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

Ceftriaxone 500mg IM in a single dose

**Alternative Therapies**

<table>
<thead>
<tr>
<th>If ceftriaxone is unavailable:</th>
<th>If cephalosporin allergy:</th>
</tr>
</thead>
</table>
| Cefixime (Suprax) 800mg orally in a single dose | gentamicin 240mg IM (single dose)  
PLUS azithromycin 2g orally (single dose) |

**Additional considerations for treatment**

See complete CDC guidelines at [https://www.cdc.gov/std/treatment/](https://www.cdc.gov/std/treatment/) for further details.

**Adults and adolescents**
- Weighing greater than 300 lbs: Ceftriaxone 1 gram IM (single dose)
- Conjunctivitis: Ceftriaxone 1 gram IM (single dose)
- Children (<45kg): Ceftriaxone 25-50 mg/kg IV or IM, not to exceed 125 mg (single dose)

**GC Treatment**

- Dual antimicrobial therapy for persons infected with or exposed to *Neisseria gonorrhoeae* is no longer recommended. If chlamydial co-infection has *not* been ruled out, also treat with 100mg doxycycline twice a day for 7 days.
- **Test of cure is recommended for oropharyngeal infections** 14 days after the completion of therapy.
- 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.