NURSING TREATMENT GUIDELINES FOR POSITIVE LAB RESULTS:

Revised 7/23/2013

GONORRHEA (GC) TEST

ASSESSMENT

- Document Allergies, especially to antibiotics
- *Any change in symptoms (fever, chills or severe abdominal pain) since seeing provider.*
- History of and/or exposure to STIs, # of partners in last year
- Menstrual pattern for women, including LMP and birth control method

TREATMENT

- **Non-pregnant patients:**
  - CEFTRIAXONE (Rocephin) 250mg IM, single dose. **Only if provider is in the clinic**

  PLUS
  - AZITHROMYCIN (Zithromax) 1G TAB 1 PO STAT **OR**
  - DOXYCYCLINE (Vibromycin) 100mg TAB 1 BIDX7D #14

  **As per the CDC and the state health department, treatment of gonorrhea should always include the dual therapy above, both as an attempt to combat early patterns of resistance to cephalosporins in the treatment of GC, as well as to presumptively treat a possible co-infection with Chlamydia, rates of which can be as high as 46%.

- **Pregnant patients**:
  - CEFTRIAXONE (Rocephin) 250mg IM, single dose. **Only if provider is in the clinic**

  PLUS
  - AZITHROMYCIN 1 G TAB PO ONCE **or**
  - AMOXICILLIN 500 MG CAP 1 PO TID × 7 DAYS #21 **or**
  - ERYTHROMYCIN BASE (Erythrocin) 500mg TAB 1 QIDX7D #28

  **As per the CDC and the state health department, treatment of gonorrhea should always include the dual therapy above, both as an attempt to combat early patterns of resistance to cephalosporins in the treatment of GC, as well as to presumptively treat a possible co-infection with Chlamydia, rates of which can be as high as 46%.

- **Partner treatment**
  - Encourage patient to register and become Clinica patient. If this is not optional recommend that partner seek medical care for treatment. DO NOT treat partner if they are not a registered patient.
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FOLLOW-UP TREATMENT

- *Always bring a pregnant patient back 3 weeks after treatment for test of cure*. Pregnant patients should also be re-tested in 3 months if still pregnant.
- Patients with STIs (and those with Chlamydia in particular) are at increased risk of acquiring HIV, HPV and Hepatitis. Offer provider visit for STI consult and testing.
  - Recommend Hepatitis B testing and vaccination to anyone whose vaccine series is not complete.
  - Recommend testing for HIV and RPR now with repeat at 2 and 6 months, via MA, nurse, or provider visit according to patient preference and current access for the various visit types
- Chlamydia is associated with high rates of re-infection, often from the current or established partner. Recommend the patient to be re-tested in 3-6 months regardless of status of partner treatment.

PATIENT EDUCATION

- Recommend provider appointment for test of cure 3 weeks post treatment and evaluation of other sexually transmitted infection screenings.
- NO INTERCOURSE during treatment and for 1 week post treatment.
- Partner may not have symptoms but needs treatment anyway.
- Condoms may reduce the spread of, but not prevent completely, the transmission of gonorrhea.
- PID is more common in women who have had gonorrhea.
- Even with treatment, women are at risk to get salpingitis, an ectopic pregnancy, infertility, and menstrual abnormalities
- Complications if untreated include dermatitis, carditis, meningitis, and arthritis
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REPORTING

- We are required to notify Colorado State Health Dept. that patient has been **treated** for Gonorrhea.
  - This is now accomplished via a report generated by IT that runs weekly. It is no longer necessary to call or fax any information.
  - Occasionally, there is an issue with the treatment data not getting transmitted properly and the site will receive a request for information from the CDPHE. If this occurs, fax the form with the information and contact IT with specifics about the encounter so they can trouble-shoot the reason for the transmission problem.
  - Form is located here: ..\Section IV_Reference\STI reporting\CDPHE Confidential Report of STIs.DOC
- Quest Labs reports all positive Gonorrhea cases to the Colorado Department of Public Health and Environment within 7 days of diagnosis. Their contact information is 1(800) 866-2759 or (303) 692-2700 (after hours (303) 370-9395). Information collected includes patient's name, DOB, sex, race, ethnicity, address and phone number as well as the provider's name, address, and phone number.

