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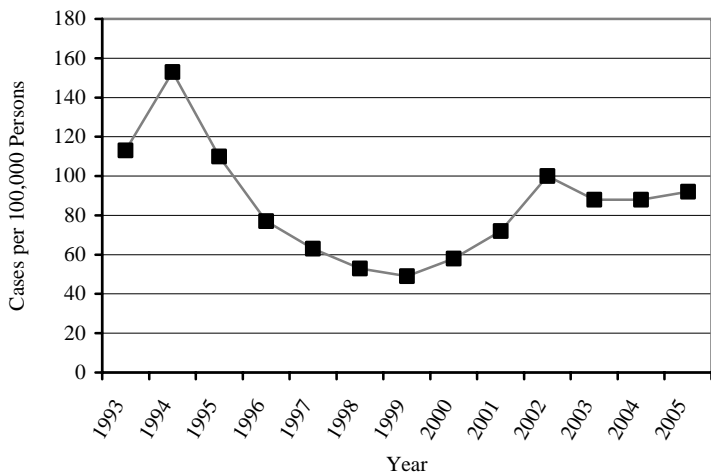
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Gonorrhea—Alaska, 2005

Summary of Gonorrhea Morbidity Data

A total of 600 cases of gonorrhea were reported in Alaska in 2005 (92 cases per 100,000 persons). This represents a 5% increase over the 2004 gonorrhea rate (Figure 1). Of the 600 cases, 349 (58%) were in females; 17 (5%) of the female cases were associated with pelvic inflammatory disease. The Section of Epidemiology will publish a *Reports and Recommendations* later in 2006 to present more detailed analyses of 2005 data.

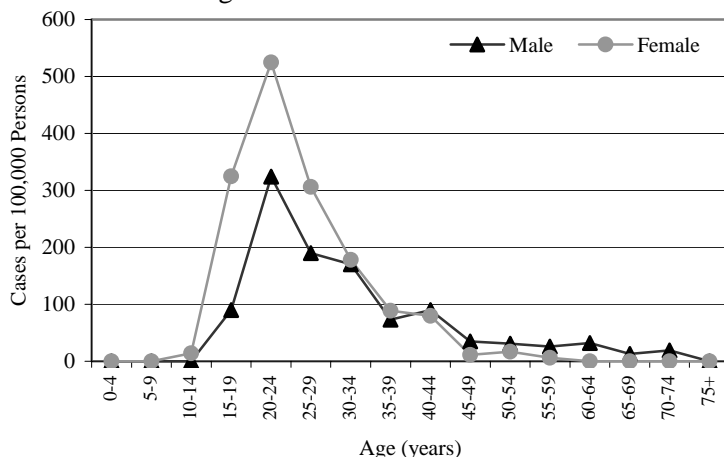
Figure 1. Gonorrhea Rates in Alaska, 1993-2005



While the increase in reported gonorrhea cases in 2005 likely represent a true increase in disease incidence, other likely contributors include recent improvements in disease detection due to the use of more sensitive laboratory technology and non-invasive (urine) specimen collection methods, as well as increased testing of exposed partners and increased screening of populations at greater risk of infection.

Highest gonorrhea case rates were among females aged 20-24 years (525 per 100,000 persons) and 15-19 years (325 per 100,000 persons), and males aged 20-24 years (324 per 100,000) (Figure 2).

Figure 2. 2005 Gonorrhea Rates in Alaska by Sex and Age

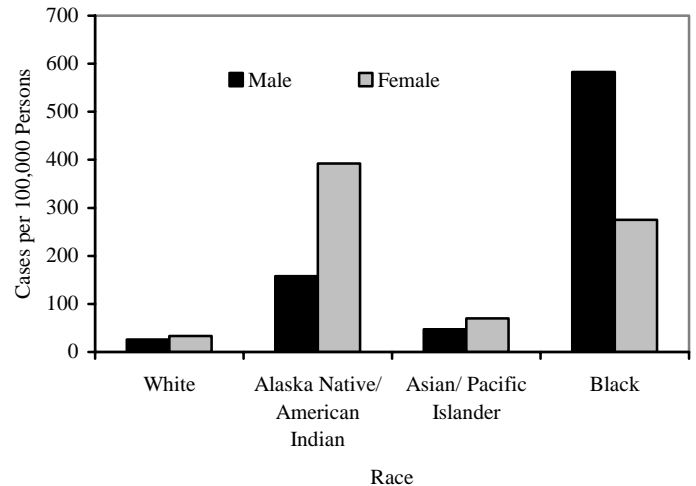


Gonorrhea case rates among males were highest in Blacks (583 cases per 100,000 males) and Alaska Natives/American Indians (158 cases per 100,000 males). Case rates among females were highest in Alaska

Natives/American Indians (392 cases per 100,000 females) and Blacks (275 cases per 100,000 females) (Figure 3).

Figure 3. 2005 Gonorrhea Rates by Race and Gender

(Cases of unknown race from 9 males are not included in the graph)



Recommended Treatment

Based upon revised recommendations published by the Centers for Disease Control and Prevention (CDC) in April 2004,¹ the Section of Epidemiology recommends that Alaska healthcare providers treat gonorrhea infection with:

- Ceftriaxone 125 mg IM; *or*
- Spectinomycin 2.0 g IM for urogenital and anorectal gonorrhea (spectinomycin is not effective in treating pharyngeal gonorrhea).
- 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.

Follow treatment for gonorrhea 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 unless chlamydia infection has been ruled out.

The recommended out-patient treatment for pelvic inflammatory disease is ceftriaxone 250 mg IM in a single dose *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

All diagnosed or suspected cases of gonorrhea should be reported to the Division of Public Health, 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 2005 rates were calculated using 2004 population estimates as revised 4/06 because 2005 figures were not yet available in the Bridged Smooth Series.

Reference:

¹ CDC. Increases in Fluoroquinolone-resistant *Neisseria gonorrhoeae* among men who have sex with men – United States, 2003, and revised recommendations for gonorrhea treatment, 2004. MMWR 2004;53(16):335-338.