### UNCOMPPLICATED GONOCOCCAL INFECTION OF CERVIX, URETHRA, RECTUM, PHARYNX

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<th>DEFINITION</th>
<th>Infection of the lower genital tract, rectum or the throat with <em>Neisseria gonorrhoeae</em>. Each year about 820,000 cases occur in the US. Detection of gonococcal infection has improved with the use of NAATs. Treatment of gonococcal infections has changed in recent years because of the recognition of significant sequelae of infections, such as PID, infertility, ectopic pregnancy and chronic pelvic pain, epididymitis and the emergence of antibiotic resistant gonococcal strains. Screening is recommended for women under 25 years of age who are at increased risk for infection either by age, personal history or geographic risk. Testing should be done for all people with symptoms. Dual antibiotic therapy is now recommended for all cases of GC to prevent antibiotic resistance. Treatment should be given to all patients with clinical and/or laboratory evidence of infection as well as to all people exposed to the infected patient within the last 60 days prior to the diagnosis.</th>
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| SUBJECTIVE | Must include: Description of recent sexual practices to identify all possible sites of infection.  
May include: 1. No symptoms. 2. Vaginal, urethral or rectal discharge. 3. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia. 4. Sore throat or dysphagia following oral-genital contact. 5. Patient with another sexually transmitted infection. 6. Partner with recent history of GC or other STI(s). 7. Partner with dysuria or vaginal/penile discharge. 8. Patient with risk factors for STIs: previous STI, new or multiple sex partner(s), inconsistent condom use, substance abuse, commercial sex worker. |
| OBJECTIVE | May include: 1. Purulent vaginal discharge. 2. Urethral discharge. 3. Erythematous, tender penis 4. Erythematous, friable or tender cervix. 5. Swollen tonsils, exudate covering tonsils, erythematous throat. 6. Exudate from rectum.  
Must exclude: 1. CVA tenderness. (Refer to ER if pyelonephritis.) 2. In women, PID as evidenced by lower abdominal tenderness, cervical motion tenderness, and adnexal masses or tenderness (see PID protocol) or T>101°F in nonpregnant women or T>100.5°F in pregnant women. 3. In men, prostatitis or epididymitis as evidenced by T>101°F, chills, prostate tenderness or testicular tenderness (Refer to ER). |
| LABORATORY | Must include one of the following: 1. Positive culture or test with NAATs for specimens from endocervix or male urethra.  
a. Culture provides information about antibiotic resistance and should be used to test treatment failures. 2. Positive NAATs can also test specimens from vagina or urine. 3. Specimens from liquid based cytology can also diagnose GC using NAATs. 4. For men, diagnosis can be made when gram stain of urethral specimen reveals polymorphonuclear leukocytes with intracellular gram-negative diplococci. 5. For pharyngeal or rectal infections, a positive NAAT approved for those specimen. |
| ASSESSMENT | Gonococcal infection of cervix, urethra, rectum or pharynx. |
### PLAN

1. Test for chlamydia, trichomoniasis, HIV and other STIs, if not recently tested or if symptoms or findings suggest infection.

2. Recommended GC treatment options for pregnant and nonpregnant patients for uncomplicated infections of cervix, urethra, rectum or pharynx. Select one of the following:
   a. Ceftriaxone 250 mg IM once (consider administering with 0.9 mL 1% lidocaine).
      **PLUS:** Azithromycin 1 gram orally in a single dose.
   b. If ceftriaxone is not an option because of allergies or lack of ability to offer injections, Cefixime 400 mg orally in a single dose is an alternative for ceftriaxone when combined with azithromycin 1g orally.* If this treatment is chosen as treatment for GC pharyngitis, the patient should return in 7 days if treating pharyngeal infection.
      1) This is second choice because bactericidal levels of these regimens are either too low or too short acting or their coverage for pharyngeal infection is inadequate.
   c. If azithromycin is not an option because of allergy to erythromycin, in men and women who are not pregnant or breastfeeding, use doxycycline 100 mg orally twice a day for 7 days.

**CONTRAINDICATIONS**

3. For patients with severe allergic reactions (anaphylaxis, Stevens-Johnson or toxic epidermal necrolysis) to penicillin or cephalosporin, use one of the following:
   a. Gemifloxacin 320 mg orally, plus 2g azithromycin
      **OR**
   b. Gentamicin 240 mg IM plus azithromycin 2g orally

4. Follow-up:
   a. Retesting.
      1) No test of cure necessary unless patient is pregnant or alternative medications are being used to treat pharyngeal infection.
      2) Retest in 3 months for reinfection or at next visit after treatment within 12 months.
   b. Partner therapy.
      1) Encourage the patient to have all partner(s) in the last 60 days treated for gonorrhea and tested for other STIs. If no partner in last 60 days, then the last partner needs to be treated.
      2) In California and in many other states, *patient delivered partner therapy* (PDPT) is legal for laboratory-proven GC, except for MSMs.
         a) If the patient is confident that any partner(s) will not seek medical care for the infection, and has no symptoms of infection, the patient can be provided with a dose or doses of Cefixime 400 mg orally and Azithromycin 1 gram orally that the patient can give to each such partner. Alternatively, the patient may be provided a prescription for those medications to take to her partner.
         b) An information sheet in the partner’s language must accompany each dose of patient-delivered-partner-therapy medication. Attachment A is a copy of the English version.

