



Office of the Medical Health Officers

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ALERT: Saskatoon Health Region Gonorrhea Outbreak!

Summary:

- The number of gonococcal infections of (GC) detected in Saskatoon Health Region doubled in 2016; numbers in the first quarter of 2017 are on par to exceed 2016's rates.
- The crude GC rate in 2016 was 125.7 per 100,000 population in 2016 compared to 57.7 per 100,000 in 2015.
- In 2016, 449 confirmed cases of gonorrhea (GC) were reported in the Region, compared to 202 cases in 2015.
- Gonorrhea re-infection rates in 2016 in individuals were an important observation; almost triple the number of clients had two gonorrhea infections reported within 2016 compared to 2015.
- In 2016, more individuals in the 30 to 39 year old age group, especially among females ($p=0.027$) experienced infection with *Neisseria gonorrhoea*.
- MSM risk has continued to be an important risk factor 20% of male gonorrhea clients reported this risk in 2016.

ACTION (☎ signifies that you can call or ask for guidance)

☎ **Always** treat gonorrhea with **Ceftriaxone 250mg** intramuscularly PLUS **azithromycin 1gm** orally. Do not treat with only one antimicrobial

☎ Always take swabs for GC culture

☎ Call 306-655-4664 to notify Public Health Department of suspected treatment failures.

☎ Fax 306-655-3433 completed CD66 Notification form

Saskatoon Health Region is experiencing higher than normal rates of *Neisseria gonorrhoea* infection; our rates have more than doubled between 2015 and 2016, so **a gonorrhea outbreak has been declared**. Due to the risk of decreasing susceptibility of gonorrhea to cephalosporin antibiotics, the Public Health Agency of Canada (PHAC)¹ recommends that medical providers treat uncomplicated gonorrhea infections with **dual antibiotic therapy administered concurrently to improve treatment efficacy and prevent the emergence of antibiotic resistance**. This recommendation is based on experience using combination antibiotics that have different mechanisms of action to treat other organisms which have potential to develop resistance.

Testing Recommendations:

1. **Chlamydia and Gonorrhea NAAT tests** are advised in all cases where STIs are suspected.
2. **Always take samples for Gonorrhea cultures** (at **all** risk sites: cervical, urethral, pharyngeal and rectal) for:
 - a) All men who have sex with men
 - b) All symptomatic individuals
 - c) Clients who have reported recent sexual contact outside the Province of Saskatchewan or Canada.
 - d) Clients who report sexual assault
 - e) Evaluation of pelvic inflammatory disease
 - f) Presumed treatment failure

Treatment Recommendations: *Empiric treatment for Chlamydia is recommended for all patients treated for gonococcal infection regardless of chlamydial test results because of the high co-infection risk.*¹

1. **Ceftriaxone 250 mg² and Azithromycin 1 gram** is the preferred regimen in all cases and contacts.
2. **Cefixime 800 mg² and Azithromycin 1 gram** as an alternate regimen for non-oral gonorrhea exposures and contacts.
 - a) Clients allergic to penicillin or cephalosporins receive a stat dose of **Azithromycin 2 grams** as alternative treatment.

¹ <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-6-eng.php>

² Call 306-655-4664 to obtain the 2017 STI Medication Order form. Orders for Vaccine and STI Medications are prepared on a monthly schedule

3. **Test of Cure** for gonorrhea **by culture** is recommended **4-5 days after** the completion of treatment in:
 - a) Pharyngeal infections
 - b) Persistent post-treatment symptoms
 - c) Cases treated with a regime other than Ceftriaxone 250 mg IM2 and Azithromycin 1 gram
 - d) A case that is linked to drug resistance or treatment failure
4. Recommend **Test of Cure** for gonorrhea **by NAAT** 3-4 weeks post treatment for all other cases.
5. In order to reduce the spread of gonorrhea infection; completing Section H of the CD-66 (Sexual Partner Information) is significantly important.

Surveillance Information:

Collection of **surveillance information** is required from diagnosing health care professionals. Please ensure the Confidential Notification of Sexually Transmitted Infections (CD66), is completed in full. In order to identify risk and trends; Section F (Exposure information) is especially important.

National Antimicrobial Surveillance Data Canada (2015)

- Isolates with decreased susceptibility to cefixime have increased from 1.1% (42/3,809) in 2014 to 1.9% (80/4,190) in 2015.
- Isolates with decreased susceptibility to ceftriaxone increased from 2.7% (101/3,809) in 2014 to 3.5% (146/4,190) in 2015.

Sincerely,

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Saskatoon Health Region