

**Maryland Department of Health and Mental Hygiene (DHMH)  
Infectious Disease and Environmental Health Administration (IDEHA)**

**PROVIDER ALERT:**

**Emerging Cephalosporin-Resistant Gonorrhea & Increasing Rates of Gonorrhea in Maryland**

**October 1, 2011**

*The Centers for Disease Control and Prevention (CDC) has issued several recent alerts about decreased cephalosporin susceptibility in *N. gonorrhoeae* (GC) isolates in the U.S., and treatment failures in Europe and Asia. This is a significant concern because treatment options are now limited to one class of antibiotics – cephalosporins. For GC provider alerts and CDC treatment recommendations, visit: [www.cdc.gov/std/Gonorrhea/arg/](http://www.cdc.gov/std/Gonorrhea/arg/) and [www.cdc.gov/std/treatment/2010/](http://www.cdc.gov/std/treatment/2010/).*

**GONORRHEA INCREASING IN MARYLAND AND MID-ATLANTIC REGION**

The mid-Atlantic region has noted a significant increase in cases of GC. Maryland experienced a 16% increase in GC from 2009 to 2010, including rectal and pharyngeal infections. Over 60% of cases in Maryland are reported in adolescents and young adults aged 15-24, with disproportionate rates reported also among African Americans.

**EXPAND SCREENING**

GC is asymptomatic in more than 50% of cases. Providers should consider screening at-risk asymptomatic patients, and also consider testing and presumptively treating those presenting with signs or symptoms of GC. Annual GC screening is recommended for the following at-risk patients at **all** reported exposure sites (genital, rectal, and pharyngeal):

- Females 25 and under
- Patients with a history of: previous sexually transmitted infections (STIs); new or multiple sexual partners; unprotected sexual contact; inconsistent condom use; commercial sex work; drug use
- Males having sex with males (MSM). Note: MSM with multiple partners need screening every 3 - 6 months

**RE-SCREEN 3 MONTHS AFTER TREATMENT**

Due to high rates of reinfection, patients should be re-screened 3 months after treatment. For re-screening, treated patients can also be referred to I Want The Kit (IWTK) at [www.iwantthekit.org](http://www.iwantthekit.org), or 1-866-575-5504, to have a home collection kit mailed to them. The free kit tests for GC, *Chlamydia trachomatis* (CT), and trichomonas. Infected patients are referred for treatment to their own providers, or to clinics at local health departments.

**DUAL TREATMENT NOW RECOMMENDED**

Dual therapy with 250 mg ceftriaxone IM **and** one gram azithromycin is now recommended for uncomplicated urogenital, rectal, and pharyngeal GC. **Assure partner testing and treatment.**

**TREATMENT FAILURE**

If treatment fails, clinicians should re-treat with 250 mg ceftriaxone IM and **two grams** of azithromycin orally (eating before taking two grams of azithromycin may prevent nausea and vomiting.) Bring the patient back for a test-of-cure within 1 week, preferably with culture (the Maryland DHMH laboratory performs culture and susceptibility testing). **Assure partner testing and dual treatment with the higher azithromycin dose.** Consult an Infectious Disease specialist and **report treatment failure** to the local or state health department within 24 hours, preferably by phone.

**PROVIDERS MUST REPORT DISEASES AND TREATMENT**

By law, providers must report GC, CT, and Syphilis cases and treatment (as well as hepatitis B and C, and HIV) to their local health departments. To download a Morbidity Report Form, go <http://phpa.dhmh.maryland.gov/reportable-diseases.aspx>

*For further information please contact the Center for STI Prevention, Infectious Disease and Environmental Health Administration, Maryland Department of Health and Mental Hygiene, at 410-767-6690, or go to: <http://phpa.dhmh.maryland.gov/cstip>*