



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

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PROVIDER HEALTH ADVISORY

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Updated Guidance for Treatment of Gonococcal Infection

Based on recent evidence, CDC published updated guidance for the treatment of gonococcal infections in the December 18, 2020 issue of the Morbidity and Mortality Weekly Report (MMWR). The following is a brief summary of the announcement and updated treatment regimen.

Emerging antimicrobial resistance affects gonorrhea treatment recommendations and other STIs. CDC recommends ceftriaxone monotherapy for treatment because *N. gonorrhoeae* remains highly susceptible to ceftriaxone, azithromycin resistance is increasing, and prudent use of antimicrobial agents supports limiting their use. In addition, persons who have been treated for gonorrhea should be retested 3 months after treatment regardless of whether they believe their sex partners were treated. These recommendations also include a test-of-cure for persons with pharyngeal gonorrhea to ensure eradication or detection of a possible treatment failure. Continuing to monitor for emergence of ceftriaxone resistance through surveillance and health care providers' reporting of treatment failures will be essential to ensuring continued efficacy of recommended regimens.

The County of San Luis Obispo Public Health Department recommends health care providers implement the [CDC updated treatment regimen](#) on the following page.

- Health care providers are required to [report gonococcal infections to the Public Health Department by submitting a Confidential Morbidity Report \(CMR\)](#).
- Call 805-781-5500 to consult with a Public Health Nurse or to report treatment failures.
- View the full MMR article at https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w#
- This Provider Health Advisory is also available online at www.slopublichealth.org.

Public Health Department

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CDC recommended regimens for uncomplicated gonococcal infections, 2020

Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb)

- For persons weighing ≥ 150 kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available:

Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose OR

Cefixime 800 mg orally as a single dose. If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

Recommended regimen for uncomplicated gonococcal infections of the pharynx:

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb)

- For persons weighing ≥ 150 kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed, providers should treat for chlamydia with doxycycline 100 mg orally twice a day for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.
- No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended.*
- For persons with an anaphylactic or other severe reaction (e.g., Stevens Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment recommendation.

Abbreviation: IM = intramuscular.

* CDC. Sexually transmitted diseases treatment guidelines. MMWR Recomm Rep 2015;64(No. RR-3). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm>.