

Health Advisory

Cover Sheet

DATE: June 16, 2015

SUBJECT: Ensuring appropriate treatment to slow the spread of gonorrhea

INSTRUCTIONS:

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For LOCAL HEALTH DEPARTMENT reference only

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP
HIV/STD Section
1-406-444-3565**

**DPHHS Health Alert Hotline:
1-800-701-5769**

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REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

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Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

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Information Sheet

Date: June 16, 2015

Subject: Ensuring appropriate treatment to slow the spread of gonorrhea

Background: Since 2012, Montana has experienced a significant increase in the number of gonorrhea cases reported annually. The average number of cases reported each year from 2000 to 2012 was 113. In 2012, 224 cases were reported, in 2013 the number increased to 433. As of May 8, 2015, 246 gonorrhea cases have been reported for the current year indicating the potential for a record year. Aggressive and effective intervention and prevention activities are needed to break the transmission cycle and to slow the trend and your assistance is key.

Information: Effective treatment is one component necessary to control the spread of infection and treatment recommendations for gonorrhea have changed. In August of 2012, the Centers for Disease Control and Prevention (CDC) issued revised guidelines in response to evidence that the oral antibiotic cefixime is becoming less effective in treating gonorrhea¹.

CDC no longer recommends cefixime as an effective oral treatment for gonorrhea, leaving only injectable ceftriaxone to be used in combination with one of two oral antibiotics, either azithromycin or doxycycline as the recommended treatment. Ceftriaxone is more potent against gonorrhea than cefixime, and when paired with the additional oral antibiotic, might slow the emergence of drug resistance by ensuring that gonococcal infections are quickly cured and not allowed to spread.

Recommendations:

Providers:

Please remember to immediately report any case of gonorrhea to your local or tribal health department as required by the Administrative Rules of Montana (ARM) 37.114.203.

Refer to the attached *Montana Public Health* report for guidelines related to screening and effective treatment for gonorrhea.

Local Health Departments:

Administrative Rules of Montana (ARM) require action to be taken after receipt of a report of a communicable disease. Steps require the local health officer, or designee, to investigate and implement control measures as indicated by STD Treatment Guidelines 2010 to prevent or control the transmission of disease.

We need your assistance with the following two important disease prevention activities:

- 1) Verify that appropriate treatment has been given to patient before sending case record form into DPHHS
- 2) Submit a case report to DPHHS within 7 working days after local receipt

Gonorrhea must be reported to DPHHS within seven calendar days after the lab report is received by the local health officer. Local health officers are required to report information about a case to DPHHS within the timeframes established in (ARM) 37.114.204.

DPHHS HAN

We ask all health departments to verify treatment and interview status and submit case report form within 7 business days. We understand that an update will be required as case work is completed on partner notification and related issues.

Additional Information and References:

¹ Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections, Morbidity and Mortality Weekly Report (MMWR), August 10, 2012 / 61(31); 590-594: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm>

² CDC 2010 STD Treatment Guidelines website: <http://www.cdc.gov/std/treatment/2010/default.htm>

³ Control of Communicable Diseases Manual, 19th edition, 2008 (CCDM) American Public Health Association: <http://www.apha.org/publications/bookstore/ccdmmobile.htm>

For more information regarding the continued increase of gonorrhea transmission in Montana, please refer to the attached *Montana Public Health* report or contact the DPHHS HIV/STD Section at 406-444-3565.



Continued Increase of Gonorrhea Transmission in Montana

Gonorrhea is a sexually-transmitted disease (STD) caused by infection with the bacterium *Neisseria gonorrhoeae*. Gonorrhea is the second most common notifiable disease in the United States and fourth most common reportable disease in Montana. In females, gonorrhea can lead to pelvic inflammatory disease (PID), which can result in infertility, ectopic pregnancy, and chronic pelvic pain. Infection with *N. gonorrhoeae* can also facilitate the sexual transmission of other organisms, such as HIV and *Treponema pallidum*. In 2014, 433 cases of gonorrhea were reported in Montana compared with an average of 121 cases each year during 2000–13. At the time of printing, over 240 cases have already been reported in 2015. Timely detection of *N. gonorrhoeae* infection and treatment along with identification, testing, and treatment of sexual contacts is essential to interrupt disease transmission.

