

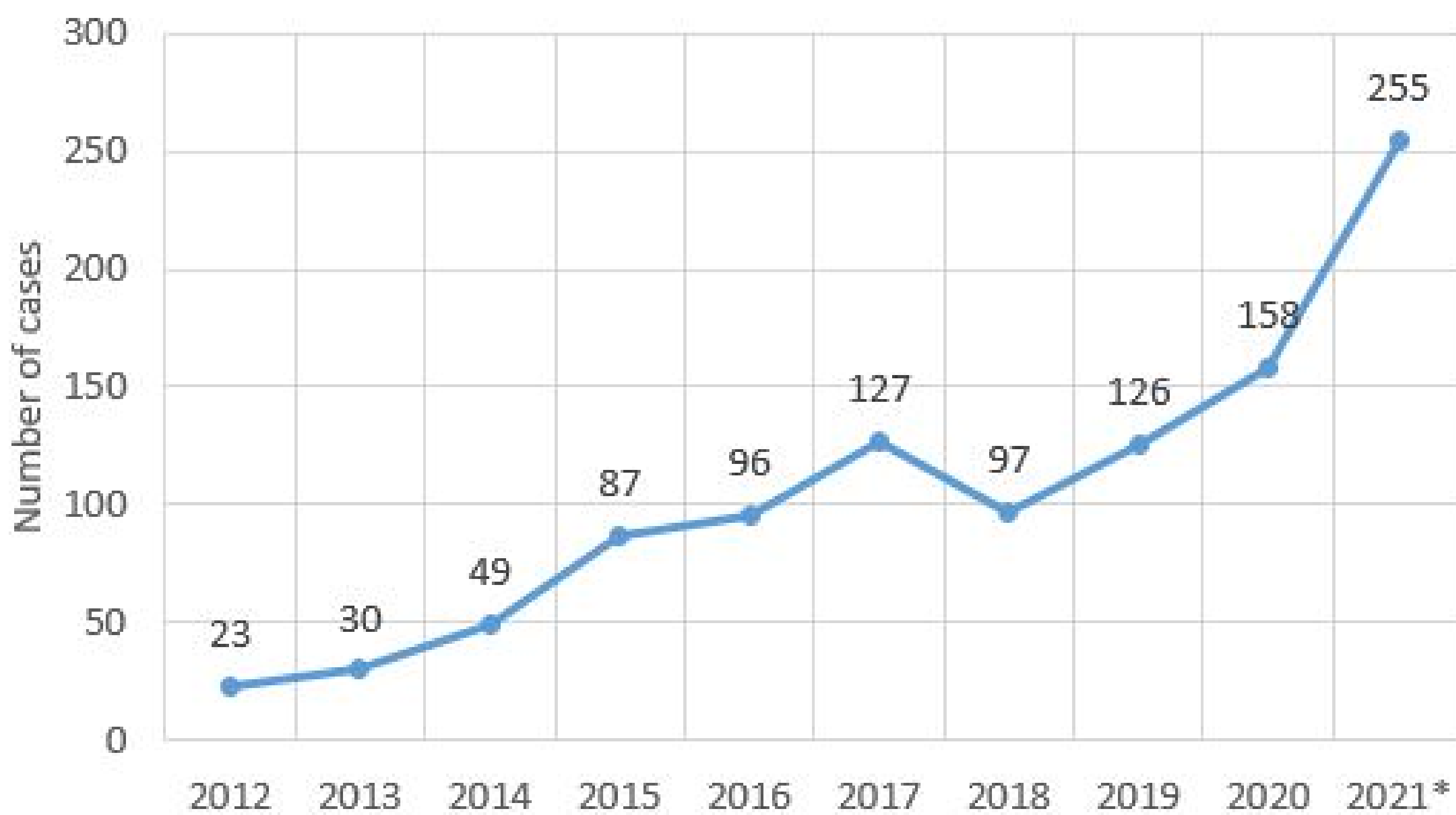
Central Oregon Gonorrhea Report

2012-2021

Deschutes County 24/7 Communicable Disease reporting line: 541-322-7418

Gonorrhea in Central Oregon

Annual Number of Gonorrhea Cases in Central Oregon



The number of annual gonorrhea cases in Central Oregon has been trending upward over the past ten years.

