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Update On Penicillinase - Producing Neisseria Gonorrhoeae (Ppng)

Worldwide: Cases of infection caused by penicillinase-producing *Neisseria gonorrhoeae* (PPNG) have now been detected in 16 different countries - Australia, Belgium, Canada, Denmark, Hong Kong, Japan, the Netherlands, New Zealand, Norway, the Philippines, Republic of Korea, Singapore, Sweden, Switzerland, the United Kingdom and the United States. In the U.S. the only source for importation of infection caused by PPNG has been the Far East, but several cases in Europe have been linked to sexual contact in West Africa (MMWR, 26(19):153, May 13, 1977).

In the U.S., from March 1, 1976 to May 2, 1977, a total of 150 cases of PPNG infection have been detected in 21 states.

Alaska: No cases of PPNG have been confirmed in Alaska, although several persons who were exposed to PPNG cases in the lower 48 states were examined and tested with negative results.

To continue surveillance of this new strain and limit its dissemination, CDC and the Section of Communicable Disease Control recommended:

1. Perform "test-of-cure" cultures as widely as possible. All patients with gonorrhea should be cultured within 3-7 days after completion of treatment to confirm cure.
2. All treatment failure cultures should be forwarded to the State Laboratory clearly indicating that a test for PPNG is requested.
3. All treatment failures that are documented should be retreated with 2 grams of spectinomycin intramuscularly.

Three U.S. cases of PPNG infection have not responded to spectinomycin. The PPNG isolates from these failures were not resistant to spectinomycin. However, non-penicillinase-producing gonococci with absolute resistance to spectinomycin have been reported; and if the drug is used indiscriminately, the probability of PPNG acquiring spectinomycin resistance will increase.

4. Please contact John Middaugh, Medical Epidemiologist at 272-7534, immediately regarding any isolates of *N. gonorrhoeae* suspected or identified as being resistant to penicillin for epidemiological assistance.

(California Morbidity, June 24, 1977, No. 24)

IMPORTED MEASLES - GUSTAVUS

The diagnosis of measles has been confirmed in three children from a large family who usually live in Utah. Each summer, the family travels to Glacier Bay to enjoy some of Alaska's most beautiful scenery. One week after arrival in Glacier Bay, on June 6, a 16-month-old unimmunized child became ill and subsequently developed high fever and a generalized rash. An alert Juneau pediatrician was consulted, diagnosed measles, and notified the health department. A public health nurse visited Gustavus to identify and immunize susceptibles.

The family reported that all the other members were immune. Although two children, ages 13 and 15 had not been immunized, they were said to have had measles when infants and so they declined to be immunized. One child less than one year of age was given gamma globulin. All other residents were able to provide evidence of measles immunization. One incubation period later, both children without a documented immunization history developed full-blown measles. So far, no cases have occurred in Alaskans.

Cases of measles will turn up from time to time in visitors to Alaska. Early reporting of suspect cases allows us to institute measures to stop measles from spreading. Alaskans can be proud of their efforts to immunize our children and keep measles from occurring in Alaskans!

(Reported by Ken Moss, M.D., Juneau; and Jean Lucius, PHN, Hoonah)