



The Commonwealth of Massachusetts
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CLINICAL ADVISORY

To: Massachusetts Clinicians
From: Alfred DeMaria, Jr., MD, State Epidemiologist
Katherine Hsu, MD, MPH, Medical Director, Division of STD Prevention
Date: January 24, 2011
Re: 1. Increase in Gonorrhea in Massachusetts
2. Gonococcal Case Report Supplement
3. New CDC Treatment Guidelines for Gonococcal Infections

Preliminary 2010 Massachusetts data indicate that gonococcal case reports have increased by at least 26% compared to 2009, from 1,919 to 2,425 cases. Though increases have been identified across most age groups, in both sexes, and across all race/ethnicities, increases have predominantly been in:

- Individuals ≥ 25 years of age (54% increase) vs. individuals < 25 years of age (3% increase)
- Men (48% increase) vs. women (4% increase)
- White, non-Hispanic (96% increase) vs. black, non-Hispanic (9% increase) or Hispanic (33% increase)

Effective Immediately: In order to better understand this recent increase the Massachusetts Department of Public Health (MDPH) requests that providers complete a Gonococcal Case Report Supplement (attached) until further notice. FAX Gonococcal Case Report Supplement to 617-983-6962.

New 2010 CDC STD Treatment Guidelines are now available at www.cdc.gov/std/treatment/.

The MDPH wishes to highlight the following changes in public health guidelines for the treatment of gonorrhea:

- Single dose ceftriaxone 250 mg IM is the preferred regimen for the treatment of uncomplicated gonococcal infections. Ceftriaxone is effective against infection at all anatomical sites, and is safe to use during pregnancy and in adolescents.
- Although single dose cefixime 400 mg PO is available as an oral alternative to ceftriaxone, **cefixime is not as effective as ceftriaxone for gonococcal pharyngitis, and is therefore not recommended for treatment of gonococcal infections of the pharynx or patients at higher risk of pharyngeal infection.**
- Co-treatment of uncomplicated gonococcal infections with either single dose azithromycin 1 g PO or doxycycline 100 mg PO twice daily for 7 days is recommended, because patients infected with *Neisseria gonorrhoeae* are frequently co-infected with *Chlamydia trachomatis*, and because routine co-treatment may hinder development of antimicrobial-resistant *N. gonorrhoeae*.
- Unless antibiotic susceptibility testing excludes quinolone resistance in isolates of *N. gonorrhoeae*, quinolones should not be used for the presumptive treatment of gonorrhea.

The Division of STD Prevention & HIV/AIDS Surveillance and the STD Laboratory at the MDPH remains available for technical guidance, testing services, clinical consultation and partner notification for sexual partners of those diagnosed with reportable STDs. Please contact the Division of STD Prevention at (617) 983-6940, or the STD Laboratory at (617) 983-6600 if you have questions.