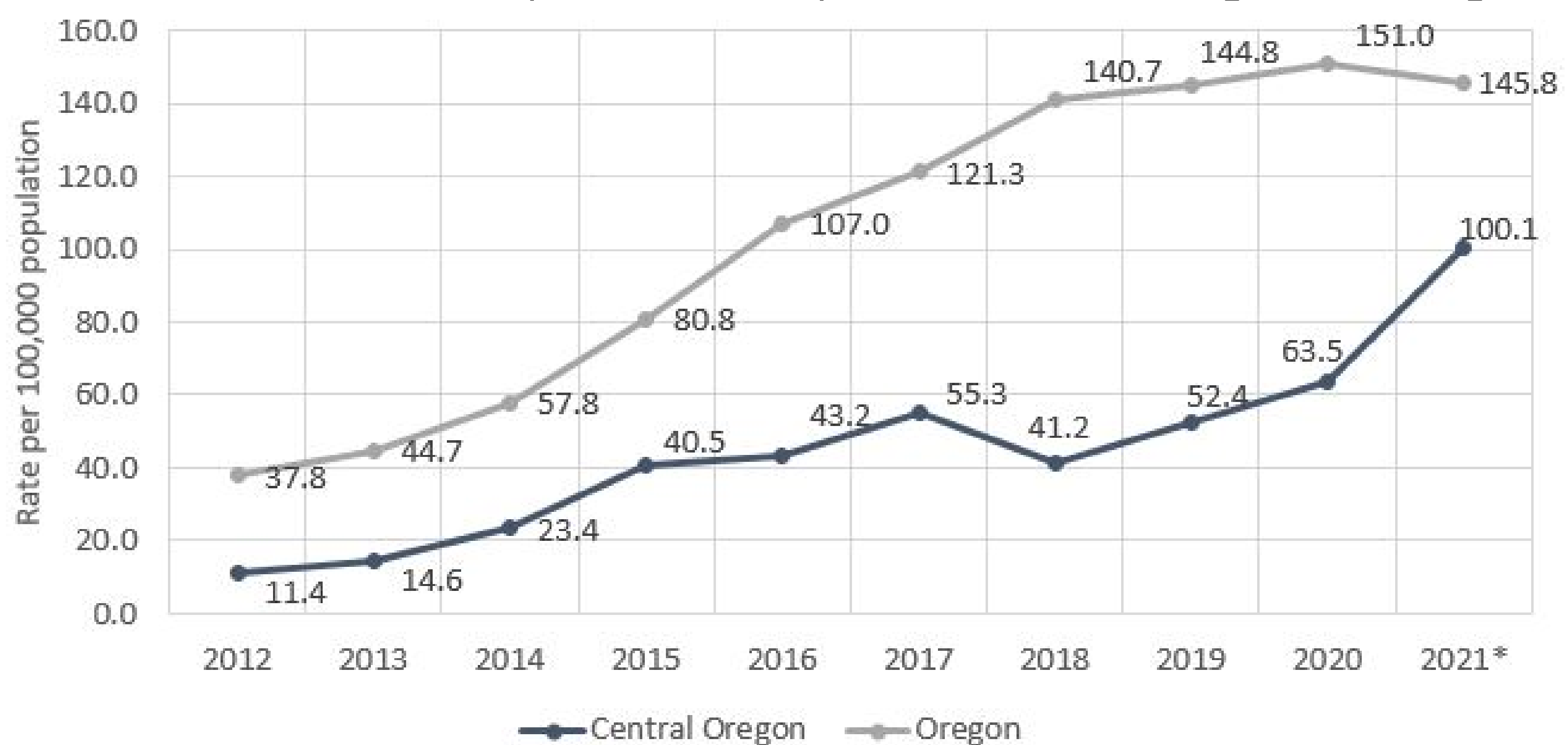
There were 1,047 cases of gonorrhea in Central Oregon between 2012 and 2021. The number of cases each year has ranged from a low of 23 cases in 2012 to a peak of 255 cases in 2021.

The gonorrhea rate in Central Oregon is growing faster than the rate in Oregon.

Between 2012 and 2021, the Central Oregon rate of gonorrhea per 100,000 population grew around 778%, while the Oregon rate grew around 286%.

This difference in rate growth means the gap between the Central Oregon and Oregon rates has decreased over the past ten years. In 2012, the Oregon rate was around 3.32 times the Deschutes County rate. In 2021, the Oregon rate was about 1.46 times the Central Oregon rate.

