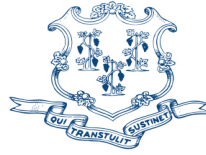


# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

Memorandum

To: All CT Clinicians treating Sexually Transmitted Diseases (STD)

From: Lynn Sosa, MD, Medical Director, STD Control Program

Linda Ferraro, RDH, Director, STD Control Program

Date: January 27, 2021 (revised 3/31/2021)

Re: Update to CDC's Treatment Recommendations for Gonococcal Infection, 2020-Revised

Sexually transmitted diseases (STDs) in Connecticut have increased significantly in recent years; infections caused by the bacteria *Neisseria gonorrhoeae* (gonococcal infections) have increased 111% since 2015.

Sexually Transmitted Diseases in Connecticut, 2015 - 2019					
	2015	2016	2017	2018	2019
<b>Early Syphilis (primary, secondary, early latent)</b>	187	194	255	172	369
<b>Gonorrhea</b>	2,088	2,731	3,906	4,334	4,418
<b>Chlamydia</b>	13,126	13,967	12,497	14,364	15,290
<b>Congenital Syphilis</b>	1	0	0	2	3

Effective treatment can prevent complications of gonococcal infections including pelvic inflammatory disease, ectopic pregnancy, infertility and the facilitation of HIV; however, *N. gonorrhoeae* has demonstrated the ability to acquire antimicrobial resistance. As a strategy to prevent ceftriaxone resistance, in 2010 CDC recommended a single 250 mg intramuscular (IM) dose of ceftriaxone and a single 1 g oral dose of azithromycin for treatment of uncomplicated gonococcal infections of the cervix, urethra and rectum and possible coinfection with *Chlamydia trachomatis*.

As a result of the increasing concern of antimicrobial resistance and the observed low incidence of ceftriaxone resistance, the CDC re-evaluated the 2010 recommendation and has updated the previous gonorrhea treatment guidelines. **The updated CDC treatment guidelines for uncomplicated gonorrhea in adults now recommends a single 500 mg IM dose of ceftriaxone for treatment of uncomplicated urogenital, anorectal, and pharyngeal gonorrhea. If chlamydial infection has not**



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**been excluded, concurrent treatment with doxycycline (100 mg orally twice a day for 7 days) is recommended.**

The new recommendations, briefly summarized below, are available in [2020 Update to CDC's Treatment for Gonococcal Infections](#), a special policy note published on December 17 in MMWR, and this new recommendation supersedes the gonorrhea treatment recommendation included in the [2015 STD Treatment Recommendations](#). Please refer to the December 17 MMWR for more details of these guidelines.

1. Treat gonorrhea infections with a single 500 mg injection of ceftriaxone. For persons weighing  $\geq 150$  kg (300 lb), 1 g of IM ceftriaxone should be administered.
2. If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.
3. During pregnancy, if chlamydia infection has not been excluded, azithromycin 1 g as a single dose is recommended to treat chlamydia.
4. A test-of-cure is not needed for people who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea unless symptoms persist.
5. A test-of-cure is recommended in people with pharyngeal gonorrhea 7-14 days after the initial treatment, regardless of the regimen.
6. Patients who have been treated for gonorrhea should be retested three months after treatment to ensure there is no reinfection.
7. As always, facilitate partner testing and treatment. For [Expedited Partner Therapy \(EPT\)](#), the partner may be treated with a single 800 mg oral dose of cefixime, provided that concurrent chlamydial infection in the patient has been excluded. Otherwise, the partner may be treated with a single oral 800 mg cefixime dose plus oral doxycycline 100 mg twice daily for 7 days.

Of note, CDC expects to publish the revised STI Treatment Guidelines in 2021, and we will share those updates with you once published.

Please continue to contact the CT DPH STD Control Program for:

- Clinical consultation on complex cases, available through the STD Control Program, Medical Director, Dr. Lynn Sosa at [lynn.sosa@ct.gov](mailto:lynn.sosa@ct.gov) or the National Network of STD Clinical Prevention Training (PTC) Consultation Network <https://www.stdccn.org/controller/Public/AddPublicConsultRequestStep1> CDC STD treatment and partner management guidelines are available as an app for Apple and Android devices at: [www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm).
- Management considerations including recommendations for presumptive sex partner treatment.
- Record searches on prior syphilis test titers and treatment history. Please call the STD Control Program's main phone line at (860) 509-7290.
- Partner services – contact tracing and notification are automatically performed for new HIV infection and infectious syphilis cases. Please call the STD Control Program at (860) 509-7290 for more information.
- Case reporting - clinician-completed [CT DPH STD 23 Case Report Forms](#) are required for all gonorrhea, syphilis and chlamydia cases and provides details on clinical characteristics and treatment which are not automatically reported via laboratory reporting

Contact Linda Ferraro, the CT DPH STD Control Program Director with any questions or concerns at (860) 578-5856 or [linda.ferraro@ct.gov](mailto:linda.ferraro@ct.gov).