

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

January 11, 2021

SUBJECT

Revised Gonorrhea Treatment Guidelines 2020

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Information Sheet



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Revised Gonorrhea Treatment Guidelines 2020

BACKGROUND

Neisseria gonorrhoeae is an important cause of sexually transmitted infections that can have severe reproductive health consequences. *N. gonorrhoeae* can rapidly develop antibiotic resistance.

INFORMATION

The Centers for Disease Control and Prevention (CDC) has updated its recommendation for the treatment of uncomplicated gonorrhea in adults. The new guidelines are published in the December 17, 2020 issue of the Morbidity and Mortality Weekly Report.

Dual therapy with ceftriaxone and azithromycin is no longer recommended. A single dose of ceftriaxone is now needed for treatment. The change to monotherapy with ceftriaxone was prompted by the following:

1. Antimicrobial stewardship and the need to minimize antibiotic exposure unless the benefit clearly outweighs the risk (an important consideration for all infections and not just sexually transmitted infections);
2. Further evidence and understanding of ceftriaxone's pharmacokinetics (how drugs move in the body) and pharmacodynamics (biochemical and physiologic effects of drugs) in relation to identifying the optimal dose to treat gonorrhea; and,
3. Signs that azithromycin resistance is increasing for gonococcal infections.

Continuing to monitor for emergence of ceftriaxone resistance will be essential to ensuring continued efficacy of recommended regimens.

RECOMMENDATIONS

Regimen for treatment of gonococcal infections

For uncomplicated gonococcal infections of the cervix, urethra, or rectum

- **Ceftriaxone** 500 mg intramuscular injection (IM) as a single dose for persons weighing <150 kilograms (300 pounds). For persons weighing \geq 150 kilograms (300 pounds), 1 g of IM ceftriaxone should be administered.

If 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 as a single dose is recommended to treat chlamydia.

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 as a single dose is recommended to treat chlamydia.

*Gastrointestinal symptoms, primarily vomiting within 1 hour of dosing, have been reported among 3%–4% of treated persons. If administration of IM ceftriaxone is not available, a single 800 mg oral dose of cefixime is an alternative regimen. However, cefixime does not provide as high, or as sustained, bactericidal blood levels as does ceftriaxone and demonstrates limited treatment efficacy for pharyngeal gonorrhea.

For uncomplicated gonococcal infections of the pharynx

- **Ceftriaxone** 500 mg IM as a single dose for persons weighing <150 kg (300 lb). For persons weighing ≥150 kg (300 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 as a single dose is recommended to treat chlamydia.

The treatment regimen for adults with chlamydial infections where gonorrhea coinfection is not present or suspected remains unchanged. Uncomplicated *C. trachomatis* infections are still recommended to be treated with 1 gram of azithromycin in a single dose, or 100 milligrams of doxycycline twice daily for seven days. Doxycycline should be used to treat chlamydial infections when coinfecting with gonorrhea or when chlamydial infection has not been excluded to avoid developing gonococcal resistance to azithromycin.

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. For more information, see *2015 STD Treatment Guidelines*.

For persons with an anaphylactic or other severe reaction (e.g., Steven’s Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment.

Other considerations

In cases of suspected cephalosporin treatment failure, clinicians should obtain relevant clinical specimens for culture and antimicrobial susceptibility testing, consult an infectious disease specialist or STD clinical expert for guidance in clinical management, and report the case to CDC through state and local public health authorities within 24 hours. The National Network of STD Clinical Prevention Training Centers (NNPTC) does supply a clinical consultation service for licensed healthcare professionals and STD program staff (<https://www.stdccn.org/render/Public>). Health departments should prioritize notification and culture evaluation for the patient’s sex partner(s) from the preceding 60 days for those with suspected cephalosporin treatment failure or persons whose gonococcal isolates demonstrate reduced susceptibility to cephalosporins.

A test-of-cure is *unnecessary* for persons with uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens; however, for persons with *pharyngeal gonorrhea, a test-of-cure is recommended*, using culture or nucleic acid amplification tests 7–14 days after initial treatment, regardless of the treatment regimen. Because reinfection within 12 months ranges from 7% to 12% among persons previously treated for gonorrhea, persons who have been treated for gonorrhea should be retested 3 months after treatment regardless of whether they believe their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest within 12 months after initial treatment.

Report all cases of gonorrhea to your local health department for assistance and management of sexual contacts.

References

1. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020, Weekly / December 18, 2020 / 69(50);1911–1916
https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w
2. 2015 Sexually Transmitted Diseases Treatment Guidelines
<https://www.cdc.gov/std/tg2015/default.htm>
3. Contact information for Montana county and tribal health departments
<https://dphhs.mt.gov/publichealth/fcss/countytribalhealthdepts>