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PUBLIC HEALTH ADVISORY

To: Health Care Providers
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Subject: **Gonorrhea with Resistance or Reduced Susceptibility to Multiple Antibiotics Identified in Massachusetts**
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Gonorrhea with Resistance or Reduced Susceptibility to Multiple Antibiotics Identified in Massachusetts

Massachusetts [recently identified](#) a novel strain of multidrug-non-susceptible *Neisseria gonorrhoeae* (*N. gonorrhoeae*) with resistance or reduced susceptibility to all drugs that are [recommended for treatment](#) in the U.S. The novel strain, identified in Massachusetts, showed reduced susceptibility to ceftriaxone, cefixime, and azithromycin and showed resistance to ciprofloxacin, penicillin, and tetracycline. This is the first isolate identified in the U.S. showing resistance or reduced susceptibility to all drugs that are recommended for treatment. This strain has the same sequence type recently identified in the United Kingdom and previously reported as circulating in Asia-Pacific countries. Identification of this novel strain is a reminder that *N. gonorrhoeae* is becoming less responsive to a limited arsenal of antibiotics.

While no cases of this novel strain have been reported in Maine as of today's date, gonorrhea continues to be a concern, with cases rising nationally and in Maine. Cases of gonorrhea in Maine increased 34% between 2021 (n=462) and 2022 (n=620). In 2022, rates of gonorrhea were highest for Black and African Americans, males, and persons aged 15–34 years; one-third of cases reported male-to-male sexual contact (2022 data as of February 2, 2023). The highest rate of gonorrhea in Maine was in Androscoggin County (122.5 cases per 100,000 population).

Recommendations for Clinicians:

- Perform routine gonorrhea screening with nucleic acid amplification testing (NAAT) for sexually active women ≤ 24 years and women 25 years or older who are at [increased risk](#). Screen transgender and gender diverse people on the basis of their sexual practices and anatomy (i.e., annual, routine screening for gonorrhea in cisgender women <25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, screen if at increased risk.). Screen sexually active men who have sex with men, at least annually but up to every 3 months if at increased risk. Screen all anatomical sites of sexual exposure.

- Ensure compliance with recommended treatment for gonorrhea with ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (1 gram IM for persons weighing ≥150 kg), per [CDC's 2021 STI guidelines](#).
- Counsel patients on avoiding reinfection: sex partners should be instructed to abstain from sexual intercourse for 7 days after they and their sex partner(s) have completed treatment and after resolution of symptoms.
- Perform test of cure using NAAT, 14 days after initial treatment, for all patients with known or suspected pharyngeal infection.
- Perform test of reinfection with NAAT at 3 months after treatment for patients previously treated for gonorrhea. Scheduling the follow-up visit for test of reinfection at the time of treatment is encouraged. If retesting at 3 months is not possible, clinicians should retest whenever persons next seek medical care <12 months after initial treatment.
- Consider treatment failure for persons whose symptoms do not resolve within 3–5 days after completing the recommended treatment and who report no sexual contact during the post-treatment follow-up period, and for persons with a positive test of cure when no sexual contact is reported during the post-treatment follow-up period. Nationally, most suspected treatment failures are likely reinfections, not true failure.

If treatment failure is suspected:

- Obtain a sexual history to evaluate for possible reinfection and obtain travel history for all patients who test positive for gonorrhea.
- Obtain clinical specimens from all previously positive anatomical sites for repeat NAAT, and for culture and antimicrobial susceptibility testing (AST). These tests are needed to detect antibiotic susceptibility and resistance which can inform treatment decisions and public health surveillance activities. Clinics that do not have access to culture and AST can contact the [Maryland Antibiotic Resistance Laboratory Network \(ARLN\) Laboratory](#) for assistance. Prior to sample submission, please notify Maine CDC before completing [US CDC's Suspected Gonorrhea Treatment Failure Consultation Form](#).

Additional Support:

- Contact Maine CDC Disease Intervention Specialists (DIS) at 800-821-5821 for help with timely and appropriate treatment and follow-up, and to facilitate partner services, including interview, testing, treatment, and follow-up.
- Consult with the STD Clinical Consultation Network www.stdccn.org for assistance regarding clinical management of any patient with gonorrhea or any other sexually transmitted infection.

Reporting:

- Gonorrhea is reportable within 48 hours of recognition or strong suspicion of disease. Reports can be provided to Maine CDC through electronic laboratory reporting, by fax at 207-287-8186, or by phone at 800-821-5821.

For more information:

- [Maine CDC HIV, STD, and Viral Hepatitis Program](#)
- [CDC 2021 STI Treatment Guidelines](#)
- [USPSTF Final Recommendation Statement: Chlamydia and Gonorrhea: Screening](#)
- National Network of STD Clinical Prevention Training Centers: STD Clinical Consultation Network. www.stdccn.org
- [CDC Dear Colleague Letter on AMR Gonorrhea](#)
- [Maryland Antibiotic Resistance Laboratory Network \(ARLN\) Laboratory](#) For questions and assistance with authorization and submission: mdphl.arln@maryland.gov