

State of California—Health and Human Services Agency California Department of Public Health



May 25, 2012

Dear STD Controllers and Colleagues:

Last week an article was published in the New England Journal of Medicine that has created some concerns about the safety of azithromycin. The title of the article is "Azithromycin and the Risk of Cardiovascular Death" (N Engl J Med 2012; 366: 1881-1890). I am writing to provide some additional details about the study and reassurance about our current treatment regimens for chlamydia and gonorrhea.

Summary of the study findings:

While some drugs in the same class as azithromycin (macrolide antibiotics) have been found to be associated with an increased risk of sudden cardiac death, azithromycin has enjoyed a reputation for being relatively free of cardiac toxicity. This NEJM study concluded that azithromycin therapy was associated with a small but absolute increase in cardiovascular deaths. The risk of death was most pronounced among patients with existing heart disease or risk factors for heart disease. In particular, 59% of the cardiovascular deaths occurred in patients who were already taking cardiovascular medications, had cardiovascular diagnoses, or had hospitalizations or emergency room visits related to cardiovascular disease.

What does this mean for chlamydia and gonorrhea treatment in California:

The findings from this study may not necessarily apply to patients who are treated with azithromycin for chlamydia or gonorrhea for the following reasons. First, the study population included patients aged 30-74 years; the median age was 48 years. This study population is older than the majority of patients treated for chlamydia and gonorrhea in California, most of whom are under the age of 30. Second, the study examined the effects of a five-day course of azithromycin, whereas the regimen recommended for chlamydia and for dual therapy for gonorrhea is a single dose regimen. It is unclear whether a shorter but higher dose of the antibiotic would have a similar effect.

Treatment recommendations for chlamydia and gonorrhea:

The CDC is recommending that treatment for chlamydia and gonorrhea remain the same as previously released in the CDC 2010 STD Treatment Guidelines. The alert on

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the CDC website can be found through the following link: http://www.cdc.gov/std/treatment/azithromycin.htm.

As a reminder, the recommended treatment for chlamydia is:

- Azithromycin 1 g orally in a single dose OR
- Doxycycline 100 mg orally twice a day for 7 days

The recommended treatment for gonorrhea is:

- Ceftriaxone 250 mg intramuscular injection in a single dose OR, if not an option
- Cefixime 400 mg orally in a single dose

<u>PLUS</u>

- Azithromycin 1 g orally in a single dose OR
- Doxycycline 100 mg orally twice a day for 7 day

California health care providers who are treating chlamydia or gonorrhea in older patients with known cardiac disease have the option of using doxycycline 100 mg orally twice daily for 7 days instead of azithromycin. The California Department of Public Health STD Control Branch will monitor FDA and CDC alerts on azithromycin's safety profile and any recommendations related to clinical practice. We will notify you immediately if recommendations change.

If you have any questions, please do not hesitate to contact me at the phone number or email address below.

Sincerely,

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