



Gonococcal Infection – Diagnosed or Epidemiologic Urethral, Cervical, Rectal or Pharyngeal Infection

DEFINITION	Infection of the lower genital tract or the throat with Neisseria Gonorrhoea. Urethral infections caused by N. Gonorrhoea among men can produce symptoms that cause them to seek curative treatment soon enough to prevent sequelae, but often not soon enough to prevent transmission to others. Among women, gonococcal infections are commonly asymptomatic or might not produce recognizable symptoms until complications have occurred. Annual screening is recommended for all sexually active females <25 and all MSM; screening advised for older women at increased risk such as new sexual partner, > 1 sexual partner, a sex partner with other partners or partner with STI. Gonorrhoea is considered a reportable disease by the state of North Dakota.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms2. Vaginal discharge, penile discharge.3. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia.4. Sore throat or difficulty swallowing after oral-genital contact.5. Partner with recent history of GC or other STD(s).6. Partner with dysuria or penile discharge.7. Menstrual changes8. Fever9. Joint pain or swelling10. Inconsistent condom use11. Exchanging sex for money12. Partner with other concurrent partners13. MSM sexual activity14. A recent travel history with sexual contacts outside of the United States
OBJECTIVE	May include: <ol style="list-style-type: none">1. Purulent vaginal discharge.2. Urethral discharge.3. Erythematous, tender cervix, or contact bleeding.4. Cervical motion tenderness.5. Adnexal or uterine tenderness.6. Swollen tonsils, exudate covering tonsils, erythematous throat.7. Exudate from rectum. Consider differential diagnosis: <ol style="list-style-type: none">1. Pyelonephritis with fever, tachycardia, CVA tenderness.2. PID with cervical motion tenderness, adnexal tenderness, lower abdominal tenderness.3. Epididymitis with scrotal swelling.
LABORATORY	Must include: <ol style="list-style-type: none">1. Gonorrhoea test May include: <ol style="list-style-type: none">1. Vaginitis/STI screening



ASSESSMENT	Candidate for PrEP
PLAN	<ol style="list-style-type: none">1. Recommended Treatment Regimen for uncomplicated gonococcal infections of the cervix, urethra, and rectum:<ol style="list-style-type: none">a. Ceftriaxone 500 mg IM in a single dose for persons weighing <300 LB or 150 kg (consider administering with lidocaine)b. Ceftriaxone 1 gram IM in a single dose for persons weighing >300 pounds (150 kg)c. If chlamydia infection has not been excluded treat for chlamydia with Doxycycline 100 mg PO BID for 7 days2. Alternative Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:<ol style="list-style-type: none">a. Gentamicin 240 mg IM in a single dose PLUS azithromycin 2 gram PO in a single doseb. OR Cefixime 800 mg PO in a single dose. If chlamydial infection has not been excluded add Doxycycline 100 mg PO BID for 7 days3. Recommended Regimen for uncomplicated gonococcal infections of the pharynx:<ol style="list-style-type: none">a. Ceftriaxone 500 mg IM as a single dose for persons weighing < 300 pounds (150 kg)b. Ceftriaxone 1 gram IM in a single dose for persons weighing >300 pounds (150 kg)c. If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed treat for chlamydia with doxycycline 100 mg BID for 7 days.d. No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of beta-lactam allergy a thorough assessment of the reaction is recommended. For persons with a history of anaphylactic or other severe reactions to ceftriaxone, consult with an infectious disease specialist for an alternative treatment.4. Pregnant women: Treatment is the same for gonorrhea. If chlamydial infection has not been excluded or treatment for chlamydia is indicated: treat with azithromycin 1 gram po in a single dose. Do not use doxycycline in pregnant women. If cephalosporin allergy or unable to treat with the recommended ceftriaxone therapy consult with infectious disease specialist as gentamicin use is cautioned in pregnancy.5. Sexual partner(s) in the previous 60 days should be referred for evaluation and treatment6. If a partner is unable or unlikely to seek timely treatment the partner may be treated using expedited partner therapy:<ol style="list-style-type: none">a. Cefixime 800 mg PO in a single dose provided that concurrent chlamydial infection in the patient has been excluded, otherwise useb. Cefixime 800 mg PO in a single dose PLUS doxycycline 100 mg PO BID for 7 daysc. Expedited treatment is not recommended in MSM population due to high incidence of co-existing infections7. HIV positive patients should receive the same treatment as HIV negative patients



	<ol style="list-style-type: none">8. Patients treated for pharyngeal gonorrhea should RTC for a test of cure in 14 days after treatment.9. Patients treated for urethral, cervical, or rectal gonorrhea should be re-tested in 3 months if possible. If re-testing at 3 months is not possible, re-test whenever patient presents for medical care within the 12 months following treatment.10. Pregnant women with positive gonorrhea test early in pregnancy should be re-tested in the third trimester.11. Screen for other STI's and treat as indicated
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects.2. Advise client to avoid sexual activity for 7 days after treatment and until all sexual partners are treated3. Stress necessity of treating sexual partner(s).4. Review safer sex education, as appropriate.5. Instruct client to seek immediate care if she develops symptoms of PID such as fever, abdominal pain or vomits her medication.6. Recommend client RTC PRN if symptoms reoccur.
CONSULT/ REFER TO PHYSICIAN	<ol style="list-style-type: none">1. Clients whose symptoms or signs do not resolve following treatment.2. Report treatment failures to the health department's STD program.3. Persons with gonococcal infections of the pharynx who are unable to be treated with ceftriaxone; consult/refer for alternative treatment recommendations.4. Pregnant women who cannot be treated with ceftriaxone; consult refer with infectious disease specialist.

References:

1. <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>
2. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020 | MMWR.