

Los Angeles County Department of Public Health Gonorrhea Treatment Guidelines, August 2012¹

Resistant strains of *N. gonorrhoeae* continue to emerge and there is evidence of decreasing *N. gonorrhoeae* susceptibility to cephalosporins, particularly oral regimens. In response, the CDC now only recommends dual therapy with ceftriaxone plus another agent, regardless of the result of chlamydia testing. Below are the Los Angeles County Department of Public Health Gonorrhea Treatment Guidelines, which replace the August 2011 guidelines.

Uncomplicated gonococcal infections of the cervix, urethra, and rectum

Recommended regimen

- Ceftriaxone 250 mg intramuscularly once
plus
- Azithromycin 1g orally once* or doxycycline 100 mg orally twice daily for 7 days

Alternative treatment if ceftriaxone is not available

- Cefixime 400 mg orally once
plus
- Azithromycin 1g orally once* or doxycycline 100 mg orally twice daily for 7 days

* Azithromycin is preferred over doxycycline as the second antimicrobial due to improved patient compliance and lower prevalence of resistance.

Uncomplicated gonococcal infections of the pharynx

Recommended regimen

- Ceftriaxone 250 mg intramuscularly once
plus
- Azithromycin 1g orally once* or doxycycline 100 mg orally twice daily for 7 days

Uncomplicated gonococcal infections of any anatomic site with cephalosporin allergy

Recommended regimen

Azithromycin 2 g orally once

Test-of-cure (TOC) is indicated in the following situations:

- Pregnancy
- Suspected treatment failure
- Pharyngeal gonorrhea that was not treated with ceftriaxone
- Any gonorrhea in men who have sex with men that was not treated with ceftriaxone
- Any gonorrhea that was not treated with a cephalosporin

Method and timing of TOC

Culture for gonorrhea one week after treatment is preferred for test of cure as it is a specific test that allows for antibiotic susceptibility testing. NAATs may be used to test for cure when culture is not practical, however the best time to perform the test has yet to be determined. Traditional practice has been to wait 3 weeks after treatment before repeating a GC NAAT to avoid false-positive results (due to residual

¹ Adapted from CDC. Update to CDC's Sexually Transmitted Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. MMWR, August 19, 2012/61(31):590-594.

gonorrheal DNA) but some data suggest that it may be acceptable to retest at one week. If treatment failure is suspected every attempt should be made to collect a culture with antibiotic susceptibility test prior to retreatment.

Re-testing:

Due to high rates of re-infection, all patients with gonorrhea should be re-tested 3 months after treatment, or opportunistically when they present for care a month or more after treatment.

Partner management:

Every effort should be made to ensure that all sex partners within the preceding 60 days are evaluated and treated with the recommended regimen. As a last resort, expedited partner therapy (EPT) using oral cefixime plus azithromycin may be used to treat partners who are unable to seek prompt clinical care.

Visit our *STD Program Provider Webpage* for the most current gonorrhea recommendations including the management of suspected gonorrhea treatment failure:

<http://lapublichealth.org/std/providers.htm>



Sexually Transmitted Disease Program, Division of HIV/STD Programs
2615 South Grand Avenue, Room 500, Los Angeles, CA 90007
Telephone: (213) 744-3070
www.publichealth.lacounty.gov/std 08/27/2012