

HEALTH ADVISORY, 17 March 2015: STD rates in Kitsap County continue to increase; Gonorrhea at outbreak levels

Categories of Kitsap Public Health District messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

ACTIONS REQUESTED:

Please increase your index of suspicion for gonorrhea, syphilis, and chlamydia.

Gonorrhea outbreak

- Be aware that Kitsap County is experiencing a gonorrhea outbreak (Figures 1 and 2).
- Enhance testing among 20-34 year olds, as this age group represents the majority (68%) of cases. Note that we are seeing increases among all age groups, so please consider offering testing to all sexually active patients.
- Treat all cases with ceftriaxone 250 mg IM plus Azithromycin 1 g orally in a single dose. Alternatively, treat with cefixime 400 mg orally plus Azithromycin 1 g orally in a single dose.
- Examine and treat all sex partners (exposed \leq 60 days) or prescribe Expedited Partner Therapy (EPT).
- Ask about and indicate the patient's race on the case report form.

Syphilis increasing

- Be aware that while syphilis cases are infrequent, Kitsap County is seeing an increasing trend (Figure 3) and a case of congenital syphilis was diagnosed in the county last year.
- Test pregnant women at least at first prenatal visit; if at risk, also screen at 28 weeks and at delivery.
- Test other patients based on symptoms or risk behaviors, e.g., men-who-have-sex-with-men (MSM) or persons with multiple sex partners.
- Treat with Penicillin G. Preparation, dosage, and length are dependent upon stage and clinical manifestations of disease, see: <http://www.cdc.gov/std/treatment/>.
- Examine, test, and treat all sex partners.
- Immediately report any suspected cases of ocular syphilis. Six cases in the state (4 in King County) have been recently reported. Be vigilant for syphilis patients with visual complaints or lesions.

Chlamydia increasing

- Be aware that the county-wide chlamydia rate has been steadily increasing since 2001 (Figure 4).
- Test all pregnant women, all sexually active women $<$ 25 years, older women with risk factors (e.g., new or multiple sex partners), and MSM.
- Treat cases with azithromycin 1 g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days; for alternative regimens and special considerations see: <http://www.cdc.gov/std/treatment/>.
- Examine and treat all sex partners (exposed \leq 60 days) or prescribe Expedited Partner Therapy (EPT).

BACKGROUND INFORMATION:

Gonorrhea

Since our last gonorrhea update in fall 2013, cases have continued to rise. After nearly doubling (92% increase) from 2012 to 2013, cases increased another 67% from 2013 to 2014 (Figure 1). The 2014 county-wide rate of

71 per 100,000 is higher than it has been in more than 15 years. We have been at outbreak levels since early 2013, exceeding the outbreak threshold for 6 of the last 8 quarters (Figure 2).

Recent 2013-14 trends for gonorrhea in Kitsap County include:

- Men account for an increasing proportion (52%) of cases and tend to be older.
- All age groups experienced increases, though persons aged 20-34 years represent the majority (68%) of cases. The highest rates were among 25-29 year olds, followed by 20-24 then 30-34 year olds. These rates for these three groups increased by 364%, 196%, and 298%, respectively, since 2012.
- Race data are very incomplete (24-47% of cases per year), making trends difficult to interpret.
- Men-who-have-sex-with-men (MSM) cases have increased, but are not driving the overall trend.
- The majority (61%) of cases live in Bremerton, where the regional rate is also the highest in the county.

Gonorrhea can cause abnormal discharge or painful urination, but can also be asymptomatic. Due to the asymptomatic nature, particularly among women, screening is essential for identifying cases and controlling further spread. Ideally, the provider should examine and treat all persons with whom the patient had sex within the 60 days prior to symptom onset; if the patient has not had sex in the last 60 days, the most recent sex partner should be treated. If examination is not possible, Expedited Partner Therapy (EPT) may be prescribed. Only certain pharmacies carry EPT; see attached form.

Syphilis

While the annual number of syphilis cases is low in Kitsap County, there is an increasing trend (Figure 3). Of great concern, a congenital syphilis case occurred in 2014. Male cases outnumber females by 28:1 for primary and secondary (P&S) cases and overall by nearly 5:1. MSM account for 58% of P&S cases.

Testing pregnant women is critically important and should be done at least at the first prenatal visit but also, for patients at risk, two additional times during the third trimester (at 28 weeks and at delivery). Testing is also recommended for patients with behavior risks, such as MSM. Treatment of partners is necessary to eliminate the disease. All partners exposed within 90 days of the diagnosis should be treated presumptively; testing at this stage may yield seronegative results even in infected persons. Partners who were exposed >90 days before the diagnosis do not require treatment if they have a negative serologic test; however if test results are not immediately available or if follow-up care may not be possible then treat these partners presumptively.

