



GOVERNMENT OF GUAM

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CLINICAL ADVISORY

With Resistance to Treatment Rising, CDC Updates Gonorrhea Treatment Guidelines *Last Line of Defense in Treatment Ushered In as Public Health Crisis Looms*

Gonorrhea is a major cause of serious reproductive complications in women and can facilitate human immunodeficiency virus (HIV) transmission. Effective treatment is a cornerstone of U.S. gonorrhea control efforts, but treatment of gonorrhea has been complicated by the ability of *Neisseria gonorrhoeae* to develop antimicrobial resistance. CDC's Gonococcal Isolate Surveillance Project (GISP), describes laboratory evidence of declining cefixime susceptibility among urethral *N. gonorrhoeae* isolates collected in the United States during 2006–2011 and updates CDC's current recommendations for treatment of gonorrhea.

CDC recommends combination therapy with ceftriaxone 250 mg intramuscularly and either azithromycin 1 g orally as a single dose or doxycycline 100 mg orally twice daily for 7 days as the most reliably effective treatment for uncomplicated gonorrhea.

CDC no longer recommends cefixime (Suprax) at any dose as a first-line regimen for treatment of gonococcal infections. If cefixime is used as an alternative agent, then the patient should return in 1 week for a test-of-cure at the site of infection.

For additional information, please go to <http://www.cdc.gov/mmwr/pdf/wk/mm6131.pdf> or call the STD/HIV Program at 735-7166.

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