



County of Erie

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HEALTH ADVISORY # 253 MANAGEMENT OF GONORRHEA IN ERIE COUNTY

AUGUST 21, 2009

Please distribute to Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, Pharmacy Department, and all primary care providers.

Summary

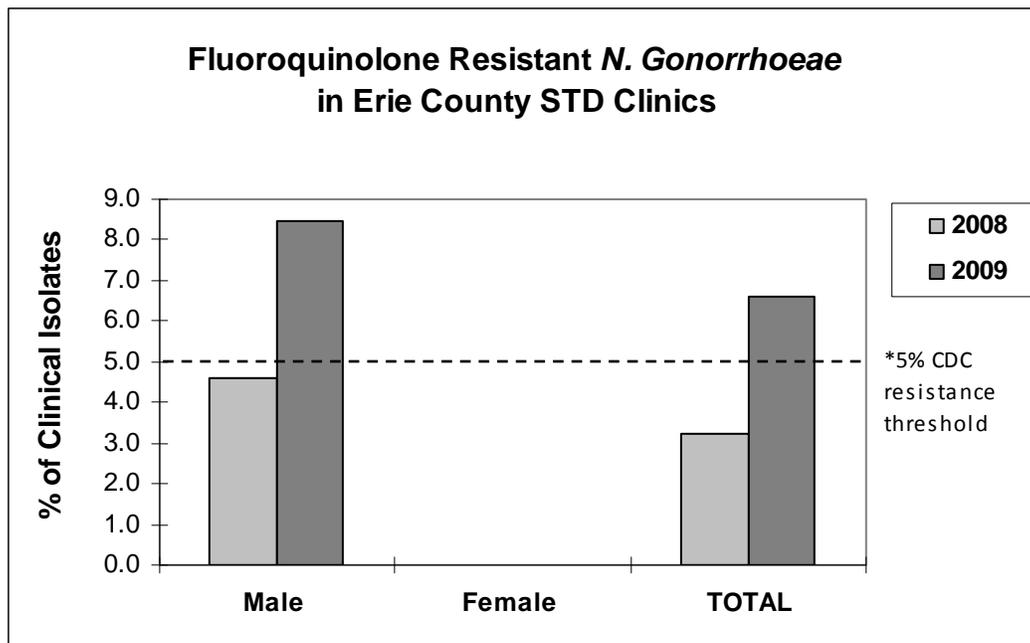
- Erie County fluoroquinolone resistant *Neisseria gonorrhoeae* (QRNG) infection rates increased to 3.2% in 2008 and to 6.6% in the first half of 2009. Because QRNG incidence is becoming widespread across Erie County, the use of fluoroquinolones is not recommended for treatment of gonococcal infections and associated conditions such as urethritis, cervicitis and pelvic inflammatory disease (PID).
- Cephalosporins are the only one class of drugs that is still recommended and available for the treatment of gonorrhea.
- Providers should follow national guidelines (available at www.cdc.gov/std/treatment) recommending the use of cephalosporins approved for *N. gonorrhoeae* treatment.
- The Erie County Public Health Laboratory will continue to monitor local *N. gonorrhoeae* antimicrobial susceptibilities.
- For questions regarding gonorrhea or other sexually transmitted disease (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 illness, and cases continue to increase since 2003, with 1,569 cases of gonorrhea documented in 2008. Since 1993, fluoroquinolones (i.e., ciprofloxacin, ofloxacin, or levofloxacin) have frequently been used for gonorrhea treatment because of their high efficacy, ready availability, and convenience as a single-dose, oral therapy. Unfortunately, the prevalence of fluoroquinolone resistant *N. gonorrhoeae* (QRNG) has been increasing in much of the United States since 2000 and is becoming widespread.

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 28 sexually transmitted disease (STD) clinics throughout the country, and provides national data to guide treatment. GISP began susceptibility testing for ciprofloxacin in 1990. Nationally, in 2007, 16.1% of isolates collected by GISP were resistant to ciprofloxacin. CDC changed treatment recommendations when QRNG prevalence reached >5%* so that all recommended treatments for gonorrhea can be expected to cure >95% of infections.

The Erie County Public Health Laboratory performs susceptibility testing on samples of gonococcal isolates from males and females attending Erie County Department of Health STD clinics. Cell culture of urethral or cervical specimens, rather than non-culture tests, such as nucleic acid amplification tests (NAATs) where urine specimens can be used, is required for gonococcal resistance testing. In 2008, 3.2% and in the first half of 2009, 6.6% of the isolates collected in Erie County health clinics were ciprofloxacin and ofloxacin resistant. Among the isolates collected from males, in 2008, 4.6% and in the first half of 2009, 8.5% were ciprofloxacin and ofloxacin resistant.



Recommendations

- Since QRNG infections in Erie County are reaching widespread levels, the use of fluoroquinolones for treatment of gonorrhea is not recommended.
- Providers should follow national guidelines (available at: www.cdc.gov/std/treatment) recommending the use of cephalosporins approved for *N. gonorrhoeae* treatment .
- CDC recommendations for use of cephalosporins approved for *N. gonorrhoeae* treatment:
 - For the treatment of uncomplicated cervical, 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, ceftioxin 2 g IM with probenecid 1 g po x 1, or cefotaxime 500 mg IM x 1
 - For pharyngeal gonorrhea, CDC recommends a single dose of ceftriaxone 125 mg IM x 1
 - Spectinomycin, cefixime, cefpodoxime, and cefuroxime axetil do not appear adequate to treat pharyngeal gonococcal infections
 - For disseminated gonorrhea infection, pelvic inflammatory disease and epididymitis, see the updated CDC STD Prevention Guidelines at: www.cdc.gov/std/treatment
- Clinicians are reminded that patients with gonorrhea should be concurrently treated for chlamydia if chlamydial infection has not been ruled out by a negative NAAT.
- 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.

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