

Los Angeles County Department of Public Health Gonorrhea Treatment Guidelines, 2011ⁱ

Due to the continued emergence of resistant strains of *N. gonorrhoeae*, cephalosporins are the only remaining class of antimicrobials recommended to treat gonorrhea. As there is also evidence of decreasing *N. gonorrhoeae* susceptibility to cephalosporins, particularly oral regimens, the CDC recommends only one treatment regimen for gonorrhea which includes dual therapy directed at *N. gonorrhoeae* and is regardless of the result of chlamydia testing. Fluoroquinolones should NOT be used to treat gonorrhea.

Recommended treatment for gonorrhea:

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

Alternative treatment if ceftriaxone cannot be given:

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

* Cefixime is not recommended for pharyngeal infections. Ceftriaxone is the treatment of choice for gonorrhea infections of the pharynx.

Cephalosporin allergy or other contraindications to recommended regimen:

- Azithromycin 2 g orally once

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

- Pregnancy
- After treatment for pharyngeal gonorrhea using a regimen that does not include ceftriaxone
- After treatment for gonorrhea at any anatomical site using a non-cephalosporin regimen.
- Suspected treatment failure

Ideally, a TOC should be performed using culture approximately 1 week after treatment. If only nucleic acid amplification test (NAAT) is available, testing prior to three weeks may result in a false-positive result.

If clinicians encounter a potential treatment failure despite appropriate therapy, in the absence of re-exposure, all necessary steps should be taken to culture the organism. Please contact the STD Program Nursing Unit (213) 744-3106 to report the case and for assistance with management.

Re-testing:

It is recommended that all patients with gonorrhea be re-tested 3 months after treatment (or opportunistically any time they present for care after 3 months) due to high rates of re-infection.

Visit our STD Program Provider Webpage for the most current GC management recommendations: <http://lapublichealth.org/std/providers.htm>

¹ Adapted from CDC, Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010; 59 (No. RR-12).