In this issue of *Montana Public Health*, we summarize recent gonorrhea trends in Montana and provide recommendations for screening (Figure 1), treatment (Figure 3), and conducting public health investigations.

Gonorrhea Trends

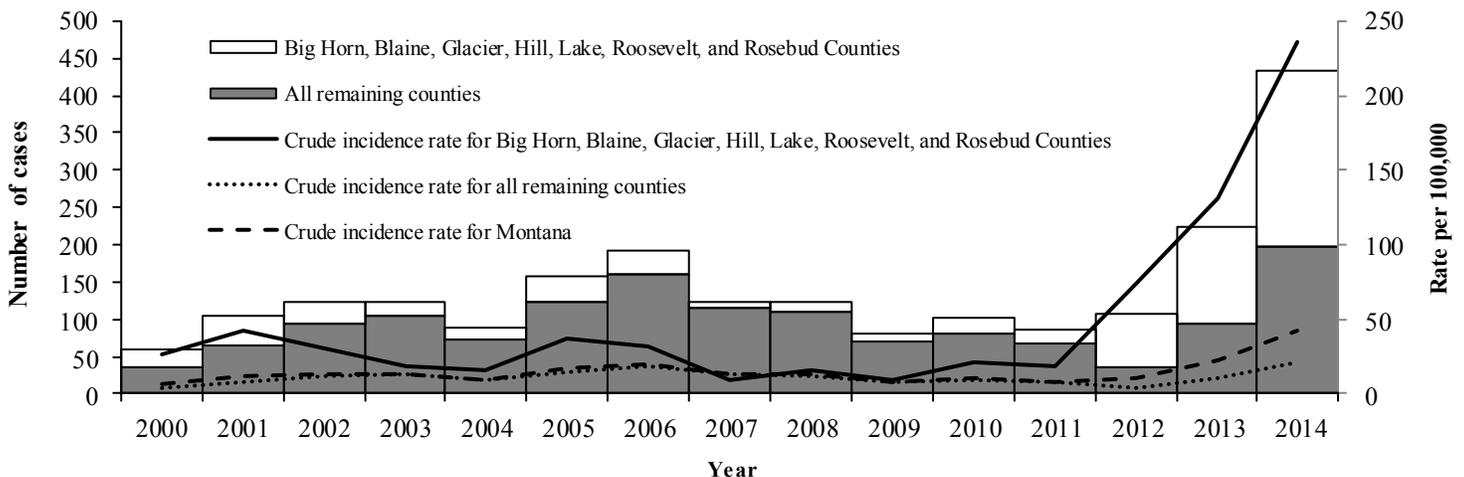
Since 2011, the number of reported gonorrhea cases in Montana increased each year. The number of reported cases increased each year among the 7 counties most closely associated with American Indian Reservations (i.e., Big Horn, Blaine, Glacier, Hill, Lake, Roosevelt, and Rosebud Counties) since 2011 and among the remaining counties since 2012 (Figure 2).

In 2014, the incidence rate in counties associated with American Indian Reservations increased to over 236 cases per 100,000 population, nearly 11-times the rate of all remaining counties in Montana and approximately double the 2013 U.S. gonorrhea rate of 106 cases per 100,000 population. Recent gonorrhea outbreaks in Big Horn, Glacier, and Roosevelt Counties contributed to this increase. During 2010–14, 516 (54%) cases occurred among females and the median age category was 20–24 years.

