

GONORRHOEA – antimicrobial resistance



Health

Information for NSW clinicians

1. Two cases of gonorrhoea highly resistant to antibiotics detected in Australia
2. Take swabs for culture and antimicrobial resistance testing
3. Treat gonorrhoea with ceftriaxone 500 mg IM plus azithromycin 1 g orally
4. Perform a NAAT test of cure 2 weeks after treatment

Multi-drug resistant gonorrhoea in Australia

- Two cases of gonorrhoea with high level resistance to ceftriaxone, azithromycin, ciprofloxacin, penicillin and tetracycline were diagnosed in Australia in February and March 2018
- One case had recent sex in Southeast Asia; the other case had no recent overseas travel
- It's likely that there are undetected cases
- Emergence of this gonococcal strain in Australia is of concern, as treatment is complex
- Gonorrhoea has increased in heterosexual women and men, and in men who have sex with men in all states and territories

Swabs must be taken for culture to enable resistance testing

- Culture of *N. gonorrhoeae* is critical for detecting antimicrobial resistance
- Take a swab (urethral for males, endocervical for females) for culture if symptoms (discharge, dysuria)
- Take swabs for culture following a NAAT positive swab/urine **before** treatment

Treat gonorrhoea with IM ceftriaxone and oral azithromycin

- All uncomplicated gonococcal infections should be treated with:
ceftriaxone 500mg IMI, stat in 2mL 1% lignocaine (the mainstay of treatment)
PLUS
azithromycin 1g PO, stat (given to reduce risk of emergence of ceftriaxone resistance)
- If using a 1 g vial of ceftriaxone for IM injection, add 3.5 mL of 1% lignocaine and administer 2 mL of the reconstituted solution
- Ciprofloxacin, penicillin and tetracycline should **not** be used to treat gonorrhoea
- **Seek expert advice** via the Sexual Health Info Link (**SHIL 1800 451 624**) who will link you to your local sexual health service about patients with treatment failure, allergy to ceftriaxone, or with complicated infection, and before using alternative treatments

Ensure treatment has been successful

- Ask symptomatic patients to come back if symptoms have not resolved within 48 hours after treatment
- Discuss treatment failures with your local sexual health service via SHIL (1800 451 624)
- Review all cases in **one week** to confirm symptom resolution and partner notification
- Undertake test of cure by NAAT **2 weeks** after treatment
- Test for re-infection after **3 months**

Reduce spread of gonorrhoea

- Notification of partners is essential; use the *Let them know* website <http://www.letthemknow.org.au/>
- Advise all cases to have no sexual contact for 7 days after treatment is administered
- Advise no sex with partners from the last 2 months until the partners have been tested and treated
- Ensure testing for other STIs, including HIV

More information and help is available at

- NSW Sexual Health Information Link: 1800 451 624 or <http://www.shil.nsw.gov.au/>
- Australian STI management guidelines www.sti.guidelines.org.au
- Contact tracing tool: <http://stipu.nsw.gov.au/wp-content/uploads/GP-Contact-Tracing-Tool.pdf>

A handwritten signature in black ink, appearing to read 'V. Sheppard'.

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