Zoliflodacin for gonorrhoea: the 2026 WHO recommendation explained

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Short answer: zoliflodacin is a new oral antibiotic that the World Health Organization conditionally recommended on 25 November 2026 as an additional single-dose option for uncomplicated urogenital gonorrhoea in adolescents and adults. The interim guidance suggests a single 3 g oral dose, while ceftriaxone 1 g given intramuscularly remains WHO's recommended first-line treatment. It matters because resistance has steadily reduced the choice of effective drugs.

TL;DR The short version

- On 25 November 2026 WHO conditionally recommended zoliflodacin, a new oral antibiotic, as an additional single-dose option for uncomplicated urogenital gonorrhoea.
- The interim guidance suggests a single 3 g oral dose, while 1 g intramuscular ceftriaxone remains first-line.
- Resistance keeps narrowing effective drugs, so clinics should follow stewardship and surveillance guidance; this is not clinical advice.

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What is zoliflodacin and what did WHO recommend?

Gonorrhoea is a common curable sexually transmitted infection caused by Neisseria gonorrhoeae. WHO estimated 82.4 million new adult infections worldwide in 2020. Its new interim guidelines add zoliflodacin as an option for uncomplicated genital and urinary tract infection. The recommendation is conditional.

How the recommendation applies

- **Dose:** a single 3 g oral dose.
- **Who:** adolescents and adults with uncomplicated urogenital infection.
- **Not covered:** throat or rectal infection, and severe infection.
- **Pregnancy:** not recommended on the currently available evidence.
- **First line unchanged:** ceftriaxone 1 g, single intramuscular dose.

What is new compared with current treatment

It is an oral option that avoids an injection, which WHO says could simplify delivery and widen choice. WHO also assessed a second new oral antibiotic, gepotidacin. It did not recommend it for general use, but says it may be considered in specific circumstances when the first-line option cannot be used.

Surveillance results reported by WHO

- WHO's 2026 Enhanced Gonococcal Antimicrobial Surveillance Programme report presents data from 10 countries across five WHO regions.
- Resistance to ceftriaxone and cefixime was detected in four countries, and to azithromycin in eight.
- The highest country-level shares of resistant isolates reached 16% for ceftriaxone, 16% for azithromycin and 47% for cefixime.
- WHO says resistance patterns varied substantially between countries.

Limitations and open questions

- This article rests on the WHO news release. Read the guideline for trial evidence, certainty ratings, interactions, contraindications and adverse effects.
- A WHO recommendation does not mean a drug is approved or available where you practise.
- Surveillance covers a limited set of countries and should not be read as global prevalence. This is not prescribing advice. Sources were read on 26 November 2026. Products, rules and standards change, so check the linked originals before you rely on any detail.

How a clinic can prepare

1. Confirm whether zoliflodacin is approved and stocked in your country and what national guidance says.
2. Add anatomical site to your decision flow: urogenital only, with separate testing and treatment for throat and rectum.
3. Check pregnancy status before considering it.
4. Keep culture and susceptibility testing available for suspected treatment failure.
5. Report failures to surveillance and review stewardship rules for who may prescribe new agents.

What it means for clinicians and stewardship teams

The risk with an easy oral option is broad use that shortens its useful life. WHO asks for continued surveillance, stewardship and monitoring of treatment outcomes, and has launched an online set of stewardship resources for sexually transmitted infections. Decide in advance which patients should receive the new drug, for example when injection is not possible, in line with your national guideline.

Frequently asked questions

- **Is zoliflodacin the new first-line treatment for gonorrhoea?** No. WHO keeps ceftriaxone 1 g intramuscularly as first line.
- **What dose does WHO suggest?** A single 3 g oral dose for uncomplicated urogenital infection.

- **Can it treat throat infection?** The recommendation does not cover throat or rectal infection.
- **Can it be used in pregnancy?** WHO does not recommend it in pregnancy on current evidence.

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Sources and further reading

1. World Health Organization. WHO recommends new oral treatment option for gonorrhoea and reports new data on antimicrobial resistance. 25 November 2026. who.int/news/item/25-11-2026-who-recommends-new-oral-treatment-option-for-gonorrhoea-and-reports-new-data-on-antimicrobial-resistance

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