



COUNTY OF YOLO

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HEALTH ADVISORY

Date: March 4, 2021
To: All Healthcare Providers
From: Aimee Sisson, MD, MPH, Health Officer
Subject: New Recommendations for Syphilis Screening and Gonococcal Infection Treatment

SITUATION UPDATE

Syphilis, a sexually transmitted disease, is on the rise in California. Of particular concern are significant increases in cases of congenital syphilis (CS) and syphilis among people who are or could become pregnant. In 2018, there were 329 cases of congenital syphilis in California, representing a 900% increase since 2012¹. **Yolo County is considered a high congenital syphilis morbidity county, with at least one case of congenital syphilis per year since 2018.** The California Department of Public Health (CDPH) has released new guidelines for **expanded syphilis screening** for people who are or could become pregnant. This Health Advisory provides information on the new recommendations as well as additional resources for diagnosis, treatment, and management.

As of November 2020, CDPH has also noted an increase in reports of disseminated gonococcal infection (DGI). DGI is a rare, but serious complication of untreated gonococcal infection, a sexually transmitted disease. Of note, most cases reported in California have been found to be experiencing homelessness and/or using illicit drugs, particularly methamphetamines. In 2020, there has been one reported case of DGI in Yolo County. This Health Advisory provides information on DGI, including diagnosis and treatment. Providers are encouraged to increase their clinical suspicion for potential DGI.

CDC has released new treatment guidelines for uncomplicated gonococcal infection. **A two-drug approach is no longer recommended.**

Finally, to prevent congenital syphilis and DGI, **providers should reinstate and expand routine STD screening and promptly treat** any identified STDs.

SYPHILIS

CDPH RECOMMENDATIONS FOR EXPANDED SYPHILIS SCREENING:

- 1) All pregnant patients should be screened for syphilis **at least twice during pregnancy**: once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and

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again during the **third trimester (ideally between 28-32 weeks gestation)**, regardless of whether such testing was performed or offered during the first two trimesters.

- 2) Patients **should be screened for syphilis at delivery**, except those at low risk who have a **documented negative screen in the third trimester**.
 - a. Risk factors for syphilis include recent STD diagnosis within the last 12 months, history of syphilis, recreational drug use, especially methamphetamine use and intravenous drug use, homelessness or unstable housing, limited or no prenatal care, incarceration within the prior 12 months and/or having a partner who is incarcerated or was recently incarcerated, reported sex exchange, having multiple partners, HIV infection, having sex partners who are men who have sex with men and women (MSMW), and pelvic pain or a diagnosis of pelvic inflammatory disease (PID).
- 3) Emergency Department (ED) providers **should consider confirming the syphilis status of all pregnant patients prior to discharge**, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.
- 4) All people who are or could become pregnant entering an **adult correctional facility should be screened for syphilis at intake**, or as close to intake as feasible.
- 5) All sexually active people who could become pregnant should receive at least 1 lifetime screen for syphilis, with additional screening for those at increased risk.
- 6) All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.

SYPHILIS TREATMENT and FOLLOW-UP RECOMMENDATIONS:

Treatment of Syphilis in Pregnancy

Stage of Syphilis	Recommended Regimen	Dose/Route/Duration	Alternative Regimens
Primary, Secondary, Early Latent	Benzathine penicillin G	2.4 million units IM x 1	None
Late Latent or Unknown Duration	Benzathine penicillin G	2.4 million units IM q 7 days x 3	None
Neurosyphilis and Ocular Syphilis	Aqueous crystalline penicillin G	18-24 million units per day, administered as 3-4 million units IV q 4 hours or continuous infusion x 10-14 days.	Discuss with Infectious Disease specialist

***Penicillin is the only appropriate antibiotic for treatment of syphilis in pregnancy.**

***Pregnant people who miss any dose of therapy must repeat the full course of treatment.**

- Additional considerations and recommendations regarding syphilis in pregnancy are listed in the resources of this Health Advisory and can be found [here](#).
- For non-pregnant patients, treatment and follow-up recommendations are listed in the resources of this Health Advisory and can also be found [here](#).
- Syphilis in any stage, including congenital syphilis, is a reportable disease and must be reported to Yolo County HHSA Communicable Disease Program via [Confidential Morbidity Report \(CMR\)](#) **within one**

working day of identification. The completed form should be sent to our confidential fax line (530) 669-1549 or emailed to CMR.Fax@yolocounty.org.

If you have any questions regarding the diagnosis, treatment, or follow-up of a patient, please contact Matthew Avila, Syphilis Case Manager via phone at (530) 666-8532 or email at matthew.avila@yolocounty.org.

DISSEMINATED GONOCOCCAL INFECTION

CLINICAL COURSE OF DGI

DGI occurs when *Neisseria gonorrhoeae* enters the bloodstream and potentially infects various sites throughout the body. The clinical manifestations of DGI include septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, bacteremia, and rarely, endocarditis or meningitis.

