

Gonorrhea in Nonpregnant Adolescents and Adults – Clinician Guide



Background¹

- An estimated 500,000 new *Neisseria gonorrhoeae* (gonococcal) infections occur a year.
- Gonorrhea is the second most commonly reported bacterial communicable disease.
- Gonococcal urethritis in men may cause dysuria, urethral pruritis, and mucoid, mucopurulent, or purulent discharge.²
- Gonococcal cervicitis in women is typically asymptomatic but may cause abnormal vaginal discharge or intermenstrual vaginal bleeding especially after sexual intercourse.²
- Women may experience pelvic inflammatory disease (PID), which can cause lower abdominal pain and fever.
- Pharyngeal gonorrhea is usually asymptomatic but can cause pharyngitis.
- Anal gonorrhea is also usually asymptomatic but can cause proctitis.³

Telemedicine Appropriateness

- Patients with potential complications of chlamydia (such as PID in women) should be evaluated in person including a physical exam.
- Testing is required for diagnosis at the sites of infection (e.g., urine/urethra, vaginal/endocervical, urine, rectal, or pharyngeal) which can occur over telemedicine in three ways:
 - Initial evaluation over telemedicine with in-person followup for sample collection.
 - Initial evaluation over telemedicine and laboratory followup for patient self-collected sample (FDA approval exists for urine and vaginal self-collected samples, some labs may also allow for self-collected samples at other sites of infection).
 - Evaluation over telemedicine with at-home patient self-collected samples (urine and vaginal self-collected samples).

Considerations for Testing^{1, 4-6}

- Testing should include urethral or urine testing in men and vaginal, cervical, or urine testing in women. In men, urine testing is as least as effective as urethral swabs and can be self-collected by the patient in a lab or at home using a testing kit. In women, vaginal or cervical testing is more sensitive than urine testing, and vaginal samples can be self-collected by the patient in a lab or at home using a testing kit.⁷⁻⁹
- If symptoms or exposures indicate anal or pharyngeal infection, test anal or pharyngeal sites. While some labs may allow for self-collected anal or pharyngeal samples, these sites of infection may require in-person followup for sample collection.
- All sexually active women <25 years, as well as women ≥25 years with (1) a new sex partner, (2) a sex partner with concurrent partners, or (3) a sex partner who has had a sexually transmitted infection should be screened annually for gonococcal infection, which can occur as part of a routine in-person preventative exam.
- Screening of sexually active men should be considered in clinical settings with a high prevalence of gonorrhea, like adolescent clinics, correctional facilities, sexually transmitted disease clinics, HIV clinics, or clinics focusing on men who have sex with men, which can occur as part of a routine in-person preventative exam.
- Patients should be screened for gonorrhea infection if there is inconsistent condom use among those not in mutually monogamous relationships, previous or recently diagnosed sexually transmitted infections, or a history of exchanging sex for money and drugs, which can occur as part of a routine in-person preventative exam.

- All patients with HIV should be screened annually for gonococcal infection, which can occur as part of a routine in-person preventative exam.
- Patients should be tested for gonococcal infection if there is inconsistent condom use among those not in mutually monogamous relationships, previous or recently diagnosed sexually transmitted infections, or a history of exchanging sex for money and drugs.
- Men who have sex with men who are at risk of HIV acquisition or have had multiple partners or substance abuse should be screened with anal, oropharyngeal, and urethral or urine testing.

Diagnosis^{1,7-9}

- Diagnose all patients at risk for or suspected of having gonorrhea with either a culture, nucleic acid amplification test (NAAT), or point-of-care NAAT. NAAT testing is more sensitive than culture. Over telemedicine, there are more options for testing via NAAT.
- NAAT testing can be done using endocervical and vaginal swabs in women, urethral swabs in men, and urine testing and rectal, and pharyngeal swabs in men and women.
- If antimicrobial resistance is suspected, perform culture and antibiotic susceptibility testing.
- Polymorphonuclear leukocytes with intracellular gram-negative diplococci in a Gram stain of urethral discharge is diagnostic for gonococcal infection in men but requires in-person testing.
- Testing may require an in-person appointment for swabs.
- Self-collected NAAT testing is FDA-approved for urine and vaginal samples and may be available for rectal and pharyngeal samples.⁷⁻⁹

Treatment: Most Require Injections (In-Person Visits)¹

- Currently only ceftriaxone, provided IM (intramuscularly), is preferred in guidelines. This would require an in-person appointment.
- Oral cefixime is only recommended if ceftriaxone is completely unavailable, as it is less effective.
- Uncomplicated gonococcus: ceftriaxone 500 mg IM once (<150 kg) or 1 g IM once (≥150 kg).
 - If ceftriaxone is unavailable, cefixime 800 mg PO (orally) once.
 - Cephalosporin allergy: gentamicin 240 mg IM once with azithromycin 2 g PO once.
 - No reliable alternative treatments are available for pharyngeal gonorrhea.
- If chlamydial infection has not been excluded, also doxycycline 100 mg PO BID (twice daily) for 7 days. Approved December 2025: zoliflodacin 3 g PO in water once or gepotidacin 3 g PO BID twice.¹⁰

Anticipatory Guidance¹

- Abstain from sexual activity for 7 days after treatment and until all sex partners are treated and symptoms resolve.
- Test for other sexually transmitted infections (e.g., HIV, chlamydia, syphilis, etc.) which may require a laboratory visit or additional testing for chlamydia using the same sample as was used for gonococcal testing. Consider prescribing pre-exposure prophylaxis (PrEP) for HIV. Consider doxycycline post-exposure prophylaxis (doxy PEP).¹¹
- Patients with pharyngeal gonorrhea should have an in-person appointment in 14 days for a test of cure.
- All patients should be retested in 3 months at the same site of infection, for which the same testing location can be used.

Expedited Partner Treatment^{1,12}

- Should be considered for the most recent sex partner and sex partners within prior 60 days.
- Refer partners for evaluation, testing, and treatment.
- If partners cannot seek care from a clinician in person or over telemedicine for evaluation, testing, or treatment, based on local laws, the clinician can prescribe one dose of oral cefixime 800 mg that the patient can deliver to the partner, along with educational materials.
- If partners cannot present to a clinician for evaluation, testing, or treatment, and chlamydial testing was not performed, based on local laws, the clinician can prescribe one dose of oral cefixime 800 mg as well as doxycycline 100 mg PO BID for 7 days for the patient to deliver to the patient, along with educational materials.

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AHRQ Pub. No. 26(27)-0021
October 2026