



HEALTH ALERT

Dear Colleague,

Sexually Transmitted Disease (STD) Awareness Week will be observed **April 10-16, 2022**. The annual observance is an opportunity to bring a focus to STD prevention during a continued global pandemic when individuals may access fewer sexual and other health care services. Chlamydia, gonorrhea, adult syphilis, and congenital syphilis are increasing in all regions of the state, among males and females, and continue to be an important public health concern throughout California. It is important to ensure all communities understand the local STD testing and treatment resources that are available to them and how to access them.

We hope that you will use this week as an inspiration to refresh your staff education, refresh your patient education materials, and update or display educational posters related to Sexual Health.

Training materials and educational materials:

Training-

Training Topic- **Compendium of Sexual & Reproductive Health Resources for Healthcare Providers**

Webinars, videos, and other online trainings, *many of which grant continuing education units*. Toolkits and implementation guides. Skill-building tools, such as checklists, screeners, and self-assessments.

Search for "National Coalition for Sexual Health Compendium" until you locate the link below

Site: <https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/compendium-of-sexual-reproductive-health-resources-for-healthcare-providers>

Training Topic- Talking about safer sex, testing and STDs. video series with lesson plan options to supplement the videos for use in community and school settings

Search for "Planned Parenthood Educator Resources digital" until you locate the link below

Site: <https://www.plannedparenthood.org/educators/resources/digital-tools>

Training Topic- Patient guide to preventive services. Reproductive Health. Spanish and English

Search for "Take Charge of Your Sexual Health" until you locate the link below. Click on "Espanol" for information in Spanish

Site: <http://www.ncshguide.org/espanol> <https://www.ncshguide.org/>

Posters and Gifs:

<https://www.cdc.gov/std/saw/gyt/images/gyt-know2-min.gif>

https://www.cdc.gov/std/saw/gyt/images/GYT_Graphics_STD-Awareness-Week_SM_GYT_IG_4.png

One poster on STD complications:

<https://www.cdc.gov/std/statistics/2019/images/stateofSTDs-sm-1200x675-2.png>



Sexual Health Task Force- The Sexual Health Task Force is a group composed primarily of community members from various local organizations around Humboldt County. Members that attend primarily work in health care, public health, education, and social work but other community members and agencies are invited. This group was formed to combat the rise of STIs in Humboldt County. By working as a collective, the Sexual Health Task Force aims to better understand the needs of the community to address barriers surrounding equity, health literacy, and access to care.

The next Sexual Health Task Force Meeting will meet virtually April 21, 2022. Contact Daniel Tran, PHN at DTran@co.humboldt.ca.us or Michael Weiss at MWeiss@co.humboldt.ca.us for more information.

Recent Faxes related to Sexual Health:

The full text of each will be attached at the end of this fax.

Nov 3, 2021 <https://humboldt.gov/DocumentCenter/View/101251/20211103---New-Congenital-Syphilis-State-Guidance-PDF>

Dec 9, 2021 <https://humboldt.gov/DocumentCenter/View/102073/20211209---Expanded-HIV-and-Syphilis-testing-PDF>

Feb 16, 2022 <https://humboldt.gov/DocumentCenter/View/104153/20220216---Disseminated-Gonococcal-Infection-update>

Public Health has a digital version of these fax-based Health Alerts on our website. You can easily locate this page by searching “**Humboldt County Provider Communication.**” This search should bring you to this website <https://humboldt.gov/2237/Provider-Communication-from-Public-Health>

Local information about Sexually Transmitted Diseases (transitioning to being referred to as Sexually Transmitted Infections) can be found on our county STD Program Webpage.

Search “**Humboldt County STD**” <https://humboldt.gov/586/Sexually-Transmitted-Disease-Program>

Communicable Disease reporting information can be found on our Communicable Disease Prevention page. Search “**Humboldt County Communicable Disease.**”

<https://humboldt.gov/560/Communicable-Disease-Prevention>

Quick links along the left side of the page will connect you to mandated reportable disease lists as well as appropriate disease report forms. Our phone and fax numbers are also listed on this page.

