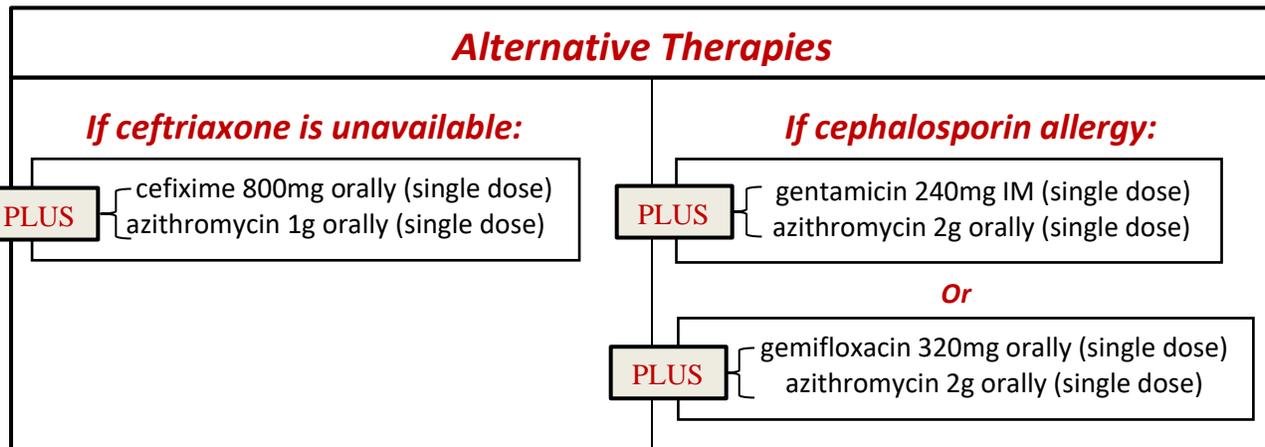
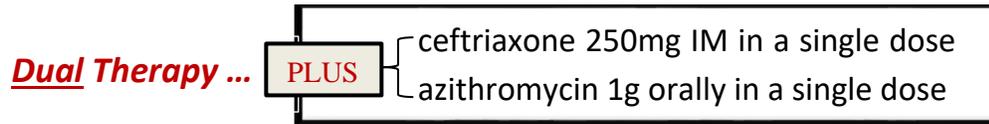


Iowa Department of Public Health

2015 Treatment Guidelines for Gonococcal Infections

Recommended Treatment

★ **For adults and adolescents:** uncomplicated gonococcal infections of the cervix, urethra, pharynx and rectum



Other Recommended Treatments

★ **Pregnancy:** ceftriaxone 250mg IM (single dose) plus 1g orally azithromycin (single dose)

See complete CDC guidelines at <http://www.cdc.gov/std/tg2015/gonorrhea.htm> for further instructions.

★ **Adults and adolescents**
Conjunctivitis ceftriaxone 1 g IM (single dose) and azithromycin 1 g orally (single dose)

★ **Children (<45kg)**
(urogenital, rectal, pharyngeal uncomplicated gonococcal infections of cervix, urethra & rectum) ceftriaxone 25-50 mg/kg IV or IM, not to exceed 125 mg (single dose)

GC Treatment

- Dual antimicrobial therapy is necessary to enhance treatment effectiveness and inhibit transmission of resistant bacteria. *Neisseria gonorrhoeae* continues to develop resistance to a wide array of antimicrobials.
- Azithromycin monotherapy is not recommended due to growing antimicrobial resistance.
- Azithromycin is preferred over doxycycline due to high prevalence of tetracycline resistance (23.7% in 2013).
- **Test of cure is recommended for oropharyngeal infections when an alternative therapy is used** due to poor efficacy of cefixime at the eradication of pharyngeal infection.
- Test of cure is **not** needed after treatment for urogenital or rectal infection when a recommended treatment regimen is used.
- Expedited Partner Therapy (EPT) should be routinely offered to patients with chlamydia or gonorrhea when provider cannot ensure the sex partners from the prior 60 days will be treated. This practice is permissible by Iowa Code 139A.41.
- For additional information or consultation please search the Iowa Department of Public Health website for the Sexually Transmitted Diseases (STD) Program.