Gonorrhea Health Advisory:

New Guidelines for Treatment of Gonococcal Infection

December 30, 2020

Situational Update

San Francisco is experiencing epidemic rates of sexually transmitted infections, including gonorrhea, chlamydia and syphilis. Between 2014 and 2019, the number of gonorrhea infections in San Francisco increased by 70%. Untreated gonorrhea can cause significant morbidity, including ectopic pregnancy, infertility, and chronic pain, and can increase risk of HIV acquisition and transmission. California has recently experienced increases in reports of disseminated gonococcal infection, a severe complication of untreated gonorrhea. Screening for HIV and other STIs has declined sharply during the COVID-19 pandemic. Screening patients at risk for HIV and STIs, and promptly administering effective treatment can prevent complications and reduce transmission.

On December 18, 2020, the CDC released updated recommendations for the treatment of gonorrhea. Since 2010, CDC has recommended dual therapy for gonorrhea with ceftriaxone and azithromycin. Increasing concern for antimicrobial stewardship, in conjunction with the continued low incidence of ceftriaxone resistance and increases in azithromycin resistance, has led to re-evaluation of this recommendation. **A single 500 mg IM dose of ceftriaxone is now the recommended treatment for gonorrhea infection in the United States. Dual therapy for gonorrhea infection with ceftriaxone and azithromycin is no longer recommended.** Patients with gonorrhea in whom chlamydial infection has not been ruled out should receive doxycycline as empiric co-treatment for chlamydia, unless tetracyclines are contraindicated.

Recommendations:

1) **STI and HIV screening are essential health services and should be continued during the COVID-19 pandemic**. Screen patients at risk for HIV and STI at regular intervals.

2) **Report** all laboratory confirmed and clinically suspected cases of disseminated gonococcal infection (DGI) to SFDPH using a confidential morbidity report form. Clinical consultation for DGI management is available through SF City Clinic (415-487-5595) or through the STD Clinical Consultation Network

3) **Treat** gonococcal infection according to the new CDC guidelines:

   - Uncomplicated urogenital, rectal, and pharyngeal gonorrhea:

- Ceftriaxone 500 mg IM once in patients weighing < 150 kg

OR

- Ceftriaxone 1 g IM once in patients weighing ≥ 150 kg

- Co-treat for urogenital or rectal chlamydia* (if chlamydia infection has not been ruled out at these anatomic sites):
  - Doxycycline 100 mg orally twice daily x 7 days

OR

  - Azithromycin 1 g orally once if the patient is pregnant, or pregnancy has not been ruled out in a patient biologically capable of pregnancy

  *Doxycycline is now favored over azithromycin for the treatment of uncomplicated chlamydia, particularly for rectal chlamydia and chlamydia urethritis. Updated guidance on the treatment of chlamydia will be included in the forthcoming 2021 CDC STI Treatment Guidelines.

- Patients with urogenital, rectal, or pharyngeal gonorrhea who have a history of severe allergy to cephalosporins should receive:
  - Gentamicin 240 mg IM once plus Azithromycin 2 grams orally once
    - Counsel the patient that they may experience nausea, vomiting, or diarrhea with this dose of azithromycin
    - Co-treatment with doxycycline is not necessary with this regimen, since it includes azithromycin

- SFDPH strongly recommends that all persons with gonorrhea be treated with ceftriaxone, provided it is not medically contraindicated; however, if ceftriaxone is not available, persons with urogenital or rectal gonorrhea can be treated with:
  - Cefixime 800 mg orally as a single dose (plus co-treatment for chlamydia if it has not been ruled-out)

4) **Obtain a test of cure** in patients with pharyngeal gonorrhea, particularly in patients treated with anything other than a 500 mg IM dose of ceftriaxone, using a NAAT swab 7-14 days after treatment. If the NAAT is positive and the patient has not been sexually active since treatment, seek consultation from SF City Clinic (415-487-5595) or through the STD Clinical Consultation Network.

5) **Test all patients diagnosed with gonorrhea for syphilis and HIV, and offer HIV pre-exposure prophylaxis (PrEP) to those who are negative for HIV.**

6) **Re-screen** all patients diagnosed with gonorrhea or chlamydia 3 months after treatment, as repeat infections are common.

7) **Ensure that sex partners are referred for testing and treatment**

   - Anyone who had sex with a person within the 60 days preceding that person's diagnosis of gonorrhea should be tested for gonorrhea and treated with 500 mg IM ceftriaxone, or an alternative regimen if ceftriaxone is contraindicated or unavailable.

   - California health and safety code (§ 120582) authorizes providers to prescribe or dispense expedited partner therapy (EPT) to patients with chlamydia, gonorrhea and some other STIs to give to their sex partners, along with instructions for their use. SFDPH favors using ceftriaxone to treat the sex partners of patients with gonorrhea, due to its superior efficacy. However, if a patient strongly believes a partner will not come in for an IM injection, it is acceptable to give EPT for gonorrhea consisting of:

     - Cefixime 800 mg

     - If coinfection with chlamydia has not been ruled out in the patient, EPT should also include doxycycline 100mg orally twice daily x 7 d (or azithromycin 1 g orally once if pregnancy has not been ruled out in a partner biologically capable of pregnancy).

8) **Inform SFDPH STI Prevention and Control** if you are experiencing shortages of STI test kits by emailing Judith.Sansone@sfdph.org. For more information about STI kit shortages and to report medication or supply shortages to CDC, please visit the National Coalition of STD Director's dedicated webpage on STI testing supply shortages.