GP ALERT - update

Antimicrobial resistant gonococcal infection

1. **Further cases of gonorrhoea with antimicrobial resistance (AMR) detected in NSW**
2. **Follow Australian STI management guidelines for all patients, in particular:**
   - **Take swabs for culture and antimicrobial resistance testing**
   - **Always treat gonorrhoea with IM ceftriaxone PLUS oral azithromycin**
   - **Ensure partners have been notified and tested**
   - **Perform a NAAT test of cure 2 weeks after treatment**

- Since March 2022, three cases of gonorrhoea with high level resistance to azithromycin and nine cases with decreased susceptibility to ceftriaxone have been diagnosed in NSW.
- A gonococcal strain with decreased susceptibility to ceftriaxone appears to be spreading across multiple sexual networks in NSW. Most cases are based in metropolitan Sydney, and include females, heterosexual males, and men who have sex with men (MSM) and range in age from 20 to 60 years. This strain will likely respond to IM ceftriaxone and oral azithromycin, but treatment failures are possible.

Swab for culture to enable resistance testing

- Culture is critical for detecting antimicrobial resistance
- If symptomatic (anogenital discharge, dysuria), swab for culture at relevant site (anus, urethra/endocervix)
- For MSM, always collect additional throat and/or rectal swabs (even where asymptomatic)
- Following any NAAT positive swab/urine take additional swabs for culture before treatment
- Test for other STIs, including blood for HIV and syphilis

Always treat confirmed/suspected gonorrhoea with IM ceftriaxone and oral azithromycin

- Treat uncomplicated gonococcal infections with **ceftriaxone 500 mg IM, stat in 2 ml 1% lignocaine PLUS azithromycin**:
  - **ano-genital gonorrhoea** use **azithromycin 1g stat;**
    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
- Patients already treated for uncomplicated ano-genital gonorrhoea on clinical grounds, do not require re-treatment with azithromycin 2g if pharyngeal infection is reported as detected
- Ciprofloxacin, penicillin and tetracycline should not be used to treat gonorrhoea in NSW

Follow up after treatment

- Advise symptomatic patients to return if symptoms have not resolved within 48 hours
- For all cases, undertake a NAAT test of cure 2 weeks after treatment and test for re-infection after 3 months
- Discuss treatment failures with your local sexual health service

Contact tracing is the responsibility of the treating clinician

- Partner notification is essential for all gonorrhoea cases; the Sexual Health Infolink (SHIL 1800 451 624) can provide assistance and the following websites can help patients to tell their partners: www.letthemknow.org.au, www.thedramadownunder.info (for MSM), www.bettertoknow.org.au (for Aboriginal and/or Torres Strait Islander people)
- Advise all cases to avoid sexual contact for 7 days after treatment and no further sex with partners from the last 2 months until these partners have been tested
- Record recent overseas travel (last 2 months) due to AMR risks associated with imported gonorrhoea

Get expert advice and referrals when needed

- For antimicrobial resistant infections, seek advice and referrals from your local sexual health service
- Call SHIL (1800 451 624) to be linked to your local sexual health service for referrals or advice on treatment failure, drug allergies, or complicated infections, and before using alternative treatments

More information

- Australian STI management guidelines www.sti.guidelines.org.au

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