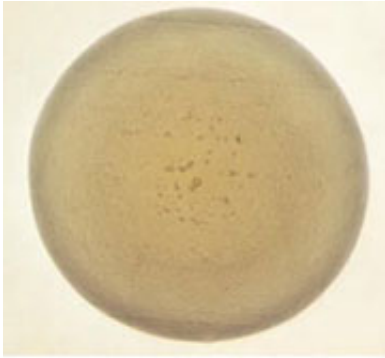


Gonorrhea resistant to all but one antibiotic: CDC

9 August 2012, By Amanda Gardner, HealthDay Reporter



Gonorrhea colonies, magnified 50x.
Photo: Centers for Disease Control and Prevention

Agency issues new guidelines: Rocephin should be first-line treatment.

(HealthDay) -- With options shrinking to a single antibiotic that can fight resistant strains of gonorrhea, U.S. health authorities issued revised guidelines for treating the sexually transmitted bacteria on Thursday.

The U.S. [Centers for Disease Control and Prevention](#) now recommends that the injectable antibiotic Rocephin (ceftriaxone) be the first-line treatment for this sexually transmitted disease, supplanting Suprax (cefixime).

Rocephin should be used in combination with one of two [oral antibiotics](#): [azithromycin](#) or doxycycline, the CDC stated in the guidelines published in the Aug. 10 issue of the [Morbidity and Mortality Weekly Report](#).

Strains of [gonorrhea](#) that are resistant to Suprax have increased globally.

"We are very concerned about the possibility of the potential for untreatable gonorrhea," said Dr. Robert Kirkcaldy, a medical epidemiologist with the CDC's Division of STD Prevention. "Facing this threat of [drug resistance](#), the CDC is taking the

critical step to preserve the last remaining drug that we know to be effective. We're hoping that the actions taken now will prevent that from becoming a reality."

Another expert agreed with the decision. "The risk of organisms becoming completely resistant will be a lot less [with the combination of two drugs] than if we're just doing one treatment," said Dr. Greg Ward, an assistant professor of obstetrics, gynecology and women's health at Saint Louis University, in St. Louis. "Two antibiotics confuses the organism a little bit so . . . this should slow the progression of resistance."

Neisseria gonorrhoeae is a particularly "crafty" bacteria which has progressively become resistant to every antibiotic used against it since the 1930s, Kirkcaldy said.

These include sulfonamides, penicillin, tetracycline and, in the 2000s, fluoroquinolones.

In 2007, the CDC recommended abandoning fluoroquinolones as a first-line treatment, thus leaving cephalosporins, which include Suprax and Rocephin, as the only class of antibiotics available to effectively combat gonorrhea.

By limiting use of cephalosporins to just Rocephin, it's hoped that gonorrhea will not develop resistance to all drugs in the class.

Although rates of gonorrhea are at historic lows, Kirkcaldy said, it is still the second most commonly recorded infection with more than 700,000 new U.S. cases annually.

Symptoms can include burning when urinating or a discharge from the penis or the vagina. But too often, gonorrhea produces no symptoms at all.

"If left untreated, gonorrhea can result in severe reproductive health consequences including

chronic pelvic pain, potentially life-threatening ectopic pregnancy and infertility," Kirkcaldy said. "We also know that having this infection can increase risk of acquiring or transmitting HIV."

The new recommendations also call for all patients to undergo a "test of cure" to ensure that the infection is fully resolved. That means all patients receiving treatment will need to make another office visit, Ward said.

In the past, the test of cure was only done on pregnant women, he added.

To prevent transmission of gonorrhea, individuals should also follow safe-sex practices, such as using condoms. Noting that abstinence and monogamy are the greatest protective measures, the CDC said that groups at greatest risk -- sexually active gay and bisexual men and high-risk sexually active women -- should be tested for gonorrhea at least once a year.

Kirkcaldy also called on drug makers to "step up quickly and boldly to invest in new drugs" to fight gonorrhea.

More information: The U.S. Centers for Disease Control and Prevention has more on [gonorrhea](#).

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