

# Iowa Department of Public Health 2020 Treatment Guidelines for Gonococcal Infections

## **Recommended Treatment**

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

Ceftriaxone 500mg IM in a single dose

# Alternative Therapies If ceftriaxone is unavailable: Cefixime (Suprax) 800mg orally in a single dose If cephalosporin allergy: gentamicin 240mg IM (single dose) azithromycin 2g orally (single dose)

### Additional considerations for treatment

- ★ See complete CDC guidelines at https://www.cdc.gov/std/treatment/ for further details.
- Adults and adolescents
  Weighing greater than 300 lbs

  Ceftriaxone 1 gram IM (single dose)
- + Adults and adolescents
  Conjunctivitis

  Ceftriaxone 1 gram IM (single dose)
- Children (<45kg) Ceftriaxone 25-50 mg/kg IV or IM, not to exceed 125 mg (single dose) (urogenital, rectal, pharyngeal uncomplicated gonococcal infections of cervix, urethra & rectum)

# **GC Treatment**

- Dual antimicrobial therapy for persons infected with or exposed to *Neisseria gonorrhoeae* is no longer recommended. If chlamydial co-infection has <u>not</u> 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.