

Gonococcal Infection – Diagnosed or Epidemiologic Urethral, Cervical, Rectal or Pharyngeal Infection – RD 2

DEFINITION

Infection of the lower genital tract or the throat with *Neisseria gonorrhoeae*. Urethral infections caused by *N. gonorrhoeae* 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. Gonorrhea is considered a reportable disease by the state of North Dakota. Site specific screening is encouraged based on sexual practices.

SUBJECTIVE

May include:

1. No symptoms
2. Vaginal discharge, penile discharge.
3. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia.
4. Testicular or scrotal pain
5. Sore throat or difficulty swallowing after oral-genital contact.
6. Partner with recent history of GC or other STD(s).
7. Partner with dysuria or penile discharge.
8. Menstrual changes
9. Fever
10. Joint pain or swelling
11. Inconsistent condom use
12. Exchanging sex for money
13. Partner with other concurrent partners
14. MSM sexual activity
15. A recent travel history with sexual contacts outside of the United States

OBJECTIVE

May include:

1. Purulent vaginal discharge.
2. Urethral discharge. In men, urethral discharge may be white, yellow, or green.
3. Erythematous, friable, tender cervix.
4. Cervical motion tenderness.
5. Adnexal or uterine tenderness.
6. Swollen tonsils, exudate covering tonsils, erythematous throat.
7. Exudate from rectum.

Consider differential diagnosis:

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:

1. Gonorrhea test – site specific testing, as indicated

May include:

1. Vaginitis/STI screening

Effective Date: 12/1/23

Last Reviewed: 10/24/23

Next Scheduled Review: 10/1/24

ASSESSMENT

Gonococcal Infection

PLAN

- 1. Recommended Treatment Regimen for uncomplicated gonococcal infections of the cervix, urethra, and rectum:**
 - a. Ceftriaxone 500 mg IM in a single dose for persons weighing <330 lbs. or 150 kg (consider administering with lidocaine)
 - b. Ceftriaxone 1 gram IM in a single dose for persons weighing \geq 330 lbs. or 150 kg
 - c. If chlamydia infection has not been excluded, treat for chlamydia with Doxycycline 100 mg PO BID for 7 days
- 2. Alternative Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum:**
 - a. Gentamicin 240 mg IM in a single dose PLUS azithromycin 2-gram PO in a single dose
 - b. OR Cefixime 800 mg PO in a single dose.
 - c. If chlamydial infection has not been excluded and you are using Cefixime for treatment, add Doxycycline 100 mg PO BID for 7 days
- 3. Recommended Regimen for uncomplicated gonococcal infections of the pharynx:**
 - a. Ceftriaxone 500 mg IM as a single dose for persons weighing <330 lbs. (150 kg)
 - b. Ceftriaxone 1 gram IM in a single dose for persons weighing \geq 330 lbs. (150 kg)
 - c. If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed, treat for chlamydia with doxycycline 100 mg PO 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 treatment.
6. If a partner is unable or unlikely to seek timely treatment, the partner may be treated using expedited partner therapy: See RD-3
7. Patients treated for pharyngeal gonorrhea should RTC for a test of cure in 14 days after treatment.
8. Patients treated for urethral, cervical, pharyngeal 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.
9. Pregnant women with positive gonorrhea test early in pregnancy should be re-tested in the third trimester.
10. Screen for other STI's and treat as indicated

CLIENT EDUCATION

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 treated and are 7-days post-treatment.
3. 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 in less than 1 hour.
6. Recommend client RTC PRN if symptoms reoccur.

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CONSULT / REFER TO PHYSICIAN

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.](#)