October 24, 2014

Dear Colleague:

UPDATE ON CEFIXIME SHORTAGE & PRODUCT SUBSTITUTION FOR GONORRHEA MANAGEMENT

Due to a Cefixime supply shortage from the manufacturer, expected to last until at least September 2015, Manitoba Health, Healthy Living and Seniors (MHHLS) is recommending the following regimen for the treatment of uncomplicated anogenital and pharyngeal gonorrhea infections:

Ceftriaxone 250mg IM x1

Substitution
- During the shortage, each order for one (1) treatment of Cefixime (400mg x 2 tables, PO) will be substituted with one (1) treatment of Ceftriaxone (250mg x 1 vial, IM).
- Ceftriaxone should be reconstituted with 0.9ml of 1% lidocaine. Lidocaine is included in the substitution package.

Additional Notes:
- MHHLS anticipates returning to oral Cefixime as the recommended first line option for uncomplicated anogenital gonorrhea infections once this shortage ends.
- Unlike national guidelines, MHHLS guidelines allow for monotherapy with Ceftriaxone if chlamydia has been ruled out.
- Monotherapy with Azithromycin 2 gm orally as a single dose is not recommended unless there is a severe cephalosporin allergy or documented gonococcal susceptibility to azithromycin.
- MHHLS recommends Test of Cure (TOC) for Gonorrhea for any treatment regimen other than Ceftriaxone 250mg IM.
- The provincial Gonorrhea protocol is currently being updated. Any changes to the recommendations will be communicated in a future correspondence.

The Public Health Agency of Canada's Recommended Management of Gonococcal Infections during Cefixime Shortage can be found at (please refer to this notice for management discrepancies):

The current MHHLS treatment guidelines can be found at the following links:

For additional questions, please contact Communicable Disease Control of the Public Health Branch at the contact information provided above.

Please share this communication with all colleagues in your department, facility or clinic.

Sincerely,

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