



<b>DATE:</b>	8/23/2021
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Alison Beam, JD, Acting Secretary of Health
<b>SUBJECT:</b>	<b>Increases in Reported Gonorrhea and Primary and Secondary Syphilis</b>
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	Statewide
<b>STREET ADDRESS:</b>	Statewide
<b>COUNTY:</b>	Statewide
<b>MUNICIPALITY:</b>	Statewide
<b>ZIP CODE:</b>	Statewide

This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

<p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• During Calendar Year (CY) 2020, Pennsylvania (exclusive of Philadelphia) reported a 21.83% increase in gonorrhea, from 9,012 cases reported in all of CY 2019 to 10,980 cases reported in CY 2020.</li> <li>• The reported 10,980 cases in CY 2020 represents the highest number of Gonorrhea cases in more than 30 years.</li> <li>• In Pennsylvania (exclusive of Philadelphia) 44 out of 66 counties reported increase in reported Gonorrhea in CY 2020.</li> <li>• Additionally, during CY 2020, Pennsylvania (exclusive of Philadelphia) reported a 2.49% increase in reported Primary and Secondary (P&amp;S) Syphilis, from 522 cases reported in CY 2019 to 535 cases reported in CY 2020.</li> <li>• The reported 535 cases reported in CY 2020 represent the highest number of reported P&amp;S cases in approximately 30 years.</li> <li>• Individuals under age 30 are accounting for a significant portion of the increases in reported STI cases. In CY 2020 this segment of the population represented: 63 percent of the reported gonorrhea, 42 percent of the reported P&amp;S Syphilis, and 83 percent of the reported chlamydia.</li> <li>• In response to similar increases nationwide and changes in treatment efficacy, the Centers for Disease Control and Prevention (CDC) recently updated and released the 2020 STI (Sexually Transmitted Infection) Treatment Guidelines.</li> </ul>
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## **Testing Recommendations**

### **Gonorrhea:**

Due to the statewide increase in reported gonorrhea, the Pennsylvania Department of Health is recommending that all sexually active individuals between the ages of 15 and 30 are routinely offered screening for STI and HIV. STI testing needs to include both gonorrhea and chlamydia by a FDA-Approved **Nucleic acid amplification test (NAAT)**. Most commercial NAATs have been cleared by FDA to detect chlamydia trachomatis and N. gonorrhoeae in vaginal and endocervical swabs from women, urethral swabs from men, and first catch urine from both men and women.

### **Syphilis:**

In response to the recent increase in Primary and Secondary especially in individuals under 30 years of age, the PADOH is recommending that all pregnant females be offered a test for syphilis at the following intervals:

- At the first prenatal visit
- At the third trimester of pregnancy
- At the delivery of a child, or
- At the delivery of a stillborn child

This notice is in addition to the statewide requirement for syphilis testing contained in 28 Pa Code § 27.89 (a)(1)(i) that directs a physician who attends, treats, or examines a pregnant woman for conditions relating to pregnancy to offer the woman a test for syphilis at the time of first examination.

If a pregnant woman does not object, the test shall be performed in accordance with 28 Pa Code §27.89. If a pregnant woman objects, the regulation requires the person attending the woman to explain to her the need for the test. With respect to the woman who has given birth, information relating to the test or the objection to the test is to be recorded in both the woman's medical record and in the record of the newborn, as regulation states.

In addition, all patients presenting with any of the following symptoms or conditions should be tested for syphilis:

- A macular and/or papular rash on the palms of the hands or on the soles of the feet
- A generalized rash that may be macular, papular, or papulosquamous on the back, chest, or stomach
- A lesion in the genital, rectal, or oral area
- Moist papules in the anogenital region or the mouth
- Sudden "Moth-eaten" scalp alopecia with a typical onset at the back of the head
- Loss of eyelashes and the lateral third of the eyebrows
- Generalized lymphadenopathy
- Malaise
- A recent positive test for another sexually transmitted disease such as gonorrhea or chlamydia

## **Treatment Recommendations**

## **Gonorrhea:**

Based on the updated 2020 CDC Treatment Guidelines, the PADOH is making the following statewide recommendations for the treatment of gonococcal infections:

- Ceftriaxone 500 mg IM as a single dose for persons weighing <300 pounds.
- For persons weighing ≥300 pounds, 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.
- During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

In addition to the CDC recommended treatment for uncomplicated gonorrhea, the Department is recommending the following:

1. Providers are encouraged to treat based on symptoms and the patient's associated risk factors. Postponing treatment until the actual positive report is received back from the laboratory has resulted in delays in the patient receiving treatment and/or the patient not receiving treatment due to being lost to follow-up.
2. A test of cure by culture is strongly recommended for any patient with persistent symptoms after therapy with Ceftriaxone.
3. All gonorrhea positive cultures should be tested for drug resistance, including Ceftriaxone resistance.
4. The Department maintains a network of STI clinical sites that have gonorrhea culture testing capabilities and laboratory support for the performance of antibiotic resistance testing. All STI services offered at these sites are free and confidential. If resistance is suspected, please call the number below for additional information and for assistance in making appropriate referral.

## **Syphilis:**

1. Primary, secondary, and early latent: adults (including pregnant women and people with HIV infection) benzathine penicillin G 2.4 million units IM in a single dose.
2. Late latent adults (including pregnant women and people with HIV infection) benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.
3. Neurosyphilis, ocular syphilis, and otosyphilis aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days procaine penicillin G 2.4 million units IM 1x/day PLUS probenecid 500 mg orally 4x/day, both for 10–14 days.
4. Parenteral Benzathine penicillin **G** is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with Benzathine penicillin **G**. Due to the recent changes in health care delivery and a nationwide shortage of the drug, some providers have not been able to obtain cost-effective access to Benzathine penicillin **G** for their at-risk pregnant clients. In these situations, providers are strongly encouraged to contact PADOH for treatment assistance.
5. For children or congenital syphilis See Sexually Transmitted Infections Treatment Guidelines, 2021 at: [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)

## **Other STIs:**

The new 2020 CDC STI Treatment Guidelines include other notable updates from the previous 2015 guidance, including: updated treatment recommendations for trichomoniasis, pelvic inflammatory disease, proctitis, epididymitis, and other STIs. A full listing of these 2020 STI treatment changes other provider resources are available online at: [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)

## **Management of Sex Partners**

Effective clinical management of patients with treatable STIs requires treatment of the patient's recent sex partners to prevent reinfection and curtail further transmission. Patients should be instructed to refer their sex partners for appropriate STD/HIV testing, evaluation, and treatment.

## **Gonorrhea:**

1. Sex partners of patients with gonorrhea infection whose last sexual contact with the patient was within 60 days before onset of symptoms or diagnosis of infection in those patients should be evaluated and treated for gonorrhea and chlamydia infections.
2. If a patient's last sexual intercourse was >60 days before onset of symptoms or diagnosis, the patient's most recent sex partner should be treated.
3. Patients should be instructed to avoid all sexual activity until therapy is completed and until they and their sex partners no longer have symptoms.

## **Syphilis:**

1. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative or unknown.
2. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and syphilis stage.
3. Long-term sex partners of persons who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on the findings.

## **Offering At-risk Clients Pre-exposure prophylaxis (PrEP) for HIV**

Providers are encouraged to discuss the benefits of PrEP to all at-risk clients who test negative for HIV, and report any of the following risk factors:

1. If the client has had anal or vaginal sex in the past 6 months and reports having a sexual partner with HIV (especially if the partner has an unknown or detectable viral load).
2. The client has not consistently used a condom and reports having sex with multiple partners.
3. The client has been diagnosed with an STI in the past 6 months.
4. The client has reported having an injection partner with HIV, share needles, syringes, or other equipment to inject drugs.

## **Additional Information**

Physicians needing additional information are asked to call the following number:  
Pennsylvania Department of Health  
Bureau of Communicable Diseases  
Division of TB/STD  
STD Program  
(717) 787-3981  
**8:00 A.M. – 5:00 P.M**

**Additional Web Links**

Additional information on syphilis testing and treatment for pregnant women can be found online at:  
[www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)

Additional information on the use and benefits of PrEP can be found online at:  
[www.cdc.gov/hiv/basics/prep/prep-decision.html](http://www.cdc.gov/hiv/basics/prep/prep-decision.html)

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of August 23, 2021 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.