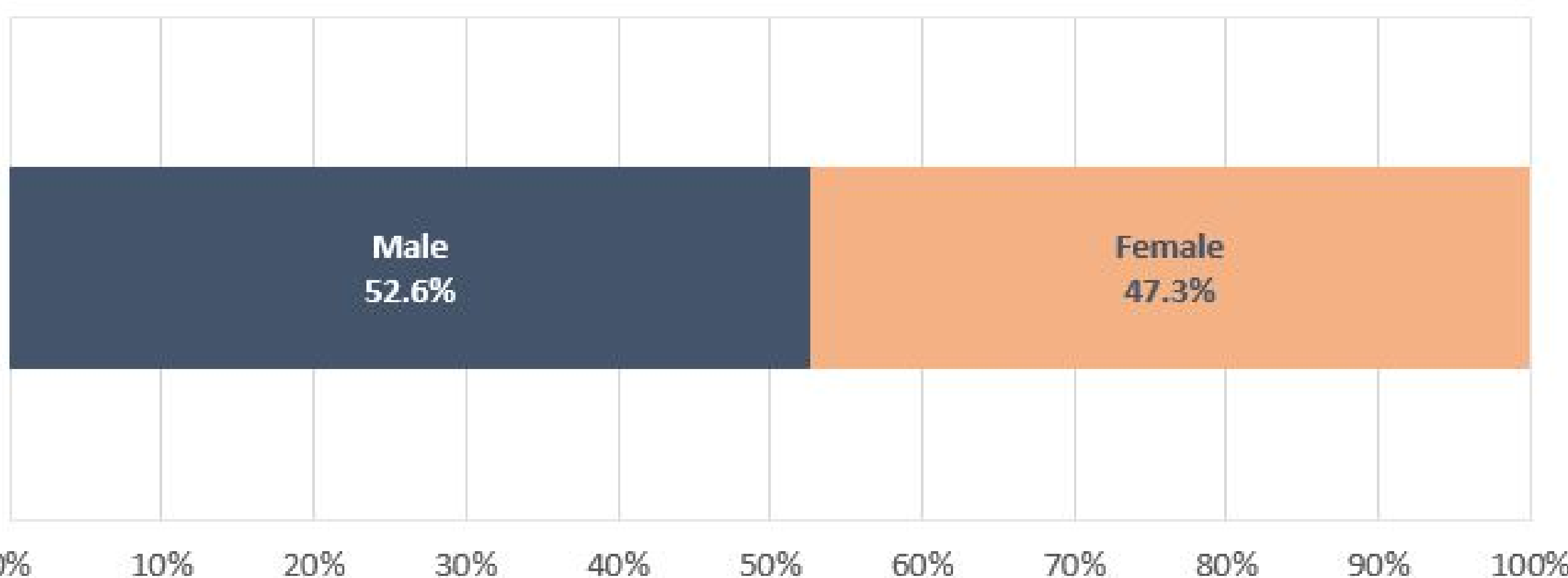
Annual Gonorrhea Rate per 100,000 Population, Central Oregon and Oregon



Note: Rates are calculated using population estimates from the 2021 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center & 2020 5-year American Community Survey (ACS) estimates for state, county, zip code, and sex.