DIAGNOSIS OF DGI

- If DGI is suspected, nucleic acid amplification test (NAAT) and culture specimens from urogenital and extragenital (e.g., pharyngeal and rectal) mucosal sites, as applicable, should be collected. Additionally, NAAT and culture specimens from disseminated sites of infection (e.g., skin, synovial fluid, blood, cerebrospinal fluid), should be collected as well.
- All *N. gonorrhoeae* isolates in DGI cases should be tested for antimicrobial susceptibility.
- Currently, the CDC is requesting all clinical isolates from DGI cases be submitted for additional testing. Please request laboratories retain all clinical isolates after testing. Our communicable disease team will help coordinate this effort.
- Report all laboratory-confirmed and clinically suspected cases of DGI to the Yolo County HHSA Communicable Disease program via [Confidential Morbidity Report \(CMR\)](#) **within 24 hours of identification**. The completed form should be sent to our confidential fax line (530) 669-1549 or emailed to CMR.Fax@yolocounty.org.

TREATMENT OF DGI

- Hospitalization and consultation with an infectious disease specialist when available are recommended for initial therapy.
- Management of DGI should be guided by the [CDC STD Treatment Guidelines](#):
 - Briefly, treatment of arthritis and arthritis-dermatitis syndrome includes Ceftriaxone 1 g IM or IV every 24 hours plus Azithromycin 1 g PO in a single dose. Treatment of gonococcal meningitis and endocarditis includes Ceftriaxone 1-2 g IV every 12-24 hours plus Azithromycin 1 g PO in a single dose.
 - The duration of treatment of DGI has not been systematically studied and should be determined in consultation with an infectious disease specialist.
- Patients should be instructed to refer sex partners with whom they have had sexual contact in the past 60 days for evaluation, testing, and presumptive treatment of *N. gonorrhoeae*.

If you have any questions regarding the diagnosis, treatment, or follow-up of a patient with DGI, please contact Dr. Robert L. Herrick, Public Health Epidemiologist, via phone at (530) 666-8531 or email at robert.herrick@yolocounty.org.

UPDATED TREATMENT GUIDELINES FOR UNCOMPLICATED GONORRHEA

The CDC has updated treatment guidelines for gonorrhea based on [new antimicrobial resistance data](#). This Advisory captures CDC's changes to date. Please note the CDC has begun updating its STD Treatment Guidelines for 2021, but CDPH has not yet updated its formal screening and treatment documents. Another Health Advisory will be forthcoming to highlight additional changes to STD management.

For treatment of uncomplicated urogenital, rectal, or pharyngeal gonorrhea, **the [CDC now recommends Ceftriaxone 500 mg IM as a single dose](#)**.

- **A two-drug approach is no longer recommended.**
- For patients weighing ≥ 150 kg (300 lbs), CDC recommends Ceftriaxone 1 g IM as a single dose.
- If ceftriaxone is not available, CDC recommends two alternate treatment regimens for uncomplicated cervical, urethral or rectal infections:
 - Gentamicin 240 mg IM as a single dose plus Azithromycin 2 g orally as a single dose, **OR**
 - Cefixime 800 mg orally as a single dose
- If chlamydial infection has not been excluded, CDC recommends adding Doxycycline 100 mg PO twice daily for 7 days. If patient is pregnant, treat with Azithromycin 1 g PO as a single dose. **CDC recommends retesting patients with pharyngeal gonorrhea 7–14 days after treatment** using culture or NAAT; positive test-of-cure cultures should undergo antimicrobial susceptibility testing.

RESOURCES:

1. Plotzker RE, Rudman SL, Harmon JL, Kovaleski L. Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020. California Department of Public Health. 2020.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>.
2. California Department of Public Health STD Control Branch: Congenital Syphilis:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>
3. 2015 CDC STD Treatment Guidelines for Syphilis: <https://www.cdc.gov/std/tg2015/syphilis.htm>.
4. CDC STD Treatment Guidelines for Gonococcal Infections, including DGI:
<https://www.cdc.gov/std/tg2015/gonorrhea.htm>.
5. CDPH Dear Colleague Letter on Gonorrhea Treatment Guidelines:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Dear-Colleague-Letter-Updated-Gonorrhea-Treatment.pdf>
6. California Department of Public Health STD Control Branch information page on gonorrhea:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Gonorrhea.aspx>.
7. 2015 CDC STD Treatment Guidelines for Syphilis: Syphilis During Pregnancy.
<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>.
8. St. Cyr S, Barbee L, Workowski KA, et al. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1911-1916.
https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w.

9. 2015 Sexually Transmitted Diseases Treatment Guidelines: Sexually Transmitted Diseases.
<https://www.cdc.gov/std/tg2015/default.htm>.
10. California Department of Public Health Confidentiality Report Form:
<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph110a.pdf>.