Gonorrhoea

MANAGEMENT SUMMARY

TEST IF:

- Person is a sexual contact of gonorrhoea
- Routine sexual health check in females
- Pre-termination of pregnancy (TOP)
- Pre-intrauterine device (IUD) insertion
- Routine sexual health check in man who has sex with other men (MSM)
- Signs or symptoms suggestive of gonorrhoea
  - **Females:** Vaginal discharge/dysuria/lower abdominal pain/abnormal bleeding/anal pain or discharge
  - **Males:** Urethral discharge/dysuria/testicular pain or swelling/anal pain or discharge

Note: Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis).
False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance www.nzshs.org/guidelines.

RECOMMENDED TESTS

- It is recommended to test for co-existing STIs (see Sexual Health Check guideline **www.nzshs.org/guidelines**)
- **Asymptomatic Female** (or examination declined):
  - A vulvovaginal NAAT swab either clinician-taken or self-taken
  - Additional anorectal NAAT swab as indicated based on sexual history
- **Symptomatic Female**:
  - A speculum examination should be carried out. A vulvovaginal NAAT swab (prior to speculum insertion) plus an endocervical culture swab for gonorrhoea (if gonorrhoea culture available) plus a high vaginal culture swab for testing for candida, BV & trichomoniasis (if NAAT for trichomoniasis not available)
  - Additional anorectal NAAT swab as indicated based on sexual history
- **Symptomatic Male**:
  - Take a urethral culture swab for gonorrhoea (if gonorrhoea culture available), followed by first-void urine for gonorrhoea NAAT testing (first 30ml), preferably ≥1 hour after last void
- **Asymptomatic Male**:
  - Men do not require screening for urethral gonorrhoea if asymptomatic but gonorrhoea testing may be done if a first-void urine specimen is sent for chlamydia testing
- **Men who have Sex with Men**:
  - **Additional pharyngeal and anorectal NAAT swabs** irrespective of reported sexual practices or condom use, as asymptomatic rectal and pharyngeal infection is common

MANAGEMENT

- **Treat immediately if high index of suspicion** e.g. symptoms and/or signs, or contact of gonorrhoea
- Ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet) PLUS azithromycin 1g po stat (pregnancy category B1)
- If clinical PID or epididymo-orchitis, treat as per PID guideline **www.nzshs.org/guidelines** or Epididymo-orchitis guideline **www.nzshs.org/guidelines**
- Refer or discuss with a sexual health specialist if case has drug allergies or anti-microbial resistance is suspected or if anorectal symptoms or there are concerns with QT-prolonging medication (**www.medsafe.govt.nz/profs/PUArticles/DrugInducedQTProlongation.htm**)
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s have been treated

PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 3 months should be notified
- Contact/s should have a sexual health check and treatment for gonorrhoea with ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet) plus azithromycin 1 gram po stat, without waiting for test results
- If contacts test positive for an STI refer to specific guideline **www.nzshs.org/guidelines**
- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- Most choose to tell contacts themselves; giving written information is helpful
- Notifying all contacts may not be possible, e.g. if there is insufficient information or a threat of violence

FOLLOW-UP

- By phone or in person, 1 week later
- No unprotected sex in the week post-treatment?
- Completed/tolerated medication?
- All notifiable contact/s informed?
- Any risk of re-infection? Re-treatment necessary if re-exposed to untreated contact
- Test of cure is only needed if symptoms don't resolve or if pharyngeal infection. Re-test by culture in 3 days for genital gonorrhoea, or by NAAT in 3 weeks for pharyngeal infection
- Reinfection is common; offer repeat sexual health check in 3 months

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.
Further guideline information – **www.nzshs.org/guidelines** or phone a sexual health specialist.
This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).

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