

GONORRHEA

Uncomplicated Urethral, Endocervical or Rectal Infection

<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Mucoid, mucopurulent, or purulent discharge from the infected site.</p> <p>Dysuria.</p> <p>May have no symptoms or signs.</p> <p>May have a history of contact to a case of gonorrhoea.</p>	<p>A. <u>Urethral or endocervical</u></p> <p>1. Culture positive for <u>Neisseria gonorrhoeae</u>, with or without confirmatory tests.</p> <p>OR</p> <p>2. Gram-negative intracellular diplococci seen on smear of discharge. (Must also do culture if endocervical discharge)</p> <p>OR</p> <p>3. Nonculture identification of <u>N. gonorrhoeae</u>, e.g., DNA probe (Gen-Probe) or enzyme immunoassay.</p> <p>B. <u>Rectal infection</u></p> <p>Culture positive</p>	<p>A. <u>Treatment</u></p> <p>1. Ceftriaxone 125 mg IM, single dose,</p> <p>OR</p> <p>2. If not pregnant, lactating, or under age 18, Ofloxacin 400 mg PO, single dose,</p> <p>PLUS, unless a test for chlamydia is negative, <u>either of the above is followed by</u></p> <p>Azithromycin 1 gm. PO, single dose</p> <p>OR</p> <p>Doxycycline 100 mg PO, b.i.d., for 7 days (do not use if pregnant.)</p> <p>3. If the patient cannot take cephalosporins <u>or</u> quinolones, Spectinomycin 2 g IM, single dose, <u>followed by azithromycin or doxycycline regimen, as needed.</u></p> <p>B. <u>Follow-up</u></p> <p>1. Persons treated with one of the above regimens do not need a test-of-cure culture.</p> <p>2. If symptoms persist or return, do a culture and test positives for antibiotic sensitivity. Question carefully about the possibility of reinfection by an untreated partner.</p> <p>C. <u>Sex Partners</u></p> <p>1. Counsel patients to refer all sex partners from within <u>60</u> days prior to onset of symptoms, or of testing, for evaluation and treatment appropriate to exposure site(s).</p> <p>2. Refer the <u>last</u> sex partner if last sexual</p>

36	4/98	for <u>N. gonorrhoeae</u> , confirmed by an acceptable method.	contact occurred prior to 60 days.
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<p style="text-align: center;">GONORRHEA</p> <p style="text-align: center;">Pharyngeal (Throat) Infection</p>			
<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>	
<p>Usually none, but throat may be sore and inflamed.</p> <p>May have a history of oral sexual exposure to a case of gonorrhoea.</p>	<p>Culture positive for <u>Neisseria gonorrhoeae</u>, confirmed by an acceptable method.</p>	<p>A. <u>Treatment</u></p> <ol style="list-style-type: none"> 1. Ceftriaxone 125 mg IM, single dose, followed by <u>Azithromycin</u> 1 Gm. PO, single dose, <li style="text-align: center;">OR Doxycycline 100 mg PO, 2 times a day for 7 days. 2. If the patient cannot take cephalosporins <u>AND</u> if not pregnant, lactating, or under age 18, Ofloxacin 400 mg PO, single dose, followed by azithromycin or doxycycline. <p>B. <u>Follow-up</u></p> <ol style="list-style-type: none"> 1. If treated with ciprofloxacin, schedule the patient for test-of-cure culture 4-7 days after treatment. 2. <u>Apparent treatment failure</u>: Question carefully about possibility of reinfection. Antibiotic sensitivity studies should be done. Unless contraindicated, re-treat with ceftriaxone. <p>C. <u>Sex Partners</u></p> <p>Counsel patient to refer all partners from within</p>	

37	4/98	60 days prior to onset of symptoms, or of testing, for examination and treatment appropriate to exposure site(s). Refer the <u>last</u> sex partner if last sexual contact occurred prior to 60 days.
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GONORRHEA LABORATORY TESTS

A. Type of test: Identification of Gram-negative intracellular diplococci on stained smear.

- Specimen:
1. Male urethra -- If not doing a Gen-Probe test, obtain discharge on cotton swab, or on calcium alginate swab inserted 2-3 cm. into the anterior urethra if discharge cannot be expressed. If doing a Gen-Probe test, use the provided swab per manufacturer's instructions.
Roll a thin smear on to a slide and air dry. Perform the proper Gram stain procedure and microscopic exam with oil immersion lens.
 2. Female endocervix -- Obtain secretions by inserting sterile cotton or Gen-Probe swab into the endocervical canal and rotating slightly for at least 10 seconds. Prepare and examine slide the same as for a male specimen.

Interpretation of results:

1. The presence of Gram-negative intracellular diplococci means a presumptive diagnosis of gonorrhea.
2. If no Gram-negative intracellular diplococci are seen, gonorrhea is not ruled out until culture results are obtained. See page 47 for interpretation of Gram stain results in diagnosing nongonococcal urethritis (NGU).