The cluster of ocular syphilis cases in the state is concerning. Investigation regarding the cause is ongoing. We can assist in testing CSF, vitreous, and serum specimens at the Washington State Public Health Lab. All patients with complicated syphilis (including neuro, ocular, otologic) should be offered a lumbar puncture. A list of screening questions for neurosyphilis is attached for your reference.

Chlamydia

The chlamydia rate has been steadily increasing since 2001, reaching 361 per 100,000 in 2014 (Figure 4). Female cases outnumber male cases by about 3:1. On average, the majority (73%) of cases are 15-24 years old, and the rate among this group has been 4 times greater than 25-44 year olds (25% of cases) in recent years.

Target testing to all pregnant women, all sexually active women <25 years, older women with risk factors (e.g., new or multiple sex partners), and MSM. All sex partners within 60 days of onset or diagnosis should be evaluated, tested (if possible), and treated. If a case has not had sex in the last 60 days, the most recent sex partner should be treated. EPT may be prescribed if partner testing is not possible.

STD Case Reporting

Please use the attached form to report STD cases. Call 360-307-4309 if you have any questions about STD reporting, trends, or EPT.

FIGURES

Figure 1. Annual Number and Incidence Rate of Gonorrhea Cases, Kitsap County, 2000-2014

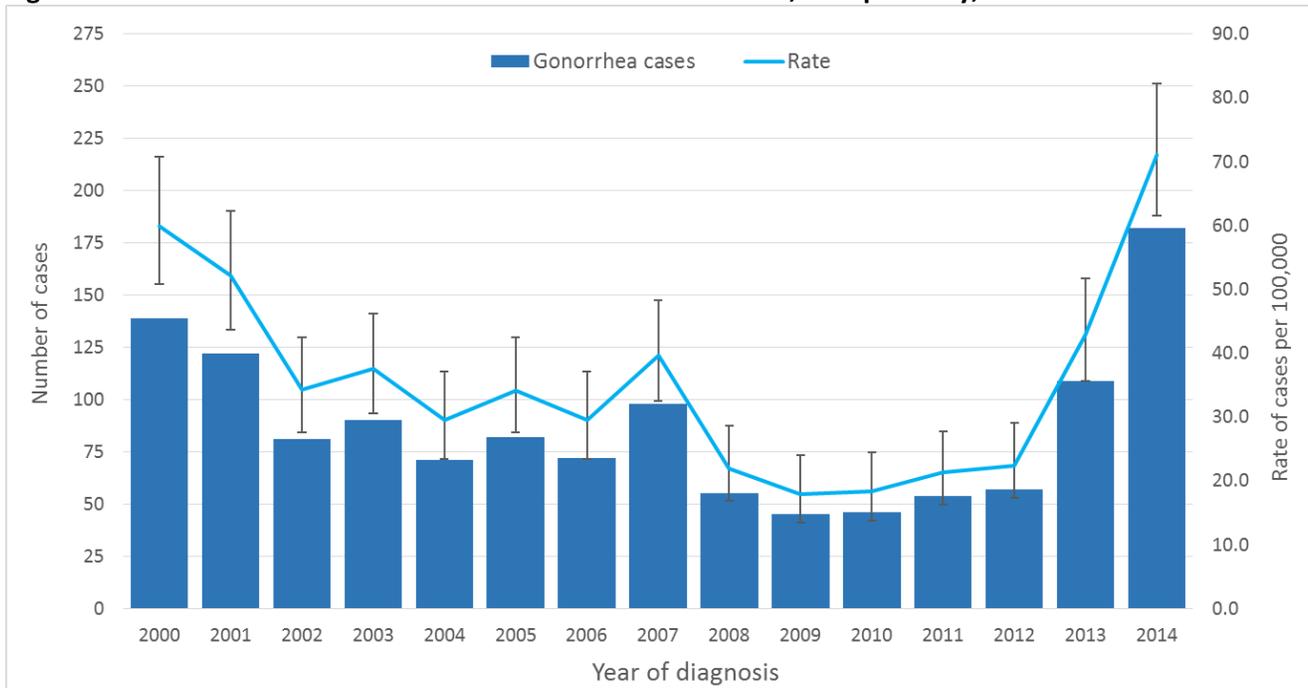


Figure 2. Number of Gonorrhea Cases by Quarter with Outbreak Threshold, Kitsap County, 2000-2014

