

# Management of Gonorrhea Treatment Failure: Public Health Follow-Up (PHFU) Guidelines

## Overview

The management of Gonorrhea in the US largely relies on the availability of effective antibiotic treatments. The U.S. Centers for Disease Control and Prevention (CDC) encourages health departments to continuously monitor gonorrhea and be prepared to minimize the possible impacts of ceftriaxone resistant gonorrhea on local communities.

The Department of State Health Services (DSHS) Austin laboratory received DIS workforce grant funding to expand laboratory capabilities for *Neisseria gonorrhoeae* antimicrobial susceptibility testing (AST) in January 2023. The DSHS lab now accepts specimens for testing in cases of suspected GC treatment failure.

The anticipated workload depends on the number of submissions to the DSHS lab. Well-prepared DIS improve community rapport, partner indexes, and treatment outcomes.

This guide only highlights key aspects of follow-up. The DSHS Program Operating Procedures and Standards (POPS) apply to each PHFU investigation and include other applicable instructions.

## Coordination of Clinical and Investigation Management

Local and regional PHFU program staff coordinate with clinical, lab, Centers for Disease Control and Prevention (CDC), DSHS PHFU, and prevention training center staff during case investigations. DSHS provides the client's clinical care provider(s) with the DSHS [Management of Gonorrhea Treatment Failure](#) guidance and additional guidance provided by experts at the CDC and the Denver Prevention Training Center (PTC).

Local and regional PHFU staff:



1. Initiate a T1 field record for the date the health department receives notification of probable treatment failure. The local health department assigns the T1 to a disease intervention specialist (DIS) for PHFU.



2. Complete and submit the CDC's [Suspected Gonorrhea Treatment Failure Consultation Form](#) within **24 hours** of identifying a case of treatment failure, and upload the form to the database management system.
  - A local health department designee (DIS, first line supervisor [FLS], nurse supervisor, etc.) gathers the requested information on the form.
  - The form does not collect personal-identifying information. The CDC follows up with submitters.

## Gonorrhea Treatment Failure PHFU Investigation Criteria

### Suspected Gonorrhea Treatment Failure:

- The client's symptoms do not resolve in three to five days **and** the client has a positive test-of-cure (TOC) with no sexual contact since treatment.

### Confirmed Gonorrhea Treatment Failure:

- The client has a positive TOC with evidence of decreased susceptibility to cephalosporins on AST, regardless of whether the client reported sexual contact since treatment.

## PHFU Responsibilities

Chapter 9 of the POPS requires an interview period of 60 days (two months preceding the client's initial gonorrhea diagnosis date).

- **Index Patient:** The DIS conducts the partner services interview and follow-up (POPS Chapter 9). The DIS completes an original interview for confirmed investigations and a presumptive interview for suspected investigations.
  - ▶ Discuss gonorrhea treatment failure disease comprehension with the client.
  - ▶ Obtain the index patient's medical records for STD testing and treatment in the past 12 months. Upload to the database management system.
- **Sexual Partners:** Timely partner notification intervenes in the spread of suspected treatment-resistant gonorrhea. The DIS initiates sexual partners within two business days and notifies partners of their exposure. The DIS or investigating staff member:
  - ▶ Gives sexual partners appropriate disease education and testing recommendations for suspected gonorrhea treatment failure.
  - ▶ Recommends the GC Nucleic Acid Amplification Test (NAAT) and culture for AST at all sites of exposure. Examples of exposure site testing include a vaginal swab, a pharyngeal swab (throat), a rectal swab, an endocervical swab, and a penile swab.
  - ▶ Ensures sexual partners receive the same treatment as the index patient. If an effective treatment for the index patient has not yet been determined, empirically treat sexual partners with the recommended ceftriaxone regimen.
  - ▶ Recommends retreatment based on test results or new information from the index case and in consultation with experts at the CDC or Denver PTC.

## Resources for Staff

- The Denver PTC and DSHS produced the webinar [Managing Superbugs: Antibiotic-Resistant Gonorrhea \(GC\) in Texas](#). The webinar highlights the urgent public health concern of ceftriaxone-resistant gonorrhea.
- The [Management of Gonorrhea Treatment Failure](#) guidance contains information on the identification, evaluation, and management of possible treatment failure.
- You can find general information on the [Drug-Resistant Gonorrhea \(cdc.gov\)](#) and [Increasing Antibiotic Resistance in Gonorrhea Outlined \(ncsddc.org\)](#) webpages. The NCSD infographic helps communicate basic infection information to clients and their partners.

