

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Jennifer S. Read, MD, FIDSA, Medical Epidemiologist

Updated (2020) Treatment Guidelines for Gonococcal Infections

According to the [Centers for Disease Control and Prevention](#) (CDC), sexually transmitted infections (STIs) caused by *Neisseria gonorrhoeae* (gonococcal infections) have increased 63% since 2014, are the cause of sequelae such as pelvic inflammatory disease, ectopic pregnancy, and infertility, and can facilitate transmission of human immunodeficiency virus.

CDC has updated the sexually transmitted diseases treatment guidelines, and as part of this update, changes have been made to its recommendations for the [treatment of gonorrhea](#) in adults.

Specifically, the new commendations are as follows:

1. Treat gonorrhea infections with a **single 500 mg injection of ceftriaxone**.
2. A test-of-cure is not needed for people who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea unless symptoms persist.
3. A test-of-cure is recommended in people with pharyngeal gonorrhea 7-14 days after the initial treatment, regardless of the regimen.
4. Patients who have been treated for gonorrhea should be retested three months after treatment to ensure there is no reinfection.
5. As always, facilitate partner testing and treatment.

The change from dual therapy to monotherapy was prompted by the following:

1. Antimicrobial stewardship and the need to minimize antibiotic exposure unless the benefit clearly outweighs the risk, an important consideration for all infections and not just STIs;
2. Further evidence and understanding of ceftriaxone's pharmacokinetics and pharmacodynamics in relation to identifying the optimal dose to treat gonorrhea; and,
3. Signs that azithromycin resistance is increasing.

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.

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

Requested Action:

Follow the updated treatment guidelines for gonococcal infections.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.