

## Durham Region Health Department **FAX about...**

For Health Care Professionals

## Updated Treatment for Uncomplicated Gonococcal Infections

The National Advisory Committee on Sexually Transmitted and Blood-Borne Infections (NAC-STBBI) has issued <u>interim guidance</u> for treating uncomplicated gonococcal infections for those aged 10 years and older. Gonococcal infections, caused by *Neisseria gonorrhoea* (NG), are a significant concern due to rising antimicrobial resistance (AMR) and potential complications if left untreated. There has been a steady increase in reported NG cases nationally over the years. In Durham, the rate was 63.4 cases per 100,000 population in 2024 compared to 32.6 cases per 100,000 population in 2014.

## Recommendations

- Ceftriaxone 500mg intramuscularly (IM) as a single dose is the preferred treatment for all uncomplicated NG infections (urethral, endocervical, vaginal, rectal, and pharyngeal).
  - Reminder: Ceftriaxone is supplied in single 250mg vials
- If *trachomatis* infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended; refer to the treatment recommendations in the <a href="PHAC Chlamydia and LGV Guide: Treatment and follow-up.">PHAC Chlamydia and LGV Guide: Treatment and follow-up.</a>
- If IM injection is unavailable, declined, or in cases of severe cephalosporin allergy, there are currently four alternative treatment regimens identified in <a href="PHAC Gonorrhea guide: Treatment and follow up">PHAC Gonorrhea guide: Treatment and follow up</a>.
- A Test of Cure (TOC) is recommended for all positive NG sites.
  - For asymptomatic individuals, nucleic acid amplification tests (NAAT) should be performed three to four weeks after treatment completion.
- Obtaining cultures to assess antimicrobial resistance is important, especially in the following situations:
  - Suspected treatment failure
  - In the presence of symptoms compatible with cervicitis, urethritis, pelvic inflammatory disease, epididymitis, proctitis or pharyngitis
  - In pregnant individuals
  - When an asymptomatic individual is notified as a contact of a positive NG case
  - When sexual assault is suspected
  - If the infection might have been acquired in countries or areas with high rates of AMR

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