**CDC’s Division of STD Prevention**

**Talking Points for Gonorrhea with Reduced Susceptibility**

*Last Updated September 15, 2021*

**Situation**

* Gonorrhea is a common sexually transmitted infection (STI) in the United States. Left untreated, it can cause serious health problems, particularly for women, including chronic pelvic pain, life-threatening ectopic pregnancy, and even infertility.
* Antibiotics have successfully treated gonorrhea for several decades; however, resistance has developed to almost every antibiotic used to treat the bacteria. Many new gonococcal infections in the United States demonstrate resistance to ciprofloxacin, tetracycline, or penicillin, or reduced susceptibility to azithromycin or cefixime – all drugs previously recommended to treat it.
* Today, ceftriaxone is the only recommended treatment left for gonorrhea.
* Identification of *N. gonorrhoeae* infections with reduced susceptibility can be a sign of emerging resistance. However, CDC-recommended treatment is still highly effective. To date, CDC has not identified a confirmed case in the United States of unsuccessful gonorrhea treatment because of resistance to the current recommended therapy.

**What is the Health Department Doing?** [*Remove anything not appliable to your jurisdiction]*

* We are working with CDC to monitor cases of resistant gonorrhea through enhanced surveillance programs, such as:
	+ Strengthening the U.S. Response to Resistant Gonorrhea (SURRG) – a system designed to enhance our ability to rapidly identify resistant gonorrhea and build the infrastructure needed to stop the spread of resistance in its tracks.
	+ Gonococcal Isolate Surveillance Project (GISP) – our national surveillance system for monitoring trends in gonococcal antimicrobial resistance in men with symptomatic urethral infections attending STD clinics across the nation and using these trends to inform public health response.
	+ Enhanced GISP (eGISP) – an expansion of GISP that monitors gonococcal antimicrobial resistance trends across anatomic sites in expanded populations attending STD clinics across the nation and using these trends to inform public health response.
	+ Antibiotic Resistance Laboratory Network (ARLN) regional laboratory, which performs specialized gonococcal resistance testing and whole genome sequencing to identify antimicrobial resistant gonorrhea.
* Our STD clinics provide critical testing and treatment options for people at risk for gonorrhea.
* Our public health laboratory performs gonorrhea culture, and [*select best option based on your capacity:* *tests for antibiotic resistance/is building up its capacity to test for antibiotic resistance*].

**What Can Clinicians Do?**

* Take a thorough [sexual history](https://www.cdc.gov/std/treatment/sexualhistory.htm) to determine for which infections to test your patient and at which anatomic sites.
* Follow CDC’s gonorrhea [screening recommendations](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm).
	+ Screening should be performed at all anatomic sites of sexual exposure regardless of condom use, using pharyngeal swabs, rectal swabs, and either urethral/endocervical/ vaginal swabs or urine specimens.
	+ Screen all sexually active women younger than 25 years, as well as older women with risk factors (e.g., a new or multiple sex partners, a sex partner with concurrent partners, or a sex partner who has an STI.) Pharyngeal and rectal gonorrhea screening can be considered in women based on reported sexual behaviors and exposure, through shared clinical decision making.
	+ Screen sexually active men who have sex with men at anatomic sites of possible exposure at least annually and every 3 to 6 months, if at increased risk.
	+ Screening recommendations for transgender and gender diverse people should be adapted based on anatomy.
		- Screen sexually active people living with HIV at initial HIV evaluation and at least annually. Screen all pregnant people <25 years old and ≥25 years old if at increased risk (i.e., a new partner, multiple partners, a sex partner with concurrent partners, a sex partner with an STD, any STD during pregnancy, and exchange of sex for food or housing). If infected, treat immediately and retest within 3 months.
		- Retest during the third trimester if <25 years old or at risk. .
	+ Rescreen all individuals (i.e., women, MSM, MSW, transgender and gender diverse people) with gonorrhea three months after treatment.
	+ Conduct a test of cure for all cases of pharyngeal gonorrhea 7–14 days after initial treatment by using either culture or a nucleic acid amplification test (NAAT).
* Adhere to CDC’s recommendations by always treating gonorrhea promptly with 500 mg of ceftriaxone as a single intramuscular (IM) dose for persons weighing <150 kg (see [STI Treatment Guidelines).](https://www.cdc.gov/std/treatment-guidelines/default.htm)
* Evaluate and treat the patient’s sex partner(s) during the previous 60 days. Ask patients to tell their recent sex partner(s) about their diagnosis and encourage them to seek testing and treatment.
* Remain vigilant for patients who remain infected despite CDC-recommended treatment (i.e., suspected treatment failure).
* Report any suspected treatment failure to local or state public health officials within 24 hours.
* Obtain cultures to test for reduced antibiotic susceptibility from any patients with suspected or documented gonorrhea treatment failures. The health department can facilitate clinician access to gonorrhea culture and antibiotic susceptibility testing.

**What Can the Public Do?**

* The only way to avoid STIs (including gonorrhea) is to not have vaginal, anal, or oral sex.
* If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:
	+ Be in a long-term, mutually monogamous relationship with a partner who has been tested and has negative STI test results.
	+ Use latex [condoms](https://www.cdc.gov/condomeffectiveness/external-condom-use.html) the right way every time you have sex.
* People with gonorrhea might not have any symptoms. If you are sexually active, have an honest and open talk with your healthcare provider and ask whether you should be tested.
	+ Sexually active gay, bisexual, or other men who have sex with men should be tested for gonorrhea every year.
	+ Sexually active women younger than 25 years and women 25 years and older with risk factors (such as a new or multiple sex partners, or a sex partner who has an STI) should be tested for gonorrhea every year.
* You should be examined by your doctor if you or your partner have symptoms of gonorrhea, which can include: burning when urinating; penile or vaginal discharge; or discharge, soreness, or bleeding from the rectum.
* If you are diagnosed with gonorrhea, it is important to take all the medication your doctor prescribes to cure your infection. Help ensure your partner(s) are notified and treated for gonorrhea. To avoid getting infected again or spreading gonorrhea to your partner(s), wait 7 days after finishing all medication before having sex.