

ADULT BEST PRACTICE FLASH CARD

Gonorrhea and Chlamydia

DIAGNOSIS

Patient encounter

ASSESS patient with risk factors (exposures) for signs & symptoms

Signs & Symptoms

Urogenital Infection (Note: Gonorrhea is often asymptomatic in both females and males.)

Females

- Cervicitis
- Vaginal pruritis
- Abnormal vaginal bleeding
- Vaginal discharge
- Dysuria/urethritis
- Symptoms of pelvic inflammatory disease

Males

- Dysuria/urethritis
- Penile discharge
- Epididymitis — painful testicle(s)

Extragenital Infection (rectum and pharynx most common sites) — All patients

- Commonly asymptomatic
- Proctitis — tenesmus, anorectal pain and/or itching, discharge
- Pharyngitis — sore throat, pharyngeal exudates, cervical lymphadenitis
- Conjunctivitis — conjunctival infection and discharge

OBTAIN diagnostic test

Urogenital Infection

Source	Test Code	Transport Media ¹
Urine (<i>all patients</i>)	GCLPCR (Intermountain)	5 ml first-catch urine in sterile container or APTIMA Urine Specimen Collection Kit
Cervical/endocervical		ThinPrep or SurePath liquid-based cytology specimens (from PAP testing)
Vaginal, cervical, endocervical Penile exudate or male urethral swab		APTIMA Unisex Swab Specimen Collection Kit, APTIMA Vaginal Swab Specimen Collection Kit (approved for self-collection, preferred for female over urine APTIMA), Flocked swab in UTM/M4, or Red top or Green top swab

Extragenital Infection

Source	Test Code	Transport Media ¹
Rectal swab	2011164 (ARUP)	APTIMA Unisex Swab Specimen Collection Kit
Pharyngeal swab	2011165 (ARUP)	APTIMA Unisex Swab Specimen Collection kit
<i>N. gonorrhoeae</i> culture may be performed on any urogenital or extragenital source, but should ONLY be used for test of cure	GCC (Intermountain)	Specimens must be collected in an ESwab or Amies transport medium with charcoal

¹Call Intermountain Laboratory Services (801-507-2110) when transport media are needed.

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TREATMENT

Positive (+) Gonorrhea Test

PRESCRIBE antibiotics^{1,2}

Preferred Regimen

Ceftriaxone

<150 kg: 500 mg IM in a single dose

≥150 kg: 1,000 mg IM in a single dose

Alternative Regimens

If ceftriaxone is unavailable:

Cefixime³

(**Not approved** for extragenital infection)

800 mg PO in a single dose

OR

Azithromycin

2 g PO in a single dose

PLUS

Gentamicin

240 mg IM in a single dose

NOTE: Treatment of gonococcal infection using dual therapy with azithromycin is NO LONGER recommended due to increasing resistance.

Positive (+) Chlamydia Test

PRESCRIBE antibiotics⁴

Preferred Regimen

Doxycycline monohydrate

100 mg PO BID for 7 days

Alternative Regimens

Azithromycin

1 g PO in a single dose

OR

Levofloxacin

500 mg PO daily for 7 days

NOTE: Utah law ([Rule R386-702](#)) requires that gonorrhea and chlamydia cases be reported to either a [local health department](#) or the [Utah Department of Health](#) (secure fax: 801-538-9923; secure email: epi@utah.gov). The [HIPAA Privacy Rule](#) permits disclosures of protected health information to public health authorities when required by law.

¹ It is recommended to obtain a 2-week test-of-cure for oropharyngeal gonococcal infection, only retest shortly after infection for urethral, vaginal and rectal if treatment failure is suspected. If re-treatment is being considered, obtain a new specimen for both molecular testing (**Intermountain Test Code: GCPCR**) and culture with antimicrobial susceptibility testing (**Intermountain Test Code: GCX**).

² Consult with Infectious Disease for disseminated gonococcal infection as it requires more aggressive therapy.

³ If **cefixime** is used, follow with a test of cure (i.e., *N. gonorrhoeae* **culture**) 2 weeks post-treatment.

⁴ **Doxycycline** should be preferentially used, especially in symptomatic male patients or those with rectal chlamydia. **Azithromycin** is the preferred alternative for treatment of chlamydia, especially in pregnant women.