



Department of Health and Social Services
Joel Gilbertson, Commissioner

Division of Public Health
Richard Mandsager, MD, Director

Section of Epidemiology
Beth Funk, MD, MPH Editor

3601 C Street, Suite 540, PO Box 240249, Anchorage, Alaska 99524-0249 (907) 269-8000
24-Hour Emergency Number 1-800-478-0084

<http://www.epi.Alaska.gov>

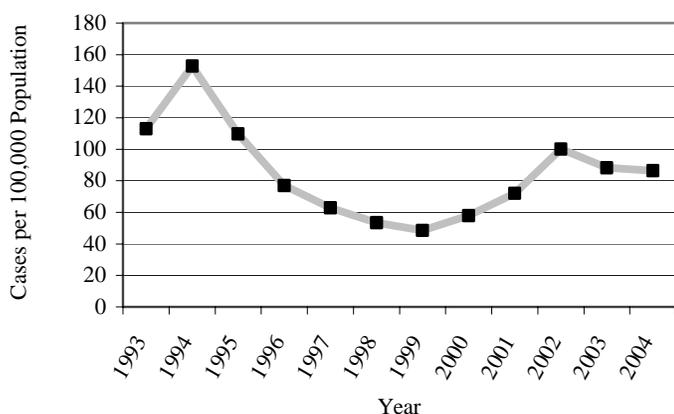
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Gonorrhea—Alaska, 2004

Summary of Gonorrhea Morbidity Data

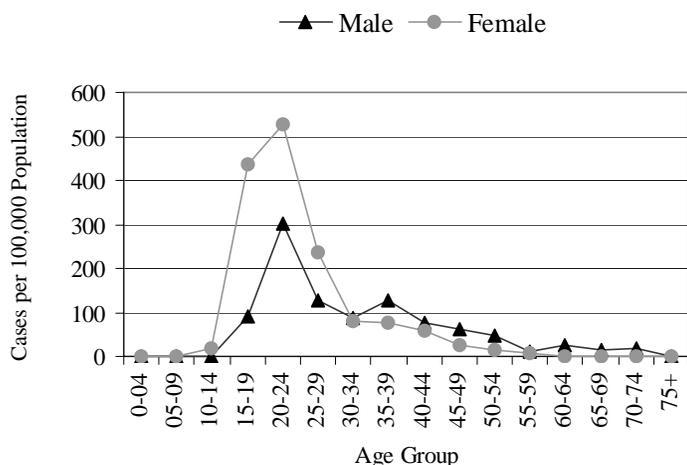
A total of 567 cases of gonorrhea were reported in Alaska in 2004 for a rate of 87 cases per 100,000 population. This represents a 1% decrease from the 2003 gonorrhea rate and is the second consecutive year in which the rate has declined (Figure 1). There were 230 cases reported in males and 337 in females. The 337 reported cases in females included 10 cases of gonorrhea pelvic inflammatory disease (PID).

Figure 1. Gonorrhea Rates in Alaska, 1993-2004



The highest gonorrhea rates were in females aged 15-19 years (435 cases per 100,000 females) and females aged 20-24 years (525 per 100,000). The highest rates in males were among those aged 20-24 years (301 cases per 100,000 males). Case rates in females 15-19 and 20-24 years were five and two times, respectively, greater than rates in males in the same age groups (Figure 2).

Figure 2. 2004 Gonorrhea Rates in Alaska by Sex and Age Group (n=567)



Gonorrhea cases were not evenly distributed by race throughout the population. Case rates were highest in blacks (311 cases per 100,000 population) and Alaska Natives/American Indians (255 per 100,000). Blacks comprised 18% of the reported gonorrhea cases and 5% of the Alaska population. Alaska Natives/American Indians comprised 52% of the gonorrhea cases and 18% of the Alaska population. These proportions are consistent with previous years' data.

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 (Rocephin) 125 mg IM; *or*
- Spectinomycin (Trobicin) 2.0 g IM for urogenital and anorectal gonorrhea (spectinomycin is not effective in treating pharyngeal gonorrhea).
- 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.
- Cefixime 400 mg orally is also recommended as a first line therapy for uncomplicated gonorrhea but is currently only available as an oral suspension.

The recommended 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.

Partner Notification Activities

Partner notification is a voluntary, confidential process of notifying infected persons' sexual partners of their potential risk for infection in order to prevent clinical disease and reduce disease transmission. Public health partner notification activities have increased significantly in Alaska since 1999, greatly increasing case-finding and treatment for infected persons.

In 2004, 231 (41%) of 567 individuals reported with gonorrhea were interviewed by public health personnel, identifying 420 partners. Of the 420 partners, there was sufficient information to begin follow up for 343. Of these 343 partners, 210 (61%) were located, notified, and received testing and/or treatment; 62 (18%) had already been treated; 50 (15%) either refused treatment or could not be located; there was insufficient information to locate 20 individuals (6%); and 1 (<1%) was referred to a public health jurisdiction out of state for follow-up.

The Section of Epidemiology will publish a *Reports and Recommendations* later in 2005 to present more detailed analyses of 2004 data.

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.

Reference

¹ 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.