

May 15, 2023

Public Health Alert – Update on multi drug-resistant gonorrhoea

An Ontario resident with no travel history was recently identified as having gonorrhoea that was non-susceptible to ceftriaxone and cefixime, and resistant to ciprofloxacin, penicillin, and tetracycline. The individual is a male who reported sex with the opposite sex and one sexual contact. A multi drug resistant (MDR) strain of *Neisseria gonorrhoeae* may be circulating in Ontario. Drug resistance can be found using culture, as a nucleic acid amplification test (NAAT) does not identify drug susceptibility and resistance.

Actions requested

Testing

- At a minimum, [test](#) using *N. gonorrhoeae* culture plus NAAT for:
 - Symptomatic patients, when antimicrobial resistance is suspected
 - Test of cure
 - Pelvic inflammatory disease
 - Pregnancy
 - Sexual abuse or sexual assault
- Continue to **test all exposed sites** by collecting specimens for NAAT.
- Lifelabs can perform gonorrhoea NAAT and culture testing using urine, endocervical, vaginal, rectal and pharyngeal samples, and all positive cultures are automatically sent by Lifelabs to PHOL for antimicrobial susceptibility.
- Test information [Lifelabs culture](#), [Lifelabs swab](#), and [Lifelabs urine samples](#).

Treatment

- **Treat** suspected or confirmed gonorrhoea cases as per [current recommendations](#). Retreatment is not required for those treated using other recent evidence-based guidelines (e.g., US CDC [Sexually Transmitted Infections Treatment Guidelines, 2021](#)).
- **Test of cure** is recommended for ALL positive gonorrhoea cases, at **all positive sites**
 - culture is preferred and should be performed 3-7 days after treatment completion
 - if culture is not available, test of cure by NAAT is acceptable, 2-3 weeks after treatment completion.



Northwestern
Health Unit

www.nwhu.on.ca

Treatment failure

Treatment failure is defined as absence of reported sexual contact during post-treatment period AND one of:

- Gram-negative diplococci on microscopy in penile urethral swabs taken at least 72 hours after treatment completion.
- Positive *N. gonorrhoeae* on culture taken at least 72 hours after treatment completion.
- Positive *N. gonorrhoeae* NAAT taken at least 2-3 weeks post-treatment.
- In the event of cephalosporin treatment failure, consultation with an infectious disease specialist is recommended.

Prevention and reporting

- Repeat gonorrhea **screening** is recommended six months post-treatment for all cases
- **Counselling** on all STBBIs, prevention and risk is recommended; consider offering testing for other STBBIs.
 - Instruct individuals to abstain from sex for seven days after they and their sexual partner(s) have completed treatment and symptoms have resolved
- Consider **vaccination** for hepatitis A, hepatitis B, human papillomavirus (HPV) and MPOX for those eligible and at risk. Northwestern Health Unit (NWHU) can assist, if needed.
- **Report** all cases of gonorrhea to NWHU, including as much information as possible about how to reach the patient and any information the patient shared about sexual partners.

For further information please see the [Public Health Alert from Public Health Ontario](#).

Dr. Kit Young Hoon

Medical Officer of Health

Northwestern Health Unit