



Philadelphia Department of Public Health  
**Division of Disease Control**

DONALD F. SCHWARZ, MD, MPH  
Deputy Mayor, Health & Opportunity  
Health Commissioner

NAN FEYLER, JD, MPH  
Chief of Staff

CAROLINE C. JOHNSON, MD  
Director, Division of Disease Control

## **Health Notification**

### **Gonorrhea Treatment Verification**

**June 18, 2012**

In response to an increase in reported cases of gonorrhea in Philadelphia and concern for emerging antibiotic resistance in *Neisseria gonorrhoeae*, the Philadelphia Department of Public Health (PDPH) Sexually Transmitted Diseases (STD) Control Program will begin enhanced treatment verification for gonorrhea starting in July 2012.

#### **Background:**

In the first 20 weeks of 2012 there were 2,964 gonorrhea cases reported to the Philadelphia Department of Public Health -- a 25% increase compared to the same period last year, and a 35% increase from 2010.

Additionally, treatment options for *N. gonorrhoeae* have diminished rapidly because of the worldwide spread of resistance to antimicrobial agents previously used as first line therapy, i.e., penicillins, narrow-spectrum cephalosporins, tetracyclines, macrolides, and fluoroquinolones. More recently, concern has focused on emergence of gonococcal resistance to cefixime and ceftriaxone. The proportion of surveillance isolates demonstrating elevated cefixime MICs (minimum inhibitory concentration) increased 17-fold between 2006 and 2010. In addition ceftriaxone-resistant *N. gonorrhoeae* has been reported from several locations in the world.

#### **Recommendations:**

- All cases of gonorrhea and its medical treatment are reportable by law in Philadelphia. The PDPH STD Control Program will now actively seek treatment verification for cases of gonorrhea, when information on antibiotic treatment is not included with the case report. Expect that you or your staff may receive a phone call from STD Control Program staff to obtain the required information.
- Current first line therapy for uncomplicated urogenital, rectal, and pharyngeal GC is **dual therapy with 250 mg ceftriaxone IM plus 1 gram azithromycin orally.**
- If a first course of treatment for gonorrhea fails, patients should be re-tested using standard culture methods. Clinicians should re-treat with 250 mg ceftriaxone IM and **two grams** of azithromycin. Suspected antibiotic resistance in gonorrhea should be reported to the STD Control Program at 215-685-6737.
- Sex partners of gonorrhea cases within the previous 60 days should be treated.

Follow the most recent Centers for Disease Control and Prevention (CDC) recommendations for gonorrhea evaluation and treatment, available at <http://www.cdc.gov/std/treatment>

Message #: PDPH-HAN-00164N-06-18-12  
Philadelphia Department of Public Health

Division of Disease Control • 500 South Broad Street, Philadelphia, PA 19146  
215-685-6740 (phone) • 215-686-4514 (after hours) • 215-545-8362 (fax) • [www.phila.gov/health/DiseaseControl](http://www.phila.gov/health/DiseaseControl) • [hip.phila.gov](mailto:hip.phila.gov)