

Ten Steps to Help Control Gonorrhea

1. **Take sexual histories routinely** as part of the clinical interview to determine the patient's risk for gonorrhea (GC) and other STDs, and to guide which anatomic sites to screen. Briefly assess the number and gender of sex partners, history of STDs, prevention of STDs/pregnancy, and sexual practices (i.e. vaginal, anal, and oral sex).
2. **Screen individuals at risk:** Screen sexually active women ≤ 25 years of age annually for GC and chlamydia. Target screening in other populations according to risk factors such as: history of GC, new or multiple sex partners, partner with other partner(s), men who have sex with men, and commercial sex workers. Men reporting receptive rectal sex and/or oral sex with men should be screened for rectal and/or pharyngeal GC at a minimum annually. In correctional facilities, all women < 35 years of age and men ≤ 30 should be screened for GC along with chlamydia.
3. **Use the best test available:** Nucleic acid amplification tests (NAATs) are recommended for screening due to their superior performance over culture and other non-amplified tests. Rectal and pharyngeal GC NAATs are not FDA approved but have been validated by many laboratories. If your laboratory does not offer these tests, ask them to do so.
4. **Treat Gonorrhea infections promptly and appropriately:**

Recommended regimen:

- Ceftriaxone 250 mg intramuscularly once
plus
- Azithromycin 1g orally once*

Alternative regimen for urogenital or rectal gonorrhea if ceftriaxone cannot be given:**

- Cefixime 400 mg orally once
plus
- Azithromycin 1g orally once*

* Doxycycline 100 mg orally twice daily for seven (7) days may be used but azithromycin is preferred.

** Cefixime is not an alternative for pharyngeal infections.

Cephalosporin allergy/IgE Mediated PCN Allergy/or Treatment Failure (any anatomic site):

- Gentamicin 240 mg IM + azithromycin 2g orally, or
- Gemifloxacin 320 mg orally + azithromycin 2g orally

5. **Re-screen all patients with gonorrhea three (3) months after treatment** to detect re-infections.
6. **Treat all sexual contacts from last 60 days:** *It is the responsibility of the diagnosing physician* to make reasonable attempts to ensure that all partners are treated. Expedited partner therapy (EPT) using oral cefixime plus azithromycin may be used to treat partners who are unable to seek prompt clinical care. Advise patient to abstain or use condoms for seven (7) days after patient and partner(s) are treated to prevent re-infection.
7. **Perform test-of-cure (TOC) in the following:** Routine test-of-cure now recommended only for individuals who received an alternative treatment for pharyngeal gonorrhea; test-of-cure interval has been extended to 14 days after treatment to reduce false positive results (previously seven (7) days).
8. **Report suspected treatment failure:** If providers suspect treatment failure, in the absence of re-exposure, take all necessary steps to culture for antibiotic susceptibility, testing the organism prior to re-treatment. Contact the DHSP Clinical-Nursing Unit for assistance at (213) 744-3106.
9. **Report GC to Public Health Department** within seven (7) working days by completing the STD Confidential Morbidity Report (CMR) form, or by calling (213) 744-3070.
10. **Visit DHSP's webpage,** Info for Health Care Providers, for the most updated information on GC management.