



County of Erie

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DEPARTMENT OF HEALTH

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HEALTH ADVISORY #297 Updated *Neisseria gonorrhoeae* Treatment Changes

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**Please distribute to Healthcare Providers, chief of Medicine, Primary Care
Internal Medicine, Infection Disease, Pediatrics, Emergency Medicine,
Family Medicine, Laboratory Medicine, and Infection Control**

SUMMARY

- The Centers for Disease Control and Prevention (CDC) **no longer recommends cefixime** at any dose as a first-line regimen for treatment of **gonococcal infections**.
- CDC now recommends combination therapy with **ceftriaxone 250 mg** intramuscularly **AND** either **azithromycin 1 g** orally as a single dose **or doxycycline 100 mg** orally twice daily for 7 days.
- If cefixime is used, the patient should return in 1 week for a test-of-cure.

BACKGROUND

The Centers for Disease Control and Prevention (CDC) no longer recommends oral cefixime as a first-line gonorrhea treatment due to emerging gonorrhea resistance to oral cefixime. The change was prompted by evidence of declining cefixime susceptibility among urethral *N. gonorrhoeae* isolates collected in the United States during 2006–2011.

According to the revised guidelines, published in CDC's August 10, 2012 Morbidity and Mortality Weekly Report (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w), the most effective gonorrhea treatment is combination therapy with ceftriaxone 250 mg intramuscularly either azithromycin 1 g orally as a single dose or doxycycline 100 mg orally twice daily for 7 days. Azithromycin as the second antimicrobial is preferred to doxycycline because of the convenience and compliance advantages of single-dose therapy and the substantially higher prevalence of gonococcal resistance to tetracycline than to azithromycin.

Clinicians who diagnose gonorrhea in a patient with persistent infection after treatment (treatment failure) with the recommended combination therapy regimen should culture relevant clinical specimens and perform *N. gonorrhoeae* antimicrobial susceptibility testing. Clinicians without gonorrhea culture availability from a NYSDOH-permitted clinical laboratory may call

the Erie County Department of Health Public Health Laboratory Monday through Friday between 8:30AM – 4:30 PM at 716-898-6100. The treating clinician should consult with ECDOH STD Clinic Medical Director (716-858-7687), the ECDOH Commissioner (716-858-6976), or an infectious disease specialist.

In some instances, cefixime may be needed as an alternative treatment option. If ceftriaxone is not readily available, providers may prescribe dual therapy with cefixime 400 mg in a single oral dose PLUS either 1 g orally in a single dose or doxycycline 100 mg orally twice daily for 7 days. A patient with a documented severe cephalosporin allergy should be treated with azithromycin 2 g in a single oral dose. If either of these alternative regimens is prescribed, providers must perform a test-of-cure one week after treatment.

TREATMENT GUIDELINES

A. Uncomplicated gonococcal infections of the cervix, urethra, and rectum

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose *OR*

Doxycycline 100 mg orally twice daily for 7 days*

Alternative regimens

If ceftriaxone is not available:

Cefixime 400 mg in a single oral dose

PLUS

Azithromycin 1 g orally in a single dose *OR*

Doxycycline 100 mg orally twice daily for 7 days*

PLUS

Test-of-cure in 1 week

If the patient has severe cephalosporin allergy:

Azithromycin 2 g in a single oral dose

PLUS

Test-of-cure in 1 week

B. Uncomplicated gonococcal infections of the pharynx

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose *OR*

Doxycycline 100 mg orally twice daily for 7 days*

* Because of the high prevalence of tetracycline resistance, the use of azithromycin as the second antimicrobial is preferred.

REPORTING

A copy of the Erie County Department of Health (ECDOH) “Confidential Sexually Transmitted Disease Case Report” form can be downloaded from:

<http://www2.erie.gov/health/index.php?q=epidemiology-amp-disease-control>.

Completed reports may be faxed to ECDOH at (716) 858-7964 or reported by telephone to our secure reporting line at (716) 858-7697. Documenting Sexually Transmitted Disease (STD) diagnosis and treatment is essential to the county’s STD control and prevention activities.

CONTACT INFORMATION

Providers with questions or concerns may contact ECDOH Epidemiology and Surveillance program at (716) 858-7697, Monday – Friday 8:30 AM – 3:30 PM.

Providers without gonorrhea culture availability may call the Erie County Department of Health Public Health Laboratory at 716-898-6100, Monday through Friday 8:30AM – 4:30 PM.

FOR MORE INFORMATION

Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

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

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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

<http://www2.erie.gov/health/index.php?q=node/59>.