

# Gonorrhea

## Surveillance Protocol

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### Provider Responsibilities

1. Report all confirmed gonorrhea cases to the state department of health (following WV Reportable Infectious Disease protocol) by completing the treatment card (VD-91) and mailing it to the address (printed in red) at the bottom of the form.
2. Evaluate and test patients who present with signs and symptoms.
3. Evaluate and test patients who present as a contact to an infected person.
4. Conduct appropriate screening of pregnant females.
5. Interview persons who test positive to obtain identifying and locating information about partners during the last 60 days.
6. Treat patients with positive laboratory test according the most current Center for Disease Control (CDC) treatment guidelines: [www.cdc.gov/std/treatment/default.htm](http://www.cdc.gov/std/treatment/default.htm)
7. Follow protocol for ophthalmia prophylaxis.
8. Report suspected cephalosporin treatment failure to the district public health investigator within 24 hours. (The Public Health Investigator is more commonly referred to as a Disease Intervention Specialist or DIS and will be referenced as such throughout this protocol.)
9. Contact the district DIS when assistance is needed to contact patients and/or partners.

### Laboratory Responsibilities

1. Report all confirmed gonorrhea cases to the state department of health by sending or faxing a copy of the laboratory result.

### Local Health Responsibilities

1. Education and Outreach
  - A. Educate providers about the importance of identifying pregnant women who test positive for gonorrhea.
  - B. Educate the general public about gonorrhea signs and symptoms and risk factors.
2. Investigations
  - A. Interview patient to collect the following information:
    - a. Identifying and locating information about any partners within the last 60 days.
    - b. Contact the district DIS if unable to obtain partner information.
3. Lost to Follow Up
  - A. A case may be considered lost to follow up at the local level two weeks after the case was identified and after the local health department has documented at least:
    - a. Three phone call attempts.
    - b. One letter (preferably certified).

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### **Division of STD, HIV and Hepatitis**

350 Capitol Street, Room 125, Charleston, WV 25301-3715

Phone: 304.558.2195 FAX: 304.558.4744

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- B. If the local health department is still unable to locate the patient after two weeks, the district DIS may be asked to assist with the case.

### Disease Intervention Specialist Responsibilities

1. Encourage the patient to seek treatment.
2. Interview the referred original patient for all contacts during the 60 days previous to diagnosis.
3. Provide partner notification to named contacts if needed.
4. Refer partners to local health for testing and/or treatment.
5. Complete original patient information into STD Data system and complete Field Record(s) (2936) as necessary and submit to the DIS Supervisor.
6. Follow up with cases and contacts as necessary to assure that they receive education, testing and treatment as needed.

### State Health Responsibilities

1. Initiate prompt and complete reporting of gonorrhea cases to the CDC.
2. Provide technical expertise and consultation regarding surveillance, investigation, control measures and prevention of gonorrhea.
3. Notify the CDC of suspected outbreaks identified in West Virginia and assist local health departments in obtaining the knowledge and resources necessary for investigations of a gonorrhea outbreak.
4. Summarize surveillance data for gonorrhea on an annual basis.
5. Offer laboratory testing of gonorrhea through the Office of Laboratory Services (OLS) at no cost for patients and their partners.
6. Assist with difficult investigations including:
  - A. Interface with providers on behalf of local health departments as necessary
  - B. Provide assistance via DIS to local health departments for investigating cases that are lost to follow up.

### Disease Control Objectives

1. Identify and investigate outbreaks of gonorrhea in a timely fashion so that appropriate control measures can be applied.

### Disease Prevention Objectives

1. Reduce the incidence of gonorrhea through education and outreach.
2. Adequately treat all patients and contacts.

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3. Obtain identifying and locating information about all contacts.

