

Update to Gonorrhea Treatment Guidelines

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

Gonorrhea is the second most commonly reported notifiable infection. If left untreated, gonorrhea is associated with severe reproductive health consequences. It can also increase the risk of HIV transmission.

Welcome to CDC Audio Rounds. I'm Dr. Bob Kirkcaldy, Medical Officer in the Division of STD Prevention at the Centers for Disease Control and Prevention, and lead author on the recently updated gonorrhea treatment guidelines that were published in Morbidity and Mortality Weekly Report, or MMWR.

Since 2010, CDC has recommended dual therapy to treat gonorrhea that includes a cephalosporin -- either the oral antibiotic cefixime or the injectable antibiotic ceftriaxone -- AND a second antibiotic.

Recent laboratory data from CDC's Gonococcal Isolate Surveillance Project suggest that the effectiveness of cefixime for treating gonorrhea may be declining. For this reason, CDC has updated its gonorrhea treatment guidelines and no longer recommends the routine use of cefixime.

For patients with uncomplicated genital, rectal, or pharyngeal gonorrhea, CDC now recommends combination therapy with ceftriaxone, 250 mg as a single intramuscular dose, plus either azithromycin, 1 gram orally in a single dose, or doxycycline, 100 mg orally twice daily for 7 days.

If ceftriaxone is not available, CDC recommends cefixime, 400 mg orally, plus either azithromycin, 1 gram orally, or doxycycline, 100 mg orally twice daily for 7 days. For patients with a severe allergy to cephalosporins, CDC recommends a single 2 gram dose of azithromycin orally. In both circumstances, when ceftriaxone is not used, CDC recommends a test of cure for these patients one week after treatment. This is an important change in the treatment guidelines.

Clinicians are encouraged to be vigilant for cephalosporin resistance. If a patient fails treatment with CDC recommended therapy, the clinician should collect a specimen for culture and sensitivity, re-treat the patient, ensure the patient's recent partners are treated, and notify CDC through the local STD program within 24 hours.

There haven't been any documented treatment failures in the US. However, the trends reported in the MMWR, the growing number of international reports of cefixime treatment failures, and the bacteria's history of becoming resistant to antibiotics used for treatment point to the increasing likelihood that gonococcal cephalosporin resistance and treatment failures are on the horizon in the United States.

For more information, please visit www.cdc.gov/std.

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