Are GPs treating gonorrhoea appropriately?

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INTRODUCTION

• Gonorrhoea continues to develop progressive antimicrobial resistance
• Current recommended treatment for gonorrhoea is with dual therapy using a single dose of ceftriaxone 500mg intramuscularly, with azithromycin 1g orally
• GPs make an important contribution to gonorrhoea diagnoses with ~4% of gonorrhoea cases diagnosed in primary care [2]
• Referral to specialist sexual health services for ongoing management is recommended for these cases [3]
• However recent data have shown ~50% of cases are treated in primary care, with only 5-11% treated with first line antimicrobials
• Gonorrhoea rates are high (196/100,000 c.f. 70/100,000 in England) in Brighton & Hove, where there are 37 GP surgeries serving a population of ~275,000 [4]

AIMS

• To document the proportion of gonorrhoea diagnosed in primary care in Brighton & Hove (B&H)
• To determine whether patients were advised to attend specialist clinics
• To record the management of gonorrhoea cases diagnosed in primary care

METHODS

• The Department of Microbiology at the Royal Sussex County Hospital provided a database of all cases of gonorrhoea diagnosed in Brighton & Hove over a 2 year period (January 2015 to December 2016)
• Cases diagnosed in primary care (37 practices) were identified
• The GPs managing these cases were contacted
• Management of the gonorrhoea and advice given to the patients at the time of diagnosis was obtained from the primary care records

RESULTS

• 1.7% (34/1,956) of all gonorrhoea cases in B&H were diagnosed in primary care
• 18 male, 16 females; median age 32 (range 18-66 years)
• 88% (30/34) were already registered with B&H Sexual Health Clinic (SHC)
• 56% (19/34) attended the SHC for management (2 of these had prior treatment with azithromycin 1g, or azithromycin/ cefixime)
• The management of the remaining 15 patients is detailed below

<table>
<thead>
<tr>
<th>Treatment received in primary care</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st line therapy</td>
<td></td>
</tr>
<tr>
<td>Treated in primary care</td>
<td>3</td>
</tr>
<tr>
<td>Referred and treated in level 2 service</td>
<td>2</td>
</tr>
<tr>
<td>Non-1st line therapy</td>
<td></td>
</tr>
<tr>
<td>Oral cefixime 400mg + azithromycin 1g stat</td>
<td>2</td>
</tr>
<tr>
<td>Treated empirically at 1st visit (azithromycin 1g stat); advised SHC but no record of attendance</td>
<td>3</td>
</tr>
<tr>
<td>Treated empirically at 1st visit (doxycycline 100mg bd 1 week); advised SHC but no record of attendance</td>
<td>1</td>
</tr>
<tr>
<td>Advised to attend level 2/3 services but no record of attendance</td>
<td>3</td>
</tr>
<tr>
<td>No further information (surgery closed)</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15</td>
</tr>
</tbody>
</table>

• 100% of patients not receiving 1st line therapy had ‘referral to SHC advised’ documented in the notes

DISCUSSION

• Knowledge of correct gonorrhoea management pathways was high with all cases NOT receiving 1st line therapy advised to attend specialist services
• Although oral cefixime/azithromycin is no longer recommended, cure can be achieved at an individual level
• It is likely some patients without ‘record of attendance’ visited other level 2/3 services outside our area
• The high number of female patients compared to our usual male to female ratio (10:1) raises doubts about false positive results in a low prevalence female population

REFERENCES