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Best Practice Summary of the College of Urgent Care Medicine

Update of CDC Guidelines of the treatment of Gonococcal Infection December 2020

Date Reviewed	2/10/2021
Subject	Treatment of Gonococcal Infection
Patient Population	Adult male and female
Rationale	Updated guidelines on the recommended treatment of gonococcal infections of the cervix, urethra, pharynx, or rectum required due to antibiotic stewardship and antibiotic resistance
Introduction	In December 2020 the CDC updated the recommended treatment of gonorrhea based on the increasing concern of azithromycin resistance. This is replacing the recommendation from 2010 which recommended ceftriaxone 250mg IM and azithromycin 1 gm orally. This earlier recommendation was based on the strategy that azithromycin would not only treat concomitant infections with other organisms such as Chlamydia trachomatis but would also prevent ceftriaxone resistance. Increasing concerns of antibiotic stewardship and overall increasing resistance to azithromycin, coupled with the relatively low incidence of gonococcal resistance to ceftriaxone has led to a change in these recommendations. Gonococcal resistance to ceftriaxone remains quite low, therefore leading to the new recommendations of single drug treatment of gonorrhea.
Evidence based guideline with strength of evidence (if available)	Confirmed or suspected uncomplicated urogenital, rectal, or pharyngeal gonorrhea should be treated with ceftriaxone 500 mg IM. Patients who weigh > 150 kg or 300 lbs. should be treated with 1 gm of ceftriaxone. If chlamydial infection has not been excluded, doxycycline 100 mg orally twice daily for 7 days should also be prescribed. Cefixime 800 mg orally once is an acceptable, but not as effective alternative to ceftriaxone. Patients who cannot take cephalosporins due to allergy or other concerns may be treated with gentamycin 240 mg IM AND azithromycin 2 gm orally. Test of cure is only required in cases of gonococcal pharyngitis.
Discussion	Urgent care clinics are often at the forefront of evaluating and treating patients with confirmed or suspected STD's. It is important that the urgent care provider stay up to date on the latest recommendations on the treatment of these diseases. These recommendations were made by the CDC

	based on review and data from the CDC's Gonococcal Isolate Surveillance Project, a literature review of over 2,200 abstracts and journal articles, STD conferences, and the NIH clinical trials website. Both government and non-governmental representatives made up a panel that reviewed this data and made recommendations that ultimately became these new guidelines.
Summary	As of December 2020, the recommended treatment of patients with confirmed or suspected urogenital, anal, or pharyngeal gonorrhea is ceftriaxone 500 mg IM. If chlamydia has not been excluded, doxycycline 100 mg twice daily for 7 days should also be prescribed. Patients > 150 kg should receive 1 gm ceftriaxone IM.
References	https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w https://www.cdc.gov/std/treatment-guidelines/evidence.htm
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Attachments (flow charts, graphics, tables, etc.)	None