

Health Alerts

Health Update #199 - MANAGEMENT OF GONORRHEA IN ERIE COUNTY - 04/24/07

SUMMARY

- Although the prevalence of fluoroquinolone resistant-*N. gonorrhoeae* (QRNG) has substantially increased in much of the United States, Erie County has not experienced the same level of QRNG.
- Since QRNG resistance for urethral and cervical infection in Erie County is <5%, the use of fluoroquinolones for treatment of urethral and cervical gonorrhea is still an option for infections acquired in Erie County among females and heterosexual males.
- Providers should follow national guidelines (available at: www.cdc.gov/std/treatment) recommending use of cephalosporins approved for *N. gonorrhoeae* treatment for pharyngeal and anorectal gonorrhea infections; for gonorrhea infections in men who have sex with men (MSM); and for infections acquired outside of Erie County.
- The Erie County Public Health Laboratory will continue to monitor local antimicrobial susceptibilities of *Neisseria gonorrhoeae*.
- For questions regarding gonorrhea or other sexually transmitted diseases (STD) diagnosis or management, call the Erie County Department of Health STD clinic at 716-858-7687 or 858-6290.

BACKGROUND

In Erie County, gonorrhea is the second most commonly reported notifiable disease, with 1,791 cases documented in 2006. Since 1993, fluoroquinolones (i.e., ciprofloxacin, ofloxacin, or levofloxacin) have been used frequently in the treatment of gonorrhea because of their high efficacy, ready availability, and convenience as a single-dose, oral therapy.

The Gonococcal Isolate Surveillance Project (GISP) is a Centers for Disease Control and Prevention (CDC)-sponsored sentinel surveillance system that has been monitoring antimicrobial susceptibilities of *Neisseria gonorrhoeae* in the United States since 1986. Annually, GISP collects approximately 6,000 urethral gonococcal isolates from males attending 26 to 30 sexually transmitted disease (STD) clinics throughout the country, including Erie County, and provides national data to guide treatment. GISP began susceptibility testing for ciprofloxacin in 1990. Since 2000, prevalence of fluoroquinolone resistant-*N. gonorrhoeae* (QRNG) has been increasing in much of the United States and is becoming widespread. Nationally, in 2005, 9.4% of 6,199 isolates collected by GISP were resistant to ciprofloxacin, and during January--June 2006, 13.3% of 3,005 isolates were resistant. However, Erie County has not experienced the same level of QRNG. In 2006, only 1.2% of 85 urethral and 2.0% of 50 cervical isolates collected by Erie County GISP were resistant to ciprofloxacin, levofloxacin or ofloxacin.

In addition, since 2001, GISP has observed QRNG increases among isolates from men who have sex with men (MSM), and more recently, from heterosexual males. Preliminary national data from January--June 2006 indicate that QRNG prevalence increased to 38.3% among MSM. However, Erie County is unable to estimate QRNG among MSM.

Because increases in the QRNG prevalence were observed among isolates from heterosexual males and MSM in most regions of the country, CDC no longer recommends fluoroquinolones for treatment of gonorrhea. CDC changed treatment recommendations when QRNG prevalence reached > 5% so that all recommended treatments for gonorrhea can be expected to cure > 95% of infections.

RECOMMENDATIONS

- Since QRNG resistance for urethral and cervical infection in Erie County is < 5%, the use of fluoroquinolones for treatment of urethral and cervical gonorrhea is still an option for infections acquired in Erie County among females and heterosexual males.
- Since the Erie County Department of Health is unable to monitor for QRNG among MSM or infections acquired from persons outside of Erie County, providers should follow national guidelines (available at: www.cdc.gov/std/treatment) recommending use of cephalosporins approved for *N. gonorrhoeae* treatment for pharyngeal and anorectal gonorrhea infections; for gonorrhea infections in MSM; and for infections acquired outside of Erie County.
- CDC recommendation for use of cephalosporins approved for *N. gonorrhoeae* treatment:
 - For the treatment of uncomplicated urogenital and anorectal gonorrhea: ceftriaxone 125 mg IM x 1 or cefixime 400 mg po x 1.
 - Oral alternatives for the treatment of urogenital and anorectal gonorrhea: cefpodoxime 400 mg po x 1 or cefuroxime axetil 1 g po x 1.
 - Alternative parenteral regimens for urogenital and anorectal gonorrhea: ceftizoxime 500 mg IM x 1, cefoxitin 2 g IM with probenecid 1 g po x 1, or cefotaxime 500 mg IM x 1.
 - For pharyngeal gonorrhea, CDC now recommends a single dose of ceftriaxone 125 mg IM x 1
 - Spectinomycin, cefixime, cefpodoxime, and cefuroxime axetil do not appear adequate for treating pharyngeal gonococcal infections.
 - For disseminated gonorrhea infection, pelvic inflammatory disease and epididymitis, see updated CDC STD Treatment guidelines at: www.cdc.gov/std/treatment.
- For questions regarding gonorrhea or other STD diagnosis or management, call the Erie County Department of Health STD clinic at 716-858-7687 or 858-6290.