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Health Notification
Update to CDC STD Treatment Guidelines
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The Centers for Disease Control and Prevention (CDC) has updated the Treatment Guidelines for Gonococcal Infection. The guidance and rationale were published in the MMWR on December 18, 2020. Guideline changes were based on review of data, including evidence of decreased susceptibility of *N. gonorrhoeae* isolates through GISP (Gonococcal Isolate Surveillance Project).

The US has seen a 63% increase in gonococcal infections since 2014. In Philadelphia in 2019, there were over 7,000 cases of gonorrhea reported with a rate of 461.5/100,000 population. Treatment with the most effective therapy should limit the transmission of gonorrhea, prevent sequelae, and slow the emergence of resistance.

- Newly recommended first line therapy for uncomplicated gonococcal infections of the cervix, urethra, rectum and pharynx* is:

Ceftriaxone 500 mg IM as a single dose

- For persons weighing ≥ 150 kg (300 lb), increase dosage to 1 g of IM ceftriaxone.
 - If chlamydial infection has not been excluded, doxycycline 100 mg orally twice daily for 7 days or, if pregnant, azithromycin 1 gram orally should be added.
- For those with cephalosporin allergy gentamicin 240 mg IM as a single dose plus azithromycin 2g orally as a single dose.
- If IM medication cannot be given, cefixime 800 mg orally as a single dose may be used.
 - If chlamydial infection has not been excluded, doxycycline 100 mg orally twice daily for 7 days or, if pregnant, azithromycin 1 gram orally should be added.
- Sex partners of gonorrhea cases within the previous 60 days should be treated.

*No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with an anaphylactic or other severe reaction to Beta-lactams consultation with Infectious Disease specialist is recommended.

Follow the most recent Centers for Disease Control and Prevention (CDC) recommendations for gonorrhea evaluation and treatment, available at <http://www.cdc.gov/std/treatment>.