



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Alister Martin, MD, MPP  
Commissioner

### New Gonorrhea Treatment Options

- Cases of non-susceptible gonorrhea continue to occur in New York City.
- Two new oral medications, zoliflodacin and gepotidacin, are now available for the treatment of uncomplicated urogenital gonorrhea.
- Zoliflodacin and gepotidacin can be considered in cases of non-susceptible gonorrhea, cases in which standard of care is contraindicated, or when a person has intolerance of or, after appropriate counseling, declines first-line treatment.
  - These new medications should be reserved for people with few or no other treatment options given limited safety data.
- The first-line treatment for uncomplicated urogenital and extragenital gonorrhea remains a single 500 milligram (mg) intramuscular dose of ceftriaxone. Treatment for coinfection with chlamydia with oral doxycycline (100 mg twice daily for 7 days) should be administered when chlamydial infection has not been excluded.
- Clinical consultation for gonorrhea infections with suspected cephalosporin treatment failure is available by calling the NYC Health Department Provider Access Line at 866-692-3641.
- There is currently no clinical nucleic acid amplification testing (NAAT)-based antibiotic susceptibility testing (AST) available to determine if suspected treatment failure is related to an antibiotic-resistant gonorrhea infection. In such cases, perform NAAT and culture.
  - Send culture specimens to laboratories that perform AST and include cephalosporins (ceftriaxone and cefixime) in the antibiotic susceptibility panel.
  - If a laboratory that performs AST is not available, send NAAT and culture specimens to the NYC Health Department's Public Health Laboratory. Call the NYC Health Department's Sexually Transmitted Infections (STI) Surveillance Unit at 347-396-7201 (Monday to Friday, 9 a.m. to 5 p.m.) for pre-authorization or to notify of suspected treatment failures.

April 13, 2026

Dear Colleague:

*Neisseria gonorrhoeae* isolates with reduced susceptibility to cephalosporins continue to be reported in NYC, with 0.4% of isolates in 2025 demonstrating reduced susceptibility to ceftriaxone or cefixime. Antibiotic resistant strains of gonorrhea and transmission of these strains have been, and continue to be, a public health concern.

In December 2025, the U.S. Food and Drug Administration (FDA) approved two new oral medications, zoliflodacin and gepotidacin, for the treatment of uncomplicated urogenital gonorrhea in people ages 12 years and older.<sup>1</sup> Both are considered first-in-class antibiotics. Zoliflodacin and gepotidacin can be considered in cases of non-susceptible gonorrhea, cases in which the standard of care is contraindicated, or when people are intolerant of or decline first-line treatment. These medications should be reserved for people with few or no other treatment options given limited safety data.

Guidance and recommendations for clinicians related to **gonorrhea screening frequency, diagnostic methods, counseling, and management of sex partners** (including use of [expedited partner therapy](#)) can be found in our July 10, 2023, [dear colleague letter](#). Updated information about treatment options and important guidance about retesting and management of suspected treatment failures are provided below.

### Background on zoliflodacin and gepotidacin

In a phase 3 randomized, controlled, non-inferiority clinical trial, zoliflodacin granules dissolved in water were shown to have comparable effectiveness to the standard treatment of ceftriaxone plus azithromycin. Adverse reactions, including longer-term side effects identified in animal studies, are included in [FDA labeling](#).

In another phase 3 randomized, controlled, non-inferiority clinical trial, gepotidacin pills were shown to have comparable effectiveness to the standard treatment of ceftriaxone plus azithromycin. Adverse reactions, including longer-term side effects identified in animal studies, are included in [FDA labeling](#).

