

Guilford County DHHS

Division of Public Health



Suspected Gonorrhea Treatment Failure Guidance

Gonorrhea is a common sexually transmitted infection (STI) caused by *Neisseria gonorrhoeae* bacteria. This bacteria has rapidly acquired resistance to each class of antibiotics used for treatment, and the Centers for Disease Control and Prevention (CDC) has declared drug-resistant gonorrhea an urgent public health threat. [CDC Drug-Resistant Gonorrhea Fact Sheet](#)

Identifying potential treatment failures

Gonococcal treatment failure may be suspected in the following two situations:

- Patients with persistent symptoms more than 3 days after recommended treatment, with:
 - ✓ No sexual contact since treatment (reinfection unlikely), **and**
 - ✓ Other untreated infections have been excluded (chlamydia, mycoplasma genitalium, trichomoniasis).
- Patients with a positive test-of-cure (TOC), with:
 - ✓ No sexual contact since treatment (reinfection unlikely), **and**
 - ✓ Positive culture at least 72 hours after appropriate treatment, **or**
 - ✓ Positive rectal or genital GC NAAT obtained more than 7 days after treatment, **or**
 - ✓ Positive pharyngeal NAAT more than 14 days after treatment.

Note: most potential treatment failures are due to reinfection. It is crucial that a complete sexual history is taken. If re-infection is likely, individual should be re-treated with the recommended regime. A [guide](#) to taking a sexual history can be found on CDC's Website.

Testing for suspected treatment failures

If reinfection has been ruled out, clinicians should repeat NAAT testing at all exposed anatomic sites, along with collection of specimens for gonococcal culture and antimicrobial susceptibility testing (AST). Note that NAATs alone cannot provide antimicrobial susceptibility results.

If your practice does not have the capacity to conduct gonococcal culture or antimicrobial susceptibility testing (AST) reach out to [Guilford County DHHS Division of Public Health – STD Prevention Department](#) or to the [North Carolina State Laboratory of Public Health](#). [LabCorp](#) and [Quest Diagnostics](#) also offer testing.

Reporting Possible Treatment Failures

Possible treatment failures should be reported to [The Guilford County DHHS Division of Public Health](#), using the [online Communicable Disease Reporting Tool](#) as soon as possible after receiving a positive result for a repeat NAAT, or upon receipt of a positive culture test (assuming reinfection is unlikely). Staff can coordinate culture and AST testing and will refer information to a Disease Intervention Specialist (DIS) for field follow up to conduct partner services.

Treatment Guidelines:

Condition	Treatment Regimen
Uncomplicated urogenital or rectal GC Infections	<i>Ceftriaxone 500mg IM*</i>
If Ceftriaxone not available	<i>Oral Cefixime 800mg*</i>
If Cephalosporin allergy	<i>Gentamicin IM 240mg + oral azithromycin 2g</i>

*If healthcare provider cannot rule out chlamydia coinfection, oral doxycycline 100mg BID for 7 days is recommended in addition to the gonorrhea treatment. Doxycycline should not be used for pregnant women.

Condition	Treatment Regimen
Suspect or Probable ARGC Treatment Failure	<i>Gentamicin IM 240mg + oral azithromycin 2g</i>
Confirmed ARGC Treatment Failure	
If positive TOC and only <i>reduced</i> susceptibility to ceftriaxone	<i>Ceftriaxone 1g IM + oral azithromycin 2g</i>
Ceftriaxone-resistant, MDR, or XDR Gonorrhea	<i>Consult CDC (optional: IV Ertapenem 1g daily for 3 days)</i>

Treatment guidelines for Gonorrhea and other sexually transmitted infections can be found at [CDC STI Treatment Guidelines](#).

Test of Cure Guidelines:

A test of cure (i.e., repeat testing after completion of therapy) is unnecessary for persons who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens.

Individuals with pharyngeal gonorrhea should return 7–14 days after initial treatment for a test of cure by using either culture or NAAT; however, testing at 7 days might result in an increased likelihood of false-positive tests.

If the NAAT is positive, effort should be made to perform a confirmatory culture before retreatment, especially if a culture was not already collected. All positive cultures for test of cure should undergo antimicrobial susceptibility testing.

Symptoms that persist after treatment should be evaluated by culture for *N. gonorrhoeae* (with or without simultaneous NAAT) and antimicrobial susceptibility.

Persistent urethritis, cervicitis, or proctitis also might be caused by other organisms (see Urethritis; Cervicitis; Proctitis).

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