

## Clarification to 11/17/2016 guidance “**Suspected *Neisseria gonorrhoeae* Treatment Failure Process**”

The below is intended as clarification to guidance sent in an email on 11/17/2016 regarding when local health departments (LHDs) should submit *Neisseria gonorrhoeae* (GC) culture plates to the NC SLPH for speciation.

Due to the presence of *Neisseria* species other than *N. gonorrhoeae* at oral, rectal and urogenital sites, it is important to perform additional testing on positive GC plates to confirm the causative organism, [see gonorrhea case definition here](#).

The guidance outlined in the earlier email is only intended for LHDs with low complexity laboratories. If your LHD has or contracts with a high complexity laboratory that performs *N. gonorrhoeae* speciation or presumptive GC testing on plates with colony growth (i.e. Gram Stain to identify gram-negative diplococci AND oxidase testing), you DO NOT need to send GC plates with colony growth to the NC SLPH.

But if your LHD has a low complexity laboratory and therefore cannot perform presumptive diagnostic testing for *N. gonorrhoeae*, GC plates with colony growth should be forwarded to the NC SLPH where speciation will be performed. This applies to culture specimens collected from the following sites:

- Oropharyngeal
- Rectal
- Urethral
- Endocervical

There are no changes to the CD program alert attached to the 11/17/2016 email regarding the process for **identifying and submitting suspected GC treatment failure** specimens to the NC SLPH. Please call your STD TATP Nurse Consultant if you have any questions regarding the above guidance.