



County of Erie

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HEALTH ADVISORY # 280

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Updated Sexually Transmitted Disease Treatment Guidelines and Reporting Forms

Please distribute to Emergency Departments, Infection Control Departments, Employee Health Services, Infectious Disease Departments, Pediatrics, Director of Nursing, Medical Director, Pharmacy, Laboratory Director and all patient care areas.

Summary

- The Centers for Disease Control and Prevention (CDC) has released their 2010 Sexually Transmitted Disease (STD) Treatment Guidelines.
- Dual therapy, i.e., two antibiotics, for gonorrhea treatment is now recommended.
 - Ceftriaxone 250 mg IM x 1 **PLUS** Azithromycin 1g po x 1 OR Doxycycline 100 mg po bid X 7 days
 - When Ceftriaxone is not an option, use: Cefixime 400 mg po x 1 **PLUS** Azithromycin 1g po x 1 OR Doxycycline 100 mg po bid X 7 days
 - Cefixime is not recommended for oropharyngeal gonococcal infections
- The Erie County Department of Health (ECDOH) reports gonococcal fluoroquinolone resistance is greater than 10% of gonorrhea isolates tested in 2010.
- Clinicians are strongly advised to discontinue fluoroquinolone use for gonorrhea treatment in Erie County in favor of CDC recommended treatment regimens.
- ECDOH has developed new STD reporting forms to reflect changes in CDC treatment recommendations.

Background

The CDC recently released the 2010 Sexually Transmitted Disease (STD) Treatment Guidelines. The guidelines are evidence based and provide clinicians with information on recommended STD treatments and information on screening, prevention and vaccination strategies for those

who have or are at risk for STDs. The 2010 guidelines replace those previously issued by the CDC in 2006.

A summary of the changes in the 2010 STD Treatment Guidelines written by two of the guideline's lead contributors (Drs. Gale Burstein and Kimberly Workowski) was recently published in the AAP News and can be found at:

<http://aapnews.aappublications.org/cgi/content/full/32/2/7>

Treatment for Gonorrhea Infections

Recommendations for the treatment of gonorrhea have changed significantly in the 2010 STD Treatment Guidelines.

Because of concerns about antimicrobial resistance to cephalosporins, and for greater efficacy of treatment of pharyngeal infections, three changes to the treatment recommendations were made:

1. Ceftriaxone is the preferred antimicrobial agent over cefixime.
2. The Ceftriaxone dose for uncomplicated anogenital and pharyngeal gonorrhea infections has increased to 250 mg intramuscular (IM).
3. Dual therapy, i.e., two antibiotics, is recommended for **all** suspected and confirmed gonorrhea cases regardless of chlamydia test results (see below):

Ceftriaxone 250 mg IM x 1		Azithromycin 1 g po x 1
OR, if ceftriaxone is not available,	PLUS	OR
Cefixime 400 mg po		Doxycycline 100 mg po bid x 7 days

Clinicians are strongly advised to follow one of the CDC recommended treatment regimens above, and discontinue fluoroquinolone use to treat gonorrhea in Erie County. Erie County fluoroquinolone resistant *Neisseria gonorrhoeae* (QRNG) infection rates have increased substantially from 3.2% in 2008, to 6.6% in the first half of 2009, and finally to 10.7% in 2010. Because QRNG incidence is becoming widespread across Erie County, the use of fluoroquinolones is not recommended for treatment of gonococcal infections and associated conditions such as urethritis, cervicitis and pelvic inflammatory disease (PID).

Reporting

To reflect changes in recommended STD treatments, ECDOH has updated its STD reporting form. A copy of the updated reporting form is attached, and can be downloaded from <http://www2.erie.gov/health/index.php?q=epidemiology-amp-disease-control>. Completed reports may be faxed to ECDOH or reported by telephone to our secure reporting line. Documenting STD diagnosis and treatment is essential to the county's STD control and prevention activities. We thank you for your continued cooperation.

Questions

If you have any questions regarding CDC's updated 2010 STD Treatment Guidelines or STD reporting requirements, please contact the ECDOH Communicable Disease Control Office at 716-858-7697.

