

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

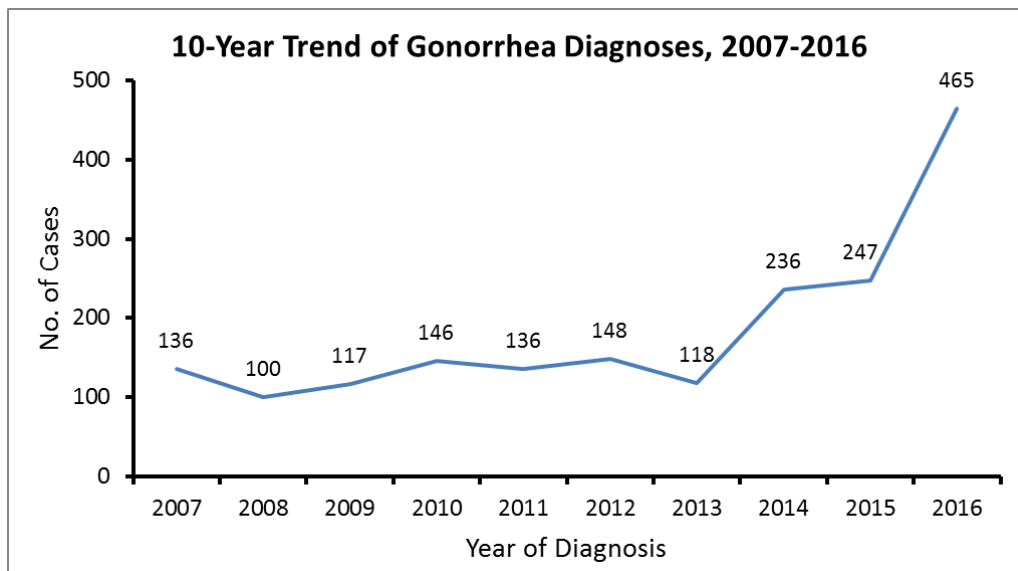
Distributed by the NH Health Alert Network  
[Health.Alert@dhhs.nh.gov](mailto:Health.Alert@dhhs.nh.gov)  
January 19, 2017 1100 EDT(11:00 AM EDT)  
NH-HAN 20170119



## Gonorrhea Outbreak in New Hampshire

### Key Points and Recommendations:

- New Hampshire is experiencing an outbreak of gonorrhea. There has been a more than 250% increase in the number of gonorrhea cases in 2016 compared with prior baseline.



- Many clinicians are not treating correctly and we ask you to urgently review the current treatment guidelines (<https://www.cdc.gov/std/tg2015/gonorrhea.htm>), which specify the need for dual antibiotic therapy to prevent antibiotic-resistant gonorrhea.
- Healthcare providers should routinely ask their gonorrhea patients to estimate the number of sexual partners they have had in the past 60 days, and help communicate the need for partners to be tested and treated for gonorrhea.
- Clinicians should offer clinic appointments for sex partners, or instruct partners to be evaluated by their own primary care providers or through other low/no-cost options. Options are listed in the attached informational sheet and should be given to patients to give to their sex partners. Additional resources for patients and sex partners can be found on our website: <http://www.dhhs.nh.gov/dphs/cdcs/gonorrhea-providers.htm>.
- Please report all cases of gonorrhea, along with any information about sex partners, to the NH Department of Health and Human Services, Division of Public Health Services (DPHS) at 603-271-4496.
- DPHS will support clinicians by:
  1. Contacting sex partners of individuals diagnosed with gonorrhea
  2. Reviewing patient treatment regimens and offering clinicians and practices in-service training on the current treatment guidelines

**Situation:**

New Hampshire has seen an unprecedented increase in the number of gonorrhea cases. Between 2007 and 2013, approximately 130 cases per year were reported to DPHS. For 2016, 465 cases have been reported, which represents a more than 250% increase. Most cases have been in males and in those under 40 years of age. The greatest number of cases has been seen in Hillsborough County, followed by Rockingham, Merrimack, and Strafford Counties.

The majority of gonorrhea cases (75%) were diagnosed in either private clinician offices, or in an emergency department or urgent care setting. Based on preliminary data, approximately 25% of patients diagnosed with gonorrhea in 2016 were not correctly treated initially according to current CDC recommendations; this is similar whether a patient was treated in a clinician office, or in an emergency department or urgent care setting.

