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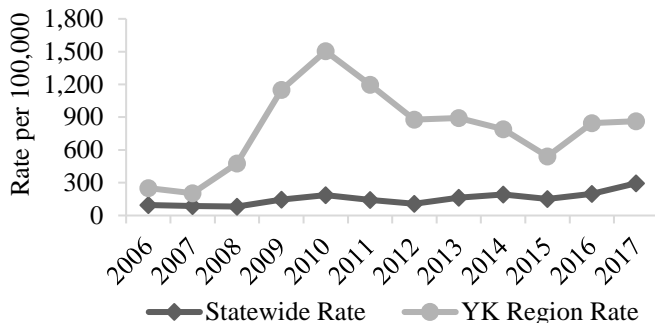
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New Approaches to Gonorrhea Control in the Yukon-Kuskokwim Region

Background

During 2008–2011, Alaska experienced a gonorrhea (GC) outbreak that disproportionately impacted the Yukon-Kuskokwim (YK) region (Figure).^{1,2} During 2009–2011, the YK region had the highest rates of GC infection in the state. Health services in the YK region are administered by the YK Health Corporation (YKHC), which serves 58 communities across 58,000 square miles. In response to this outbreak, YK health care providers implemented several changes to reduce GC infection rates.

Figure. Crude Rates of Gonorrhea Infections by Year — Alaska and the Yukon-Kuskokwim Region, 2006–2017



Methods

A key informant interview was conducted with Dr. David Compton, YKHC's Obstetrics/Gynecology specialist who helped develop YKHC's new procedures for testing, treating, tracking, and reporting gonorrhea (and chlamydia) cases.³ Gonorrhea case data were obtained from the Patient Reporting Investigation Surveillance Manager (PRISM) database and crude rates were examined for Alaska and the YK region.

Results

In response to the 2008–2011 outbreak, and after reading the 2011 report on expedited partner therapy (EPT),⁴ Dr. Compton assembled local stakeholders in January 2011 (including pharmacy, laboratory, clinical nursing, public health nursing, village operations, epidemiologists, and physicians) to develop a strategy for providing easy access to chlamydia and gonorrhea treatment for patients and their sexual partners. Key elements of this strategy are summarized below.

- Assembled a team of clinical champions in January 2011 to develop and implement a clear policy of how sexually transmitted infections (STIs) would be treated.
- Created educational materials in early 2011, which were provided along with medication; much of the information was adapted from available online resources.⁵
- Collaborated with pharmacy staff in July 2011 to ensure that pre-mixed medications were available for patients and their sexual contacts in the appropriate locations (e.g., village clinics, emergency rooms, and outpatient clinics).
- Expanded access to STI medication in rural areas of YK (starting in 2012) by training Community Health Aides/Practitioners to work under standing orders for EPT and ensure that medications are available at their clinics.
- Hired an STI case manager in March 2016 to follow-up with patients diagnosed with any STI, including GC. The case manager completed many of the activities previously performed by clinicians, such as reporting to public health, interviewing patients, tracing patient sexual contacts, providing medication for patients and partners, and ordering extragenital testing and medications.

- Developed a reporting form in 2016 on patient diagnosis and prescriptions (including EPT for partners) that health care providers forwarded to the STI case manager.

Discussion

Although still above the statewide rate, the incidence of GC in the YK region declined from 1,316 cases per 100,000 in 2010 to a low of 390 cases per 100,000 in 2015 (Figure). The activities performed by YKHC outlined in this report may have contributed to this decline, and may be useful to other regions in reducing gonorrhea transmission during the current statewide gonorrhea outbreak. The recent increase in GC incidence in YK corresponds with a statewide GC outbreak. The 2017 gonorrhea update *Bulletin* provides rates by region and race as well as current treatment guidelines.⁶

One of the strategies employed by YKHC to control gonorrhea in the region was the routine provision of EPT, the practice of treating the sex partners of patients diagnosed with an STI without examination by a healthcare provider. EPT is an important gonorrhea control strategy. In Alaska, physicians and other prescribing clinicians may legally offer EPT to partners of chlamydia and gonorrhea cases.⁷ Moreover, EPT is supported by the Alaska Board of Nursing as being within the scope of practice for advanced nurse practitioners with prescriptive authority.⁸ A 2011 *Alaska Epidemiology Recommendations and Reports* provides detailed information on the use of EPT.⁴

Considerations for Other Regional Hub Communities

1. Assemble local stakeholders, including physicians, nurses, and pharmacists, to identify and implement strategies to provide patients diagnosed with STIs easy access to treatment for themselves and their sexual partners.
2. Ensure pre-mixed medications are available for patients and their partners at the locations where they are diagnosed.
3. Hire an STI case manager to collect data, provide treatment, follow up with patients, and trace/treat patient contacts.

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