



Department of Health

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To: Sexual Health providers, Local Health Departments, Family Planning providers, Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, and Primary Care Providers

From: New York State Department of Health, AIDS Institute

Date: July 14, 2020

HEALTH ADVISORY: GONORRHEA INCREASING IN MONROE COUNTY AND COUNTIES WITHIN THE CAPITAL DISTRICT REGION¹

- In Monroe County, reported gonorrhea diagnoses increased by 23% from 2018 to 2019. Preliminary data show a 75% increase during January-March 2020 compared to the same time period in 2019.
- In the Capital District Region, reported gonorrhea diagnoses increased by 20% from 2018 to 2019. Preliminary data show a 68% increase during January-March 2020 compared to the same time period in 2019.
- Recent increases in the Capital District Region and Monroe County have occurred among all racial and ethnic groups, with people who identify as non-Hispanic Black experiencing the highest incidence rates.
- Sexual health services such as testing at the anatomic site(s) of sexual exposure, offering three-site testing, providing expedited partner therapy for gonorrhea, and promoting linkage to partner services and HIV PrEP, where indicated, are encouraged.

What the Current Data are Showing Statewide (excluding NYC)

Reported gonorrhea diagnoses have increased annually since 2013 and preliminary data show a 34% increase during January-March 2020 (3,480 diagnoses) compared to the same time period in 2019 (2,579 diagnoses). The highest incidence rates are seen in persons reported as male, 20-29 years of age, and non-Hispanic Black. Age and racial/ethnic disparities are also seen nationally.² Lastly, one in five reported gonorrhea diagnoses among males in 2019 was an infection of the throat and/or rectum.

Monroe County is experiencing larger than expected increases

- There was a **23% increase** of gonorrhea from 2018 to 2019, compared to 7% statewide.
- Preliminary data show **gonorrhea increased 75%** (greater than double the statewide increase) during January-March 2020 compared to the same time period in 2019.

- Of reported gonorrhea diagnoses in 2019, 61% were among non-Hispanic Black individuals, while 23% were among non-Hispanic White individuals and 11% were among Hispanic individuals.

The Capital District Region is experiencing larger than expected increases

- There was a **20% increase** of gonorrhea from 2018 to 2019, compared to 7% statewide.
- Preliminary data show **gonorrhea increased 68%** (double the increase seen statewide) during January-March 2020 compared to the same time period in 2019.
- Albany, Delaware, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, and Warren counties have experienced the largest percent increases in the region.

What Medical Providers Can Do to Support Sexual Health and Prevent Gonorrhea and other STIs

- **Where facility-based services and in-person patient-clinician contact is limited during COVID-19, the CDC guidance on therapeutic options for symptomatic patients and their partners when in-person clinical evaluation is not feasible should be followed.** Visit https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf?deliveryName=USCDCNPIN_252-DM25769 for more information.
- **Conduct a complete sexual health history**, risk, and drug use assessment in a non-judgmental, harm reduction-oriented, and sex-positive manner for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion, to help guide laboratory testing. Visit www.ncshguide.org/providers for guidance and additional resources.
- **Screen** for STIs in:
 - Sexually active MSM, at least annually; every 3 to 6 months if at increased risk
 - Sexually active persons with HIV, at least annually
 - All persons with newly diagnosed HIV
 - Persons presenting with evidence of active injection or other drug use
 - Persons previously and/or currently diagnosed with STIs
 - Sex or needle sharing partners of individual(s) known to have diagnosed HIV or an STI
 - Pregnant people at their first prenatal visit and during the third trimester
 - All sexually active persons; all sexually active women younger than 25 years should be tested for gonorrhea and chlamydia every year.
- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Test at the anatomic site(s) of sexual exposure and offer three-site testing** for gonorrhea and chlamydia.
- **Treat promptly or link patients immediately to care and treatment.**
- **Offer HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)**, as indicated.
- **Facilitate partner management by:**
 - Offering and providing Expedited Partner Therapy (EPT) for gonorrhea, and

- Encouraging patients to refer their sex or needle sharing partners to medical care for STI screening and treatment including HIV testing.
- **Collaborate** with State and County public health personnel on partner notification efforts.
- **Refer** consenting patients to community-based organizations (CBOs) for support services, as needed.
- **Report** all suspected and confirmed STI cases promptly to your local county health department. The reporting form is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.
- **Ensure** your employees and colleagues have access to current information and tools to promote health equity. Please see <https://www.cdc.gov/std/health-disparities/default.htm> for more information.

What Community Based Organizations Can Do to Support Sexual Health and Prevent Gonorrhea and other STIs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion to help guide lab testing.
- **Implement targeted client recruitment:** prioritize agency services to identify individuals who do not access health care services or who may not otherwise have access to HIV and STI testing in clinical settings. These persons may benefit most from HIV and STI testing services in nonclinical settings.
- **Conduct venue based and/or mobile HIV/STI testing activities to key priority populations:** test key populations consistent with those identified in this advisory (see above) and the needs in your local community. Provide HIV Self-Test kits when venue based and/or mobile based testing activities are not available and/or possible.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for people who inject drugs.
- **Offer linkage and navigation services:** assist persons with HIV , or persons who are HIV negative and at risk, to obtain timely, essential, and appropriate medical, prevention, and support services (including PrEP/PEP) to optimize health and prevent HIV/STI/HCV transmission and acquisition.
- **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant and have been shown to be successful by evaluation or research.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at <https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>

- Work with existing coordinating and community planning bodies such as NYS Ending the Epidemic regional steering committees, the [NYS HIV Advisory Body](#), and [NY Links](#) to plan, promote and conduct community education events/activities, foster dialogue, and share resources.
- Use technology and social media platforms to increase general awareness, provide accurate and science-based education, and address misinformation. Social media efforts should be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination, and health care disparities.

Resources

- New York State Department of Health – Gonorrhea Case Report Form: <https://commerce.health.state.ny.us/hpn/ctrldocs/cdess/CdessHelp/BlankForms/Gonorrhea.pdf>
- Free and confidential HIV and STI testing is available at local health department STD clinics and other sites. For clinic locations and hours, please visit: <https://providerdirectory.aidsinstituteny.org/>
- Clinical Education Initiative Sexual Health Center of Excellence: 866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STI infections. Training calendar and archived webinars are available at www.ceitraining.org
- EPT health educational materials for chlamydia <https://www.health.ny.gov/diseases/communicable/std/ept/index.htm> (EPT educational materials specific for gonorrhea and trichomoniasis are currently being developed).
- National STD Curriculum – CDC-supported web-based training for clinicians. <https://www.std.uw.edu/>.
- 2015 CDC STD Treatment Guidelines, “Gonococcal Infections”:
<https://www.cdc.gov/std/tg2015/gonorrhea.htm>
 - The STD Treatment (Tx) Guidelines mobile app is free and available for [Apple devices](#) and [Android devices](#)
- Guidance for obtaining a sexual history is available on the CDC Division of STD Prevention resource page: <https://www.cdc.gov/std/treatment/resources.htm>
- National Network of STD Clinical Prevention Training Centers STD Clinical Consultation Network <https://www.stdccn.org/>
- Recommendations for the Laboratory-Based Detection of *C. trachomatis* and *N. gonorrhoeae* – 2014 <https://www.cdc.gov/std/laboratory/2014labrec/default.htm>
- STD Prevention Resources https://www.cdc.gov/std/publications/STDPreventionResources_WEB.pdf

¹ Region includes the following counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington. NYS data are provided by the NYSDOH Office of Sexual Health and Epidemiology

²<https://www.cdc.gov/std/stats18/fignatpro.htm#gon>