State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director

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Dear California STD Controllers:

I am writing to call your attention to a potential problem in how healthcare providers are treating patients with gonorrhea infections. We hope that you can help circulate the following information to providers in your jurisdiction.

As you know, given the risk of decreasing susceptibility of gonorrhea to cephalosporin antibiotics, the Centers for Disease Control and Prevention (CDC) recommends that medical providers treat uncomplicated gonorrhea infections with dual antibiotic therapy:

Ceftriaxone 250 mg intramuscular (IM)
plus either
Azithromycin 1 gm orally in a single dose *or*
Doxycycline 100 mg orally twice a day for seven days.[1]

In order to understand challenges that health care providers face in adhering to the gonorrhea treatment guidelines, the California STD Control Branch surveyed a sample of providers who had not used recommended regimens to treat gonorrhea. During our review of the data, we discovered that providers were often treating patients presumptively for chlamydia or non-gonococcal urethritis using azithromycin or doxycycline. However, when the test result returned positive for gonorrhea, the patients were brought back and treated with only IM ceftriaxone.

This single-drug regimen is not adequate. The current guidelines recommend **dual antibiotic therapy administered concurrently** to improve treatment efficacy and prevent the emergence of antibiotic resistance. This recommendation is based on experience using combination antibiotics that have different mechanisms of action to treat other organisms which have potential to develop resistance.

[1] Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. Morbidity and Mortality Weekly Report (MMWR). August 10, 2012 / 61(31);590-594. Website: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm.

Assuring correct treatment for gonorrhea may be one of the most important strategies for preventing the emergence of drug-resistant gonorrhea. We encourage health care organizations and medical directors to assist with implementation of these dual treatment recommendations. Specifically, we are encouraging review of clinic protocols and revisions as necessary to ensure that patients returning for gonorrhea treatment receive both recommended medications, even if they have already received azithromycin or doxycycline.

Patients who were inadequately treated previously do not need to be re-treated, but may benefit from a test of cure (TOC) if treatment failure is suspected. Ideally, TOC should be performed using culture. However, nucleic acid amplification tests (NAATs) are also acceptable. To reduce the risk of false positive test results when using NAATs, the TOC for gonorrhea should be delayed until at least seven days after treatment for anogenital infection, and 14 days after treatment for pharyngeal infection. Clinicians using NAATs which give results for chlamydia and gonorrhea should be aware that chlamydia results may remain positive for up to three weeks after successful treatment. For additional information, please see the "California Gonorrhea Treatment Guidelines -- Suspected Cephalosporin Treatment Failure": http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/CAGuidelinesGonorrheaTxFailure.aspx

Thank you so much for your attention to this matter. For any questions or concerns, please contact Dr. Juliet Stoltey of the CDPH STD Control Branch at: Juliet.stoltey@cdph.ca.gov or 510-620-3408.

Sincerely,

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