

# GP ALERT

## Antimicrobial resistant gonococcal infection

1. Two cases of gonorrhoea highly resistant to azithromycin have been detected in NSW
2. Follow Australian STI management guidelines, in particular:
  - Take swabs for culture and antimicrobial resistance testing
  - Treat gonorrhoea with IM ceftriaxone PLUS oral azithromycin
  - Perform a NAAT test of cure 2 weeks after treatment

### Background

- Emergence of antimicrobial resistant gonococcal strains is of high concern
- Although gonorrhoea cases declined in NSW during 2020 and 2021, reopening of international borders increases risks of importation of antimicrobial resistant strains

### Current situation

- In March 2022 two cases of gonorrhoea with high level resistance to azithromycin were diagnosed in NSW, and cases of gonorrhoea with decreased susceptibility to ceftriaxone were reported in Victoria and Queensland
- The first NSW case was likely acquired in South America and transmitted to a partner on return to NSW
- Contact tracing related to this situation is underway

### Swabs must be taken for culture to enable resistance testing

- Culture of *N. gonorrhoeae* is critical for detecting antimicrobial resistance
- Swab (urethral for males, endocervical for females) for culture if symptomatic (discharge, dysuria)
- For men who have sex with men (MSM) collect additional throat and/or rectal swabs
- Take swabs for culture following a NAAT positive swab/urine before treatment

### Treat gonorrhoea with IM ceftriaxone and oral azithromycin

- All uncomplicated gonococcal infections should be treated with **ceftriaxone 500 mg IM, stat in 2 ml 1% lignocaine** (the mainstay of treatment) **PLUS azithromycin** (given to reduce risk of emergence of ceftriaxone resistance)
  - For **ano-genital gonorrhoea** use **azithromycin 1g stat**; for **oro-pharyngeal gonorrhoea** use **2g stat**
- If using 1g vial of ceftriaxone for IM injection, add 3.5 mL of 1% lignocaine and administer 2 mL of the reconstituted solution
- If the patient was already treated for uncomplicated ano-genital gonorrhoea on clinical grounds, re-treatment with azithromycin 2g is not necessary
- Ciprofloxacin, penicillin and tetracycline should not be used to treat gonorrhoea in NSW
- Seek expert advice via the Sexual Health Info Link (SHIL 1800 451 624) who will link you to your local sexual health service for patients with treatment failure, allergy to ceftriaxone, or with complicated infection (including antimicrobial resistant infections), and before using alternative treatments

### Ensure treatment has been successful

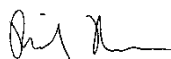
- Ask symptomatic patients to come back if symptoms have not resolved within 48 hours
- Discuss treatment failures with your local sexual health service via SHIL (1800 451 624)
- Review all cases in one week to confirm symptom resolution and partner notification
- Undertake a test of cure by NAAT 2 weeks after treatment and test for re-infection after 3 months

### Reduce gonorrhoea transmission

- Partner notification is essential; SHIL can provide assistance and the following websites can help patients to tell their partners: [www.letthemknow.org.au](http://www.letthemknow.org.au), [www.thedramadownunder.info](http://www.thedramadownunder.info) (for MSM), [www.bettertoknow.org.au](http://www.bettertoknow.org.au) (for Aboriginal and/or Torres Strait Islander people)
- Advise all cases to have no sexual contact for 7 days after treatment is administered and no sex with partners from the last 2 months until partners have been tested and treated
- Due to the risk of importation of antimicrobial resistant strains, record any recent overseas travel
- Ensure testing for other STIs, including HIV

### More information and help are available at

- NSW Sexual Health Info Link: 1800 451 624 or <http://www.shil.nsw.gov.au>
- Australian STI management guidelines [www.sti.guidelines.org.au](http://www.sti.guidelines.org.au)



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