

Gonorrhea

1. DISEASE REPORTING

A. Purpose of Reporting and Surveillance

1. To assure the adequate treatment of infected individuals, in order to curtail infectiousness and prevent sequelae of infection (e.g., PID and infertility).
2. To identify, contact, and treat sexual contacts of reported cases, in order to break the chain of transmission.

B. Laboratory And Physician Reporting Requirements

Physicians are required to report all confirmed and suspected cases within one working day. Labs must report all positive test results within one working day.

C. Local Health Department Reporting and Follow-Up Responsibilities

1. Report all confirmed, presumptive, *and* suspect cases to the OHD (see definitions below, §3) by the end of the calendar week of initial physician/lab report. Use the Confidential STD case report form (OHD 42-36 STD).
2. Begin follow-up investigation within 2 working days. Use the STD field record (CDC form 2936). Send a copy of the completed form to the OHD within 21 days of initial report.

2. THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic Agent

Neisseria gonorrhoeae, a Gram-negative, diplococcal bacterium.

B. Description of Illness

N. gonorrhoeae preferentially colonizes columnar epithelial tissue. Potential sites of infection include not only the urogenital tract but the rectum, pharynx, and occasionally the conjunctiva.

Asymptomatic infections are common, particularly in females. Symptomatic males may have a purulent urethral discharge, often accompanied by dysuria. Females may have abnormal vaginal discharge, abnormal menses, pelvic pain, or dysuria. Serious complications include pelvic inflammatory disease (PID) and/or subsequent infertility in females, and epididymitis and urethral stricture in males. Disseminated (bacteremic) infections may occur in either sex, with arthritis, skin lesions, or (rarely) meningitis or endocarditis. Rectal infections, particularly common in homosexual men, are usually asymptomatic but may cause pruritis, tenesmus, or abnormal discharge.

Clinically, gonorrhea can be difficult to distinguish from chlamydiosis. Combined infections are not uncommon, and for treatment purposes it is prudent to assume that persons infected with one are infected with the other as well.

Untreated infections during pregnancy can result in premature delivery (including stillbirth). Newborns of women with untreated infections are at risk for ophthalmia neonatorum and disseminated gonococcal infection.

C. Reservoirs

Infected humans only.

D. Modes of Transmission

Sexual. The attack rate among exposed females is generally higher than that of exposed males. Non-sexual transmission among adults is unlikely. Anogenital or pharyngeal infections among infants and young children should be investigated to rule out sexual abuse.

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E. Incubation Period

Typically, 2-7 days for males; more variable for females, but generally within 10 days. Asymptomatic infections are common.

F. Period of Communicability

Some infections are self-limited, while others may result in longer term carriage. Persons should be assumed to be infectious from the time of exposure until they are adequately treated. Appropriate therapy usually ends communicability within hours. Asymptomatically infected persons are generally just as infectious as symptomatic individuals.

G. Treatment

Currently, ceftriaxone (Rocephin®; 250 mg IM once) or cefixime (Suprax®; 400 mg orally once); *and* doxycycline (100 mg BID x 7 days). Refer to the current [now 1993] STD Treatment Guidelines for additional discussion of therapy.

This regimen (specifically, the doxy) is effective against *Chlamydia* as well. Because of the high prevalence of coinfection with *Chlamydia* among patients with gonorrhea, presumptive treatment for chlamydiae is generally appropriate.

3. CASE DEFINITIONS, DIAGNOSIS, AND LABORATORY SERVICES

A. Confirmed Case Definition

Anyone from whom *N. gonorrhoeae* is cultured (i.e., confirmed/speciated); or anyone who has a positive test by any of several gonorrhea antigen detection methods (e.g., FA).

B. Presumptive Case Definitions

Anyone with either of the following:

- an endocervical or urethral specimen showing Gram-negative, intracellular diplococci; *or*
- an endocervical or urethral culture of oxidase positive, Gram-negative diplococci, and showing typical *Neisseria* colonial morphology.

Reports from children and presumptive diagnoses based on non-genital specimens must be confirmed.

C. Suspect Case

Anyone diagnosed on clinical grounds by a physician and reported.

D. Services Available at the Center for Public Health Laboratories

CPHL will culture for *N. gonorrhoeae* on request, including testing isolates for penicillin resistance (beta-lactamase production; if plasmid-mediated, called PPNG).

For information about specimen collection, handling, and shipment, refer to the CPHL's *Guide to Services* or call the lab at 503/229-5882.

4. ROUTINE CASE INVESTIGATION

A. Case Interview

1. For cases diagnosed by private providers, contact the provider to verify treatment and ask for permission before contacting the case.
2. Confidentially contact the case and arrange an interview. In-person interviews are generally preferable to telephone interviews.
3. Identify all individuals who had sexual contact with the case within the 30 days prior to treatment. This would include both potential sources for the index case and other persons who they may have exposed. To the extent possible, obtain complete locating and identifying information on each contact, including nicknames, hangouts, living situation, and first and last dates of exposure.
4. Assess the need to screen for other STDs.

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B. Contact Potentially Exposed Persons

1. Using available information, contact the sexual partners of reported cases by telephone, field visit, etc., and refer them to the health department or other provider for evaluation and treatment. If the case is willing and able, allow them to contact their sexual partner(s) and refer them for treatment (the "contract" method). Allow 2 working days for patient-referred contacts to present. If they don't show up, proceed with your own efforts to notify and refer them.
2. Sexual partners should be treated presumptively for gonorrhea, counseled, and evaluated for other STDs.
3. Newborns delivered of women with cervical gonorrhea (excluding those delivered by Caesarean) should be medically evaluated and treated as necessary.
4. *Out-of-county contacts.* If the case names a partner who lives outside your county (including out-of-state), telephone the OHD's STD Program with the relevant information. They will arrange for necessary follow-up.

C. Paperwork

1. As the initial interview is completed, fill out a field record on each partner named who can possibly be located. The field record has a place for the Original Patient ID Number. Use the same number (found in the upper right corner of the original STD case report) on every field record initiated off that case. Refer to example forms at the end of this guideline.
2. As each sexual partner of the index case is tested and treated, complete the field record form. Send the white (top) copy to the STD Program office. Refer to the examples that follow.

5. CONTROLLING FURTHER SPREAD

Interviews, referrals, and treatment are all aimed at controlling further spread.

Patients should be counseled to take all their medication as directed, eschew sex with untreated sex partners, and use condoms to reduce the risk of acquiring STDs in the future. Counseling should be personalized to the patient. In general, STD interviews are a one-time encounter, so the focus by necessity must be kept fairly narrow. Attention needs to be focused on those behaviors the patient is willing to change ♡

Local Health Department FIPS Codes		
<i>(for use on STD forms)</i>		
Baker01	Harney25	Morrow 49
Benton03	Hood River27	Multnomah 51
Clackamas05	Jackson29	Polk53
Clatsop07	Jefferson31	Sherman55
Columbia09	Josephine33	Tillamook57
Coos11	Klamath35	Umatilla59
Crook13	Lake37	Union61
Curry15	Lane39	Wallowa63
Deschutes17	Lincoln41	Wasco65
Douglas19	Linn43	Washington67
Gilliam21	Malheur45	Wheeler69
Grant23	Marion47	Yamhill71