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From: Division of STD and Hepatitis Prevention
County of San Diego
Health and Human Services Agency

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Gonorrhea Fluoroquinolone Resistance

Fluoroquinolone-resistant *N. gonorrhoeae* has arrived in San Diego. In 2001 there were 22 cases of fluoroquinolone-resistant GC in southern California with 9 of these cases occurring in San Diego. In the first 3 months of 2002, an additional 7 cases of resistant GC were identified in San Diego through sensitivity testing of all GC culture isolates obtained from patients attending the Health Department STD clinics. Of these 16 patients, 15 (94%) were men who have sex with men (MSM). As a result we recommend that **MSM with gonorrhea should no longer be treated with fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin, norfloxacin). The recommended treatment is ceftriaxone (Rocephin) 125 mg IM or cefixime (Suprax) 400 mg po once**. Azithromycin 2 grams po once is also effective against gonorrhea but it is expensive and at this dosage is associated with a high rate of gastrointestinal upset; 1 gram is not effective. There is also a high prevalence of resistance to tetracyclines and penicillin and these antibiotics should not be used to treat GC. Empiric co-treatment for chlamydia is recommended for all patients with GC (azithromycin 1 gm po once or doxycycline 100 mg po bid x 7 days). Since there is also a **high prevalence of fluoroquinolone-resistant GC in Asia and the Pacific Islands (including the Philippines and Hawaii [>10%])**, **patients who may have acquired their infection in these areas (either directly or through a sex partner) should also NOT be treated with fluoroquinolones.**

Physicians prescribing fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin, norfloxacin) for a GC infection who recognize a treatment failure should, if possible, obtain a GC culture before retreating with a cephalosporin antibiotic (see above). If positive, the GC culture should be tested for antibiotic susceptibility (call Public Heath Laboratory, 619-692-8500 for assistance). Please report treatment failures to the STD Control program for additional follow-up (619-692-8501). Alternatively, the patient can be sent to the county Health Department STD clinic where a GC culture, antimicrobial susceptibility testing, and treatment are available. To expedite the patient's visit, please call ahead (619-692-8501 or 692-8550) to arrange for the best time and clinic location for the patient.

STD Fact Sheet – 2001 (Included as attachment)

Syphilis has remained at elimination levels (26 cases with a rate of 0.9 per 100,000 population in 2001) and is a **"rare" disease** in San Diego. Most cases seen in San Diego are among MSM or are imported from sexual contact outside of San Diego County, primarily in Mexico. The STD Control program places a high priority on controlling syphilis through sex partner notification and preventive treatment, especially since syphilis and other STDs facilitate HIV transmission. **Please call or fax any information available on any suspect infectious stage (primary or secondary) syphilis case (619-692-8501) as soon as possible, preferably while the patient is still in your office. Additionally, please examine for primary syphilitic anal or oral chancres in any patient with anal or**

oral sexual exposure in the past 3 months, especially among MSM. These lesions are generally painless and may not be recognized by the patient. Primary syphilitic ulcers are highly infectious.

Gonorrhea has been increasing (20% in San Diego over the last 2 years). Many of the additional cases in the last 2 years were among MSM (the reported rectal/pharyngeal countywide case rate has increased > 400% from 1.3 per 100,000 in 1997 to 6.6 in 2001). Culturing anal and pharyngeal sites, if exposed, is necessary since many infections will be missed if only urethral/urine specimens are tested. Periodic 3 site screening (every 3-6 months) is recommended for MSM who have multiple/anonymous partners. Cultures can be sent using transgrow media. Check with your laboratory service for details.

Chlamydia reported cases have continued to increase most likely because of increased testing and the increasing use of more sensitive tests (nucleic acid amplification test [NAAT] which can be used on urine specimens). Chlamydia positivity among Juvenile Hall detainees has been stable ever since universal screening of all detainees on admission began in 1998 with an overall chlamydia positivity of 5.5%; 3.7% positivity in boys and 12.1% in girls. Screening all sexually active teens and all women < 25 years at least annually is good preventive medicine.

HIV/STD Lecture:

Herpes (HSV)/HIV Co-Infection: Current Diagnostic and Therapeutic Challenges, presented by Gary Richwald, MD, MPH, former Director and Chief Physician, Los Angeles County STD Control Program, at Bertrand at Mister A's restaurant, 2550 Fifth Avenue, Suite 406, San Diego, (619-239-1377) on Thursday, April 25, 2002, at 6:00 p.m. reception, 6:30 p.m. dinner/discussion. Lecture is sponsored by GlaxoSmithKline and seating is limited. Please RSVP by April 19th to Jeb Dougherty, 800-496-3772, x87336.