B. Type of test: Gonorrhea Culture

Specimen: Discharge obtained on swab from exposed site inoculated on Martin-Lewis culture medium. (See Performance Standards on page 40.)

Urethral and endocervical specimens should be obtained as above for the Gram stain. The same sterile swab used for the Gram stain smear, or to clean the endocervix before obtaining a chlamydia test specimen, may be used to inoculate the culture medium. The female urethra should be the source of the specimen when the patient has had a hysterectomy.

Rectal specimens are obtained by inserting a cotton-tipped swab 2-3 cm. into the anal canal. If the tip is inadvertently pushed into feces, use another swab to obtain the specimen. Move swab from side to side; allow several seconds for secretions to be absorbed.

Specimens collected from prepubertal females should be obtained from the vaginal vault by separating the labia manually, exposing the introitus, and gently inserting and rotating a cotton-tipped swab.

Oropharyngeal specimens are obtained by swabbing the posterior pharynx and tonsillar crypts with a sterile cotton-tipped applicator.

Form: Gonorrhea Submission Form, #3568, Rev. 2/97-- **until replaced by Chlamydia and Gonorrhea Submission Form, #3568, Rev. 9/98**

Send to: Appropriate local lab, DHR Regional Lab or State Lab.

Interpretation of reported results

Unconfirmed positive = presumptive diagnosis of gonorrhea

Confirmed positive = definitive diagnosis of gonorrhea

The State and Regional Public Health Labs perform confirmation testing on specimens from all anatomical sites in adults; specimens from children, and specimens obtained for legal reasons from persons of any age, receive confirmation testing with two different tests.

Antibiotic sensitivity testing of positive isolates is performed on a selected number of specimens each month. Results will be reported to the provider only if they may impact on patient therapy.

C. Type of test: Nucleic acid probe (Gen-Probe)

[This test is available to clinics which are approved to submit one cervical or urethral specimen to test for both gonorrhea and *Chlamydia trachomatis*. For further information on this test, see page 44.]

PERFORMANCE STANDARDS for GONORRHEA CULTURES

1. Store fresh culture plates in a refrigerator* at 2-8 degrees C, agar side up, away from the freezer.
2. Bring culture plates to room temperature before inoculating.
3. Do not use plate if medium appears dry, cracked or pulled away from the edges, if it appears to have been frozen or if it is past the expiration date on the label.
4. Fill in the patient's name and date of inoculation on label.
5. Complete a separate information form for each plate.
6. Roll specimen swab in a "Z" pattern on the surface of medium. Cross-streak with the same swab, sterile stick end of another swab, sterile wire or plastic loop.
7. Place inoculated plate in carbon dioxide (CO²) atmosphere within 15 minutes.
 - a. When using a candle jar, relight the candle each time the lid is opened. Place candle in the bottom of the jar and do not stack more than 12 plates along side of it.
 - b. With the bag/pill CO² system, tear foil pack to expose pill and place pack in bag. Do not moisten pill!
8. Place plates in an incubator* (35-36 degrees C) within 2 hours of inoculating, and overnite before sending by courier or mail to an off-site lab. If no incubator is available, send plates to the lab the day of inoculation.
9. Mark the number of hours of pre-incubation on the lab form before shipping. If it is not appropriately marked, or if the specimen has not been preincubated a minimum of 18 hours, a report of "unsatisfactory" could result.
10. Pack plates and forms in a sturdy box, with sufficient padding. Padded bags are usually safe; manila envelopes are unacceptable.
11. First class, special handling, is the most economical and fastest method for mailing specimens to the lab (up to 2 pounds weight).
12. Specimens collected on Friday or the day before a holiday should be incubated over the weekend or holiday and mailed on the next appropriate mail service date.

* Refrigerator and incubator temperatures must be checked and recorded on a log each work

day.

(Test form)

Instructions for Chlamydia and Gonorrhea Test Form (#3568 Rev. 9/98)

- A. All submitter and patient information on the Laboratory Copy must be completed thoroughly. Make sure the correct clinic code numbers are used.
- B. Only one test form is needed for endocervical or urethral specimens for Gen-Probe testing, even if testing will be done for both chlamydia and gonorrhea. A separate form is needed for each gonorrhea culture specimen.

C. Reason for Test

This should be checked by the clinician.

Only one reason should be marked, as follows:

1. Routine Screen - test is part of a routine physical examination.
 2. Contact to Chlamydia - patient is a sex partner of a person with chlamydia.
 3. Contact to GC - patient is a sex partner of a person with gonorrhea.
 4. Medical-Legal - test is being done as part of a legal action.
 5. Other - test is being done for any other reason.
- D. Information on the Submitter and Program copies (yellow and pink copies) is to be completed per Chlamydia Program Protocol instructions, to assist in:
 1. Obtaining data from Chlamydia Project sites;
 2. Follow-up of positive chlamydia and gonorrhea tests; and
 3. Reporting the treatment of positives to the State STD Surveillance Unit.