PREVENTION



Have open conversations with patients about sexual history and health.

Recommend safe sex practices such as using condoms and getting regular testing.

Discuss DoxyPEP as a potential option for gay, bisexual or other men who have sex with men, and transgender women, regardless of perceived risk. DoxyPEP is an antibiotic that reduces the risk of acquiring STIs after a possible exposure.

If a person tests positive for gonorrhea, contact sex partners in the last 60 days for screening and treatment.

Three-point testing during pregnancy and test of cure after 4 weeks post treatment completion. This is key to prevent infection in neonates.

RESOURCES

To consult an Infectious Disease Specialist





Suspected Gonorrhea Treatment Failure Consultation Form

CDC Gonorrhea Guidelines



REFERENCES

- 1. Gonococcal infections among adolescents and adults STI treatment guidelines. CDC. September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/gonorrhea -adults.htm.
- 2. NMDOH STD Surveillance Reports, 2017-2023. https://www.nmhealth.org/about/phd/idb/std/.
- 3. Kirkcaldy RD, Weston E, Segurado AC, Hughes G. Epidemiology of gonorrhoea: a global perspective. Sex Health. 2019;16(5):401-411. doi:10.1071/SH19061.



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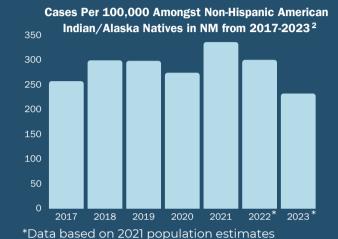




Empower our tribal clinics and hospitals to PREVENT, TEST, and TREAT gonorrhea

THE ISSUE

There are over 1.5 million new gonorrhea infections each year in the US ¹



If left untreated gonorrhea infections can lead to:

- Pelvic inflammatory disease
- Disseminated Gonococcal Infection resulting in arthritis and meningitis
- Blindness in neonates
- Infertility

ANTIMICROBIAL RESISTANCE

Gonorrhea has developed resistance to all but one class of antibiotics. Half of all infections are resistant to at least one antibiotic. Clinicians should follow screening, test of cure, and antimicrobial susceptibility testing recommendations to prevent resistance.

TESTING



Annual screening is recommended for all sexually active patients.

For American Indian/Alaska Natives, gonorrhea is highest among persons 20-24 years of age.³

Tests should be administered based on the patient's location of sexual exposure and anatomy.

Although uncommon, patients with urogenital or rectal gonorrhea may have a pharyngeal infection. Ask patients about oral sexual exposure; if reported, pharyngeal testing should be performed.

Nucleic acid amplification tests (NAATs) are recommended for detecting gonorrhea.

Self-swabs are acceptable

All positive cultures for test of cure should undergo antimicrobial susceptibility testing.

If testing for gonorrhea, it is recommended to test for all STIs, HIV, viral hepatitis, and pregnancy due to increased risk for acquisition.

TREATMENT

CEFTRIAXONE 500 MG IM SINGLE DOSE

is the recommended treatment for adults, adolescents, and pregnant persons.



If chlamydia infection is not excluded, it should be treated: Doxycycline 100 mg twice daily for 7 days.

FOR PARTNERS: Expedited Partner Therapy (EPT) is an option: cefixime 800 mg single dose if ceftriaxone IM cannot be administered.

CHECK PATIENT MEDICATION ALLERGIES

For patients with a penicillin allergy or intolerance, ceftriaxone is often avoided. Alternative treatment should be pursued.

For more information and alternative treatments, scan the QR code for CDC's STI Treatment Guide Mobile App.

