

Disclaimer: The following recommendations may be divergent from Public Health Agency of Canada, Public Health Ontario and Toronto Public Health guidance. They are mainly based on the CDC STI guidelines from 2021 to account for up-to-date evidence. See [FAQ document](#) for more information.

RECOMMENDED TREATMENT

- ✦ Ceftriaxone **500 mg** IM/IV in a single dose (1 g if weight \geq 150 kg)
 - ✦ Ceftriaxone can be given IV in patients with established IV access
 - ✦ For IM injection only: dilute with 1.1 mL of 1% lidocaine to reduce pain
 - ✦ The proportion of *Neisseria gonorrhoeae* isolates with reduced ceftriaxone susceptibility in Ontario is very low, however this number has been increasing in recent years; a higher dose of ceftriaxone is thus recommended

ALTERNATIVE TREATMENTS

All alternatives are less effective than ceftriaxone. In addition, cefixime use has been associated with accelerating population resistance to ceftriaxone.

There is reduced susceptibility among *Neisseria gonorrhoeae* isolates to azithromycin in Ontario (3.6-15% from 2016-2020).

- ✦ If cephalosporin allergy: Gentamicin 240 mg IM/IV (in 2 separate 3 mL injections of 40 mg/mL if given IM) PLUS azithromycin 2 g PO in a single dose
- ✦ If IM/IV administration contra-indicated (least preferred): Cefixime 800 mg PO in a single dose

PREFERRED TREATMENT IN PREGNANCY

- ✦ Ceftriaxone **500 mg** IM/IV in a single dose
 - ✦ Consult specialist if preferred treatment cannot be used

FOLLOW UP RECOMMENDATIONS

- ✦ A test of cure is recommended if:
 - ✦ First-line therapy is not used
 - ✦ Known or suspected pharyngeal infection
 - ✦ Pregnancy
 - ✦ Suspected treatment failure
- ✦ Culture a minimum of 3 days post-treatment is recommended; NAAT 2 weeks post-treatment is an alternative
- ✦ Re-screen all cases 3 months post-treatment

TESTING AND TREATMENT OF SEXUAL CONTACTS

- ✦ All partners who have had sexual contact with the index case **within 60 days** should be notified, tested and empirically treated. In addition to patient counselling, your local health authority should be notified (Toronto Public Health STI Program at 416-338-2373). Expedited partner therapy may be considered for difficult to reach contacts.
- ✦ Testing at rectal and/or pharyngeal sites is recommended in MSM, people engaged in sex work, sexual contacts of a person with gonorrhoea, or upon clinical assessment of risk and symptoms; NAAT is the preferred specimen type.

REFERENCES

1. Government of Canada. Section 5-6: Canadian Guidelines on Sexually Transmitted Infections – Management and treatment of specific infections: Gonococcal Infections. 2010, updated 2016. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections/canadian-guidelines-sexually-transmitted-infections-34.html>
2. Canada PHAC. National Surveillance of Antimicrobial Susceptibilities of Neisseria gonorrhoeae Annual Summary 2019. Ottawa; 2019.
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Gonorrhoea Testing and Treatment Guide. 2nd ed. Toronto, ON: Queen's Printer for Ontario; 2018.
4. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021;70(4):1-187.
5. Barbee LA, St. Cyr SB. Management of Neisseria gonorrhoeae in the United States: Summary of Evidence From the Development of the 2020 Gonorrhoea Treatment Recommendations and the 2021 Centers for Disease Control and Prevention Sexually Transmitted Infection Treatment Guidelines. Clinical Infectious Diseases. 2022;74(Supplement_2):S95-S111.

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