New Hampshire Health Alert Network
Health.Alert@nh.gov

Status:	Actual
Message Type:	Alert
Severity:	Moderate
Sensitive:	Not Sensitive
Message Identifier:	NH-HAN #20120831 Updated Gonorrhea Treatment Recommendations
Delivery Time:	12 hours
Acknowledgement:	No
Originating Agency:	NH Department of Health and Human Services, Division of Public Health Services

DATE: August 31, 2012 **TIME:** 10:00 EDT

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Hospital Emergency Departments, Manchester Health Department, Nashua Health Department, DHHS Outbreak Team, DPHS Investigation Team, NHHA, Public Health Network, DPHS Management Team, Family Planning Programs, STD Clinic Coordinators, Community Health Centers, College Health Centers

FROM: Jodie Dionne-Odom, MD, Deputy State Epidemiologist

SUBJECT: Updated Gonorrhea Treatment Recommendations

NH Division of Public Health Services (NH DPHS) recommends:

1. Awareness that oral cefixime has been removed from the recommended treatment options for gonococcal infections due to increasing antibiotic resistance noted in the US.
2. Review of current gonorrhea treatment guidelines with preferred therapy of ceftriaxone 250 mg IM and azithromycin 1g orally.
3. Consideration of specimen collection for gonorrhea culture and sensitivities in cases of gonorrhea that persist despite appropriate therapy.
4. Reporting of all cases of gonorrhea to NH DPHS within 72 hours at 603-271-4496 (after hours 800-852-3345, x5300).

Background

Gonorrhea is a commonly reported sexually transmitted infection that can lead to pelvic inflammatory disease, ectopic pregnancy and increased risk of HIV acquisition.

Epidemiology

In the US, more than 300,000 cases of gonorrhea were reported in 2011. In New Hampshire over the past five years, there have been 100-146 cases of gonorrhea reported each year. For 2012 to date, 79 cases have been reported and investigated.

Treatment Recommendations

In the 2010 CDC STD Treatment Guidelines, cephalosporins continued to be the mainstay for gonorrhea therapy; preferably ceftriaxone 250 mg IM (an increased dose compared to 125 mg in 2006 guidelines) with an oral option of cefixime 400 mg po once. Either drug was to be given as combination therapy with azithromycin 1g once or doxycycline 100 mg po bid x 7 days, irrespective of chlamydia testing.

Based on increasing reports of elevated cefixime minimum inhibitory concentrations (MICs >0.25 mcg/mL), and reports of treatment failure in Europe, cefixime has been removed from the

list of recommended treatment options for gonorrhea. If ceftriaxone is not available and cefixime is used as an alternative agent, test of cure at the site of infection is recommended in one week. Patients with a severe cephalosporin allergy are recommended to receive 2g of azithromycin once with test of cure at the site of infection in one week as well.

Any clinician evaluating a patient with gonorrhea that persists despite appropriate therapy should consider gonococcal resistance as one possible explanation for the persistence. At that point, DPHS should be notified and a sample should be collected and sent to the NH Public Health Laboratories for culture of gonorrhea and antimicrobial resistance testing. Clinicians can call the lab at (603) 271 4661 with any questions about specimen collection or shipping.

Uncomplicated gonococcal infections of the cervix, urethra, and rectum

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

Alternative regimens

If ceftriaxone is not available:

Cefixime 400 mg in a single oral dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

PLUS

Test-of-cure in 1 week

If the patient has severe cephalosporin allergy:

Azithromycin 2 g in a single oral dose

PLUS

Test-of-cure in 1 week

Uncomplicated gonococcal infections of the pharynx

Recommended regimen

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1 g orally in a single dose

or doxycycline 100 mg orally twice daily for 7 days*

* Because of the high prevalence of tetracycline resistance among Gonococcal Isolate Surveillance Project isolates, particularly those with elevated minimum inhibitory concentrations to cefixime, the use of azithromycin as the second antimicrobial is preferred.

For background and additional information, please refer to:
1. CDC MMWR from August 10, 2012:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

2. CDC STD Webpage
http://www.cdc.gov/std/

3. CDC 2010 STD Treatment Guidelines
http://www.cdc.gov/std/treatment/2010/default.htm

For any questions regarding the contents of this message, please contact NH DPHS Bureau of Infectious Disease Control at 603-271-4496.
After hours or toll free at 800-852-3345, ext. 4496.

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert:	Indicates an original alert
Update:	Indicates prior alert has been updated and superseded
Cancel:	Indicates prior alert has been cancelled
Error:	Indicates prior alert has been retracted

Status

Actual:	Communication or alert refers to a live event
Exercise:	Designated recipients must respond to the communication or alert
Test:	Communication or alert is related to a technical, system test and should be disregarded

Severity

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Sensitive

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Identifier: A unique alert identifier that is generated upon alert activation.

Delivery Time: Indicates the timeframe for delivery of the alert.

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required.

Originating Agency: A guaranteed unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used please contact:

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