

The purpose of this quick reference document is to support uptake of recommendations outlined in the [Ontario Gonorrhea Testing and Treatment Guide](#), which was developed based on Ontario-specific data. Ontario clinicians should use the gonorrhea treatment recommendations outlined in the Guide and this quick reference document. Treatment of other sexually-transmitted infections (STI) should follow [national guidance](#). Individual case counselling and STI risk-reduction strategies should be provided in addition to treatment. Please see product monographs for how to prepare medication and potential adverse events.

Gonorrhea, uncomplicated anogenital and pharyngeal cases

See the Canadian Guidelines for Sexually-Transmitted Infections ([CGSTI](#)) for treatment of children and complicated cases.

First-line Treatment

Ceftriaxone 250mg intramuscular (IM) **PLUS** Azithromycin 1g by mouth (PO), given at the same visit.

Alternative Treatments^a

Only if first-line not possible and must have a test of cure.

Any of these therapies:

- Cefixime^b 400mg PO **PLUS** Azithromycin 1g PO
- Gentamicin 240mg IM in 2 separate 3-mL IM injections of 40mg/mL **PLUS** Azithromycin 2g PO
- Azithromycin 2g PO monotherapy^c

First-line Treatment in Pregnancy

Must have follow up, including test of cure.

Ceftriaxone 250mg IM **PLUS** Azithromycin 1g PO, given at the same visit. If first-line treatment is not possible, consider consultation with a specialist.

Follow-up Recommendations

(Assuming no ongoing signs/symptoms and no re-exposure).

Test of Cure: Recommended if first-line therapy not used, pregnancy, pharyngeal infection and other clinical situations. (Please see the [Ontario Gonorrhea Testing and Treatment Guide](#) for a full list).

- Culture is first-line (3-7 days post-treatment)
- Nucleic acid amplification test (NAAT) is second-line (2-3 weeks post-treatment)

Re-screen: All cases should be re-screened 6 months after treatment.

Report: Suspected or confirmed gonorrhea treatment failures must be reported to the health unit.

Footnotes:

^a Gemifloxacin 320mg PO **PLUS** Azithromycin 2g PO is an alternative treatment but it is currently unavailable in Canada. Once available in the United States, it will be accessible in Ontario through Health Canada's Special Access Program.

^b Alternative treatments are not as effective as first-line therapy using ceftriaxone and azithromycin. The use of cefixime can also accelerate resistance to ceftriaxone, threatening the usefulness of the last potent antibiotic for gonorrhea.

^c Azithromycin monotherapy is the least preferred option due to reduced susceptibility of *N. gonorrhoeae* isolates to azithromycin in Ontario and evidence in support of dual therapy.