Philadelphia Department of Public Health

Health Advisory

Philadelphia Department of Public Health
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Division of Disease Control

City of Philadelphia
John F. Street, Mayor

Increase in Quinolone Resistant *Neisseria gonorrhoeae*
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The Philadelphia Department of Public Health participates in the Centers For Disease Control and Prevention Gonococcal Isolate Surveillance Project (GISP). This sentinel surveillance system is designed to determine antimicrobial susceptibility for *N. gonorrhoeae* through the evaluation of approximately 25 specimens per month from each of 28 sites nationwide. For the period July – September 2005, 11 of 88 (12.5%) specimens from Philadelphia were found to be resistant to quinolones. In response to this finding, Philadelphia's Public Health Laboratory initiated routine ciprofloxacin susceptibility testing for all gonorrhea isolates. To date, 20 of 60 (33.3%) specimens have demonstrated resistance to this antibiotic.

In addition, while quinolone resistant *N. gonorrhoeae* has previously been reported nationally as a growing problem among men who have sex with men (MSM), the majority of our resistant organisms were obtained from heterosexual men and women.

Based on this information, the Department of Public Health recommends the following for treatment of all patients with anogenital or pharyngeal gonococcal infections in Philadelphia:

- **The Philadelphia Department of Public Health no longer recommends quinolones as first line empiric therapy for gonococcal infections.**
- **Ceftriaxone (Rocephin ®) 125 mg, intramuscularly, is the preferred regimen for the treatment of uncomplicated gonococcal infections.**
  - **Ceftriaxone is effective against infections at all anatomical sites, is safe to use during pregnancy, and is appropriate for use in adolescents. Resistance to ceftriaxone has not been reported for *Neisseria gonorrhoeae* to date.**
- **Cefixime (Suprax) 400 mg orally–**
  - **May be prescribed for uncomplicated gonococcal infections of the urethra, cervix and rectum. Cefixime is now available only as suspension.**
- **For patients who are allergic to penicillin or cephalosporins:**
  Spectinomycin 2 grams intramuscularly; or
  Azithromycin 2 grams orally; or
  A fluoroquinolone (ciprofloxacin, ofloxacin, levofloxacin) with a follow up test of cure.
  - **A test of cure should be performed by culture 3-4 days after treatment, or 3-4 weeks after treatment by Nucleic Acid Amplification Testing (NAAT).**
- **Treatment for Chlamydia is also recommended unless a negative NAAT is available for that patient.**
- **All sex partners of persons with gonorrhea within the past 60 days should be empirically treated, as described above for gonorrhea.**

Please call the STD Control Program at 215-685-6737 with any questions regarding the management or treatment of patients with suspected or confirmed quinolone resistant gonorrhea.