

Public Health Alert

To: Ottawa Physicians and Nurse Practitioners

Date: January 27, 2025

From: Dr. Michelle Foote, Associate Medical Officer of Health

Subject: **Updated treatment recommendations for *N. gonorrhoeae***

Dear Colleagues,

Please see the attached memo (available only in English) from the Ministry of Health regarding updated treatment recommendations for *N. gonorrhoeae*.

The Public Health Agency of Canada (PHAC) has provided updated interim [guidance on the treatment of *N. gonorrhoeae* infections](#), due to changing patterns of antibiotic resistance. The preferred treatment for uncomplicated (urethral, endocervical, vaginal, rectal and pharyngeal) gonococcal infections in adults and adolescents 10 years or older (including pregnant people) is now **ceftriaxone 500mg IM as a single dose**. Note that this is a higher dose of ceftriaxone than in previous guidance and is now used as a monotherapy; azithromycin is no longer indicated as part of the preferred treatment regimen if *C. trachomatis* infection has been ruled out. If *C. trachomatis* infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended. See PHAC [guidance on the treatment of Chlamydia and LGV](#) for further details.

Further guidance is anticipated about the management of complicated gonococcal infections, such as pelvic inflammatory disease, as complicated infections were not included in the interim guidance update.

Updated Treatment Recommendations

Refer to PHAC interim [guidance on the treatment of *N. gonorrhoeae* infections](#) for details on treatment considerations and contraindications. Final treatment recommendations will be provided by PHAC following completion of their review.

- Preferred treatment of all uncomplicated infections (interim guidance):
 - Ceftriaxone 500mg IM as a single dose (monotherapy)

- Alternative treatment options (interim guidance):
 - Cefixime 800mg PO in a single dose plus doxycycline 100mg PO BID x 7 days
 - Cefixime 800mg PO in a single dose plus azithromycin 1g PO in a single dose
 - Azithromycin 2g PO in a single dose plus gentamicin 240mg IM in a single dose
 - Gentamicin 240mg IM in a single dose plus doxycycline 100mg PO BID x 7 days

At this time, individuals that have been treated for *N. gonorrhoeae* infection using the previous preferred treatment (ceftriaxone 250mg plus azithromycin 1g) do not require retreatment. Test of cure is particularly important in this situation when a regimen other than ceftriaxone 500mg IM has been used.

Test of Cure

A test of cure (TOC) is recommended for all sites positive for *N. gonorrhoeae*. TOC using nucleic acid amplification testing (NAAT) can be obtained at least 3-4 weeks after completion of treatment, and TOC using culture can be obtained at least 3 days after completion of treatment. When treatment failure is suspected more than 3 weeks after completion of treatment, both NAAT and culture are recommended.

Repeat screening continues to be recommended 6 months following treatment.

Publicly funded STI medications

Publicly funded medications for treating STIs can be ordered from OPH and are delivered free-of-charge directly to your clinic. Visit [STI Medication Ordering](#) for more details and to place an order.

Previously ordered STI medications can continue to be used prior to their expiry date. Two of the 250mg vials of ceftriaxone can be administered to complete the preferred treatment regimen for *N. gonorrhoeae* (ceftriaxone 500mg IM as a single dose), and azithromycin tablets can be used for the treatment of chlamydia infections, as indicated. Note that at this time, 500mg vials of ceftriaxone are not available in Canada.

Resources:

- PHAC: [Sexually transmitted and blood-borne infections: Guides for health professionals](#) (formerly *Canadian Guidelines on STIs*).
- Public Health Ontario Laboratory: [Test Information Index](#). Scroll down to *N* for *Neisseria gonorrhoeae*.
- Public Health Ontario: [Gonorrhea](#). Treatment guidance is in the process of being removed and updated. Information continues to be available on the epidemiology of gonorrhea infections, including a recently published surveillance report, [Gonorrhea in Ontario: Focus in 2023](#).
- Ottawa Public Health: Order free [STI medications](#) and free [condoms for clinic waiting rooms](#).

- [GetaKit.ca](https://getakit.ca) Online HIV and STI Testing Service: eligible persons in Ottawa can obtain clinically indicated HIV and STI testing services through [GetaKit.ca](https://getakit.ca), including at-home HIV self-tests, and requisitions for laboratory-based testing for chlamydia, gonorrhea, syphilis, hepatitis C, and HIV.

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January 24, 2025

Dear Colleagues,

We are writing to share information regarding revised gonorrhea treatment guidance. The Public Health Agency of Canada (PHAC) has revised guidelines for *Neisseria gonorrhoeae* (gonorrhea) infection treatment in the [Canadian Guidelines for Sexually Transmitted Infections](#). There will no longer be Ontario-specific gonorrhea treatment guidance, and previous guidance will be removed from the Public Health Ontario website.

In the revised guidelines, the [preferred treatment recommendation](#) for uncomplicated gonococcal infection (i.e., urethral, endocervical, vaginal, rectal, and pharyngeal infections) is **ceftriaxone 500mg IM as a single dose**. Health care providers can consult the guidelines for alternative treatment options if required. For patients for whom chlamydia infection has not been ruled out with a negative test, concurrent treatment for chlamydia should also be offered as per PHAC's [Chlamydia and LGV Guidance](#).

The guidelines recommend specimen collection for **culture** when feasible (to assess drug sensitivity) in addition to specimens for nucleic acid amplification testing (NAAT) (for greater sensitivity), especially in cases of suspected treatment failure (e.g., persistent/recurrent symptoms), infection acquired in areas with high rates of antimicrobial resistance, symptomatic patients, pelvic inflammatory disease (PID), pregnancy, sexual abuse/sexual assault, or an asymptomatic individual notified as a contact of a gonorrhea case.

The guidelines also recommend a **test of cure** for all positive sites in all cases. Recommendations for test of cure depend on timing after treatment completion and the patient's symptom status:

- If test of cure is done 3 to 21 days after treatment completion, culture is recommended regardless of the patient's symptom status

- If test of cure is done after 21 days from treatment completion and the patient is
 - asymptomatic - NAAT is recommended
 - symptomatic - both culture and NAAT are recommended

You can access additional information on gonorrhea testing and treatment through the [Canadian Guidelines for Sexually Transmitted Infections](#), and on testing through [Public Health Ontario's laboratory](#).

Thank you and wishing you all the best for 2025.

Sincerely,

Office of the Chief Medical Officer of Health

c:

Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Ontario Ministry of Health

Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health, Public Health, Ontario Ministry of Health

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