Thank you for what you do to care for the members of our community.

Humboldt County Public Health- Communicable Disease Prevention and Control Team

529 I Street

Eureka, CA 95501

707-268-2182

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HEALTH ALERT

Dear Humboldt County Providers,

November 2, 2021

Congenital syphilis (CS) has resurfaced in Humboldt after more than a decade. One reason for this increase is a decrease in testing opportunities in our county for sexually transmitted infections (STI). Missed/delayed perinatal STI screenings have an even higher impact on CS. Updated recommendations are that all pregnant women should be screened for syphilis in every pregnancy at specific intervals. Recent California surveillance data suggests a large increase in CS cases and syphilis among people of childbearing age in the Northern California counties. In 2019 through 2020, the number of cases of CS and syphilis among people who could become pregnant in the Northern region has increased by 29% and 28%, respectively. Data indicates a continual rise in CS from the nearly 900% increase in cases statewide between 2012-2018. Humboldt County Public Health wants to partner with our county medical providers for a unified approach to eliminate congenital syphilis from our county. In addition to routine prenatal screening, we encourage any individual that is sexually active to get tested for an STI at least once annually regardless of risk factors or symptomology (many do not have any).

Additional reasons for routine/opt-out STI testing in rural counties include:

- Smaller communities often mean less anonymity – leading to greater patient discomfort in being forthright about riskier sexual and behavioral practices.
- Higher rates of poverty and uninsured individuals unfortunately make emergency departments a main source of primary care – an opt-out model would decrease the number of missed STI screening opportunities.

Attached with this document is a health alert with state guidance sent out by the California Department of Public Health. These documents will familiarize Humboldt County medical providers with the new expanded guidance and best practices. There have been a number of changes to recommendations, and each one is vitally important in our fight to ending congenital syphilis. We thank you all for your compassion and continuous efforts in these trying times.

Best regards,



Ian P. Hoffman, MD, MPH
Health Officer Humboldt County
529 I Street, Eureka, CA 95501





TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

October 2021

Health Alert:

Increasing Cases of Congenital Syphilis and Syphilis Among Females in Northern California

Dear Colleague:

Recent California surveillance data suggests an alarming increase in congenital syphilis (CS) and syphilis among females of childbearing age in counties in the northern region of California.ⁱ Northern region cases of CS and syphilis among people who could become pregnant increased by 29 and 28 percent, respectively, from 2019 through 2020. These trends continued into 2021 and echo concerning statewide findings: reported CS cases in California increased nearly 900% from 33 cases in 2012 to 329 cases in 2018. Many CS cases in California have occurred among infants whose birthing parents report: receiving late or no prenatal care, using methamphetamine and injection drugs, experiencing homelessness or unstable housing, and/or having been incarcerated within the prior 12 months.



The California Department of Public Health (CDPH) STD Control Branch (STDCB) released [Expanded Syphilis Screening Guidelines for the Prevention of Congenital Syphilis](#) in December of 2020. These recommendations aim to increase syphilis detection and allow timely treatment among people who are or could become pregnant. The ultimate goal is to prevent the devastating consequences of CS.

Within the expanded syphilis screening guidelines, CDPH recommends that:

- 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 again during the third trimester (ideally between 28-32 weeks' gestation), regardless of whether such testing was performed during the first two trimesters.
- 2) Patients should be screened for syphilis at delivery, except those at low riskⁱⁱ who have a documented negative screen in the third trimester.
- 3) Emergency department (ED) providers in local health jurisdictions with high-CS morbidityⁱⁱⁱ 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 located in a local health jurisdiction with high-CS morbidityⁱⁱⁱ 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 one lifetime screen for syphilis, with additional screening for those at increased risk.

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- 6) All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.

