

CDC: Quinolones not recommended in the U.S.

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The Gonococcal Isolate Surveillance Project (GISP) for 2006 has demonstrated that quinolone-resistant *N. gonorrhoe* has continued to increase among heterosexual males and is present in all regions of the United States. Thus, CDC no longer recommends the use of fluoroquinolones for the treatment of gonococcal infections and associated conditions such as pelvic inflammatory disease (PID) in the United States.

Consequently, only one class of drugs, the cephalosporins, is still recommended in the U.S. For the treatment of uncomplicated urogenital and anorectal gonorrhea, CDC now recommends a single intramuscular dose of ceftriaxone 125 mg or a single oral dose of cefixime 400 mg. Alternative parenteral single-dose regimens for urogenital and anorectal gonorrhea include ceftizoxime 500 mg, cefoxitin 2 g with probenecid 1 g orally, or cefotaxime 500 mg. For persons with penicillin or cephalosporin allergies, a single intramuscular dose of spectinomycin 2 g is a recommended alternative. However spectinomycin is not available in the United States.