

**HIV/STD Program  
STD Clinic**

325 Ninth Avenue, Box 359777  
Seattle, WA 98104-2420

**206-744-3590** Fax 206-744-4151  
TTY Relay: 711

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

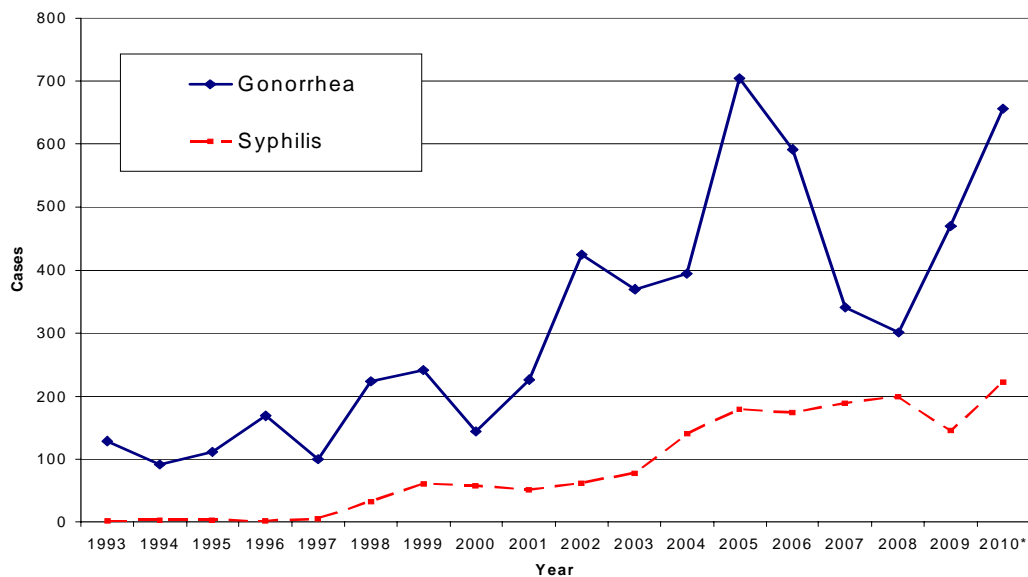
November 18, 2010

Dear Colleague,

I am writing to inform you about two recent developments related to sexually transmitted infections (STI) in King County: 1) an increase in gonorrhea and syphilis among men who have sex with men (MSM); and 2) the emergence of *Neisseria gonorrhoeae* with decreased susceptibility to oral cephalosporins.

As shown in the figures below, over the last 18 months there has been a dramatic increase in the number of cases of gonorrhea diagnosed among MSM in King County. If current trends continue for the remainder of the year, we anticipate that the gonorrhea rate among local MSM will be over twice that observed in 2008. Rates of early syphilis among local MSM are likewise increasing. The causes for these increases are uncertain. What data we have do not suggest that the population's sexual behavior has substantially changed, and the increases are not clearly limited to a group of MSM with specific characteristics (e.g. HIV-infected MSM, methamphetamine using MSM). Of note, current rates are similar to those observed among local MSM earlier in the decade. To date, there is no evidence that the number of new HIV diagnoses among MSM is increasing.

**Gonorrhea and Syphilis Cases among King County MSM, 1993-2010\***



\* 2010 incidence projected using cases reported through August 31, 2010

A new development is the emergence of *N. gonorrhoeae* that are less susceptible to oral third generation cephalosporins. Over the last 9 months, 8% of *N. gonorrhoeae* isolates collected through our laboratory surveillance have diminished susceptibility to cefixime and/or cefpodoxime, two drugs that have frequently been used to treat gonorrhea. This problem appears to be more

common among MSM, with over 10% of gonococcal isolates showing diminished susceptibility to oral cephalosporins. Other cities on the West Coast of the U.S. are observing a similar trend. The clinical significance of this decreased susceptibility is not known. We do not know how often persons infected with these organisms would fail treatment with oral cephalosporins, nor do we know whether the introduction of *N. gonorrhoeae* with diminished susceptibility to oral cephalosporins will now result in the sustained presence of these organisms in our community. Past experience would suggest that treatment failure will be highest in persons with pharyngeal infections. In Seattle, the gonococci with decreased susceptibility to oral cephalosporins are resistant to penicillin, tetracycline, and quinolones, and have somewhat decreased susceptibility to azithromycin.

In response to these new developments, Public Health – Seattle & King County (Public Health) has begun investigating all cases of gonorrhea that we identify as having diminished susceptibility to oral cephalosporins. We have also ceased using cefixime as a first line agent for gonorrhea in our STD clinic. We recommend that community medical providers take the following steps:

- 1) Whenever possible, treat persons diagnosed with gonorrhea with **250mg** of intramuscular ceftriaxone. This regimen remains highly active against *N. gonorrhoeae*. None of the gonococcal isolates in King County are resistant to this treatment.
- 2) If you do use cefixime to treat gonorrhea, be sure to also treat the patient with azithromycin 1g, regardless of chlamydia test results. Some evidence suggests that treating gonorrhea with two drugs is superior to using only one.
- 3) Public Health does not recommend using cefpodoxime to treat gonorrhea.
- 4) Increase the frequency with which you screen MSM patients for STDs. Public Health recommends that providers screen all sexually active MSM for gonorrhea, chlamydia, syphilis, and HIV (if the patient is not previously HIV diagnosed) at least annually. Men with any of the following risk factors should be tested every 3 months:
  - History of bacterial STD in the last year
  - Methamphetamine or popper use in the last year
  - $\geq 10$  sex partners (oral or anal) in the last year
  - Unprotected anal sex with partners of unknown or different HIV status
- 5) Screen MSM patients at all exposed anatomical sites. Many local laboratories will now accept pharyngeal and rectal specimens for testing using nucleic acid amplification tests.
- 6) If possible, when seeing an untreated patient with a positive non-culture screening test for *N. gonorrhoeae*, please obtain a culture before treating the patient. Symptomatic patients (i.e. those with urethritis, proctitis, cervicitis) and persons who are known to have had sexual contact with an infected partner should be treated at the time of their initial evaluation, before test results are available.

Thank you for your hard work helping to treat and prevent HIV and other STDs in our community. We will continue to keep you informed as we learn more about any changes in the susceptibility of *N. gonorrhoeae* in our community.

Sincerely,



Matthew Golden  
Director, PHSKC HIV/STD Program