



# Eastern Health

Population and Public Health, Eastern Health  
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**TO:** Physicians and Nurse Practitioners  
**FROM:** Dr. Jennifer LeMessurier, Medical Officer of Health  
Communicable Disease Control Program, Population and Public Health  
**DATE:** February 14, 2022  
**RE:** Increase in *Neisseria gonorrhoea* in Eastern Health region

Dear colleagues,

There has been a concerning increase in ***Neisseria gonorrhoea* (NG)** infections in the Eastern Health region noted in 2022. The majority of reported new infections are among males (3 in 4 people testing positive) and those aged 20-39 years. Co-infection with ***Chlamydia trachomatis* (CT)** has recently been noted in almost half of individuals who have tested positive.

Symptomatic infections often present as **urethritis, cervicitis, epididymitis, proctitis, and pelvic inflammatory disease**. Asymptomatic presentations are common with pharyngeal infection and in females. Complications may present as reactive arthritis, infertility, and disseminated infection.

The updated **Canadian Guidelines on Sexually Transmitted Infections** (CGSTI) provide further clinical information on screening, diagnosis, and treatment of NG infections and other sexually transmitted and blood-borne infections (STBBI), available from: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html> Please refer to these guidelines for additional information on the key points addressed below.

## Screening

Normalizing discussions about sexual health and offering screening for sexually active people as part of routine care reduces stigma and interrupts the transmission of STBBI.

CGSTI recommend screening asymptomatic sexually active people, all pregnant people, neonates born to mothers with gonorrhea and any other people with risk factors for STBBI. The guidelines linked above outline risk factors and populations that are disproportionately impacted by STBBI.

The **Canadian Task Force on Preventive Health Care** (CTFPHC) recommends opportunistic screening of sexually active individuals under 30 years of age for chlamydia and gonorrhea annually at primary care visits. Resources are available from: <https://canadiantaskforce.ca/guidelines/published-guidelines/chlamydia-and-gonorrhoea/>

## Testing

The Public Health and Microbiology Laboratory (PHML) offers testing on urethral, cervical and urine specimens by **nucleic acid amplification testing (NG/CT NAAT)**. Specimens from **extra-genital sites (pharyngeal, rectal)** are processed with a disclaimer as NAAT testing is not validated at this time. **Culture** has inferior sensitivity and slower turnaround times compared to NG/CT NAAT and is not performed routinely for initial diagnosis but can be requested in collaboration with the microbiologist.

Investigate **suspected treatment failure/antimicrobial resistance using culture** to allow for antimicrobial susceptibility testing. **Culture specimens should be collected 3-7 days post-treatment**. If feasible, consider investigating suspected treatment failures with both culture and NAAT specimens collected 2-3 weeks post-treatment.

Please discuss with the Microbiologist on Call (709-777-6300) to coordinate collection of cultures in the Eastern Health region. Further information on testing is available from: <https://publichealthlab.ca/service/chlamydia-trachomatis-neisseria-gonorrhoeae-ctng-dna/>

## Treatment

With ongoing concern of antimicrobial resistant NG and co-infection with CT, combination therapy is recommended for uncomplicated gonococcal infections. Monotherapy should be avoided.

- Preferred therapy\* for uncomplicated anogenital and pharyngeal infection in adults:
  - **Ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 g PO in a single dose**
- Preferred therapy\* for uncomplicated anogenital infection only:
  - **Cefixime 800 mg PO in a single dose PLUS azithromycin 1 g PO in a single dose**

\*Ceftriaxone is the preferred therapy for males who have sex with other males and pharyngeal infections in Canada due to concerns of antimicrobial resistance

Individuals should be counselled to avoid unprotected sexual contact for at least 7 days following treatment and until symptoms have resolved.

## Contact tracing and partner notification

**Notification, testing, and empiric treatment** is recommended for all sexual partners of an individual who has tested positive for gonorrhea within 60 days prior to symptom onset or date of specimen collection (if asymptomatic infection), regardless of clinical findings and pending test results.

*Neisseria gonorrhoea* is a notifiable disease reported to the **Communicable Disease Control (CDC)** program in Eastern Health. CDC nurses provide health education on prevention, review treatment, help coordinate contact tracing and support **anonymous and confidential partner notification**. In response to the recent increase in infections, CDC is reaching out directly to individuals that have tested positive and/or to their health care providers.

- **Questions from health care providers** can be directed to CDC by phone at 752-4358 or by email at [cdcprogram@easternhealth.ca](mailto:cdcprogram@easternhealth.ca).

## Follow up

Consider a test of cure (TOC) for individuals at all sites where a specimen positive for NG was collected.

- **TOC with culture and NG/CT NAAT is particularly important when there is suspected treatment failure/concern of antimicrobial resistance.**
- TOC is also indicated (among other clinical considerations) for:
  - concern regarding treatment compliance
  - preferred therapy was not prescribed
  - pharyngeal infection was detected
  - individuals that are pregnant or children

If not performing culture, NAAT should be performed 2-3 weeks after completion of treatment to limit false positive results.

**Repeat screening** is recommended 6 months post-treatment due to risk of re-infection.

Thank you for your ongoing support in addressing communicable diseases affecting our communities.