

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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****ADVISORY – Important Information****

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TO: School Administrators, School Nurses, Epidemiologists, HETL, HIV/STD/Viral Hepatitis, Local Public Health Liaisons, City and County Health Departments, Healthcare, Lab Facilities, County EMA Directors, Maine Medical Association, Maine Office of Substance Abuse, Public Health Required, Public Health Nursing, EMS, RRCs

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SUBJECT: **Increased Gonorrhea Infection and Updated Treatment Recommendations**

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Increased Gonorrhea Infection and Updated Treatment Recommendations

Gonorrhea is a sexually transmitted disease caused by the *Neisseria gonorrhoeae* bacterium. Gonococcal infection is reportable to Maine CDC within 48 hours of recognition or strong suspicion of disease. In men, common symptoms include burning sensation when urinating or a white, yellow or green penile discharge. In women, symptoms are uncommon, but may include painful or burning sensation when urinating or increased vaginal discharge. Gonorrhea is a major cause of serious reproductive complications in females. Case reports of gonorrhea in Maine have been increasing in recent years from 96 cases in 2008 to 272 cases in 2011.

From January 1 through October 31, 2012, there have been a total of 370 cases reported statewide. Infections are predominantly in the 20-29 age group and are clustered in Androscoggin, Cumberland and York counties. Differences have been noted among cases with respect to race, gender and sexual partnerships and this is being further explored by geographic location.

Recommendations for Clinicians:

Neisseria gonorrhoeae continues to develop antimicrobial resistance. Drug-resistant strains of gonorrhea are increasing and successfully treating the disease is becoming more difficult. U.S. Centers for Disease Control and Prevention updated the 2010 STD Treatment Guidelines for gonorrhea in August 2012 with new recommendations stating that oral cephalosporins are no longer the first line recommended treatment for gonococcal infections. New recommendations for the treatment of uncomplicated infections of the urogenital, pharyngeal, or rectal tracts are found in the table below:

Recommended Treatment	Alternative Treatments
Ceftriaxone 250 mg IM once <u>PLUS</u> Azithromycin 1 g orally once (preferred) <u>OR</u> Doxycycline 100 mg orally 2 times a day for 7 days	Cefixime 400 mg orally once <u>PLUS</u> Azithromycin 1 g orally once (preferred) <u>OR</u> Doxycycline 100 mg orally 2 times a day for 7 days For severe cephalosporin allergy: Azithromycin 2 g orally in a single dose Note: Use of any alternative regimen for gonorrhea should be followed by a test-of-cure in one week.
Note: Retest patients for reinfection three months after completion of treatment	

Maine CDC encourages healthcare providers to increase screening for gonorrhea among sexually active patients. Healthcare providers evaluating a patient with gonorrhea that persists despite treatment should consider gonococcal resistance in addition to the possibility of patient noncompliance and recurrent infection.

To report a suspected or diagnosed case of gonorrhea, call the Maine CDC Disease Reporting and Consultation Hotline at 1-800-821-5821.

For more information please see: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/index.shtml> and <http://www.cdc.gov/std/treatment/>