



**TO:** San Francisco Medical Providers

**RE:** New recommended treatment for pharyngeal gonorrhea: ceftriaxone 125mg IM

**DATE:** April 30, 2009

Dear San Francisco Medical Provider:

Previously, in San Francisco, cefpodoxime 400mg by mouth has been recommended for all cases of uncomplicated gonorrhea regardless of anatomic site of infection.

However, because of concerns regarding the effectiveness of cefpodoxime for treating pharyngeal gonorrhea and in order to prevent gonococcal resistance to cephalosporins, the **recommended treatment for pharyngeal gonorrhea in San Francisco is changing to ceftriaxone 125mg intramuscularly once.**

Because data exist suggesting that the combination of an oral third-generation cephalosporin (cefixime or cefpodoxime) and azithromycin is effective,<sup>1</sup> *patients with pharyngeal gonorrhea who have been treated with cefpodoxime 400mg and azithromycin 1gm combination do NOT need to be retreated with ceftriaxone.*

Cefpodoxime 400mg by mouth or ceftriaxone 125mg intramuscularly remain the recommended treatment for uncomplicated nonpharyngeal gonorrhea.

Please annually screen all sexually active women under 26 years old for urogenital gonorrhea and chlamydia. Men who have sex with men should be screened every 3–6 months for syphilis as well as rectal and pharyngeal gonorrhea and chlamydia. All recent sex partners of infected patients should be treated and all persons who test positive for STDs should be retested 3 months after treatment to rule out reinfection.

Thank you for helping keep San Francisco healthy.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey D. Klausner".

Jeffrey D. Klausner, MD, MPH  
Deputy Health Officer and Director

Reference

1. **Sathia L, Ellis B, Phillip S, Winston A, Smith A.** Pharyngeal gonorrhoea - is dual therapy the way forward? *Int J STD AIDS*. 2007;18(9):647-8.