

Suspected Treatment Failure Criteria for Gonorrhea

Category I

Patients with persistent symptoms lasting 3–5 days or longer after CDC recommended treatment

Reinfection likely?

Yes.

If suspect reinfection, re-treat with the recommended weight-based antibiotic regimen for uncomplicated GC.

Obtain test of cure (TOC) prior to re-treatment.
Consult the TOC Decision Tree for Gonorrhea
www.dhs.wi.gov/publications/p03528.pdf.

No.
(No sexual contact reported since treatment.)

Have untreated infections (Chlamydia, trichomoniasis, *Mycoplasma genitalium*) been excluded?

Yes.

Test and treat other untreated infections.

No.

Category II

Patients with **positive test of cure (TOC)** who report **no sexual contact** since treatment

Positive TOC: a positive culture at least 72 hours after treatment *or* a positive nucleic acid amplification test (NAAT) obtained ≥ 8 days after recommended treatment for anogenital or ≥ 14 days for pharyngeal gonorrhea.

Patients with a recent positive TOC solely from NAAT should have additional samples collected for antimicrobial susceptibility testing (AST)* when returning for treatment.

If culture TOC is positive and **susceptible** to cephalosporins:

Treat with recommended antibiotic regimen for suspect treatment failure.

No known allergy to cephalosporin

Treat with 1 g IM Ceftriaxone

Allergy to cephalosporin

Dual treatment with Gentamicin** 240 mg IM *plus* azithromycin 2 g orally

If culture TOC is positive and has **decreased susceptibility** to cephalosporins:

Treat resistant gonorrhea. If cephalosporin MIC*** is:
• Low (<1), treat with Ceftriaxone 1 g IM.
• High (>1), treat with Ceftriaxone 1 g IM *plus* azithromycin 2 g orally.****

Report to your local and state health department within 24 hours.*

Obtain culture specimens for AST *and* NAAT of all patient sexual partners within the preceding 60 days at all anatomic sites of sexual activity prior to empirical treatment.

Category III

Patients treated with an **alternative regimen**, reinfection is unlikely, and who have persistent symptoms or a positive TOC.

These cases should be managed per the WI-Milwaukee STF and TOC decision trees.

*DHS can help arrange for AST and culture testing at no cost to WI providers and public health professionals. Contact DHSDPHARGC@wi.gov for guidance.

**Gentamicin has poor efficacy for pharyngeal infection. Ceftriaxone should be used whenever possible.

***Minimum Inhibitory Concentration (MICs) for ceftriaxone.

****Treat sexual partners with the same treatment as patient.

CDC (Centers for Disease Control and Prevention) provided support for the Wisconsin Strengthening U.S. Response to Resistant Gonorrhea Project.

This document was created in collaboration with the City of Milwaukee Health Department.

