Gonococcal Infection Update — Alaska, 2014

Background
Alaska has seen dramatic fluctuation in gonococcal infection (GC) rates over the past seven years (Figure 1). In 2013, Alaska had the fourth highest GC incidence rate in the nation. Untreated GC can result in pelvic inflammatory disease (PID), pre-term labor, ectopic pregnancy, and infertility in women; epididymitis and infertility in men; and conjunctivitis in neonates. GC also facilitates the transmission and acquisition of human immunodeficiency virus (HIV).

Methods
Case data were obtained from the Section of Epidemiology (SOE) reportable conditions database and the Sexually Transmitted Disease-Management Information System. Population data were obtained from the Alaska Department of Labor and Workforce Development.

Results
In 2014, 1,323 GC cases were reported to SOE; the incidence rate was 180 cases per 100,000 persons, representing a 17% increase compared to 2013. Alaska’s 2014 GC rate is preliminarily ranked third highest in the nation (Figure 1).

Discussion
Alaska’s GC incidence continued to climb in 2014. This was driven mostly by a marked increase in case counts in the Anchorage/Mat-Su region (from 563 cases in 2013 to 815 cases in 2014). One contributor to this rise is that providers are testing extragenital sites more frequently, and thus detecting more GC in patients with negative urinalysis results (supportive data will be presented in an upcoming Bulletin).

The 48% decrease in GC incidence in the Southwest region over the past 5 years is a notable achievement. This decrease is likely due in large part to modified response strategies undertaken by the Yukon-Kuskokwim Health Corporation (YKHC) and Bethel Public Health (BPH). In 2011, YKHC substantially reduced the duration of GC test-to-treatment time by 56%, from 6.1 days (January) to 2.7 days (December).

Simultaneously, YKHC and BPH also worked diligently to increase the number of sexual partners who received timely prophylactic treatment. Lastly, in 2011, YKHC implemented routine expedited partner therapy (EPT), and made EPT medications available in village health clinics.

Recommendations
1. Promptly treat GC-infected patients and their sex partner(s) with ceftriaxone 250 mg IM AND azithromycin 1 g PO, each in a single dose. Alternative regimens are allowable if the use of ceftriaxone is contraindicated.
2. Test all persons who are infected with GC for other sexually transmitted infections, including HIV.
3. Elicit a thorough sexual history from all STD patients to include same-sex and oral/anal activities; obtain rectal and/or pharyngeal specimens, as appropriate.
4. Encourage patients with GC infection to participate in partner services activities, including the confidential and timely notification of all sex partners.
5. Consider EPT for heterosexual partners who are unable or unwilling to present for clinical evaluation.
7. Report confirmed GC cases and treatment to SOE within 5 working days by fax to 561-4239, or call 561-4234 (ext 7478-7100). Report forms are available at: www.epi.alaska.gov/pubs/conditions/frmSTD.pdf

References
3. Compton DM. Implemention of an Expedited Therapy Program in a Rural Alaska Health System. Poster session presented at 2012 National STD Prevention Conference, Minneapolis, MN.
4. CDC. Update to CDCs STD Treatment Guidelines. 2010. MMWR 2012;61(31):950-4. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a1.htm?ai=mm6131a1_w

* 32 cases in 2013 and 31 cases in 2014 were of unknown or multiple races and are not included in this figure.

In 2014, the Northern and Southwest regions experienced the highest GC rates in Alaska (Table). The greatest GC rate increases compared to 2013 occurred in the Anchorage/Mat-Su and Southeast regions; moderate decreases occurred in the Interior and the Gulf Coast regions. While the statewide GC case rate has increased considerably since 2012, the 5-year data depicts substantial changes in most regions since the peak of the 2010 outbreak (Table).