 - Local health officers are required to report information about a case to DPHHS within the

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timeframes established in (ARM) 37.114.204. Gonorrhea must be reported to DPHHS within seven calendar days after the lab report is received by the local health officer. Syphilis must be reported within one business day.

Additional Resources:

- Details regarding signs and symptoms, testing and treatment can be found in CDC’s 2015 STD Treatment Guidelines. <http://www.cdc.gov/std/tg2015/default.htm>
- An online CDC Self-Study Module for Clinicians (1.0 CME, CNE, or CEU) on syphilis can be found at <http://www2a.cdc.gov/stdtraining/self-study/default.htm>. Additional clinical training slides are available at: <http://www.cdc.gov/Std/training/clinicalslides/default.htm>
- Additional information regarding resources and Montana specific information can be found at: <http://dphhs.mt.gov/publichealth/hivstd/stdprevention.aspx>

Figure 1. Reported gonorrhea cases and case rate (per 100,000 population) — Montana and United States, 2000–Oct 24, 2015 (week 42)

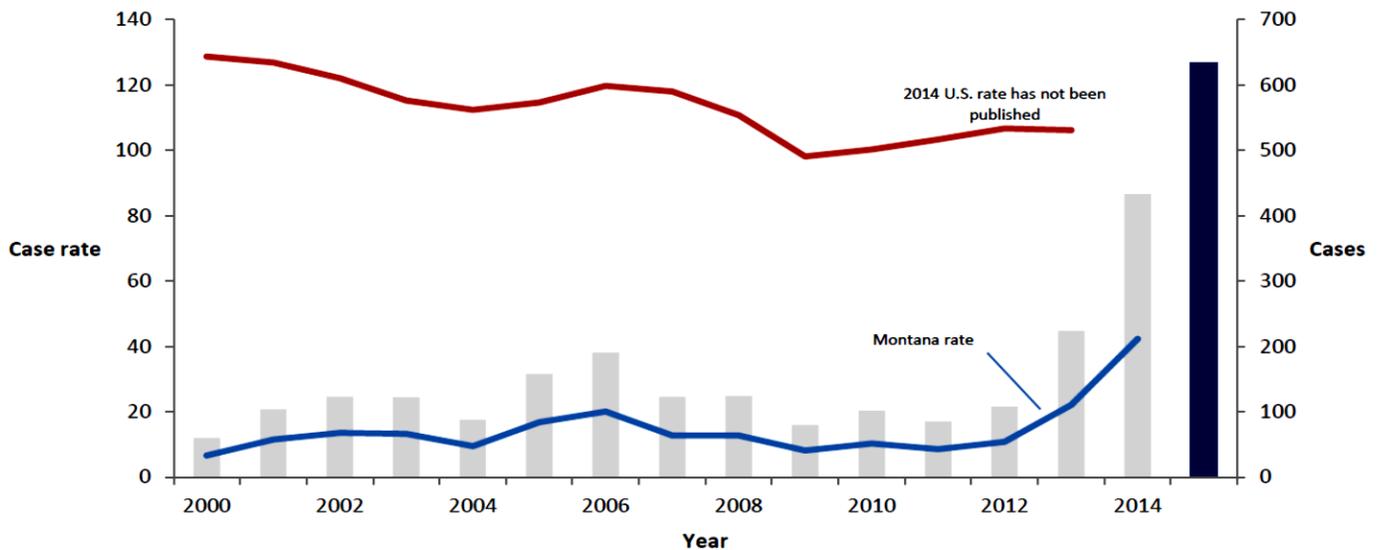


Figure 2. Reported Primary and Secondary Syphilis Cases, Montana, 2004- 2015

