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



GAVIN NEWSOM
Governor

November 5, 2020

Dear Colleague,

In recent months, the California Department of Public Health (CDPH) has received increasing reports of disseminated gonococcal infections (DGI), an uncommon but severe complication of untreated gonorrhea. CDPH is working with local health departments to investigate these cases of DGI, where some of the patients have reported experiencing homelessness and/or using illicit drugs, particularly methamphetamine. A similar increase in cases was noted in Michigan in late 2019 and reported through a [dear colleague letter](#) from the Centers for Disease Control and Prevention (CDC).

DGI occurs when the sexually transmitted pathogen *Neisseria gonorrhoeae* invades the bloodstream and spreads to distant sites in the body, leading to clinical manifestations such as septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, bacteremia, or, on rare occasions, endocarditis or meningitis. If there is clinical suspicion for DGI, nucleic acid amplification test (NAAT) and culture specimens from urogenital and extragenital (e.g., pharyngeal and rectal) mucosal sites, as applicable, should be collected and processed, in addition to NAAT and culture specimens from disseminated sites of infection (e.g., skin, synovial fluid, blood, cerebrospinal fluid). ***CDPH is interested in hearing about any suspected cases of DGI, and CDC is asking to collect all clinical isolates from DGI cases for additional testing.*** Local health departments should obtain any clinical isolates (i.e. positive gonorrhea cultures) from DGI patients in order to [submit them to the CDC](#).

It is possible the increase in DGI cases reflects a decrease of STD screening, testing and treatment as a result of the impact of the COVID-19 pandemic as opposed to a more virulent strain of GC being transmitted. Local health departments should urge providers to reinstate routine screening recommendations for STDs in females <25 years of age, pregnant females, men who have sex with men and individuals with HIV. Additionally, clinicians should increase their clinical suspicion for screening and treatment of STDs in all patients and advise them of the increasing reports of DGI and inform them of the following:

- Prioritize routine screening, testing, and treatment for STDs per the [CDC STD Treatment Guidelines](#). When facility-based and in-person clinical services are limited, follow guidance from the [CDC Dear colleague letter](#) on STD care and prevention during disruption of clinical services due to the COVID-19 pandemic.

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- Management of DGI cases should be guided by the [CDC STD Treatment Guidelines](#). Hospitalization and consultation with an infectious disease specialist when available are recommended for initial therapy.
- 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 for *N. gonorrhoeae*.
- **Report all laboratory confirmed and clinically suspected cases of DGI to the local health department within 24 hours of identification.** Clinical consultation for DGI management is available through the [STD Clinical Consultation Network](#).
- All *N. gonorrhoeae* isolates in DGI cases should be tested for antimicrobial susceptibility, which requires culture. Please contact your local health department for guidance on obtaining culture if not available at your site. CDC is interested in receiving all clinical isolates from DGI cases for additional testing. Please work with your laboratory facility to ensure all available isolates from DGI cases are sent to the local public health laboratory and not discarded.

Local health departments should report suspected and confirmed DGI cases to the CDPH STD Control Branch Public Health Medical Officer (Eric.Tang@cdph.ca.gov) and DGI project coordinator (Lizzete.Alvarado@cdph.ca.gov) **within one business day** and report the case in CalREDIE as gonorrhea, indicating the case was DGI and providing the signs, symptoms, and site(s) of infection. In addition, they should complete the [CDC DGI Case Reporting form](#). Please send completed case reporting forms and questions about DGI to Dr. Eric Tang (Eric.Tang@cdph.ca.gov) and Lizzete Alvarado (Lizzete.Alvarado@cdph.ca.gov) of the CDPH STD Control Branch. You may also contact the STD Control Branch with questions at (510) 620-3400 during business hours.

Sincerely,



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RESOURCES

- California Department of Public Health STD Control Branch: <http://www.std.ca.gov/>
 - Gonorrhea page: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Gonorrhea.aspx>
- CDC Dear Colleague Letter - Increasing Reports of DGI: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/DGI_Dear_Colleague_Letter.pdf

- Disseminated Gonococcal Infection Working Case Definition:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/DGI_Case_Definition.pdf
- Instructions for Shipping Disseminated Gonorrhoea Infection Isolates to CDC:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/DGI_Isolate_Shipping_Instructions.pdf
- CDC DGI Case Reporting form:
<https://www.cdc.gov/std/program/outbreakresources/DGICaseReportingForm-508.pdf>
- CDC Health Alert Template for DGI:
<https://www.cdc.gov/std/program/outbreakresources/HANtemplate-dgi.htm>
- Dear Colleague Letter: STD Care and Prevention Guidance During Disruption of Clinical Services due to the COVID-19 pandemic (April 6, 2020):
<https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf>
- Recommendations for the Laboratory-Based Detection of *C. trachomatis* and *N. gonorrhoeae* – 2014: <https://www.cdc.gov/std/laboratory/2014labrec/default.htm>