

## GENITAL TRACT INFECTIONS

### Neisseria gonorrhoeae

**It is important to refer patients to an integrated sexual health service (ISHS) to ensure that screening for other sexually transmitted infections and contact tracing are performed.**

If the patient is unwilling to attend after receiving appropriate information and advice, or these services cannot be accessed within a reasonable time, then treatment may be initiated for uncomplicated genital gonorrhoea on the basis of a positive microbiological result.

Two types of testing are currently available: culture and a nucleic acid amplification test (NAAT). If the result was obtained by NAAT, it is **very important to confirm the result by sending swabs for culture and antimicrobial sensitivity testing** and to **ensure that appropriate antibiotic therapy is given.**

Due to rising resistance rates, the dose of **ceftriaxone** has been **further increased to 1g**, to reflect the reduced sensitivity of *Neisseria gonorrhoeae* to cephalosporins and the current [UK treatment guidelines for uncomplicated gonorrhoea](#).

Cefixime is no longer recommended due to rising resistance rates.

Azithromycin is no longer recommended as co-treatment irrespective of the results of Chlamydia testing, to delay the onset of widespread cephalosporin resistance.

Follow up with all people with gonorrhoea about one week after treatment. A test of cure is now recommended at TWO weeks to ensure clearance. Cases of possible ceftriaxone treatment failure in England should be reported to UK Health Security Agency (UKHSA) via the online [HIV and STI web portal](#).

Patients with cephalosporin allergy should be referred to an ISHS for management, as the agents used are not widely available.

Advise sexual abstinence until 7 days after they and their partner(s) have completed treatment.

Medicine	Dose	Duration of Treatment
<b>Ceftriaxone*</b>	1g IM injection	Single dose
<b>Or</b>		
<b>Ciprofloxacin<sup>^</sup></b> <i>(only if sensitive, DO NOT give empirically, as resistance in the UK is high at 46.9% in 2021- see <a href="#">BASHH guidelines</a>)</i> <b>Do not give ciprofloxacin during pregnancy and breastfeeding.</b>	500mg orally	Single dose
<b><sup>^</sup> Note:</b> Fluoroquinolones should only be used when other antibiotics are inappropriate. If a penicillin allergy is recorded, the exact nature of the reaction should be clarified including whether other beta lactams (e.g., cephalosporins) have been previously tolerated. Fluoroquinolones can cause long-lasting (up to months or years), disabling, and potentially irreversible side effects, sometimes affecting multiple systems, organ classes, and senses. Please refer <a href="#">here</a> for further information on MHRA alerts.		
<b>Uncomplicated gonococcal infection in pregnancy and breastfeeding:</b>		
<b>Ceftriaxone*</b>	1g IM injection	Single dose
<b>If contraindicated, referral to ISHS for treatment.</b>		
* Add 1ml lidocaine 1% to each 250mg vial and give by deep IM injection only		

[Patient information on gonorrhoea](#)