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Clinical Alert:
Gonorrhea Cases Increase in the West:
What LA County Providers Can Do to Help Control Gonorrhea

Dear Colleague:

I am writing to inform you of a concerning increase in Los Angeles (LA) County gonorrhea cases and to offer strategies that you can use to ensure optimal diagnosis and management of this disease in your patients.

There has been a marked increase in gonorrhea rates in the western United States, including California, during the years 2000-2005 (Centers for Disease Control, MMWR, 3.16.07).

On the next page is a review of seven key steps that will help with both the care of your sexually active patients and with the control of the spread of this disease: sexual history taking, targeted screening, appropriate treatment, retesting cases, partner treatment including expedited partner therapy (EPT), and reporting to the health department.

Please find included in this mailing the following resources: California Sexually Transmitted Disease (STD) Treatment Guidelines Summary Table 2007, California Gonorrhea Treatment Guidelines 2006, and the LA County STD Program Confidential Morbidity Report instructions and form. For more copies of these documents as well as additional resources including information on EPT, please visit our LA County STD Program website provider page: www.lapublichealth.org/std/providers.htm

Provider case consultation is also available by calling our main line at (213) 744-3070 and requesting the physician on-call.

Thank you for your continued assistance in the control of gonorrhea infection in Los Angeles County.

Sincerely,

Peter R. Kerndt, M.D., M.P.H.
Director
Los Angeles County Sexually Transmitted Disease Program

What LA County Providers Can Do to Help Control Gonorrhea

- **Take a sexual history:** A sexual history should routinely and regularly be performed as part of the clinical interview. This should include a brief assessment of the number and gender of sex partners, past history of STDs, type of STD and/or pregnancy protection, and type of sexual practices (i.e. vaginal, anal, oral sex). This will help determine if your patient is at a risk for gonorrhea and other STDs, and guide which anatomic sites to screen.
- **Screen individuals at risk:** Sexually active women 25 years of age and younger should be screened annually for gonorrhea. Screening in other populations should be targeted based upon risk factors such as: history of prior gonorrhea infection, new or multiple sex partners, partner with multiple partners, men who have sex with men, and commercial sex workers.
- **Treat appropriately (Do not use fluoroquinolones):** Ceftriaxone is the preferred treatment for adult and adolescent patients with uncomplicated gonorrhea infections. Fluoroquinolones are no longer recommended due to high levels of resistance to these drugs. Routine use of azithromycin is not recommended due to concerns regarding possible emerging resistance. For details, see the enclosed Treatment Guidelines for Gonorrhea and STD Treatment Summary Table.
- **Re-screen all patients with gonorrhea 3 months after treatment:** All male and female patients with gonorrhea should be tested 3 months after treatment of the initial infection to look for recurrent or persistent infection.
- **Treat partner(s).** It is the responsibility of the diagnosing physician to make reasonable attempts to ensure that all sexual contacts from the past 60 days are treated. Advise patient to abstain or use condoms until 7 days after both patient and partner(s) have been treated to prevent re-infection.
- **Consider Expedited Partner Therapy (EPT):** As of January 2007, California medical providers can now provide treatment for the sexual partners of patients diagnosed with gonorrhea without examining the partner. EPT includes “patient-delivered partner therapy” (PDPT), where the infected patient delivers single dose antibiotics or a prescription to their sex partner(s). EPT for chlamydia infections has been legal since 2001.
- **Report case to the Health Department:** All cases of gonorrhea should be reported within 7 working days to the LAC STD Program by completing an STD Confidential Morbidity Report (CMR) form. Please complete all fields, including information on diagnosis, treatment, gender of sex partners, and partner treatment. Health facilities interested in enrolling to submit CMRs on-line via the internet should call 213-741-8000.