**CDC’s Division of STD Prevention**

**Talking Points for Gonorrhea with Reduced Susceptibility**

*Last Updated March 28, 2025*

**Situation**

* Gonorrhea is a common sexually transmitted infection (STI) in the United States. Left untreated, it can cause serious health problems, particularly for women, including chronic pelvic pain, life-threatening ectopic pregnancy, and even infertility.
* Antibiotics have successfully treated gonorrhea for several decades; however, resistance has developed to almost every antibiotic used to treat the bacteria.
* Today, ceftriaxone is the only recommended treatment left for gonorrhea.
* Identification of *N. gonorrhoeae* infections with reduced susceptibility – a laboratory marker that a drug may be becoming less effective – can be a sign of emerging resistance. However, CDC-recommended treatment is still highly effective. To date, CDC has not identified a confirmed case in the United States of unsuccessful gonorrhea treatment because of resistance to therapy with recommended antibiotics.

**What is the Health Department Doing?** [*Remove anything not appliable to your jurisdiction]*

* We are working with CDC to monitor cases of resistant gonorrhea through enhanced surveillance programs, such as:
  + Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) – a national surveillance system that monitors for trends in emerging drug-resistant gonorrhea and uses these data to inform local public health response. This project carries on core activities from prior programs (Gonococcal Isolate Surveillance Project- GISP, Strengthening the U.S. Response to Resistant Gonorrhea- SURRG).
  + Antimicrobial Resistance Laboratory Network (ARLN) regional laboratory performs specialized resistance testing and whole genome sequencing to identify and monitor emerging national trends in drug-resistant gonorrhea.
* Our STI clinics provide critical testing and treatment options for people at risk for gonorrhea.
* Our public health laboratory performs gonorrhea culture, and [*select best option based on your capacity:* *tests for drug resistance/is building up its capacity to test for drug resistance*].

**What Can Clinicians Do?**

* Take a thorough [sexual history](https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html) to determine what to test your patient for and at which anatomic sites.
* Follow CDC’s gonorrhea [screening recommendations](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm).
  + Screening should be performed at all anatomic sites of sexual exposure regardless of condom use, using pharyngeal swabs, rectal swabs, and either urethral/endocervical/ vaginal swabs or urine specimens.
  + Screen all sexually active women younger than 25 years, as well as older women with risk factors (e.g., a new or multiple sex partners, a sex partner with concurrent partners, or a sex partner who has an STI.) Pharyngeal and rectal gonorrhea screening can be considered in women based on reported sexual behaviors and exposure, through shared clinical decision making.
  + Screen sexually active men who have sex with men at anatomic sites of possible exposure at least annually and every 3 to 6 months, if at increased risk.
  + [Screening recommendations](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm) for other priority populations should be adapted based on anatomy, per the STI Treatment Guidelines.
    - Screen sexually active people living with HIV at initial HIV evaluation and at least annually. Screen all pregnant patients <25 years old and ≥25 years old if at increased risk (i.e., a new partner, multiple partners, a sex partner with concurrent partners, a sex partner with an STI, any STI during pregnancy, and exchange of sex for food or housing). If infected, treat immediately and retest within 3 months.
    - Retest during the third trimester if <25 years old or at risk.
  + Rescreen everyone with gonorrhea three months after treatment.
  + Conduct a test of cure for all cases of pharyngeal gonorrhea 7–14 days after initial treatment by using either culture or a nucleic acid amplification test (NAAT).
* Adhere to CDC’s recommendations by always treating gonorrhea promptly with 500 mg of ceftriaxone as a single intramuscular (IM) dose for persons weighing <150 kg (see [STI Treatment Guidelines).](https://www.cdc.gov/std/treatment-guidelines/default.htm)
* Evaluate and treat the patient’s sex partner(s) during the previous 60 days. Ask patients to tell their recent sex partner(s) about their diagnosis and encourage them to seek testing and treatment.
* Remain vigilant for patients who still have signs of an infection despite CDC-recommended treatment (i.e., suspected treatment failure).
* Report any suspected treatment failure to local or state public health officials within 24 hours.
* Providers and local and state public health officials may also use [CDC’s Suspected Treatment Failure Consultation](https://airc.cdc.gov/surveys/?s=JACPEYPPAJ3T779W) form.
* Obtain cultures to test for reduced antibiotic susceptibility from any patients with suspected or documented gonorrhea treatment failures. The health department can facilitate clinician access to gonorrhea culture and antibiotic susceptibility testing.

**What Can the Public Do?**

* The only way to avoid STIs (including gonorrhea) is to not have vaginal, anal, or oral sex.
* If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:
  + Be in a long-term, mutually monogamous relationship with a partner who has been tested and has negative STI test results.
  + Use latex [condoms](https://www.cdc.gov/condom-use/resources/external.html) the right way from start to finish.
* People with gonorrhea might not have any symptoms. If you are sexually active, have an honest and open talk with your healthcare provider and ask whether you should be tested.
  + Sexually active gay, bisexual, or other men who have sex with men should be tested for gonorrhea every year.
  + Sexually active women younger than 25 years and women 25 years and older with risk factors (such as a new or multiple sex partners, or a sex partner who has an STI) should be tested for gonorrhea every year.
* You should be examined by your doctor if you or your partner have symptoms of gonorrhea, which can include: burning when urinating; penile or vaginal discharge; or discharge, soreness, or bleeding from the rectum.
* If you are diagnosed with gonorrhea, it is important to take all the medication your doctor prescribes to cure your infection. Help ensure your partner(s) are notified and treated for gonorrhea. To avoid getting another infection or spreading gonorrhea to your partner(s), wait 7 days after finishing all medication before having sex.