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Infectious Diseases Updates Multi-Drug Resistant (MDR) Gonorrhea, New HIV Testing Guidelines MPOX Invamune Series

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Midwives, Family Health Teams, Ontario Health Central, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation, EMS

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Multi-Drug Resistant (MDR) Gonorrhea

There have been recent international reports, including from Europe and the USA, identifying a MDR strain of *Neisseria gonorrhoeae*. An Ontario patient with no known travel history was recently identified as having a gonorrhea infection with a similar resistance pattern, i.e., reduced susceptibility to ceftriaxone and cefixime, as well as resistance to ciprofloxacin, penicillin, and tetracycline. This is not surprising as gonorrhea has a history of being able to become drug resistant and may already be circulating in Ontario.

As a result, we recommend:

- **If you are highly suspicious of gonorrhea**, where possible, do both a Nucleic Acid Amplification Test (NAAT) and culture, as a NAAT is more sensitive, while a culture provides antibiotic susceptibility testing.
 - The [Amies charcoal swab](#) that is also used for group A strep culture is the same one used for gonorrhea culture testing.
- **If you have a positive gonorrhea result** on a NAAT but a culture was not done initially, and the patient is coming back to get treated, a culture for gonorrhea (if not already done) at the time of treatment is indicated.
 - A culture for gonorrhea would be helpful in detecting potential gonorrhea resistance and for the purposes of public health surveillance of antibiotic resistant gonorrhea in Ontario.
- **For test of cure for all cases of gonorrhea**, a culture is preferred.
 - A culture taken between 3 to 7 days is recommended, or a NAAT test at 2 to 3 weeks. If the NAAT is done earlier than 2 weeks, there is a higher risk of a false positive result. If clinical failure or resistance to treatment is suspected, a culture is even more important to guide treatment.



- **First line treatment in Ontario continues to be Ceftriaxone 250mg IM and Azithromycin 1gm po x 1 dose.**
 - Although not currently in the [Ontario guidelines](#), the US Centres for Disease Control recommends monotherapy using Ceftriaxone 500mg IM x 1 dose which would be an equivalent first line.
- **When screening asymptomatic men who have sex with men (MSM), collect additional NAAT pharyngeal and rectal samples.**
 - Those sites are often reservoirs of asymptomatic infections. Consider those sites for other persons depending on their sexual practices and symptoms.

Public lab gonorrhoea swab submissions

Gonorrhoea NAAT and culture testing can be done using urine, endocervical, vaginal, rectal or pharyngeal samples. Both the private labs (Lifelabs and Dynacare) and Public Health Ontario Laboratory (PHOL) are able to do gonorrhoea NAAT and cultures. All positive gonorrhoea cultures are automatically sent to PHOL for antimicrobial susceptibility. Please note that chlamydia culture testing is not available, only NAAT testing.

Private lab gonorrhoea swab submissions

For private labs, the [Aptima multi-swab test](#) can be used for vaginal, rectal and pharyngeal sites, while the [Aptima Unisex swab](#) is for the endocervical and urethral site. The usual outpatient [lab requisition](#) can be used.

Public Health Ontario Lab (PHOL) gonorrhoea swab submissions.

If you prefer to send your samples to PHOL, it will require both a [PHOL requisition](#) and [PHOL NAAT specific swabs](#) (Roche Cobas) which are not interchangeable with those (Aptima) from the private labs. Note that the PHOL swab kits come with 2 different swabs. The woven swab should be used for the vaginal, pharyngeal and rectal sites, while the flocked one is used only for the endocervical site.

Reminder to re-screen persons with gonorrhoea infection at 6 months post-treatment or at the first follow up appointment within 12 months, given a high percentage of those persons will be at risk of re-infection due to ongoing or repeat exposure. The [Canadian Guidelines on Sexually Transmitted Infections \(CGSTI\)](#) is an excellent resource for the diagnosis and management of STIs.

If you identify any patients with Multi-Drug Resistant gonorrhoea infection, please contact the Infectious Diseases Team at 705-721-7520 or 1-877-721-7520 ext. 8809 regarding case management and to support notification and follow up of contacts.

New HIV Testing Guidance

The **Ontario Guidelines for Providers Offering HIV Testing** (2023) represents a progressive step forward in efforts toward the elimination of new HIV infections in Ontario. These guidelines are also a key part of Ontario's plan to reach and exceed the UNAIDS 95-95-95 targets, where 95% of all people living

with HIV will know their HIV status, 95% of all people with diagnosed HIV infection will receive antiretroviral therapy, and 95% of all people on antiretroviral therapy will be virally suppressed by 2025.

The guidelines recommend streamlined testing and counselling for people at risk of HIV infection, a stronger focus on identifying symptoms of acute and chronic HIV, and routine testing for members of populations with higher rates of HIV. They also support equitable access to prevention strategies for people at risk of HIV infection (e.g., HIV Pre-Exposure Prophylaxis) and access to culturally relevant services and treatment for people with HIV infection.

The guidelines also **reduce the current HIV testing window period for definitively diagnosing HIV from three months to six weeks**, to reflect advances in testing technologies.

The guidelines were developed by the Ontario HIV Treatment Network, in collaboration with the Ministry of Health, Public Health Ontario (PHO), Ontario College of Family Physicians and Ontario-based clinicians and testing providers. The testing guidelines can be found here: [Ontario-HIV-Testing-Guidelines-for-Providers.pdf \(hivtestingontario.ca\)](#)

**A Public Health Ontario Education Session
is available on the new 2023 Ontario HIV Testing Guidelines**
Click to [Register](#)

MPOX – Imvamune – completing the series

With the recent increase in MPOX cases that has emerged in Ontario over the last few months this is a reminder that MPOX remains a risk and those at risk should be encouraged to be vaccinated or complete their vaccinations series with a 2nd dose. For those that received a first dose it is important that they complete the series for optimal protection. Those interested in being vaccinated should contact the SMDHU Immunization Program via <http://smdhu.org/mpox> to request an appointment.