Gonorrhea in North Carolina, 2016

Gonorrhea is increasing

- 19,724 gonorrhea infections were reported in 2016.
- A 48% increase has been seen among men since 2014.
- The southeast region of the U.S. has the highest sexually transmitted disease rates in the nation (CDC 2017).

Disparities by race/ethnicity are particularly large for gonorrhea

What CLINICIANS can do

Provide culturally competent training for your staff and colleagues (resources in side bar).

Gonorrhea and HIV co-infection is increasing

The number of gonorrhea cases co-infection with HIV (diagnosed prior to or within 30 days of the gonorrhea infection) has doubled over the past five years.

Clinicians should discuss pre-exposure prophylaxis (PrEP) with all patients diagnosed with gonorrhea (resources in side bar).
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What is North Carolina doing to decrease gonorrhea infections?

- North Carolina provides funds to screen all women who are seen in a publicly funded health care facility for gonorrhea, such as local health departments and family planning settings.
- In 2016, the North Carolina Division of Public Health Technical Assistance and Training Program (TATP) nurses supported county efforts to ensure the correct treatment of gonorrhea infections, per the CDC’s STD treatment guidelines (see side bar for resources).
- Two counties in North Carolina are participating in a pilot project that offers notification services to MSM and persons living with HIV who are diagnosed with gonorrhea.
- County health departments are beginning to offer or refer patients for PrEP (see side bar on first page for resources on PrEP).

What CLINICIANS can do

- Routinely ask patients about their sexual activity and test those that are sexually active
- Provide treatment consistent with the CDC guidelines (link in side bar)
- Refer partners for evaluation and treatment
- Report cases to the local health department

What YOU can do

If you have a gonorrhea infection, ensure that you and your partners get treatment. Untreated gonorrhea can lead to severe health outcomes, including increased risk for HIV and pelvic inflammatory disease (PID).

Recommendations from the CDC 2015 STD Treatment Guidelines:

Dual Therapy for Uncomplicated Gonococcal Infections

Recommended Regimens:

- Ceftriaxone (250 mg IM in a single dose) PLUS
- Azithromycin (1 g orally in a single dose).

Alternative Regimens (where ceftriaxone is not available):

- Cefixime (400 mg orally in a single dose) PLUS
- Azithromycin (1 g orally in a single dose).
- Gentamicin (240 mg IM one dose) PLUS
- Azithromycin (2 g orally in a single dose).

Data Source:
North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of May 1, 2017) and the enhanced HIV/AIDS Reporting System (eHARS) (data as of June 27, 2017).

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
Division of Public Health • Daniel Staley, Division Director
HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD
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