August 20, 2012

To: Physicians of City of Pasadena

From: Eric G. Walsh, MD, MPH
Public Health Director and Officer

Re: New Gonorrhea Treatment Guidelines from the CDC

The Centers for Disease Control and Prevention no longer recommends the oral antibiotic cefixime as a first-line treatment option for gonorrhea in the United States because of the possibility that the bacteria which causes gonorrhea is becoming resistant to the drug. The change was prompted by recent trends in laboratory data showing that cefixime, marketed under the brand name Suprax, is becoming less effective in treating the sexually transmitted disease.

This change leaves only one recommended drug proven effective for treating gonorrhea, the injectable antibiotic ceftriaxone.

According to the revised guidelines, published August 10, 2012, in CDC’s Morbidity and Mortality Weekly Report, the most effective treatment for gonorrhea is a combination therapy: the injectable antibiotic ceftriaxone along with one of two other oral antibiotics, either azithromycin or doxycycline.

As a result, the CDC has changed the status of oral cefixime from a recommended treatment to an alternative treatment. Because IM cephalosporin’s are less likely to induce resistance, dual therapy with ceftriaxone 250mg IM plus azithromycin 1 g po or doxycycline 100mg po bid for 7 days is now the only recommended therapy for uncomplicated CG infections. For patients allergic to cephalosporins, azithromycin 2g po in a single dose is still considered an alternative treatment regimen.

The CDC further recommends that patients treated with an alternative regimen receive a test of cure (TOC) in 7 days, ideally with culture, although nucleic acid amplification tests (NAATs) are acceptable as a second choice. If the NAAT TOC is positive, a confirmatory culture is recommended. Antimicrobial susceptibility testing (AST) is recommended for all positive TOC cultures.

The full report, “Update to CDC’s 2010 Sexually Transmitted Diseases Treatment Guidelines: Oral Cephalosporins No longer a Recommended Treatment for Gonococcal Infections” (MMWR Weekly, August 10, 2012/61(31); 590-594), is available online: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_e.
We urge you to start utilizing this alternative treatment as described for the effective treatment of GC. Qualifying clients can be referred to the Andrew Escajeda Comprehensive Care Services (HIV/STD) Clinic located at 1845 N. Fair Oaks Ave, Pasadena (626)744-6140 for STD services.

Regards,

[Signature]

Eric G. Walsh, MD, MPH
Health Officer/Director