**CDC’s Division of STD Prevention**

**Talking Points for Gonorrhea with Reduced Susceptibility**

**Situation**

* Gonorrhea is the second most commonly reported notifiable disease in the US, with an estimated 820,000 new cases per year. 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, the bacteria have now developed resistance to almost every antibiotic used to treat it. An estimated 30% of new gonococcal infections – or 246,000 cases – in the US are resistant to at least one antibiotic.
* Today there is only one recommended treatment regimen left for gonorrhea (ceftriaxone and azithromycin) and resistance to this regimen may be emerging.
  + Since [*insert year*], the percentage of *Neisseria gonorrhoeae* specimens with reduced azithromycin susceptibility in the lab increased from [*XX% to XX% in insert year]*
* 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?**

* We are working with CDC to monitor cases of resistant gonorrhea through enhanced surveillance programs
  + “SURRG” – Strengthening the U.S. Response to Resistance Gonorrhea – a system designed to enhance our ability to rapidly identify resistant gonorrhea and build the infrastructure to stop the spread of resistance in its tracks.
  + “GISP” - Gonococcal Isolate Surveillance Project - closely monitors for early warning signs of resistance to recommended treatments.
* Our STD clinics provide critical testing and treatment options for people at risk for gonorrhea.
* Our public health laboratory performs gonorrhea culture, and [tests for antibiotic resistance/is building up its capacity to test for antibiotic resistance].

**What Can Clinicians Do?**

* Take a sexual history. This will help you determine which STDs to test your patient for and at which anatomic sites.
* Follow key CDC gonorrhea screening recommendations.
  + Screen all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted disease.
  + Screen sexually active men who have sex with men at anatomic sites of possible exposure at least annually
* Adhere to CDC’s recommendations by always treating gonorrhea promptly with a combination of injectable ceftriaxone and oral azithromycin, including post-treatment testing to confirm cure if pharyngeal gonorrhea is treated with a different regimen
* Evaluate and treat all patients’ sex partners from the previous 60 days. Ask patients to notify their recent partners of their diagnosis and encourage their partners to seek testing and treatment.
* Remain vigilant for patients who remain infected despite 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 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 best way to avoid STDs (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:
  + Being in a long-term, mutually monogamous relationship with a partner who has been tested and has negative STD test results;
  + Using latex condoms the right way every time you have sex.
* Men and women with gonorrhea infections might not have any symptoms. If you are sexually active, have an honest and open talk with your health care provider and ask whether you should be tested.
  + Sexually active men who are gay, bisexual, or who have sex with men should be tested for gonorrhea at least every year.
  + Sexually active women younger than 25 years or an older woman with risk factors (such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection) should be tested for gonorrhea every year.
* You should be examined by your doctor if you or your partner have symptoms of an STD, 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. Ensure your partner or partners 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.