



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

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2007 Health Alert # 2

Fluoroquinolones no longer recommended for the treatment of gonorrhea in the U.S.

Please distribute to all Clinical Staff in Emergency Medicine, Obstetricians/Gynecologists, Primary Care/Internal Medicine, Family Medicine, Pediatrics, Urology, Infectious Disease, and Laboratory Medicine

- Due to national increases in fluoroquinolone resistance in gonococcal isolates, the Centers for Disease Control and Prevention (CDC) have revised gonorrhea treatment recommendations.
- Discontinue use of all oral fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) for the treatment of gonorrhea in men and women.
- Injectable ceftriaxone (e.g. Rocephin) is the best treatment option for all types of gonorrhea (e.g. genital, anal and pharyngeal), including empiric treatment for pelvic inflammatory disease and epididymitis.
- NYC providers diagnosing cephalosporin resistant gonorrhea should report it immediately to the New York City Department of Health and Mental Hygiene - Bureau of STD Control

April 16, 2007

Dear Colleagues,

National data published in this week's MMWR (<http://www.cdc.gov/mmwr/>) show significant increases in fluoroquinolone (FQ) resistant gonorrhea. Such increases exceed Centers for Disease Control's (CDC) threshold (>5%) for abandoning FQ treatment recommendations. Nationwide, in the first half of 2006, the proportion of quinolone resistant *Neisseria gonorrhoeae* (QRNG) reached 6.7% in heterosexual men and 38% in men who have sex with men (MSM). In New York City (NYC), the proportion of gonorrhea (GC) isolates found to be QRNG in NYC Department of Health and Mental Hygiene STD clinics increased from 10% in 2005 to 17% in 2006.

In response to this announcement, the NYC Department of Health and Mental Hygiene recommends that clinicians follow these CDC guidelines for gonorrhea therapy:

- Single dose cephalosporins, specifically injectable ceftriaxone, are the best treatment option for uncomplicated gonococcal infections of the cervix, urethra, rectum and pharynx.
- Cephalosporins (e.g. ceftriaxone) replace FQs in the treatment protocol for mild to moderate pelvic inflammatory disease (PID).
- Initial empiric therapy for epididymitis should include ceftriaxone for GC and doxycycline for chlamydia coverage. If gonococcal testing is negative, additional treatment with a FQ is appropriate.
- Empiric therapy for gonorrhea should **always** include coverage for chlamydia according to the most recent CDC treatment recommendations (i.e. azithromycin or doxycycline)
- Options are limited for gonorrhea patients who report a history of penicillin or cephalosporin allergy.
 - CDC recommends these individuals be sent to a specialist for antibiotic desensitization.
 - If desensitization is not possible, azithromycin 2 grams orally can be used to treat uncomplicated gonorrhea in penicillin/cephalosporin allergic patients. However, this dose has been associated with gastrointestinal distress (e.g. vomiting). Furthermore CDC does not recommend widespread use of azithromycin out of concern regarding rapid emergence of macrolide resistance in GC.
 - If FQs are the only alternative for treatment (e.g. patients with multiple drug allergies), cultures must be collected prior to treatment to confirm antibiotic sensitivity.

The Bureau acknowledges that many health care facilities/private doctors do not have the capacity to perform gonorrhea culture and will be concerned regarding loss of treatment options. In order to track local resistance patterns, the Bureau will continue to participate in the following activities:

- Continued monitoring of gonococcal antibiotic resistance via local sentinel surveillance and ongoing participation in the national Gonococcal Isolate Surveillance Project (GISP)
- Close monitoring for emergence of cephalosporin resistance
- Continued monitoring of antimicrobial resistance using data reported by providers on the Universal Reporting Form (<http://home2.nyc.gov/html/doh/downloads/pdf/hcp/urf-0803.pdf>)
- Maintaining gonorrhea culturing capacity at all DOHMH STD clinics

Detailed information on gonorrhea treatment recommendations and information on antibiotic resistance can be found at <http://www.cdc.gov/std/Gonorrhea/arg/default.htm>. Oral cephalosporin regimens are also detailed at that site.

Contact the Bureau of Sexually Transmitted Disease Control if you have any questions regarding these recommendations at 212-788-4423.

Sincerely,

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References

1. Centers for Disease Control and Prevention. Update to the CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006: Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections. MMWR2007 56(14):332-336
2. Newman, L.M., Moran J.S. and Workowski, K.A. Update on the Management of Gonorrhea in Adults in the United States. CID 2007; 44 S84-S101
3. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2006. MMWR 55 (No. RR-11): 35-61