

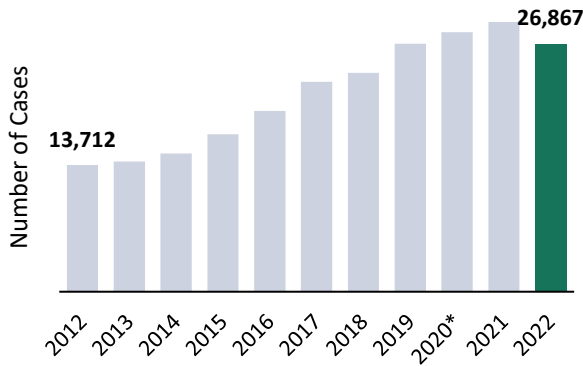


# Gonorrhea in North Carolina, 2022

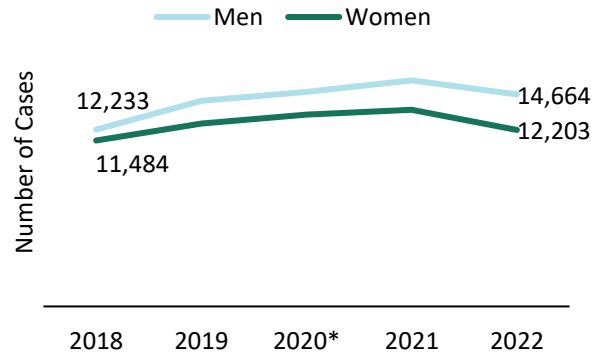


## Gonorrhea may be declining in North Carolina

Gonorrhea cases increased **96%** compared to 2012. Cases in North Carolina had been increasing but declined 8.1% in 2022.



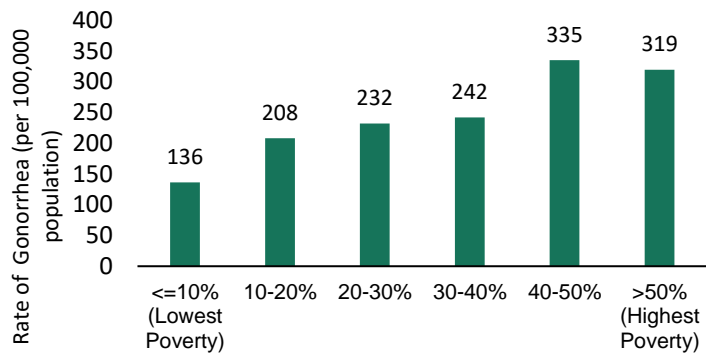
A little more than half of people with gonorrhea were **men (55%)**; **gonorrhea decreased among both men and women in 2022.**



## Disparities by income level are particularly large for gonorrhea

Gonorrhea rates are highest among people living in the most impoverished neighborhoods.

People living in impoverished areas often have less access to resources, including health resources. Delayed treatment can increase the potential for transmission to others.



\*Estimates of people living below the poverty line within a census tract and all population estimates obtained from the American Community Survey, 2016-2020, five-year estimate

### Proportion of Census Tract Living in Poverty

**Most people with gonorrhea did not identify as Hispanic; however, gonorrhea among Hispanic/LatinX people increased more rapidly since 2018 (102% increase) than among non-Hispanic/LatinX people (13 increase%).**

In 2022, 9% of men and <1% of women diagnosed with gonorrhea were coinfecting with HIV. Clinicians should offer HIV testing to all patients diagnosed with gonorrhea and discuss HIV pre-exposure prophylaxis (PrEP) with those who test HIV-negative.

More information: <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts>

\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2023) and enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2023)

**Contact Us:**  
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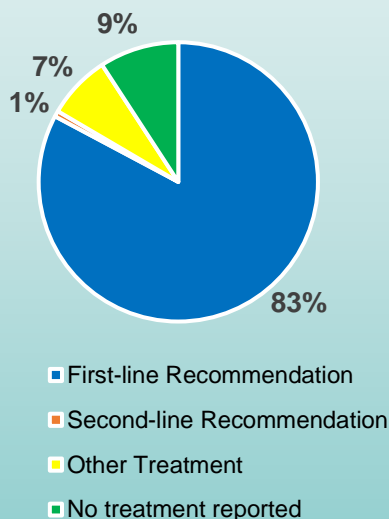
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Prepared by the HIV/STD/Hepatitis Surveillance Unit  
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## What is North Carolina doing about gonorrhea?

- North Carolina funds gonorrhea screening for all women who are seen in publicly funded health care facilities, such as local health departments and family planning settings.
- Nurses in the North Carolina Division of Public Health Technical Assistance and Training Program work with county staff to ensure correct treatment of gonorrhea.
- North Carolina is participating in a nation-wide program to identify drug-resistant gonorrhea called Strengthening the United States Response to Resistant Gonorrhea (SURRG). For more information: [https://www.cdc.gov/std/gonorrhea/arg/CARB\\_FACTSHEET-2018.pdf](https://www.cdc.gov/std/gonorrhea/arg/CARB_FACTSHEET-2018.pdf).

Treatment for Gonorrhea



## 2022 Gonorrhea Treatment

- Correctly treating gonorrhea is very important to prevent the development of drug resistance.
- In 2021, the CDC updated their [STI Treatment Guidelines](#). For gonorrhea, the treatment regimens include:
  - Recommended first-line regimen: Ceftriaxone (500 mg intramuscular (IM) in a single dose for individuals <150 kg or 1 gm for individuals ≥150 kg).
  - Second-line recommendations: Cefixime (800 mg orally in a single dose) OR gentamicin (240 mg IM in a single dose) plus azithromycin (2gm orally in a single dose).
- While in 2021 many providers had not switched to the new first-line treatment, 2022 data suggests that most people with gonorrhea are receiving the first-line recommendation.

## What CLINICIANS can do

- Always ask patients about their sexual activity and test those that are sexually active at all sites of exposure (e.g., pharynx, urethra, and rectum); retest 3 months after treatment and refer sex partners for evaluation and treatment.
- Provide treatment consistent with the CDC guidelines (<https://www.cdc.gov/std/treatment-guidelines/gonorrhea.htm>).
- Suspected cases of gonorrhea [treatment failure](#) should be reported immediately to [your local health department](#) or NC Division of Public Health (919-733-3419).
- For other resources, visit the National Coalition for Sexual Health compendium: [Compendium of Sexual Reproductive Health Resources for Healthcare Providers](#).

## What YOU can do

If you have a gonorrhea infection, ensure that you and your partners get treatment, and retested after 3 months. Untreated gonorrhea can lead to increased risk for HIV and pelvic inflammatory disease (PID).

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2023) and enhanced HIV/AIDS Reporting System (eHARS) (data as of July 2023).