



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 17, 2021

Dear Colleague:

The Maryland Department of Health (MDH) would like to make you aware that the Centers for Disease Control and Prevention (CDC) has updated its recommendation for the treatment of uncomplicated gonococcal infection in adults, based on ongoing surveillance of antimicrobial resistance. Multi-drug-resistant gonorrhea remains an urgent public health threat. According to the CDC, while no treatment failures have been reported in the U.S. yet, half of all gonorrhea is resistant to at least one antibiotic.

**Dual therapy with azithromycin is no longer recommended unless the patient is co-infected with chlamydia. The new recommendation for patients with uncomplicated gonorrhea of the urethra, cervix, rectum, or pharynx is monotherapy with a higher dose of ceftriaxone: ceftriaxone 500 mg IM in a single dose (previously 250 mg).**

The new CDC recommendations, briefly summarized below, supersede those included in the 2015 guidelines. The recommendations are available in the [2020 Update to CDC's Treatment for Gonococcal Infections](#), published on December 18 in *MMWR*. NOTE: CDC's 2021 STI Treatment Guidelines are expected this spring. Check here for updates: <http://www.cdc.gov/std/treatment/>.

#### Recommended Treatment of Uncomplicated Gonococcal Infection

1. Treat gonorrhea with a **single 500 mg injection of ceftriaxone**.
2. A test-of-cure is not needed for people who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea unless symptoms persist.
3. A test-of-cure is recommended in people with pharyngeal gonorrhea 7–14 days after initial treatment, regardless of regimen.
4. Patients who have been treated for gonorrhea should be retested three months after treatment to ensure there is no reinfection.
5. For patients co-infected with chlamydia, or if concurrent chlamydial infection is not excluded, treat with 500 mg IM ceftriaxone plus 100 mg oral doxycycline twice daily for 7 days. If pregnancy is not ruled out, treat with azithromycin 1 g orally as a single dose.
6. As always, facilitate partner testing and treatment\*.

\*For treating partners via Expedited Partner Therapy (EPT), monotherapy with a single 800 mg oral dose of cefixime is now recommended if concurrent chlamydial infection in the patient has been excluded. Otherwise, treat empirically for chlamydia as well.

For information on patients' prior STI testing and treatment, call your local health department, or the MDH Center for STI Prevention at 410-767-6690, or email: [mdh.sticlinicalconsult@maryland.gov](mailto:mdh.sticlinicalconsult@maryland.gov). For assistance with partner notification, call your local health department. Please note: Maryland health care providers are required to report chlamydia, gonorrhea and syphilis *and* treatment provided, per COMAR 10.06.01.03. The Maryland Confidential Morbidity Report form (DHMH 1140) can be found [here](#).

Sincerely,

The image shows two handwritten signatures in blue ink. The signature on the left is 'David Blythe' and the signature on the right is 'Peter DeMartino'.

David Blythe, MD, MPH  
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and Outbreak Response Bureau  
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