

Communicable Disease Control

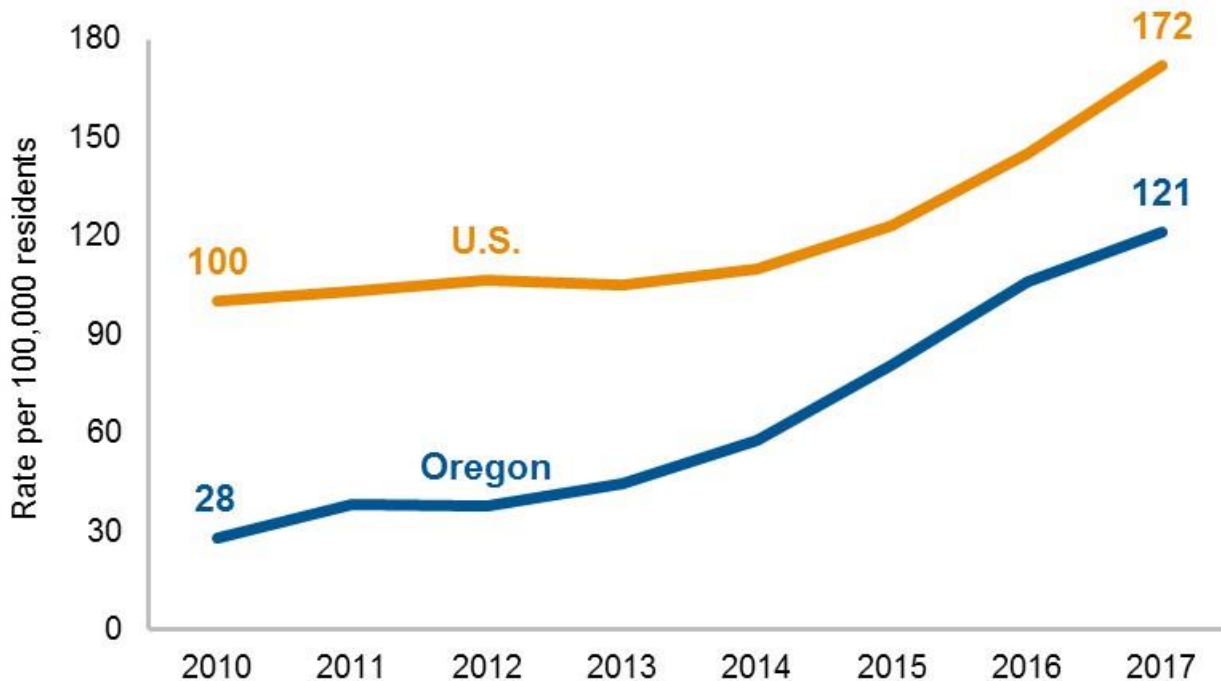
Gonorrhea incidence

Gonorrhea is the third most commonly reported disease in Oregon. *Neisseria gonorrhoeae* is transmitted sexually, through oral, vaginal, and anal sex, and can also be transmitted from mother to child at delivery. Untreated gonorrhea can result in serious health problems including pelvic inflammatory disease, ectopic pregnancy, and infertility. Gonorrhea also increases the likelihood of both acquiring and transmitting HIV.

In 2017, reported gonorrhea incidence in Oregon was 121 cases/100,000 residents. Annual reported cases of gonorrhea have steadily increased over the past 7 years, reaching levels not seen since the 1990s (Figure 1).

FIGURE 1

Gonorrhea infection by year, Oregon and U.S.

