



Department of Health and Social Services  
Karleen Jackson, Commissioner

Division of Public Health  
Jay C. Butler, MD, Director

Editors:  
Bradford D. Gessner, MD, MPH  
Joe McLaughlin, MD, MPH

3601 C Street, Suite 540, PO Box 240249  
Anchorage, AK 99524-0249 <http://www.epi.Alaska.gov>

Local (907) 269-8000  
24 Hour Emergency 1-800-478-0084

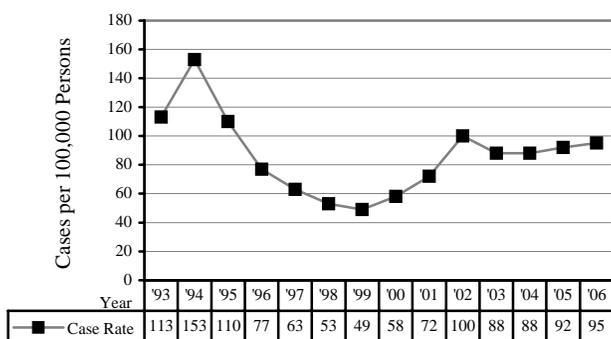
Bulletin No. 20 May 16, 2007

## Gonorrhea — Alaska, 2006

### Summary of Gonorrhea Morbidity Data

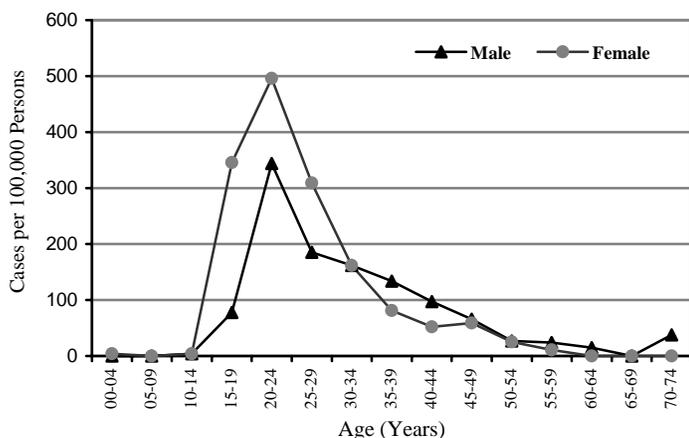
A total of 630 cases (95 cases per 100,000 persons) of gonorrhea were reported in Alaska in 2006. This represents a 5% increase over the 2005 gonorrhea incidence (Figure 1). Of the 630 cases, 356 (57%) were in females. Among females, 20 (6%) of the cases were associated with pelvic inflammatory disease. 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



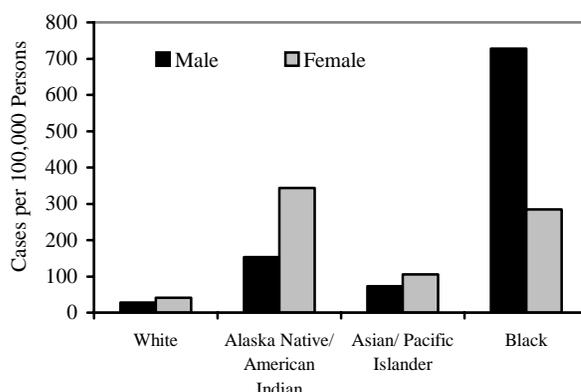
In 2006, the highest gonorrhea case rates were among females aged 15–19 and 20–24 years (346 and 496 per 100,000 persons, respectively) and males aged 20–24 years (344 per 100,000 persons) (Figure 2). From 2005 to 2006, the greatest increases in rates occurred among females aged 15–19 and 45–49 years (an increase of 23 per 100,000 persons [7%] and 48 cases per 100,000 persons [436%], respectively) and males aged 35–39 and 45–49 years (an increase of 61 per 100,000 persons [84%] and 31 per 100,000 persons [89%], respectively).

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



Gonorrhea case rates were highest among Blacks and Alaska Natives/American Indians (728 and 153 per 100,000 persons, respectively, for males; and 285 and 344 per 100,000 persons, respectively, for females) (Figure 3). Compared to 2005, 2006 case rates decreased among Alaska Natives/American Indians (a decrease of 4 and 49 cases per 100,000 persons, respectively for males and females), and increased in all other groups, with the greatest increases in rates occurring among Black males (an increase of 135 per 100,000 persons [23%]) and Asian/Pacific Islanders (an increase of 24 per 100,000 persons [49%] for males, and 36 per 100,000 persons [51%], for females).

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.<sup>1</sup>

#### 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 cephalosporin regimens (e.g., ceftizoxime 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

1. Centers for Disease Control and Prevention. Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2006*: Fluoroquinolones no longer recommended for treatment of gonococcal infections. *MMWR Morb Mortal Wkly Rep* 2007;56:332–336.