Additional information

CDC's 2010 STD Treatment Guidelines: <http://www.cdc.gov/std/treatment/2010/default.htm>

CDC webinar on the 2010 STD Treatment Guidelines:
<http://www.stdhivtraining.org/webinars.html>

American Academy of Pediatrics News summary article:
<http://aapnews.aappublications.org/cgi/content/full/32/2/7>

Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; no immediate action necessary

The Erie County Department of Health does not provide medical advice. The information provided on the Erie County Department of Health website is not an attempt to practice medicine and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is for informational purposes only. Always seek the advice of your personal physician or other qualified health provider with any questions you may have regarding a medical condition or issue. Never disregard professional medical advice or delay in seeking it because of the content found on the Erie County Department of Health website or this correspondence.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. **You can sign up to receive alerts & advisories at www.erie.gov/health/services/health_professionals.asp.**

Erie County Department of Health

Confidential Sexually Transmitted Disease Case Report



Fax Completed Forms to: 716-858-7964 or Call Our Secure Reporting Line: 716-858-7697



Patient Information					
Last Name:		First Name:		Middle Initial:	
Address:		Zipcode:	Date of Birth (mm/dd/yy):	Age:	
City/Town:			Telephone Number (with area code):		
Race: <input type="radio"/> American Indian/Alaskan <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Other <input type="radio"/> Asian: _____ <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Unknown		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown		Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	Pregnant: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Reason for Exam: <input type="radio"/> Symptomatic <input type="radio"/> STD Contact <input type="radio"/> Routine screening <input type="radio"/> Other: _____		Was Patient Hospitalized for this Illness: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			Hospital Name: _____ Date Admitted: _____ Date Discharged: _____
Laboratory Data					
Date of Test (mm/dd/yy):		Specimen Source (v all that apply): <input type="radio"/> Cervix <input type="radio"/> Vaginal <input type="radio"/> Urine <input type="radio"/> Urethra <input type="radio"/> Oral <input type="radio"/> Rectal <input type="radio"/> Other: _____ <input type="radio"/> Blood		Laboratory Test Type: <input type="radio"/> NAAT <input type="radio"/> DNA Probe <input type="radio"/> Culture <input type="radio"/> Other: _____ <input type="radio"/> RPR <input type="radio"/> TPPA <input type="radio"/> FTA-Abs <input type="radio"/> EIA	
Lab Confirmed (v all that apply): <input type="radio"/> Chlamydia <input type="radio"/> Gonorrhea <input type="radio"/> Syphilis					
Chlamydia		Gonorrhea		Syphilis	
Diagnosis (v all that apply): <input type="radio"/> Asymptomatic <input type="radio"/> Symptomatic--Uncomplicated <input type="radio"/> Pelvic Inflammatory Disease (cervical or adnexal tenderness) <input type="radio"/> Other: _____		Diagnosis (v all that apply): <input type="radio"/> Asymptomatic <input type="radio"/> Symptomatic--Uncomplicated <input type="radio"/> Pelvic Inflammatory Disease (cervical or adnexal tenderness) <input type="radio"/> Disseminated <input type="radio"/> Other: _____		Stage: <input type="radio"/> Primary (chancre, etc) <input type="radio"/> Secondary (rash, etc) <input type="radio"/> Early latent (<1 yr) <input type="radio"/> Late latent (>1 yr) <input type="radio"/> Congenital <input type="radio"/> Tertiary	
Treatment (v all prescribed): <input type="radio"/> Azithromycin, 1 g PO single dose <input type="radio"/> Doxycycline, 100 mg PO BID for 7 days <input type="radio"/> Erythromycin base, 500 mg PO QID for 7 days <input type="radio"/> Erythromycin ethylsuccinate, 800 mg PO QID for 7 days <input type="radio"/> Levofloxacin, 500 mg PO for 7 days <input type="radio"/> Ofloxacin, 300 mg PO BID for 7 days <input type="radio"/> Other treatment: _____		Treatment (v all prescribed): <input type="radio"/> Ceftriaxone, 250 mg IM single dose <input type="radio"/> Cefixime, 400 mg PO single dose <input type="radio"/> Single-dose injectible cephalosporin regimen specify: _____ <input type="radio"/> Other treatment: _____ PLUS one of the following: <input type="radio"/> Azithromycin, 1 g PO single dose <input type="radio"/> Doxycycline, 100 mg PO BID for 7 days		Neurosyphilis diagnosed: <input type="radio"/> Yes <input type="radio"/> No Treatment Given or Referred to: _____ _____ _____ _____	
Date Rx: _____		Date Rx: _____		Date Rx: _____	
Reporting Clinic Information					
Date:		Diagnosing Clinician:			
Facility Name:		Person Completing Form:			
Address:		Telephone:			
City, State, Zipcode:		Fax #:			