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Alaska Public Health Advisory

Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020

January 27, 2021

In December 2020, CDC released new treatment guidelines for gonococcal infection (GC) that are based on recent research related to rapidly developing antibiotic resistance. Sexually transmitted infections (STIs) caused by *Neisseria gonorrhoeae* have increased nationally by 63% since 2014. Effective treatment can prevent complications and further transmission but *N. gonorrhoeae*'s ability to acquire antimicrobial resistance influences treatment recommendations and complicates control. CDC reports that increasing concern for antimicrobial stewardship and the potential impact of dual therapy on commensal organisms and concurrent pathogens, in conjunction with the continued low incidence of ceftriaxone resistance and the increased incidence of azithromycin resistance, has led to reevaluation of the 2015 recommendation for treatment of uncomplicated gonococcal infections. CDC's update provides the rationale for the change in gonorrhea treatment recommendations to a higher dose (500 mg) of ceftriaxone and removal of azithromycin from the recommended regimen.¹

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

Ceftriaxone 500 mg intramuscular (IM) as a single dose for persons weighing <150 kg (330 lb.)

- For persons weighing ≥ 150 kg (330 lb.), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat concurrently for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g orally as a single dose is recommended to treat chlamydia.

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

Recommended regimen for uncomplicated gonococcal infections of the pharynx:

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (330 lb.)

- For persons weighing ≥ 150 kg (330 lb.), 1 g of IM ceftriaxone should be administered.
- 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 orally 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.²
- 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.

References

1. CDC. *Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020*. *MMWR Morb Mortal Wkly Rep* 2020;69:1911–1916. DOI: [http://dx.doi.org/10.15585/mmwr.mm6950a6external icon](http://dx.doi.org/10.15585/mmwr.mm6950a6external_icon)
2. CDC. *Sexually transmitted diseases treatment guidelines*. *MMWR Recomm Rep* 2015;64(No. RR-3). Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm>
3. CDC: *Talking Points and Q&A for STD Prevention Partners*. 1/21/2021. Available at: http://dhss.alaska.gov/dph/Epi/hivstd/Documents/2020%20Updated%20GC%20MMWR%20Talking%20Points%20for%20Partners_21-01-21_FINAL.pdf

Additional Resources

SOE STD page: <http://dhss.alaska.gov/dph/Epi/hivstd/Pages/std.aspx>

Reportable conditions form:

<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf>

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