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)

Location of GP surgeries in central Brighton & Hove

- 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

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

- 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

[1] BASHH Gonorrhoea treatment guidelines (2011)
[2] Mohammed H, Sile B, Furegato M, Fifer H, Hughes G. Poor adherence to gonorrhoea treatment guidelines in general practice in England. Br J Gen Pract 2016; 66 (648): 352
[3] Standards for the management of sexually transmitted infections (STIs). Revised and updated January 2014. <https://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf> accessed 7th June 2017
[4] Brighton & Hove City Council, Census data (2011)