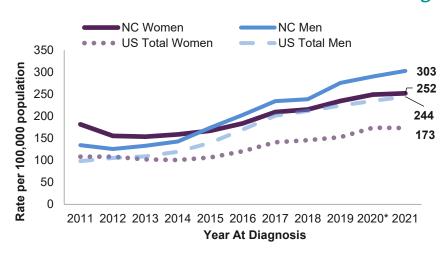


# Gonorrhea in North Carolina, 2021



## Gonorrhea continues to increase among men and women



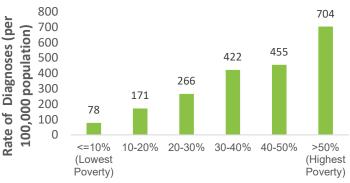
- 29,177 gonorrhea infections were reported in 2021 (rate of 276.5 per 100,000 population).
- Gonorrhea increased more among men than among women. Among men, gonorrhea diagnoses increased 33% from 11,696 in 2017 to 15,584 in 2021. This likely reflects a true increase and may also reflect screening at more anatomical sites.

## Disparities by income level are particularly large for gonorrhea

Gonorrhea rates are highest among people living in the most impoverished neighborhoods.

People living in impoverished areas often have less access to resources, including health resources. Delayed treatment can increase the potential for transmission to others.

<sup>\*</sup>Estimates of people living below the poverty line within a census tract and all population estimates obtained from the American Community Survey, 2016-2020, five-year estimate



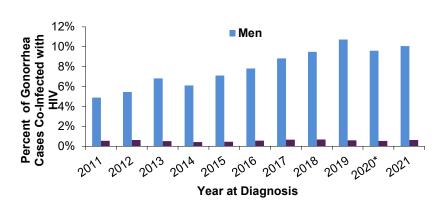
**Proportion of Census Tract Living in Poverty** 

## Gonorrhea and HIV coinfection increased for men during 2011-2019

The number of people with gonorrhea who also have HIV was increasing, and now seems to have reached a plateau.

Decreased testing during the COVID-19 pandemic may result in an underestimate of coinfection in 2020.

Clinicians should offer HIV testing to all patients diagnosed with gonorrhea and discuss HIV pre-exposure prophylaxis (PrEP) with those who test HIV-negative.



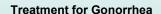


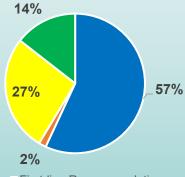
# Gonorrhea in North Carolina, 2021



## What is North Carolina doing about gonorrhea?

- North Carolina funds gonorrhea screening for all women who are seen in publicly funded health care facilities, such as local health departments and family planning settings.
- Nurses in the North Carolina Division of Public Health Technical Assistance and Training Program work with county staff to ensure correct treatment of gonorrhea.
- North Carolina is participating in a nation-wide program to identify drug-resistant gonorrhea called Strengthening the United States Response to Resistant Gonorrhea (SURRG). For more information: https://www.cdc.gov/std/gonorrhea/arg/CARB\_FACTSHEET-2018.pdf.





- First-line Recommendation
- Second-line Recommendation
- Other Treatment
- No treatment reported

### 2021 Gonorrhea Treatment

- Correctly treating gonorrhea is very important to prevent the development of drug resistance.
- In 2021, the CDC updated their <u>STI Treatment Guidelines</u>. For gonorrhea, the treatment regimens include:
  - Recommended first-line regimen: Ceftriaxone (500 mg intramuscular (IM) in a single dose for individuals <150 kg or 1 gm for individuals ≥150 kg).
  - Second-line recommendations: Cefixime (800 mg orally in a single dose) OR gentamicin (240 mg IM in a single dose) plus azithromycin (2gm orally in a single dose).
- While in 2021 many providers had not switched to the new firstline treatment, preliminary 2022 data suggests that most people with gonorrhea are receiving the first-line recommendation.

#### What CLINICIANS can do

- Always ask patients about their sexual activity and test those that are sexually active at all sites of exposure (e.g., pharynx, urethra, and rectum); retest 3 months after treatment and refer sex partners for evaluation and treatment.
- Provide treatment consistent with the CDC guidelines (https://www.cdc.gov/std/treatment-guidelines/gonorrhea.htm).
- Suspected cases of gonorrhea <u>treatment failure</u> should be reported immediately to <u>your local health department</u> or NC Division of Public Health (919-733-3419).
- For other resources, visit the National Coalition for Sexual Health compendium: <u>Compendium of Sexual Reproductive</u> Health Resources for Healthcare Providers.

#### What YOU can do

If you have a gonorrhea infection, ensure that you and your partners get treatment, and retested after 3 months. Untreated gonorrhea can lead to increased risk for HIV and pelvic inflammatory disease (PID).

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 7, 2022) and enhanced HIV/AIDS Reporting System (eHARS) (data as of September 2022)