

Gonorrhea (GC) and Verified GC Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- genital discharge with or without dysuria
- female genital itching or dyspareunia
- male intrameatal itching
- asymptomatic (most commonly female urogenital infections, and rectal and pharyngeal infections for both males and females)

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact.

Verified Criteria

Recent (within 60 days) exposure to Gonorrhea, or if exposure greater than 60 days before onset of index patient's symptoms, partner(s) of last sexual encounter to Gonorrhea:

1. client presents a state or county issued partner referral card
2. client provides name of sexual partner(s) and public health nurse confidentially verifies diagnosis of named sexual partner by NC Electronic Disease Surveillance System (NC EDSS), or by calling the medical director or medical provider of named partner (index case)
3. a medical provider or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Clinical documentation of at least one of the four criteria listed below:

1. Gram-negative intracellular diplococci (GNID) on a urethral smear obtained from a male
2. *N. gonorrhoeae* positively identified by Nucleic Acid Amplification Test (NAAT) from urine, vaginal, urethral, pharyngeal or rectal site of a male or female
3. *N. gonorrhoeae* presumptively identified on a culture **and** isolation of typical Gram-negative, oxidase-positive diplococci from a vaginal or male urethral culture
4. *N. gonorrhoeae* growth confirmed by the North Carolina State Lab of Public Health (NCSLPH), qualified local lab staff or a CLIA approved reference lab, as identified in local policy, from any pharyngeal or rectal GC culture.

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for GC by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

1. Administer Ceftriaxone 250 mg IM in a single dose PLUS, Azithromycin 1 gm PO in a single dose as dual drug treatment, or
***The above may be used in patients reporting allergy to penicillin IF that allergic response does NOT include anaphylaxis, Stevens-Johnson or toxic epidermal necrolysis.**
 - If the client has a history of anaphylaxis when given a penicillin and/or cephalosporin medication, contact a medical provider for a consult and/or individual treatment order.
 - If the client is pregnant and reports intolerance or allergy to Azithromycin, penicillins and/or cephalosporins obtain a medical provider consult and individual treatment order(s) for dual treatment.

ALTERNATIVE TREATMENTS: (check qualifiers for each regimen closely!)

2. Administer Cefixime 400mg PO in a single dose PLUS, Azithromycin 1 gm PO in a single dose as dual drug treatment, if Ceftriaxone 250 mg is NOT available and the client is NOT pregnant, or
3. Administer Gentamicin 240 mg IM single dose PLUS, Azithromycin 2 gm PO in a single dose, if client has a documented allergy to cephalosporins and is NOT pregnant, or
4. Administer Ceftriaxone 250mg IM in a single dose PLUS dispense Doxycycline 100 mg BID PO X 7 days, the client has a documented allergy to Azithromycin (macrolides) AND is not pregnant, or
5. Administer Cefixime 400 mg PO in a single dose PLUS dispense Doxycycline 100 mg BID PO X 7 days, if Ceftriaxone 250 mg is NOT available AND the client has a documented allergy to Azithromycin (macrolides) AND is NOT pregnant

Treatment Note: If client was previously treated for Non-Gonococcal Urethritis (NGU) or Chlamydia and is now returning for Gonorrhea treatment due to a positive GC culture or NAAT, provide both drugs together as ordered above.

CDC reference: "... during 2006–2011, the minimum concentrations of cefixime needed to inhibit in vitro growth of the N. gonorrhoeae strains circulating in the United States and many other countries increased, suggesting that the effectiveness of cefixime might be waning (118,540). In addition, treatment failures with cefixime or other oral cephalosporins have been reported in Asia (541–544), Europe (545–549), South Africa (550), and Canada (551,552). Ceftriaxone treatment failures for pharyngeal infections have been reported in Australia (553,554), Japan (555), and Europe (556,557). As a result, CDC no longer recommends the routine use of cefixime as a first-line regimen for treatment of gonorrhea in the United States (540). In addition, U.S. gonococcal strains with elevated MICs to cefixime also are likely to be resistant to tetracyclines but susceptible to azithromycin (540). Consequently, only one regimen, dual treatment with ceftriaxone and azithromycin, is recommended for treatment of gonorrhea in the United States." Page 61, CDC STD Treatment Guidelines, 2015.

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that he/she received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. condoms and literature about risk reduction behavior
- B. Advise client to:
 1. abstain from sexual intercourse for seven days after single day treatments or until after the completion of 7-day medication regimen
 2. advise client to abstain from sex until partner(s) have completed their treatment
 3. use condoms always and always use correctly
 4. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
 5. use back-up contraceptive while on medication and for seven days after completion of medication for female clients who are taking oral contraceptives
 6. deliver partner referral card(s) for all recent (within 60 days) sexual partner(s) or if last exposure was > 60 days before onset of symptoms, instruct the client to notify the most recent sexual partner(s) they are to have an STD exam, testing, and treatment
 7. notify all sexual partners to take the partner referral card to their medical provider or local public health department
 8. learn about the relationship between STDs and HIV acquisition
 9. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)

10. use other disease prevention barrier methods such as dental dams, if applicable
11. to clean and cover sex toys, if applicable, to decrease transmission of infections

C. Inform the client about the specific medication(s) administered and/or dispensed:

- Ceftriaxone, and/or
- Azithromycin, and/or
- Cefixime, and/or
- Gentamicin, and/or
- Doxycycline, and/or

D. Counsel the client regarding the prescribed medication:

1. inquire and document the type of reactions the client has experienced in the past when taking the medication
2. advise client that (s)he may experience side effects: such as nausea, vomiting, cramps, diarrhea or headache
3. advise the client to return to the clinic as soon as possible if the oral medication is vomited within 2 hours or medication is seen in vomitus
4. caution female clients to avoid pregnancy while taking Doxycycline

E. Additional instructions:

1. return to clinic if symptoms persist, worsen, or re-appear two weeks after treatment
2. return to clinic if the client develops abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}$ F

F. Criteria for Notifying the Medical Provider

1. Contact the medical provider, if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders.
2. **DO NOT ADMINISTER TREATMENT** and consult the medical provider, if any of the following conditions are present:
 - acute abdominal tenderness or rebound tenderness on exam
 - adnexal tenderness on exam
 - cervical motion tenderness on exam
 - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
 - scrotal pain or swelling
 - oral temperature $\geq 101^{\circ}$ F.
 - Persistent or reoccurrence of symptoms greater than 3 to 5 days after initial treatment is completed and without re-exposure; or presents with a repeat positive culture or positive NAAT at least 2 weeks after initial treatment is completed and no re-exposure – consult the medical provider, as well as EPI on call with Communicable Disease Branch regarding possible testing for drug resistance.

G. Follow-up requirements:

1. Return to clinic after two weeks for test of cure (TOC) for positive pharyngeal GC infection if treated with an alternative regimen.
2. Clients treated for positive Gonorrhea test should be rescreened upon any encounter greater than 3 months to 12 months after treatment.
3. Assure disease reporting occurs via the NC EDSS with entry of lab test results and treatment information within 30 days.
4. Document the rationale in NC EDSS for any treatment other than ceftriaxone & azithromycin.
5. Retreat all contacts if index case is determined to be a treatment failure after consultation with the medical provider for individual orders.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)