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In reply, please refer to:
File:

March 17, 2021

MEDICAL ADVISORY – REVISED CDC GONORRHEA TREATMENT GUIDELINES

Dear Healthcare Provider:

The Centers for Disease Control and Prevention (CDC) recently released updated guidance on Treatment for Gonococcal Infections. Sexually transmitted infections (STIs) caused by *Neisseria gonorrhoeae* have increased 63% in the U.S. and 46% in Hawaii since 2014. These STIs can cause pelvic inflammatory disease, ectopic pregnancy, infertility, and can facilitate transmission of HIV. **The recommendation of empiric combination therapy of ceftriaxone IM and azithromycin is replaced by a single higher dose of ceftriaxone.**

New guidance for uncomplicated gonococcal infections of the cervix, urethra, pharynx or rectum:

- Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (330 lb)
  - For persons weighing ≥150 kg (330 lb), give 1 g of ceftriaxone IM
- If chlamydial infection has not been excluded, 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 (but not pharynx) 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.

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.

A test-of-cure is unnecessary for persons with uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens; however, for persons with pharyngeal gonorrhea, a test-of-cure **is** recommended, using culture or nucleic acid amplification tests 7–14 days after initial treatment, regardless of the treatment regimen.

Partner testing and treatment remain essential to prevent patient reinfection and prevent community transmission.

Because reinfection within 12 months ranges from 7% to 12% among persons previously treated for gonorrhea, persons who have been treated for gonorrhea should be retested 3 months after treatment, regardless of whether they believe their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest within 12 months after initial treatment.

For further information, please visit the Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020 at https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf.

Clinical Consultation
May be requested through (808) 733-9281 (press #2), Monday–Friday, 9:30 AM–3:30 PM (except state holidays) from the DOH STI/HIV Clinic and online from the National Network of Prevention Training Centers at https://www.stdccn.org/.

Reporting Gonorrhea
Cases of gonorrhea infection should be reported to DOH within 3 days of working diagnosis. Reporting form indicating details to report with fax and telephone numbers: https://health.hawaii.gov/harmreduction/files/2021/03/HDOH-STI-Case-Report-2021.pdf. Web page with similar details and additional information: https://health.hawaii.gov/harmreduction/for-providers/disease-reporting/. One-on-one guidance regarding case reporting is available through (808) 733-9281 (press #1), Monday–Friday, 7:45 AM–4:30 PM (except state holidays).

Thank you for your partnership in public health prevention and treatment.

Sincerely,

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Public Health Nursing Division

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Acting State Epidemiologist
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