County of San Diego Sexually Transmitted Diseases Quarterly Report

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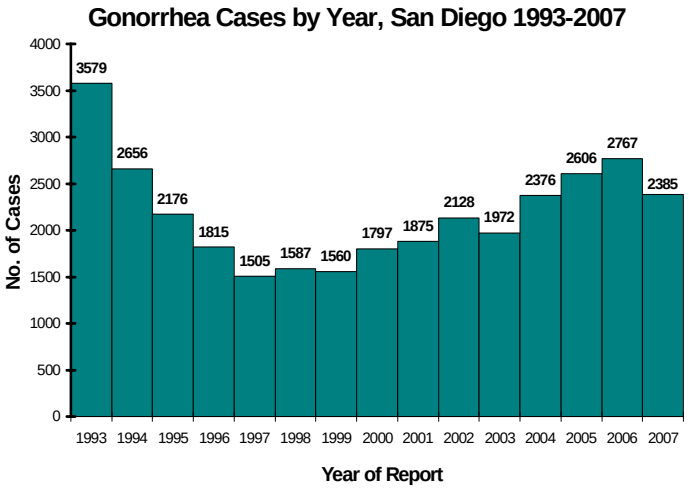

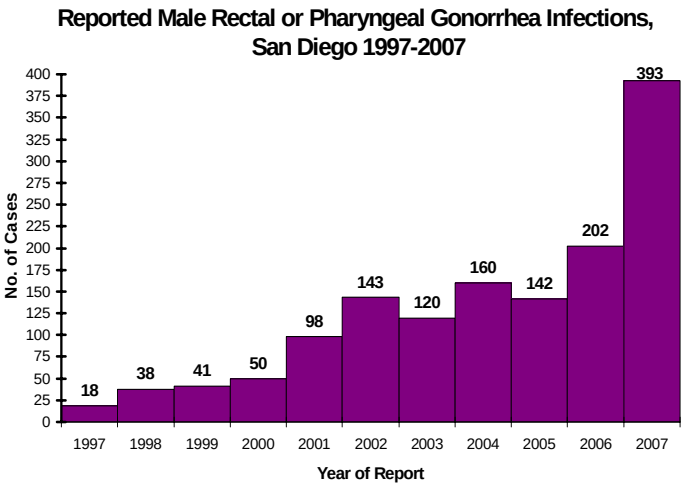

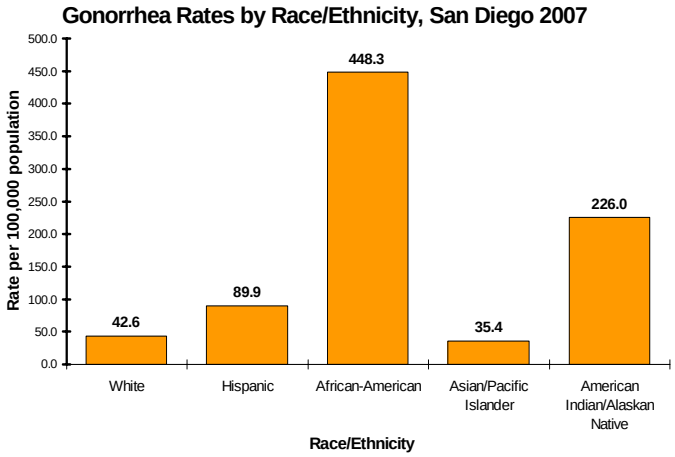

In San Diego county, reported gonorrhea decreased by 14% between 2006 and 2007, but anal and pharyngeal infections in men increased by 95% during the same time period. Although changes in screening may contribute to apparent disease trends, it is likely that an outbreak of gonorrhea is occurring amongst men who have sex with men (MSM). A particularly high racial/ethnic disparity exists, with the rate of gonorrhea infection being 14 times higher in black women than white women and 7 times higher among black men than white men in 2007.

1. To be accurately diagnosed, specimens must be obtained from the site of exposure; therefore sexual practices must be elicited from the patient, and the appropriate body site(s) tested in both men and women. A San Francisco study found that 53% of chlamydia and 64% of gonorrhea infections would have been missed in MSM if only urine/urethral specimens were obtained[1]. At the San Diego County STD Clinic at Rosecrans, 33% of gonorrhea infections would have been missed in MSM[2].
2. While gonorrhea culture may be used at all sites, nucleic acid amplification tests (NAATs) are more sensitive and less susceptible to poor handling. Although these tests have not yet been FDA-approved for nongenital sites, NAAT testing of rectal and pharyngeal specimens has been shown to be sensitive and specific. Laboratories can perform internal validation to reliably process these specimens. The County Public Health Laboratory and Labcorps have validated these tests for nongenital specimens, and Quest plans to have them available by September, 2008.
3. As of April, 2007, the CDC removed fluoroquinolones from the armamentarium of gonorrhea therapies due to increasing bacterial resistance. This leaves a single class of drugs, third generation cephalosporins (e.g. ceftriaxone), as approved treatment for this infection[3].
4. Test-of-cure refers to retesting individuals within 2 to 3 weeks of treatment. It is only recommended in pregnancy and when a suboptimal antibiotic was used. NAATs should not be used within 3 weeks of treatment, as the tests may detect dead organisms even though the patient is cured.
5. Rescreening refers to testing individuals within 3 months of initial infection. A high rate of reinfection occurs due to untreated partners and/or high prevalence in the sexual network, therefore rescreening is recommended for both gonorrhea and chlamydia.
6. In California, Patient Delivered Partner Therapy (PDPT) is legal for both chlamydia and gonorrhea. While it would be preferable for the partner to receive a medical exam, PDPT has been shown to reduce the rate of reinfection in persons at risk when his/her partner is unwilling to be evaluated. For more information, see: http://www.stdcheckup.org/provider/partner_therapy.html

[1] Kent CK, Chaw JK, Wong W, Liska S, Gibson S, Hubbard G, Klausner J. Prevalence of Rectal, Urethral, and Pharyngeal Chlamydia and Gonorrhea Detected in 2 Clinical Settings among Men Who Have Sex with Men: San Francisco, California, 2003. *Clin Infect Dis*. 2005; 41:67-74. © 2005 by the Infectious Diseases Society of America. http://www.journals.uchicago.edu/toc/cid/current
[2] Gunn RA, O'Brien CJ, Lee MA, Gilchick RA. Gonorrhea Screening Among Men Who Have Sex With Men: Value of Multiple Anatomic Site Testing, San Diego, California, 1997-2003. *Sex Transm Dis*. 2008 July; [Epub ahead of print].
[3] CDC. Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006: Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections. *MMWR Morb Mortal Wkly Rep.* 2007; 56(14): 332-6.