

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: All HAN Recipients
From: Dr. Siiri Bennett, State Epidemiologist
Subject: **Dramatic Increases in Cases of Syphilis and Gonorrhea**
Date / Time: Wednesday, September 05, 2018 at 2:00pm
Pages: 3
Priority: Normal
Message ID: 2018PHADV016

Abstract:

In 2017, the number of infectious syphilis cases increased 77% and the number of gonorrhea cases increased 30% in Maine. Through the end of June 2018, Maine saw case counts of gonorrhea that are twice the five-year median and case counts of syphilis that are three times the five-year median.

Maine CDC recommends screening for all at-risk people and appropriate treatment for infected individuals. Syphilis and gonorrhea are serious infections that can cause infertility, ectopic pregnancy, stillbirths in infants and heightens the risk of HIV transmission. Furthermore, the increase in incidence of STDs in the United States and Maine increases the risk of congenital syphilis and antibiotic-resistant gonorrhea.

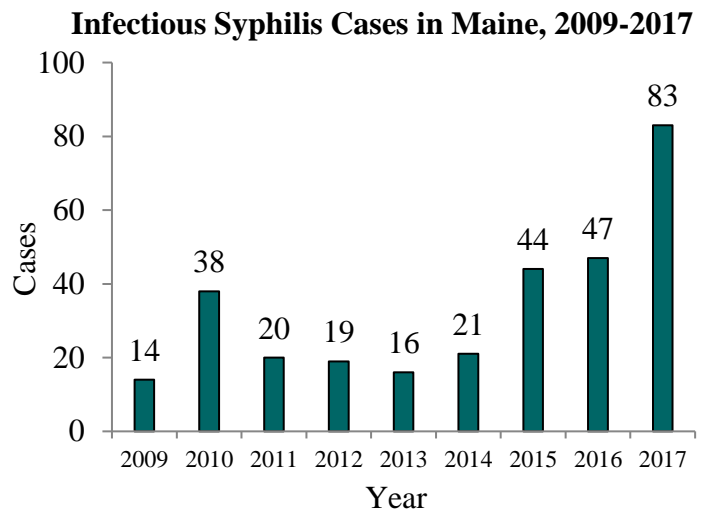
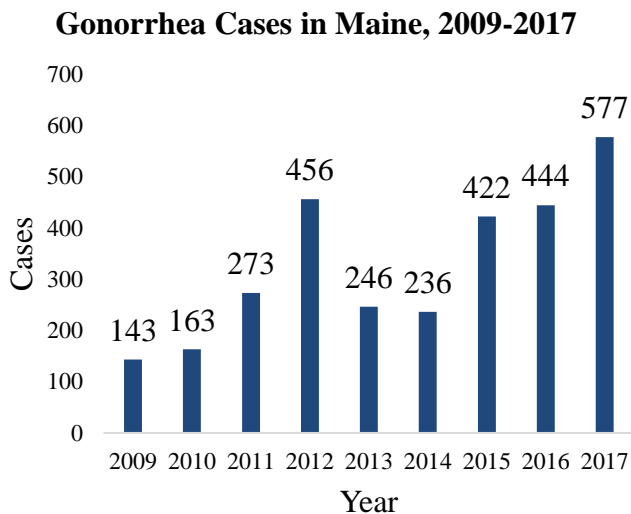
Dramatic Increases in Cases of Syphilis and Gonorrhea

In 2017, the number of infectious syphilis cases increased 77%, and the number of gonorrhea cases increased 30% in Maine. Through the end of June 2018, Maine saw counts of gonorrhea that are twice the five-year median and counts of syphilis that are three times the five-year median.

Cumberland county (179 cases) and Androscoggin county (162 cases) accounted for nearly 60% of all gonorrhea cases in 2017. A disproportionate number of Black/African Americans are affected by gonorrhea. Rates show that in Maine, Blacks/African Americans are nearly 12 times as likely to be diagnosed with gonorrhea than their White counterparts (3.99 per 1,000 compared to .34 per 1,000 respectively).

Cumberland county (30 cases) accounted for 36% of all syphilis cases. Just over 40% of syphilis cases in Maine identified as men who have sex with men (MSM) and 23% were HIV positive. In addition to the 83 cases of infectious syphilis reported in 2017, there were 29 cases of late latent syphilis cases reported in 2017 and five in 2018 through the end of June. These cases represent a missed opportunity for earlier diagnosis and treatment, which could have helped limit disease transmission.

Increases in cases of syphilis and gonorrhea in Maine reflect national trends, where there has been increases in both diseases. Maine CDC recommends screening for all at-risk people and appropriate treatment for infected individuals.



Screening Recommendations

Many people with syphilis and gonorrhea are asymptomatic. Maine CDC recommends providers collect a comprehensive sexual health history from patients to assess for risk of syphilis and gonorrhea, and screen accordingly. Additionally, Maine CDC recommends screening for the following individuals:

- Pregnant women
- Men who have sex with men (MSM)
- Persons living with HIV
- Persons evaluated for any sexually transmitted disease
- Sexually active individuals, especially those with multiple sex partners

- Persons with a sex partner who has been recently diagnosed with an STD

When collecting a sexual health history, if a patient reports oral or anal sex, be sure to screen all sites of exposure for gonorrhea, even if asymptomatic.

Treatment Recommendation for Syphilis / Primary and Secondary

Recommended Regimen

- Benzathine Penicillin G (Bicillin L-A) 2.4 million units IM once

Alternative Regimen (For penicillin-allergic, non-pregnant only)

- Doxycycline 100mg orally 2 times a day for 14 days *or*
- Tetracycline 500mg orally 4 times a day for 14 days

There is a national shortage of Bicillin L-A. If you have trouble obtaining Bicillin L-A, contact the Maine CDC at 1-800-821-5821. Maine CDC will inform US CDC of any shortages.

Treatment Guidelines for Uncomplicated Gonorrhea Infections of the Cervix, Urethra, Rectum, and Pharynx

Recommended Regimen

Ceftriaxone 250 mg IM in a single dose **PLUS** Azithromycin 1g orally in a single dose

Alternative Regimen (For cephalosporin-allergic only)

- Gemifloxacin 320mg orally in a single dose PLUS azithromycin 2g orally in a single dose OR
- Gentamicin 240MG IM single dose PLUS azithromycin 2g orally in a single dose

Clinical Considerations

- Consider presumptive treatment if a patient is symptomatic, is a contact to a known case, belongs to a high-risk group, or if follow-up is uncertain.
- Obtain diagnostic specimens from all sites of sexual exposure (urogenital, rectal, pharyngeal)
- Discuss sexual practices, protection from STDs, past history of STDs, and prevention with patients.
- For gonorrhea, consider antibiotic resistance if a patient has persistent infection despite appropriate therapy of the patient and their partner(s)
 - If treatment failure is suspected, please notify Maine CDC at 1-800-821-5821
- Report all confirmed cases of syphilis and gonorrhea to the Maine CDC at 1-800-821-5821

Additional Resources on Syphilis and Gonorrhea

- For more information on syphilis or gonorrhea in Maine, contact the Maine CDC at 1-800-821-5821, or disease.reporting@maine.gov.
- For up-to-date information and recommendations on syphilis for health professionals, visit <http://www.cdc.gov/std/syphilis>.
- For up-to-date information and recommendations on gonorrhea for health professionals, visit <http://www.cdc.gov/std/gonorrhea/>
- Additional information and resources can be found at <http://www.cdc.gov/std/stats16/default.htm>