



NWT Clinical Practice Guidelines for the Treatment of Uncomplicated Gonorrhoea

Reporting Requirements	Gonorrhoea is a Reportable Disease. The NWT Sexually Transmitted Infections Report form must be filled out and sent to the OCPHO within 7 days.	
Contact Tracing	All sexual partners in the last 60 days prior to symptom onset or date of specimen collection (if the index case is asymptomatic) should be notified, tested and empirically treated regardless of clinical findings and without waiting for test results.	
Follow-up	Repeat screening is recommended 6 months post treatment	
Test of Cure (TOC)	<p>Culture TOC should be done 3–7 days after the completion of therapy in the following situations:</p> <ul style="list-style-type: none"> Persistent S&S post therapy All pharyngeal and disseminated infections When compliance is uncertain Re-exposure to untreated partner Anogenital infection in MSM treated with a regimen other than ceftriaxone Previous treatment failure or link to a treatment failure Pregnancy PID Case is a child Women undergoing therapeutic abortion <p>If NAAT is the only choice for TOC it should not be done for 2–3 weeks after treatment.</p>	
Treatment of Uncomplicated • Anogenital Infection (urethral, endocervical, vaginal, rectal) • Pharyngeal Infection	Adults	<p style="text-align: center;">Preferred Treatment</p> <p style="text-align: center;">Ceftriaxone¹ 250 mg IM in a single dose PLUS Azithromycin 1 g PO in a single dose</p> <p style="text-align: center;">Alternate Treatment Cefixime 800 mg PO in a single dose PLUS Azithromycin 1 g PO in a single dose OR **Azithromycin 2 g PO in a single dose **(Only to be considered as an alternative treatment option if there is a history of severe allergy to Cephalosporins)</p>
	Pregnancy Youth ≥ 9 yrs.	
Special Considerations		
<ul style="list-style-type: none"> Concomitant administration of Azithromycin is recommended for treatment of Gonococcal infections regardless of testing results for Chlamydia Trachomatis infection due to a synergistic effect for these two classes of antibiotics on gonococcal infections. However, concomitant treatment is NOT recommended for treatment of Chlamydia infections when Neisseria Gonorrhoea has been ruled out. ¹Ceftriaxone IM – Please refer to the NWT Health Centre Formulary. It is important to recognize the risk of treatment failure when using Azithromycin monotherapy for the treatment of gonorrhoea in settings of emerging GC Azithromycin resistance. There are also significant GI side effects associated with high dose Azithromycin. 		

This guideline is a summary for uncomplicated gonorrhoea. For further information please consult the Canadian Guidelines on Sexually Transmitted Infections - <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html>.