State of Montana *Health Alert Network*

DPHHS HAN HEALTH ADVISORY

Cover Sheet

DATE: October 24, 2019

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

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For LOCAL HEALTH DEPARTMENT reference only

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

STD/HIV Section
1-406-444-3565

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DPHHS Health Alert Hotline:
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State of Montana *Health Alert Network*

DPHHS HAN

Information Sheet

Date: October 2019

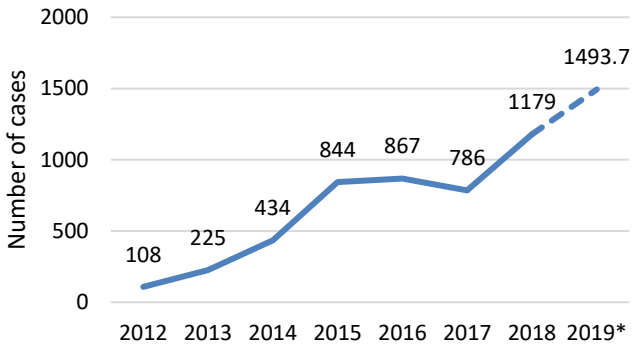
Subject: Recommendations addressing the significant increase of Gonorrhea and Syphilis in Montana

Background:

Following a similar nationwide trend, Montana is experiencing a significant increase in cases of gonorrhea and primary and secondary syphilis. Though the STD rates in Montana are still below national rates, the number of gonorrhea cases have increased by 27% compared to last year and are projected reach over 1,400 reports of GC in 2019 (Figure 1).

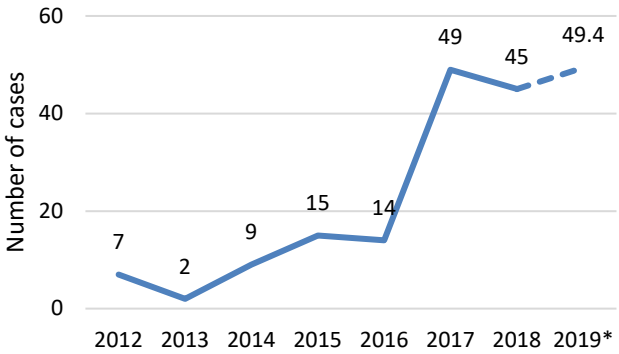
The number of syphilis cases are projected to maintain a 3-year high compared to about 12 cases per years prior to 2017. (Figure 2).

Figure 1. Number of Gonorrhea cases- Montana 2012-2019 (projected)



2019 MT rate projected: **142.1**/100,000
2018 US rate: *179.1*/100,000

Figure 2. Number of P & S Syphilis cases- Montana 2012-2019 (projected)



2019 MT rate projected: **4.7**/100,000
2018 US rate: *10.8*/100,000

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, partially due to excellent screening efforts and increased overall testing in the state. Although syphilis activity has been elevated since 2016, the noticeable increase in recent gonorrhea cases is a significant public health concern.

The majority of recent primary and secondary syphilis have been males (83%), ages 18 to 68 years old. 54% of cases have been reported in high risk heterosexuals (HRH) which makes up the majority of our syphilis cases compared to 47% of cases in men who have sex with men (MSM).

The majority of gonorrhea cases are reported in 18-34 year olds, mostly in high-risk heterosexuals. Limited surveillance data suggests that nearly half of GC cases had sex while high or intoxicated and every fourth person indicated they had an anonymous partner. Many clients are diagnosed because they sought care due to symptoms, but every 7th person diagnosed was found due to screening or reporteded being asymptomatic.

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

- *Neurosyphilis:* Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days

- Alternatives to the above-recommended treatments are generally used only when patients have demonstrated an allergy to penicillin. CDC guidelines recommend that providers ask patients about known allergies to penicillin. Any person allergic to penicillin should be treated in consultation with an infectious-disease specialist.

  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.

Prompt Reporting to Local Public Health Authorities and Public Health Actions

- Health Care Providers:

  - Reporting of gonorrhea and syphilis cases 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 to local health jurisdictions 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 has been given to patient before closing out case in MIDIS.

    - Local health officers are required to report information about a case to DPHHS within the 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: https://www.cdc.gov/std/tg2015/
- Additional information regarding resources and Montana specific information can be found at: https://dphhs.mt.gov/publichealth/hivstd/stdprevention