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SPECTINOMYCIN-RESISTANT, PENICILLINASE-PRODUCING
NEISSERIA GONORRHOEAE

The Centers for Disease Control have confirmed a report from California of the first known infection caused by penicillinase-producing *Neisseria gonorrhoeae* (PPNG) which was also resistant to spectinomycin, the antibiotic of choice for most PPNG infections.

The isolate was obtained from a 20-year-old man who had acquired gonococcal urethritis in the Philippines on April 24-30, 1981 and was not cured by three courses of spectinomycin. He was finally cured with a 5-day regimen of tetracycline.

Since 1976, more than 1000 PPNG isolates were tested at CDC. This is the first to be resistant to spectinomycin.

Since March 1976, 7 cases of PPNG have been identified in Alaska. However, 3 of these cases occurred in 1980. We recommend that all physicians and other health care providers be alert for any patient diagnosed as having gonorrhea who gives a history of exposure in Southeast Asia or the Philippines. Such patients should be cultured, the lab slip marked "test for possible PPNG", and treatment given with 2.0 g spectinomycin. All contacts should also be cultured and treated with spectinomycin. Test-of-cure cultures are very important. Be certain to check "test-of-cure" box on the lab slip on all follow-up cultures on gonorrhea patients so that the lab will know to test all positives for PPNG.

The Section of Laboratories is currently developing capabilities to test all PPNG isolates for spectinomycin resistance. Should any patient be determined to have spectinomycin resistant PPNG, the current treatment recommendation from CDC is:

1. Cefoxitin 2.0g in a single intramuscular injection and with probenecid 1.0g orally, or
2. Sulfamethoxazole/trimethoprim (SMX/TMP) 9 tablets (400mg SMX and 80mg TMP/tablet) orally in single daily doses for 3 days (total: 27 tablets). (SMX/TMP should not be used for pregnant women or those with nursing infants)

Please report to the State VD Control Program, Section of Communicable Disease Control, 272-7534 (collect if necessary) any confirmed or suspected cases so that we can assist with the epidemiologic follow-up of the patient and his or her contact.

MEDICAL GREEN CARD DISCONTINUED

The Department of Health and Social Services and the Alaska State Medical Association have been cosponsoring the State of Alaska Medical Identification Card for a number of years. This program was developed as a public service to provide Alaskans with a summary of important personal medical information for emergencies. However, changing times and new programs have placed demands on the card which it was not designed to meet. As a result it has become necessary to discontinue the program.

Individuals who have one of these cards will continue to benefit from carrying this handy summary of their immunizations, blood type, and special emergency medical information. A new immunization record has been developed to conform to Alaska's school and day care immunization regulations and to fulfill inter-state requirements. This official Alaska Immunization Record should be provided to all vaccine recipients at the time they are immunized. Health providers can obtain supplies of this record from the Section of Communicable Disease Control. Individuals who need to carry information about special medical problems, such as penicillin allergy, should be referred to the Medical Alert Foundation.