

ALERT: Increase in Gonorrhea Cases

October 11, 2012

Peterborough County-City
HEALTH UNIT
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Peterborough County-City Health Unit staff are investigating several local cases of gonorrhea. We have seen a recent increase in the number of cases being diagnosed by local healthcare providers. The majority of these new cases are not MSM (men having sex with men) or other particularly high risk groups but rather heterosexual men and women.

Gonorrhea (GC) is a sexually transmitted infection (STI) caused by the bacteria *Neisseria gonorrhoea*. It is spread through unprotected oral, anal and vaginal sex with an infected partner. It can also be spread from an infected mother to her baby during birth. GC can be found in the anus, eyes, mouth, throat, urinary tract, penis, cervix or vagina. The incubation period is generally 1 to 14 days but can be longer.

Men may experience mucous –like discharge from the penis, burning or itching around tip of penis, burning pain when passing urine, testicular pain or swelling, rectal pain, discharge or itching, sore throat, discharge from eyes. In men untreated gonorrhea may lead to infertility, chronic inflammation of the testicles, systemic GC infection, Reiter's Syndrome (rashes, sore and joint pain).

In women, the early symptoms of gonorrhea are often mild, and many women who are infected have no symptoms of infection. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. In women gonorrhea may spread to the uterus and fallopian tubes (Pelvic Inflammatory Disease), and lead to an increased risk of ectopic pregnancy, infertility, chronic pelvic pain, systemic GC infection, and Reiter's Syndrome (rashes, sores and joint pain). Women with no or mild gonorrhea symptoms are still at risk of developing these serious complications from the infection.

Treatment Recommendations

In response to increasing gonococcal antimicrobial resistance in Canada and globally, the Public Health Agency of Canada (PHAC) issued new treatment recommendations for Gonococcal infections in 2011. The recommended treatment is 250 mg IM Ceftriaxone for men who have sex with men (MSM) and 800 mg Cefixime orally for others. In addition, anyone with pharyngeal GC should be treated with IM Ceftriaxone as the drug of choice. These are interim recommendations as new Ontario guidelines are in the process of being written. The empiric treatment for Chlamydia is recommended for all people treated for gonococcal infection regardless of the Chlamydia test results because of the high co-infection risk. A one gram single oral dose of Azithromycin is the preferred co-treatment.

Anyone with a pharyngeal infection, or persistent symptoms, or who is linked to a case of drug resistant GC should be booked for a return visit in one week's time for a test of cure with a culture (not Nucleic Acid Amplification Test, or NAAT). NAAT testing should be reserved for screening or diagnosis and can be performed on urine specimens, making it much more accessible for your patients.

To help ensure effective STI management the Health Unit's Sexual Health Clinic (SHC) can provide Azithromycin, Doxycycline, Cefixime, as well as Ceftriaxone to health care providers. For more information about how to access free STI drugs, please contact the SHC at 705-748-2021.

Please mark your calendars for a lunch and learn with provincial microbiologists Dr. Vanessa Allen and Dr. Anna Majury to review upcoming changes in the screening, diagnosis and treatment of Gonococcal infections: December 5, 2012 at 12 noon here at the Health Unit. An invitation will be coming soon.

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