



May 12, 2011

Dear Colleague,

We are pleased to announce the publication of a *Morbidity and Mortality Weekly Report* entitled “*Neisseria gonorrhoeae* with Reduced Susceptibility to Azithromycin - San Diego County, California, 2009” on May 13, 2011. Over the past 3 decades, drug resistant strains of gonorrhea have continued to increase in the U.S. and throughout the world. More recently, *Neisseria gonorrhoeae* isolates with high minimal inhibitory concentrations (MICs) to azithromycin, one of the antibiotics recommended in dual therapy treatment for gonorrhea, have now been reported worldwide, including within the U.S.

As this report outlines, an unusually large cluster of five gonorrhea cases with reduced susceptibility to azithromycin were identified at San Diego County’s main municipal STD clinic during August – October 2009. The infections were in men who have sex with men, who had no known connections to each other, suggesting that the gonorrhea strains with reduced drug susceptibility might be more widespread in the community. Between November 2009– 2010, four additional isolates obtained from the same municipal STD clinic and tested through CDC’s Gonococcal Isolate Surveillance Project had high MICs to azithromycin. In 2010, the County of San Diego alerted clinicians that gonococcal infections with high azithromycin MICs had been identified and encouraged clinicians to treat uncomplicated gonorrhea with CDC recommended cephalosporin agents. In San Diego County, public health officials recommended that patients with gonorrhea, who have a cephalosporin allergy and are treated with azithromycin, return three weeks after treatment to obtain a test of cure and be sexually abstinent until a negative test result is obtained. No treatment failures have been reported.

Because of concerns regarding emerging resistance, the CDC does not recommend azithromycin as mono-therapy for routine treatment of gonorrhea. Dual therapy with a CDC recommended cephalosporin and either azithromycin or doxycycline is recommended for uncomplicated rectal and urogenital gonorrhea; for pharyngeal gonorrhea, ceftriaxone is the CDC recommended cephalosporin along with azithromycin or doxycycline. To detect antibiotic resistance beyond GISP and guide treatment of gonorrhea, it is also important to expand gonorrhea culture and susceptibility testing capacity at the local level. In addition, efforts to develop alternative effective antibiotics are critical for the prevention and control of gonorrhea.

We would appreciate your sharing this letter with other colleagues who might benefit from this information.

Sincerely,

/Gail Bolan/

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