



# County of Erie

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## DEPARTMENT OF HEALTH

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### HEALTH ADVISORY #227

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### GONORRHEA and CHLAMYDIA in ERIE COUNTY

*Please distribute immediately to all Emergency Departments, Family Medicine, Infection Control, Pediatrics, Laboratory Medicine and all Community-based providers.*

#### Summary

- Recent news reports have highlighted the high Erie County gonorrhea and chlamydia rates.
- Providers should follow U.S. Preventive Services Task Force (USPSTF) screening guidelines for chlamydia (<http://www.ahrq.gov/clinic/uspstf/uspschlm.htm>) and gonorrhea (<http://www.ahrq.gov/clinic/uspstf/uspsgono.htm>).
- Erie County continues to experience low level fluoroquinolone-resistant *N. gonorrhoeae* (QRNG), with fluoroquinolones a viable treatment option for urethral and cervical gonorrhea among females and heterosexual males.
- Providers should follow national guidelines (<http://www.cdc.gov/std/treatment/2006/toc.htm>) recommending cephalosporins for treatment of pharyngeal and anorectal gonorrhea infections; for gonorrhea infections in men who have sex with men (MSM); and for infections acquired outside of Erie County.
- Providers are reminded that if cefpodoxime is used for *N. gonorrhoeae* infections, the required dose is **cefpodoxime 400 mg po x 1**.
- For questions regarding testing and/or treatment of sexually transmitted infections, call the Erie County Department of Health (ECDOH) STD Clinic at 716-858-7687 or 858-6290.

#### Background

Recent news stories have highlighted high Erie County *N. gonorrhoeae* rates. In 2007, the ECDOH documented 2,025 cases of gonorrhea (220 cases per 100,000), up from 1,791 cases in 2006 (194 cases per 100,000). This continues a trend of increasing cases since 2003, and represents an increase over New York City (126 cases per 100,000 in 2007 in NYC) and national (121 cases per 100,000 in 2006) gonorrhea rates.

Additionally, Erie County has seen increased chlamydial infections. In 2007, there were 4,350 reported chlamydia cases (472 cases per 100,000), up from 2,985 cases in 2003 (317 cases per 100,000).

Providers are reminded that national guidelines exist for gonorrhea and chlamydia testing and treatment.

## Recommendations for *N. gonorrhoeae* testing and treatment

- The U.S. Preventive Services Task Force (USPSTF-<http://www.ahrq.gov/clinic/uspstf/uspsgono.htm>) recommends that clinicians screen all sexually active females, including pregnant females, for gonorrhea if they are at increased risk for infection. Nationally, increased rates of gonorrhea have been noted in African Americans, as well as males and females ages 20 to 24 years. Patients at increased risk for infection include females and males under the age of 25 years (including sexually active adolescents). Risk factors for gonorrhea include a history of previous gonorrhea infection, other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work, and drug use.
- Gonorrhea screening is recommended at the first prenatal visit for pregnant women who are in a high risk group for gonorrhea infection. For those at continued risk, and for those who acquire a new risk factor, a second screening should be conducted during the third trimester.
- Testing for *N. gonorrhoeae* can be done via culture of affected site (vaginal, urethral, pharyngeal, anorectal) if transport conditions are suitable, as well as nucleic acid amplification tests (NAAT) and nucleic acid hybridization tests.
- Based on national surveillance for fluoroquinolone resistant *N. gonorrhoeae* (QRNG) showing increased resistance to fluoroquinolones, in 2007, the Centers for Disease Control and Prevention (CDC) recommended against fluoroquinolones for gonorrhea treatment, and for cephalosporins as first line gonorrhea treatment.
- Local resistance data among females and heterosexual males show that fluoroquinolones are still effective in the treatment of urethral and cervical gonorrhea among females and heterosexual males in Erie County ([http://www.erie.gov/health/services/health\\_pros\\_alert199.asp](http://www.erie.gov/health/services/health_pros_alert199.asp)). Because the ECDOH is unable to monitor for QRNG among MSM or infections acquired outside Erie County, providers should follow national guidelines for the treatment of these infections.
- While some publications list a regimen of cefpodoxime 200 mg po x 1 for *N. gonorrhoeae* treatment, this regimen is inadequate for complete eradication. The CDC recommended dose is **cefpodoxime 400 mg po x 1**.
- CDC recommendations for use of cephalosporins approved for gonorrhea treatment (<http://www.cdc.gov/std/treatment/2006/updated-regimens.htm>):
  - For the treatment of uncomplicated urogenital and anorectal gonorrhea:
    - Ceftriaxone 125 mg IM x 1 or cefixime 400 mg po x 1
  - Oral alternatives for the treatment of urogenital and anorectal gonorrhea:
    - **Cefpodoxime 400 mg po x 1** or cefuroxime axetil 1 g po x 1
  - Alternative parenteral regimens for urogenital and anorectal gonorrhea:
    - Ceftizoxime 500 mg IM x 1, cefoxitin 2 g IM with probenecid 1 g po x 1, or cefotaxime 500 mg IM x 1
  - For pharyngeal gonorrhea, CDC now recommends a single dose of ceftriaxone 125 mg IM x 1
  - For disseminated gonorrhea infection, pelvic inflammatory disease and epididymitis, see the updated CDC STD Treatment Guidelines at: <http://www.cdc.gov/std/treatment/2006/toc.htm>
  - Coinfection with *C. trachomatis* frequently occurs among patients who have gonococcal infection; therefore, presumptive chlamydia treatment is recommended if the patient does not have a negative chlamydia NAAT documented.

## Recommendations for *C. trachomatis* testing and treatment

- USPSTF (<http://www.ahrq.gov/clinic/uspstf/uspschl.htm>) recommends screening *all* sexually active females younger than 25 years for chlamydia, including sexually active adolescents, and for older non-pregnant females who are at increased risk.
- The USPSTF recommends screening for chlamydial infection for *all* pregnant females younger than 25 years and for older pregnant females who are at increased risk.
- Symptomatic males or contacts of partners with chlamydial infections, should be tested.

- Endocervical or vaginal swabs or urine samples can be used to test for *C. trachomatis* urogenital infection in females; and urethral swab or urine samples can be used to test for urethral infection in males. Rectal swabs can be used to test for anorectal infections. Culture, direct immunofluorescence, EIA, nucleic acid hybridization tests, and NAATs are available for the detection of *C. trachomatis* on endocervical and male urethral swab specimens.
- CDC recommends the following treatment regimens for *C. trachomatis* infections (<http://www.cdc.gov/std/treatment/2006/urethritis-and-cervicitis.htm#uc4>):
  - Azithromycin 1 gram po x 1 or Doxycycline 100 mg po bid x 7 days
  - Pregnancy: Azithromycin 1 gram po x 1 is the preferred treatment regimen

For questions regarding testing and/or treatment of sexually transmitted infections, providers can call the Erie County Department of Health STD Clinic at 716-858-7687 or 858-6290.

**Health Category Definitions:**

**Health Alert FLASH:** conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

**Health Alert Priority:** conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action

**Health Update:** provides updated information regarding an incident or situation; no immediate action necessary