

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

GONORRHEA**WHAT IS IT?**

Gonorrhea is a common sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*, which can infect the genitals, rectum, and throat.

HOW COMMON IS IT?

Gonorrhea is the second most prevalent STI in the United States. It occurs most frequently in adolescents and young adults. An estimated 700,000 new cases occur each year in the U.S.

You are at higher risk for getting gonorrhea if you have a new sexual partner, more than one sexual partner, or if you have other STIs.

HOW IS IT TRANSMITTED?

- Gonorrhea is usually spread through vaginal, oral, or anal sex. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired.
- Conjunctivitis (an infection of the eye) can occur when the infected discharge is transmitted to the eye during sex or hand-to-eye contact.
- Gonorrhea can also be passed from a mother to her child during vaginal delivery. This can lead to blindness, joint infection, or a life-threatening blood infection in the newborn.

WHAT ARE THE SYMPTOMS?

Gonorrhea often occurs without symptoms, but men are more likely to develop symptoms than women. If symptoms develop, they usually present within 2-10 days following sexual contact. However, it can take as long as 30 days for symptoms to appear.

- Women usually do not have symptoms. If symptoms are present, they tend to be mild and result from inflammation of the cervix. Women may experience abnormal vaginal discharge, vaginal bleeding or spotting between periods, and/or burning with urination.
- Men can experience burning with urination, a thick penile discharge, painful irritation around the opening of the penis, and/or swollen testicles.
- Both men and women can develop rectal pain and/or bloody discharge from the rectum if they have had anal sex with an infected partner. Transmission from oral sex can cause painful throat infections. However, most of the time, gonococcal infections of the rectum or throat are asymptomatic.

WHAT ARE POSSIBLE COMPLICATIONS?

Left untreated, gonorrhea can lead to serious complications. Examples include the following:

- Pelvic inflammatory disease (PID) occurs in 10-20% of women with cervical gonorrhea. Gonorrhea is also estimated to be the cause in 40% of PID cases. PID develops when the infection spreads from the cervix to the uterus and fallopian tubes. Because a gonorrheal infection of the cervix is usually asymptomatic, PID can be the first presenting complaint.
 - Typical symptoms of PID include lower abdominal pain, back pain, nausea, fever, and pain with intercourse.
 - Some patients experience no symptoms at all. This is more likely if PID is due to chlamydia or another non-gonococcal cause.
 - Both acute (symptomatic) and subclinical (asymptomatic) PID can permanently scar the uterus and fallopian tubes, leading to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancies (pregnancies that occur in the fallopian tube instead of the uterus).
- Epididymitis can occur in men with untreated gonorrhea. This occurs when the infection spreads to the epididymis, which is a coiled tube at the back of the testicle that stores and transports sperm. Typical symptoms include one-sided testicular pain/swelling and fever. Infertility may result if this condition is severe or left untreated.
- Complications resulting from urethritis (an infection of the urethra or urinary canal) in men can lead to swelling of the penis, abscesses developing around the urethra, and scarring in the urethra.
- Conjunctivitis from gonorrhea cause an aggressive infection of the eye and be transmitted through non-sexual contact.
- Disseminated gonococcal infection is rare and occurs when gonorrhea enters the blood stream and infects the heart valves, brain, or joints. This can be a life-threatening condition.

HOW IS IT DIAGNOSED?

Gonorrhea is typically diagnosed based on a patient's symptoms, physical exam findings, and lab results.

- A sample of discharge may be obtained from the cervix/vagina in women or from the penis in men.
- Alternatively, a urine specimen may be used for detection. This is the test of choice in men. For accurate results, it is important not to urinate for at least one hour prior to giving a urine sample.
- If you practice oral or anal sex, your healthcare provider will also swab the throat and/or rectum to test for gonorrhea.
- Since gonorrhea and chlamydia often occur simultaneously, samples sent to the lab are usually tested for both infections.
- Men and women infected with gonorrhea are also at higher risk of spreading or acquiring HIV. Therefore, patients suspected of having gonorrhea should be screened for HIV, as well as other STIs.

HOW OFTEN SHOULD I GET TESTED?

