

The Medical Letter[®]

on Drugs and Therapeutics

Volume 63

May 3, 2021

ISSUE No.
1623

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Volume 63 (Issue 1623)

May 3, 2021

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IN BRIEF

New Recommendations for Treatment of Gonococcal Infection

The CDC has issued new recommendations for treatment of gonococcal infection. A single 500-mg IM dose (1000 mg in patients weighing ≥ 150 kg) of the third-generation cephalosporin ceftriaxone is now the treatment of choice for patients with uncomplicated urogenital, rectal, or pharyngeal gonorrhea.¹

RATIONALE – Previous CDC guidelines had recommended ceftriaxone 250 mg IM plus a single 1000-mg oral dose of the macrolide azithromycin for treatment of uncomplicated gonorrhea.² Coadministration of azithromycin was recommended to prevent development of ceftriaxone resistance and to treat potential chlamydial co-infection, but continued low resistance rates to ceftriaxone and increasing resistance to azithromycin led to a reevaluation of this guidance. Use of the higher ceftriaxone dose increases the amount of time that free drug levels remain above the minimum inhibitory concentration for *Neisseria gonorrhoeae*.

TREATMENT CONSIDERATIONS – If IM ceftriaxone is **not available**, a single 800-mg oral dose of the third-generation cephalosporin cefixime can be used as an alternative, but its efficacy against pharyngeal gonorrhea is limited.

If **chlamydial infection** has not been excluded, patients treated with a cephalosporin should also take 100 mg of oral doxycycline twice daily for 7 days or, if pregnant, a single 1000-mg dose of oral azithromycin.

Patients with uncomplicated gonorrhea who have a **cephalosporin allergy** should receive a 240-mg IM dose of the aminoglycoside gentamicin and a 2000-mg dose of oral azithromycin. High oral doses of azithromycin can cause nausea and vomiting.¹

EPT – Expedited Partner Therapy (EPT) with oral cefixime (single 800-mg dose) can be considered for sex partners of the index patient. Doxycycline (100 mg twice daily for 7 days) should be added if chlamydial co-infection has not been excluded.^{1,3}

TEST OF CURE – A test of cure is not needed for patients with uncomplicated urogenital or rectal gonorrhea who are treated with a recommended or alternative regimen; test of cure 7-14 days after treatment is recommended for pharyngeal gonorrhea.¹ ■

1. S St. Cyr et al. Update to CDC's treatment guidelines for gonococcal infection, 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:1911.
2. KA Workowski et al. Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep* 2015; 64:1.
3. Drugs for sexually transmitted infections. *Med Lett Drugs Ther* 2017; 59:105.

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