SEXUALLY TRANSMITTED INFECTIONS

GONORRHOEA

Key words: STI, sexually transmitted infection, uncomplicated gonorrhoea

AIM

To provide information on treating patients with gonorrhoea, including contact tracing and follow-up.

BACKGROUND

Gonorrhoea is caused by the Gram-negative diplococcus Neisseria gonorrhoeae.1-3 Eighty per cent of women and 10-15% of men are asymptomatic.1 The clinical presentation of the infection depends on the site, duration of infection, and whether it is localised or systemically spread. In women the primary site of infection is the endocervical canal and the transition zone of the cervix. Common symptoms include vaginal discharge (urethral or cervical),1 dysuria,4 urinary frequency,3 and abnormal uterine bleeding. Uncomplicated gonococcal infection may also involve the urethra, Skene’s glands, Bartholins’s glands, and/or anus. Non-genital tract infection may result from direct or contagious spread and by bloodstream spreading.2 Associated symptoms can include pharyngeal infection, pelvic inflammatory disease (PID), conjunctivitis, skin lesions, arthritis and rarely meningitis and endocarditis.1

Uncomplicated gonorrhoea excludes PID, epididymitis, prostatitis, arthritis, disseminated infections, and ophthalmic lesions.1 See ‘Complicated infection’ below for management of these cases.

KEY POINTS

1. All symptomatic patients with gonorrhoea should be dually treated for chlamydia as up to 40% of the heterosexual population will have a co-infection.1
2. Follow-up is recommended, as treatment may fail due to a rise in penicillin-resistant therapy.
3. Ceftriaxone should always be given with Lignocaine diluent as per manufacturer’s instructions.1

TESTING

1. Swab urethral or cervical discharge for culture, smear on glass slide, and place swab in charcoal transport medium.1
2. Obtain swab for NAAT (PCR) to increase detection of gonorrhoea. This may be self-obtained in women not having a speculum examination.1
3. Also take anal / throat swabs for both PCR and culture, if receptive anal / oral sex.1
4. Obtain first void urine (20ml) for PCR (Chlamydia & gonorrhoea).1
5. See also relevant KEMH Clinical Guidelines Screening tests for STI’s.

TREATMENT – ADULTS

Treatment should be guided by current antimicrobial susceptibility profile.1 Sensitivity testing in WA indicates that N gonorrhoeae is becoming increasingly resistant to ciprofloxacin1 and amoxicillin and should be treated with Ceftriaxone. There is a risk of co-existing chlamydia infection1 in up to 40% of women.3 Treatment should be:

• Azithromycin 1g orally as a single dose PLUS Ceftriaxone 500mg IM 1,5

OR

Alternative treatments:

• Doxycycline 100mg orally twice a day for 7 days OR
• Roxithromycin 300mg orally daily for 5-10 days, (may require treatment for up to 20 days).6
UNCOMPLICATED INFECTION

1. Contraction in the Perth metropolitan region, Great Southern, South West, Wheatbelt, interstate, overseas and when place of acquisition unknown:
   - The current recommended treatment of uncomplicated urethral, cervical, pharyngeal and anal gonorrhoea is Ceftriaxone 500mg IM stat AND Azithromycin 1g (oral).^5

2. Contraction in the Goldfields, Kimberley, Pilbara, and Midwest regions of WA:
   - Amoxicillin 3g (oral) AND Probenecid 1g (oral) given together as a single treatment.^5

COMPLICATED INFECTION

Complicated infection usually requires admission to hospital and prolonged antibiotic treatment.^1 Treatment should be discussed with a sexual health physician or microbiologist.

SIMULTANEOUS TREATMENT FOR CHLAMYDIA

All women diagnosed with gonorrhoea, and their sexual contacts, should also receive epidemiological treatment for Chlamydia^1 i.e. Azithromycin 1g stat.

CONTACT TRACING

- To prevent further transmission and reinfection, all sexual partners need to be traced, tested and treated.^1 Contact tracing is mandatory. The mandatory Health Department of Western Australia Notification form must be completed^5 as soon as possible after confirmed diagnosis.^1 Only confirmed cases (with laboratory evidence) should be notified.^1 This notification may also assist in contact tracing while maintaining confidentiality.
- The patient may elect to advise of her/his sexual contact/s to enable them to seek screening and treatment. The contacts can also be referred to the GP, Sexual Health Clinic, and other services. The patient can use the “Let Them Know” website for information and assistance with informing sex partners.

COUNSELLING AND EDUCATION

- Counselling should include confidentiality issues, benefits of screening, contact tracing, treatment and management, and promoting awareness of risk behaviours.^1
- Sexual activity should be avoided during treatment & partners should be simultaneously treated.^[1,3]
- Inform the patient of mandatory reporting requirements in Western Australia (WA).^1
- Provide the patient with Gonorrhoea information pamphlets. See also: Gonorrhoea Fact Sheet.
- Advise the patient additional information can be obtained from web sites such as the Department of Health WA, Sexual and Reproductive Health WA (formerly FPWA) and Silverbook.

FOLLOW UP^1

- Record follow-up instructions in the patient's medical record.^1
- One to two weeks after treatment, the patient should be followed-up to ensure symptoms/ signs have ceased and that sexual contacts have been contacted, tested and treated.^1,^4
- Repeat testing if symptoms are not resolved after one to two weeks.^1
- If possible, have the patient reviewed at 3 months to repeat tests for HIV, HBV and syphilis.^1

TEST OF CURE

Cultures should always be performed for a test of cure.

_In men and women (women with gonorrhoea should always have rectal swabs performed)_

- At least 2 days after treatment (for culture) or at least 1 week (for PCR).^1
REFERENCES (STANDARDS)


National Standards – 1.8, 3.11, 3.13 & 4

Related Policies –


Other related documents –

- KEMH Clinical Guidelines, Section: C 7: Sexually Transmitted Infections; P: Antibiotic Treatment for Endocervical Infections
- Let Them Know website (for advice/ fact sheets and ways of informing sex partners, including anonymous)
- ECU / DoH WA: Online learning package for health professionals: WA STI Education Project

RESPONSIBILITY

Policy Sponsor Nursing & Midwifery Director OGCCU
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Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.