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GAVIN NEWSOM
Governor

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Dear Colleague:

On December 18, 2020 the Centers for Disease Control and Prevention (CDC) published their [Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020](#), which are as follows:

NEW CDC TREATMENT RECOMMENDATIONS FOR GONOCOCCAL INFECTIONS

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

- Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (330 lb)¹
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.²

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.² **No reliable alternative treatments are available for pharyngeal gonorrhea.**

For persons with pharyngeal infection who have 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.

These national recommendations are an update to the 2015 CDC Sexually Transmitted Diseases Treatment Guidelines and reflect anticipated changes in the forthcoming 2021 CDC Sexually Transmitted Infections Treatment Guidelines.

¹ For persons weighing ≥150 kg (330 lb), 1 g of IM ceftriaxone should be administered.

² During pregnancy, azithromycin 1 g as a single oral dose is recommended to treat chlamydia.



Rationale

The shift from dual therapy to monotherapy with an increased dose of ceftriaxone was based on an increasing concern for antimicrobial stewardship and the potential impact of dual therapy on commensal organisms and concurrent pathogens, in conjunction with continued low incidence of ceftriaxone resistance and an increased incidence of azithromycin resistance. For details about the evidence underlying these recommendations, please refer to [Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020](#).

Patient-Delivered Partner Therapy (Expedited Partner Therapy)

Partners of patients treated for gonorrhea may be treated with a single 800 mg oral dose of cefixime provided that concurrent chlamydia infection in the patient has been excluded. Otherwise, they may be treated with a single oral 800mg cefixime dose plus oral doxycycline 100 mg twice a day.³ California law has allowed patient-delivered partner therapy for chlamydia, gonorrhea, and other STIs since 2001 (HSC section 120582).⁴

Follow-up Testing

For persons with pharyngeal gonorrhea, a test-of-cure is recommended 14 days after initial treatment via culture or nucleic acid amplification tests. All patients treated for gonorrhea at any site (including pharyngeal) should be retested three months after treatment to screen for reinfection. If retesting at three months is not possible, clinicians should retest within 12 months after treatment.

Suspected Treatment Failure

Consistent with earlier guidance, in cases of suspected cephalosporin treatment failure, clinicians should:

1. Obtain relevant clinical specimens for culture and antimicrobial susceptibility testing
2. Consult an infectious disease specialist or STD clinical expert via the [STD Clinical Consultation Network](#) for guidance in clinical management as needed
3. Report the case to CDC through state and local public health authorities within 24 hours.

Please also refer to the resources listed below for additional information on the prevention and management of gonorrhea as well as other sexually transmitted infections.

Thank you for your work to improve the sexual health of California's residents.

Sincerely,



Kathleen Jacobson, MD

Chief, STD Control Branch

California Department of Public Health

³ If the partner is pregnant, azithromycin 1 g as a single oral dose is recommended to treat chlamydia.

⁴ Health and Safety Code section 120582:

https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=120582

Additional Resources

- CDPH STD Control Branch Gonorrhea Webpage
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Gonorrhea.aspx>
CDPH information and resources on gonorrhea for providers, patients, and local health jurisdictions
- CDC 2015 STD Treatment Guidelines
www.cdc.gov/std/tg2015
CDC 2015 STD Treatment Guidelines for non-gonococcal infections. (Guidance for uncomplicated gonococcal infection no longer apply)
- California Prevention Training Center Updated Gonorrhea Treatment Summary Table
https://californiapctc.com/wp-content/uploads/2021/01/Gonorrhea-2020-CDC-Treatment-Update_Final.pdf
Table summarizing the 2020 Update to CDC's Treatment Guidelines for Gonococcal Infection
- Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ClinicalGuidelines_CA-STD-PDPT-Guidelines.pdf
California guidance for medical providers on patient-delivered partner therapy
- Patient-Delivered Partner Therapy: A Counseling Guide for Providers
https://www.essentialaccess.org/sites/default/files/PDPT_Counseling_Guide_Web.pdf
Resource to enhance providers' knowledge, skills, and comfort in effectively counseling patients about PDPT
- STD Clinical Consultation Network
<https://www.stdccn.org/>
Online consultation for questions about the evaluation and management of STDs