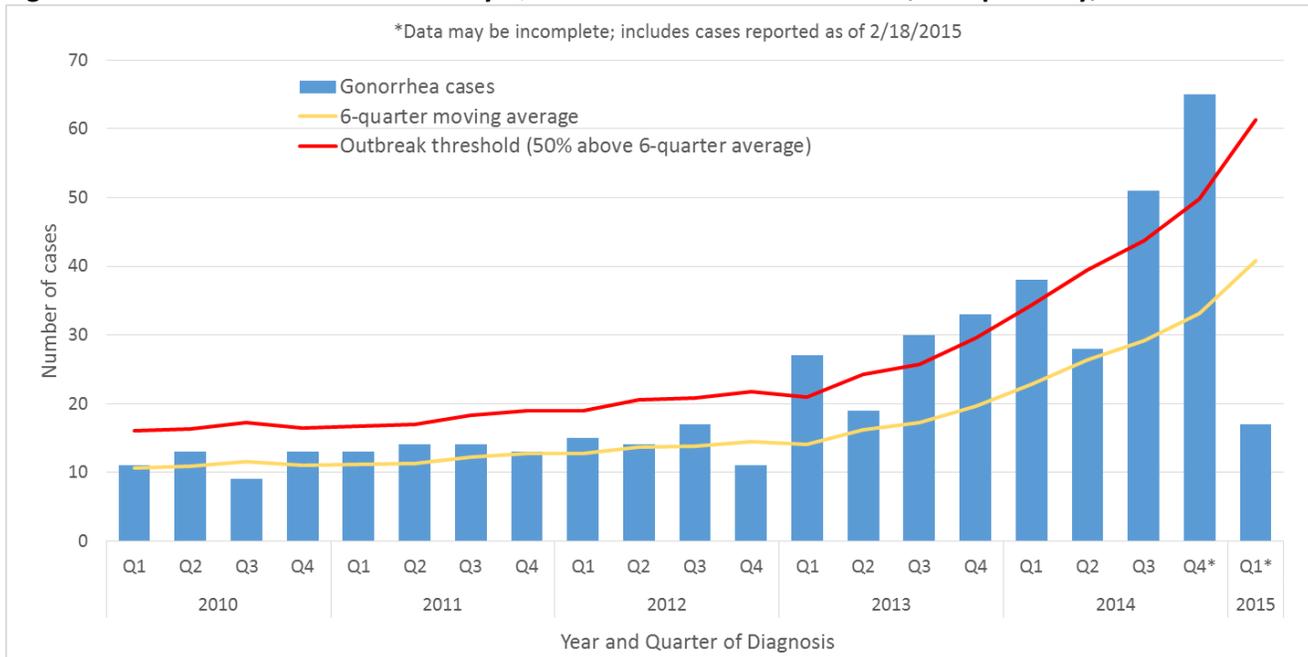
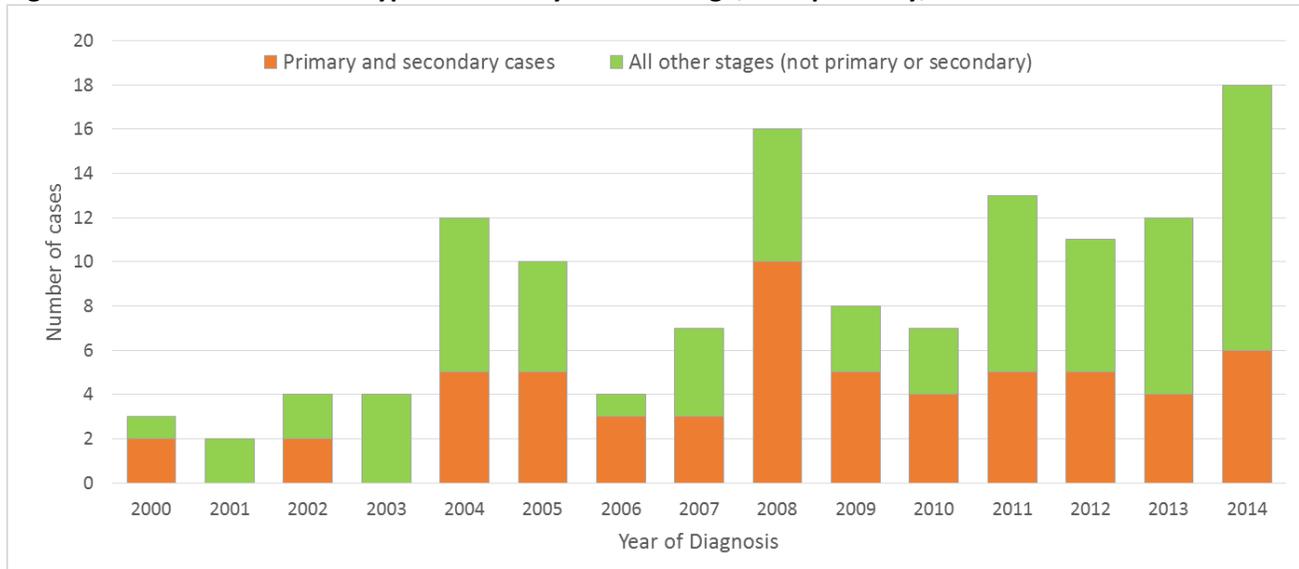


Figure 3. Annual Number* of Syphilis Cases by Disease Stage, Kitsap County, 2000-2014



*Annual rates not shown due to small numbers yielding statistical instability (unreliability) in the rate.

Figure 4. Annual Number and Incidence Rate of Chlamydia Cases, Kitsap County, 2000-2014

