

The Alabama Department of Public Health (ADPH)  
Alabama Emergency Response Technology (ALERT)  
Health Alert Network (HAN)

January 26, 2021

Subject: Updated Gonorrhea Treatment Recommendations

The Division of Sexually Transmitted Disease for the Alabama Department of Public Health is updating medical providers on the Centers for Disease Control and Prevention changes for treating patients and their sexual partners for gonorrhea infection. Since 2015, dual therapy with ceftriaxone and azithromycin has been the only recommended regimen for uncomplicated gonorrhea. However, recent data from CDC's 2013-2019 Gonococcal Isolate Surveillance Project (GISP) showed growing azithromycin resistance and low prevalence of ceftriaxone resistance in gonorrhea in the U.S. CDC removed the medication azithromycin from its recommended treatment regimen for uncomplicated gonorrhea in adolescents and adults. To effectively eradicate gonorrhea infection, providers should start treating gonorrhea with a higher single dose of ceftriaxone administered intramuscularly, as indicated below.

**Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum and sex partners:**

- **Ceftriaxone 500 mg IM** as a single dose for persons weighing <150 kg (300 lb.)
- **Ceftriaxone 1 g IM** as a single dose for persons weighing ≥150 kg (300 lb.)

*If chlamydial infection has not been excluded with a negative test result, providers should treat for chlamydia with **Doxycycline 100 mg** orally twice daily for 7 days.*

***During pregnancy, use Azithromycin 1 g*** orally as a single dose for chlamydia treatment.

**Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum and sex partners 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 with a negative test result, providers should treat for chlamydia with **Doxycycline 100 mg orally** twice daily for 7 days.*

***During pregnancy, Azithromycin 1 g*** as a single dose for chlamydia treatment.

**Recommended regimen for uncomplicated gonococcal infections of the pharynx and sex partners:**

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

**Ceftriaxone 1 g of IM** for persons weighing  $\geq$ 150 kg (300 lb.)

*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 for chlamydia treatment.

- 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.

The entire article – Update to CDC’s Treatment Guidelines for Gonococcal Infection 2020, is available online: <https://www.cdc.gov/std/treatment/default.htm>.

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