

NWT Clinical Practice Information Notice

Upon receipt, please file this notice in **Section C, Clinical Practice Information Binder** for future reference.

The following Clinical Practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centers	<input checked="" type="checkbox"/>	Homecare	<input checked="" type="checkbox"/>	LTCF	<input checked="" type="checkbox"/>	Pharmacists
<input checked="" type="checkbox"/>	Doctors' Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units	<input checked="" type="checkbox"/>	Corrections		

The information contained in this document is a Departmental:									
<input type="checkbox"/>	Policy	<input checked="" type="checkbox"/>	Standard	<input type="checkbox"/>	Protocol	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Guideline

Title: Treatment of Uncomplicated Gonorrhoea during cefixime drug shortage

Effective Date: 12/10/2014

Statement of approved Clinical Practice:

The national cefixime shortage is expected to last until September 2015.

During this time ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 g PO in a single dose is the recommended NWT regimen for the treatment of uncomplicated ano-genital gonorrhoea when stocks of cefixime become unavailable.

Ceftriaxone in combination with azithromycin remains the most effective treatment for pharyngeal gonococcal infections.

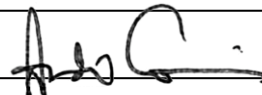
Please refer to the NWT Health Centre Formulary. Ceftriaxone is a B category drug and may be dispensed based on consultation with a physician or nurse practitioner.

As a short-term mitigation strategy, please consider conserving available stock of cefixime for patients with gonococcal infection in whom ceftriaxone is contraindicated (or in settings where its use is not possible).

Azithromycin 2 g PO in a single dose as an alternate treatment should only be considered in the case of a history of severe allergy to cephalosporins and/or with documented gonococcal susceptibility to azithromycin and is best avoided for the following reasons:

- There is a risk of treatment failure when using azithromycin monotherapy for the treatment of gonorrhoea in settings of emerging GC azithromycin resistance.
- There are significant GI side effects associated with high dose azithromycin.

This clinical practice is approved.



(Signature)

6/12/14

(Date)

Assistant Deputy Minister Chief Public Health Officer Director, Child & Family Services Director, Adoptions