CALL BACK FOR APPOINTMENT WITH PROVIDER IF:

- Patient reports exposure to HIV positive partner
- Symptoms of complications listed under education
- Worsening symptoms of PID since seeing provider (e.g., severe abdominal pain, lower abdominal cramping, intermenstrual bleeding, dysparenia, fever and chills, malaise, nausea and vomiting, foul smelling discharge, aching pain, backache).

DOCUMENT ALL OF ABOVE IN MEDICAL RECORD AND HAVE PCP COSIGN

GENERAL INFORMATION/INTERESTING FACTS

- Gonorrhea is the second most commonly reported communicable disease in the United States
- Highest reported rates are among adolescents and young adults, minorities, and persons living in the southeastern United States. There are slightly higher reported rates in men than in women (may be due to higher incidence of noticeable symptoms in men than women.)
  - Rates were highest in women ages 15 to 19 years (634.7 cases per 100,000 population in 2003) and men aged 20 to 24 years (465.9 cases per 100,000 population in 2003).
  - Rates among blacks were 20 times higher [than in whites] in 2003, compared with 11 times higher in 1981. In 2003, reported rates among blacks & whites were 655.8 & 32.7 cases per 100,000 population.

    - Reasons for racial disparity are not well understood but probably include differences in health services access and utilization, geographic clustering of populations, other interrelated social and economic factors, and sexual partner choices along both socioeconomic and racial lines. In addition, differential reporting by public and private health care providers may magnify the racial differences.

- Risk factors and risk markers for gonorrhea include recent new sexual partner or multiple sexual partners, being unmarried, young age, minority ethnicity, low educational and socioeconomic levels, substance abuse, and previous gonorrhea
- Gonorrhea and HIV:
    - Acquisition of gonorrhea implies risky sexual behavior
    - Presence of gonorrhea infx appears to facilitate both the transmission and acquisition of HIV
- Studies show that 50-76% of women will contract Gonnorhea after just one documented exposure to an infected male sexual partner. In one study this number increased to 93% with repeated exposures.
- Women: most common site of infection is cervix.
    - Cervical infection causes no symptoms in ~50% of cases. If symptoms do occur, they are vaginal itching, abnormal vaginal discharge, or vaginal bleeding between menstrual periods. Infection of the urethra can cause burning during urination.
    - Infection of anus and rectum causes no symptoms in most cases. When present, symptoms include anal itching, rectal discharge, rectal fullness, and painful defecation. Even women who do not engage in rectal intercourse can become infected in this area due to contact with vaginal secretions.
    - Rarely, a woman's Bartholin's glands and Skene's glands can become infected, primary symptom is vaginal discomfort. Infection of the throat/mouth may cause a sore throat, but usually no sxs at all.
- In men, 90 percent do experience symptoms, including painful urination and a milky penile discharge. Epididymal infection can develop, causing pain and swelling in one testicle.
    - Infection of the rectum can develop among men who have sex with men. Symptoms include a rectal discharge, rectal fullness, constipation, pain. Symptoms usually develop within 4-8 days of infx, although it can be up to 30 days in some men.
- If untreated, gonorrhea can lead to joint infections and arthritis. Women can develop pelvic inflammatory disease while men can develop epididymitis. Also, higher risk of becoming infected with HIV.
    - Pelvic inflammatory disease (PID) occurs in women when gonorrhea spreads from the cervix to the uterus and fallopian tubes. This can cause abdominal or pelvic pain, pain during intercourse, and occasionally, chronic pelvic pain. PID occurs in 10 to 40 percent of women with cervical gonorrhea, which can scar the fallopian tubes and lead to infertility and an increased risk of ectopic pregnancy.
    - Epididymitis can occur in men with untreated gonorrhea, and can lead to infertility as a result of scarring of the epididymis. The epididymis collects sperm after it leaves the testis.
- Infants infected with gonorrhea during birth can develop a serious eye infection, which can potentially cause blindness. As a result, pregnant women are routinely tested for gonorrhea during pregnancy and infants are routinely given a one-time eye treatment with antibiotic ointment immediately after birth.
- Information found at Uptodate, 2009.