

Guidelines for Testing and Treatment of Gonorrhoea in Ontario, 2013

Quick Reference Guide

Increasing resistance of *Neisseria gonorrhoeae* to cefixime and associated clinical failures have been identified in Ontario, and worldwide. These new guidelines provide recommendations for effective testing and treatment of *N. gonorrhoeae*.

Testing for gonorrhea infections

All sexually active persons who have signs and symptoms of *N. gonorrhoeae* infection should be tested. Consideration should also be given to laboratory screening of asymptomatic persons who have risk factors for *N. gonorrhoeae*.

Symptoms of gonorrhea infection

men

- acute urethritis, urethral discharge and/or dysuria
- testicular pain, swelling or symptoms of epididymitis
- rectal pain and discharge (if proctitis is present)

women

- vaginal discharge, dysuria, and/or abnormal vaginal bleeding
- lower abdominal pain, pain and/or bleeding during intercourse
- rectal pain and discharge (if proctitis is present)

Risk factors for gonorrhea infection*

- Sexually active youth <25 years of age with multiple partners
- Sex workers and their sexual partners
- Men who have sex with men
- Street-involved youth
- Those who have had contact with a person with proven gonorrhea infection or a compatible syndrome
- Individuals with a history of gonorrhea or other STI infection

*in addition to unprotected sexual exposure

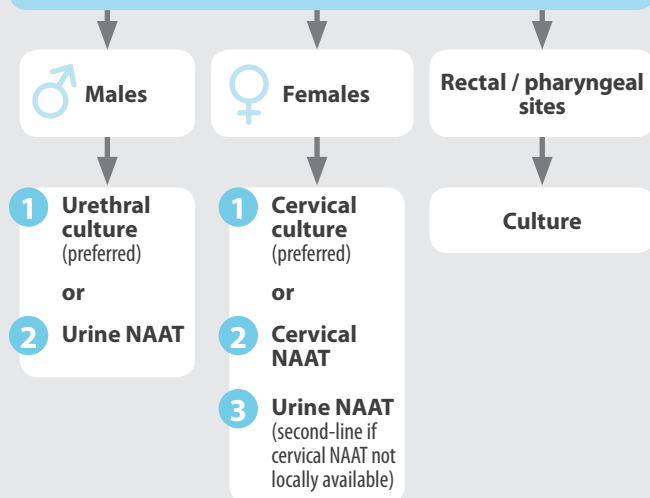
- Up to 50% of urogenital infections in women and up to 10% of urogenital infections in men are asymptomatic
- Rectal and pharyngeal infections are often asymptomatic

Gonorrhea Testing Recommendations

(for individuals presenting with symptoms and risk factors consistent with gonorrhea)

Symptomatic patients

Choose specimen site based on patient gender and history (Include test for chlamydia)

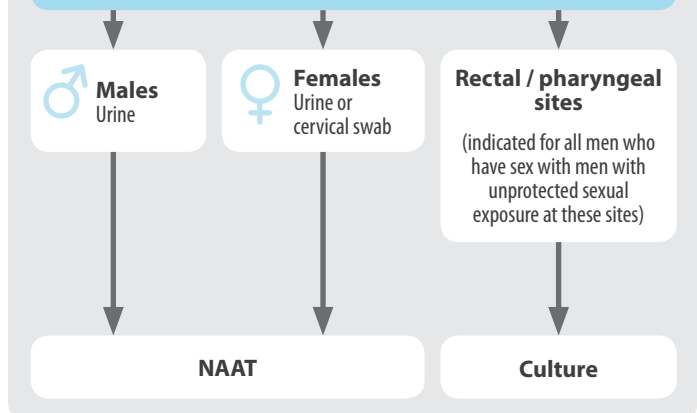


Gonorrhea Screening Recommendations

(for individuals presenting with risk factors for gonorrhea, but without associated symptoms)

Asymptomatic patients

Choose specimen site based on patient gender and history (Include test for chlamydia)



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Indications for treatment

- Based on clinical assessment and/or risk behaviours following testing but before results are available
- Identification of Gram-negative intracellular diplococci by microscopy in male urethral samples
- Confirmed culture or NAAT specimen for *N. gonorrhoeae*
- Epidemiological link to gonorrhoea case
- Following sexual assault
- Mother of neonate with confirmed *N. gonorrhoeae* infection

Reporting and program support

- Gonorrhoea is a reportable disease in Ontario.
- Health care professionals are asked to report any suspected or confirmed gonorrhoea treatment failures to their local Medical Officer of Health.
- Health care professionals can have access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost.
- Please contact your local health unit if you have questions regarding reporting or obtaining access to provincially funded drugs.

Contact tracing

- Sexual partners of individual gonorrhoea cases should be notified for the purpose of evaluation, testing and treatment and should receive empiric treatment to reduce the risk of further transmission

Treatment recommendations and follow-up of uncomplicated urethral, endocervical, pharyngeal, and rectal gonorrhoea

+ Positive indications for treatment including empiric therapy

1 First-line therapy (recommended)

Ceftriaxone 250 mg IM
+
Azithromycin 1 g PO

Are there any risk factors for treatment failure?

- Pharyngeal/rectal infection
- Pregnancy
- Potential reduced susceptibility
- Potential treatment failure

NO

Rescreen

6 months post treatment or when they next seek medical care within the next 12 months

2 Second-line therapy (use only in cases of allergy or if first-line therapy is unavailable)

Cefixime 400 mg PO +
Azithromycin 1 g PO
OR
Spectinomycin 2 g IM +
Azithromycin 1 g PO
OR
Azithromycin 2 g PO

YES

Test of cure

Culture ≥ 4 days post treatment (preferred)

NAAT ≥ 2 weeks post treatment (alternative)