

## GONORRHEA

### I. DEFINITION:

Gonorrhea is a sexually transmitted disease caused by a bacterium that most commonly affects the genitourinary tract, but can infect the pharynx, conjunctiva, and/or rectum as well. Gonorrhea can also be passed from an infected female to her baby during delivery.

### II. CLINICAL FEATURES:

#### A. Males

1. Subjective (if symptomatic)
  - a. Dysuria
  - b. Urethral discharge
  - c. Varying degrees of rectal pain, itching, scant bleeding, constipation, or tenesmus (rectal spasms accompanied by the need to empty the bowel). These complaints would indicate inoculation through receptive anal sex.
2. Objective
  - a. Purulent urethral discharge usually yellow or green
  - b. Varying degrees of urethral meatus erythema, discharge and edema

#### B. Females

1. Subjective (if symptomatic)
  - a. Increased vaginal discharge
  - b. Dysuria
  - c. Bleeding between menstrual periods
  - d. Abnormally long or heavy periods
  - e. Bleeding after vaginal sex
2. Objective
  - a. Physical exam may be normal
  - b. Mucopurulent cervical discharge
  - c. Erythema and edema near the endocervical os
  - d. Friable cervix (bleeds easily when cleaned with swab)
  - e. Purulent discharge from urethra, periurethral glands, Skene's or Bartholin's glands.
3. Other findings
  - a. In clients who have had a hysterectomy, the urethra is the usual site of infection
  - b. In clients with an intact uterus, urethral infection is uncommon in the absence of endocervical infection

III. MANAGEMENT PLAN:

A. Laboratory Studies – collect specimens for appropriate testing:

1. Collect urine for *C. trachomatis* and *N. gonorrhoeae*. Ensure client waits 1 hour after last voiding to give sample.
2. Blood test for HIV and Syphilis are recommended
3. Gonorrhea culture via culturette swab – Only if antibiotic resistance/treatment failure is suspected. Contact STD/HIV Nurse Consultant at the Central Office (405) 271-9444 ext 56606, or 405-271-4636 for lab requisition and culturette.

B Criteria to Treat:

1. Any client who is symptomatic and may not return for test results should be treated using Physician Approved Protocols for Cervicitis or Urethritis.
2. Treat clients with positive urine tests for *Neisseria Gonorrhoea*.
3. Treat any client that states he/she is a contact to a case of gonorrhea. These contacts are to be tested at the same visit before treatment.
4. If client reports they are a contact to gonorrhea and oral or rectal gonococcal infection is suspected as the only site of infection the nurse may treat the client. However the client should follow up with their physician for further testing.

C. Treatment options-choose only **ONE** of the following:

**Option #1** Ceftriaxone<sup>#‡</sup> 250 mg IM in a single dose  
Given with  
Azithromycin 1 G orally in a single dose

**OR**

**Option #2** Ceftriaxone<sup>#‡</sup> 250 mg IM in a single dose  
Given with  
Doxycycline 100mg orally twice a day for 7 days  
(Doxycycline cannot be given to pregnant clients)

Treatment Notes:

1. ‡Ceftriaxone:

Must be given with 1% lidocaine solution as a diluent to lessen injection pain unless the client reports hypersensitivity or allergic reaction to local anesthetic agents or severe liver disease. See package insert for amounts and a complete discussion of lidocaine.

2. Dual therapy is the recommended treatment (option 1 or 2). Ceftriaxone must be administered with either azithromycin or doxycycline. Ceftriaxone works by keeping bacteria from making and maintaining their cell walls while azithromycin and doxycycline prevent protein production and replication. **They must be administered at the same time to achieve the desired effect.** The use of azithromycin as the second antimicrobial is

preferred to doxycycline because of the convenience and compliance advantages of single-dose therapy.

#Ceftriaxone is contraindicated in clients who report true **hypersensitivity to other cephalosporins or penicillin**. Clients (+GC or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin or ceftriaxone) are to be treated with Option 3 below.

**Option #3** \*Azithromycin 2 grams orally in a single dose

\*This is an alternative treatment option to be used only when necessary!

\*Azithromycin is contraindicated in clients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin).

Clients allergic to both ceftriaxone and azithromycin must be referred to a private physician for treatment using ODH 399 Referral Form.

IV. CLIENT EDUCATION:

- A. Take prescribed oral medication appropriately (give handout).
- B. Refer all sex partner(s) for testing and treatment if their last sexual contact with the client was within 60 days before onset of symptoms or diagnosis. If a client's last sexual intercourse was >60 days before onset of symptoms or diagnosis, the client's most recent partner should be tested and treated.
- C. Abstain from sex until client and partner(s)
  1. have completed a 7-day regimen or
  2. 7 days after a single dose regimen
- D. Return for evaluation should symptoms persist or recur.
- E. For clients returning with continuing symptoms or possible reinfection, test again for gonorrhea no sooner than 3 weeks after completion of treatment. They may not be treated again without testing, unless their only exposure was through receptive anal sex or by performing oral sex.
- F. A high prevalence of *N. gonorrhoeae* infection is observed in clients who have had gonorrhea in the preceding several months. Repeat infection might confer an elevated risk for PID and other complications. Clinicians should consider advising all clients with gonorrhea to be retested 3 months after treatment.
- G. Prevention measures (e.g., condoms) to prevent future infections.

V. CONSULTATION/REFERRALS:

- A. Notify HIV/STD Nurse and DNM
  - 1. If client presents with complication(s) such as epididymitis, disseminated gonorrhea, or PID.
  - 2. Treatment failure is suspected
- B. Refer to private physician for follow up (and assist client in gaining access to care) if:
  - 1. Suspect sexual abuse in minor
  - 2. Complications occur such as epididymitis, PID, and disseminated gonorrhea
  - 3. If pharyngeal and rectal gonococcal infection is suspected as the only site of infection.

VI. FOLLOW-UP:

- A. A high prevalence of *N. gonorrhoeae* infection is observed in clients who have had gonorrhea in the preceding several months. Repeat infection might confer an elevated risk for PID and other complications. Clinicians should consider advising all clients with gonorrhea to be retested 3 months after treatment.
- B. If treatment failure/resistance is suspected, call HIV/STD Nurse Consultant at Central Office to request culturette and lab requisition. (405) 271-9444 ext 56606 or 405-271-4636.

REFERENCES:

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