**Centers for Disease Control and Prevention (CDC) 2015 Sexually Transmitted Diseases (STD) Treatment Guidelines:**

The Centers for Disease Control and Prevention (CDC) has identified drug-resistant gonorrhea as one of the top three urgent national threats for antibiotic-resistance infections. Because of concern for increasing antibiotic resistance, the current CDC 2015 STD treatment guidelines require treatment of gonorrhea infections with two different antibiotics to prevent antibiotic resistance (<https://www.cdc.gov/std/tg2015/gonorrhea.htm>). **Single drug regimens should not be used.**

Due to emerging antibiotic resistance, the only recommended treatment for gonorrhea (cervical, urethral, rectal, or pharyngeal infection) is a two-drug regimen consisting of IM ceftriaxone and oral azithromycin:

| Recommended Regimen   |
|---|
| Ceftriaxone 250 mg IM in a single dose<br>PLUS<br>Azithromycin 1g orally in a single dose |

Oral cefixime is no longer routinely recommended because blood and tissue levels are lower than with IM ceftriaxone, and gonococcal isolates with reduced susceptibility to cefixime have been increasing. Oral cefixime (in combination with oral azithromycin) is only recommended if IM Ceftriaxone is not available. Doxycycline is also no longer a recommended therapy due to increasing tetracycline resistance, but can be considered as a part of dual therapy for azithromycin allergic patients.

**Alternative Treatment Regimens for Gonorrhea:**

- Cefixime 400mg orally in a single dose PLUS azithromycin 1g orally in a single dose is an alternative regimen only if IM Ceftriaxone is not available, and should only be considered for uncomplicated urethra, cervix, and rectum infections (not pharyngeal infections).
- For patients with an azithromycin allergy, doxycycline 100 mg orally twice daily for seven days can be substituted for azithromycin (in combination with ceftriaxone 250 mg IM).
- For patients with a cephalosporin allergy, the following regimens can be considered:
  1. Gemifloxacin 320 mg orally in a single dose PLUS azithromycin 2g orally in a single dose (note, there is currently a national shortage of Gemifloxacin).
  2. Gentamicin 240 mg IM in a single dose PLUS azithromycin 2g orally in a single dose.

### Screening for Gonorrhea:

Healthcare providers should take sexual histories on all patients and test for STDs based on patient risk. Patients should be screened at the site of exposure. If patients engage in oral or anal sex, for example, they should be screened for gonorrhea in the oropharynx and rectal areas, respectively. Screening should include, but is not limited to, the follow:

- Persons who are sexually active with a partner who was diagnosed with gonorrhea should be evaluated, tested, and empirically treated (i.e., do not wait for test results to return before treating).
- Any patient reporting high-risk sexual activity should be screened. This includes new or multiple sex partners, unprotected sex, a sex partner with an STD, exchanging sex for money or drugs, men who have sex with men (MSM), etc.
- All sexually active females aged <25 years, regardless of risk, should be screened annually for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.
- Men who have sex with men (MSM) should be screened at least annually or sooner depending on risk.
- Women ≤35 years old and men <30 years old in correctional facilities.

### Additional information and resources:

1. CDC 2015 STD Treatment (and screening) guidelines: <http://www.cdc.gov/std/tg2015/default.htm/>
2. STD screening recommendations: <http://www.cdc.gov/std/prevention/screeningReccs.htm>
3. CDC report on emerging *Neisseria gonorrhoeae* antibiotic resistance: [https://www.cdc.gov/mmwr/volumes/65/ss/ss6507a1.htm?s\\_cid=ss6507\\_w](https://www.cdc.gov/mmwr/volumes/65/ss/ss6507a1.htm?s_cid=ss6507_w)
4. CDC STD webpage: <http://www.cdc.gov/std/default.htm>
5. CDC A Guide to Taking a Sexual History: <http://www.cdc.gov/STD/treatment/SexualHistory.pdf>
6. NH STD/HIV Surveillance Report 2011-2015: <http://www.dhhs.nh.gov/dphs/cdcs/documents/std-hiv-aids-2011-15.pdf>
7. NH Gonorrhea Outbreak website: <http://www.dhhs.nh.gov/dphs/cdcs/gonorrhea-providers.htm>.
8. National Network of STD Clinical Prevention Training Centers (NNPTC) maintains an online clinical consultation service called the STD Clinical Consultation Network (STDCCN): [www.stdccn.org](http://www.stdccn.org) and [www.nnptc.org](http://www.nnptc.org).

## NH DHHS-DPHS, NH HAN 20170119, Gonorrhea Outbreak in NH

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For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (for urgent matters 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](mailto:thomas.flynn@dhhs.nh.gov).

Status: Actual  
Message Type: Alert  
Severity: Moderate  
Sensitivity: Not Sensitive  
Message Identifier: NH-HAN 20170119 Gonorrhea Outbreak 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  
From: Benjamin P. Chan, MD, MPH – State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

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**New Hampshire Department of Health and  
Human Services**  
Division of Public Health Services



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## STD Partner Agencies

### **Sexually Transmitted Disease (STD) Partner Agencies**

These agencies provide full STD testing and treatment services, as well as testing for Human Immunodeficiency Virus (HIV) and Viral Hepatitis C (HCV). Please contact the agency directly for more information about walk-in hours and appointment availability.

