Philadelphia Department of Public Health

Health Advisory

Philadelphia Department of Public Health
Carmen Paris, MPH, Interim Commissioner

Division of Disease Control

City of Philadelphia
John F. Street, Mayor

CDC Changes Recommendations for Gonorrhea Treatment
April 12, 2007

On December 8th, 2005 Philadelphia Department of Public Health Division of Disease Control issued a health alert regarding emergence of quinolone resistant *Neisseria gonorrhoeae* locally. At that time the Department recommended discontinuing use of quinolone antibiotics as first line therapy for gonococcal infections. Because quinolone resistant *N. gonorrhoeae* is now being reported as a national problem, CDC has changed their official STD treatment guidelines for all jurisdictions (see attached).

The recommendations for treatment of uncomplicated gonorrhea are as follows:

- **Ceftriaxone (Rocephin®), 125 mg intramuscularly, in a single dose**
  - Ceftriaxone is effective against infections at all anatomical sites, is safe to use during pregnancy, and is appropriate for use in adolescents. Resistance to ceftriaxone has not been reported for *Neisseria gonorrhoeae* to date.

- **Cefixime (Suprax®), 400 mg orally, in a single dose**
  - Cefixime may be prescribed for uncomplicated gonococcal infections of the urethra, cervix and rectum. Cefixime is currently available only as suspension.

- **For patients who are allergic to penicillin or cephalosporins:**
  - Spectinomycin 2 grams intramuscularly (not readily available);
  - Azithromycin 2 grams orally; or
  - Fluoroquinolone (ciprofloxacin, ofloxacin, levofloxacin) with a follow-up test of cure.
    A test of cure should be performed by culture 3-4 days after treatment, or 3-4 weeks after treatment if using Nucleic Acid Amplification Testing (NAAT).

- **Treatment for Chlamydia is also recommended unless a negative NAAT is available for that patient.**

While significant resistance to ceftriaxone has not been reported for *N. gonorrhoeae* to date, public health departments need to monitor for emerging resistance. Any patient suspected of failing ceftriaxone treatment for *N. gonorrhoeae* should have a test of cure performed by culture, with susceptibility testing of the gonococcal isolate. All ceftriaxone resistant isolates should be reported to the STD control program at 215-685-6737, and the resistant isolate referred to the public health laboratory for confirmatory testing.

Please call the STD Control Program at 215-685-6737 with any questions.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

April 12, 2007

Dear Colleague,

Today CDC announced that fluoroquinolones are no longer recommended for the treatment of gonorrhea in the United States. This recommendation was based on analysis of new data from CDC's Gonococcal Isolate Surveillance Project (GISP), a sentinel surveillance system that monitors trends in antimicrobial susceptibilities of strains of *N. gonorrhoeae* in the U.S. The data on which the recommendation is based were published in this week's MMWR (http://www.cdc.gov/mmwr/) and show that in the first half of 2006 among heterosexual men, the proportion of gonorrhea cases that were fluoroquinolone-resistant (QRNG) reached 6.7%, an 11-fold increase from 0.6% in 2001.

CDC has recommended oral fluoroquinolones (ciprofloxacin, ofloxacin and levofloxacin) as first-line treatments for gonorrhea since 1993, but over the past several years, as QRNG cases increased steadily, CDC advised that they were not recommended for treating gonorrhea, first in Hawaii (2000), then California (2002), and, most recently, in men who have sex with men nationwide (2004). Recommended options for treating gonorrhea are now limited to a single class of antibiotics, cephalosporins. Within this class, CDC recommends ceftriaxone, available only as an injection, as the preferred treatment for all types of gonorrhea infection (genital, anal and pharyngeal). Recommendations are attached; more details are available at http://www.cdc.gov/std/treatment/. Also attached is a paper, "Update on Management of Gonorrhea in Adults," from the April 1 *Clinical Infectious Diseases* supplement.

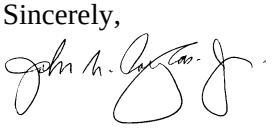
Because of the lack of treatment options, it is critical that we all work together to monitor resistance. Specifically, CDC strongly encourages state and local health departments to:

- Maintain or develop capacity to culture for *N. gonorrhoeae*
- Maintain capacity or develop partnerships with other experienced laboratories to conduct drug susceptibility tests for any patients who fail gonorrhea treatment
- Urge providers in your area to report any case of such resistance to state and local public health authorities so that CDC can closely monitor and appropriately respond to any emerging resistance

CDC will closely monitor for cephalosporin resistance in the U.S. through GISP and will work with the World Health Organization to strengthen international monitoring for gonococcal drug resistance. CDC will also work with government and industry partners to identify and evaluate promising alternative drug regimens for treating gonorrhea.

This is the second *MMWR* in the past month that addresses gonorrhea (March 16, 2007: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5610a4.htm). It is important we use this heightened awareness to reconsider what we are doing to prevent gonorrhea transmission and its *sequelae* and to begin new discussions about improving gonorrhea prevention. We will continue to keep you updated on developments as they occur and will work with you to address the growing urgency of this serious health concern.

Sincerely,



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