

CITY OF MILWAUKEE HEALTH DEPARTMENT

Intradepartmental Correspondence

Date: 29 January 2004

To: All City of Milwaukee Health Department (MHD) STD Clinic Nurses
MHD STD Clinic Manager
Other MHD Physicians

From: Geoffrey R. Swain, MD, MPH
MHD STD Clinic Medical Director

Re: Update: Cipro and antibiotic resistance

This memo is to clarify my January 1, 2004 memo on this topic. As mentioned at that time, IM ceftriaxone (Rocephin) should be used instead of ciprofloxacin (Cipro) for anti-gonorrheal treatment for men who have had sex with even one man in the past 90 days. This is in addition to our previous policy of suspecting quinolone resistance and avoiding Cipro use for persons who have recently been in Asia, the Pacific Islands, or Pacific coast of the U.S.

The rationale for avoiding Cipro in these MSM clients is that more and more cases of ciprofloxacin-resistant gonorrhea are being detected generally, and that there are recent case reports of Cipro-resistant GC among MSM in the Chicago area.

Thus, cases of or contacts to known or suspected quinolone-resistant gonorrhea now include:

1. men who have had sex with even one male partner in the past 90 days,
2. women with a male partner who fits that description, or
3. anyone whose infection is likely to have originated in Asia, the Pacific Islands, and the Pacific coastal states of the US.

People in these categories should be treated with ceftriaxone (Rocephin) 250 mg IM (single dose).

The preferred alternative for persons in these groups is Ciprofloxacin 500 mg PO (single dose), and the second alternative is Spectinomycin 2.0 g IM (single dose). *Please note, however, that these alternatives should only be used in this group in the rare instance in which ceftriaxone is medically contraindicated (e.g., history of allergic reaction to cephalosporins) - - not simply to avoid an IM injection.*

For other situations where antibiotic resistant gonorrhea is known or suspected, choose a regimen from the recommended or alternate list above that the isolate is not known or suspected to be resistant to. If gonorrhea symptoms persist more than 72 hours after treatment with one of the non-Spectinomycin regimens, clients who report no re-exposure should be treated with 2.0 g of Spectinomycin IM. If symptoms persist after Spectinomycin, consult with clinic physician.

Please continue to send Modified-Thayer-Martin GC cultures on any male who has urethral discharge showing possible gonococci on gram stain, as well as on suspected cases of treatment failure, so that our lab can evaluate them for ciprofloxacin-resistance.

Please contact me if you have any additional questions or concerns. Thanks much.