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August 19, 2016, 12:30 EDT (1230 EDT)
NH HAN 20160819



Sixty-seven Percent (67%) Increase of Gonorrhea Case Reports in New Hampshire

Key Points and Recommendations:

NH DHHS recommends that health care providers:

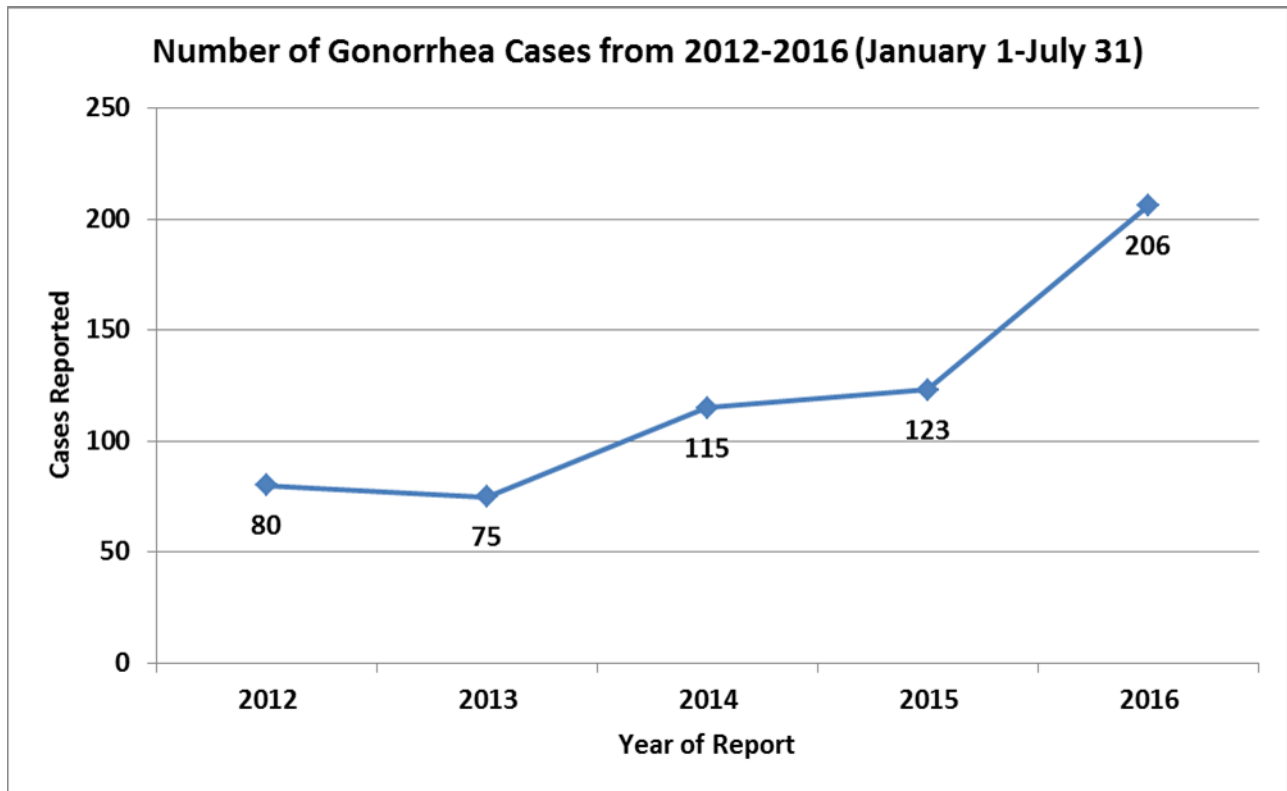
- Be aware of the increase of reported gonorrhea cases in New Hampshire and improve STD screening practices:
 - For **all of your patients**, take a thorough sexual history to determine patient risk and need for STD screening.
 - For high risk patients, perform annual gonorrhea screening.
 - For all sexually active females aged <25 years, screen annually for *C. trachomatis* and *N. gonorrhoeae*.
 - For patients who request other STD testing, include gonorrhea testing.
 - For all patients diagnosed with gonorrhea, perform an HIV test.
 - For patients who report non-vaginal intercourse, conduct site-specific screening for gonorrhea.
 - For patients who report sexual contact with a gonorrhea-infected partner within 60 days of symptom onset, evaluate, test and presumptively treat with dual therapy.
- Be aware of national emergence of antibiotic resistant *Neisseria gonorrhoeae*, and that the preferred therapy for treatment of gonorrhea is now ceftriaxone 250 mg intramuscular once AND azithromycin 1 g orally once.
- For consultation, the NH Division of Public Health Services Public Health Nurse is available 24/7 at 603-271-4496 and the National Network of STD Clinical Prevention Training Centers (NNPTC) has an online system to provide clinical consultation about STDs, called the STD Clinical Consultation Network (STDCCN). More information can be found at: www.stdccn.org.