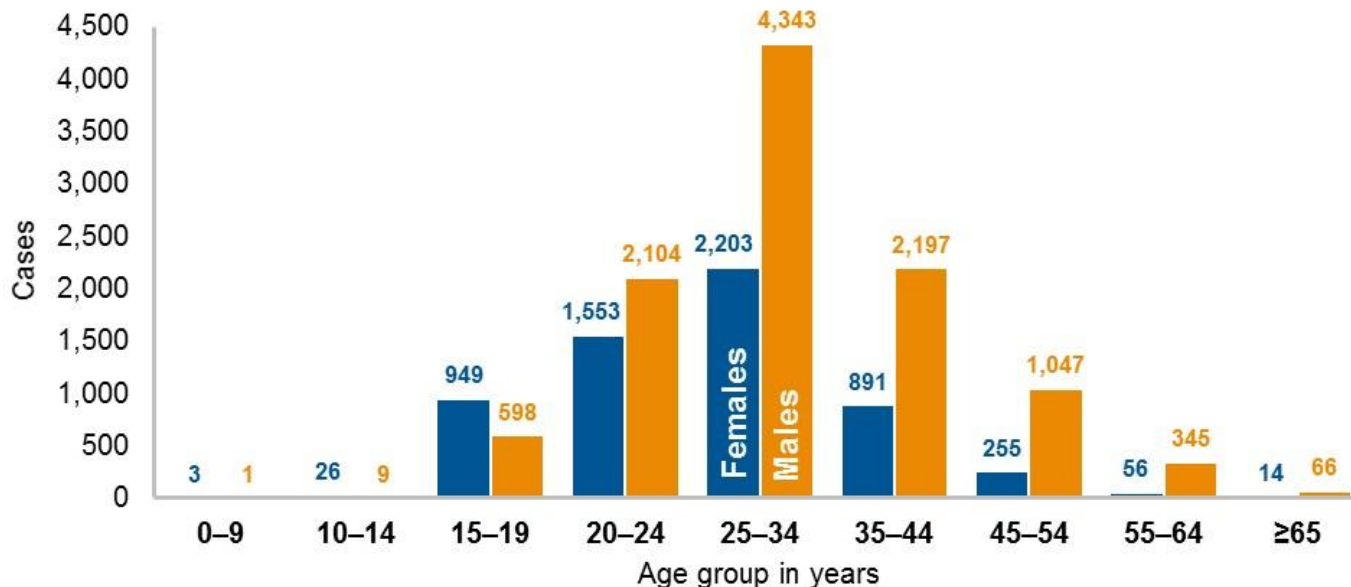


Source: Oregon Reportable Diseases Database and CDC (U.S. data)

Incidence during 2013–2017 was highest among young adults aged 20–24 years, followed by adults aged 25–34 years. (Figure 2¹). Reported rates during that time were approximately twice as high among men (107 cases/100,000 residents) than among women (59 cases/100,000 residents). Prior to 2013, rates were similar among men and women.

FIGURE 2

Cumulative cases of gonorrhea infection by age group and sex, Oregon, 2013–2017



Source: Oregon Reportable Diseases Database

Several populations were disproportionately impacted by gonorrhea including men who have sex with men and African Americans (data not shown).

Antibiotic resistant gonorrhea concerns public health experts and the public. Gonorrhea has acquired resistance to a variety of treatments including penicillin, tetracycline, and fluoroquinolones over the past several decades. Oregon participates in the national Gonococcal Isolate Surveillance Project (GISP) to monitor emergence of resistant strains, with the Multnomah County STD Clinic serving as the sentinel site for the project.

¹ Figure 2 represents counts of cases reported by age group and appears to belie the preceding statement. Though more cases were reported among people aged 25–34 years than among people aged 20–24 years, the latter age group has fewer members and a higher rate of infection.

Extra-genital screening of gonorrhea is an important public health strategy for clinicians. Rectal and pharyngeal gonorrhea infections are often asymptomatic and easily missed. Studies have shown that infection with rectal gonorrhea is one of the most important indicators of higher risk for subsequent infection with HIV and as a result, provides an important point for public health interventions, such as health department notification of sexual partners (STD Partner Services) and HIV pre-exposure prophylaxis (PrEP). The Oregon Health Division recommends that physicians and other health care providers offer prescriptions or actual medication to patients with confirmed gonorrhea for delivery to sex partners who are not likely to go to a healthcare provider to be tested or treated. This process is known as expedited partner therapy is unequivocally legal in Oregon and is also recommended by Centers for Disease Control and Prevention.

Additional Resources: [Oregon STD Statistics](#) [OHA Materials on Expedited Partner Therapy](#)

About the Data: All cases of laboratory confirmed or presumptive *Neisseria gonorrhoeae* in Oregon residents are subject to mandatory reporting by licensed health care providers and clinical laboratories. National data are from the CDC Division of STD Prevention, "[Sexually Transmitted Disease Surveillance 2017](#)", September 2018. Oregon data are from the state's Reportable Disease Database. Population estimated used in calculated rates are from the National Center for Health Statistics (NCHS).

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[Oregon State Health Profile](#)

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