

For Health Professionals

Health Alerts

Health Advisory #85 - New Treatment Recommendation for Drug-Resistant Gonorrhea in gay and bisexual men. - May 26, 2004

The following is a Press Release from the Centers for Disease Control, Issued April 29, 2004.

INCREASING CASES OF DRUG-RESISTANT GONORRHEA PROMPT NEW TREATMENT RECOMMENDATION FOR GAY AND BISEXUAL MEN

The Centers for Disease Control and Prevention (CDC) recommended that fluoroquinolones no longer be used as first-line treatment for gonorrhea among men who have sex with men (MSM). The recommendation was made after preliminary data showed that drug-resistant gonorrhea cases increased significantly in the United States in 2003, particularly among gay and bisexual men. Reports from Massachusetts and New York City also indicate that rates of resistant gonorrhea in 2003 were up to eight times higher among MSM than among heterosexual men.

A CDC study of men seen at sexually transmitted disease clinics in 23 U.S. cities that participate in the CDC's gonococcal surveillance program found that the proportion of gonorrhea cases resistant to fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) more than doubled, from 0.4 percent in 2002 to 0.9 percent in 2003. Occurrence of fluoroquinolone-resistant *Neisseria-gonorrhoeae* (QRNG) was highest among MSM, increasing nearly three-fold from 1.8 percent in 2002 to 4.9 percent in 2003. The nearly 5 percent rate among MSM was 12 times higher than among heterosexual men (0.4 percent).

Regional data support the national findings. The Massachusetts State Laboratory Institute reported that QRNG was identified more than six times as often in isolates from MSM than heterosexual men in the period January through August 2003 (11.1 and 1.8 percent, respectively). Similarly, New York City's Department of Health and Mental Hygiene reported that QRNG was nearly eight times more common among MSM than heterosexual men from January through July 2003 (12.5 and 1.6 percent, respectively).

"These national and regional data show that drug-resistant gonorrhea is a rapidly emerging health concern, particularly for gay and bisexual men," said Dr. John Douglas, director of CDC's STD prevention programs. "CDC will continue to monitor for resistant cases in the U.S. population and update treatment recommendations as necessary."

The new CDC-recommended treatment options for MSM with gonorrhea include the injectable antibiotics ceftriaxone, 125-mg IM (for anorectal, pharyngeal, and urogenital cases) and spectinomycin, 2-g IM (for anorectal and urogenital cases only). The antibiotic cefixime is also an option, but is only available in liquid form in the United States.

Given the low occurrence of QRNG among heterosexual men and women, no change in national gonorrhea treatment recommendations for this group is warranted. Some state and local areas

have changed, or may need to change, their recommendations based on local data. CDC is working with state and local health departments to ensure that physicians and health care providers know about the new recommendations for drug-resistant gonorrhea in MSM and that they receive future updates on treatment options.