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Gonococcal Infection — Alaska, 2013

Background

Alaska has been experiencing a gonococcal (GC) infection outbreak that began in 2008, peaked in 2010, declined considerably throughout most of 2012 (Figure 1), and then began to pick up again in late 2012.^{1,2} This *Bulletin* provides an overview of the epidemiology of GC infection during 2013.

Untreated GC infection 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. Moreover, GC infection facilitates the transmission of human immunodeficiency virus (HIV).

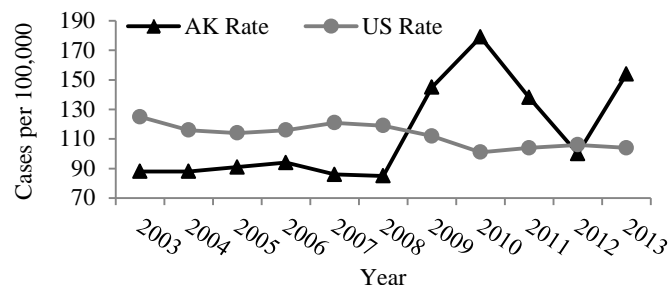
Methods

Case data were obtained from the 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 2013, 1,135 GC cases were reported to SOE; the GC annual incidence rate was 154 cases per 100,000 persons, representing a 54% increase compared to 2012. Alaska's 2013 GC infection rate was nearly 50% higher than the national rate of 104 cases per 100,000 persons (Figure 1).

Figure 1. Gonorrhea Rates, by Year — Alaska and the United States, 2003–2013*



*The 2013 U.S. case rate is preliminary.

Of the 1,135 GC cases reported in 2013,

- 771 (68%) were in persons aged 20 to 35 years;
- 594 (52%) were in females, of whom, 15 (2.5%) developed PID; and
- 541 (48%) cases were in males, of whom, 209 were interviewed by SOE staff; 12% (24/209) of those men who were interviewed self-identified as being men who have sex with men (MSM).

Compared to 2012, the 2013 GC rates increased by 199% in blacks, 76% in Asian/Pacific Islanders, 62% in whites, and 21% in Alaska Natives (Figure 2). The highest GC rates by race and sex occurred in Alaska Native females, black males, and Alaska Native males (699, 640, and 401 cases per 100,000 persons, respectively).

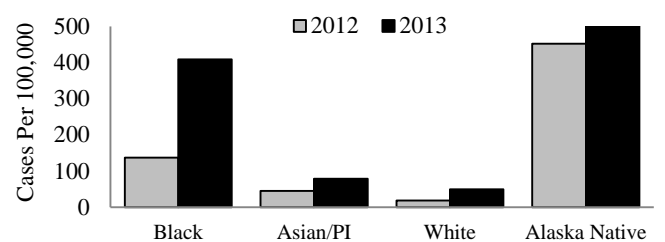
While the Northern and Southwest regions had the highest rates (613 and 477 cases per 100,000, respectively), rate increases occurred statewide in 2013, with the greatest increase occurring in the Anchorage/Mat-Su region (from 62 cases to 141 cases per 100,000 persons in 2012 and 2013, respectively).

Discussion

During 2013, Alaska experienced a 55% increase in GC cases reports over 2012. The GC infection rates increased in persons of all races, with the highest increases occurring among blacks and Asian/Pacific Islanders. Rates by region continue to be highest in the Northern and Southwest regions, but the biggest

proportional increase in 2013 occurred in the Anchorage/Mat-Su region. This increase in GC cases has coincided with increases in confirmed syphilis, HIV, and CT infections. Robust clinical and public health collaboration is critical for controlling this uptick in sexually-transmitted diseases in Alaska.

Figure 2. Gonorrhea Rates, by Race — Alaska, 2012 and 2013



Recommendations

1. Health care providers should promptly treat GC-infected patients and their sex partner(s) with ceftriaxone 250 mg IM in a single dose, **AND** azithromycin 1 g PO in a single dose. Alternative regimens are allowable if ceftriaxone is not available.³
2. Test all persons who are infected with gonorrhea for other sexually transmitted diseases, including HIV.
3. Elicit information regarding same-sex and oral/anal sexual activities when taking sexual histories from STD patients, and obtain rectal and/or pharyngeal specimens, as appropriate, for GC and CT detection.
4. Strongly encourage patients with GC infection to participate in partner services activities, including the confidential and timely notification of all sex partners.
5. Consider expedited partner therapy (EPT) for heterosexual partners who are unable or unwilling to present for clinical evaluation, particularly when other management strategies are unavailable, impractical, or unlikely to be successful.⁴
6. Counsel patients at risk for STDs to use condoms correctly and consistently.
7. Report suspected cephalosporin treatment failure to SOE immediately for advice on re-treatment and GC resistance testing.
8. Report confirmed cases of GC infection and treatment to SOE within 5 working days: via fax at 561-4239, telephone at 561-4234 or 800-478-1700. Report forms are available at: www.epi.alaska.gov/pubs/conditions/frmSTD.pdf

References

1. Alaska Section of Epidemiology *Bulletins*:
 - "Gonococcal Infection Update – Alaska, 2011." No. 30, November 17, 2011. Available at: http://www.epi.alaska.gov/bulletins/docs/b2011_30.pdf
 - "Increased Incidence of *Neisseria gonorrhoeae* Infection in Southwestern Alaska." No. 18, August 7, 2009. Available at: http://www.epi.alaska.gov/bulletins/docs/b2009_18.pdf
 - "Statewide Increase in Gonococcal Infection – Alaska, 2009." No. 6, March 9, 2010. Available at: http://www.epi.alaska.gov/bulletins/docs/b2010_06.pdf
2. SOE *Bulletin*. "Gonococcal Infection – Alaska, 2012 and January-March 2013." No. 16, June 11, 2013. Available at: http://www.epi.alaska.gov/bulletins/docs/b2013_16.pdf
3. CDC. Update to CDC's Sexually Transmitted Disease Treatment Guidelines, 2010: Oral Cephalosporin No Longer a Recommended Treatment for Gonococcal Infections: *MMWR* 2012;61(31):590-4. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w
4. Alaska Section of Epidemiology *Bulletin*. "Expedited Partner Therapy Recommendations for Alaska Providers." No. 1, January 12, 2011. Available at: http://www.epi.alaska.gov/bulletins/docs/b2011_01.pdf