

# Wisconsin-Milwaukee SURRG\* Clinic Suspect Treatment Failure (STF) for Neisseria gonorrhoeae (GC)

## CRITERIA FOR SUSPECT TREATMENT FAILURE

### CATEGORY I

Patients with persistent symptoms  $\geq 3-5$  days after CDC recommended Rx

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 WI-Milwaukee SURRG TOC Decision Tree for Neisseria gonorrhoeae.

No  
(No sexual contact reported since treatment.)

Untreated Infections (chlamydia, trichomoniasis, Mycoplasma genitalium) have been excluded?

Yes

Obtain test of cure (TOC) prior to re-treatment.

Consult WI-Milwaukee SURRG TOC Decision Tree for Neisseria gonorrhoeae.

No

Test/treat other untreated infections.

### CATEGORY II

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

A Positive TOC is defined as a positive culture at least 72 hours after treatment *or* a positive nucleic acid amplification test (NAAT) obtained  $\geq 8$  days after recommended treatment for anogenital or  $\geq 14$  days for pharyngeal gonorrhea.

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

Treat with recommended antibiotic regimen for suspect treatment failure.

No known allergy to cephalosporin

Ceftriaxone 1 g IM

Allergy to cephalosporin

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

\*\*\*Empirically treat sexual partners with the same treatment as patient:  
If patient Cephalosporin MIC is low ( $\leq$ ) treat with 1 g IM Ceftriaxone  
If patient Cephalosporin MIC is high ( $\geq$ ) treat with dual treatment with Gentamicin\*\* 240 mg IM *plus* azithromycin 2g orally.

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

For resistant GC regardless of whether sexual contact is reported since prior treatment:

If Ceftriaxone MIC is low ( $<1$ ) treat with Ceftriaxone 1 g IM  
If Ceftriaxone MIC is high ( $\geq 1$ ) dual treat with Gentamicin\*\* 240 mg IM *plus* azithromycin 2g orally\*\*\*

Report to your local health department within 24 hours.

Obtain culture specimens for culture susceptibility testing *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 meeting any of the criteria for suspect treatment failure after initial treatment with an alternative regimen (Cefixime or Gentamicin)

These cases should be managed per the WI-Milwaukee STF and TOC decision trees for Category I and Category II criteria for suspect treatment failure.

\*\*Gentamicin has poor efficacy for pharyngeal infection. For suspected pharyngeal treatment failure, treat with ceftriaxone 1 g whenever possible.



Support Provided by the Centers for Disease Control and Prevention (CDC)  
\*Strengthening U.S. Response to Resistant Gonorrhea (SURRG) Project.