



HEALTH ALERT

December 11, 2019

A Second Case of Gonorrhea with Reduced Susceptibility to Ceftriaxone Identified in Clark County

Situation:

Gonorrhea is the second most common reportable sexually transmitted disease in Clark County, with 5,310 gonorrhea cases reported to the Southern Nevada Health District (SNHD) in 2018, up 15% from 2017. Antibiotics have successfully treated gonorrhea for several decades; however, the bacteria have now developed resistance to almost every antibiotic used to treat it. An estimated 30% of new gonococcal infections – or 246,000 cases – in the US are resistant to at least one antibiotic. Currently, the recommended treatment regimen for gonorrhea by the Centers for Disease Control and Prevention (CDC) is one single dose of 250 mg ceftriaxone plus 1g azithromycin. Resistance to either one of these two antibiotics could affect gonorrhea control efforts. Unfortunately, resistance to this regimen may be emerging. In 2017, thirteen cases of gonorrhea with reduced susceptibility to Azithromycin were reported to the SNHD. In 2018, in addition to fourteen cases of gonorrhea with reduced susceptibility to Azithromycin, the first case of gonorrhea with reduced susceptibility to ceftriaxone was identified in Clark County since the SNHD began participating in antimicrobial susceptibility testing in 1992. Recently, a second case of gonorrhea with reduced susceptibility to ceftriaxone was reported to the SNHD. In addition to having reduced susceptibility to ceftriaxone, this second case also has reduced susceptibility to cefixime which is part of the alternative treatment regimen.

What is Southern Nevada Health District Doing?

- We are working with CDC to monitor cases for early warning signs of resistant gonorrhea through the enhanced surveillance program – Gonococcal Isolate Surveillance Project (GISP).
- Sexually Transmitted Diseases (STD) clinics at SNHD provide critical testing and treatment options for people at risk for gonorrhea.
- Southern Nevada Public Health Laboratory (SNPHL) at SNHD performs gonorrhea testing.

What Can Clinicians Do?

- Take a sexual history. This will help you determine which STDs to test your patient for and at which anatomic sites.
- Follow key CDC gonorrhea screening recommendations.
 - Screen all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted disease.
 - Screen sexually active men who have sex with men at anatomic sites of possible exposure at least annually
- Adhere to CDC's recommendations by always treating gonorrhea promptly with a combination of injectable ceftriaxone and oral azithromycin, including post-treatment testing to confirm cure if pharyngeal gonorrhea is treated with a different regimen.

Treatment Recommendations:

- Treat uncomplicated urogenital, anorectal, and pharyngeal gonorrhea, with a combination therapy of a **single intramuscular dose of ceftriaxone 250 mg plus a single dose of azithromycin 1 g orally**. As dual therapy, ceftriaxone and azithromycin should be administered together on the same day, preferably simultaneously and under direct observation.

Alternative Drug Treatment Regimens:

- When ceftriaxone is not available, administer **cefixime 400 mg orally in a single dose plus azithromycin 1g orally in a single dose**.
- In case of azithromycin allergy, **doxycycline (100 mg orally twice a day for 7 days)** can be used in place of azithromycin as an alternative second antimicrobial when used in combination with ceftriaxone or cefixime.
- Use of ceftriaxone or cefixime is contraindicated in persons with a history of an IgE-mediated penicillin allergy (e.g., anaphylaxis, Stevens Johnson syndrome, and toxic epidermal necrolysis). Data are limited regarding alternative regimens for treating gonorrhea among persons who have either a cephalosporin or IgE-mediated penicillin allergy. Potential therapeutic options are dual treatment with **single doses of oral gemifloxacin 320 mg plus oral azithromycin 2 g** or dual treatment with **single doses of intramuscular gentamicin 240 mg plus oral azithromycin 2 g**.

- Evaluate and treat all patients' sex partners from the previous 60 days. Ask patients to notify their recent partners of their diagnosis and encourage their partners to seek testing and treatment.
- Remain vigilant for patients who remain infected despite treatment (i.e., suspected treatment failure)
- Obtain cultures to test for reduced susceptibility from any patients with suspected or documented gonorrhea treatment failures. SNHD can facilitate clinician access to gonorrhea culture and antibiotic susceptibility testing.
- Report any suspected treatment failure to the SNHD STD Surveillance program at (702) 759-0727 within 24 hours.



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Resources:

1. Centers for Disease Control & Prevention. (2017). Antibiotic-Resistant Gonorrhea Basic Information. Retrieved from: <https://www.cdc.gov/std/gonorrhea/arg/basic.htm>.
2. Centers for Disease Control & Prevention. (2015). 2015 Sexually Transmitted Diseases Guidelines, Gonococcal Infections. Retrieved from: <https://www.cdc.gov/std/tg2015/gonorrhea.htm>.

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