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Health Advisory

Update to CDC STD Treatment Guidelines
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The Centers for Disease Control and Prevention (CDC) updated the STD treatment guidelines in the August 10th issue of the *Morbidity and Mortality Weekly Report*. The CDC is no longer recommending oral cephalosporins, specifically cefixime, at any dose, as first-line treatment of uncomplicated gonococcal infections.

Since 2007, when fluoroquinolones were no longer recommended for treatment of *Neisseria gonorrhoeae*, cefixime had been the only oral therapy still recommended. However, urethral isolates of *N. gonorrhoeae* collected in the United States during 2006 through 2011 from the Gonococcal Isolate Surveillance Project (GISP) have shown elevated minimum inhibitory concentration (MIC) to cefixime. There is also concern that the continued routine use of cefixime might hasten the development of resistance to ceftriaxone.

Treatment with the most effective therapy should limit the transmission of gonorrhea, prevent complications of infection, and likely slow emergence of resistance.

- *Recommended* treatment for uncomplicated urogenital, rectal, and pharyngeal GC is now ***dual therapy with 250 mg ceftriaxone IM plus either 1 gram azithromycin orally as a single dose or doxycycline 100 mg orally twice daily for 7 days.***

- If ceftriaxone is not readily available, patients with urogenital or rectal gonorrhea may be treated with the *alternative* regimen of cefixime 400 mg orally plus azithromycin 1 g orally, or cefixime 400 mg orally plus doxycycline 100 mg twice daily orally for 7 days (or azithromycin 2 g orally in a single dose for severe cephalosporin allergy). All patients treated with these *alternative* regimens should be re-evaluated in 1 week, including a test-of-cure at the infection site, regardless of whether symptoms persist.

- If a first course of treatment for gonorrhea fails (using either recommended or alternative regimens), clinicians should collect relevant clinical specimens for culture, and request antimicrobial susceptibility testing. Clinicians should re-treat with 250 mg ceftriaxone IM plus **two grams** of azithromycin.

- Patients with persistent gonorrhea 7 days or more after receiving the recommended combination regimen (ceftriaxone + azithromycin) should be considered treatment failures and reported to the STD Control Program at 215-685-6619. Isolates of *N. gonorrhoeae* recovered from such patients should be referred to the Public Health Laboratory for antimicrobial resistance testing. The STD Program can also provide treatment advice on complex patients.

- 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