5. Report case according to local procedures and for case contact tracing and treatment.

6. Tell patient to avoid intercourse for 7 days after she and her partner have completed antibiotic treatment and symptoms resolve. If there is genital contact or oral/genital contact advise use of male condoms with each episode before any skin to skin contact.

### PATIENT EDUCATION

1. Stress importance of completing medications.

2. Stress necessity of treating sexual partner(s) with either referral to clinician or with patient delivered partner therapy.

3. Advise to avoid intercourse or use condoms until 7 days after both patient and partner(s) complete treatments and symptoms resolve.
### PATIENT Education (Continued)

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<td>4</td>
<td>Advise women to seek immediate medical care if they develop fever or chills, severe abdominal pain, or if other symptoms of PID develop. Drink fluids liberally.</td>
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<td>5</td>
<td>Advise men to seek medical care if fevers or chills or signs and symptoms of epididymitis or prostatitis develop.</td>
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<td>6</td>
<td>Remind patient to return to be retested in 3 months.</td>
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<td>7</td>
<td>Counsel on safer sex practices.</td>
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<td>8</td>
<td>Advise prenatal patients about risks of untreated gonococcal infection in pregnancy and about the need for repeat STI screening in the third trimester.</td>
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<td>9</td>
<td>Provide list of anonymous HIV test sites to patients declining on-site testing.</td>
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### REFER to MD/ER

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<tr>
<td>1</td>
<td>Patients whose symptoms or signs do not resolve or worsen following treatment.</td>
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<td>2</td>
<td>Men with any signs or symptoms of epididymitis or prostatitis.</td>
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<td>3</td>
<td>Women with complicated PID or PID in pregnancy. (See <em>Pelvic Inflammatory Disease</em> protocol.)</td>
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<td>Patients with evidence of gonococcal involvement elsewhere, such as knees or other joints.</td>
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### REFERENCES

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ATTACHMENT A: INFORMATION SHEET TO ACCOMPANY PATIENT DELIVERED MEDICATION FOR PARTNER THERAPY FOR GONORRHEA

Your sex partner has been treated for gonorrhea. Since you may also have gonorrhea, your partner has been given an extra dose of antibiotic medicine for you or a prescription for these medications. By taking this medicine, you will cure your own infection as well as avoid reinfecting your partner. Most people with gonorrhea do not know they have it, since they have no symptoms. In men, gonorrhea can cause urethritis (an infection of the area through which urine passes). In women, gonorrhea infects the cervix (part of the uterus). If untreated, it can lead to serious pelvic infections and can make women or men sterile.

Because you may have gonorrhea, we want to be sure that you get properly treated. The best way to protect your health is to see your doctor or go to your local STI clinic for a complete examination. You can find STI clinics by calling your local health department or looking in the phone book. STI treatment is usually free and confidential. If you are not able to go to your doctor or the STI clinic for an examination, you should take the medicines your sex partner has been given for you. These medications are two antibiotics called Cefixime and Azithromycin. This is a very good treatment for gonorrhea. If you choose to take these medications, here are some things you should know.

Do NOT  Take this medication if you are a woman and are having lower belly pain (pelvic), vomiting, or fever. If you have these problems, go to your doctor or an ER as soon as possible. You may have a more serious problem called pelvic inflammatory disease.

Do NOT  Take these medications if you are allergic to Cefixime, Keflex, Erythromycin, Azithromycin or Penicillin. Serious allergic reactions are marked by difficulty breathing, closing of your throat; swelling of your lips, tongue, or face; or hives. Skin rash sometimes occurs as a less serious reaction. Upset stomach and diarrhea are not indicative of an allergic reaction and are well known side-effects.

Do NOT  Take these medications if you have kidney failure, heart disease, colitis or any other serious health problems. If you have any serious health problems, you should consult your doctor before taking any medicine, including this one.

Do NOT  Share this medication with anyone else.

Do NOT  Take these medications if you are taking other medicines. Call your doctor first to see what treatment you need to use.

Do NOT  Eat antacids (such as Rolaids, Tums, Maalox, etc.) until one hour after taking this medicine.

DO  Take this medicine at least two hours after eating. Avoid eating for at least 1 hour after taking the medicine.

DO  See your doctor if you have any serious health problems before taking this medicine.

DO  Take the medicine if you are pregnant, but you should also call your doctor right away and say you are being treated for gonorrhea.

SIDE EFFECTS:  A minority of people who take this medication experience upset stomach or have diarrhea. Others may develop unusual dizziness, fatigue, or headache; a vaginal yeast infection; a rash; or increased sensitivity to sunlight. These side effects won’t last long. If you experience any other side effects or an allergic reaction, call your healthcare provider and seek care immediately.