



CDC Bulletin – NEW Resources: Drug-Resistant Gonorrhea – June 6, 2017

Gonococcal resistance to antibiotics has long been a problem; according to Dr Gail Bolan, director for the Division of STD Prevention:

“A decade ago, CDC recommended five treatment options for gonorrhea. Today we're down to one: dual therapy with an injection of ceftriaxone and an oral dose of azithromycin. And yet, new data suggest that gonorrhea is beginning to outsmart this last treatment as well. In July [2016], an analysis of gonorrhea specimens from a CDC sentinel surveillance program indicated that resistance to azithromycin may be emerging resistance to is continuing to rise nationwide.”

In addition, “for the first time in the United States, health officials identified a cluster of gonorrhea infections in Hawaii that are showing potential emerging resistance to ceftriaxone and very high-level resistance to azithromycin.”

(<https://content.govdelivery.com/accounts/USCDC/bulletins/1a00447>, 6/6/17; additional recommended links: <https://www.cdc.gov/mmwr/volumes/65/ss/ss6507a1.htm>; <https://www.cdc.gov/stdconference/2016/highlights/arg.htm>)

Further recommendations from Dr Bolan:

“Dual therapy with these two drugs is still highly effective, but we can't protect this last line of defense without your help. In fact, not following the recommended treatment could accelerate emerging resistance. Providers should take the following actions to ensure effective treatment:

- Follow and stay up-to-date with any changes to CDC's treatment guidelines.
- If concerned about a treatment failure, a test of cure, performed 1-2 weeks after treatment, can be considered on a case-by-case basis.
- Report possible treatment failures to your local health department's STD program.” (<https://content.govdelivery.com/accounts/USCDC/bulletins/1a00447>)



Dual antibiotic treatment for gonorrhea is an important tool in reducing the chance of antibiotic resistance. See CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>



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