

Gonorrhoea

Introduction

Aetiology and Epidemiology

- Aetiologic agent **Neisseria gonorrhoea**
- **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

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.**
- Swab eg Transwab – non-nutritive media
- Do not refrigerate – Neisseria gonorrhoea is sensitive to temperature and drying
- Laboratory will report positive culture of Neisseria gonorrhoea followed by sensitivity profile to commonly used antibiotic agents

Nucleic Acid Amplification Test (NAAT)

This test is available in some parts of New Zealand but do not give sensitivity of the organism.

Specimen Collection

Female

- Endocervical swab
- Rectal/pharyngeal sample if appropriate

Routine Male Screen

- Urethral swab
- 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 most of New Zealand.** 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

- Ciprofloxacin Sensitive:
 - **Ciprofloxacin 500mg po stat AND Azithromycin 1gm stat po**
- Empiric treatment:
 - **Ceftriaxone 250mg stat AND azithromycin 1g stat**

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 250mg im AND Azithromycin 1gm stat po**

Allergy to Ciprofloxacin

- **Ceftriaxone 250mg 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: Not licensed for treatment of gonorrhoea, and high rate of gastrointestinal side effects. Requires test of cure 72 hrs after completed treatment.

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 gonorrhoea – 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**
- **Non standard regimens require a test of cure 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**

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