

公共衛生服務處



衛生防護中心
Centre for Health Protection

Public Health
Services Branch

保障市民健康

Protecting Hong Kong's health

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30 January 2024

Dear Doctor,

Vigilance against ceftriaxone reduced susceptible *Neisseria gonorrhoeae* infection

The Centre for Health Protection (CHP) has noted an increase of ceftriaxone reduced susceptible *Neisseria gonorrhoeae* infection (GC infection) among attendees of the Social Hygiene Clinics of the Public Health Services Branch. We would like to inform you of the appropriate dosage of ceftriaxone treatment so as to ensure successful treatment and to prevent spread of the infection.

On reviewing latest epidemiology of sexually transmitted infection, CHP noted an increase of ceftriaxone reduced susceptible GC infection in 2023. Amongst the 24 cases reported in 2023, 15 cases were locally acquired but there was no epidemiological linkage among majority of the cases. The annual number of ceftriaxone reduced susceptible GC infection during 2018 and 2022 ranged from 0 to 7 cases. Of all the cases that have been treated in Social Hygiene Clinics of the Department of Health with the regime of ceftriaxone 1g IMI, no treatment failure has been reported.

GC infection is caused by the obligate human pathogenic, Gram-negative diplococci bacterium *Neisseria gonorrhoeae*. In men, GC infection commonly presents with acute urethritis with urethral discharge and dysuria, usually starting within 2–8 days after exposure. Asymptomatic urethral infection in men is very uncommon. In women, GC infection can be presented with endocervical and urethral infection present with increased or altered vaginal discharge, lower abdominal pain, dysuria and sometimes intermenstrual bleeding or menorrhagia. GC infection in women is sometimes asymptomatic. On examination, mucopurulent urethral discharge is the most common finding in men, which may be accompanied by erythema of the urethral meatus. In women, examination may be normal or a mucopurulent discharge in the cervix, sometimes with hyperaemia and contact bleeding



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of the endocervix.

A growing number of drug-resistant strains of *Neisseria gonorrhoeae* is being reported globally. We would like to remind you the possibility of ceftriaxone reduced susceptible GC infection of your patients, and to arrange testing and sensitivity analysis when necessary. Appropriate use of optimal dose of antibiotic treatment is of great importance. According to the latest 2020 European guideline^{1,2} for the diagnosis and treatment of GC infection (including ceftriaxone reduced susceptible GC infection), the recommended empirical treatment of uncomplicated GC infection of the urethra, cervix, and rectum in adults and adolescents is -

• Ceftriaxone* 1 gram intramuscularly single dose, together with Azithromycin 2 grams orally single dose (to cover co-infection with *Chlamydia trachomatis*)

Patients with GC infection should also be investigated for other sexually transmitted infection. Their sexual partner should be referred for medical assessment as well as receiving the same treatment. Social Hygiene Clinic of the CHP provides medical check-up, treatment and counselling on sexually transmitted infection. You may encourage your patients to attend one of the eight Social Hygiene Clinics, which is free of charge and a referral is not required. More information of the Social Hygiene Service can be found at <https://www.chp.gov.hk/en/static/24039.html>.

1. M Unemo, JDC Ross, AB Serwin, et al. 2020 European guideline for the diagnosis and treatment of gonorrhoea in adults. *Int. J. STD AIDS* 2020 0(0) 1-17

2. M Unemo, JDC Ross, AB Serwin, et al. Background review for the "2020 European guideline for the diagnosis and treatment of gonorrhoea in adults." *Int. J. STD AIDS* 2021 32(2) 108-126

* In case of history of severe hypersensitivity to any β -lactam antimicrobials (penicillins, cephalosporins, monolactams), Spectinomycin 2 gram intramuscularly single dose can be considered

Yours faithfully,



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