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New Gonorrhoea Treatment Recommendations and Updated Simcoe Muskoka District Health Unit (SMDHU) Gonorrhoea and Chlamydia Quick Reference

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Midwives, Family Health Teams, Ontario Health Central, Ontario Health Teams

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The Canadian Guidelines on Sexually Transmitted Infections has updated their preferred treatment of uncomplicated gonorrhoea infections (i.e., urethral, endocervical, vaginal, rectal, and pharyngeal) for adults and adolescents ten years of age and older. **The preferred gonorrhoea treatment is now Ceftriaxone 500mg IM, as a single antibiotic therapy without Azithromycin.** This replaces the previous preferred dual antibiotic treatment of Ceftriaxone 250mg IM and Azithromycin 1gm po, due to increasing gonorrhoea resistance to cephalosporins and macrolides.

Note that if you are treating someone syndromically (e.g. urethral or vaginal discharge) for sexually transmitted infections without lab testing or confirmation of gonorrhoea or chlamydia, treat for both infections with Ceftriaxone 500mg IM for gonorrhoea, and Azithromycin 1gm po x 1 dose or Doxycycline 100mg po bid x 7 days for chlamydia. **Please refer to our updated [SMDHU Chlamydia/Gonorrhoea Recommended Treatments Guide](#) for further details if your patients have allergies, antibiotic resistance or patient refusal for an IM injection.**

Ceftriaxone vials will continue to come in 250mg per vial and therefore two vials are needed to treat a patient infected with gonorrhoea. Each reconstituted vial has an approximate volume of 1ml and therefore, the 500mg IM treatment can still be provided in one injection as the volume after the reconstitution of two vials will only be 2ml. The preferred site of administration continues to be in the gluteal muscle, preferably the ventrogluteal muscle to avoid the sciatic nerve in the dorsogluteal muscle. It is not recommended to administer it in the deltoid area.



There are several methods to reconstitute two vials of Ceftriaxone into one syringe. One method is provided below:

1. Draw up 1.8mL diluent into a 3mL syringe (may use 1% lidocaine solution provided from SMDHU to decrease discomfort for patient) for use with Ceftriaxone.
2. Insert the needle into the first 250mg vial of Ceftriaxone and inject 0.9mL of 1% lidocaine solution into the first vial.
3. Insert the needle into the second vial of Ceftriaxone and inject the remaining 0.9mL of 1% lidocaine solution into the second vial.
4. Shake both vials well until powder is dissolved.
5. Withdraw the solution from each vial into one syringe for a total of 2ml solution.

In line with the federal guidance, it is recommended that a Test of Cure (TOC) be conducted in all cases and especially when regimens other than Ceftriaxone 500mg IM are used. As well, repeat screening continues to be recommended six months post treatment to detect reinfections.

Alternative treatments for uncomplicated gonococcal infections are currently under review by the National Advisory Committee on Sexually Transmitted and Blood-Borne Infections (NAC-STBBI). In the meantime, **please continue to refer to our [SMDHU Chlamydia/Gonorrhea Recommended Treatments Guide](#) which addresses if your patients have allergies, antibiotic resistance or patient refusal for an IM injection.** For more detailed information you can also refer to the following Canadian guidelines:

- [NAC-STBBI's Gonorrhea Guide: Treatment and follow-up](#)
- [NAC-STBBI's Advisory Committee Statement \(ACS\) Interim guidance for the treatment of uncomplicated gonococcal infections](#)

Ceftriaxone is available for free through the Simcoe Muskoka District Health Unit. For more information on how to order Ceftriaxone or other free STBBI medications, please visit:

<https://www.simcoemuskokahealth.org/JFY/HPPortal/PCPCategories/SexualHealth.aspx> or call 1-877-721-7520 extension 8376.