

## News From the Centers for Disease Control and Prevention

### Updated Recommendations for Gonorrhea Treatment

Updated recommendations for treating gonorrhea aim to combat rising drug resistance.

Sexually transmitted *Neisseria gonorrhoeae* infections have increased by almost **two-thirds** since 2014. If left untreated, the infection can cause pelvic inflammatory disease, ectopic pregnancy, infertility, and an increased risk of HIV infection. Previously, the CDC **recommended** a single 250-mg intramuscular dose of ceftriaxone and a single 1-g oral dose of azithromycin to treat uncomplicated gonorrhea as well as possible coinfection with *Chlamydia trachomatis*. However, review by CDC staff and other experts during 2018 and 2019 raised concerns about increasing drug resistance. For example, CDC surveillance indicated that the percentage of *N gonorrhoeae* isolates with reduced susceptibility to azithromycin increased 7-fold between 2013 and 2018.

As a result, the CDC now **recommends** a 500-mg single intramuscular dose of ceftriaxone for uncomplicated gonorrhea. The authors also recommend a 7-day 100-mg course of doxycycline taken orally twice daily for patients with possible chlamydia coinfection. For patients with cephalosporin allergy, a single 240-mg intramuscular dose of gentamicin and a single 2-g

oral dose of azithromycin is recommended. A single 8-mg oral dose of cefixime is a suggested alternative if intramuscular ceftriaxone is not available.

However, the authors noted that cefixime may be less effective against pharyngeal gonorrhea. Patients with pharyngeal gonorrhea should be retested 1 to 2 weeks after treatment, regardless of the regimen, to verify cure, the authors suggested. The authors also recommended retesting all patients 3 months after treatment because reinfection rates during the next year may be as high as 12%.

"Continuing to monitor for emergence of ceftriaxone resistance through surveillance and health care providers' reporting of treatment failures will be essential to ensuring continued efficacy of recommended regimens," the authors wrote.

### Accelerated Overdose Deaths Linked With COVID-19

More than 81 000 people died of drug overdoses in the US between June 2019 and May 2020, a record-breaking number that CDC officials suggested is related to the coronavirus disease 2019 (COVID-19) pandemic.

Synthetic opioid use—primarily illicit fentanyl—appeared to explain why overdose deaths reached a new peak. Compared with the 12-month period ending in



June 2019, synthetic opioid overdose deaths increased by 38% during the subsequent 12 months, the CDC **reported**.

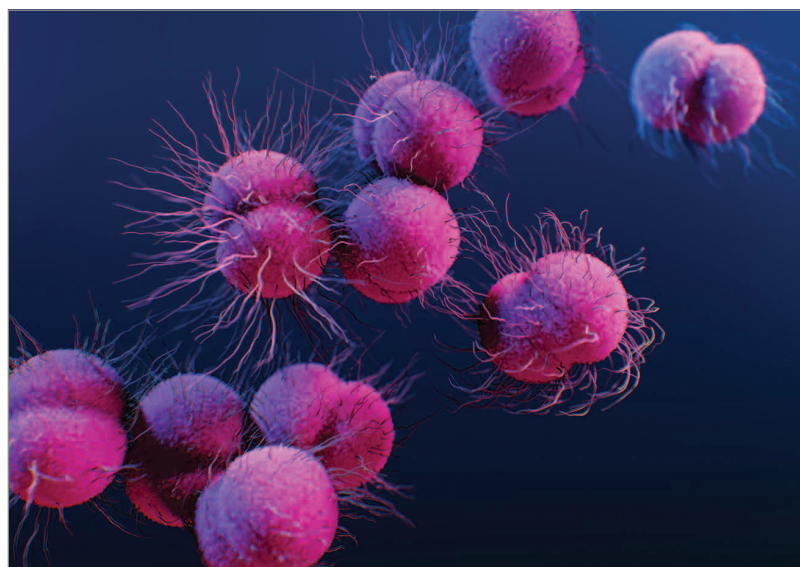
"The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard," then-CDC Director Robert Redfield, MD, said in a **statement**.

Historically, deaths involving illicit fentanyl have been concentrated in states east of the Mississippi River, but during the 12 months ending in May 2020, fentanyl-related overdose deaths increased by 98% in 10 Western states, according to a CDC health advisory. Overdose deaths involving cocaine increased by 27%; many were the result of mixing synthetic opioids with cocaine. Methamphetamine overdoses increased by 35% between June 2019 and May 2020.

In its advisory, the CDC recommended that clinicians alert patients to the risks of highly potent synthetic opioids and that they prescribe naloxone for high-risk individuals such as those with a history of a substance use disorder or a previous overdose. Clinicians should also ensure that patients know it could take multiple doses of naloxone to reverse an overdose involving fentanyl or other synthetic opioids.

The agency also recommended coprescribing naloxone for patients who take high-dose prescription opioids or for patients receiving prescription opioids along with benzodiazepines, which may **increase** the risk of overdose. — **Bridget M. Kuehn, MSJ**

**Note:** Source references are available through embedded hyperlinks in the article text online.



Left, Alissa Eckert/Centers for Disease Control and Prevention; Right, US Drug Enforcement Agency