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## Surveillance Of Penicillin Resistant N. Gonorrhoea

Several cases of penicillinase producing *N. gonorrhoeae* (PPNG) have been reported nationally in recent months. The isolates have been confirmed at the Center for Disease Control in Atlanta, Georgia, and came from patients in St. Mary's County, Maryland, Des Moines, Iowa, and Travis Air Force Base in California. Three of the isolates named contacts in the Philippines a few days prior to becoming symptomatic. The remaining isolates have been related circumstantially to the Philippines.

A screening program aimed at locating penicillinase producing *N. gonorrhoeae* is currently underway in Anchorage, Ketchikan, Fairbanks, and Juneau. To date, none of these areas have isolated the organism.

### GUIDELINES:

1. All non-penicillin allergic patients with gonorrhea should receive aqueous procaine penicillin G. 4.8 million units I.M. with 1 gm. of probenidol by mouth as initial treatment.
2. Patients should return in 3 - 5 days for test of cure (TOC).
3. Patients with a positive TOC should be treated with spectinomycin 2.0 gm. I.M. Repeat TOC's including throat and rectum, should be obtained 3 - 5 days after spectinomycin.
4. All positive TOC cultures will be screened by state laboratories using a penicillin disc test.
5. Upon finding an isolate suspected of penicillinase production, contact tracing should begin with all contacts having throat and rectal as well as cervical or urethral cultures. All contacts should be epidemiologically treated with spectinomycin 2.0 gm. I.M.

The Alaska State Venereal Disease Control Office will coordinate all penicillin disc positive isolates and notify the Center for Disease Control.

### DIPHTHERIA

In the past two weeks, two cases of diphtheria have occurred in Sitka and Valdez. A 21-year-old woman in Valdez had severe pharyngitis which was culture positive for toxigenic organisms. She had been immunized and has done well. Contact cultures are pending in the State Laboratory. On November 8, a 25-year-old woman in Sitka developed severe pharyngitis with a typical membrane. She was treated with diphtheria antitoxin and penicillin. Contact cultures are pending in the State Laboratory. This patient was not immunized in the last year's mass diphtheria-tetanus immunization campaign.

Diphtheria is probably with us to stay and cases can be expected to occur from time to time. The mainstay of therapy is diphtheria antitoxin and immediate notification to the Health Department of any suspect case so that contact culturing and immunization updating can be immediately initiated. Serious complications are prevented by immunization with diphtheria-tetanus toxoid.

(Reported by Dr. Eaton, Dr. Lunas)