

## Information for Clinicians

### Key points:

- **Two cases of multi-drug resistant gonorrhoea have been detected in Australia.**
- **Whenever possible, take swabs for culture and antimicrobial resistance testing, particularly from those who may have acquired the disease in Southeast Asia.**
- **Take swabs from all potentially infected sites – 1 or more of oropharyngeal, genital, anal.**
- **Treat gonorrhoea with both ceftriaxone 500 mg IM AND azithromycin 1 g orally**
- **Perform a NAAT (PCR) test of cure 2 weeks after treatment.**
- **Seek expert advice for all treatment failures.**
- **Get a travel history on all those who present with a sexually transmissible infection. Warn travellers of the added dangers of unprotected sex.**

### Multi-drug resistant gonorrhoea in Australia

- Two cases of gonorrhoea with resistance to ceftriaxone, azithromycin, ciprofloxacin, penicillin and tetracycline were diagnosed in Australia in early 2018
- One case had recent sex in Southeast Asia; the other case had no recent overseas travel
- Not all cases get tested for drug resistance, so it is quite possible that there are other cases which haven't been detected.
- Treatment of multi-drug resistant strains is complex and is likely to require IV treatment.
- Gonorrhoea notifications are continuing to increase in all states and territories. In Australia, the highest number of gonorrhoea cases was reported in 2017 with over 28,000 cases notified.
- Gonorrhoea has increased in heterosexual women and men, as well as in men who have sex with men
- Gonorrhoea can infect the urogenital tract, the anus and the oropharynx
- Public health officials will closely follow up cases and contacts of any reported multi-drug resistant gonorrhoea.
- Multi-drug resistant gonorrhoea is increasing in some countries, particularly Southeast Asian countries.

### Swabs for culture enable antibiotic resistance testing

- Culture of *N. gonorrhoeae* is critical for detecting antimicrobial resistance
- Take a bacterial swab for culture from all people with symptoms (discharge, dysuria)
- Take a bacterial swab for culture following a NAAT (PCR) positive result **before** treatment
- Take swabs from all potentially infected sites that could be infected for that individual based on their history
- Take a travel history and add it to your pathology request.

### Treat everyone with 2 antibiotics - IM ceftriaxone and oral azithromycin

- All uncomplicated genital, ano-rectal or pharyngeal 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 development 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** from your local sexual health service about patients who are allergic to ceftriaxone, or with complicated infection, **before** using alternative treatments.
- Consider testing for other STIs, if not undertaken at first presentation.

### **Ensure treatment has been successful**

- Review in **one week** to assess symptom resolution (if appropriate) and confirm partner notification.
- Undertake test of cure **2 weeks** after treatment using NAAT (PCR).
- **Seek expert advice** from your local sexual health service about patients with treatment failure **before** using alternative treatments.
- Test for re-infection after **3 months** (if appropriate).

### **Reduce spread of gonorrhoea**

- Contact tracing with testing and treatment of all sexual partners in the 2 months prior to diagnosis is essential. Refer to:  
<http://stipu.nsw.gov.au/wp-content/uploads/GP-Contact-Tracing-Tool.pdf>
- Notification of partners is essential; the *Let them know* website <http://www.letthemknow.org.au/> is a useful tool for anonymous notification.
- 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**

- Australian STI management guidelines [www.sti.guidelines.org.au](http://www.sti.guidelines.org.au)
- Note – there may be slight variations in local guidelines.