

2010 CDC STD Treatment Guidelines: Gonorrhea Treatment Frequently Asked Questions

1. What are the new Gonorrhea (GC) treatment guidelines?

Recommended regimen for uncomplicated Gonococcal infections of the cervix, urethra, rectum or pharynx:

- Ceftriaxone 250 mg intramuscularly (IM) once

plus

- Azithromycin 1 g orally once *or* Doxycycline 100 mg orally twice daily for 7 days

Alternative therapy if ceftriaxone cannot be given:

- Cefixime* 400 mg orally once

plus

- Azithromycin 1 g orally once *or* Doxycycline 100 mg orally twice daily for 7 days

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

2. Why did the GC treatment guidelines change?

Given concern about emerging antimicrobial drug resistance, it is important to treat gonococcal infections with the most active antibiotic regimen available. Ceftriaxone provides sustained, high bactericidal levels in the blood and cures 99% of uncomplicated urogenital, anorectal and pharyngeal GC infections. Cefixime 400 mg cures 97.5% of uncomplicated urogenital and anorectal infections, but only 92.3% of pharyngeal infections. Administering ceftriaxone 250 mg intramuscular (IM) once *and* azithromycin 1 g orally once for gonorrhea at any site provides the best chance of cure while preventing the development of GC strains resistant to antibiotics.

3. Is adding azithromycin or doxycycline to ceftriaxone (or cefixime) recommended even if the chlamydia (CT) NAAT test is negative?

Yes - The new treatment recommendation is dual therapy for all gonococcal infections. Therefore treatment with azithromycin or doxycycline in addition to ceftriaxone or cefixime should be prescribed regardless of CT test results. This may help prevent development of drug-resistant gonorrhea.

4. My patient was treated as a contact to chlamydia with azithromycin and has subsequently tested positive for GC. Can I treat her with ceftriaxone alone since she has already received azithromycin?

No - In order to prevent drug resistance, administering dual therapy with azithromycin at the time ceftriaxone is administered is advised.

5. What if my patient refuses an injection?

Cefixime 400 mg orally once *and* azithromycin 1 g orally once is a recommended regimen for uncomplicated GC infections of the cervix, urethra and rectum when ceftriaxone is not an option. This regimen is less effective in treating GC of the pharynx.

6. Is Cefpodoxime still a recommended first-line treatment for GC?

No - Cefpodoxime 400 mg orally once (*plus* azithromycin 1 g orally once) is an alternative regimen for uncomplicated urogenital GC. It has poor efficacy for pharyngeal GC.

7. What's the treatment regimen for pharyngeal GC infections?

The treatment regimen for pharyngeal GC is ceftriaxone 250 mg IM *and* azithromycin 1 gm orally once. Pharyngeal infection is more challenging to cure than GC infection at other sites. Therefore, oral cephalosporins are not recommended for this anatomic site.

8. What if we can't administer ceftriaxone at my clinic or screening site?

You can advise your patient to come to City Clinic to receive IM ceftriaxone and azithromycin, which is the most effective regimen for GC. However, if you have concerns your patient may not follow-up, we recommend you treat with cefixime 400 mg orally once and azithromycin 1 g orally once, which is a recommended regimen for uncomplicated urogenital and rectal GC when ceftriaxone is not an option.

9. What is recommended for partner management?

We recommend partners of patients with GC present to the clinic for IM ceftriaxone therapy. If this is not possible, combined treatment with cefixime 400 mg orally once *and* azithromycin 1 g orally once can be given. Partners should also be given drug information and allergy warnings. Additional information on patient-delivered partner therapy and downloadable information sheets are available on our website: <http://www.sfcityclinic.org/providers>.

10. What is the recommended treatment regimen for patients with GC and penicillin allergies?

Patients with *severe* penicillin or cephalosporin allergies (anaphylaxis, Stevens Johnson syndrome, and toxic epidermal necrolysis) can be treated with azithromycin 2 g orally once. Due to concerns about tolerability, resistance and treatment failures we recommend limiting the use of this regimen.

11. What's the recommended treatment regimen for patients with azithromycin allergies?

Doxycycline 100 mg orally twice a day for 7 days may be given as an alternative to azithromycin (in combination with a cephalosporin)

12. What should I do if I'm concerned about treatment failure?

If you are concerned about treatment failure, please obtain culture and susceptibility testing, repeat treatment with ceftriaxone 250 mg IM plus azithromycin 1 g orally once and contact City Clinic for further guidance: 415-487-5503 or 415-355-2007.

13. When should I obtain a test of cure?

We recommend obtaining a test of cure using a NAAT test in pregnant women and in patients with "true" cephalosporin or penicillin allergies who are treated with azithromycin 2 g orally once. Test of cure should be obtained no earlier than 3 weeks following treatment to avoid a false-positive result.

14. Is there an iPhone app for the 2010 STD Treatment Guidelines?

Yes! http://www.appsmenow.com/app_page/12445-STD2_1

Please remind all patients with Gonorrhea or Chlamydia that they should be retested 3 months after treatment to assess for re-infection.