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OFFICIAL COMMUNICATIONS

St. Clair County Health Department

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TO: St. Clair County Providers, Hospital
ICPs, Emergency Departments, ED
Physicians, Walk-in Clinics, OB/GYN

FROM: Nicolas Lincoln RN
SCCHD P.H. Coordinator
P: 810- 987-5300 F: 810-987-3062

DISSEMINATED GONOCOCCAL INFECTIONS

The Michigan Department of Health and Human Services (MDHHS) is investigating a cluster of thirteen cases (eleven confirmed and two probable) of disseminated gonococcal infections (DGI) that often require hospitalization; all occurred in Southwest Michigan, the majority in Kalamazoo County. DGI is a rare (0.5-3%), systemic manifestation that occurs after mucosal gonococcal infection.

Clinical Characteristics:

- Fever
- Chills
- Polyarthralgias
- Arthritis (knees, ankles, wrists, elbows)
- Tenosynovitis (hands, wrists, ankles, knees)
- Erythematous pustules on distal extremities in sparse distribution
- Rare complications: endocarditis, myocarditis, osteomyelitis, pyomyositis, meningitis

Laboratory Confirmation:

- Uncomplicated and disseminated gonococcal infection can be diagnosed by NAAT or culture. If DGI is suspected, blood and synovial cultures should be performed along with testing at all potential sites for GC (including urethral, cervical, pharyngeal, and rectal). Isolates should be sent (preferably on chocolate slants) to the MDHHS Bureau of Laboratories for additional testing. Please contact MDHHS for guidance and approval to send specimens to the State lab for testing.

Treatment:

- DGI in adults and adolescents should be treated with **Ceftriaxone 1 gram intramuscular injection or intravenous every 24 hours for a minimum of 7 days in combination with Azithromycin 1 gram orally in a single dose**. Hospitalization and infectious disease consultation is recommended for further evaluation for endocarditis and meningitis.

Recommendations:

- An accurate, culturally competent sexual history, risk reduction counseling, condom provision and appropriate treatment of patients and their sex partners are necessary for interrupting disease transmission. **Treatment for DGI is different than uncomplicated Gonococcal infection.**
- Re-test in 90 days given likelihood of re-exposure and in third trimester if pregnant.
- Pharyngeal infection should have test-of-cure 14 days if an alternative treatment regimen is used.
- Sex partners in past 60 days should be seen for evaluation, testing and presumptive treatment as infected sex partners of DGI cases are often asymptomatic.

To report suspected or diagnosed cases within 24 hours, or if you have questions, call SCCHD at (810) 987-5300 during regular business hours. Refer to the “After Hours Emergency Contact List” or www.scchealth.co for after-hours contact.

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.