



**APRIL 13, 2007**

## **HEALTH ADVISORY**

### **CDC Changes Recommendations for Gonorrhea Treatment Due to Drug Resistance**

#### **Few Treatment Options Remain for One of Nation's Most Common STDs**

*The U.S. Centers for Disease Control and Prevention (CDC) distributed a press release April 12, 2007, concerning new recommendations for the treatment of gonorrhea in the United States. The North Dakota Department of Health is forwarding an abbreviated version of the press release to providers.*

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The Centers for Disease Control and Prevention (CDC) no longer recommends antibiotics known as fluoroquinolones (ciprofloxacin, ofloxacin and levofloxacin) as a treatment for gonorrhea in the United States. This limits the options available to treat gonorrhea, one of the most common sexually transmitted diseases in the United States.

The recommendation was prompted by new data released today in CDC's *Morbidity and Mortality Weekly Report (MMWR)* showing that fluoroquinolone-resistant gonorrhea is now widespread in the United States among heterosexuals and men who have sex with men (MSM). The data showed the proportion of drug-resistant cases among heterosexuals rising above the recognized threshold of 5 percent for changing treatment recommendations. CDC had recommended fluoroquinolones no longer be used to treat gonorrhea in MSM when this threshold was crossed in earlier years.

The new data, from CDC's Gonococcal Isolate Surveillance Project (GISP) in 26 U.S. cities, showed that among heterosexual men, the proportion of gonorrhea cases that were fluoroquinolone-resistant *Neisseria gonorrhoeae* (QRNG) reached 6.7 percent in the first half of 2006, an 11-fold increase from 0.6 percent in 2001.

Recommended options for treating gonorrhea are now limited to a single class of antibiotics known as cephalosporins. Public health officials believe the lack of treatment options underscores the need for accelerated research into new drugs, as well as increased efforts to monitor for emerging drug resistance, especially to cephalosporins.

Oral fluoroquinolones were recommended as first-line treatments for gonorrhea in 1993. But drug resistant cases have increased steadily in recent years, rising first in the western United States and then among MSM nationwide. In 2002, CDC recommended that fluoroquinolones not be used to treat gonorrhea infections acquired in California and Hawaii, and in 2004 that the drugs no longer be used to treat MSM with these infections.

The new CDC analysis shows an increase in the past five years in the overall proportion of gonorrhea cases that are fluoroquinolone-resistant – from less than 1 percent in 2001 to 13.3 percent in the first half of 2006. The analysis also indicated that fluoroquinolone resistance is widespread geographically. Resistant cases were seen across the United States in the first half of 2006 (in 25 of the 26 cities in the analysis), and sharp increases occurred from 2004 to 2006 in several cities, including Philadelphia (from 1.2 percent to 26.6 percent of gonorrhea cases) and Miami (from 2.1 percent to 15.3 percent). In addition, the analysis showed QRNG continued to rise among MSM; 38 percent of MSM gonorrhea cases were QRNG in the first half of 2006, compared to 1.6 percent in 2001.

Within the class of cephalosporins, CDC now recommends ceftriaxone, available as an injection, the preferred treatment for all types of gonorrhea infection (genital, anal and throat). For genital and anal gonorrhea, there are some alternative oral cephalosporin treatments that physicians can consider, but there are currently no recommended alternatives for pharyngeal infection. Additional information about available gonorrhea treatments can be found at [www.cdc.gov/std/gonorrhea/arg/](http://www.cdc.gov/std/gonorrhea/arg/).

Gonorrhea is the second most commonly reported infectious disease in the United States after chlamydia. In 2005, 339,593 cases were reported nationwide, although experts believe the actual number of cases may be twice that. Following a substantial decline in national gonorrhea rates from 1975 to 1997, overall rates appear to have leveled off in recent years.

Please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding this issue.

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- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
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*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.*