- If you are sexually active and have no symptoms, you should get an STI screen once a year. This is especially important in women ages 25 & younger, men who have sex with men (MSM), people with new or multiple sex partners, and people with prior STIs.
- More frequent screening should be performed in those at higher risk for STIs. For example, MSM who have multiple or anonymous partners should be screened every 3-6 months.
- If you have symptoms concerning for gonorrhea or suspect you have been exposed to gonorrhea, see your healthcare provider immediately for testing. Early diagnosis and treatment are important in preventing complications and the spread of infection.

HOW IS IT TREATED?

Gonorrhea is effectively treated and cured with antibiotics. If symptoms do not resolve within one week of starting treatment, contact your healthcare provider.

- Gonorrhea is usually treated with an intramuscular injection of an antibiotic called rocephin (Ceftriaxone).
 - You will be monitored for 30 minutes after the injection for any signs of an allergic reaction.
 - If you have a previous allergy to this class of antibiotics or penicillin, a different medication may be prescribed.
- New CDC guidelines recommend that patients diagnosed with gonorrhea should also be treated for chlamydia if a chlamydia test was not completed. This is because patients infected with gonorrhea are frequently co-infected with chlamydia.

WHAT ABOUT MY PARTNER(S)?

- All sexual partners who have had sexual contact with you within the last 60 days should be examined and treated even if they have no symptoms.
 - If your last sexual contact was more than 60 days ago, your most recent sexual partner should be evaluated and treated.
- Do NOT have sexual contact until BOTH you and your partner(s) have waited at least 7 days after completing treatment AND symptoms have resolved.

DO I NEED TESTING AFTER TREATMENT?

- A test of cure is recommended only in patients with persistent symptoms or in patients with pharyngeal gonorrhea who are treated with an alternative regimen, such as Cefixime. A test of cure using a culture-based method can be performed 7 days following treatment. If cultures are not available, nucleic acid amplification tests (NAATs) can be performed 14 days following the start of treatment.
- The CDC recommends rescreening for infection in all patients 3 months after treatment is completed. Most post-treatment infections do not result from treatment failure, but rather from reinfection by untreated or new partners.

HOW DO I DECREASE MY RISK OF GETTING GONORRHEA?

- Know your partner. Avoid sex with casual partners or strangers. Talk to your partner about his or her sexual history before becoming intimate, and be prepared to share your history as well.
- Limit your number of partners. The more partners you have, the higher your risk of getting an STI.
- Use latex barriers (eg. condoms, dental dams, finger cots) consistently. Using these barriers from the beginning to the end of skin contact offers the best protection. Substitute a polyurethane condom if you or your partner is sensitive to latex. Remember that birth control pills and other forms of hormonal contraception do not protect against STIs. Read our fact sheet "[Safer Sex & Condom Use](#)" for more.

RECOMMENDED WEBSITES: www.cdc.gov/std/, www.niaid.nih.gov

UNIVERSITY STUDENT HEALTH SERVICES
(804) 828-8828, Monroe Park Campus
(804) 828-9220, MCV Campus

The person giving you this notification has been treated for GONORRHEA.

1. Even if you do not have any signs or symptoms, you need to be examined and treated.
2. You should see your healthcare provider or go to the public health department at once.
3. When you go, show this paper to your healthcare provider so that you can be properly tested and treated.

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Dear Healthcare Provider:

The person presenting this notification has been told that he/she has been exposed to gonorrhea.

The Center for Disease Control recommends the following for the treatment of urogenital and rectal gonorrhea:

Preferred Regimen:

Ceftriaxone 500mg IM
(PLUS Doxycycline 100mg orally twice a day for 7 days if chlamydia has not been excluded with a negative test result. During pregnancy, use Azithromycin 1gm orally for chlamydia treatment.)

Alternate Regimens:

Cefixime 800mg orally
OR Gentamicin 240mg IM
PLUS Azithromycin 2gm orally.
(PLUS Doxycycline 100mg orally twice a day for 7 days if chlamydia has not been excluded with a negative test result. During pregnancy, use Azithromycin 1gm orally for chlamydia treatment.)

If you have any questions, please call VCU Student Health Services at the numbers listed above or your local health department.

Thank you for your cooperation.