

Multidrug resistant gonorrhoea

Information for GPs and clinicians in NSW - please distribute to all staff in your facility



Key messages

1. Local transmission of multidrug resistant gonorrhoea is increasing in NSW in heterosexual people, including recent cases with links to female sex workers.
2. In symptomatic patients, collect swab(s) for gonorrhoea culture and PCR prior to treatment.
3. Test of cure should be performed 2 weeks after treatment is complete.
4. Ensure sexual partners in the past 2 months have been notified and tested to reduce transmission.

Current situation

- There have been 11 cases of multidrug resistant (MDR) gonorrhoea diagnosed in NSW so far in 2026, following 41 cases in 2025.
- This includes 5 extensively drug resistant (XDR) cases since February 2025.
- Local transmission of MDR gonorrhoea is increasing in NSW, particularly in heterosexual people.
- Several MDR gonorrhoea cases have disclosed contact with female sex workers.

For patients presenting with symptoms of gonorrhoea or who are PCR-positive

- Obtain risk history including travel and contact with sex workers.
- **Collect a swab for culture** prior to treatment, whether symptomatic and/or diagnosed by PCR.
- Concurrent screening for other sexually transmitted infections, including chlamydia, syphilis, HIV, and hepatitis B is recommended.

Correct treatment of gonorrhoea prevents the emergence of MDR and XDR strains

- For **anogenital** gonorrhoea, treat with IM ceftriaxone 500mg (in 2mL of 1% lignocaine) and oral azithromycin 1g stat.
- For **oropharyngeal** gonorrhoea, treat with IM ceftriaxone 500mg (in 2mL of 1% lignocaine) and oral azithromycin 2g stat.
- If PCR positive, do not delay treatment with ceftriaxone and azithromycin while waiting for culture results.
- If you receive a notification of MDR or XDR gonorrhoea, contact your local sexual health service or infectious diseases physician for treatment advice.

Advice on sexual activity and a test of cure is recommended for all gonorrhoea cases

- Advise patients to avoid sexual contact for 7 days after commencing treatment or until symptoms resolve (whichever is later) and avoid unprotected sex with untested or untreated sexual partners from the last 2 months.
- A test of cure (ToC) should be performed from each site of infection by PCR 2 weeks after treatment is completed. If ToC is positive, contact your local sexual health service or infectious diseases physician.

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 sexual partners should be traced back for a minimum of 2 months.
- The following websites can help patients to notify their sexual 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 assist with contact tracing 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 for gonorrhoea.

A handwritten signature in black ink, appearing to read 'V. Sheppeard'.

Dr Vicky Sheppeard

A/Executive Director, Health Protection NSW
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