Summary of Gonorrhea Morbidity Data
A total of 630 cases (95 cases per 100,000 persons) of gonorrhea were reported in Alaska in 2006. This represents a 5% increase over the 2005 gonorrhea incidence (Figure 1). Of the 630 cases, 356 (57%) were in females. Among females, 20 (6%) of the cases were associated with pelvic inflammatory disease. The Section of Epidemiology will publish a Recommendations and Reports later in 2007 to present more detailed analyses.

Figure 1. Gonorrhea Rates — Alaska, 1993–2006

In 2006, the highest gonorrhea case rates were among females aged 15–19 and 20–24 years (346 and 496 per 100,000 persons, respectively) and males aged 20–24 years (344 per 100,000 persons) (Figure 2). From 2005 to 2006, the greatest increases in rates occurred among females aged 15–19 and 45–49 years (an increase of 23 per 100,000 persons [7%] and 48 cases per 100,000 persons, respectively) and males aged 20–24 years (344 per 100,000 persons, respectively) and males aged 35–39 and 40–44 years (an increase of 61 per 100,000 persons [84%] and 31 cases per 100,000 persons, respectively).

Figure 2. Gonorrhea Rates, by Age and Sex — Alaska, 2006 (N=630)

Figure 3. Gonorrhea Rates, by Race and Sex — Alaska, 2006 (N=630) (Cases of unknown race in 4 males and 4 females are not included in the graph.)

Treatment Recommendations
The following treatment recommendations are based upon revised recommendations published by the Centers for Disease Control and Prevention (CDC) in April 2007.

Uncomplicated gonorrhea infection:
• Ceftriaxone 125 mg IM; OR
• Cefixime 400 mg orally is also recommended as a first line therapy for uncomplicated gonorrhea but is currently only available as a liquid (100 mg/5 ml) suspension; OR
• Single dose cefalosporin regimens (e.g., cefixime 500 mg IM or cefotaxime 500 mg IM); OR
• Spectinomycin 2.0 g IM (currently not available in the United States).
• Follow gonorrhea treatment with either azithromycin 1.0 g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days to treat possible co-infection with Chlamydia trachomatis, unless C. trachomatis infection has been ruled out.

Gonorrheal pelvic inflammatory disease (outpatient):
• Ceftriaxone 250 mg IM in a single dose; OR
• Cefoxitin 2.0 g IM in a single dose and probenecid, 1.0 g orally administered concurrently in a single dose; OR
• Other Parenteral third-generation cephalosporin (see above) PLUS
• Doxycycline 100 mg orally twice a day for 14 days with or without metronidazole 500 mg orally twice a day for 14 days.

Reporting
Health care providers are legally required to report all diagnosed or suspected cases of gonorrhea to the Alaska Section of Epidemiology. Rapid Telephonic Reporting (561-4234 in Anchorage or 800-478-1700 statewide) is available to providers for this purpose.

(Population data are from the Alaska Department of Labor and Workforce Development’s Alaska State Race Bridged Smooth Series estimates for July 1 of each applicable year. Preliminary 2006 rates were calculated using 2005 population estimates as revised 11/06).

Reference

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