



The Royal Australasian  
College of Physicians

Dr Rosemary Lester  
Chair, Communicable Diseases Network Australia (CDNA)  
CHO Victoria  
Department of Health  
50 Lonsdale Street  
Melbourne VIC 3000

Dear Dr Lester

We write to seek your assistance in changing the recommended treatment for gonorrhoea in Australia. Gonorrhoea rates are increasing. Notification rates of gonorrhoea have generally increased over the past 10 years. In 2011, the national notification rate for people aged 15 years and over was 65 per 100,000 of the population, up from 40 per 100,000 in 2001.<sup>i</sup> Both in Australia and internationally, resistance to antibiotics is increasing such that there are now very few options for treatment. In fact, it has been described as a potential Public Health disaster<sup>ii</sup>.

Both the CDC in the US<sup>iii</sup> and the British Association for Sexual Health and HIV (BASSH)<sup>iv</sup> have recommended adding 1g of Azithromycin orally to the recommended dose of ceftriaxone 500mg IMI to try and delay the likelihood of resistance developing to ceftriaxone. As Sexual Health Practitioners we would strongly endorse such a change. As there are currently no up to date STI specific guidelines, we are seeking your assistance to engage with States and Territories to implement this change nationally. Many clinical services have already acted upon this international advice and changed their treatment protocols but primary care providers rely on reputable advice as to how to treat STIs. A recommendation issued by a State or Territory Health department would be one such avenue of advice.

We realise that adding azithromycin to the treatment for gonorrhoea would add to the cost of treatment but not acting is likely to cost much more should resistance become established in Australia. Also changes to the Pharmaceutical Benefits Scheme will have to occur to allow azithromycin to be used for this indication as it is only currently available on the PBS for the treatment of Chlamydia. We believe that having your group's endorsement for this change will facilitate this alteration to the PBS and result in better treatment for gonorrhoea in Australia.

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**ALLIANCE EXECUTIVE MEMBERS:** Australasian Sexual Health & HIV Nurses Association (ASHHNA), Australasian Society for HIV Medicine (ASHM), Australian Society Sex Educators, Researchers and Therapists (ASSERT), Family Planning New Zealand (FPNZ), New Zealand Sexual Health Society (NZSHS), Sexual Health and Family Planning Australia (SH&FPA), RACGP special interest group in sexual health, Sexual Health Society of Queensland (SHSQ), Sexual Health Society of Victoria (SHSoV).



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I would be very happy to discuss this matter further should you so wish. Please send any return correspondence via [Elisabeth.wilkinson@ashm.org.au](mailto:Elisabeth.wilkinson@ashm.org.au) (Secretariat for ASHA).

Yours sincerely

A handwritten signature in black ink, appearing to read 'R Hillman'.

Prof Richard Hillman  
President Australasian Sexual Health  
Alliance (ASHA)  
Associate Professor  
Transitional Academic Lead  
Western Sydney Sexual Health Centre  
University of Sydney

A handwritten signature in black ink, appearing to read 'Leslie Bolitho'.

Assoc Prof Leslie E Bolitho AM  
President  
The Royal Australasian College of  
Physicians

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<sup>i</sup> National Notifiable Diseases Surveillance System; [ABS Australian Demographic Statistics, September 2011](#)

<sup>ii</sup> Whitley DM, Goire N, Lahra MM, Donovan B, Limnios AE, Nissen MD, Sloots TP. The ticking time bomb: escalating antibiotic resistance in *Neisseria gonorrhoeae* is a public health disaster in waiting. *J Antimicrob Chemother.* 2012 Sep;67(9):2059-61

<sup>iii</sup> CDC. Sexually transmitted diseases treatment guidelines, 2010. *MMWR* 2010; 59 (No. RR-12): 1–110

<sup>iv</sup> [www.bashh.org/documents/3611](http://www.bashh.org/documents/3611)