

## TESTING



20-30 mL First-Void Urine

OR



### NAAT (Nucleic Acid Amplification Test)

- Increasingly preferred to culture due to increased sensitivity and specificity of the method
- Sampling sites include urethral (male), urine, or cervical
- For unprotected rectal and pharyngeal exposures testing at these sites is recommended in MSM, sex workers and their contacts, known contacts of CT/GC

### Culture



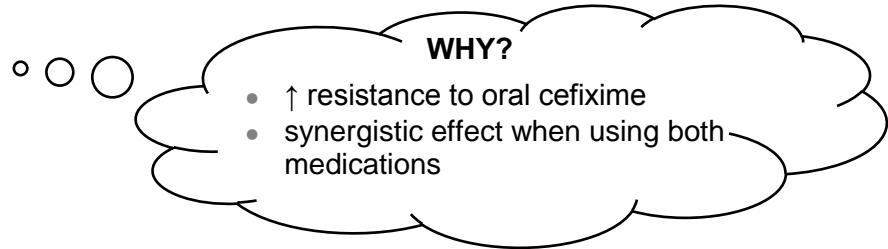
- Provides antimicrobial susceptibility testing
- Recommended for pharyngeal and rectal sites in general population, outside of high risk groups noted above where NAAT testing is recommended, and for ophthalmic sites
- Recommended for potential legal investigations, however NAATs will also be accepted
- Use when treatment failure is suspected or if the infection was acquired in a geographical area with high rates of antimicrobial resistance

## TREATMENT

### First Line Treatment

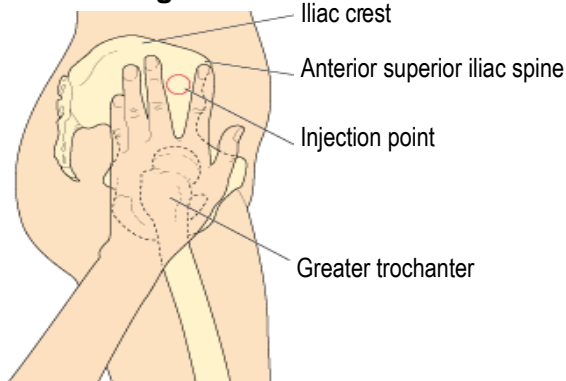
Ceftriaxone 250 mg IM  
PLUS\*  
Azithromycin 1 g PO

\* Medications must be taken at the same time

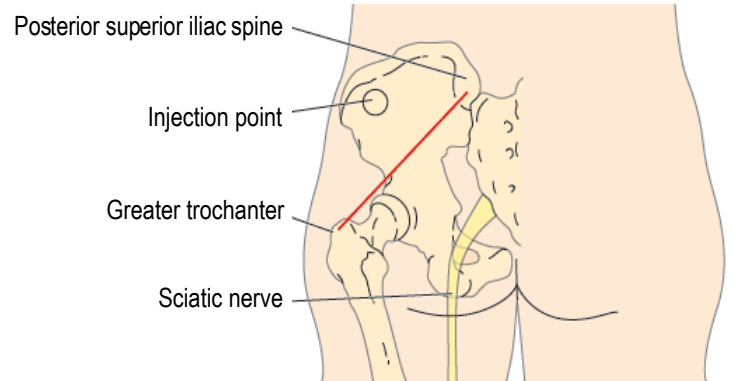


## IDEAL INJECTION SITES

### Ventrogluteal



### Dorsogluteal



## FOLLOW-UP

Test of cure (TOC) should be done following completion of therapy:

- **1 - 2 weeks after treatment** using culture (culture is preferred for TOC)  
OR
- **2 - 3 weeks after treatment** later using NAAT to reduce likelihood of false-positive due to presence of non-viable organisms

Ensure TOC for:

- Second line or alternative therapy
- Pharyngeal infection
- Pregnancy
- Prepubertal children
- Suspected rectal/pharyngeal treatment failure