Gonorrhea Cases by Sex

Percent of Gonorrhea Cases by Sex, 2012-2021*, Central Oregon

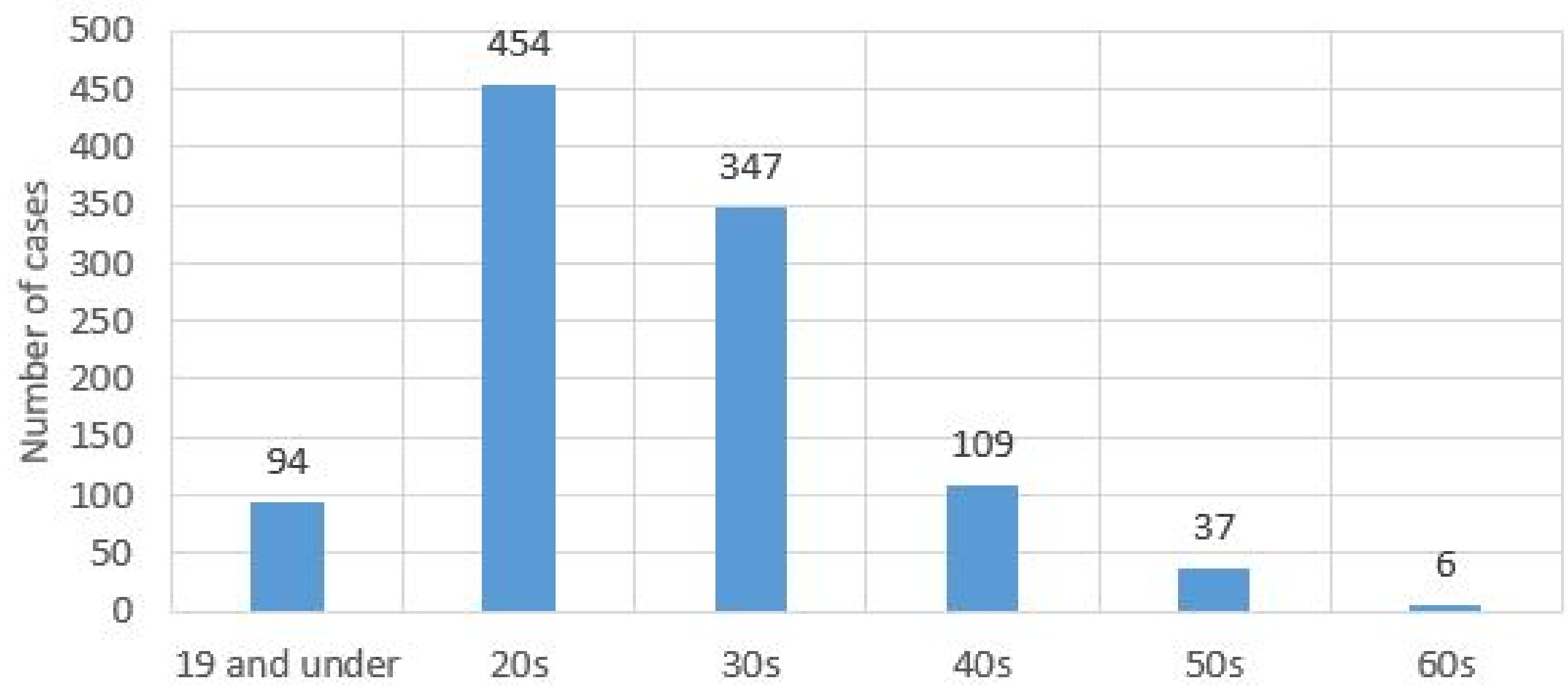


More gonorrhea cases in Central Oregon over the past ten years were male.

About 47.3% of Central Oregon cases between 2012-2021 were female. However, Central Oregon has a higher percentage of cases that were female compared to Oregon (37.8%) during the same time frame.

