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Alaska Public Health Advisory

Gonorrhea Outbreak in Alaska

October 3, 2017

The purpose of this Public Health Advisory is to raise awareness about an outbreak of sexually transmitted gonococcal (GC) infection statewide. Reported cases of gonorrhea climbed from 1,115 in 2015 to 1,454 in 2016, a 31% increase. Case counts are continuing to increase in 2017. During the first 6 months of 2017, there were 1,035 cases reported. More than half of those cases (56%) occurred in Anchorage, and 58% were in individuals aged 29 or younger.

Alaska's outbreak is part of a national trend of increasing rates for sexually transmitted diseases. The Centers for Disease Control and Prevention (CDC) 2016 STD Surveillance Report indicates that there was an 18.5% increase in gonorrhea rates nationally from 2015 to 2016. In 2016, Alaska ranked 4th in the nation for gonorrhea case rates. The CDC Report notes that the national increase in STDs may be attributed to one or more of the following factors: a) providers doing a better job of screening for infection, including extragenital testing at oropharyngeal and rectal sites; b) a true increase in incidence, especially among men due to changes in their sexual networks and behaviors; c) a decrease in access to healthcare; and d) a decline in public health resources that support disease control efforts.

GC control involves getting infections identified by testing all exposed sites (i.e., genital, pharyngeal, and rectal); offering prompt treatment of cases; and identifying, testing, and treating all sexual partners. Symptoms in men include a burning sensation when urinating; a white, yellow, or green discharge from the penis; and painful or swollen testicles. Symptoms in women include vaginal discharge, burning on urination, and abdominal cramping. Rectal infection in both men and women can cause discharge, itching, and pain. Gonorrhea in the throat may cause a sore throat. Some men and most women with gonorrhea infection do not have any symptoms.

Due to emerging antimicrobial resistance, CDC recommends only one treatment regimen for GC: dual treatment with ceftriaxone 250 mg IM **AND** azithromycin 1 g PO, each in a single dose. When ceftriaxone is unavailable, GC-infected patients and their sex partner(s) who are not at risk for pharyngeal infection may be treated with cefixime 400 mg PO **AND** azithromycin 1 g PO, each in a single dose. Clinicians should consider expedited partner therapy for heterosexual

sexual partners of gonorrhea patients who refuse to be seen by a health care provider for testing and treatment.

Resources

- Centers for Disease Control and Prevention, 2015 STD Treatment Guidelines, Gonococcal Infection webpage: <https://www.cdc.gov/std/tg2015/gonorrhea.htm>
- Centers for Disease Control and Prevention, 2016 Sexually Transmitted Disease Surveillance, <https://www.cdc.gov/std/stats16/default.htm>
- Section of Epidemiology, Extragenital Testing for Sexually Transmitted Disease Bulletin on website: <http://epibulletins.dhss.alaska.gov/Document/Display?DocumentId=22>
- Section of Epidemiology, Gonorrhea <http://epibulletins.dhss.alaska.gov/Bulletin/DisplayClassificationBulletins/36>
- Section of Epidemiology, Preventing Sexually Transmitted Infections: Taking a Complete Sexual History <http://dhss.alaska.gov/dph/Epi/hivstd/Pages/history.aspx>
- Section of Epidemiology, Chlamydia and Gonorrhea Rates on Instant Atlas Map website: <http://epi.alaska.gov/hivstd/IA STD/atlas.html>
- Section of Epidemiology, Resource page on website: <http://dhss.alaska.gov/dph/Epi/hivstd/Pages/default.aspx>
- Section of Public Health, Public Health Center Locations website: <http://dhss.alaska.gov/dph/Nursing/Pages/locations.aspx>

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