In accordance with these screening guidelines and in response to the increasing number of CS cases in the northern region of California, CDPH supports efforts to expand syphilis screening and treatment including but not limited to the following:

- Use opt-out strategies when offering syphilis screening
- Offer syphilis screening to all individuals at the time of pregnancy diagnosis
- Perform pregnancy testing for any person who tests positive for syphilis and could be pregnant
- Incorporate syphilis screening into routine emergency department care for all patients who are pregnant
- Use rapid syphilis screening tests to screen all incarcerated persons at the time of intake or as close to intake as possible
- Offer rapid syphilis screening at locations frequented by people who inject drugs, including drug treatment and syringe service programs
- Include rapid syphilis screening as part of street medicine or homeless outreach programs
- Continue to screen men for syphilis per [CDC/CDPH STDCB screening guidelines](#),^{iv} including in any of the settings described above

To ensure appropriate treatment of all individuals diagnosed with syphilis, the CDPH STDCB also encourages the following:

- Empirically treat persons who have a preliminary positive treponemal or non-treponemal syphilis test while awaiting confirmatory testing, especially if patient follow-up is uncertain
- Arrange field delivery of Bicillin-LA where necessary to reach patients with syphilis who have difficulty accessing routine healthcare services

Additionally, since syphilis can be challenging to recognize or adequately treat, providers should reinforce their knowledge of the [clinical presentation and treatment of syphilis](#), including via the [National STD Curriculum](#), or via [virtual syphilis training videos](#) available from the California Prevention Training Center

STD programs and providers in the northern region of California are encouraged to enact as many of the above recommendations as possible, as we work together to find creative solutions aimed at reversing the concerning trajectory of increasing CS and syphilis. As a reminder, always report all suspected or confirmed cases of syphilis (including pregnancy status) to your local health department, who can also provide information on prior syphilis serologies/treatment, notify partners, find patients who are lost to follow-up, and provide access to syphilis treatment.

Sincerely,



Kathy Jacobson, MD

Chief, Sexually Transmitted Diseases Control Branch, California Department of Public Health

Footnotes:

ⁱ The northern region of California is depicted on the map above and includes the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba.

ⁱⁱ Syphilis among mothers of infants with CS has been associated with the following: recreational drug use, especially methamphetamine use, homelessness or unstable housing, limited or no prenatal care, incarceration within the prior 12 months, and/or having a partner who is incarcerated, among other factors. For a full set of risk factors, see Table 2 in the CDPH [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020](#).

ⁱⁱⁱ CDPH defines local health jurisdictions with high-CS morbidity as those with a rate greater than 8.4 cases per 100,000 live births for any of the past three consecutive years. This “threshold” reflects the national rate of CS in 2012, prior to recent increases in California and the United States, when California’s CS rate was below that of the national rate.

^{iv} Current Centers for Disease Control and Prevention syphilis screening guidelines include: screening asymptomatic adults at increased risk (e.g., history of incarceration or commercial sex work, being a male younger than 29) and at least annual screening for sexually active men who have sex with men (MSM) and persons living with HIV, with more frequent screening (every 3-6 months) if at increased risk of syphilis exposure.

Resources:

1. Centers for Disease Control and Prevention (CDC). 2021 Sexually transmitted infections treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>.
 - a. Centers for Disease Control and Prevention. Screening recommendations and considerations referenced in treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>.
2. STD Control Branch, California Department of Public Health. Expanded syphilis screening recommendations for the prevention of congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>.
3. Centers for Disease Control and Prevention. Syphilis – CDC fact sheet (detailed). Available at: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>.
4. University of Washington, National STD Curriculum. STD modules: Syphilis. Available at: <https://www.std.uw.edu/custom/self-study/syphilis>.
5. California Prevention Training Center. Online learning – syphilis and congenital syphilis. Available at: https://californiapctc.com/online-learning/?_topics=congenital-syphilis%2Csyphilis&_training_types=webinar.
6. California Department of Public Health. Screening for syphilis in emergency departments – resource guide. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Screening-for-Syphilis-in-Emergency-Departments-Resource-Guide.pdf>.
7. STD Control Branch, California Department of Public Health. Congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>.
8. STD Control Branch, California Department of Public Health. Syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis.aspx>



Tomás J. Aragón, M.D., Dr.P.H.
Director and State Public Health Officer *Acting Director*

