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NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

Increased Gonorrhea Infections in New Hampshire

NH Division of Public Health Services (NH DPHS) recommends the following:

1. Awareness that NH DPHS is monitoring an increase in reported Gonorrhea infections throughout the state, particularly in Rockingham and Strafford counties.
2. Healthcare providers take routine sexual histories from all their patients and consider sexually transmitted disease (STD) testing for at risk patients and for any patients presenting with signs or symptoms of an STD.
3. Review current Gonorrhea treatment guidelines which recommend combination therapy with ceftriaxone 250 mg intramuscular in a single dose plus either azithromycin 1g orally in a single dose or doxycycline 100 mg orally twice a day for 7 days.
4. Sexual partners of patients with Gonorrhea should be evaluated and treated.
5. Consider specimen collection for Gonorrhea culture and sensitivities in cases where Gonorrhea persists despite appropriate therapy.
6. Report all cases of Gonorrhea to NH DPHS within 72 hours at 603-271-4496 (after hours 800-852-3345, x5300).

Background

Gonorrhea is the second most common sexually transmitted disease (STD) in the U.S. after Chlamydia. Gonorrhea is caused by the bacterium *Neisseria gonorrhea*. Patients with Gonorrhea can be asymptomatic, or they can develop genitourinary symptoms including dysuria and penile or vaginal discharge. Complications from Gonorrhea infection include pelvic inflammatory disease, infertility, ectopic pregnancy, chronic pelvic pain, and increased risk of HIV acquisition. Gonorrhea can also cause rectal and oropharyngeal infection for patients who participate in rectal or oral sex, respectively.

Epidemiology

In the United States, 334,826 cases of gonorrhea were reported in 2012. In New Hampshire over the past five years, there have been between 117 and 148 cases of gonorrhea reported yearly; as of August 31, 2014, there have been 135 cases of Gonorrhea reported to DPHS for 2014. This represents a 59% increase from the 79 cases reported at this same time last year. Individuals under the age of 40 have been the most affected with a 48% increase in reported cases.

The greatest increase in cases has been reported in Strafford and Rockingham counties with a 45% increase in Strafford and a 43% increase in Rockingham. Although these increases are not statistically significant over a five-year trend, DPHS will continue to monitor and investigate reported cases. DPHS would like providers to be aware of the increase and encourage healthcare providers to routinely take sexual histories from their patients and consider testing for STDs in patients that are at high-risk or are showing signs or symptoms of infection. CDC recommendations about STD screening can be found at: http://www.cdc.gov/std/prevention/screeningReccs.htm

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Treatment Recommendations
Due to increasing antibiotic resistance in Gonorrhea, the Centers for Disease Control and Prevention (CDC) released an update in 2012 to the 2010 STD Treatment Guidelines. The CDC no longer recommends oral cephalosporins (i.e., cefixime) as first-line treatment for Gonorrhea infections. The preferred regimen includes combination therapy with ceftriaxone 250 mg IM in a single dose (an increased dose compared to 125 mg in 2006 guidelines) plus either azithromycin 1g orally in a single dose or doxycycline 100 mg orally twice a day for seven days. Dual therapy is recommended due to the increasing resistance of Gonorrhea to antibiotics, as well as to treat possible concurrent Chlamydia infection, regardless of chlamydia testing.

If ceftriaxone is not available and cefixime is used in an alternative regimen, test of cure at the site of infection is recommended one week after treatment. Patients with a severe cephalosporin allergy should receive azithromycin 2g orally in a single dose with a test of cure at the site of infection one week after treatment.

Any clinician evaluating a patient with Gonorrhea that persists despite appropriate therapy should consider Gonococcal resistance as one possible explanation for the persistence. At that point, DPHS should be notified and a sample should be collected and sent to the NH Public Health Laboratories for culture of Gonorrhea and antimicrobial susceptibility testing. Clinicians can call the lab at (603) 271-4661 with any questions about specimen collection or shipping.

For background and additional information, please refer to:

1. CDC MMWR from August 10, 2012:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

2. CDC STD Webpage
http://www.cdc.gov/std/

3. CDC 2010 STD Treatment Guidelines
http://www.cdc.gov/std/treatment/2010/default.htm

4. CDC STD Screening Recommendations:
http://www.cdc.gov/std/prevention/screeningReccs.htm

5. CDC A Guide to Taking a Sexual History
http://www.cdc.gov/std/treatment/SexualHistory.pdf

CDC Treatment Algorithm

Uncomplicated gonococcal infections of the cervix, urethra, and rectum

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

Alternative regimens

If ceftriaxone is not available:

Cefixime 400 mg in a single oral dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

PLUS

Test-of-cure in 1 week

If the patient has severe cephalosporin allergy:

Azithromycin 2 g in a single oral dose

PLUS

Test-of-cure in 1 week

Uncomplicated gonococcal infections of the pharynx

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

* Because of the high prevalence of tetracycline resistance among Gonococcal Isolate Surveillance Project isolates, particularly those with elevated minimum inhibitory concentrations to cefixime, the use of azithromycin as the second antimicrobial is preferred.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

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Originating Agency:	NH Department of Health and Human Services, Division of Public Health Services

Attachments: None

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