

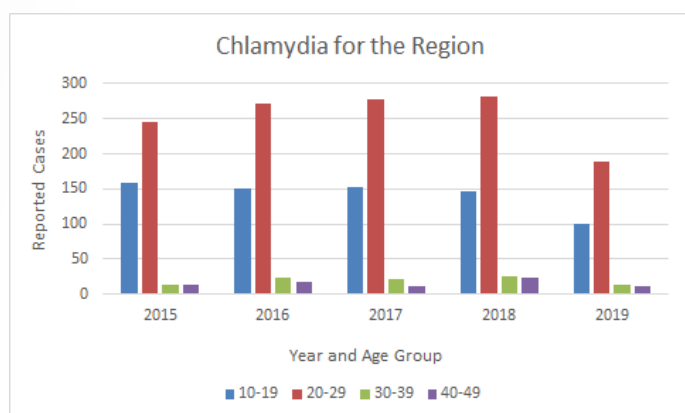
COMMUNICABLE DISEASE QUARTERLY UPDATE

Q4
2019

For the Coos, Curry, and Douglas County Region

STI Continued Focus

Although there has been a recent decrease in some sexually transmitted infection (STI) reports for the region, it is still too early to determine if this is a strong trend or if it is consistent across age groups. We ask providers to continue to remain vigilant, and to discuss sexual activity and screening recommendations with their patients when appropriate.



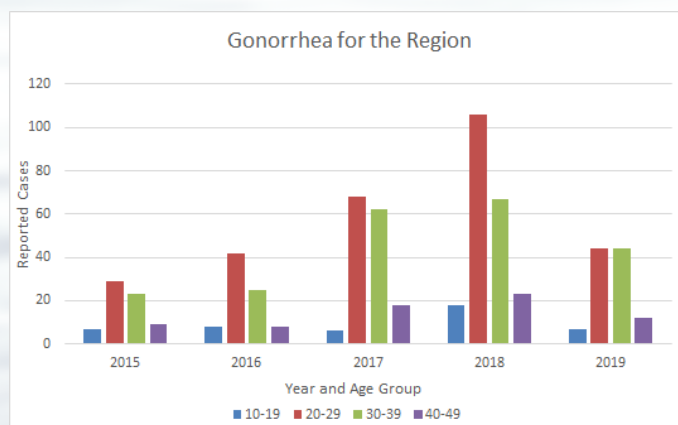
The visual on the left represents case data for chlamydia across Coos, Curry and Douglas counties. Even considering an incomplete data set for 2019 (case counts are up-to-date through Dec. 2nd), the decrease in cases this year has the potential to be good news.

There are other factors that may contribute to a lower number of reported cases, however. A decrease in testing is one example. If providers have noticed any trends that might impact reporting, they are encouraged to contact their local communicable disease support staff (contact info at bottom of page).

The visual on the right represents gonorrhea for the same region. The 2019 data issue mentioned before is still relevant. Notice that for those age 20 - 29, they typically have the most case reports than other age groups for either disease. But the 30-39 group is second-highest for gonorrhea, while adolescents are second for chlamydia.

Kudos to our provider and laboratory partners!

Largely due to your supportive work, we were able to identify, contact, and treat 60 individuals linked to reported gonorrhea cases across the region in 2019 — thus helping to break the chain of transmission. An additional 15 cases were given expedited partner therapy (EPT).



Sources: Case data is derived from the Oregon Public Health Epidemiologists User System.

Screening & Treatment Protocol

When it comes to the specimen source for chlamydia and gonorrhea lab tests, please remember it is best to discuss the **likely site of transmission** with the patient. For men who have sex with men (MSM), for example, it is likely more appropriate to swab the urethra, rectum, or pharynx (or more than one) depending on the individual.

Even in circumstances where urine testing should be just as reliable, it is critical that the sample is collected according to manufacturer specifications. This includes **no urination in the previous hour**, and the need to collect the first 15-20 mL of voided urine (as opposed to midstream).

Click [here](#) to see Oregon Health Authority's November 2018 CD Summary (Vol 67, No 11) for more information on indications for extra-genital screening.



Unfortunately, we have been observing a number STI cases that include treatment regimens that are not optimal according to the most **recent recommendations**. But we can help!

The communicable disease teams at the local public health agency are always willing to support this important work in the community. Whether this means sharing resources with providers, clarifying case definitions, or making inquiries on their behalf, we're ready to help!

Recommended and alternative treatment regimens can be found in the [investigative guidelines](#) on the Oregon Health Authority's Acute and Communicable Disease website. Below is an example for gonorrhea.

GONORRHEA, uncomplicated - **Recommended** regimen:

- Ceftriaxone, 250 mg intramuscularly PLUS
- Azithromycin 1 g orally (single dose)

Alternative regimen for uncomplicated cervix, urethra, and rectum infections **if** Ceftriaxone not available:

- Cefixime, 400 mg orally (single dose) PLUS
- Azithromycin 1 g orally (single dose)

Alternative regimen for uncomplicated cervix, urethra, and rectum infections **if** cephalosporin or severe penicillin allergy:

- Gentamicin 240 mg intramuscularly PLUS
- Azithromycin 2 g orally (single dose)

Note: Pharyngeal infections are more difficult to cure than urogenital and rectal gonorrhea. Due to this, any **alternative** regimen should be followed up in 14 days for a test-of-cure.