



December 10, 2018

TO: Oregon Medical Providers

FROM: Tim W. Menza, MD, PhD
Medical Director
HIV/STD/TB Section

RE: Empiric treatment of urethritis or cervicitis with ceftriaxone and azithromycin

As you know rates of gonococcal infection have risen substantially in Oregon. For patients who might not return for timely treatment, I ask that my fellow providers err on the side of treating patients presenting with urethritis or cervicitis for gonorrhea *AND* Chlamydia while awaiting confirmatory nucleic acid amplification testing (NAAT). The benefits of this strategy are a few-fold:

- This empiric treatment covers gonococcal, Chlamydial, and Mycoplasma infections.
- Immediate treatment will reduce the risk of secondary transmission of these infections by shortening their duration.
- If we've treated only for Chlamydia with azithromycin 1 gram orally in the office and the gonococcal NAAT returns positive, we must now recall the patient for treatment with ceftriaxone 250 milligrams intramuscularly. If more than 5 days have elapsed, we will need to repeat the dose of azithromycin at the same time we administer ceftriaxone.
- We reduce the risk of antimicrobial resistance by treating gonorrhea with simultaneous, dual therapy rather than doses of azithromycin and ceftriaxone separated by several days.
- We reduce the risk of complications of these infections (i.e., pelvic inflammatory disease) with timely treatment.

As you know, symptoms of urethritis include dysuria, penile or vaginal discharge, and urethral itching. A patient can also have signs of urethral or vaginal discharge on clinical exam without symptoms. Cervicitis may have additional symptoms of vaginal bleeding and pain with sexual intercourse. The cause of these signs and symptoms is not always apparent based on clinical exam; testing is required.

Urethritis and cervicitis can be gonococcal or non-gonococcal. The non-gonococcal category includes Chlamydia, Mycoplasma, Adenovirus, Herpes Simplex Virus 1 and other less common bacterial causes. In women, the differential diagnosis also includes trichomonas, bacterial vaginosis, and vulvovaginal candidiasis. The role of trichomonas in urethritis in men is less certain. While some clinics have on-site labs for microscopy and gram stain to assist with diagnosis while a patient is waiting, most do not and must send samples to an outside laboratory for testing to make the diagnosis.

Therapy for uncomplicated gonococcal infections of the pharynx, cervix, urethra, or rectum includes:

Ceftriaxone 250 mg in a single intramuscular dose

PLUS

Azithromycin 1g orally in a single dose

Additional considerations:

- Counseling. Patients should use condoms or not have sex for 7 days after treatment. Let patients know that they should contact potentially exposed partners to ask them to seek care for testing and treatment. Also, let them know that **partner services** from the local public health authority may contact them for an interview and can assist in locating partners for testing and treatment.
- Bundle tests for STI. If testing and treating for Chlamydia and gonorrhea, we should be thinking about HIV, hepatitis, and syphilis testing as well. Bundling tests is always best. Also, remember that gonorrhea can affect the throat and rectum and Chlamydia can affect the rectum. These infections occur in both men and women. It is never a bad idea to offer testing at all anatomic sites and allow patients to decline testing that does not apply to them.
- Expedited partner therapy (EPT). Once we've made a diagnosis of gonorrhea or chlamydia in an individual with an opposite-sex sex partner, expedited partner therapy is an option. EPT is not recommended for men who have sex with men at this time.
 - EPT for chlamydia is 1 gram of azithromycin orally
 - EPT for gonorrhea is 1 gram of azithromycin AND 400 mg of cefixime orally
 - You can provide EPT by making "partner packs" containing medication, drug and sexual health information to distribute to patients for their partners
 - Or, you can provide a prescription for these medications to the patient for their partners

As an additional resource, the 2015 Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment Guidelines¹ are online. A free version of the guidelines is also available for smartphone and available from the Apple Store and other sources of smart phone applications.

Please contact your local public health authority or the Oregon STD Program at 971-673-0153 if you have questions, concerns, or need assistance.

Thank you for your continued efforts to stem the spread of sexually transmitted infections in Oregon.

Sincerely,



Tim W. Menza MD, PhD

¹ <http://www.cdc.gov/std/tg2015/>