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Health Advisory

Revised Treatment Guidelines for Uncomplicated Gonorrhea
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On July 8th 2011 the CDC published a report showing the trend of decreased cephalosporin susceptibility among *Neisseria gonorrhoeae* isolates from 2000-2010 (MMWR 2011:60(26);873-877). Of note, the trend seen in 2009-2010 is similar to that observed during the emergence of fluoroquinolone resistance in *N. gonorrhoeae*, with clinical resistance reported first from both Asia and Norway. The emergence of gonococcal cephalosporin resistance would substantially limit treatment options, as no other well-studied and effective antibiotics or antibiotic combinations are currently available.

The revised treatment recommendations favor azithromycin over doxycycline for dual therapy with ceftriaxone, and recommend an increased dose of azithromycin for suspected treatment failures as follows:

Uncomplicated gonococcal infection:

Ceftriaxone 250 mg IM in a single dose
PLUS
Azithromycin 1 g po in a single dose

Gonococcal cefixime treatment failure, retreat with:

Ceftriaxone 250 mg IM in a single dose
PLUS
Azithromycin 2 g po in a single dose

All suspected treatment failures (defined as persistent symptoms or a positive follow-up test despite recommended treatment) should be reported to the PDPH STD Control Program. Although most testing for gonorrhea is currently performed using nucleic acid amplification testing, culture is necessary for the identification of resistant isolates. In patients whom treatment failure is suspected, cultures should be obtained. Suspected ceftriaxone treatment failures should be re-treated in consultation with the STD Control Program and patients should have a test of cure, with culture within one week of treatment.

Allergic reactions to first-generation cephalosporins occur in 5-10% of those with documented penicillin allergy and occur less frequently with third-generation cephalosporins; therefore, cephalosporins should be contraindicated only in those with a history of severe penicillin allergy such as anaphylaxis, Stevens-Johnson syndrome, or toxic epidermal necrolysis. Pregnant women can be safely treated with ceftriaxone and azithromycin.

Patients should be instructed to abstain from sex until 7 days after treatment is complete or until asymptomatic, whichever is longer. All sex partners, from the preceding 60 days, of persons diagnosed with gonorrhea, chlamydia, syphilis, or HIV should be referred for evaluation and treatment. For assistance with diagnosis, treatment, and partner management of gonorrhea and other STDs, please call the STD Control Program at (215) 685-6737.