



Department of Health and Social Services
William J. Streur, Commissioner

Division of Public Health
Ward Hurlburt, MD, MPH, CMO/Director

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

3601 C Street, Suite 540
Anchorage, AK 99503

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

Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Bulletin No. 11 May 3, 2011

Gonococcal Infection Update — Alaska, 2010

Background

Alaska's recent spike in the incidence of gonococcal (GC) infection was first discovered in the Southwest region in 2008.^{1,2} In 2009, the incidence of GC infection rose substantially in most regions of the state, and Alaska's GC infection rate surpassed the U.S. rate for the first time since 1988. By 2010, Alaska's GC infection rate was the second highest in the country.

Untreated GC is a major cause of pelvic inflammatory disease (PID), ectopic pregnancy and infertility among women; epididymitis and infertility in men; and conjunctivitis among neonates. GC infection also increases the likelihood of transmission of the human immunodeficiency virus (HIV). The Section of Epidemiology (SOE) collaborated with federal, state, and local health partners in GC outbreak response activities, which led to recommendations to implement expedited partner therapy (EPT) to help control the epidemic.³

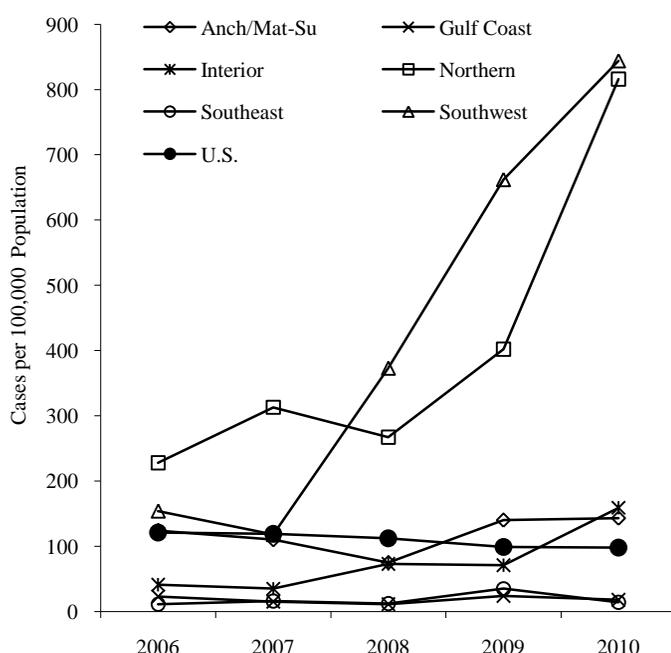
Methods

Case data were obtained from the SOE reportable conditions database; population data were obtained from the Alaska Department of Labor and Workforce Development.⁴

Results

A total of 1,273 GC cases were reported to SOE in 2010; Alaska's GC case rate was 179 per 100,000 persons. This represents a 23% increase compared to the 2009 rate. In 2010, GC infection rates increased in the Interior, Northern, and Southwest regions; all rates were above the US rate (Figure).

Figure. Gonococcal Case Rates by Alaska Regions and the United States, 2006–2010*



* The 2010 U.S. case rate is preliminary

Of the 1,273 cases reported, 698 (55%) occurred in females; 523 (75%) were aged <30 years; 403 (58%) were aged <25 years; 937 (74%) were in American Indian/Alaska Native (AI/AN) persons; 411 (32%) were in persons coinfecting with *Chlamydia trachomatis* (CT); and 7 (<1%) were associated with PID. Infection rates were highest among AI/AN females and males (915 and 588 cases per 100,000 persons, respectively), and black males (564 per 100,000 persons).

Discussion

In 2010, GC infection rates were disproportionately high among AI/AN persons, black males, and young adults, and coinfection with CT was common.

A critical component of controlling STD epidemics involves promptly locating, notifying and treating all sex partners. This has been a challenge for public health providers, especially in geographic areas where partner services are not available or when patients are unwilling or unable to participate. EPT is the clinical practice of treating the sex partners of patients diagnosed with CT or GC without the provider first examining the partner. SOE and the US Centers for Disease Control and Prevention (CDC) recommend EPT as an additional strategy for partner management when full partner service activities are not available.³

Understanding the distribution of GC and CT infection rates is vital to assisting providers in planning for services in their local areas. GC and CT data from 2001–2010 are now available by Alaska Native health corporation service area through an online interactive mapping program.⁵

Recommendations

1. Health care providers should promptly treat patients by following the current CDC-recommended drug regimens. CDC's new GC treatment guidelines increase the dosage of **Ceftriaxone from 125 mg to 250 mg IM, and include Azithromycin 1 g PO** as cotreatment for CT infection and to hinder the development of antimicrobial-resistant *N. gonorrhoeae*.⁶
2. Test all persons who are infected with GC for other STDs, including HIV.
3. Strongly encourage patients with GC infection to participate in partner service activities, including confidential and timely notification of all sex partners.
4. Consider using EPT to treat sex partners of patients diagnosed with CT or GC infection, particularly when other management strategies are unavailable, impractical, or unlikely to be successful.
5. For more information about the distribution of GC and CT infection throughout Alaska, refer to the new online interactive mapping program.⁵
6. Report confirmed or suspected cases of GC infection and treatment to the Alaska Section of Epidemiology within 5 working days via fax at 907-561-4239 or telephone at 907-561-4234 or 800-478-1700.

References

1. Increased Incidence of *Neisseria gonorrhoeae* Infection in Southwestern Alaska. *Epidemiology Bulletin*. No. 18; August 7, 2009. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2009_18.pdf
2. Statewide Increase in Gonococcal Infection – Alaska, 2009. *Epidemiology Bulletin*. No.6; March 9, 2010. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2010_06.pdf
3. Expedited Partner Therapy Recommendations for Alaska Providers. *Epidemiology Bulletin*. No.1. January 12, 2011. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2011_01.pdf
4. Alaska Department of Labor and Workforce Development *Population Data Current Estimate: Bridged Age, Race and Sex, July 1, 2009*. Available at: <http://labor.alaska.gov/research/pop/popest.htm>
5. Alaska Chlamydia and Gonorrhea Data, by Region. Available at: <http://www.epi.hss.state.ak.us/hivstd/std2010/atlas.html>
6. Centers for Disease Control and Prevention *Sexually Transmitted Diseases Treatment Guidelines, 2010*. MMWR 2010;59 (RR-12). Available at: <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>