

ANTIMICROBIAL RESISTANT GONORRHOEA

Information for GPs – please distribute to all staff



Health

- Notifications of gonorrhoea with antimicrobial resistance (AMR) are increasing in NSW
- If symptomatic, ensure a swab is collected for culture and antimicrobial sensitivities
- Take swabs for culture following any positive nucleic acid amplification test (PCR)
- Follow [Australian STI management guidelines](https://sti.guidelines.org.au/populations-and-situations/men-who-have-sex-with-men/) for patients diagnosed with gonorrhoea:
 - treat with IM ceftriaxone PLUS oral azithromycin
 - confirm partners have been notified and tested
 - perform a PCR test of cure 2 weeks after treatment

Current situation

- Gonorrhoea notifications in NSW increased by almost 20% from 2022 to 2023, and further in 2024
- Notifications with resistance to azithromycin or ceftriaxone are increasing rapidly
- Cases include heterosexual males and females, sex workers, and men who have sex with men (MSM) from a broad age range
- Globally there is evidence of further emergence of extensively drug resistant gonorrhoea, which is difficult to treat

Swab for culture – this is critical for detecting antimicrobial resistance

- If symptomatic (discharge, dysuria), swab for culture at relevant sites (rectum, urethra/endocervix)
- If PCR positive swab/urine, take swabs for culture before initiating treatment, but don't delay treatment

Other testing

- For MSM patients, ensure samples for PCR have been collected from all 3 sites (urine, throat, rectum) as per recommendations for asymptomatic screening in the Australian STI management guidelines <https://sti.guidelines.org.au/populations-and-situations/men-who-have-sex-with-men/>
- Test for other STIs, including blood for HIV and syphilis serology

Always treat confirmed or suspected gonorrhoea

- **IM ceftriaxone 500mg** (in 2mL of 1% lignocaine) **AND** oral **azithromycin (dose based on infection site)**
 - For **ano-genital gonorrhoea**, use azithromycin **1g** stat
 - For **oro-pharyngeal gonorrhoea**, use azithromycin **2g** stat
- Patients already treated for ano-genital gonorrhoea on clinical grounds with ceftriaxone and 1g azithromycin do not require re-treatment with azithromycin 2g if pharyngeal infection is detected
- Do not use ciprofloxacin, penicillin or tetracycline for treatment of gonorrhoea

Follow up after treatment

- Advise symptomatic patients to return if symptoms have not resolved within 48 hours
- Undertake a PCR test of cure 2 weeks after treatment and test for re-infection at 3 months
- If test of cure or retesting is positive, seek specialist advice

Contact tracing is a high priority and the responsibility of the treating clinician to discuss with patients

- Partner notification is essential for all cases to control gonorrhoea and prevent re-infection
- The Sexual Health Infolink (**SHIL 1800 451 624**) can provide assistance, and the following websites can help patients to tell their partners: www.letthemknow.org.au, www.thedramadownunder.info (for MSM), www.bettertoknow.org.au (for Aboriginal and/or Torres Strait Islander people)
- Advise all cases to avoid sexual contact for 7 days after treatment is commenced or until symptoms resolve, whichever is later, and to not have unprotected sex with partners from the last 2 months until these partners have been tested and, if positive, treated

Get expert advice and referrals when needed

- For AMR infections, discuss with your local sexual health service or local ID physician
- SHIL provides expert sexual health clinical advice on treatment failure, ceftriaxone allergy and complicated infections
- Call **SHIL** on **1800 451 624** Monday to Friday 9am-7pm and select option 1 to be prioritised for health professional support

Further information - Australian STI management guidelines [www.sti.guidelines.org.au](https://sti.guidelines.org.au).

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