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

November 16, 2021

Subject: Call to expand HIV and syphilis testing for pregnant women

Dear Colleague,

The California Department of Public Health (CDPH) requests your assistance in responding to alarming increases in congenital syphilis and perinatal HIV transmissions in California. In 2019, 446 congenital syphilis cases were reported in California, the highest number of cases since 1993. In 2020 there were also six perinatal HIV transmissions in California, compared to four in 2019 and three in 2018. Most of the birthing parents of children with perinatal HIV were co-infected with or had a recent history of syphilis, one of the indicators for offering HIV prevention medication (i.e., Pre-Exposure Prophylaxis or PrEP), highlighting the need for an integrated approach to these devastating and preventable infections. In addition, significant racial disparities have been observed, as rates of congenital syphilis are significantly higher among Black/African American and American Indian/Alaska Native infants than the statewide rate.

Perinatal HIV transmission and congenital syphilis can be prevented with timely testing and treatment. A common risk factor, however, is receiving late or no prenatal care. HIV and syphilis testing and treatment must expand beyond prenatal care clinics to other settings serving women at elevated risk for HIV and syphilis. CDPH requests your assistance to implement the following policies and best practices to Screen, Treat and Prevent, and Prepare for perinatal transmissions including, but are not limited to, the following:

Screen

- **Confirm HIV and syphilis status of all pregnant patients receiving care or services at emergency departments; urgent care clinics; jails; mental health, drug treatment, and syringe services programs; and street medicine or homeless outreach programs** with documented lab results or by providing opt-out HIV and syphilis testing.



- Screen all pregnant patients for HIV at least once¹ and for syphilis three times during pregnancy: the first test should be as early as possible (during the first trimester), the second test should be during the third trimester (ideally between 28–32 weeks' gestation), and the third test should be at delivery^{2,3}. Pregnant women who initially test negative for HIV but are at higher risk should have repeat HIV testing during third trimester or at delivery if not tested during 3rd trimester.

Treat and Prevent Syphilis and HIV

- **Pregnant women with syphilis should be treated with the recommended penicillin regimen for their stage of infection as soon as possible.**
- **Infants born to mothers with syphilis during pregnancy should be evaluated and treated for congenital syphilis** per recommendations in [CDC's Sexually Transmitted Infection Treatment Guidelines \(link here\)](#).
- **Pregnant women newly diagnosed with HIV or previously diagnosed with HIV but not on antiretroviral therapy should start treatment as soon as possible.** Pregnant women with HIV should receive antiretroviral therapy throughout pregnancy (including the intrapartum period). Pregnant women on antiretroviral therapy but not virally suppressed should have their therapy urgently optimized to achieve viral suppression.
- **Infants born to mothers with HIV should immediately receive appropriate antiretroviral medications to prevent perinatal HIV transmission⁴.** Local health departments, Ryan White clinics, and CDPH can help facilitate rapid consultations for HIV care. The [National Perinatal HIV Hotline](#) (1-888-448-8765) provides free clinical consultation on all aspects of perinatal HIV care.

¹ Repeat HIV testing in the third trimester is recommended for pregnant women who are at increased risk of acquiring HIV, including those receiving care in facilities that have an HIV incidence of ≥ 1 case per 1,000 pregnant women per year. Repeat HIV testing is also recommended for pregnant women with a sexually transmitted infection (STI) or with signs and symptoms of acute HIV infection.

² All infants and mothers should be tested for syphilis at delivery unless there is low risk for infection and third trimester testing is negative.

³ [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020](#). Available at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>

⁴ Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission. [Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States](#). Available at https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Perinatal_GL.pdf.

Prepare

- **Refer and navigate all women diagnosed with bacterial STIs (syphilis or gonorrhea) for HIV Pre-Exposure Prophylaxis (PrEP) which can safely be provided during pregnancy.**
- **Birth hospitals should have expedited HIV and syphilis testing available 24 hours a day with results available within 1 hour** during labor or delivery for women with undocumented HIV or syphilis status, including women who were not retested in the third trimester.
- If HIV or syphilis results are positive, a protocol should be in place to provide immediate intrapartum antiretroviral prophylaxis (HIV) or penicillin G treatment (syphilis) to the mother.
- Pregnant patients with HIV or syphilis may require intensive case management to ensure that they have access to treatment and care. Contact your local health department (and [Ryan White clinic](#) if HIV) to assist with navigation and support services. Preventing perinatal HIV and congenital syphilis are critical priorities for public health in California.

