

TESTING



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

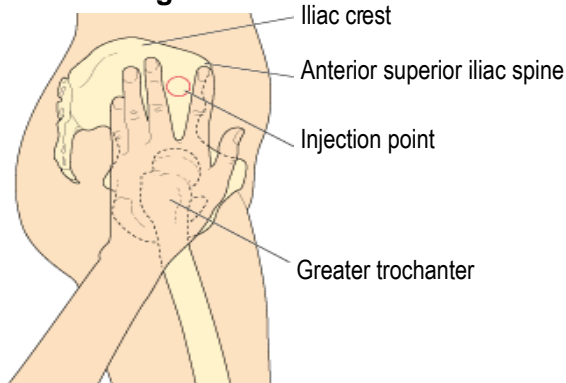
* Medications must be taken at the same time

WHY?

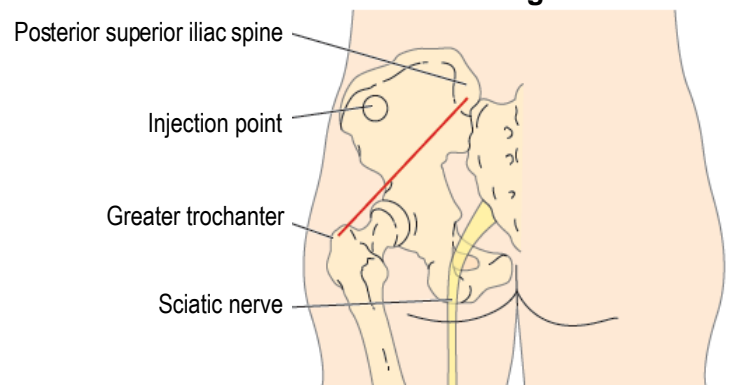
- ↑ resistance to oral cefixime
- synergistic effect when using both medications

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** 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