COVID-19: Treatment of gonorrhoea

During the COVID-19 pandemic, many sexual health services may be unable to see patients face to face, due to staff sickness or redeployment. This creates a problem for treating patients with gonorrhoea who require IM ceftriaxone. The second line oral treatment options in the BASHH Gonorrhoea guideline are not ideal for empirical therapy (i.e. in the absence of AMR testing) and may lead to treatment failure. There will also be variability in the available treatment options in different areas over time.

We would therefore advise the following:

1. Where possible, give IM ceftriaxone 1g.
2. If IM ceftriaxone cannot be given, then the preferred oral therapy is cefixime 400mg plus azithromycin 2g. Currently cefixime resistance is low (2% GRASP 2018).
3. If cefixime is not available (due to supply issues), clinics may wish to give azithromycin 2g monotherapy or azithromycin 2g plus ciprofloxacin 500mg. Azithromycin resistance is high (9.7% GRASP 2018) and so in the absence of AMR testing, treatment failure may occur. The addition of ciprofloxacin may reduce the risk of treatment failure, as approximately half of isolates which are resistant to azithromycin remain susceptible to ciprofloxacin. Dual therapy may also reduce the likelihood of resistance emerging during treatment.

If the ability to offer test of cure is restricted, this should be offered to:

1. Patients who remain symptomatic after treatment.
2. Patients who were not treated with ceftriaxone.

BASHH Gonorrhoea Guideline writing group, on behalf of the Clinical Effectiveness Group

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