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FROM:

Division of STD and Hepatitis Prevention
Office of Public Health
Health and Human Services Agency
County of San Diego

Contents

Revised Gonorrhea Treatment Recommendations

The CDC, in their just released **2002 STD Treatment Guidelines, have recommended that fluoroquinolone use for first line treatment of uncomplicated gonorrhea is inadvisable in California.** The California STD Control Branch, Department of Health Services, concurs with this recommendation. We therefore revise our previous recommendation to avoid use of fluoroquinolones for the treatment of gonorrhea among men who have sex with men (MSM) **to now include ALL PATIENTS with gonorrhea. From Jan-Apr 2002, approximately 15% of the gonorrhea isolates from San Diego County STD clinic clients have been fluoroquinolone resistant.**

Recommended treatment for uncomplicated gonorrhea infection of the cervix, urethra, or rectum includes:
- Cefixime (Suprax) 400mg orally in a single dose OR
- Ceftriaxone (Rocephin) 125mg or 250mg intramuscularly in a single dose
These 2 cephalosporin class drugs should be used with caution in patients reporting penicillin allergy (see full text of CDC Treatment Guidelines, available on-line at www.cdc.gov.std).

For gonococcal infections of the pharynx:
- Ceftriaxone (Rocephin) 125mg or 250mg intramuscularly in a single dose
- Alternatively, although not recommended by CDC because of an insufficient number of studies available to review, providers may choose to use cefixime (Suprax) 400mg orally in a single dose. Patients should have a test of cure (gonococcal throat culture) obtained 1 week after treatment.

More detailed recommendations concerning alternative antibiotics for allergic patients and for complicated gonococcal infections like pelvic inflammatory disease are available in the full text of the Treatment Guidelines, which are downloadable from the CDC STD website www.cdc.gov/std. We also will be printing some copies and you may request a copy by responding to this e-mail.

Chlamydia Rescreening and Counseling

Studies have shown that chlamydia re-infection among women treated for chlamydia is common (10-15%), especially among adolescents. It is also known that repeated chlamydial infections lead to tissue sensitization that may cause tubal scarring resulting in infertility, ectopic pregnancy, or chronic pelvic pain. In order to limit re-infection, the treatment of male partners is very important.

The **CDC recommends that women with chlamydia infection be rescreened 3-4 months after treatment. We similarly recommend that women with chlamydia, particularly adolescents, be asked to return to their provider at about 2-3 months after treatment to be rescreened for chlamydia and to determine if their partners have been treated.** Ideally, maintaining contact with the patient by telephone a few times in the first few weeks after treatment to inquire about partner treatment and to reinforce its importance should be helpful in preventing re-infection. Risk reduction messages can also be provided during this follow-up.