



January 4, 2021

## **Health Care Provider Advisory: Management of Disseminated Gonorrhoea**

### **Epidemiology**

- Since May there have been reports of cases diagnosed with disseminated gonorrhoea including sepsis and joint involvement in the Kenora and Sioux Lookout area
- Overall gonorrhoea (all cases) rates for the Kenora area have not increased but it is noted that gonorrhoea rates did increase in the Dryden area in March and June
- Manitoba Public Health has also noted an increase in rates of gonorrhoea and disseminated gonorrhoea

### **Risk Factors**

The most common risk factors for gonorrhoea cases in the Kenora area are: unprotected sex, intercourse with opposite sex, multiple contacts and new contact in past 6 months, repeat STI, under-housed/homeless, substance use/IVDU.

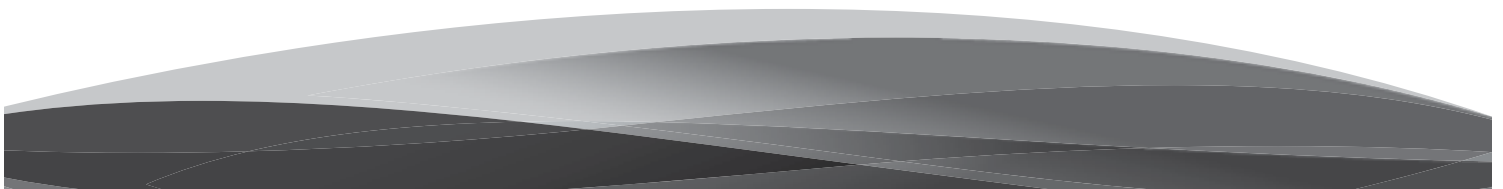
### **Challenges**

For these cases there are significant challenges:

- Difficulty in locating the cases; especially those who are homeless or under-housed
- Inadequate treatment; treatment is over a course of weeks and sometimes requires IM or IV treatment.

### **If you suspect disseminated gonorrhoea**

- Notify the NWHU with any suspect cases
- Counsel regarding:
  - importance of completing treatment
  - risk of reinfection and the need to get partners tested/treated
  - need for test of cure
  - options to get support and other services if need be
- Collect as much information as possible regarding how to reach the individual (where they are staying, alternate phone numbers, where they work, social media profile, etc.)
- If starting on treatment series, ensure a plan to get the series completed
- NAAT and culture specimens from urogenital and extragenital mucosal sites, as applicable, should be collected, in addition to culture specimens from disseminated sites of infection





## Northwestern Health Unit

www.nwhu.on.ca

### Case Management

- Referring to an infectious disease specialist is recommended for disseminated gonorrhoea
- Treating disseminated gonorrhoea requires a series of daily doses of antibiotics administered IM or IV (see Public Health Agency of Canada in resources)
- Ensure plan for treatment – this can include the NWHU or other healthcare providers
- Test of cure
  - Recommended 3-7 days upon treatment completion (culture), or 2-3 weeks (NAAT). Ideally a culture taken from same source as initial test, but TOC decisions should be based on various factors such as treatment compliance, clinical improvement, risk of re-exposure and feasibility. Culture is best.
- Contact tracing should be done for all cases of disseminated gonorrhoea or PID– this can be done by the testing provider or public health

### Resources

- Guidelines for the management of uncomplicated gonorrhoea – [PHO Gonorrhoea Treatment Quick Reference](#)
- Guidelines for management of complicated gonorrhoea – [Public Health Agency of Canada](#)
- PID – diagnosis, management treatment – [Public Health Agency of Canada](#)

Please contact me if you have any questions or concerns.

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