

ANTIMICROBIAL RESISTANT GONORRHOEA

Information for GPs – please distribute to all staff

- **Gonorrhoea is increasing in NSW**
- **NSW recorded 2 extensively drug-resistant (XDR) gonorrhoea cases in March**
- **If symptomatic, collect swab(s) for gonorrhoea culture and PCR**
- **Collect swab for culture prior to initiating treatment for PCR-positive gonorrhoea**
- **Ensure sexual partners in the past 2 months have been notified and tested**
- **Undertake test-of-cure 2 weeks after treatment is completed**

Current situation

- Gonorrhoea notifications in NSW almost doubled from 2022 to 2024, with over 14,000 notifications in 2024. This is the highest number of gonorrhoea notifications ever received in one year.
- There is an increase in the prevalence of multidrug resistant (MDR) and extensively drug resistant (XDR) gonococcal infection with cases of XDR cases emerging globally especially in South-East Asia.
- MDR and XDR gonorrhoea are determined by their levels of resistance to both ceftriaxone and azithromycin on culture-based susceptibility testing.
- NSW recorded two XDR gonorrhoea cases in March 2025. One was acquired in Cambodia, while the other is a locally acquired case with unknown source.

History-taking and testing of cases

- **Obtain travel history as part of history-taking.** Have a high index of suspicion for drug-resistant gonorrhoea if the patient has recently travelled overseas, particularly to South-East Asia.
- If symptomatic, collect appropriate swab(s) for culture and PCR from relevant sites.
- **Collect a swab for culture before starting treatment** for PCR-positive gonorrhoea to enable detection of antimicrobial resistance.
- Opportunistically screen for other STIs, including chlamydia, syphilis, HIV, and hepatitis B.

Treatment – correct treatment of gonorrhoea prevents the emergence of resistant strains

- For **ano-genital** gonorrhoea, treat with IM ceftriaxone 500mg (in 2mL of 1% lignocaine) and oral azithromycin 1g stat.
- For **oro-pharyngeal** gonorrhoea, treat with IM ceftriaxone 500mg (in 2mL of 1% lignocaine) and oral azithromycin 2g stat.
- Treatment with ceftriaxone and azithromycin for positive gonorrhoea PCR-positive cases can be initiated while waiting for culture results.
- Treatment for MDR and XDR gonorrhoea can be discussed with your local sexual health service or infectious diseases physician.

Follow up after treatment - test of cure is recommended for all gonorrhoea cases

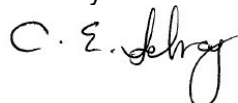
- Advise patients to avoid sexual contact for 7 days after treatment is commenced or until symptoms resolve (whichever is later) and avoid unprotected sex with untested or untreated sexual partners from the last 2 months.
- Test of cure should be performed from each site of infection by PCR 2 weeks after treatment is completed.

Contact tracing is a high priority and the responsibility of the treating clinician to discuss with patients

- Contact tracing is essential for all people with gonorrhoea to reduce transmission and prevent re-infection. All partners should be traced back for a minimum of **2 months**.
- The following websites can help patients to tell their partners: www.letthemknow.org.au, www.thedramadownunder.info (for men who have sex with men), and www.bettertoknow.org.au (for Aboriginal and/or Torres Strait Islander people)
- NSW Sexual Health Infolink (SHIL) can help on **1800 451 624** between Monday to Friday 9am-7pm.

Further information is available at <https://sti.guidelines.org.au/>

Thank you for testing, treating and contact tracing gonorrhoea.



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