

**Maryland Department of Health and Mental Hygiene (DHMH)
Infectious Disease and Environmental Health Administration (IDEHA)**

PROVIDER ALERT:

Emerging Cephalosporin-Resistant Gonorrhea & Increasing Rates of Gonorrhea in Maryland

October 1, 2011

*The Centers for Disease Control and Prevention (CDC) has issued several recent alerts about decreased cephalosporin susceptibility in *N. gonorrhoeae* (GC) isolates in the U.S., and treatment failures in Europe and Asia. This is a significant concern because treatment options are now limited to one class of antibiotics – cephalosporins. For GC provider alerts and CDC treatment recommendations, visit: www.cdc.gov/std/Gonorrhea/org/ and www.cdc.gov/std/treatment/2010/.*

GONORRHEA INCREASING IN MARYLAND AND MID-ATLANTIC REGION

The mid-Atlantic region has noted a significant increase in cases of GC. Maryland experienced a 16% increase in GC from 2009 to 2010, including rectal and pharyngeal infections. Over 60% of cases in Maryland are reported in adolescents and young adults aged 15-24, with disproportionate rates reported also among African Americans.

EXPAND SCREENING

GC is asymptomatic in more than 50% of cases. Providers should consider screening at-risk asymptomatic patients, and also consider testing and presumptively treating those presenting with signs or symptoms of GC. Annual GC screening is recommended for the following at-risk patients at **all** reported exposure sites (genital, rectal, and pharyngeal):

- Females 25 and under
- Patients with a history of: previous sexually transmitted infections (STIs); new or multiple sexual partners; unprotected sexual contact; inconsistent condom use; commercial sex work; drug use
- Males having sex with males (MSM). Note: MSM with multiple partners need screening every 3 - 6 months

RE-SCREEN 3 MONTHS AFTER TREATMENT

Due to high rates of reinfection, patients should be re-screened 3 months after treatment. For re-screening, treated patients can also be referred to I Want The Kit (IWTK) at www.iwantthekit.org, or 1-866-575-5504, to have a home collection kit mailed to them. The free kit tests for GC, *Chlamydia trachomatis* (CT), and trichomonas. Infected patients are referred for treatment to their own providers, or to clinics at local health departments.

DUAL TREATMENT NOW RECOMMENDED

Dual therapy with 250 mg ceftriaxone IM **and** one gram azithromycin is now recommended for uncomplicated urogenital, rectal, and pharyngeal GC. **Assure partner testing and treatment.**

TREATMENT FAILURE

If treatment fails, clinicians should re-treat with 250 mg ceftriaxone IM and **two grams** of azithromycin orally (eating before taking two grams of azithromycin may prevent nausea and vomiting.) Bring the patient back for a test-of-cure within 1 week, preferably with culture (the Maryland DHMH laboratory performs culture and susceptibility testing). **Assure partner testing and dual treatment with the higher azithromycin dose.** Consult an Infectious Disease specialist and **report treatment failure** to the local or state health department within 24 hours, preferably by phone.

PROVIDERS MUST REPORT DISEASES AND TREATMENT

By law, providers must report GC, CT, and Syphilis cases and treatment (as well as hepatitis B and C, and HIV) to their local health departments. To download a Morbidity Report Form, go to <http://ideha.dhmh.maryland.gov/what-to-report.aspx>.

For further information please contact the Center for STI Prevention, Infectious Disease and Environmental Health Administration, Maryland Department of Health and Mental Hygiene, at 410-767-6690, or go to: <http://ideha.dhmh.maryland.gov/cstip>.