

TABLE 5 SYSTEMIC ANTIBIOTIC THERAPY FOR GONOCOCCAL AND CHLAMYDIAL CONJUNCTIVITIS

Cause	Drug of Choice	Dosage
Adults		
Gonococcus*	Ceftriaxone†	250 mg IM, single dose
	and	
	Azithromycin	1 g orally, single dose
	or	
	Doxycycline	100 mg orally, twice a day for 7 days
Chlamydia‡	For cephalosporin-allergic patients:	
	Azithromycin‡	2 g orally, single dose
	or	
	Doxycycline	100 mg orally twice a day for 7 days
Children§ (<18 years)		
Gonococcus		
Children who weigh <45 kg	Ceftriaxone	125 mg IM, single dose
	or	
	Spectinomycin¶	40 mg/kg (maximum dose 2 g) IM, single dose
Children who weigh ≥45 kg	Same treatment as adults	
Chlamydia		
Children who weigh <45 kg	Erythromycin base or ethylsuccinate	50 mg/kg/day orally divided into 4 doses daily for 14 days
Children who weigh ≥45 kg but are aged <8 years	Azithromycin	1 g orally, single dose
Children ≥8 years	Azithromycin	1 g orally, single dose
	or	
	Doxycycline	100 mg orally, twice daily for 7 days
Neonates		
Ophthalmia neonatorum caused by <i>N. gonorrhoeae</i>	Ceftriaxone	25–50 mg/kg intravenous or IM, single dose, not to exceed 125 mg
Chlamydia	Erythromycin base or ethylsuccinate	50 mg/kg/day orally divided into four doses daily for 14 days**

NOTE: Pregnant women should not be treated with doxycycline, quinolones, or tetracyclines. Either erythromycin or amoxicillin is recommended for treatment of chlamydia during pregnancy.

Data from:

Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2010. MMWR Morb Mortal Wkly Rep 2010;59 (No. RR-12):44–55.

Update in: Centers for Disease Control and Prevention. Update to CDC's Sexually transmitted diseases treatment guidelines, 2010. Oral cephalosporins no longer a recommended treatment for gonococcal infections. MMWR Morb Mortal Wkly Rep 2012;61 (No. 31):590–4.

* The Centers for Disease Control and Prevention (CDC) currently recommends that patients treated for gonococcal infection also be treated routinely with a regimen effective against uncomplicated genital *Chlamydia trachomatis* infection, because patients infected with *Neisseria gonorrhoeae* often are coinfecting with *C. trachomatis*.

† If ceftriaxone is not available, cefixime 400 mg in a single dose or doxycycline 100 mg orally, twice a day for 7 days may be used. Consider lavage of infected eyes with saline solution once.

‡ A single oral dose of azithromycin 2 g is effective against uncomplicated gonococcal infections, but the CDC does not recommend widespread use of azithromycin because of concerns over emerging antimicrobial resistance to macrolides. Because data are limited regarding alternative regimens for treating gonorrhea among persons who have severe cephalosporin allergy, providers treating such patients should consult infectious disease specialists.

§ The CDC recommends advising all women and men with chlamydial or gonococcal infection to be retested approximately 3 months after treatment.

‖ Sexual abuse must be considered a cause of infection in preadolescent children. A diagnosis of *C. trachomatis* or *N. gonorrhoeae* infection in preadolescent children should be documented by standard culture.

¶ Spectinomycin is not available in the United States; updated information from the CDC on the availability of spectinomycin will be available at www.cdc.gov/std/treatment.

** An association between oral erythromycin and infantile hypertrophic pyloric stenosis has been reported in infants aged less than 6 weeks who were treated with this drug. Infants treated with erythromycin should be followed for signs and symptoms of infantile hypertrophic pyloric stenosis.