



Public Health Department

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Health Advisory

To: Healthcare Providers

From: Robert Bernstein, M.D. (signed original on file)

Date: February 16, 2021

Re: New Gonorrhea Treatment Guidelines and Syphilis Screening Recommendations

Butte County Public Health (BCPH) would like to inform providers that the Centers for Disease Control and Prevention (CDC) has recently updated the treatment guidelines for uncomplicated gonorrhea in adults to include monotherapy (a single dose of 500 mg of ceftriaxone IM) as opposed to the previous recommendation of dual therapy with a lower dose of ceftriaxone and azithromycin orally.

Recognizing that the distribution and occurrence of syphilis and congenital syphilis in California have been steeply increasing in recent years [Congenital Syphilis \(ca.gov\)](http://www.cdph.ca.gov), BCPH would also like to encourage providers to follow the California Department of Public Health's (CDPH) expanded screening guidance to enhance syphilis detection among women who are or could become pregnant.

New Treatment Guidelines for Gonorrhea

The new recommendations, briefly summarized below, are available in [2020 Update to CDC's Treatment for Gonococcal Infections](#), a special policy note published on December 17 in the CDC MMWR, and this new recommendation supersedes the gonorrhea treatment recommendation included in the [2015 STD Treatment Recommendations](#):

1. Treat gonorrhea infections with a single 500 mg injection of ceftriaxone.
2. A test-of-cure is not needed for people who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea unless symptoms persist.
3. A test-of-cure is recommended in people with pharyngeal gonorrhea 7-14 days after the initial treatment, regardless of the regimen.
4. Patients who have been treated for gonorrhea should be retested three months after treatment to ensure there is no reinfection.
5. As always, facilitate partner testing and treatment.

Drug-resistant gonorrhea remains an urgent public health threat; in fact, half of all gonorrhea infections are resistant to at least one antibiotic ([Drug-Resistant Neisseria Gonorrhoeae \(cdc.gov\)](http://www.cdc.gov)). The change from dual therapy to monotherapy was prompted by three items:

1. Antimicrobial stewardship and the need to minimize antibiotic exposure unless the benefit clearly outweighs the risk, an important consideration for all infections and not just STIs ([Comparison of Antibiotic Prescribing in Retail Clinics, Urgent Care Centers, Emergency Departments, and Traditional Ambulatory Care Settings in the United States | Emergency Medicine | JAMA Internal Medicine | JAMA Network](#));
2. Further evidence and understanding of ceftriaxone's pharmacokinetics (how drugs move in the body) and pharmacodynamics (biochemical and physiologic effects of drugs) in relation to identifying the optimal dose to treat gonorrhea; and
3. Signs that azithromycin resistance is increasing.

Expanded Syphilis Screening Recommendations

The California Department of Public Health STD Control Branch has released the [Expanded Syphilis Screening Recommendations for California Medical Providers](#), along with an associated [Dear Colleague Letter](#). In 2018, there were 329 infants with congenital syphilis (CS) reported in California, representing a 900 percent increase from 2012, and a magnitude of CS burden not observed since 1995. These trends mirror a sharp rise in syphilis among females, which surpassed 500 percent during the same period. This guidance is to enhance syphilis detection among people who are or could become pregnant to prevent CS. It includes evidence underlying the recommendations, analysis of related existing state and national policy, as well as considerations for practice implementation. In short, CDPH recommends:

- All pregnant patients should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and again during the third trimester (ideally between 28–32 weeks' gestation), regardless of whether such testing was performed or offered during the first two trimesters.
- Patients should be screened for syphilis at delivery, except those at low risk (see guidance for definition) who have a documented negative screen in the third trimester.
- Emergency department (ED) providers in local health jurisdictions with high-CS morbidity (see guidance for definition) should consider confirming the syphilis status of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.
- All people who are or could become pregnant entering an adult correctional facility located in a local health jurisdiction with high-CS morbidity (see guidance for definition) should be screened for syphilis at intake, or as close to intake as feasible.
- All sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, with additional screening for those at increased risk.
- All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.

Resources

- Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>
- Sexually Transmitted Diseases Treatment Guidelines, 2015: <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>
- Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis, 2020: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ExpandedSyphilis-Screening-Recommendations.pdf>
- CDPH STD Control Branch Congenital Syphilis Webpage: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>
- CDC 2015 STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/>

If you have further questions, please contact the Butte County Public Health's Communicable Disease Program staff at (530) 552-3929.

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action