Resistant Gonorrhea:
“Too Soon to Clap!”

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Title borrowed from the CD Summary
Outline

- Oregon Gonorrhea by the Numbers
- What is Antibiotic Resistance?
- Current Treatment Recommendations
- Response Plan
Reported Gonorrhea Cases
2003 – 2012 Oregon
Reported Oregon Gonorrhea Cases by Sex by Age Group 2012

- Male
- Female

Number of cases

Age group:
- <15
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45+

The bar chart illustrates the number of gonorrhea cases reported in Oregon by sex and age group for the year 2012.
Reported Oregon Gonorrhea Rates by Race/Ethnicity 2012

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>38</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
</tr>
<tr>
<td>White</td>
<td>31</td>
</tr>
<tr>
<td>Native Am</td>
<td>50</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32</td>
</tr>
<tr>
<td>African American</td>
<td>240</td>
</tr>
</tbody>
</table>
Oregon Gonorrhea Rates by County 2012

Oregon 37.9

Rate 100,000 Population

0
1-9
10-19
20-29
30 +
Oregon Gonorrhea Geography

During 2012 Multnomah County accounted for 51.6% of GC cases reported statewide.

Multnomah County accounts for 19% of the state’s population.
Priority Populations: Gonorrhea

- African American
- Age, 15 - 24
- Men who have sex with men (MSM)
- Other
GISP*

Oregon has one GISP site, the Portland (Multnomah County) STD Clinic

* Gonococcal Isolate Surveillance Project
ARG!

Antibiotic Resistant Gonorrhea
<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Event(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940’s</td>
<td>Resistance to Sulfanilamides</td>
</tr>
<tr>
<td>1950-1970’s</td>
<td>Decreased susceptibility to PCN</td>
</tr>
<tr>
<td>1976</td>
<td>Resistance to PCN</td>
</tr>
<tr>
<td>1980’s</td>
<td>Resistance to Tetracyclines</td>
</tr>
<tr>
<td>2000-2006</td>
<td>Resistance to Quinolones</td>
</tr>
<tr>
<td>2009 &gt;</td>
<td>Decreased susceptibility to Cephalosporins</td>
</tr>
</tbody>
</table>
Pending Cephalosporin Resistance: WHAT TO DO?

Recommended: treat all identified GC cases and exposed sex partners with 250 mg of ceftriaxone (Rocephin), plus 1 gram of azithromycin, or 100 mg of doxycycline twice a day for 7 days, even if CT is ruled-out.

Concept: two different antibiotic mechanisms on board.
What is Gonorrhea Treatment Failure?

- GC infection persists after treatment
- sexual exposure after treatment has been ruled-out
- persistent infection is lab confirmed
- send isolate to lab for resistance testing
- sex partner testing & treatment a priority
Gonorrhea Treatment Failure – Red Flags

- Patient says symptoms never went away after treatment
- Patient says symptoms went away, but came back in a day-or-two after treatment
Resistant Gonorrhea Response Plan

- Preparation:
  - Access to a culture incubator
    - local hospital or lab
  - access to gonorrhea culture plates
    - Oregon State Public Health Lab (OSPHL) - InTray
Resistant Gonorrhea Response Plan

- Notify the local health department and the Oregon STD Program if a possible gonorrhea treatment failure to ceftriaxone with or without co-treatment is suspected.
- Arrange to obtain GC cultures plates from the State PHL or another source.
Treatment for Treatment Failures

♦ If confirmed or likely ceftriaxone failure using 250 mg with co-treatment – Options:
  a) From CDC – consult with an infectious disease physician;
  b) From California STD Program – treat with 500 mg of ceftriaxone plus 2 grams of azithromycin.
BRACE YOURSELVES

ANTIBIOTIC-RESISTANT GONORRHEA IS COMING.
WEAR A CONDOM!