1. The table below summarizes changes to the OHA Gonorrhea (GC) Investigative Guidelines (IG) made in response to the 2020 Update to CDC's Treatment Guidelines for Gonococcal Infection, published December 18, 2020.

GONORRHEA TREATMENT RECOMMENDATIONS	2019 IG	2021 IG
RECOMMENDED REGIMEN	Ceftriaxone 250 mg IM in a single dose plus azithromycin 1 g (§2.7a)	Ceftriaxone 500 mg IM in a single dose; ceftriaxone 1 g if weight >150 kg (300 lb) (§2.7 Box 1)
ALTERNATE REGIMEN IF CEFTRIAXONE NOT AVAILABLE	Cefixime 400 mg orally in a single dose plus azithromycin 1 g (§2.7b)	Cefixime 800 mg orally in a single dose (§2.7 Box 1)
CHLAMYDIA COVERAGE	Dual therapy also treats chlamydia	*Urogenital/rectal GC*: If chlamydia not excluded, add doxycycline 100 mg twice a day x 7 days *Pharyngeal GC*: If chlamydia also diagnosed (any site), add doxycycline 100 mg twice a day x 7 days In pregnancy, add azithromycin 1 g as a single dose instead (§2.7)
EPT FOR GC	Cefixime 400 mg orally in a single dose plus azithromycin 1 g orally in a single dose (§2.8)	Cefixime 800 mg orally in a single dose. If chlamydia not excluded, add doxycycline 100 mg twice a day x 7 days (or azithromycin 1 g as a single dose if pregnant) (§2.8 Box 2)
TEST-OF-CURE	Test-of-cure is not recommended for patients with uncomplicated GC treated with a recommended regimen. (§5.2) Patients with pharyngeal GC who do not receive ceftriaxone should return for a test-of-cure 14 days after treatment. (§2.7)	Test-of-cure is not recommended for patients with uncomplicated urogenital or rectal GC treated with a recommended or alternative regimen. Test-of-cure is recommended for patients with pharyngeal GC 14 days after treatment, regardless of treatment regimen. (§5.2)
SUSPECTED TREATMENT FAILURE	Suspected treatment failures should first be retreated routinely with the first-line regimen. However, in situations with a higher likelihood of	Retreat with a first-line regimen; if ceftriaxone 500 mg IM was not given initially, retreat with this regimen if possible. Counsel to abstain

	treatment failure than reinfection, relevant clinical specimens should be obtained for culture and AST performed before retreatment. Alternative dual treatment with gentamicin and azithromycin can be considered in these cases. Persons with suspected treatment failure after treatment with the cefixime regimen should be treated with ceftriaxone 250 mg intramuscularly and azithromycin 2 g orally as a single dose. (§3.4)	from sex for 14 days. A test-of-cure at relevant clinical sites should be obtained 14 days after retreatment, preferably by culture and with simultaneous NAAT. If *N. gonorrhoeae* is isolated, the procedure for antibiotic susceptibility testing should be followed. (§3.4)

2. The table below lists topics that are not included in the updated IG and the reasons for their removal.

2019 SECTIONS NOT INCLUDED IN 2021 IG	REASONS FOR REMOVAL
AZITHROMYCIN ALLERGY (§2.7)	Doxycycline now recommended over azithromycin for chlamydia treatment except in special circumstances (i.e., pregnancy, doxycycline allergy, adherence issues).
DELAYS IN COMPLETING DUAL THERAPY TREATMENT (§6.1)	Dual therapy no longer recommended for GC treatment.