



## HEALTH ALERT

July 12, 2017

### Azithromycin-Resistant Gonorrhea Identified in Clark County

#### Situation:

Gonorrhea is the second most common reportable sexually transmitted disease in Clark County, where a total of 3,675 gonorrhea cases were reported to the Southern Nevada Health District (SNHD) in 2016, up 23% from 2015. Gonorrhea has been on the rise, and this is of concern as antibiotic-resistant gonorrhea is becoming increasingly common in the United States. The SNHD recently identified three cases of azithromycin-resistant gonorrhea in Clark County.

Clinicians in Clark County should take the following actions as recommended by the Centers for Disease Control & Prevention (CDC):

#### 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 1 g 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.

#### Additional Recommendations:

- A test-of-cure is not needed for persons who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea, who are treated with any of the recommended or alternative regimens.
- A patient with pharyngeal gonorrhea treated with an alternative regimen should return 14 days after treatment for a test-of-cure at the infected anatomic site.
- Ideally, the test-of-cure is performed with culture, or if culture is not readily available, with nucleic acid amplification testing (NAAT). If NAAT is positive, perform a confirmatory culture. All positive cultures for test-of-cure should undergo antimicrobial susceptibility testing.
- Patients who experience treatment failure after treatment with alternative regimens should be treated with ceftriaxone 250 mg as a single intramuscular dose and azithromycin 2 g orally as a single dose and should consult- i) an infectious disease specialist, or ii) call Office of Epidemiology and Disease Surveillance at SNHD (telephone: 702-759-0727), or iii) CDC (telephone: 404-639-8659).

- Conduct a test-of-cure 7-14 days after re-treatment; culture is the recommended test, preferably with simultaneous NAAT and antimicrobial susceptibility testing of *N gonorrhoeae* if isolated.
- Treatment of patients and their sex partners with the most effective therapy will limit transmission of disease, prevent complications, and slow the emergence of resistance.
- **Please report possible treatment failures to the SNHD STD Surveillance program at 702-759-0727.**

Sincerely,

SOUTHERN NEVADA HEALTH DISTRICT



By: \_\_\_\_\_  
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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>.

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention

**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; unlikely to require immediate action

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