

Gonorrhea Treatment Guidelines and Management of Suspected Treatment Failure

Treatment of Uncomplicated Gonorrhea

Ceftriaxone 250 mg intramuscularly in a single dose

PLUS

Azithromycin 1 g orally in a single dose

- Dual antibiotic treatment is recommended even if concurrent chlamydia test result is negative.
- Dual treatment with ceftriaxone and azithromycin should be given concurrently (on the same day).
- Patients with urogenital gonorrhea and severe cephalosporin or penicillin allergy can be treated with either: 1) gentamicin 240 mg intramuscularly PLUS azithromycin 2 g orally or 2) gemifloxacin 320 mg orally PLUS azithromycin 2 g orally.

A test of cure (TOC) is recommended with culture OR nucleic acid amplification test (NAAT):

- For all pregnant women and patients treated with antibiotic regimens that are not recommended (e.g., fluoroquinolones). A TOC can be performed as soon as 1 week post-therapy.
- For patients with pharyngeal gonorrhea treated with alternative or non-recommended regimens (e.g., cefixime plus azithromycin or doxycycline, or azithromycin monotherapy). A TOC should be performed 2 weeks post-therapy to avoid false positive results.

A TOC is recommended with culture AND NAAT:

- For cases of suspected treatment failure (see below).

Suspected Gonorrhea Treatment Failure Management

Clinicians should be alert for potential treatment failures. Consider whether patients with persistent or recurrent symptoms report interim sexual exposure to untreated or new partners (reinfection). Patients suspected of having a reinfection should be re-treated with the recommended antibiotic regimen (see above). For all other patients, the following steps should be taken to ensure adequate testing, treatment, partner management, and follow up of suspected treatment failure.

CULTURE:

Obtain specimens for culture* and nucleic acid amplification test (NAAT). If gonorrhea culture is not available on-site, call the California STD Control Branch for resources at **510 620 3400** (8 am- 5 pm, M-F).

REPEAT TREATMENT:

Treat with either:
1) gentamicin 240 mg intramuscularly PLUS azithromycin 2 g orally, OR
2) gemifloxacin 320 mg orally PLUS azithromycin 2 g orally

REPORT:

Report to your local health department within 24 hours; call the STD Control Branch if consult desired.

TREAT PARTNERS:

All partners in last 60 days should be tested and empirically treated with either: 1) gentamicin 240 mg intramuscularly PLUS azithromycin 2 g orally or 2) gemifloxacin 320 mg orally PLUS azithromycin 2 g orally

TEST OF CURE (TOC):

Ensure that patient returns in 1 week for TOC with culture* and NAAT for urogenital/rectal infection, and in 2 weeks for pharyngeal infection

*All positive gonorrhea treatment failure cultures and TOC cultures should have **antibiotic susceptibility testing** performed. Contact your local health department or the CDPH STD Control Branch (510 620 3400) for assistance.