Figure 1. Gonorrhea screening recommendations

- Screen pregnant and non-pregnant sexually-active females at increased risk of gonorrhea (e.g., persons living in areas of increased gonorrhea transmission, new or multiple sex partners, risky sexual practices, other STDs)
- For males, only those who are sexually-active and symptomatic, or asymptomatic and living in areas of increased gonorrhea transmission, should be tested for *N. gonorrhoeae* infection
- Endocervical, vaginal, urethral (men only), or urine specimens can be tested for presence of *N. gonorrhoeae* infection
- Culture, nucleic acid hybridization tests, and nucleic acid amplification tests (NAATs) can be used for testing
- *Symptomatic males only:* Gram stain of a male urethral specimen that demonstrates polymorphonuclear leukocytes with intracellular Gram-negative diplococci is considered diagnostic for *N. gonorrhoeae* infection

Figure 2. Number of reported gonorrhea cases and crude incidence rate* for the seven counties most closely associated with American Indian Reservations and all remaining counties, Montana, 2000–2014



*2014 incidence rates calculated using 2013 U.S. Census data

Figure 3. Treatment recommendations for uncomplicated gonorrhea of the cervix, urethra, and rectum

Recommended regimen

- Ceftriaxone 250 mg in a single intramuscular dose
PLUS
- Azithromycin 1 gram orally in a single dose **OR**
doxycycline 100 mg orally twice daily for 7 days

NOTE: No additional testing (test-of-cure) required unless symptoms persist — then use culture-based testing

Alternative regimens

If ceftriaxone not available:

- Cefixime 400 mg in a single oral dose
PLUS
- Azithromycin 1 gram orally in a single dose (preferred) **OR**
doxycycline 100 mg orally twice daily for 7 days

PLUS

- Test-of-cure in 1 week

NOTE: if the patient has a severe cephalosporin allergy, use azithromycin 2 grams in a single oral dose **PLUS** test-of-cure in 1 week

Public Health Investigation

Public health investigations leading to the timely identification, testing, and treatment of sexual contacts of gonorrhea cases are essential to limiting spread of gonorrhea in a community.

Therefore, **healthcare providers must immediately report any case of gonorrhea to their local or tribal health department** as required by the Administrative Rules of Montana (ARM) 37.114.203.

Once a gonorrhea case is reported, public health authorities will interview the patient and identify any recent sexual contacts. All recent identified sexual contacts will be examined, tested, and treated. **It is important each sexual contact is tested for infection as this practice can help identify other infected persons who require treatment.**

Patients diagnosed with gonorrhea must be counseled to abstain from sex until antibiotic treatment is completed. To avoid re-infection, patients should abstain from sex with recent sexual contacts until those persons have completed treatment.

In addition, the case should be counseled to use condoms, avoid risky sexual practices including having sex with multiple partners, and engaging in anonymous sex.

Recommendations for Healthcare Providers

- Test all persons at high-risk for *Neisseria gonorrhoeae* infection (see **Figure 1** for screening recommendations)
- Test all persons diagnosed with gonorrhea for other STDs, including chlamydia, syphilis, and HIV
- Use the preferred treatment regimen for gonorrhea — ceftriaxone 250 mg in a single intramuscular dose *PLUS* azithromycin 1 gram orally in a single dose (see **Figure 3** for alternative regimens)
- Immediately report any case of gonorrhea to the local or tribal health department (Administrative rules of Montana 37.114.203)
- Identify, examine, and test sexual contacts to gonorrhea cases per Administrative Rules of Montana
- Please click on the following link to take a short survey <https://www.surveymonkey.com/s/GonorrheaTreatmentGuidelines>

For more information, contact the HIV/STD Section at 406-444-3565

References

1. Kidd S. Gonococcal infections. In: Heyman DL, ed. Control of Communicable Diseases Manual, 2nd Edition. Washington D.C.; 2015. 237–42.
2. Centers for Disease Control and Prevention (CDC). Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010;59(No. RR-12):1–110.
3. CDC. Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines*, 2010: Oral cephalosporins no longer a recommended treatment for gonococcal infections. MMWR 2012;61(31):590–4.

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