

## **Gonorrhea**

Agent: *Neisseria gonorrhoeae* (bacteria)

Mode of Transmission: Sexually transmitted through direct contact with secretions from an infected person.

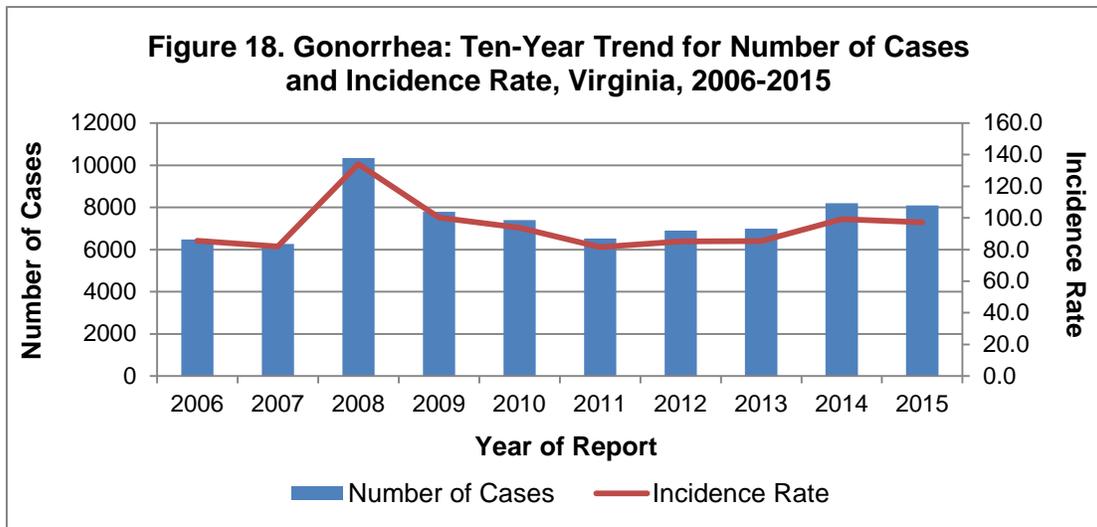
Signs/Symptoms: Infected men may experience a burning sensation while urinating and a yellowish white discharge from the urethra. Infected women are usually asymptomatic, although vaginal discharge, burning while urinating, abdominal pain and/or bleeding after intercourse may occur. Symptoms usually appear within a week, but could take up to 30 days. Untreated gonorrhea among women can lead to pelvic inflammatory disease and infertility.

Prevention: Preventive measures include safe sexual practices and ensuring that infected sexual contacts are treated with antibiotics.

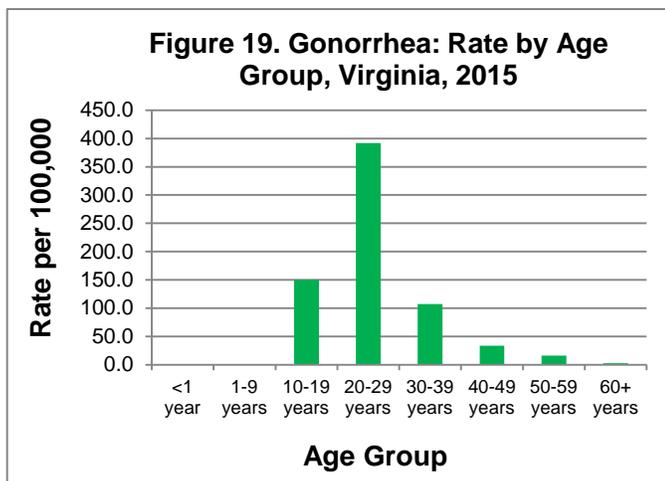
Other Important Information: The progressive development of antibiotic resistance continues to hinder gonorrhea prevention efforts. Antibiotic resistance undermines treatment success, heightens the risk of complications and facilitates transmission of infection. Drug resistant *N. gonorrhoeae* is one of only three organisms currently designated by CDC as an antimicrobial resistance “urgent threat.” Since April 2007, CDC has advised against the use of fluoroquinolones for the treatment of gonorrhea, based on data indicating widespread drug resistance in the United States. As of August 2012, CDC no longer recommends cefixime (an oral cephalosporin) at any dose as a first-line regimen for treatment of gonococcal infections. The CDC now recommends combination therapy for gonorrhea with ceftriaxone administered intramuscularly and either azithromycin or doxycycline given orally for seven days.

<b>Gonorrhea: 2015 Data Summary</b>	
Number of Cases:	8,095
5-Year Average Number of Cases:	7,200.8
% Change from 5-Year Average:	+12%
Incidence Rate per 100,000:	97.2

In 2015, 8,095 cases of gonorrhea were reported in Virginia. This represents a 12% increase from the 5-year average of 7,200.8 cases per year (Figure 18). CDC estimates that up to 50% of gonorrhea infections are undiagnosed and remain unreported. In 2015 gonorrhea incidence rates remained relatively stable at 97.2 cases per 100,000.



Gonorrhea incidence rates were highest in the 20-29 year age group (391.9 per 100,000), followed by the 10-19 year age group (150.2 per 100,000) (Figure 19). This age distribution is consistent with historical trends. Racial disparity in gonorrhea incidence is pronounced; in 2015, the incidence rate among the black population was 300.4 per 100,000, which is more than thirteen times higher than the rate seen in the white population (21.9 per 100,000), and more than nine times higher than the rate observed in the “other” race population (32.6 per 100,000). The incidence rate for gonorrhea has historically been higher in females than in males; however, in 2015, the incidence rate in males (100.5 per 100,000) surpassed that of females (94.7 per 100,000). This mirrors nationwide trends in gender distribution.



Since 2008, the eastern region has experienced the largest proportion of reported cases and the highest incidence rates of gonorrhea (see map below). In 2015, 3,418 cases were reported from the eastern region (42% of the statewide total), with an incidence rate of 185.1 per 100,000. The central region had the second highest incidence rate (168.0 per 100,000) with 2,371 cases and 29% of the statewide total, followed by the southwest region (67.4 per 100,000), the northwest region (37.7 per 100,000), and the northern region (37.4 per 100,000).

Ophthalmia in infants caused by *Neisseria gonorrhoeae* is reported separately as Ophthalmia Neonatorum; however, no cases of gonorrhea ophthalmia neonatorum were reported in 2015.

# Gonorrhea Incidence Rate by Locality Virginia, 2015

