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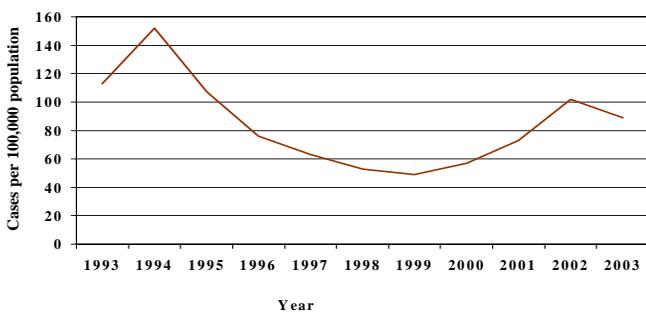
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Gonorrhea in Alaska, 2003 Revised Treatment Recommendations

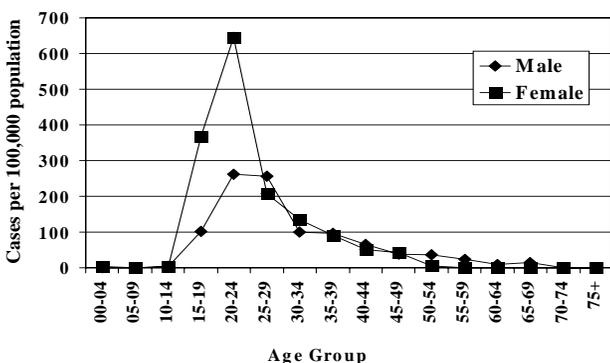
A total of 573 cases of gonorrhea were reported to the Alaska Section of Epidemiology in 2003 (rate of 89 cases per 100,000 population).¹ This represents an 11% decrease from the 2002 gonorrhea case rate and is the first decrease since 1999. Reported cases in males decreased 19%, from 289 in 2002 to 234 in 2003, and reported cases in females decreased 4%, from 353 in 2002 to 339 in 2003. The 2003 cases included 13 cases of gonorrhea pelvic inflammatory disease (PID) in females.

Gonorrhea Rates, 1993-2003, Alaska



Highest gonorrhea case rates were in females aged 20-24 years (645 cases per 100,000 females) and 15-19 years (367 cases per 100,000 females). Highest case rates in males were in males 20-24 years (261 per 100,000 males) and 25-29 years (256 cases per 100,000 males).

Gonorrhea in Alaska, 2003
Males and Females by Age Group
(n = 573)



Gonorrhea cases were not evenly distributed throughout the population. Case rates were highest in Blacks (303 per 100,000) and Alaska Natives/American Indians (260 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.

Revised Treatment Recommendations. In April 2004, the Centers for Disease Control and Prevention (CDC) published revised recommendations for treating gonorrhea.² CDC no longer recommends treatment with fluoroquinolones (i.e., ciprofloxacin, ofloxacin, or levofloxacin) for gonorrhea acquired in areas with elevated levels of fluoroquinolone-resistant *N. gonorrhoeae* (QRNG) or for treatment of gonorrhea anywhere in the United States in men who have sex with men.

Gonorrhea specimens from symptomatic male patients in Anchorage initially identified intermediate or full resistance to fluoroquinolones in the late 1990s, and levels increased over time. Resistance monitoring in Alaska was discontinued at the end of 2003 due to provider and patient preference for non-invasive tests that do not allow culturing of isolates for resistance testing. **The Section of Epidemiology recommends that providers in Alaska 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.

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.

Cefixime 400 mg orally is also recommended as a first line therapy for uncomplicated gonorrhea but is currently unavailable in the United States. Distribution of cefixime is expected to resume in the U.S. in August 2004.

Partner Notification Activities. Partner notification is a voluntary, confidential process to notify infected persons' sexual partners of their potential 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 2003, 255 (45%) of 573 individuals reported with gonorrhea were interviewed for partners, identifying 405 persons for follow-up. Of these 405 persons, 242 (60%) were located, notified, and received testing and/or treatment; 80 (20%) had been previously diagnosed and treated; 41 (10%) either refused treatment or were lost to follow-up; for 32 (8%) there was insufficient information to begin follow-up; and 10 (2%) were referred to public health jurisdictions out of state for follow-up.

All diagnosed or suspected cases of gonorrhea should be reported to the Division of Public Health. Rapid Telephonic Reporting to 561-4234 (Anchorage) or 1-800-478-1700 (statewide) is available to providers for this purpose.

¹Population figures are from the Alaska Department of Labor and Workforce Development; Equal Proportion Bridge Series estimates for 7/1/2002.

²MMWR 2004; 53(16):335-338.

