 Gonococcal Infection Update — Alaska, 2011

Case counts decreased by 15–42% during the first 3 quarters of 2011 compared to the first 3 quarters of 2010 in all economic regions of Alaska except the Interior, where case counts increased by 50%, from 126 in 2010 to 189 in 2011. There was a 2% decrease in the number of clinical specimens submitted to ASPHL for GC testing during the first 3 quarters of 2011 (n=28,279) compared to 2010 (n=28,918).

Discussion

The number of reported GC cases decreased substantially during the first 3 quarters of 2011 compared to the first 3 quarters of 2010. Factors that likely contributed to the decrease include the following: (1) increased prioritization of GC partner notification services statewide; (2) increased awareness of the GC epidemic among providers and perhaps increased empiric GC treatment; (3) increased utilization of EPT in many regions of the state; (4) new availability of vaginal swab testing capacity at ASPHL in 2011; and (5) decreased GC testing at ASPHL in 2011 compared to 2010 (this decrease was slight [2%] and likely was not a substantial contributor to the decreased case counts in 2011).

While these data are encouraging, health care providers need to remain vigilant about controlling this GC epidemic. Since co-infection with Chlamydia trachomatis (CT) is common, patients treated for GC should also be treated for CT. Similarly, if sexual contacts to GC-infected patients are not tested or test negative for CT by a non-nucleic amplification test, they should be treated for both GC and CT.

Recommendations

1. Health care providers should promptly treat GC-infected patients with a CDC-recommended drug regimen (i.e., ceftriaxone 250 mg IM and Azithromycin 1 g PO as co-treatment for CT infection and to hinder the development of antimicrobial-resistant N. gonorrhoeae).6

2. Test all persons who are infected with GC for other STDs, including HIV.

3. Strongly encourage patients with GC infection to participate in partner notification services, including confidential and timely notification of all sex partners.

4. Consider using Cefixime 400 mg PO with Azithromycin 1 g PO as EPT to treat sex partners of patients diagnosed with GC, particularly when other partner management strategies are unavailable or unlikely to be successful.

5. For more information about the distribution of GC and CT infection throughout Alaska, refer to the new online interactive mapping program.7

6. Report confirmed or suspected cases of GC and CT infection and treatment information to SOE within 5 working days via fax at 907-561-4239 or telephone at 907-561-4234 or 800-478-1700. The reporting form can be found at www.epi.alaska.gov/pubs/conditions/frmSTD.pdf

References


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