Gonorrhea Cases by Age Group

Number of Central Oregon Gonorrhea Cases by Age Group, 2012-2021*

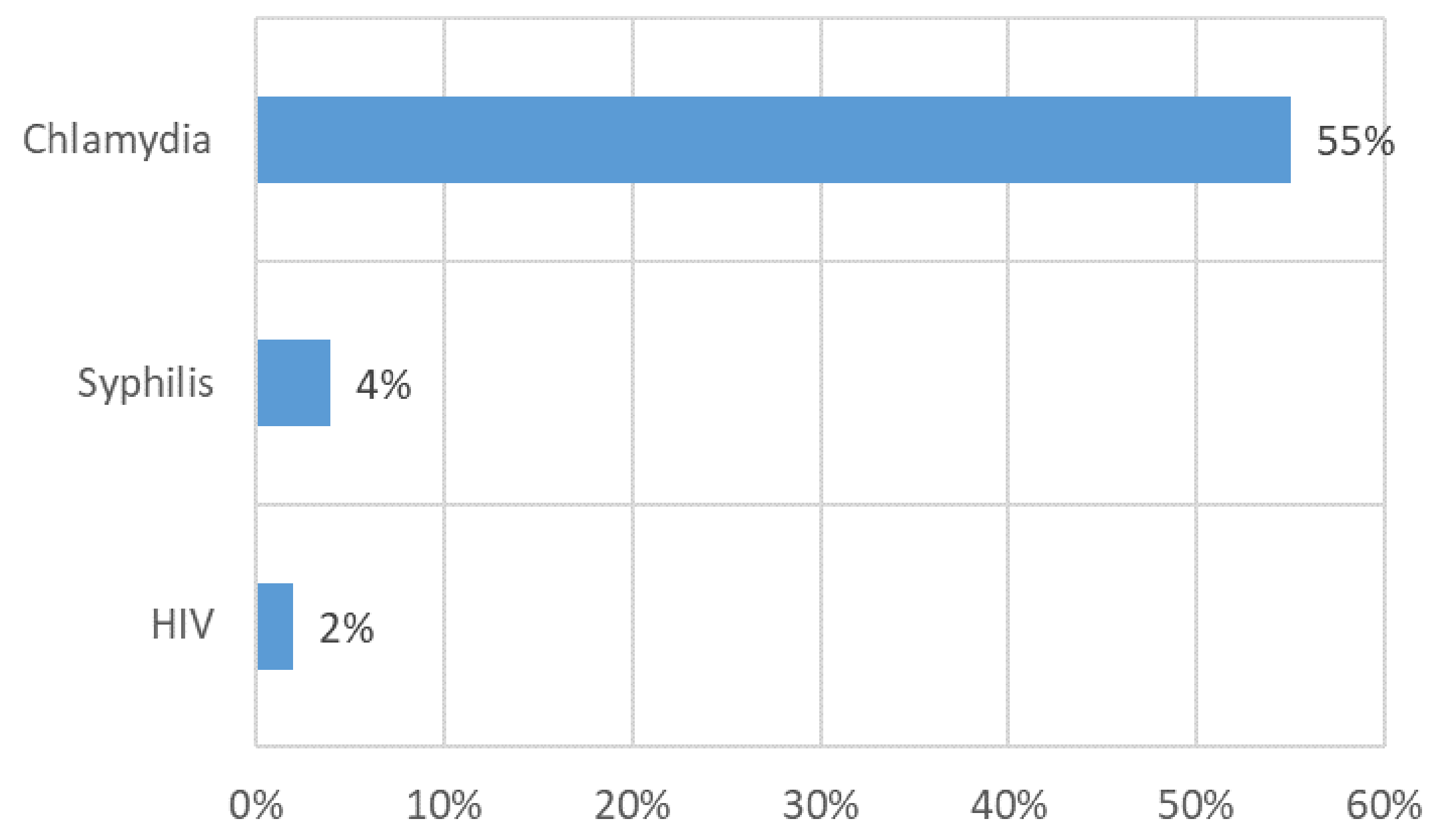


Around 43% of gonorrhea cases in Central Oregon between 2012-2021 were aged 20-29.

The age distribution of Central Oregon cases is similar to cases across Oregon. For example, around 52.3% of Central Oregon cases were younger than 30 and around 51.2% of Oregon cases were younger than 30.

Comorbidities

Percent of Central Oregon gonorrhea cases also diagnosed with chlamydia, syphilis, or HIV, 2012-2021*



