

Working case definition for treatment failure: clinical and laboratory criteria

Confirmed treatment failure includes Rows 1 through to 4.

Probable treatment failure includes Rows 1 through to 3.

Confirmed Probable	1	A gonorrhoea patient who returns for test of cure or who has persistent genital symptoms after having received treatment for laboratory-confirmed gonorrhoea with a recommended cephalosporin regimen (ceftriaxone or cefixime in appropriate dose) AND
	2	remains positive for one of the following tests for <i>N. gonorrhoeae</i> : <ul style="list-style-type: none"> • presence of intracellular Gram-negative diplococci on microscopy taken at least 72 hours after completion of treatment; OR <ul style="list-style-type: none"> • isolation of <i>N. gonorrhoeae</i> by culture taken at least 72 hours after completion of treatment; OR <ul style="list-style-type: none"> • positive nucleic acid amplification test (NAAT) taken two to three weeks after completion of treatment AND
	3	denies sexual contact during the post-treatment follow-up period AND
	4	decreased susceptibility to cephalosporin used for treatment*: <ul style="list-style-type: none"> • cefixime: MIC>0.12 mg/L** • ceftriaxone: MIC>0.12 mg/L**

* Ideally, the pre- and post-treatment isolates should be examined with an appropriate and highly discriminatory molecular epidemiological typing method to establish if isolates are indistinguishable.

** These thresholds are in accordance with EUCAST tentative breakpoints. Reporting of probable treatment failures where MICs are lower than the EUCAST breakpoints will be essential to evaluate if current breakpoints are clinically relevant