

Introduction

Aetiology and Epidemiology:

- Aetiologic agent *Neisseria gonorrhoeae*
- **Infects endocervix, urethra, rectum, pharynx, and eye**
- Highly infectious
- **Incubation period about 10** days (average 2-5)
- Transmission is through sexual contact or mother to baby at delivery

Symptoms and signs:

- **Women** are **often asymptomatic** but may complain of **vaginal discharge, dysuria, lower abdominal pain**
- **Men symptomatic >90% of the** time – **dysuria, discharge, testicular pain**
- On examination **women** may have **mucopurulent endocervicitis, purulent urethral discharge**, signs of **PID**
- **Men** may have **meatitis, purulent penile discharge**, signs of **epididymo-orchitis**
- **Pharyngeal infections are usually asymptomatic (>90%)**

Complications:

- **PID (and subsequent infertility, pelvic pain, ectopic pregnancy)**
- **Epididymo-orchitis**
- **Disseminated infection**
- **Fitz-Hugh Curtis syndrome (perihepatitis)**

Tests

Culture:

- **Important to get to laboratory ASAP ON THE SAME DAY – 50% loss viable organisms if >24 hrs before sample gets to lab.**
- Transwab – non-nutritive media
- **Do not refrigerate** – *Neisseria gonorrhoeae* is sensitive to temperature and drying
- Laboratory will report positive culture of *Neisseria gonorrhoeae* followed by sensitivity profile to commonly used antibiotic agents

Specimen collection

Female:

- Endocervical Transwab
- Rectal/pharyngeal sample if appropriate

Gonorrhoea

Routine male screen:

- Urethral Transwab
- Rectal/pharyngeal sample if appropriate

Management

General Points:

- **Co-infection with *Chlamydia trachomatis* is common**, therefore all regimens should include treatment for Chlamydia – **preferably Azithromycin 1gm stat po.**
- **Resistance to penicillin, tetracycline and ciprofloxacin, is common in the Auckland region. These antibiotic agents are therefore not suitable for empiric treatment of gonorrhoea.**
- It is essential to check the sensitivity profile of the isolate to ensure successful treatment.

Treatment regimens:

1. Ciprofloxacin Sensitive:

- **Ciprofloxacin 500mg po stat AND Azithromycin 1gm stat po**

2. Empiric treatment:

- **Ceftriaxone 500mg im AND Azithromycin 1gm stat po**

Treatment of contacts:

- If sensitivity profile of isolate from index case is known – treat accordingly
- If sensitivity profile of isolate from index case is not known, then use empiric treatment regimen

Pregnancy:

- **Ceftriaxone 500mg im AND Azithromycin 1gm stat po**

Allergy to Ciprofloxacin:

- **Ceftriaxone 500mg im stat AND Azithromycin 1gm stat po**

Allergy to Penicillin:

- Carries a **10% chance of co-existent allergy to Cephalosporins**
- Consider **Azithromycin 2gm stat po** (no additional treatment for Chlamydia needed)

Note:

Azithromycin is not licensed for treatment of Gonorrhoea, and high rate of gastrointestinal side effects.

Requires test of cure 72 hrs after completed treatment.

Gonorrhoea

Partner notification and management of sexual partners

Partner notification:

- Patients should be encouraged to **contact all sexual partners from the preceding 2 months** (or most recent contact if over 2 months since last contact) and ask them to attend for testing and treatment

Management of sexual partners:

- Perform a **sexual health screen and treat empirically for Gonorrhoea**
- If culture positive for *Neisseria Gonorrhoeae* – Partner notification as above

Test of cure

- **Not required** for clients who are adherent to therapy and asymptomatic after treatment, **as all standard regimens are >95% effective**
- **Test of cure only required if azithromycin 2g is used, at least 72 hours after treatment.**

Follow-up

- Patient should be followed up to ensure compliance, give results and check that partner notification is complete.
- Culture results and sensitivities should be checked to ensure that appropriate treatment has been given
- **Patient should be asked to re-attend for a sexual health screen in 3 months (test of re-infection)**

Referral guidelines

Referral to a Specialist Sexual Health Service is recommended for:

- Management of sexual partners if clinician wishes
- Complicated clinical situations where management advice is needed

Gonorrhoea