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To: Departments of Adolescent Medicine, Internal Medicine, Family Medicine, Emergency
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HIV/AIDS Clinical Care Providers
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From: Katherine Hsu, MD, MPH, Medical Director, Division of STD Prevention
Thomas Bertrand, MPH, Director, Division of STD Prevention
Alfred DeMaria, Jr., MD, Director, Bureau of Communicable Disease Control

Date: June 2008

Re: STDs on the Rise in Massachusetts
New Formulation Available for Treatment of Gonococcal Infections

New data for 2007 indicate that infectious syphilis, gonorrhea and chlamydia are on the rise in Massachusetts. These increases represent a ten-year high of reported chlamydia and infectious syphilis cases. The increase in gonorrhea represents a reversal of a decline in reported cases since 2004. Below is a description of changes in STD rates in Massachusetts, as well as highlights for certain sub-populations.

Infectious Syphilis

- From 2006 to 2007, there was an overall 20% increase in reported infectious syphilis cases, from 219 to 264 cases.
- 179 of the 264 (68%) infectious syphilis cases in 2007 were in self-identified men who have sex with men (MSM), and it is estimated that 45% of these cases were in HIV+ men.

Gonorrhea

- After three years of decline, there was an overall 12% increase from 2006 to 2007 in reported *Neisseria gonorrhoeae* infections, from 2,436 to 2,724 cases.
- Although increases in gonorrhea infection was observed across all racial/ethnic groups, it is estimated that the incidence of gonorrhea is 26 times higher for blacks and 10 times higher for Hispanics when compared to whites. Access to health care is considered a contributing factor to disparities in STD rates.

Chlamydia

- There was an overall 8.3% increase from 2006 to 2007 in reported *Chlamydia trachomatis* infections, from 15,283 to 16,557 cases.
- 67% of chlamydia cases were in people aged 15-24 years.
- The female to male ratio for chlamydia remained unchanged at 3:1, reflecting higher chlamydia screening among females.

- Both black and Hispanic populations experienced a 10% increase in reported cases, while there was a 4% decline among whites.

Recent rises in reported STDs in Massachusetts also reflect trends in other New England states, as well as national trends. The Massachusetts Department of Public Health (MDPH) therefore wishes to highlight the following recent changes in public health guidelines for treatment of STDs, as well as several important web-based resources available for your use.

Changes in Public Health Guidelines for STD Treatment

- In February 2002, the MDPH no longer recommended fluoroquinolones for treatment of gonococcal infections, and in April 2007, the CDC made a similar national recommendation, based on rising rates of quinolone-resistant *Neisseria gonorrhoeae* infections.
 - Ceftriaxone (Rocephin®), 250 mg, IM remains the preferred regimen for the treatment of uncomplicated gonococcal infections. Ceftriaxone is effective against infection at all anatomical sites, and is safe to use during pregnancy and in adolescents.
 - **Cefixime (Suprax®), 400 mg, PO is now available as an oral alternative to ceftriaxone. However, cefixime is not as effective as ceftriaxone for gonococcal pharyngitis, and is therefore not recommended for treatment of gonococcal infections of the pharynx.**
 - Unless antibiotic susceptibility testing performed on a positive culture excludes resistance to quinolones, quinolones should not be used for the presumptive treatment of gonorrhea.

Web-based Resources -- Clinicians

- Since 2002, the CDC has recommended that MSM be screened at least annually for HIV, syphilis, gonorrhea and chlamydia. <http://www.cdc.gov/std/treatment/2006/specialpops.htm#specialpops4>
- The U.S. Preventive Services Task Force continues to recommend that sexually active young women be screened at least annually for chlamydia and gonorrhea. The CDC also strongly encourages chlamydia re-screening in women treated for chlamydial infection approximately 3 months after treatment, as these women are at high risk for re-infection. <http://www.ahrq.gov/clinic/uspstf/uspschlm.htm>, <http://www.ahrq.gov/clinic/uspstf/uspsgono.htm>, and <http://www.cdc.gov/std/treatment/2006/urethritis-and-cervicitis.htm#uc4>
- Public health guidelines for STD diagnosis, treatment and management, are available at <http://www.cdc.gov/std/treatment/>.
- The MDPH maintains a website to provide links to clinical, partner notification, surveillance, and educational services provided by the Division of STD Prevention. The main website is <http://www.mass.gov/dph/cdc/std/divstd.htm>. STD plain language fact sheets for your patients are downloadable from <http://www.mass.gov/dph/cdc/factsheets/factsheets.htm>, and are available upon request by calling (617) 983-6940.

Web-based Resources – Patients

- In partnership with community-based organizations, the MDPH has developed a website for MSM that includes information on STD prevention, a listing of MSM health web resources, and a searchable map to locate STD and HIV testing and treatment in Massachusetts. <http://gettestedboston.org>.
- In partnership with community-based organizations and the Massachusetts Department of Education, the MDPH has developed a comprehensive health website for adolescents in Massachusetts. This website directs adolescents to services in their community for a range of issues including STD/HIV testing, pregnancy prevention, and substance abuse. <http://URHealthStyle.com>.

As always, the STD Laboratory and the Division of STD Prevention at the MDPH remain available for technical guidance, testing services, clinical consultation and partner notification for sexual partners of those diagnosed with reportable STDs. Please contact the STD Laboratory at (617) 983-6600, or the Division of STD Prevention at (617) 983-6940 if you have questions.