

## 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

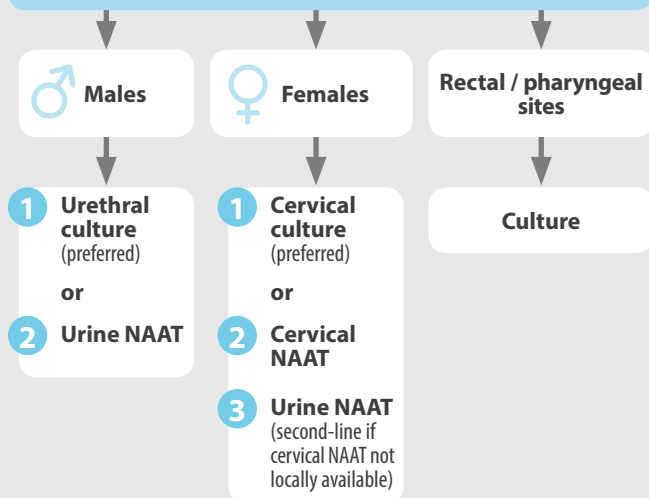
- Up to 50% of urogenital infections in women and up to 10% of urogenital infections in men are asymptomatic
- Rectal and pharyngeal infections are often asymptomatic

### 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)

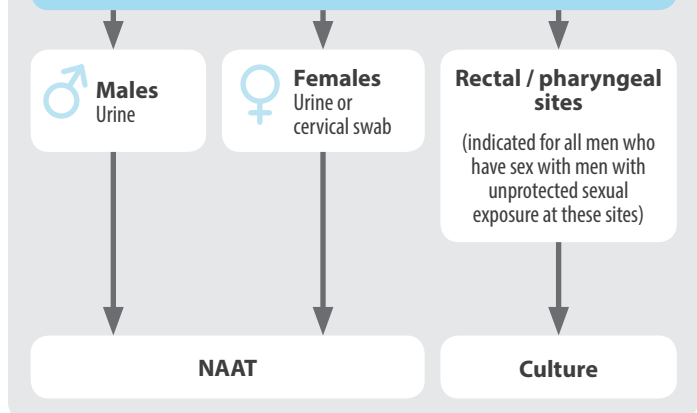


### Gonorrhea Screening Recommendations

(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)



# Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2013

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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 gonorrhea case
- Following sexual assault
- Mother of neonate with confirmed *N. gonorrhoeae* infection

### Reporting and program support

- Gonorrhea is a reportable disease in Ontario.
- Health care professionals are asked to report any suspected or confirmed gonorrhea 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 gonorrhea 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 gonorrhea

### + 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)