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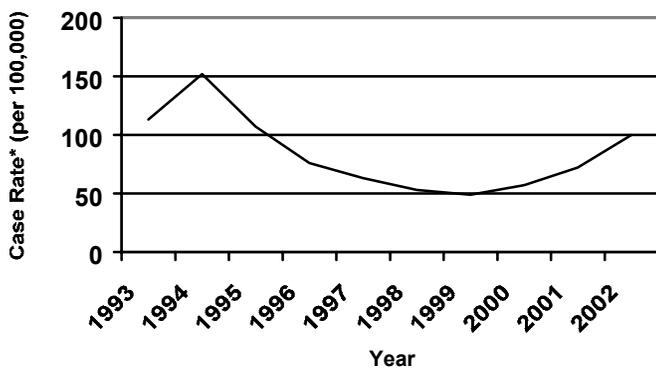
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Gonorrhea in Alaska, 2002

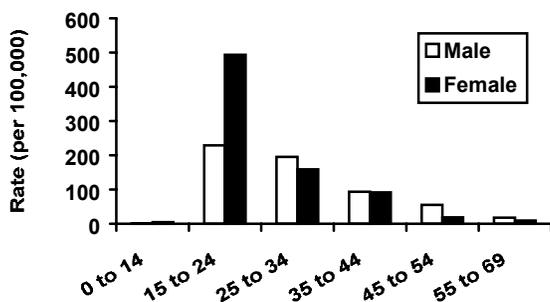
Gonorrhea (GC) rates in Alaska continue to rise. The 642 cases reported in 2002 constituted a 41% increase over the 455 cases reported in 2001 and mark the third year of an upward trend (Figure 1). Reported cases in males increased 36% (from 213 in 2001 to 289 in 2002) and cases in females increased 46% (from 242 in 2001 to 353 in 2002). There were 14 cases of GC pelvic inflammatory disease (PID). Female case rates are higher than male case rates for ages less than 25 years (Figure 2). Approximately 36% of all reported GC cases reported in 2002 also were infected with chlamydia (CT), and most were treated for both infections. The increase in GC cases from 2000 to 2002 is attributable to rising disease incidence, to providers' using the new urine test for screening adolescents and young adults, and to expanded partner notification activities throughout the State.

Fig. 1: Gonorrhea Rates, Alaska, 1993-2002.



*Annual population estimates by the Alaska Department of Labor and Workforce Development.

Fig. 2: Gonorrhea Rates by Age Group and Sex, 2002.



In January 2002, the State Public Health Laboratory implemented the Gen-Probe Aptima-2 Combo test that tests for GC and CT infection. This test has increased sensitivity over earlier methods. Because it can be performed on a urine specimen, it is more acceptable, especially to male clients. Providers' increased use of this test for routine CT screening has had the indirect benefit of increasing GC detection in young at-risk individuals.

GC was reported among persons of every race. Case rates were highest in Black males (634/100,000) and Alaska Native females (465/100,000). Alaska Natives comprised 55% of GC cases and 17% of the population, and Blacks comprised 15% of CG cases and 4% of the population. This is consistent with the data in previous years.

Fig. 2: Gonorrhea in Alaska, 2002, by Race. (N=642)

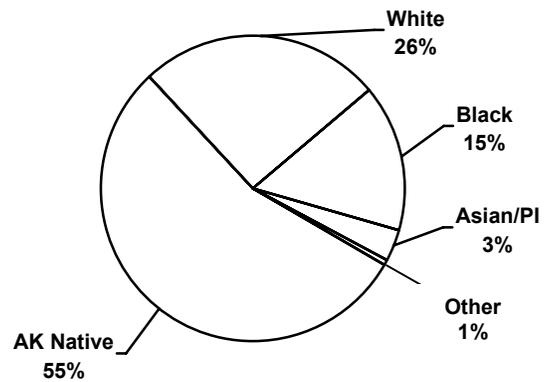
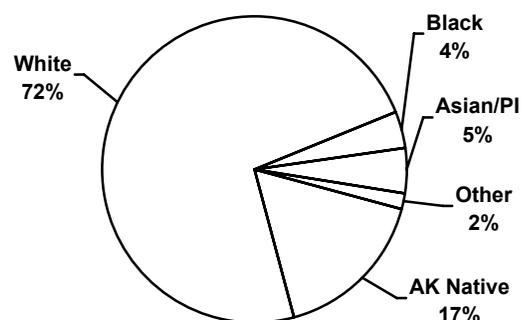


Fig. 3: Alaska Population by Race, 2002.



Treatment of Gonorrhea

Because of the high incidence of coinfection with both GC and CT, dual treatment is recommended whenever GC is diagnosed unless CT is ruled out. Whenever possible, directly observed single-dose therapy for GC and CT should be administered and recorded by the provider or a Public Health Disease Intervention Specialist. CDC issued "Sexually Transmitted Diseases Treatment Guidelines, 2002" (see MMWR Vol. 51, RR-6, 5/10/02, or <http://www.cdc.gov/mmwr/PDF/rr/rr5106.pdf>).

Partner Notification

In 2002, 246 people with GC infection were interviewed by a Public Health Disease Intervention Specialist (DIS) or nurse of the HIV/STD Program, the Municipality of Anchorage, Southcentral Foundation, or Fairbanks, Mat-Su, or Bethel Public Health Nursing Centers. These cases named 345 sexual partners, often multiple times or reciprocally. Of these partners, 68 (20%) were already treated, 200 (58%) were found and notified of their exposure, and 77 (22%) could not be followed up. Treatment was provided to 181 (90%) of those contacted which is 72% of all partners named. Of 169 partners tested in these settings, 58 (34%) were positive for GC. Cases and partners interviewed in other settings are not represented in these numbers.

Once a named partner is found infected with either STD, he/she is then counted as a case, is interviewed for sexual partners, and the chain of partner identification, notification, testing and treatment is continued. This intensive follow-up leads to identification and treatment of infected individuals more efficiently than any other case-finding activity. Please contact the HIV/STD Program at 907-269-8000 for information on accessing public health partner notification services in your area.