

19<sup>th</sup> July 2023

### Health Alert: Penicillinase-Producing *Neisseria gonorrhoeae* outbreak in Central Australia

13 cases of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) infection have been detected in the Alice Springs region in 2023. Five of these cases have identified connections to remote communities. As PPNG produces  $\beta$ -lactamase (penicillinase) which makes the organism resistant to amoxicillin, the Centre for Disease Control *highly* recommends the following 1<sup>st</sup> line treatment for all patients with suspected or confirmed uncomplicated gonorrhoea in **Central Australia** and the **Barkly** regions:

- **Ceftriaxone 500mg in 1.8ml 1% lignocaine IM single dose AND**
- **Azithromycin 1g oral single dose**

While penicillin resistance has been prevalent for some time in most other parts of Australia, Central Australia and some other remote areas in the NT have historically had low rates of penicillin resistance.

If patients decline treatment with IM ceftriaxone, then syndromic treatment with amoxicillin, probenecid and azithromycin is advised to cover chlamydia and penicillin sensitive gonorrhoea. However, if your **patient and/or any partner for last 3 months are from an area with penicillin RESISTANT gonorrhoea OR partners unknown** ceftriaxone and azithromycin still remain first line treatment, as per [CARPA Standard Treatment Manual](#).

Testing for Gonorrhoea can be performed using NAATs from cervical, vaginal, urethral, pharyngeal and anal swabs or in first void urine samples depending on exposures/risks. **Cultures should be performed for all symptomatic clients and at the point of treatment for asymptomatic people testing positive for gonorrhoea**, as this will assist in detecting other forms of resistant gonorrhoea. Testing for PPNG can be performed by a PCR test, but it is not yet available to many healthcare providers in the NT.

Please contact your regional [Centre for Disease Control](#) for further advice.

Yours sincerely,

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