### Disease Surveillance Objectives

1. Determine the incidence of gonorrhea in West Virginia.
2. Detect outbreaks of gonorrhea in West Virginia.

### Public Health Significance

Gonorrhea is the second most commonly reported bacterial STD. There were 872 cases of gonorrhea in West Virginia in 2014. This number represents a 50.6% increase since 2010 (579), a 9.3% increase since 2011 (798), a 4.3% increase since 2012 (836), and an actual decrease of 19% from 2013 (1,076). As with Chlamydia, the majority of cases were among women, accounting for 54.7% of cases (477). The age group of 20 to 24 had the highest occurrence of gonorrhea (306), representing 35.1% of all reported cases in 2014, followed by ages 25 to 29 at 20.2% (176) and 15 to 19 years at 18.3% (160).

### Clinical Description

#### Signs, Symptoms and Sequelae

The majority of urethral infections caused by *N. gonorrhoeae* among men produce symptoms (purulent urethral discharge, often accompanied by dysuria) that cause them to seek curative treatment soon enough to prevent serious sequelae, but treatment might not be soon enough to prevent transmission to others. Among women, gonococcal infections might not produce recognizable symptoms until complications (e.g., PID) have occurred. PID can result in tubal scarring that can lead to infertility or ectopic pregnancy. Disseminated gonococcal infection may occur in either gender. Symptomatic women may have vaginal bleeding between menses, dysuria, and/or abdominal pain (sometimes with fever and nausea). Women may also have mucopurulent endocervical exudates. Men may have dysuria and mucoid-to-purulent discharge and, less commonly, pain and swelling in one or both testicles. Perinatal infections may result in inclusion conjunctivitis.

### Etiologic Agent

Gonorrhea is a bacterial infection caused by *Nisserria gonorrhoeae*.

### Reservoir

Humans are the only known host.

### Mode of Transmission

Anyone who has sex can get gonorrhea through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting gonorrhea. This is due to behaviors

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and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since gonorrhea can be spread through oral and anal sex. Miscarriage rates and premature delivery increase in women with gonorrhea and the infection can be passed on to an unborn child and cause serious complications. Babies born to infected mothers may suffer from respiratory infection, conjunctivitis, or an inflammation of membranes in the eye that may lead to blindness.

### Incubation Period

The time between exposure to gonorrhea and onset of symptoms is usually 3 to 30 days. If symptoms appear, it is most commonly within 3-10 days after sexual contact with an infected person.

### Period of Communicability

All persons who are positive for gonorrhea are potentially infectious.

### Case Definition

1. Clinical Description:
  - A. The presence of signs or symptoms consistent with bacterial gonorrhea:
    - a. Dysuria
    - b. penile or vaginal discharge
    - c. lower abdominal pain
    - d. testicular pain
    - e. Dyspareunia (painful intercourse)
2. Laboratory Criteria for Diagnosis
  - A. Isolation of *N. gonorrhoeae* by culture or
  - B. Demonstration of *N. gonorrhoeae* in a clinical specimen by nucleic acid amplification testing (NAAT).

### Case Classification

Confirmed: A case defined by a positive laboratory test.

Not a Case: Any case that does not meet ALL the requirements for a confirmed case.

### Prevention Interventions

There is currently no preventive vaccine for gonorrhea; therefore the best preventive strategy is safe sex, which includes:

1. Limiting the number of sex partners.
2. Avoid using alcohol or other drugs before and during sexual intercourse.

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3. Using latex condoms correctly and consistently.
4. Use a condom-safe lubricant.
5. Abstinence.

### Treatment

Treatment should be according to the most current CDC STD Treatment Guidelines. These may be found at: [www.cdc.gov/std/treatment/default.htm](http://www.cdc.gov/std/treatment/default.htm)

### Surveillance Indicators

1. Proportion of cases with complete demographic information.
2. Proportion of cases identified through Family Planning screening.
3. Proportion of cases identified during STD clinics.

### References

CDC 2010 STD Treatment Guidelines

<http://www.cdc.gov/std/treatment/2010/>

CDC gonorrhea Fact Sheet

<http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>

CDC STD Surveillance, 2013

<http://www.cdc.gov/std/stats/>

Program Operations Guidelines for STD Prevention, May 2011, U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention –

<http://www.cdc.gov/std/program/overview.pdf>

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