

Info-MADO

Bulletin from the Nunavik department of Public Health regarding reportable diseases (MADO)

Screening for Neisseria gonorrhoeae pharyngeal in Nunavik

Written by

Véronique Morin – Medical officer
Director of Public health, NRBHSS

VOL. 7, No. 2
SEPTEMBER 2019

Background

The Northern environment, and more specifically the distance between the communities and the laboratory, combined with the vulnerability of the specimens to cold climates, makes it nearly impossible to screen for *Neisseria gonorrhoeae* pharyngeal infections with a culture (as this generates a very high risk of false negatives). In the past, NAATs were rarely used when screening the throat, given the presence of other types of *Neisseria* in the normal flora and the ensuing false positive results (which is not the case with genital screening). The presence of pharyngeal *Neisseria* other than gonorrhea varies depending on the population; unfortunately, there are no data on the frequency or number of carriers among the region's residents. The technology used has evolved over time, and the public health laboratory now performs genetic tests that make it possible to obtain a clear diagnosis. And while using NAAT for throat screenings has yet to be routinely recommended in Québec, we feel that it could prove beneficial in Nunavik, given the difficulty obtaining cultures and the high rate of gonorrhea in the region .

Indications in support of screening

Indication for a NAAT screening of the throat in Nunavik: for everyone (male or female) who performs oral sex on a partner and for whom a test for blood-borne and sexually transmitted infections (STIs) is indicated.

Indication for a gonorrhea culture (throat or genitals): only in those villages with a laboratory (Puvirnituaq and Kuujuaq), in addition to the NAAT .

Care of individuals with pharyngeal NAAT positive results for Neisseria gonorrhoeae (preliminary result positive)

We recommend an initial treatment consisting of Ceftriaxone, 250 mg IM, and a single dose of Azithromycin, 1 g, for everyone with a positive preliminary result.* We also recommend that the partners of these persons be screened and treated according to standard protocols.

For medical and legal cases or difficult situations, public health should be contacted to facilitate the speedier processing of requests or to support your efforts.

Any decision can be altered based on clinical judgment or a patient's circumstances.

Refer to the INESSS' treatment algorithm for more detailed information .

https://www.inspq.qc.ca/sites/default/files/documents/publications/2545/2545_algorithme_clinique_infections_prelevement_initial.pdf.

The estimated rate of false positives for pharyngeal NAATs in the other regions of Québec is 20%; the extent of non-gonococcal *Neisseria* among the population is unknown, hence the importance of explaining to patients that a test can confirm or establish the diagnosis. I recommend that all nurses responsible for the treatment of patients with STIs read the following INESSS guide for advice on counselling patients.

https://www.inspq.qc.ca/sites/default/files/documents/publications/2545/2545_counseling_analyse_confirmation_echantillons_pharynges_positifs_n_gonorrhoeae.pdf

Positive test results for NAAT are automatically submitted to the LSPQ for validation; no additional measures are necessary. Changes to these recommendations will be possible based on local epidemiological factors.

*Ceftriaxone (IM) must be administered even to those persons who have already received Cefixime, as penetration of pharyngeal tissue is not enough to fully eliminate the bacteria.

P.O. Box 900
Kuujuaq, Québec J0M 1C0
Tel.: 819 964-2222 / 1 844 964-2244
Confidential Fax: 1 866 867-8026

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