

## Clinical Services

Gonorrhea

January – December 2016

<b>Area of Focus</b> <i>(check all that apply)</i>	
Strategic Plan Direction/Goal	<input checked="" type="checkbox"/>
Ontario Public Health Standard, 2008 (OPHS)	<input checked="" type="checkbox"/>

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Division: Community Health and Wellness



## Summary of Strategic Plan Goal and Operational Plan Objective(s):

<b>Strategic Direction:</b>	Building Healthy Communities - We will work with communities to support the health and well-being of everyone.
	Service Centred Approach - We are committed to providing excellent service to anyone interacting with public health.
<b>Strategic Goal(s):</b>	We will work to improve health services for priority populations.
<b>Program Operational Objective:</b>	Ensure all cases of positive gonorrhoea are followed up on and treated according to the recommended Ontario treatment guidelines.
<b>Is this a new initiative or update of existing initiative?</b>	Existing Initiative/Program Update

## Summary of OPHS Program Requirement(s):

<b>OPHS Program:</b>	Sexual Health, Sexually Transmitted Infections and Blood-borne Infections
<b>Goal:</b>	To prevent or reduce the burden of sexually transmitted infections and blood-borne infections. To promote healthy sexuality.
<b>Strategy:</b>	Disease Prevention/Health Protection
<b>Requirement(s):</b>	<ul style="list-style-type: none"> <li>• The Board of Health achieves timely and effective detection and identification of cases of sexually transmitted infections and blood-borne infections, and their associated risk factors and emerging trends;</li> <li>• The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to promote healthy sexuality and prevent or reduce the burden of sexually transmitted infections or blood-borne infections;</li> <li>• The public is aware of risk, protective, and resiliency factors related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections;</li> <li>• Priority populations have the capacity to adopt behaviours related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections;</li> <li>• The board of health manages reported cases and contacts of sexually transmitted infections and blood-borne infections; and</li> </ul>

	<ul style="list-style-type: none"> <li>Health care providers have the capacity to manage cases and contacts of sexually transmitted infections and blood-borne infections.</li> </ul>	
<b>Accountability Indicator(s):</b>	3.3 - % of confirmed gonorrhea cases where initiation of follow-up occurred within two business days.	
	3.6 - % of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	
<b>Has a performance variance or discrepancy been identified re 3.3?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Has a performance variance or discrepancy been identified re 3.6?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Accountability Indicator 3.3** - Although there is no target (%), 100% of confirmed gonorrhea cases were initiated for follow-up within two business days.

**Accountability Indicator 3.6** - Although there is no target (%), only 57% of confirmed gonorrhea cases were treated according to recommended Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2013.

Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2013, differ from national guidelines. Some primary care providers reference and follow national guidelines when treating sexually transmitted disease.

Agency interventions to address compliance to Guidelines for Testing and Treatment of Gonorrhea in Ontario, 2013 include:

- Medical Advisory was sent on June 11, 2015 to highlight Ontario treatment guidelines for Gonorrhea;
- Cefixime, as a treatment option, was removed from the list of medications that primary care providers can order from Public Health for the treatment of gonorrhea; and
- Public Health Nurses (PHN) follow-up with primary care providers every time a positive case of gonorrhea is identified. The follow-up includes direction for treatment, as per the Ontario treatment guidelines, including when test of cure testing is required. PHNs offer to provide treatment at public health offices in order to increase compliance to Ontario treatment guidelines.

## **Highlights:**

- Gonorrhea is the second most frequently reported sexually transmitted infection in Ontario and rates continue to rise locally, provincially and internationally.
- Historical treatments are no longer effective and multi-drug resistance in gonorrhea is rapidly evolving. The potential for widespread multi-drug resistance gonorrhea is a genuine concern and could lead to increased rates of pelvic inflammatory disease, urethritis, disseminated disease and neonatal ophthalmia.
- New testing and treatment guidelines for gonorrhea were established, in Ontario, in 2013 in an effort to monitor and address antibiotic resistance to gonorrhea and ultimately reduce the risk of clinical failure and complications in an infected individual.<sup>1</sup>

## **Related Board or WDGPH reports:**

*Board of Health Report BH.01.NOV0514.R25 – Gonorrhoea.*

1. Public Health Ontario: Guidelines for Testing and Treatment of Gonorrhea in Ontario (April 2013) :  
[http://www.publichealthontario.ca/en/eRepository/Guidelines\\_Gonorrhea\\_Ontario\\_2013.pdf](http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_2013.pdf)