

Health **FAX**

Emerging Multi-Drug Resistant Gonorrhoea: NEW Ontario Guidelines for Testing and Treatment of Gonorrhoea, 2013

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 gonorrhoea 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 gonorrhoea. In a recent review of gonorrhoea 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 gonorrhoea 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 gonorrhoea 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 gonorrhoea in Ontario. **The new first line therapy for gonorrhoea 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>

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/std-mts/sti-its/cgsti-ldcits/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
- 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

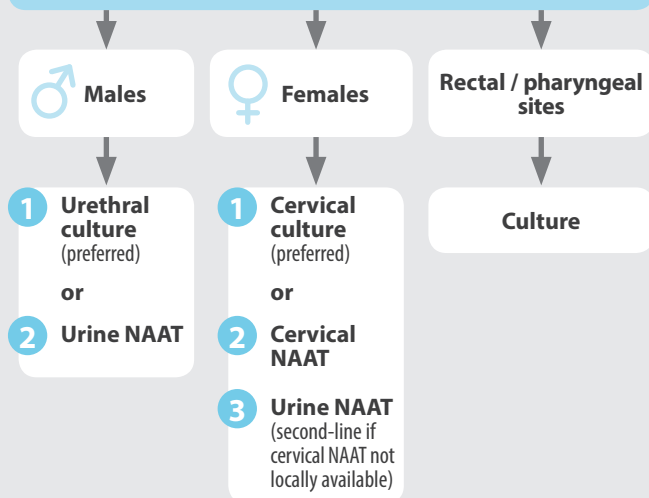
- Up to 50% of urogenital infections in women and up to 10% of urogenital infections in men are asymptomatic
- Rectal and pharyngeal infections are often asymptomatic

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)

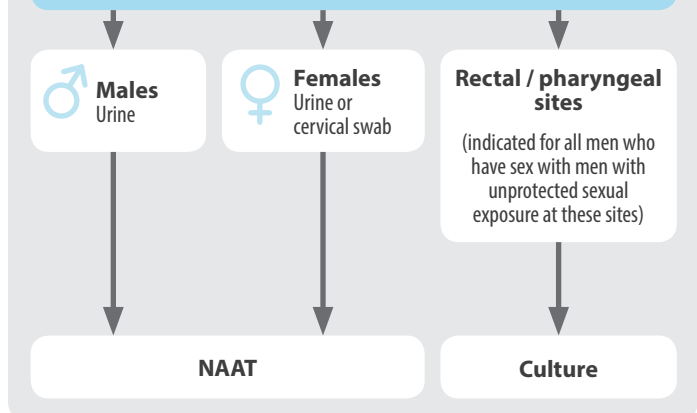


Gonorrhea Screening Recommendations

(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

Quick Reference Guide

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)