



April 12, 2007

Dear Colleague,

Today CDC announced that fluoroquinolones are no longer recommended for the treatment of gonorrhea in the United States. This recommendation was based on analysis of new data from CDC's Gonococcal Isolate Surveillance Project (GISP), a sentinel surveillance system that monitors trends in antimicrobial susceptibilities of strains of *N. gonorrhoeae* in the U.S. The data on which the recommendation is based were published in this week's MMWR (<http://www.cdc.gov/mmwr/>) and show that in the first half of 2006 among heterosexual men, the proportion of gonorrhea cases that were fluoroquinolone-resistant (QRNG) reached 6.7%, an 11-fold increase from 0.6% in 2001.

CDC has recommended oral fluoroquinolones (ciprofloxacin, ofloxacin and levofloxacin) as first-line treatments for gonorrhea since 1993, but over the past several years, as QRNG cases increased steadily, CDC advised that they were not recommended for treating gonorrhea, first in Hawaii (2000), then California (2002), and, most recently, in men who have sex with men nationwide (2004). Recommended options for treating gonorrhea are now limited to a single class of antibiotics, cephalosporins. Within this class, CDC recommends ceftriaxone, available only as an injection, as the preferred treatment for all types of gonorrhea infection (genital, anal and pharyngeal). Recommendations are attached; more details are available at <http://www.cdc.gov/std/treatment/>. Also attached is a paper, "Update on Management of Gonorrhea in Adults," from the April 1 *Clinical Infectious Diseases* supplement.

Because of the lack of treatment options, it is critical that we all work together to monitor resistance. Specifically, CDC strongly encourages state and local health departments to:

- Maintain or develop capacity to culture for *N. gonorrhoeae*
- Maintain capacity or develop partnerships with other experienced laboratories to conduct drug susceptibility tests for any patients who fail gonorrhea treatment
- Urge providers in your area to report any case of such resistance to state and local public health authorities so that CDC can closely monitor and appropriately respond to any emerging resistance

CDC will closely monitor for cephalosporin resistance in the U.S. through GISP and will work with the World Health Organization to strengthen international monitoring for gonococcal drug resistance. CDC will also work with government and industry partners to identify and evaluate promising alternative drug regimens for treating gonorrhea.

This is the second MMWR in the past month that addresses gonorrhea (March 16, 2007: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5610a4.htm>). It is important we use this heightened awareness to reconsider what we are doing to prevent gonorrhea transmission and its sequelae and to begin new discussions about improving gonorrhea prevention. We will continue to keep you updated on developments as they occur and will work with you to address the growing urgency of this serious health concern.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Douglas, Jr." with a stylized flourish at the end.

John M. Douglas, Jr., MD  
Director, Division of STD Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention