

Disseminated gonococcal infection: a potential marker of failing sexually transmitted infection control and prevention services

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The SARS-CoV-2 (COVID-19) pandemic has affected routine STI testing leading to undiagnosed and untreated infections,¹ a new obstacle among a series of issues related to STI control in the USA.² In November 2020, the California Department of Public Health's (CDPH) cited reports of disseminated gonococcal infection (DGI) as a result of "... people not seeking care or getting routine testing during the COVID-19 pandemic".¹

AIDS Healthcare Foundation (AHF)—a non-profit organisation providing free walk-in STI services—conducted a retrospective cohort review of all patients who tested gonorrhoea positive at its four California clinics in Los Angeles, Long Beach and Oakland in October 2020. As per CDPH recommendations for monitoring DGI, positive gonorrhoea cases were checked for reported symptoms at the time of their gonorrhoea test visit including fever, joint pain, swelling of joints, or skin lesions.³

Among 214 patients who tested gonorrhoea positive (196 (92%) male;

118 (55%) aged 25–34 years), 28 (13%) were identified as potential DGI cases based on symptoms documented in the medical record or failure to return for follow-up treatment. Of the 28, four had reported a skin rash and one reported having fever, muscle pain and lower right abdominal pain. All 28 patients were contacted by phone and through AHF's online patient portal for additional information about symptoms 7 days prior to their gonorrhoea test date. No case-patient recalled any symptoms of DGI.

CDPH released another DGI-focused press release February 2021, citing homelessness and/or the use of illicit drugs as risk factors for DGI.⁴ Although no cases among AHF patients were found in this retrospective cohort review, continued efforts are needed to ensure vulnerable populations can access gonorrhoea testing and timely treatment services during and beyond the COVID-19 pandemic.

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