



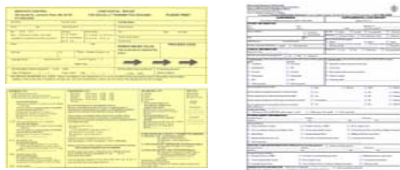
Findings from Enhanced Gonococcal Surveillance, Massachusetts 2011

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Background

- Massachusetts experienced ~30% increase in gonorrhea case reports from 2009 to 2010
- A supplemental case report form was introduced in 2011 to capture additional risk and clinical setting information



- Massachusetts' overall gonorrhea incidence rate was 30 and 38 per 100,000 in 2009 and 2010, compared to national rates of 99 and 101
- Nationally, the SSuN network found 35% of gonorrhea cases are treated in STD clinics, 26% in primary care, and 16% in ER or urgent care (*Dowell et al 2012*)
 - Treatment locations in Massachusetts are likely to be different, because Massachusetts does not have state-funded STD clinics

Objectives

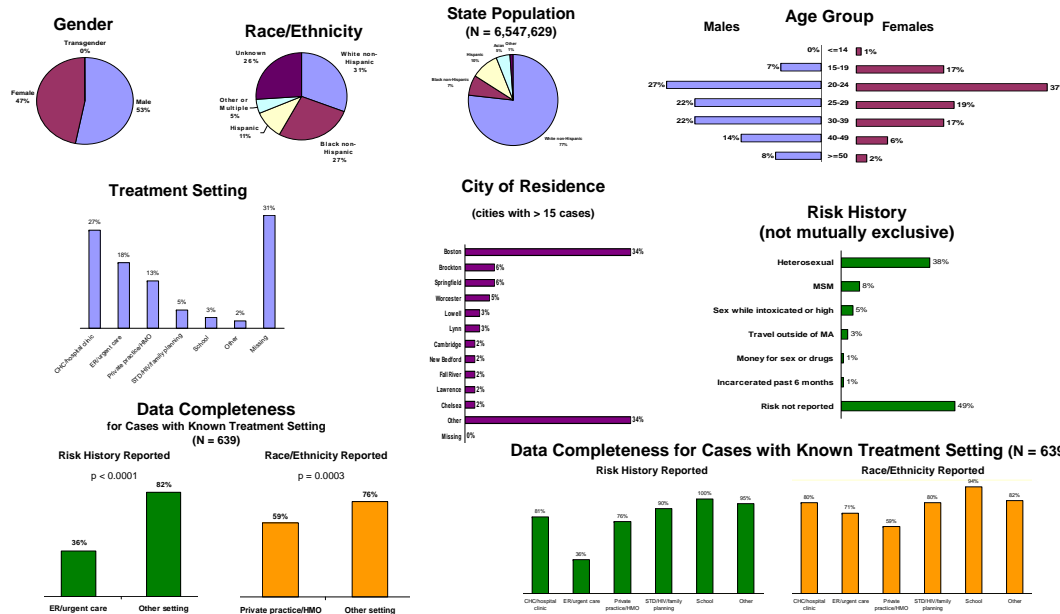
- To describe risks for gonorrhea and clinical settings in which it is treated in Massachusetts in 2011

Methods

- SAS 9.2 was used to analyze data on reported, laboratory-confirmed gonorrhea cases reported as diagnosed between 1/1/2011 and 6/30/2011
- A dedicated staff member contacted providers repeatedly to collect any data missing data from the expanded case report form
- Fisher's exact test was used to compare proportions

Results

- 1066 cases were reported in first six months of 2011, 930 were laboratory-confirmed**
- On all charts, N = 930 reported laboratory-confirmed gonorrhea cases, unless otherwise indicated**



Conclusions

- Gonorrhea remains concentrated in youth and young adults, non-white populations, and urban settings
- Only 5% of treatment occurred in a specialty clinic setting (STD, HIV or family planning clinic), compared to 35% treated in STD clinics in the SSuN Network
- In cases where treatment setting was known
 - 70% of cases had risk reported; ER/urgent care cases were less likely to have risks reported
 - 73% of cases had race/ethnicity reported; private practice/HMO settings were less likely to have race/ethnicity reported

Implications for Programs, Policy, and Research

- Enhanced surveillance and reporting is unlikely to provide sufficient information to describe risk for the full spectrum of gonococcal disease in Massachusetts without further provider education in ER/urgent care settings about the importance of risk history

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