Early diagnosis and treatment can prevent perinatal HIV transmission and congenital syphilis but can only be achieved if testing and treatment are expanded beyond traditional settings. Thank you for your work to improve the sexual health of all Californians. Together, we can end these epidemics and eliminate perinatal HIV transmission and congenital syphilis. Additional information and resources are appended below.

Sincerely,



Philip Peters, MD
Office of AIDS Medical Officer
Center for Infectious Diseases
California Department of Public Health



Kathleen Jacobson, MD
Chief, STD Control Branch
Center for Infectious Diseases
California Department of Public Health

Additional Resources

Perinatal HIV

- [Perinatal HIV Exposure Reporting \(PHER\) – please complete this case report for perinatal HIV exposures:](#)
<https://www.cdc.gov/hiv/pdf/guidelines/cdc-hiv-perinatal-hiv-exposure-report-form-2019.pdf>
- [Perinatal HIV Clinical Guidelines:](#)
<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new-guidelines>
- [Perinatal HIV Clinical Consultation center:](#) <https://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/> or call (888) 448-8765.
- [Fetal Infant Mortality Review/HIV Prevention Methodology National Resource Center.](#) <https://www.fimrhiv.org/methodology.php>

Syphilis/Congenital Syphilis/STDs

- [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: 2020](#)
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>
CDPH full recommendations for syphilis screening expansion in California to prevent congenital syphilis, including evidence, analysis, and implementation
- [CDPH STD Control Branch Congenital Syphilis Webpage](#)
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx> CDPH Information and resources on congenital syphilis for providers, patients, and local health jurisdictions
- [U.S. Centers for Disease Control and Prevention \(CDC\) 2021 STI Treatment Guidelines](#) <https://www.cdc.gov/std/treatment-guidelines/>
STI Treatment Guidelines, including guidelines for the treatment of syphilis for adults and pregnant patients
- [California Prevention Training Center](#) <https://californiaptc.com/>
Educational opportunities and training materials for syphilis and congenital syphilis
- [STD Clinical Consultation Network](#) <https://stdccn.org/>
Online consultation for questions about the evaluation and management of STDs, including congenital syphilis

Hepatitis C

- [CDPH Perinatal HCV Case Report Form:](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8704.pdf)
<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8704.pdf>
- [Association for the Advanced Study of Liver Diseases / Infectious Diseases Society of America Hepatitis C Guidelines – Unique Populations:](https://www.hcvguidelines.org/unique-populations)
<https://www.hcvguidelines.org/unique-populations>



HEALTH ALERT

Dear Humboldt County Providers,

February 16, 2022

The California Department of Public Health (CDPH) released a new letter reminding health care providers of the continued increase in cases of disseminated gonococcal infection (DGI) in California. Based on the epidemiology of gonorrhea and DGI in the state, **CDPH now recommends gonorrhea screening for all sexually active individuals who use illicit drugs, especially methamphetamine.** Health care providers should also increase their suspicion for DGI among sexually active individuals who report any of the following: pain and swelling at a single or multiple joints, arthralgias (including migratory polyarthralgias), and/or a petechial or pustular rash consistent with DGI.

For more details, please see the attached CDPH Dear Colleague Letter with updated screening recommendations and best practices given the increasing reports of DGI in our state.

Please report any suspected, probable or confirmed DGI case to the Humboldt County Communicable Disease Program phone: (707) 268-2182 and fax: (707) 445-7346. We thank you for your ongoing efforts to provide excellent healthcare to our community.

