SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

San Joaquin County Public Health Services

Sexually Transmitted Disease (STD) Quarterly Report

2014 Quarter 2 (April 1 – June 30)

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Gonorrhea treatment recommendations and reporting in SJC

There has been a sustained increase in gonococcal infections in SJC since mid-year 2013. The 487 infections reported to SJCPHS during the first half of 2014 represents a 35.7% increase compared to the first half of 2013. Providers can help control the transmission of gonorrhea (GC) in the community by adhering to recommended guidelines for treatment, follow-up and monitoring of patients and their sex partners in the 60 days prior to diagnosis.

The CDC published updated GC treatment guidelines in the *Morbidity and Mortality Weekly Report* in 2012. These changes were prompted by laboratory evidence of increasing cefixime resistance from the Gonococcal Isolate Surveillance Project (GISP). For this reason, the CDC now recommends use of ceftriaxone along with a second antibiotic to treat GC, and no longer recommends the routine use of cefixime. Patients with uncomplicated genital, rectal or pharyngeal GC should receive a combination therapy with ceftriaxone 250mg as a single intramuscular dose, plus either azithromycin 1g orally in a single dose *or* doxycycline 100mg orally twice daily for seven days. Azithromycin is preferable to doxycycline as a second antibiotic for combination GC therapy; the single dose is more convenient for patients, and more GISP isolates studied were resistant to tetracyclines than to azithromycin. If ceftriaxone is unavailable, patients can receive cefixime 400mg orally, plus either azithromycin 1g orally *or* doxycycline 100mg orally twice daily for seven days. Pregnant women and patients with cephalosporin allergy can receive a single 2g dose of azithromycin orally.

Any patient receiving alternative treatment that does not include 250mg ceftriaxone should receive a test for cure one week after treatment. Cultures positive for *Neisseria gonorrhoeae* need to be submitted for resistance testing, and another test of cure should be conducted one week after re-treatment. Suspected treatment failures should be reported to SJCPHS within 24 hours.

Drug and dosage information was only reported for 66.9% of GC incidents in SJC during the first two (Table 1). Reporting complete and accurate treatment data assists public health officials in monitoring adequacy of therapy.

Table 1: SJC Provider Reports of Gonorrhea Treatment Regimens by Recommendation Category, Q1-Q2 2014 (N=326)*

	Number	Percent
***Recommended**—no test of cure required*	243	74.5%
***Recommended**—test of cure required*	10	3.1%
***Not recommended but adequate therapy**—no test of cure required*^	45	13.8%
***Not recommended**—inadequate therapy*	28	8.6%

**Excludes 161 gonorrhea incidents with no drug and dosage data reported to SJCPHS*
^Single-drug treatment with 250mg ceftriaxone is considered adequate to cure a single GC incident but is not recommended due to the emerging threat of antimicrobial resistance at the population level

Table 2: STD Cases Reported to San Joaquin County Public Health Services, 2013 and 2014

	2013		2014	
	2nd Qtr	YTD	2nd Qtr	YTD
Chlamydia (CT)*	852	1663	877	1743
Female	606	1173	607	1245
Male	246	490	270	497
Unknown	0	0	0	1
Gonorrhea (GC)*	192	359	250	487
Female	87	164	121	242
Male	105	195	129	245
Unknown	0	0	0	0
Pelvic Inflammatory Disease (PID)*	5	7	3	4
Syphilis (SY)^	29	41	31	60
Primary	7	8	4	10
Secondary	12	19	16	32
Early Latent	10	14	11	17
Congenital	0	0	0	1
Neurosyphilis	1	2	3	4
Human Immunodeficiency Virus (HIV) only⁎	19	26	19	32
HIV & AIDS simultaneous⁎	6	12	5	6
Acquired Immunodeficiency	1	6	3	9

**CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 7/7/2014. CT, GC & PID counts include confirmed, probable & suspect cases.*
^SY data from 7/21/2014 STD Program internal line list. SY total includes primary, secondary & early latent stages & congenital cases. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages & congenital cases include confirmed cases only; neurosyphilis counts include confirmed & probable cases.
⁎HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2014 Q2 DUA file.
Note: All disease counts include SJC residents at time of diagnosis only.

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 Report Form (CMR). HIV & AIDS 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/disease/disease_control_reporting.aspx

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