**TREATMENT GUIDELINES FOR HEALTH STAFF**

**GONOCOCCAL INFECTION**

Authorized health and wellness staff may treat laboratory-confirmed uncomplicated urogenital, rectal\* and pharyngeal\* gonococcal infection as follows:

1. Administer intramuscular ceftriaxone 500 mg once for persons < 300 lb or 1 g for persons > 300 lb.
2. If ceftriaxone IM is not available, substitute cefixime 800 mg po once, though oral cefixime treatment has limited efficacy for pharyngeal gonorrhea.
3. If chlamydia infection has not been excluded, concurrent treatment with doxycycline 100 mg po bid for 7 days is recommended. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.
4. If there is cephalosporin allergy, a single 240 mg intramuscular dose of gentamicin plus a single 2 g po dose of azithromycin is an option.
5. Instruct student to return for retreatment if vomiting occurs within 4 hours of treatment with oral doxycycline or azithromycin regimens.
6. Discuss contact(s) treatment, screening for other STIs as appropriate, health department reporting requirements, and prevention of STIs and pregnancy (offer condoms and contraception as appropriate).
7. Instruct student to abstain from sexual intercourse for 7 days and until all sexual partners have been treated.
8. Schedule gonorrhea and chlamydia retesting in 1-3 months.

\* Extragenital gonorrhea screening (rectal or pharyngeal) should be considered based on sexual behavior.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

* If the student has rectal pain suggestive of proctitis
* If the female student has pelvic pain suggestive of PID
* If the male student has scrotal pain suggestive of epididymitis or low back pain suggestive of prostatitis