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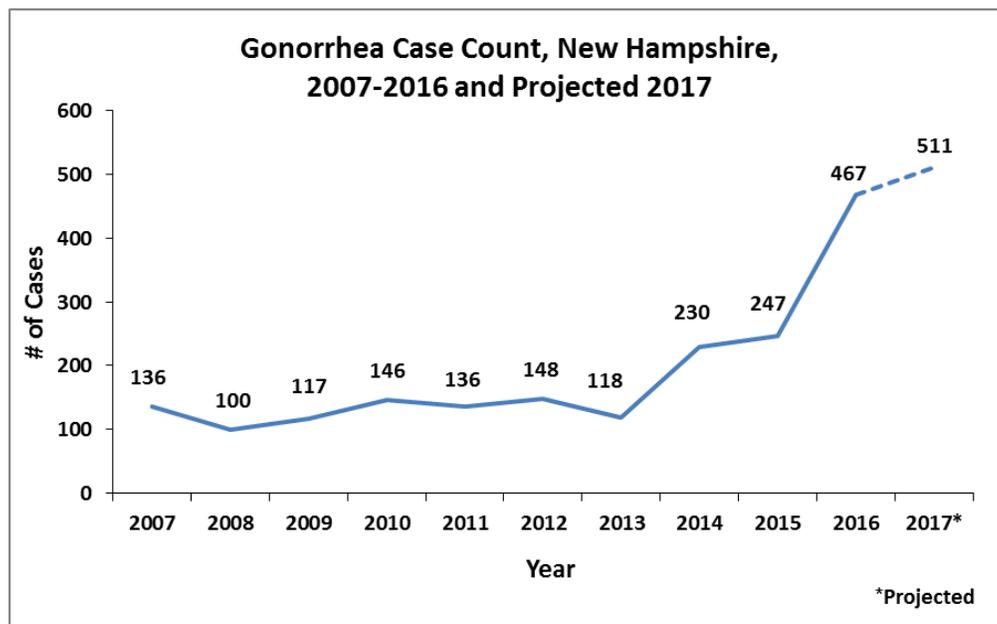
Distributed by the NH Health Alert Network  
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## Gonorrhea Outbreak Update and Information on Expedited Partner Therapy (EPT) to Treat Sex Partners

### Key Points and Recommendations:

- Sex partners of patients diagnosed with any sexually transmitted disease should be connected with care and treated. We recommend that Expedited Partner Therapy (EPT) be utilized to treat *heterosexual* partners of men and women who are diagnosed with gonorrhea or chlamydia. EPT refers to when a healthcare provider gives antibiotics (or an antibiotic prescription) to their patient to take to his/her sex partner without the healthcare provider first examining the partner. Under NH law RSA 141-C:15-a, the practice of EPT is explicitly legal and allowable in NH; this law went into effect on May 9, 2017.
- General guidance for EPT is as follows:
  - Recommended EPT treatment for gonorrhea is cefixime 400mg orally in a single dose PLUS azithromycin 1g orally in a single dose (Please note: cefixime should ONLY be used for EPT and not treatment of patients seen in clinic).
  - Recommended EPT treatment for chlamydia is azithromycin 1 gram orally in a single dose.
  - Healthcare providers should give treatment instructions with any medications or prescriptions as part of EPT. Guidance documents to assist healthcare providers with implementing EPT and handouts for patients and sex partners with treatment instructions are at: <https://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>
- New Hampshire continues to see high numbers of gonorrhea well above our previous baseline. Based on preliminary data, we project more than 500 cases for 2017.



