

January 10, 2024

Health Notice for District of Columbia Health Care Providers Gonorrhea Outbreak Health Advisory Notice 2023

SUMMARY

DC is experiencing an increase in gonorrhea cases. DC Health has noted a 20% increase in *Neisseria gonorrhoeae* infections from June to October 2023 when compared to June to October 2022. This Health Advisory will outline some of the data being collected about these trends and clinical recommendations for screening and treating gonorrhea in your practice.

BACKGROUND

Gonorrhea cases increased from 4,342 in 2021 to 4,881 in 2022, which demonstrated a 12% rate increase from 648 cases to 727 cases per 100,000 people. Increases in gonorrhea are happening nationwide with a 4.6% increase from 2020 compared to 2021 (2022 and 2023 rates have not been published at this time). Gonorrhea is the #2 most reported communicable bacterial infection in the United States. **Currently, DC has recorded 2,704 gonorrhea cases diagnosed from June to October 2023 (403 cases per 100,000 people), a 25% increase compared to June to October 2022 with 2,162 cases (322 cases per 100,000 people).** DC Health is actively investigating the increase in cases to identify any trends across the city and will keep the community informed of any updates.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

CLINICAL SYMPTOMS OF GONORRHEA:

Neisseria gonorrhoeae infections can cause urethritis leading to common symptoms among men of penile discharge and irritation. Among women, gonococcal infections are commonly asymptomatic, or the symptoms may mimic other conditions such as vaginitis or urinary tract infection (UTI), and it can lead to complications such as pelvic inflammatory disease (PID) which can result in infertility or ectopic pregnancy. When gonorrhea infection is present in the pharynx it can cause sore throat but is most often asymptomatic. Similarly, when infection occurs in the rectum it can cause irritation, itching, discomfort and/or discharge, but is also frequently without symptoms.

TESTING FOR GONORRHEA¹:

Testing for gonorrhea should be performed on samples from all sites where a patient has sex. Urogenital gonorrhea testing is typically performed with nucleic acid amplification (NAAT) on a urine sample but can also be performed on vaginal or urethral swabs. Extragenital testing can be performed on pharyngeal and rectal swabs which can be collected by a provider or self-collected by

¹ For full gonorrhea testing and treatment guidelines, see [cdc.gov/std/trcatmncnl-guidelines/gon01Thea-adults.htm](https://www.cdc.gov/std/trcatmncnl-guidelines/gon01Thea-adults.htm).

patient. Testing should be considered when patients report symptoms of gonorrhea such as penile discharge, vaginal irritation, dysuria, or rectal itching/discomfort. Testing for gonorrhea is also recommended as part of routine screening for many sexually active individuals. Gram stain and culture can also be used to identify *N. gonorrhoeae*, but NAAT testing is most commonly used since it is fast and highly sensitive and specific.

TREATMENT AND CARE:

The treatment of choice for gonorrhea is a single dose of ceftriaxone 500mg administered intramuscularly. For persons weighing ≥ 150 kg, 1g ceftriaxone should be administered. For those with reported penicillin allergies, the use of third- and fourth-generation cephalosporins [such as ceftriaxone] is safe for patients without a history of any IgE-mediated symptoms (e.g., anaphylaxis or urticaria) from penicillin during the preceding 10 years. For those with cephalosporins allergies the recommended treatment is Gentamicin 240 mg IM in a single dose PLUS Azithromycin 2 g orally in a single dose. Gentamicin should be used cautiously in pregnant people.

In cases of confirmed pharyngeal gonorrhea, a test of cure should be performed 7–14 days after treatment.

Persons who have been treated for gonorrhea should be retested 3 months after treatment regardless of whether they believe their sex partners were treated; scheduling the follow-up visit at the time of treatment is encouraged. If retesting at 3 months is not possible, clinicians should retest whenever persons next seek medical care <12 months after initial treatment.

PARTNER TESTING AND TREATMENT:

A critical element of outbreak response for an STI like *N. gonorrhoeae* is testing and treatment of sex partners. Please encourage all patients with confirmed or suspected gonorrhea to notify their partners so partners can be tested and treated. If your patient is not comfortable contacting their partners directly, DC Health can assist. There are also free services such as www.tellyourpartner.org which can electronically notify partners anonymously.

Partners can be referred to the DC Health and Wellness Center for testing and treatment, regardless of insurance status or DC resident status. A patient or partner can call (202) 741-7692 to schedule an appointment.

In circumstances where it is very unlikely the partner will seek timely testing and treatment, then expedited partner therapy (EPT) can be offered with cefixime 800mg orally in a single dose (provision of EPT should be accompanied by written materials). This is not optimal treatment but can be offered in appropriate scenarios. In these cases, if the medication is available in your setting, then the medication can be packaged and given directly to your patient to be provided to their partner. If the medication is not available in your clinic, then you can prescribe cefixime 800mg orally once to your patient to be picked up and given to their partner.

MONITORING FOR ANTIBIOTIC RESISTANT GONORRHEA:

Based on initial evaluation, this current outbreak of gonorrhea cases does not appear to be driven by antibiotic resistant gonorrhea or treatment failures, however surveillance of gonorrhea isolates to monitor for antibiotic resistance is an ongoing process. If you suspect that your patient is experiencing treatment failure, perform culture and antimicrobial susceptibility testing (AST) and consult with an infectious disease specialist or the DC Health and Wellness Center for guidance on management, testing, and follow up (202-741-7692).

DOXYCYCLINE FOR STI PREVENTION (DoxyPEP):

A new method of STI prevention is available using doxycycline as post-exposure prophylaxis (DoxyPEP) where an individual takes 200mg (two 100mg tablets) by mouth within 24 hours (up to 72 hours) after unprotected anal, vaginal or oral sex. Doxycycline as STI PEP has been shown to reduce syphilis by 87%, chlamydia by 88%, and gonorrhea by 55% in individuals taking HIV PrEP and reduced syphilis by 77%, chlamydia by 74%, and gonorrhea by 57% in people living with HIV. This method has only been proven to be effective in cisgender men and trans women who have sex with men with a history of at least one bacterial STI in the last 12 months, and it has not yet proven to be effective in cisgender women although additional studies are underway. Please consider this tool for your patients for STI prevention.

ADDITIONAL RESOURCES

For more information, please see the following resources:

- <http://nejm.org/doi/full/10.1056/NEJMoa2211934>
- <https://www.ncsddc.org/resource/doxy-as-sti-pep-command-center/>
- <https://www.cdc.gov/std/treatment/guidelines-for-doxycycline.htm>

CASE REPORTING

Please report all cases of gonorrhea and resistant gonorrhea to DC Health within 48 hours with our online case report form at: <https://dccovid.my.site.com/provider/s/login>.

Timely and adequate case reporting is very important, during this outbreak and always, for appropriate monitoring of cases and any epidemiologic trends. Thank you for your attentiveness to this requirement.

Questions? In need of additional resources? Interested in a clinical consultation?

Providers are encouraged to reference the CDC STI Treatment guidelines here:
<https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>

Providers may contact the DC Health and Wellness Center for additional information or clinical consultation at (202) 741-7692. Treatment can also be provided at no cost at the DC Health and Wellness Center regardless of address of record. The DC Health team can help contact patients and arrange treatment as needed.