Sexually Transmitted Disease (STD) Quarterly Report

2013 Quarter 1 (January 1– March 31)

San Joaquin County Public Health Services

- Provider STD Reporting: 209-948-7473 (fax) • Provider STD Consultation: 209-468-3845 (phone)
- Provider HIV/AIDS Reporting: 209-468-3475 (phone)
- Cora Hoover, MD, MPH, STD Controller & Assistant Health Officer
- Karen Pfister, MS, Supervising Epidemiologist

The threat of resistant gonorrhea: implications for testing and treatment in San Joaquin County

Over the last several years, concerns have been growing about the emergence of cephalosporin-resistant *Neisseria gonorrhoeae* strains. The CDC's Gonococcal Isolate Surveillance Project has identified *in vitro* cephalosporin resistance in specimens from sentinel clinic sites throughout the United States, with the steepest increases noted in the Western states and among men who have sex with men. Clinical treatment failures have been observed overseas, though not yet in the United States. On July 15, 2013, the CDC announced the completion of a clinical trial demonstrating the effectiveness of both injectable gentamicin and oral gemifloxacin as alternatives to ceftriaxone; although these regimens show promise, they are not yet recommended for use by community providers.

Prompt identification and treatment of gonorrhea infections will help to delay the spread of cephalosporin-resistant gonorrhea strains. The current CDC-recommended treatment for gonorrhea is ceftriaxone 250 mg IM combined with either azithromycin 1 g PO OR doxycycline 100 mg BID orally for 7 days. The azithromycin or doxycycline is given regardless of the chlamydia test result; the dual treatment is intended to prevent treatment failure and the development of antibiotic resistance. If an alternative treatment such as cefixime is used, a test of cure should be done in 1-3 weeks. All suspected treatment failures (based on positive test of cure or unresolved symptoms) should be reported immediately to PHS STD Program (209-468-3845) so that guidance may be obtained concerning antibiotic susceptibility testing and retreatment.

Since many gonorrhea infections are asymptomatic, routine screening for gonorrhea is recommended for women 25 years of age and younger, pregnant women, HIV positive individuals, men who have sex with men (gay and bisexual men) and others at risk. Men who have sex with men should be screened at rectal and pharyngeal sites if they have had sexual exposure at these sites, in order to decrease the spread of cephalosporin-resistant bacterial strains. Several of the larger clinical labs have validated the gonorrhea/chlamydia Nucleic Acid Amplification Test (NAAT) for use at these extra-genital sites. Please contact your lab provider or the PHS STD Program for more information about extra-genital testing. Patients may also be referred to PHS STD Clinic for testing and treatment (see www.sjcphs.org for clinic hours).

For more information on the threat of antibiotic-resistant gonorrhea, see http://www.cdc.gov/std/gonorrhea/arg/.

Table 1: STDs Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	1st Qtr	YTD	1st Qtr	YTD
Chlamydia (CT)*	801	801	810	810
Female	618	618	567	567
Male	181	181	243	243
Unknown	2	2	0	0
Gonorrhea (GC)*	158	158	166	166
Female	87	87	78	78
Male	70	70	88	88
Unknown	1	1	0	0
Pelvic Inflammatory Disease (PID)*	3	3	2	2
Syphilis (SY)^	17	17	14	14
Primary	1	1	2	2
Secondary	10	10	7	7
Early Latent	5	5	5	5
Congenital	1	1	0	0
Neurosyphilis	0	0	1	1
Human Immunodeficiency Virus (HIV) only≠	19	19	7	7
HIV & AIDS simultaneous≠	8	8	6	6
Acquired Immunodeficiency Syndrome (AIDS) only≠	5	1	5	5

**CT, GC and PID data reflect cases entered into the CalREDIE reporting system as of 06/24/2013. CT, GC & PID counts include confirmed, probable and suspect cases.*

^*SY data from 6/21/2013 STD Program internal line list. SY total includes primary, secondary and early latent cases only. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages include confirmed cases only; neurosyphilis counts include confirmed and probable cases.*

≠*HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2013 Q4 DUA file.*

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Form (CMR) . HIV cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website: http://www.sjcphs.org/Healthcare_Providers/providers_landing.aspx