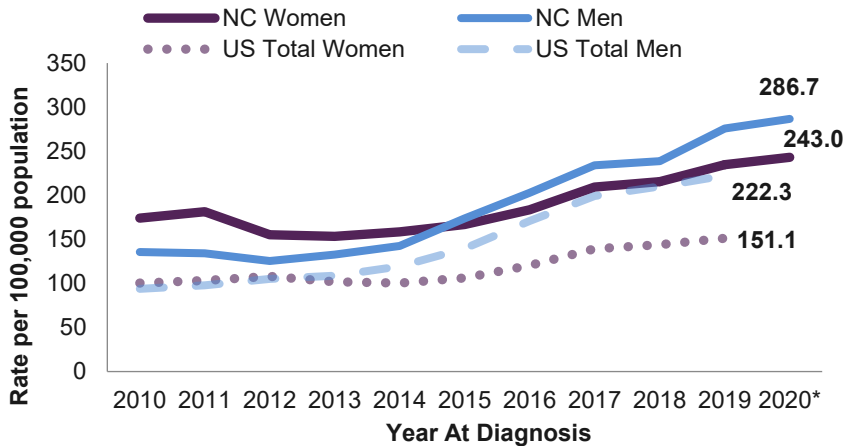




Gonorrhea in North Carolina, 2020



Gonorrhea continues to increase among men and women

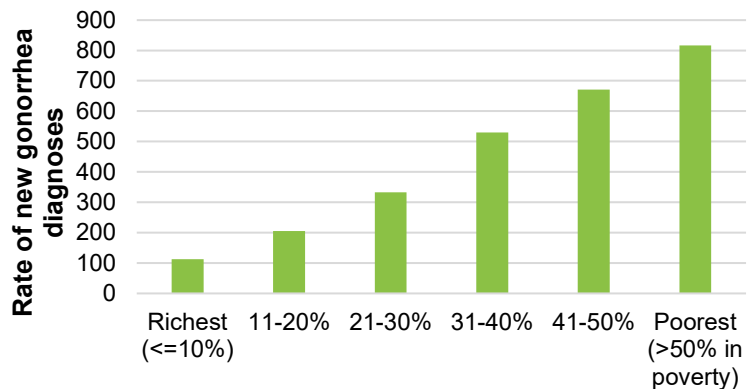


- 28,014 gonorrhea infections were reported in 2020* (rate of 264.3 per 100,000 population).
- Among men, gonorrhea diagnoses increased 47% from 10,029 in 2016 to 14,774 in 2020; this may in part be due to increased screening among men.

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.



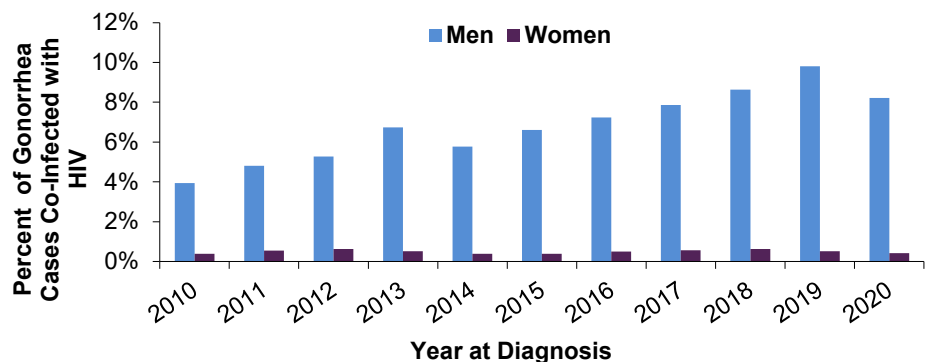
Proportion of census tract living in poverty*

*Estimates of people living below the poverty line within a census tract and all population estimates obtained from the American Community Survey, 2015-2019 5-year estimate (<https://www.census.gov/programs-surveys/acs/>).

Gonorrhea and HIV coinfection has increased

The number of people with gonorrhea who also have HIV has doubled over the past five years.

Clinicians should discuss HIV pre-exposure prophylaxis (PrEP) with all patients diagnosed with gonorrhea.



Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.



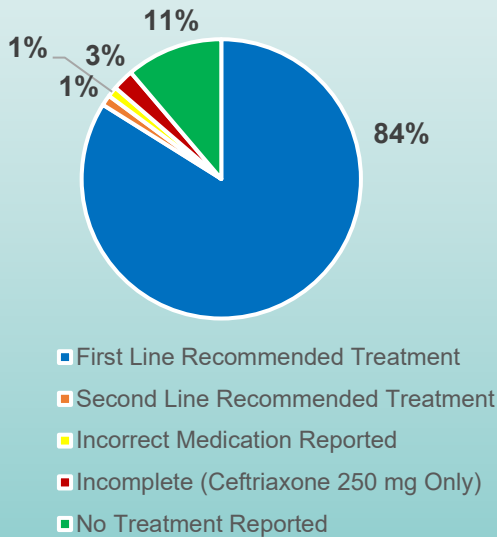
Gonorrhea in North Carolina, 2020



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.

Overall Treatment for Gonorrhea



2020 Gonorrhea Treatment

- Correctly treating gonorrhea is very important to prevent drug resistance.
- In 2020, 4% of patients received incorrect or incomplete treatment and 11% of patients received no treatment.
- Most of the incorrect treatment was a previously recommended regimen or patient received only one antibiotic of the previously recommended dual treatment regimen.
- In 2021, the CDC updated their [STI Treatment Guidelines](#). 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).
 - Alternative regimens: 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).

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 [treatment failure](#) should be reported immediately to [your local health department](#) or NC Division of Public Health (919-733-3419).
- For other resources, visit the National Coalition for Sexual Health compendium: [Compendium of Sexual Reproductive 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 Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2021) and enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).