If you are concerned that you have been exposed to gonorrhea or a partner has told you that they have gonorrhea, please notify the agency when you call and testing and treatment for gonorrhea will be provided at no cost. Additional STD, HIV and HCV services are provided at low-to-no cost.

#### **MANCHESTER HEALTH DEPARTMENT**

1528 Elm Street  
Manchester, NH  
Tel: 603-624-6466

#### **NASHUA DIVISION OF COMMUNITY AND PUBLIC HEALTH SERVICES**

18 Mulberry Street  
Nashua, NH  
Tel: 603-589-4500

### **Primary Care and/or Family Planning Partner Agencies**

Please contact these agencies to learn more about affordable testing and treatment for gonorrhea and other STDs, including HIV:

#### **AMMONOOSUC COMMUNITY HEALTH SERVICES**

25 Mt Eustis Road  
Littleton, NH 03561  
Tel: 603-444-2464

#### **CAP BELKNAP/MERRIMACK COUNTY**

121 Belmont Road  
Laconia, NH 03246  
Tel: 603-524-5453

#### **CONCORD HOSPITAL - FAMILY HEALTH CENTER**

250 Pleasant Street  
Concord, NH 03301  
Tel: 603-227-7000

#### **COOS COUNTY FAMILY HEALTH SERVICES**

54 Willow St.  
Berlin, NH 03570  
Tel: 603-752-3669

#### **EQUALITY HEALTH CENTER (formerly CONCORD FEMINIST HEALTH CENTER)**

38 South Main Street  
Concord, NH 03301  
Tel: 603-225-2739

#### **FAMILIES FIRST OF THE GREATER SEACOAST**

100 Campus Drive, Suite 12  
Portsmouth, NH 03801  
Tel: 603-422-8208

#### **FEMINIST HEALTH CENTER OF PORTSMOUTH/LOVERING HEALTH CENTER**

559 Portsmouth Avenue  
Greenland, NH 03840  
Tel: 603-436-7588

#### **GOODWIN COMMUNITY HEALTH CENTER**

311 Route 108  
Somersworth, NH 03878  
Tel: 603-516-2550

#### **HEALTH FIRST FAMILY CARE CENTER**

841 Central St.  
Franklin, NH 03235  
Tel: 603-934-0177

**HARBOR HOMES**

45 High Street  
Nashua, NH 03060  
Tel: 603-882-3616

**INDIAN STREAM HEALTH CENTER**

141 Corliss Lane  
Colebrook, NH 03576  
Tel: 603-237-8336

**LAMPREY HEALTH CARE - NASHUA**

22 Prospect Street  
Nashua, NH 03060  
Tel: 603-659-2494

**LAMPREY HEALTH CARE – NEWMARKET**

207 South Main Street  
Newmarket, NH 03857  
Tel: 603-659-3106

**LAMPREY HEALTH CARE – RAYMOND**

128 Route 27  
Raymond, NH 03077  
Tel: 603-895-3351

**MANCHESTER COMMUNITY HEALTH CENTER**

145 Hollis Street  
Manchester, NH 03101  
Tel: 603-626-9500

**MANCHESTER COMMUNITY HEALTH CENTER  
(CHILD HEALTH SERVICES)**

1245 Elm Street  
Manchester, NH 03101  
Tel: 603-629-9707

**MANCHESTER HEALTH DEPARTMENT  
(Manchester Healthcare for the Homeless)**

1528 Elm Street  
Manchester, NH 03101  
Tel: 603-624-6466

**MID-STATE HEALTH CENTER**

101 Boulder Drive, Suite 1  
Plymouth, NH 03264  
Tel: 603-536-4099

**NEW LONDON HOSPITAL ASSOCIATION, INC  
(Newport Health Center)**

273 County Road  
New London, NH 03257  
Tel: 603-526-5512

**PLANNED PARENTHOOD OF NORTHERN NEW  
ENGLAND- DERRY**

4 Birch St.  
Derry, NH 03038  
Tel: 603-434-1354

**PLANNED PARENTHOOD OF NORTHERN NEW  
ENGLAND- EXETER**

108 High St.  
Exeter, NH 03833  
Tel: 603-772-9315

**PLANNED PARENTHOOD OF NORTHERN NEW  
ENGLAND- KEENE**

8 Middle St.  
Keene, NH 03431  
Tel: 603-352-6898

**PLANNED PARENTHOOD OF NORTHERN NEW  
ENGLAND- MANCHESTER**

24 Pennacook St.  
Manchester, NH 03104  
Tel: 603-669-7321

**WEEKS MEDICAL CENTER - LANCASTER**

173 Middle Street  
Lancaster, NH 03584  
Tel: 603-788-4911

**WEEKS MEDICAL CENTER – WHITEFIELD**

24 Lancaster Road  
Whitefield, NH 03598  
Tel: 603-837-9005

**WHITE MOUNTAIN COMMUNITY HEALTH  
CENTER**

298 White Mountain Highway  
Conway, NH 03818  
Tel: 603-447-8900