Background Information:

CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the United States. STDs annually create significant morbidity, increased risk for HIV transmission and account for almost \$16 billion in health care costs. Due to increasing reports of gonorrhea, chlamydia, and syphilis infections in New Hampshire, all healthcare providers should take a thorough sexual history to determine patient risk and need for STD screening.

Situation:

Between January 1 and July 31, 2016, the Division of Public Health Services Bureau of Infectious Disease Control has received 206 reports of patients with gonorrhea. This is a 67% increase compared with the same timeframe in 2015. In NH, those most impacted by gonorrhea have been males, those under 40 years of age and those residing in Hillsborough County. Reported cases in Merrimack, Rockingham, and Strafford counties are also on the rise.



Among those 206 reported patients, 28% were not treated correctly. CDC currently recommends treating gonorrhea with ceftriaxone 250 mg intramuscular once AND azithromycin 1 g orally once. This recommendation is based on an analysis of specimens from the Gonococcal Isolate Surveillance Project (GISP) which shows declining susceptibility to azithromycin from 2013-2014. This declining susceptibility occurred in all parts of the country, as well as among heterosexuals and men who have sex with men. Most isolates remained sensitive to ceftriaxone. Dual therapy has remained effective. The full report is available in the *Neisseria gonorrhoeae Antimicrobial Susceptibility Surveillance —The Gonococcal Isolate Surveillance Project, 27 Sites, United States, 2014*.

Besides this imperative for dual therapy for gonorrhea, the Centers for Disease Control and Prevention recommends:

1. Alternative treatment of gonorrhea:

- Use oral cefixime only as an alternative within combination therapy regimens for uncomplicated urethra, cervix, and rectum infections (but not infections of the pharynx).
- If the patient has azithromycin allergy, doxycycline 100 mg orally twice daily for seven days (in combination with ceftriaxone 250 mg IM) can be used as an alternative treatment regimen.
- Patients with pharyngeal gonorrhea who were treated with an alternative regimen should return 14 days following treatment for a test-of-cure using either nucleic acid amplification test (NAAT) or culture. For patients with uncomplicated urogenital or rectal gonorrhea who received recommended or alternative regimens, a test-of-cure is not needed.

2. Routine screening for both gonorrhea and chlamydia for:

- All sexually active females aged <25 years annually;
- Women aged 25 years and older who are at increased risk of infection (e.g., new sex partner, more than one sex partner, sex partner with an STD, etc.);
- Pregnant women aged <25 years;
- Pregnant women aged ≥25 years at high risk;
- Women ≤35 years old and men <30 years old in correctional facilities, and men who have sex with men (MSM);
- Males in high prevalence clinical settings (i.e. correctional facilities, STD clinics, etc.).

Consultation Resource:

For clinical consultation, call DPHS staff at 603-271-4496.

The National Network of STD Clinical Prevention Training Centers (NNPTC) also maintains the STD Clinical Consultation Network (STDCCN), the first online STD consultation system. STDCCN provides free STD clinical consultation services in 1-5 business days (depending on urgency) to health care providers nationally. Expert faculty at the eight regional Prevention Training Centers (PTCs) will respond to STD consultation requests within their region. Operating five days a week during normal business hours, the STDCCN is convenient, simple, and free. Find out more information online at: www.stdccn.org and www.nnptc.org.

For additional information, please refer to:

1. CDC MMWR *Neisseria gonorrhoeae Antimicrobial Susceptibility Surveillance —The Gonococcal Isolate Surveillance Project, 27 Sites, United States, 2014*
https://www.cdc.gov/mmwr/volumes/65/ss/ss6507a1.htm?s_cid=ss6507_w
2. CDC MMWR from June 5, 2015 (Sexually Transmitted Disease Treatment Guidelines, 2015): <http://www.cdc.gov/std/tg2015/default.htm/>
3. CDC STD Webpage: <http://www.cdc.gov/std/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>
6. NH STD/HIV/AIDS 5-year Surveillance Report 2010-2014:
<http://www.dhhs.nh.gov/dphs/bchs/std/documents/std-hiv-aids%2010-14.pdf>

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 603-271-5300).

To change your contact information in the NH Health Alert Network, contact Thom Flynn at 603-271-7499 or email thomas.flynn@dhhs.nh.gov.

Status: Actual

Message Type: Alert
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 20160819 Increase of Gonorrhea Case Reports in NH
Delivery Time: 6 hours
Acknowledgement: No
Distribution
Method: Email, Fax
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS
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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

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