
Attention: Physicians, Hospital Pharmacies & Emergency Departments, Nurse Practitioners, Walk-In Clinics, Infection Control Practitioners, Obstetricians/Gynecologists, Pharmacies

Date: May 3, 2013

In December 2011, the Public Health Agency of Canada (PHAC) addressed the growing antimicrobial resistance in gonorrhea being observed globally and in Canada. In Ontario by January 2013, there were at least nine cases of clinical failure associated with the use of oral cefixime to treat gonorrhea. In a recent review of gonorrhea infections in Ontario, over 10 per cent of N. gonorrhoeae culture isolates had decreased susceptibility to cefixime. As a result, new guidelines have been released by Public Health Ontario (PHO), and are intended to guide testing and treatment practice for gonorrhea in Ontario. The treatment approach is similar to the US Centers for Disease Control and Prevention. The PHAC is continuing to review their treatment recommendations for gonorrhea in the Canadian Guidelines on Sexually Transmitted Infections, to ensure adequate treatment.

What are the key changes?

Testing: **Culture is the preferred option for laboratory testing of symptomatic patients.**

Treatment: Oral cefixime is no longer considered first line therapy for the treatment of gonorrhea in Ontario. **The new first line therapy for gonorrhea is the combination of Ceftriaxone 250 mg IM and Azithromycin 1 g PO.**

See the attached Quick Reference Guide for details, or the full guidelines as noted on the next page.

How can health care providers (HCPs) access publicly funded STI medications?

To access timely, effective treatment while decreasing the spread of sexually transmitted infections (STIs), the Simcoe Muskoka District Health Unit (SMDHU) sexual health team manages the provision of publicly funded STI medications. These medications can be accessed by:

- Contacting the sexual health team and arranging to have a staff member from your office pick up the packaged medication for a specific client; or
- Discuss with the sexual health team the ability to have STI medications in your office for dispensing to future clients. After hours clinics and hospital emergency departments are encouraged to become part of the growing STI Medication Distribution Project.

HCPs are responsible for providing their own syringes.
Reporting treatment failures

HCPs are asked to report any suspected or confirmed gonorrhea treatment failures to the SMDHU sexual health team. Public health nurses on the team will assist you to complete the enhanced surveillance form. Gonorrhea treatment failures are defined as treated individuals with confirmed gonorrhea and a positive test of cure (NAAT or culture) in the absence of risk of reinfection.

Accessing current STI guidelines

PHO’s 2013 Ontario Guidelines for Laboratory Testing and Treatment of Gonorrhea is available here: [http://www.oahpp.ca/resources/gonorrhea-guideline.html](http://www.oahpp.ca/resources/gonorrhea-guideline.html)

Notifications on updates to the Canadian Guidelines for STI’s are distributed through the Guidelines’ Listserv e-mail notification service. If you’d like to subscribe to Listserv, please enlist at: [http://www.phac-aspc.gc.ca/stdmts/sti-its/cgsti-lcdcits/index-eng.php](http://www.phac-aspc.gc.ca/stdmts/sti-its/cgsti-lcdcits/index-eng.php)

Please contact the Sexual Health Program at 705-721-7520 or 1-877-721-7520 extension 8376 with any questions or comments, or to:

- Access medications to treat sexually transmitted infections (STI)
- Report STI cases and contacts
- Report STI treatment failures
- Access current STI testing, treatment and counseling guidelines
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
- Men who have sex with men
- Those who have had contact with a person with proven gonorrhea infection or a compatible syndrome
- Sex workers and their sexual partners
- Street-involved youth
- Individuals with a history of gonorrhea or other STI infection
- 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

*in addition to unprotected sexual exposure

**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)

- **Males**
  - Urethral culture (preferred)
  - Urine NAAT
- **Females**
  - Cervical culture (preferred)
  - Cervical NAAT
- **Rectal / pharyngeal sites**
  - Urine NAAT (second-line if cervical NAAT not locally available)

- **Culture**

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

- **Males**
  - Urine
- **Females**
  - Urine or cervical swab
- **Rectal / pharyngeal sites**
  - NAAT
  - Culture (indicated for all men who have sex with men with unprotected sexual exposure at these sites)
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

Test of cure

- Culture ≥ 4 days post treatment (preferred)
- NAAT ≥ 2 weeks post treatment (alternative)

This quick reference guide is current as of April 2013, and may be revised as new evidence becomes available. For more information the full guidelines are available at: www.oahpp.ca. If you have any questions please contact Public Health Ontario at cd@oahpp.ca.