

Gonorrhea Treatment 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), even if azithromycin was given within the past week for cervicitis or urethritis.
- Patients with anogenital 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) with culture 1 week after treatment is recommended for:

- All pregnant women; cases of suspected treatment failure (see below); patients treated with antibiotic regimens that are not recommended (e.g., fluoroquinolones)
- Men who have sex with men who have been treated with alternative regimens (i.e., cefixime plus azithromycin or doxycycline, or azithromycin monotherapy)

If culture is not available, nucleic acid amplification tests are acceptable as a second choice test.

Suspected Gonorrhea Treatment Failure Management

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 retreated with the recommended antibiotic regimen (see above). For patients without interim sexual exposure, 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.

See California Department of Public Health STD Control Branch website for current recommendations.

<http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/CAGuidelinesGonorrheaTxFailure.aspx>