

The '2012 European guideline on the diagnosis and treatment of gonorrhoea in adults' recommends dual antimicrobial therapy

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The '2012 European guideline on the diagnosis and treatment of gonorrhoea in adults' was launched on November 15, 2012 on the website for European STI Guidelines and is also accepted for publication in *International Journal of STD & AIDS* [1]. The newly launched guideline, an updated version of the 2009 European (IUSTI/WHO) guideline on the diagnosis and treatment of gonorrhoea in adults [2], provides up-to-date guidance on:

- broader indications for testing and treatment of gonorrhoea;
- the introduction of dual antimicrobial therapy. The recommended treatment for uncomplicated *Neisseria gonorrhoeae* infections of the urethra, cervix, rectum and pharynx, when the antimicrobial sensitivity is unknown, is a combination of ceftriaxone 500 mg and azithromycin 2 g;
- recommendation of test of cure in all gonorrhoea cases to ensure eradication of infection and identify emerging resistance;
- recommendations to identify, verify and report failures with recommended treatment regimens [3-5].

Further details regarding recommended diagnostics, recommended and alternative treatment regimens, treatment of ceftriaxone-resistant gonorrhoea, management of additional types of gonococcal infections or complications and of specific patient groups are also available in the newly launched guidelines [1].

Gonorrhoea remains a major public health problem. In 2008, the World Health Organization (WHO) estimated 106 million cases among adults worldwide (3.4 million in the WHO European region) [3]. In the European Union (EU), gonorrhoea is the second most commonly reported bacterial sexually transmitted infection (STI) after chlamydia [4]. However, the incidence is underestimated because of suboptimal diagnostics, case reporting and surveillance.

During recent years, resistance has been identified to the recommended extended-spectrum cephalosporins cefixime and ceftriaxone, the mainstay of first-line antimicrobial monotherapy for gonorrhoea [2]. Several treatment failures with cefixime and a few with ceftriaxone were recently verified in Europe, together with the first three extensively drug-resistant (XDR) *N. gonorrhoeae* strains with high-level ceftriaxone resistance [5,6]. In this developing situation, the WHO [3] and the European Center for Disease Prevention and Control (ECDC) [4] published global and regional action/response plans, respectively, to combat and mitigate the spread of multidrug-resistant gonorrhoea. This emergence of resistance has prompted revision of national and international treatment/management guidelines.

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