

# **Hawai‘i DOH Guidelines for *Neisseria gonorrhoeae* Infection Treatment, Management and Reporting, 2020**

The state of Hawai‘i Department of Health (HDOH) recommends the following for managing patients in Hawai‘i with *N. gonorrhoeae* infections and their exposed contacts or sexual partners:

**DIAGNOSIS** (Papp, J.R. et al., 2014; Workowski, K.A. and Bolan, G.A. 2015; US FDA 2019)

Consider gonorrheal infection: 1) in the differential diagnosis of patients presenting with presumptive urethritis or cervicitis, 2) in individuals who present with any sexually transmitted infection or risk factors associated with sexually transmitted infections, and 3) in partners of individuals who have gonorrheal infection.

For patients being evaluated for gonorrhea infection, a nucleic acid amplification test (NAAT) is recommended for all anatomic sites of exposure. Gonorrhea culture testing is recommended where concern exists for persistent infection following recommended treatment.

**TREATMENT** (Workowski, K.A. and Bolan, G.A. 2015; Sancta, S.C., et al, 2020)

To mitigate the emergence of cephalosporin-resistant gonorrhea the recommended treatment regimens are the following:

## **Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:**

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb).

- For persons weighing  $\geq 150$  kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

## **Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available:**

Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose OR Cefixime 800 mg orally as a single dose. If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

## **Recommended regimen for uncomplicated gonococcal infections of the pharynx:**

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb).

- For persons weighing  $\geq 150$  kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed, providers should treat for chlamydia with doxycycline 100 mg orally twice a day for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

- No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended.
- For persons with an anaphylactic or other severe reaction (e.g., Stevens Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment recommendation.

**Prophylactic treatment of sexual partners, pending laboratory confirmation, is recommended if it is likely they will not return for follow-up treatment.**

#### **TEST OF CURE (TOC) AND RE-TESTING** (Sancta, S.C., et al, 2020)

A test-of-cure (TOC) is unnecessary for persons with uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens; however, for persons with pharyngeal gonorrhea, a test-of-cure is recommended, using culture or nucleic acid amplification tests 7–14 days after initial treatment, regardless of the treatment regimen. Because reinfection within 12 months ranges from 7% to 12% among persons previously treated for gonorrhea (29,30), persons who have been treated for gonorrhea should be retested 3 months after treatment regardless of whether they believe their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest within 12 months after initial treatment.<sup>1</sup>

For all TOC gonococcal isolates, antibiotic susceptibility testing (AST) should be performed, specifically for cephalosporin, fluoroquinolone, and macrolide susceptibility. Please consult the Department of Health Sexually Transmitted Infection Prevention Program (SPP) at (808) 733-9281 if assistance is needed.

#### **REPORTING**

Gonorrhea is a reportable disease and must be reported to DOH within 72 hours of diagnosis. To report a case, please call the Sexually Transmitted Infection Prevention Program (SPP) at (808) 733-9281 or FAX the report form **(insert URL)** to (808)733-9291. For all cases of resistant-strain gonorrhea infections, an Intervention Specialist from HDOH will contact your patient to confirm information about potential community transmission of a resistant-strain infection. **For more information on reporting requirements, visit <https://health.hawaii.gov/harmreduction/for-providers/disease-reporting/>.**

#### **COUNSELING**

We request that you routinely ask patients with gonorrhea, within the last 60 days of diagnosis or onset of symptoms:

- Name(s) and locating information of patient’s sex partner for referral and medical management. All partners should be referred for evaluation and treatment. For assistance, call SPP at (808) 733-9281.
- Where they or their sex partners have traveled.
- Antibiotics taken and rationale.

This information can assist the SPP to determine if patients acquired their infection locally or abroad, and to evaluate additional factors associated with antibiotic resistant infection.

As for patients with any sexually transmitted infection (STI), counsel patients about the risks of unprotected sexual relations and, for travelers, about the high prevalence of STIs in many countries. Importantly, test all patients diagnosed with a STI for HIV infection and other STI infections or refer them to a location where they can be tested.

Medical management of patients and their partners is essential to prevent the spread of infection. If you need assistance in locating untreated patients or their partners, please contact SPP for assistance. A professional Interventional Specialist is available to assist in patient education, partner counseling and referral.

### Reference

Papp, J.R., Schachter, J., Gaydos, C.A., Van Der Pol, B. (2014) Recommendations for the laboratory-based detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*—2014. *MMWR*, retrieved on January 22, 2021 from <https://www.cdc.gov/mmwr/pdf/rr/rr6302.pdf>.

Sancta, S.C., Barbee, L., Workowski, K.A., Bachmann, L.H., Pham, C., Shclanger, K., Torrone, E., Wienstock, H., Kersh, E.N., and Thorpe, P. (2020). Update to CDC's treatment guidelines for gonococcal infection, 2020. *MMWR*, retrieved on January 21, 2021 from <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>

US FDA. (2019) FDA clears first diagnostic tests for extragenital testing for chlamydia and gonorrhea. Retrieved on January 22, 2021 from <https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea>.

Workowski, K.A., Bolan, G.A. (2015) Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, retrieved on January 22, 2021 from <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>.