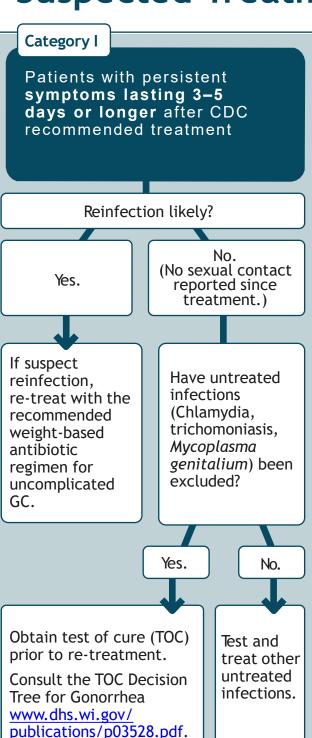
Suspected Treatment Failure Criteria for Gonorrhea



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

Allergy to cephalosporin

Ceftriaxone

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.

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