



**Revision to the Washington State Department of Health - STD Program
STD Treatment Guidelines - 2010**

GONORRHEA TREATMENT RECOMMENDATIONS

The antibiotics of choice to treat uncomplicated gonococcal infections of the cervix, urethra and rectum include:

RECOMMENDED

- Ceftriaxone 250 mg intramuscularly in a single dose;

PLUS, if chlamydial infection is not ruled-out

- Azithromycin 1g orally (single dose) OR doxycycline 100 mg orally twice daily for 7 days. This second drug is designed to treat concurrent chlamydial infection

ALTERNATIVE THERAPY IF CEFTRIAZONE CANNOT BE GIVEN

- Cefixime 400 mg orally in a single dose

PLUS

- Azithromycin 1g orally (single dose). This is a second active drug against gonorrhea and should be given in all cases when cefixime is administered for treatment of gonorrhea, regardless of chlamydia test results.

Persons with penicillin or cephalosporin allergies or other contraindications to cephalosporin antibiotics should be treated with a single-dose of azithromycin 2g orally.

Test-of-cure is indicated for the persons with any of the following:

- 1) Pregnant women
- 2) Persons treated for pharyngeal gonorrhea using a regimen that does not include ceftriaxone
- 3) Persons treated for gonorrhea using a fluoroquinolone. (Fluoroquinolones are not recommended as a therapy for gonorrhea.)

The Washington State Department of Health recommended that health care providers discontinue fluoroquinolone use for the treatment of gonorrhea in 2004. Because of diminished susceptibility to oral cephalosporins, as of 2010 cefpodoxime is no longer recommended as a treatment for gonorrhea.