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 commonly reported bacterial STI in the United States.
- In the US, an estimated 700,000 new cases occur each year.
- Gonorrhea occurs most frequently in young sexually active people ages 15 to 24.

HOW IS IT TRANSMITTED?
- Gonorrhea is spread through vaginal, anal, and oral 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, burning with urination, and vaginal bleeding between periods.
- **Men** can experience thick penile discharge, burning with urination, 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?
- **Pelvic inflammatory disease (PID)** occurs in 10-20% of women with 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 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 cause permanent damage to 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 the 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 can be aggressive 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 in women or 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.
- Because gonorrhea can infect the rectum and throat, inform your healthcare provider if you have had anal or oral sex so that appropriate testing can be done.
- Since gonorrhea and chlamydia often occur simultaneously, samples sent to the lab are usually tested for both organisms.
- Men and women infected with gonorrhea are also at higher risk of spreading or acquiring HIV. Therefore, patients suspected of having gonorrhea should also be screened for HIV.

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 Ceftriaxone:
- You will be monitored for 30 minutes after the injection for any symptoms of an allergic reaction.
- If you have a previous allergy to this class of antibiotics or penicillin, a different medication will be prescribed.

Because patients infected with gonorrhea are frequently co-infected with chlamydia, the CDC recommends routine treatment for chlamydia in all patients diagnosed with gonorrhea.

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 again until BOTH you and your partner(s)...
  o Have waited at least 7 days after completing treatment AND
  o Symptoms have resolved.

DO I NEED TESTING AFTER TREATMENT?
- A test of cure 3-4 weeks after completing treatment is recommended only for patients with persistent symptoms or pregnant females.
- 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 CHLAMYDIA?
- 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 either you or your partner is sensitive to latex. Remember that birth control pills, the NuvaRing, the Depo shot, and other forms of hormonal contraception do not protect against STIs. Read our fact sheet “Condoms & Other Barrier Methods” for more information.

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.

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 gonorrhea:

**Preferred Regimen:**
Ceftriaxone 250mg IM in a single dose
PLUS: Azithromycin 1 gram orally in a single dose or
   Doxycycline 100mg orally twice a day for 7 days

**Alternate Regimens:**
- If Ceftriaxone is not available:
  Cefixime 400mg orally in a single dose
  PLUS azithromycin or doxycycline as above
  PLUS test-of-cure in 1 week
- If patient has a severe cephalosporin allergy:
  Azithromycin 2 grams orally in a single dose
  PLUS test-of-cure in 1 week

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.