

20th April 2023

Dear Colleague,

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

Four cases of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) infection have been detected in the Alice Springs region already in 2023, some with connections to remote communities. As PPNG produces β -lactamase (penicillinase) which makes the organism resistant to amoxicillin, CDC now *highly* recommends the following 1st line treatment for uncomplicated urethral and cervical infections for patients from **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 still recommended as this will give coverage for chlamydia and penicillin sensitive gonorrhoea.

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.

Testing can be performed by a PCR test, but it is not yet available to many healthcare providers in the NT. Your health service may advise some changes to testing and pathology requests in the near future.

For MSM and people with partners from outside regional and remote NT, WA and SA or partners unknown, ceftriaxone and azithromycin still remain first line treatment due to higher levels of resistant gonorrhoea strains, as per [CARPA Standard Treatment Manual](#).

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

Yours sincerely,

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