



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 Emeline Ave., SANTA CRUZ, CA 95061-0962
TELEPHONE: (831) 454-4000 FAX: (831) 454-4488 TDD: Call 711

Public Health Division

PUBLIC HEALTH ADVISORY

To: Santa Cruz County Perinatal Providers
From: Gail Newel, MD, MPH, County Health Officer
Subject: New CDC Treatment Recommendations for Gonococcal Infections
Date: March 11, 2021

Situational Update:

On December 18, 2020 the Centers for Disease Control and Prevention (CDC) published their [Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020](#), which are as follows:

NEW CDC TREATMENT RECOMMENDATIONS FOR GONOCOCCAL INFECTIONS

Regimen for uncomplicated gonococcal infections of the cervix, urethra, rectum, and pharynx:

- Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (330 lb)¹
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.²

Alternative regimens 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.² **No reliable alternative treatments are available for pharyngeal gonorrhea.**

For persons with pharyngeal infection who have a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended.

- For persons with an anaphylactic or other severe reaction (e.g., Stevens Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for a recommendation.

These national recommendations are an update to the 2015 CDC Sexually Transmitted Diseases Treatment Guidelines and reflect anticipated changes in the forthcoming 2021 CDC Sexually Transmitted Infections Treatment Guidelines.

Patient-Delivered Partner Therapy (Expedited Partner Therapy)

Partners of patients treated for gonorrhea may be treated with a single 800 mg oral dose of cefixime provided that concurrent chlamydia infection in the patient has been excluded. Otherwise, they may be treated with a single oral 800mg cefixime dose plus oral doxycycline 100 mg twice a day.³ California law has allowed patient-delivered partner therapy for chlamydia, gonorrhea, and other STIs since 2001 (HSC section 120582).⁴

Follow-up Testing

For persons with pharyngeal gonorrhea, a test-of-cure is recommended 14 days after initial treatment via culture or nucleic acid amplification tests. All patients treated for gonorrhea at any site (including pharyngeal) should be retested three months after treatment to screen for reinfection. If retesting at three months is not possible, clinicians should retest within 12 months after treatment.

Suspected Treatment Failure

Consistent with earlier guidance, in cases of suspected cephalosporin treatment failure, clinicians should:

1. Obtain relevant clinical specimens for culture and antimicrobial susceptibility testing.
2. Consult an infectious disease specialist or STD clinical expert via the [STD Clinical Consultation Network](#) for guidance in clinical management as needed.

Report the case to CDC through state and local public health authorities within 24 hours.

Resources:

- [CDPH STD Control Branch Gonorrhea Webpage](#)
- [CDC 2015 STD Treatment Guidelines](#)
- [California Prevention Training Center Updated Gonorrhea Treatment Summary Table](#)
- [Patient-Delivered Partner Therapy \(PDPT\) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California](#)
- [Patient-Delivered Partner Therapy: A Counseling Guide for Providers](#)
- [STD Clinical Consultation Network](#)

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Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.



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