

# Ten Steps to Help Control Gonorrhea

1. **Take Sexual Histories Routinely** as part of the clinical interview to determine the patient's risk for gonorrhea (GC) and other STDs, and to guide which anatomic sites to screen. Briefly assess the number and gender of sex partners, history of STDs, prevention of STDs/pregnancy, and sexual practices (i.e. vaginal, anal and oral sex).
2. **Screen Individuals at Risk:** Screen sexually active women  $\leq 25$  years of age annually for GC and chlamydia. Target screening in other populations according to risk factors such as: history of GC, new or multiple sex partners, partner with other partner(s), men who have sex with men, and commercial sex workers. Men reporting receptive rectal sex and/or oral sex with men should be screened for rectal and/or pharyngeal GC at least annually.
3. **Use the Best Test Available:** Nucleic acid amplification tests (NAATs) are recommended for screening due to their superior performance over culture and other non-amplified tests. Rectal and pharyngeal GC NAATs are not FDA approved but have been validated by many laboratories. If your laboratory does not offer these tests, ask them to do so.

4. **Treat Gonorrhea Infections Promptly and Appropriately:**

**Recommended regimen:**

- Ceftriaxone 250 mg intramuscularly once  
*plus*
- Azithromycin 1g orally once\*

**Alternative regimen for urogenital or rectal gonorrhea\*\* if ceftriaxone cannot be given:**

- Cefixime 400 mg orally once  
*plus*
- Azithromycin 1g orally once\*

\* Doxycycline 100 mg orally twice daily for 7 days may be used however azithromycin is preferred.

\*\*Cefixime is not an alternative for pharyngeal infections.

**Cephalosporin allergy at any anatomic site:**

- Azithromycin 2 g orally once

5. **Re-screen all patients with gonorrhea 3 months after treatment** to detect re-infections.
6. **Treat all sexual contacts from last 60 days:** It is the responsibility of the diagnosing physician to make reasonable attempts to ensure that all partners are treated. Expedited partner therapy (EPT) using oral cefixime plus azithromycin may be used to treat partners who are unable to seek prompt clinical care; however this should be considered as a last resort. Advise patient to abstain or use condoms for 7 days after patient and partner(s) are treated to prevent re-infection.
7. **Perform test-of-cure (TOC) in the following:** Suspected treatment failures, pregnant women, pharyngeal GC infections not treated with ceftriaxone, any GC infections not treated with cephalosporins, and MSM not treated with ceftriaxone. The ideal TOC method is culture 1 week after treatment. If using a NAAT, testing prior to 3 weeks may result in a false-positive result.
8. **Report suspected treatment failure:** If providers suspect treatment failure, in the absence of re-exposure, take all necessary steps to culture the organism prior to re-treatment and contact the STD Program Nursing Unit (213) 744-3106.
9. **Report GC to Public Health Department** within 7 working days by completing an STD Confidential Morbidity Report (CMR) form, available at <http://publichealth.lacounty.gov/std/cmr.htm> or by calling (213) 741-8000.
10. **Visit our Provider Webpage for the most up-to date information on GC management:**  
<http://lapublichealth.org/std/providers.htm>