<b>Treatment of Uncomplicated Gonococcal Infection of the Cervix, Urethra, or Rectum Among Adults and Adolescents†</b>
<p style="text-align: center;"><b>Recommended Regimen</b></p> <p><b>Ceftriaxone</b> 500 milligrams* intramuscular injection in a single dose for people weighing &lt;150 kilograms *For people weighing <math>\geq</math>150 kilograms, 1 gram ceftriaxone should be administered.</p>
<p style="text-align: center;"><b>Alternative Regimen If Ceftriaxone Is Not Available</b></p> <p><b>Gentamicin</b> 240 milligrams intramuscular injection in a single dose <b>PLUS azithromycin</b> 2 grams orally in a single dose <i>or</i> <b>cefixime</b> 800 milligrams orally in a single dose **If chlamydia infection has not been excluded, treat for chlamydia with doxycycline 100 milligrams orally 2 times/day for 7 days.</p>
<p style="text-align: center;"><b>Alternative Regimens for People with Few or No Other Treatment Options</b></p> <p><b>Zoliflodacin</b> 3 grams oral suspension in a single dose <i>or</i> <b>Gepotidacin</b> 1,500 milligrams orally 2 times/day for 5 days</p>
<p style="text-align: center;">†If chlamydia infection has not been excluded, treat for chlamydia with doxycycline 100 milligrams orally 2 times/day for 7 days.</p>

### Test of cure and retesting guidelines

All people with pharyngeal gonococcal infection should undergo clinical evaluation and NAAT test of cure 7 to 14 days after treatment to ensure that there are no signs and symptoms of gonorrhea and that treatment is considered adequate and complete.

Within three months of gonorrhea treatment, regardless of site of infection, retest people to ensure reinfection has not occurred. Some people with resolved symptoms and for whom reinfection has been ruled out may have a repeated positive NAAT, which could represent a false positive result. If the repeat NAAT was from the same manufacturer, consider testing with a NAAT that uses a different platform.

## Suspected gonorrhea treatment failure

Most persistent symptoms or recurrent positive tests for gonorrhea are due to reinfection rather than antibiotic-resistant treatment failure. Ask the person about interim exposure and retest for gonorrhea using both NAAT and culture with AST at sites of exposure. Send culture specimens to laboratories that perform AST and include cephalosporins (ceftriaxone and cefixime) in the antibiotic susceptibility panel. AST for gonorrhea isolates is also available through the NYC Health Department's Public Health Laboratory via [eOrder](#). Call the NYC Health Department's STI Surveillance Unit at 347-396-7201 (Monday to Friday, 9 a.m. to 5 p.m.) for pre-authorization.

Clinical consultation for clinicians who diagnose gonorrhea infection with suspected cephalosporin treatment failure is available by calling the NYC Health Department Provider Access Line at 866-692-3641, Monday to Friday, 9 a.m. to 5 p.m., or by contacting the [STD Clinical Consultation Network](#).

Cases of suspected treatment failure should be reported to the NYC Health Department's STI Surveillance Unit by calling 347-396-7201, Monday to Friday, 9 a.m. to 5 p.m. The NYC Health Department will facilitate communications with the Centers for Disease Control and Prevention, as needed.

## Resources

- [Guide to placing eOrders with the NYC Public Health Laboratory](#)
- [National network of STD Clinical Prevention Training Centers](#)
- [University of Washington National STD Curriculum](#)
- [Sexually Transmitted Infections Treatment Guidelines, 2021](#)
- [Treatment and partner management guidelines mobile app](#)
- [Drug-resistant gonorrhea information](#)



Preeti Pathela, DrPH, MPH  
Executive Director, STI Program  
Bureau of Hepatitis, HIV, and STI

## References

1. [FDA Approves Two Oral Therapies to Treat Gonorrhea](#)
2. Luckey A, Balasegaram M, Barbee LA, et al. Zoliflodacin versus ceftriaxone plus azithromycin for treatment of uncomplicated urogenital gonorrhoea: an international, randomised, controlled, open-label, phase 3, non-inferiority clinical trial. *Lancet*. 2026;407(10524):147-160.
3. Ross JDC, Wilson J, Workowski KA, et al. Oral gepotidacin for the treatment of uncomplicated urogenital gonorrhoea (EAGLE-1): a phase 3 randomised, open-label, non-inferiority, multicentre study. *Lancet*. 2025;405(10489):1608-1620.