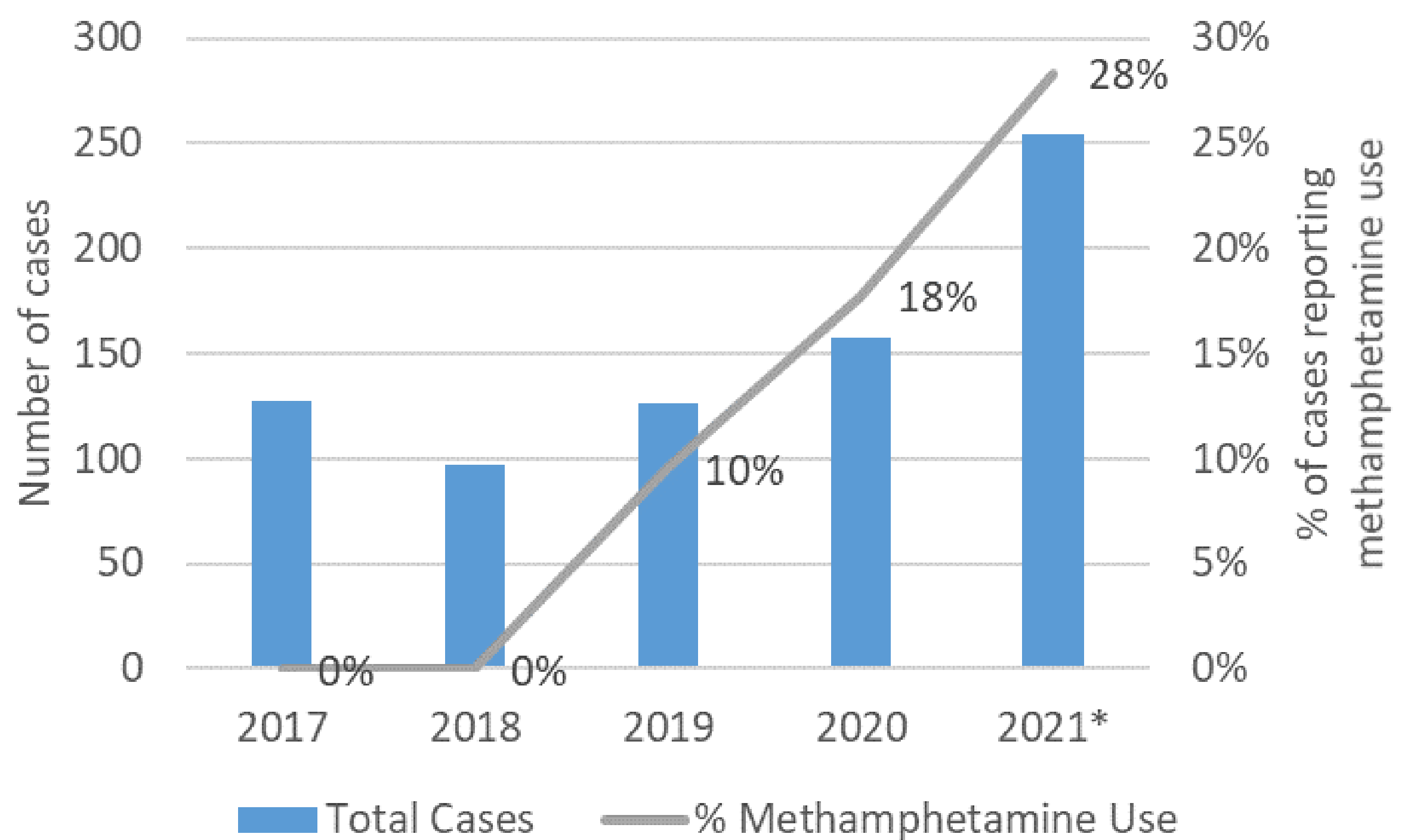
Note: Categories above are not mutually exclusive.

Many gonorrhea cases in Central Oregon have been diagnosed with another sexually transmitted infection (STI).

Sometimes cases were diagnosed multiple times with the same STI or with multiple STIs. Around 55% of gonorrhea cases have been diagnosed with chlamydia, 4% with syphilis, and 2% with HIV. In many cases, the other STI was diagnosed prior to the gonorrhea diagnosis.

Methamphetamine Use

Percent of Central Oregon gonorrhea cases reporting methamphetamine use, 2017-2021*



Note: Includes intravenous and/or non-intravenous methamphetamine use.

Around 28% of gonorrhea cases in Central Oregon reported methamphetamine use in 2021.

No Central Oregon gonorrhea cases reported methamphetamine use from 2017-2018. In 2019, about 10% of cases reported methamphetamine use, 18% in 2020, and around 28% of cases reported some type of methamphetamine use in 2021.

What providers need to know about extragenital screening

Pharyngeal and rectal infections of chlamydia and/or gonorrhea are common, yet screening is limited. Undiagnosed infections can lead to serious health sequelae. Urogenital-only testing can miss asymptomatic chlamydia and/or gonorrhea infections, particularly among men who have sex with men (MSM) and heterosexuals who engage in oral and anal intercourse. To control the current epidemics of STIs, it is paramount that we increase detection of these infections so that they can be treated.

Recommendations for Health Care Providers:

- Take a complete sexual history to identify persons who are at increased risk and to identify all exposed anatomic sites.
- Offer oropharyngeal and rectal STI testing to persons who are at risk for extragenital chlamydia and/or gonorrhea infections, based on sexual history.
- Provide instructions for self-collected specimens if more comfortable for patients.
- Include HIV testing as a part of routine STI testing.
- Contact your laboratory to assess the capacity for processing extragenital specimens. Many laboratories are able to process Aptima swabs for oropharyngeal and rectal specimens.

*Data is preliminary and subject to change.