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UPDATED CRITERIA FOR THE DIAGNOSIS OF GONORRHEA

The State of Alaska is currently involved in a screening program designed to identify the asymptomatic female Gonorrhea patient. Last year **36,620** females of childbearing age were screened statewide and, 4% or **1,335** were positive.

To insure that screening done in the state is as accurate as possible, we are distributing the Center for Disease Control's updated criteria for the diagnosis of gonorrhea in women.

WOMEN: RECOMMENDED

1. To diagnose gonorrhea in women, specimens should be obtained from the endocervical and anal canals and inoculated separately onto Modified Thayer-Martin (MTM) medium in culture plates, bottles or other suitable container. In a screening situation, only culture specimens from the endocervical canal are recommended. The combination of a positive oxidase reaction of typical colonies containing typical Gram-negative diplococci grown on this medium provides sufficient criteria for presumptive identification of *Neisseria gonorrhoeae*.
2. Oropharyngeal specimens (inoculated on MTM medium) should be obtained from all patients suspected of having disseminated gonococcal infection. At least two pharyngeal specimens should be obtained after treatment in order to document cure.

WOMEN: NOT RECOMMENDED

1. Gram-stained or fluorescent antibody-stained smears are not recommended for the diagnosis of gonorrhea in women except as an adjunct to the cultures. Although Gram-stained smears from the endocervical canal may be quite specific if examined by well-trained personnel, they are not adequately sensitive to rule out gonorrhea.