



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory
Increase in Gonorrhea, 2010
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In 2010 to date, the Sexually Transmitted Disease (STD) Control Program, Philadelphia Department of Public Health (PDPH) has identified a 26% increase in reported cases of *Neisseria gonorrhoeae* infection (gonorrhea) compared to the same period in 2009. This increase may be due to more timely and improved reporting of cases; however, it may also reflect a true increase in gonorrhea incidence across the city. Females between the ages of 15 – 19 years and males between the ages of 20-24 years are at highest risk for gonorrhea infection in Philadelphia. African Americans are disproportionately affected.

Gonorrhea is transmitted through oral, anal, and vaginal sex. In males, the typical symptoms of genital gonorrhea are dysuria and purulent discharge from the urethra. In females, typical symptoms include vaginal discharge and discomfort, although the majority of genital infections in females are asymptomatic. Rectal infection in males and females are usually asymptomatic.

PDPH recommends that patients presenting with symptoms of gonorrhea be tested and treated empirically. In addition, the following patients should be screened at least annually for gonorrhea at all exposure sites (genital, rectal, and pharyngeal). This includes females and males:

- younger than 25 years of age,
- with a history of previous sexually transmitted infections,
- with new or multiple sexual partners,
- who use condoms inconsistently, or
- with a history of sex work or drug use.

Resistance to ciprofloxacin remains common (10-30%) among isolates of *N. gonorrhoeae*. Thus, first-line therapy for gonorrhea is ceftriaxone. Although resistance to ceftriaxone is uncommon, sporadic isolates of *N. gonorrhoeae* recovered from Philadelphia residents since 2008 have shown elevated MICs (minimum inhibitory concentrations) for ceftriaxone. In addition, there is evidence that pharyngeal gonorrhea requires higher doses of ceftriaxone for eradication. Therefore, PDPH recommends the following treatment for uncomplicated gonorrhea:

- Ceftriaxone (Rocephin®) 250 mg IM once; or
- Cefixime (Suprax) 400 mg po once (for urethral, cervical and rectal infections only).

For patients who are allergic to cephalosporins:

- Azithromycin 2 grams po once; or
- A 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 if testing by nuclei acid amplification (NAAT).

All patients treated for gonorrhea should be simultaneously treated for chlamydia infection, unless a negative NAAT for chlamydia is available.

Sex partners of persons with gonorrhea within the past 60 days should be empirically treated. Any patient suspected of failing ceftriaxone treatment for gonorrhea should have a test of cure performed by culture, with susceptibility testing of the isolate. Ceftriaxone-resistant isolates should be reported to the STD Control Program, and the resistant isolate referred to the public health laboratory for confirmatory testing. **For questions regarding gonorrhea diagnosis and treatment or to report a case, please call the STD Control Program at 215-685-6737.**

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Philadelphia Department of Public Health

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