

Hawaii DOH Guidelines for *Neisseria gonorrhoea* Infection

Treatment, Management, and Reporting, 2011

The Hawaii Department of Health recommends the following for managing patients in Hawaii with *N. gonorrhoeae* infections and their exposed contacts or sexual partners:

DIAGNOSIS

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.

If the patient presents with presumptive gonorrhea infection, a nucleic acid amplification test (NAAT) or gonorrhea culture is recommended. Antibiotic susceptibility tests should be done on positive gonorrhea cultures by submitting an isolate to the State Laboratory.

TREATMENT

To mitigate the emergence of cephalosporin-resistant gonorrhea in patients with uncomplicated gonorrhea infection of the cervix, urethra or rectum, the recommended dual treatment is the following:

Ceftriaxone (Rocephin®) 250 mg IM in a single dose

OR, if not an option

Cefixime (Suprax®) 400 mg PO in a single dose OR a single-dose injectible cephalosporin regimen

PLUS

Azithromycin (Zithromax®) 1gm PO in a single dose

Single-dose, injectable cephalosporins include: ceftizoxime (Cefizox®) 500mg, IM; cefoxitin (Mefoxin®) 2gm IM with probenecid (Benemid®) 1gm PO; and cefotaxime (Claforan®), 500 mg IM. If a patient reports pharyngeal sexual exposure, then the patients should be treated with ceftriaxone.

For patients with uncomplicated gonococcal infection of the pharynx, treatment should be with ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1gm PO in a single dose. Oral cephalosporins and single-dose cephalosporins listed above (with the exception of ceftriaxone) have limited or less certain efficacy for treating gonococcal infections of the pharynx.

Azithromycin alone as a 2 gm oral single dose is an alternative regimen, but it should only be used if there is a clear medical contraindication to cephalosporins. If azithromycin is used, then test of cure should be obtained because of increasing concerns about emerging azithromycin-resistant gonorrhea in Hawaii.

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

If signs and symptoms persist in the absence of re-exposure or if a clinician encounters a suspected treatment failure after gonorrhea treatment regimens listed above, all necessary steps should be taken to culture the organism during the office visit. Obtaining a TOC is important when a treatment failure is suspected or whenever regimens other than the recommended or alternative regimens are used. If only a NAAT is available, TOC should be obtained no earlier than two weeks following treatment, to avoid a false-positive result due to retained gonococcal nucleic acid material following successful treatment.

For all TOC gonococcal isolates, Antibiotic susceptibility testing (AST) should be performed, specifically for cephalosporin, fluoroquinolone, and macrolide susceptibility. The specimen or aliquot of the specimen must be sent to the State Laboratory for AST. Please consult the Department of Health Sexually Transmitted Disease Prevention Program (SPP) for instructions at (808) 733-9281.

All patients with gonorrhea should be re-tested at three months following treatment, as the rate of re-infection is elevated in previously infected persons. If a patient fails to return for evaluation at three months, he or she should be re-tested at the next clinical visit.

REPORTING

Gonorrhea is a reportable disease and must be reported to the Department of Health within 72 hours of diagnosis. To report a case, please call the Sexually Transmitted Disease Prevention Program (SPP) at (808) 733-9281 or FAX the report form to 808-733-9291. For all cases of resistant-strain gonorrhea infections, a Disease Intervention Specialist will be contacting your patient for additional information.

For more information on reporting requirements, visit <http://www.hawaii.gov/health/healthy-lifestyles/std-aids/index.html>

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 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 disease (STD), counsel patients about the risks of unprotected sexual relations and, for travelers, about the high prevalence of STDs in many countries. Importantly, test all patients diagnosed with a STD for HIV infection and other STD infections or refer them to a location where they can be tested. In 2008, Hawaii changed its laws to allow verbal "opt out" testing for HIV instead of requiring written consent. For more information about this, visit <http://hawaii.gov/health/healthy-lifestyles/std-aids/pdfs/aboutus/Testing%20Flyer%20Oahu.pdf> or <http://hawaii.gov/health/healthy-lifestyles/std-aids/pdfs/aboutus/Testing%20Flyer%20Neighbor%20Islands.pdf>

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 Disease Interventional Specialist is available to assist in patient education, partner counseling and referral.