Although true cephalosporin resistant gonorrhea has not yet been observed in the U.S., increasing resistance is an important concern, particularly among men who have sex with men (MSM).

Ceftriaxone 250mg IM po once PLUS Azithromycin 1mg po once is the preferred treatment for gonorrhea.

Cefixime 400mg po once PLUS Azithromycin 1g po once continues to be an alternative therapy when intramuscular therapy is not an option.

Medical providers should continue to offer patient delivered partner therapy (PDPT) with cefixime and azithromycin to heterosexual patients with gonorrhea if the provider cannot otherwise assure the partners’ treatment. Public Health does not recommend the use of PDPT in MSM.

Persons with gonorrhea should undergo rescreening 12 weeks after treatment.

The full MMWR report is available online: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_e)
**N. gonorrhoeae resistance in King County and PHSKC Recommendations**

Washington State monitors *N. gonorrhoeae* resistance through its participation in GISP. Between 2009 and 2011, Washington's GISP evaluated 553 gonorrhea isolates. **No isolates were resistant to cefixime.** However, among MSM, 9 (2.5%) of 362 isolates had alert values for cefixime (MIC=0.25µg/ml). Only 1 of 160 isolates obtained from heterosexuals had an MIC of 0.25µg/ml. Although we have not observed true cephalosporin resistance in Washington State, Public Health remains very concerned about the emergence of resistant *N. gonorrhoeae*. Providers are encouraged to follow the recommendations below:

**Treatment Recommendations for uncomplicated gonorrhea of the cervix, urethra or rectum:**

- **RECOMMENDED**
  - Ceftriaxone 250 mg intramuscularly PLUS Azithromycin 1g orally, both in a single dose;

- **ALTERNATIVE THERAPY**
  - Cefixime 400 mg orally in a single dose AND Azithromycin 1g orally in a single dose.

Medical providers should make particular efforts to treat MSM with ceftriaxone and azithromycin. Because gonococcal resistance to doxycycline is much more common than it is to azithromycin, and because doxycycline appears to be less effective than azithromycin for pharyngeal infections, Public Health does not recommend the use of doxycycline as a second agent when treating gonorrhea.

**Test-of-cure, Rescreening and Additional Medical Testing**

- All persons without a prior HIV diagnosis who are treated for gonorrhea should be tested for HIV infection. MSM should also be tested for syphilis.

- All persons treated for gonorrhea should undergo rescreening for gonorrhea and chlamydial infection 12 weeks following treatment. MSM should also be rescreened for HIV and syphilis.

- The following persons should have a test-of-cure:
  1) Pregnant women
  2) Persons treated for pharyngeal gonorrhea with a regimen that does not include ceftriaxone

- Test of cure should be performed using culture 1-4 weeks following treatment, or using a nucleic acid amplification test 3-4 weeks following therapy.

Because decreased susceptibility *N. gonorrhoeae* remains uncommon, Public Health does not recommend test-of-cure for all patients with gonorrhea treated with cefixime and azithromycin.

**Partner Treatment**

Sex partner treatment is an integral part of the gonorrhea treatment. Patients’ most recent sex partner and all sex partners from the preceding 60 days require treatment. Whenever possible, partners of persons with gonorrhea should undergo a complete medical evaluation. WA State Expedited Partner Therapy Guidelines recommend that medical providers offer patient-delivered partner therapy (PDPT) to all heterosexual patients diagnosed with gonorrhea or chlamydial infection if the treatment of the patients’ partners “is not otherwise assured.” **Public Health**
continues to recommend the use of expedited partner therapy with cefixime and azithromycin according to current state guidelines. Because few data exist on PDPT in MSM and because MSM with bacterial STI are elevated risk for syphilis, HIV and resistant gonorrhea, Public Health does not recommend the use of PDPT in MSM. Public Health staff currently attempt to contact all MSM with gonorrhea to help ensure their partners treatment.

Suspected Treatment Failure:
Clinicians should obtain specimens for culture from all patients with suspected treatment failure. Clinicians without access to culture should refer patients to the Public Health STD Clinic at Harborview Medical Center. All cases of treatment failure should be reported to Public Health for further investigation (206–744-2275).