

Gonorrhoea



What is gonorrhoea?

Gonorrhoea (sometimes known as “the clap”) is a sexually transmissible infection caused by *Neisseria gonorrhoeae* bacteria. Infection can occur in the throat, anus, urethra (urine passage), cervix (neck of the womb) and eyes.

If left untreated, gonorrhoea can cause serious health problems including infections of the skin, joints and the covering of the brain (meningitis). Untreated gonorrhoea in women can lead to a long-lasting infection of the womb and tubes called pelvic inflammatory disease (PID) and this can cause infertility (inability to get pregnant).

Gonorrhoea has progressively developed resistance to the antibiotics prescribed to treat it. The resistant strains are usually acquired overseas. If a strain is resistant to several treatment antibiotics, it is known as multidrug-resistant (MDR) or extremely drug-resistant (XDR), which can be much harder to treat. It is important for sexually active people to be tested regularly for STIs to prevent the spread of infection and drug-resistant strains.

What are the symptoms?

Usually there are no symptoms except when the infection is in the urethra or the eye. People often have gonorrhoea and pass it on to others without knowing it. If symptoms do appear they usually develop 2 to 10 days after infection:

For **men**, symptoms can include:

- a white, yellow or green discharge from the penis
- a burning sensation or pain when passing urine
- redness around the opening of the penis
- painful and/or swollen testicles
- anal discharge and/or discomfort
- conjunctivitis and eye inflammation

For **women**, symptoms can include:

- an unusual vaginal discharge
- a burning sensation or pain when passing urine
- pelvic pain, especially during sex
- anal discharge and/or discomfort
- conjunctivitis and eye inflammation

How is it spread?

Gonorrhoea can be passed on through anal, vaginal or oral sex, even when there are no symptoms. Gonorrhoea can also be passed on to a baby from their mother during childbirth.

Who is at risk?

People particularly at risk include those who have multiple sexual partners, people who have sex without a condom or dam with infected partners; Aboriginal people, young people aged 25–29, men who have sex with men (MSM), female partners of MSM, people with a history of STIs or who are HIV positive, and sex workers.

How is it prevented?

The spread of gonorrhoea can be prevented by:

- consistent use of condoms, dental dams, and water-based lubricant for vaginal, anal and oral sex. Condoms and dental dams are the best way of protecting against gonorrhoea and some other sexually transmissible infections (STIs)
- limiting the number of sexual partners to reduce the risk of having sex with someone who has gonorrhoea
- regular STI check-ups.

After being diagnosed with gonorrhoea, it's important not to have sex with anyone until 7 days after treatment has been completed and symptoms have gone away (whichever is longer).

All sexual partners 2 months prior to diagnosis should be informed that they have been a contact of someone with gonorrhoea and they should seek treatment and testing. They may also have the infection and telling them allows them to be tested and treated so they don't spread the infection to others. The diagnosing doctor can help to identify who may be at risk and help to contact them either personally or anonymously. On-line notification websites such as "[Let Them Know](#)" (for all people), "[The Drama Down under](#)" (for gay men); and "[Better to Know](#)" (for Aboriginal and Torres Strait Islander people) provide advice and assist with informing partners via anonymous SMS messages.

The Sexual Health Infolink (Freecall 1800 451 624) is a NSW Ministry of Health funded information and referral telephone line that is staffed by specialist sexual health nurses from 9:00am to 5:30pm weekdays. The Infolink provides free and confidential sexual health support and information to community members and health professionals.

All pregnant women with a risk factor for gonorrhoea should have a gonorrhoea test done in the first trimester of the pregnancy or at the first antenatal visit. Testing should be repeated if indicated by history during the pregnancy. There is no vaccine for gonorrhoea.

How is it diagnosed?

Gonorrhoea can be diagnosed by a doctor or a sexual health clinic. A urine sample can be used to check for infections in the urethra in men and women. Gonorrhoea is also diagnosed by taking a swab (using a long cotton bud) from any place that may have become infected – the cervix, urethra, anus or throat – and having it tested in a laboratory.

How is it treated?

In NSW, gonorrhoea is treated with an antibiotic injection and tablets. People diagnosed with gonorrhoea should complete the recommended course of treatment. Antibiotic treatment does not confer immunity to the disease. Reinfection is possible and common.

Antimicrobial resistance in gonorrhoea is of increasing concern, and successful treatment of gonorrhoea is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, they should return to a health care provider to be re-evaluated.

People who have been treated for gonorrhoea should not have sex with partners from the last 2 months until the partners have been tested and treated if necessary. This is to make sure that partners are clear of the infection so re-infection does not occur.

What is the public health response?

Laboratories are required to notify cases of gonorrhoea to the local public health unit. This information is confidential. Public health staff use this data to better understand who is at risk and help plan activities to prevent new infections in the future. Patients and their doctors should ensure that sexual partners who may have been exposed to gonorrhoea are contacted for assessment, counselling and treatment, if needed.

Further information

For further information please call your local Public Health Unit on 1300 066 055 or visit the New South Wales Health website www.health.nsw.gov.au For a free confidential telephone line you can also call the Sexual Health Infolink on 1800 451 624.