- 15% of individuals diagnosed with gonorrhea in 2017 did not initially receive correct treatment. While this is an improvement since our initial notification of the gonorrhea outbreak, we continue to ask clinicians to review the current 2015 STD treatment guidelines: <https://www.cdc.gov/std/tg2015/gonorrhea.htm>
- Treatment of gonorrhea needs to include two different antibiotics to prevent emergence of antibiotic resistance. The Centers for Disease Control and Prevention (CDC) has listed gonorrhea as one of the top three national antibiotic resistant threats due to the propensity of *Neisseria gonorrhoeae* to develop resistance to antibiotics. Reports of ceftriaxone-resistant gonorrhea are beginning to emerge, including a recent report from Quebec, Canada: [https://wwwnc.cdc.gov/eid/article/24/2/17-1756\\_article](https://wwwnc.cdc.gov/eid/article/24/2/17-1756_article).
- Healthcare providers need to take sexual histories to identify patients at risk for gonorrhea in order to appropriately screen and identify the reservoir of subclinical or asymptomatic infection. Without appropriate sexual histories and screening, the high numbers of gonorrhea infection will continue from re-infection of patients and spread to new patients.
- Patients that are tested for gonorrhea should also be tested for other STDs including chlamydia, syphilis, and HIV. New Hampshire has also seen a concerning increase in syphilis cases: <https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/syphilis-2017.pdf>
- The NH Department of Health and Human Services, Division of Public Health Services (DPHS) will host a webinar updating clinicians about the gonorrhea outbreak, current treatment recommendations, and available resources on January 10, 2018 at 12:00 PM. To register, please go to <https://attendee.gotowebinar.com/register/2836996573267806466>.
- Please report all cases of gonorrhea, along with any information about sex partners, to the NH DPHS at 603-271-4496.

### Situation and Background:

New Hampshire DPHS announced a 260% increase in gonorrhea in January 2017: <https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/gonorrhea.pdf>. So far in 2017, 468 cases have been reported between January 1 and November 30, and we project more than 500 cases of gonorrhea for calendar year 2017. Most cases have been in males and individuals under 40 years of age, and most report heterosexual activity. The greatest numbers of cases have been seen in Hillsborough County (esp. Manchester City), followed by Rockingham, Merrimack, and Strafford Counties. A marked increase in cases has also been seen in Belknap County with a five-fold increase in gonorrhea rates for 2017 compared to 2016.

The majority of gonorrhea cases (44%) reported in 2017 were diagnosed in emergency departments or urgent care settings; 35% were diagnosed in a private clinician office. Approximately 15% of patients diagnosed with gonorrhea in 2017 were not initially treated according to current CDC recommendations.

### Treatment and Screening:

Current STD Treatment Guidelines stipulate the need for two antibiotics to treat gonorrhea in order to prevent emergence of antibiotic resistance. The only recommended regimen is:

Recommended Regimen
Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1g orally in a single dose

Please review the CDC Treatment Guidelines and our past notifications for more information about screening and treatment of gonorrhea (and other STDs), including potential alternatives for antibiotic allergic patients, and for information on additional resources:

- <https://www.cdc.gov/std/tg2015/gonorrhea.htm>
- <https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/gonorrhea.pdf>

**Expedited Partner Therapy (EPT):**

Expedited Partner Therapy (EPT) is allowable and explicitly legal in NH under RSA 141-C:15-a. EPT is the clinical practice of treating the sex partners of *heterosexual* patients diagnosed with chlamydia or gonorrhea by providing antibiotics to the patient to take to his/her partner without the healthcare provider first examining the partner. Healthcare providers should routinely ask their patients diagnosed with gonorrhea to estimate their number of sexual partners in the past 60 days and should communicate the need for partners to be tested and treated for gonorrhea and other STDs.

EPT is not recommended for men who have sex with men (MSM) because of a high risk for coexisting infections in partners, especially undiagnosed HIV infection and syphilis, which is increasing in MSM in NH. EPT is also not recommended for pregnant partners. A healthcare provider should evaluate these individuals for testing and treatment.

Information on how healthcare providers can safely prescribe EPT for sex partners (including recommended EPT treatment regimens and instructions), and instructions that can be given to patients and sex partners have been developed: <https://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (for urgent matters after hours 603-271-5300).

To change your contact information in the NH Health Alert Network, contact Neil Twitchell at 603-271-5194 or email [neil.twitchell@dhhs.nh.gov](mailto:neil.twitchell@dhhs.nh.gov).

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From: Benjamin P. Chan, MD, MPH – State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

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