Best regards,



Ian P. Hoffman, MD, MPH
Health Officer Humboldt County
529 I Street, Eureka, CA 95501





TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

February 1, 2022

Dear Colleague:

On December 23, 2020, the California Department of Public Health (CDPH) issued a [Dear Colleague Letter](#) alerting health care providers of increasing reports of Disseminated Gonococcal Infection (DGI) cases in California during the second half of 2020. We have now recorded roughly double the number of DGI cases in 2020 compared to 2019, and DGI cases in 2021 exceeded the total number of cases in 2020 – including four deaths last year that were likely attributable to DGI. Most DGI cases in California have occurred among adults aged 30-50 years old (which is an age group not typically screened for gonorrhea) and disproportionately among Hispanic/Latinx individuals. In addition, approximately a fifth of cases have reported experiencing homelessness, more than a third report using one or more illicit drugs, and a third of total cases report using methamphetamine specifically. Of note, the majority of DGI cases to date did not present with urogenital symptoms.

Gonorrhea cases overall remained stable from 2019 to 2020, possibly due to COVID-19 causing a reduction in routine screening practices. Compared with the first half of 2019 (pre-pandemic), preliminary data from the first half of 2021 shows a 17% increase in gonorrhea cases. Additionally, based on 2019 enhanced surveillance data, we estimate that approximately 14 percent of people in California diagnosed with gonorrhea report any illicit drug use, with roughly 10 percent of total gonorrhea cases reporting methamphetamine use specifically.

Given this epidemiology and the increase in DGI across California, CDPH recommends the following for health care providers—including those in emergency departments, urgent care settings, and jails:

- 1. For all sexually active individuals who use illicit drugs, especially methamphetamine, screen for gonorrhea at sites of potential exposure (urogenital, pharyngeal, and rectal).**
2. For sexually active patients who report any signs or symptoms consistent with DGI such as swelling and pain at a single joint, polyarthralgia, migratory arthralgias or rash consistent with DGI (diffuse erythematous-based papules, pustules, or vesicles), consider testing for gonorrhea at sites of potential exposure, as well as performing culture of blood and/or other sites of localized infection as indicated.

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3. For sexually active females <25 years of age, pregnant patients, men who have sex with men, individuals with HIV, and those at *increased risk for infection, continue routine screening for gonorrhea and other sexually transmitted diseases (STD) per previous CDPH and U.S. [Centers for Disease Prevention and Control \(CDC\) recommendations](#).

For information on the management of DGI, please refer to the [2021 CDC Sexually Transmitted Infections \(STI\) Treatment Guidelines](#) and our previous DGI [Dear Colleague Letter](#).

Finally, health care providers should report all suspected, probable, or confirmed case of DGI to their local health department within one business day. Providers can use the [CDC DGI Case Reporting Form](#) to send the requested information to their local health department. Please reach out to your local health department for further questions on DGI and reporting requirements.

Sincerely,



Kathleen Jacobson, MD
Chief, STD Control Branch
California Department of Public Health

*CDC and CDPH recommend screening individuals at increased risk for gonococcal infection such as those who have new or multiple sex partners, those who report inconsistent condom use and are not in mutually monogamous relationships, those with previous or coexisting sexually transmitted infections, and those who exchange sex for money or drugs. In addition, screening should occur for individuals with a sex partner that has a sexually transmitted infection or if there is a suspicion that a sex partner has concurrent partners.

Resources:

1. CDPH STD Control Branch DGI webpage. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Disseminated-Gonococcal-Infection.aspx>
2. CDPH Dear Colleague Letter for Clinicians – Increasing Reports of DGI in California (12/23/2020). Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Dear-Colleague-Letter-for-Medical-Providers-Increasing-DGI-in-CA-12.23.20.pdf>.
3. CDPH DGI Frequently Asked Questions for Health Care Providers. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/DGI-FAQ.pdf>
4. California Prevention Training Center STD Expert Hour Webinar - DGI. Available at: <https://www.youtube.com/watch?v=Ew9vbLdwgbs>.
5. CDC DGI Case Reporting Form. Available at: <https://www.cdc.gov/std/program/outbreakresources/DGICaseReportingForm-508.pdf>
6. CDC 2021 STI Treatment Guidelines – Gonococcal Infections among Adults and Adolescents. Available at: <https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>