

Gonorrhoea

Looking after **your** sexual health

Gonorrhoea

Gonorrhoea is a bacterial sexually transmitted infection (STI). It can be painful and can cause serious health problems such as infertility in both men and women.

This booklet gives you information about gonorrhoea, what you can do if you are worried that you might have the infection and advice on how to protect yourself.

What causes gonorrhoea?

Gonorrhoea is caused by bacteria which are found mainly in the semen and vaginal fluids of men and women who have the infection. Gonorrhoea is easily passed from one person to another through sexual contact. Anyone who is sexually active can get it and pass it on. You don't need to have lots of sexual partners.

How is gonorrhoea passed on?

Gonorrhoea is usually passed from one person to another during sex. The bacteria can live inside the cells of the cervix (entrance to the uterus), the urethra (tube where urine comes out), the rectum, the throat and occasionally the eyes. You can become infected with gonorrhoea if you come into contact with infected semen or infected discharge from the vagina, throat or

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rectum.

The infection is most commonly spread through:

- unprotected vaginal, anal or oral sex
- sharing sex toys if you don't wash them or cover them with a new condom each time they're used.

Gonorrhoea can also be passed from a pregnant woman to her baby (see What happens if I get gonorrhoea when I'm pregnant? on page 13).

In women it is possible for the bacteria to spread in the vaginal secretions, to the rectum. You don't need to have anal sex for this to happen.

Gonorrhoea bacteria that come into contact with the eye can cause conjunctivitis. This is uncommon in adults.

It is not clear if gonorrhoea can be spread by transferring the bacteria to another person's genitals on the fingers or through rubbing vulvas (female genitals) together.

You cannot catch gonorrhoea from kissing, hugging, sharing baths or towels, swimming pools, toilet seats or from sharing cups, plates or cutlery.

What are the signs and symptoms?

You may not notice any obvious signs or symptoms if you have been infected with gonorrhoea. Signs and symptoms can show up 1–14 days after coming into contact with gonorrhoea, many months later, or not until the infection spreads to other parts of your body. You **might** notice:

Women

- An unusual vaginal discharge which may be thin or watery, yellow or green.
- Pain when passing urine.

- Lower abdominal pain or tenderness.
- Rarely, bleeding between periods or heavier periods (including women who are using hormonal contraception).

Men

- An unusual discharge from the tip of the penis – the discharge may be white, yellow or green.
- Pain when passing urine.
- Rarely, pain or tenderness in the testicles .

Men and women

- Infection in the rectum. This does not usually have any signs and symptoms but may cause anal pain, discomfort or discharge.
- Infection in the throat. This usually has no symptoms.
- Infection in the eyes. This can cause pain, swelling, irritation and discharge (conjunctivitis).

How will I know if I have the infection?

You can only be certain you have gonorrhoea if you have a test. If you think you may have gonorrhoea it is important that you don't delay getting a test.

You may wish to have a test if:

- you have, or think you might have, symptoms
- you have recently had unprotected sex with a new partner
- you or your partner have had unprotected sex with other partners
- during a vaginal examination your doctor or nurse says that the cells of the cervix are

inflamed and/or there is an unusual discharge

- a sexual partner tells you they have a sexually transmitted infection
- you have another sexually transmitted infection
- you are pregnant or planning a pregnancy.

You could still have gonorrhoea even if your partner has tested negative – you should not rely on a partner's negative test result.

If you have had gonorrhoea and it has been treated, you will not be immune to the infection – you can get it again.

If you have gonorrhoea you may wish to be tested for other sexually transmitted infections as you can have more than one sexually transmitted infection at the same time. Having an infection such as gonorrhoea can mean you are more at risk of becoming infected with HIV or transmitting it if you are HIV positive.

How soon after sex can I have a test?

It is important not to delay getting a test if you think you might have gonorrhoea. It is possible to do a gonorrhoea test within a few days of having sex but sometimes you may be advised to wait up to a week after having sex. You can test for gonorrhoea even if there are no symptoms.

What does the test involve?

There are different ways of testing for gonorrhoea.

Women

- You may be asked to use a swab yourself to collect cells from the vulva (the lips around the opening to the vagina) and inside the vagina.
- A doctor or nurse may use a swab to collect

a sample of cells from the cervix during an internal examination, or from the vagina.

Men

- You may be asked to provide a urine sample. Before having this test you may be advised not to pass urine (pee) for 1–2 hours.

Men and women

- A doctor or nurse may use a swab to collect a sample of cells from the entrance of the urethra.
- If you have had anal or oral sex the doctor or nurse may use swabs to collect cells from your rectum and throat (you may be given the option to do your own tests). These swabs are not done routinely on everybody.
- If you have symptoms of conjunctivitis – discharge from the eye(s) – swabs will also be used to collect a sample of discharge from your eye(s).

A swab looks a bit like a cotton bud, but is smaller and rounded. It sometimes has a small plastic loop on the end rather than a cotton tip. It is wiped over the parts of the body that could be infected and easily picks up samples of discharge and cells. This only takes a few seconds and is not painful, though it may be uncomfortable for a moment.

Sometimes it is possible for a specimen to be looked at under the microscope immediately and for you to get the test result straight away. Otherwise you will have to wait up to two weeks to get your results.

Cervical smear tests and routine blood tests do **not** detect gonorrhoea. If you are not sure

whether you have been tested for gonorrhoea, just ask.

How accurate are the tests?

The accuracy of a gonorrhoea test depends on the kind of test used and which part of your body the sample is collected from.

As no test is 100 per cent accurate there is a small chance that the test will give a negative result when you do have the infection. This is known as a false negative result. This can sometimes explain why you might get a different result when you go to a different clinic to have another test or why you and your partner might get a different test result.

It is possible for some gonorrhoea tests to be positive if you haven't got gonorrhoea, but this is uncommon. If there are doubts about the result you may be offered a second test to confirm the presence of gonorrhoea.

Where can I get a test?

There are a number of services you can go to. Choose the service you feel most comfortable with.

A gonorrhoea test can be done at:

- a genitourinary medicine (GUM) or sexual health clinic
- your general practice
- some contraception and young people's clinics.

For information on how to find a service see page 15.

It is possible to buy a gonorrhoea test to do at home. The accuracy of these tests varies so it is recommended that you go to a sexual health

service to have a test. You can also choose to pay for a gonorrhoea test at a private clinic.

Will I have to pay for tests and treatment?

All tests are free through NHS services. Treatment is also free unless you go to your general practice when you may have to pay a prescription charge for the treatment.

What is the treatment for gonorrhoea?

The treatment for gonorrhoea is antibiotics.

The treatment is at least 95 per cent effective.

- Treatment involves having an antibiotic injection and a single dose of antibiotic tablet(s).
- If there is a high chance you have the infection, treatment may be started before the results of the test are back. You will always be given treatment if your partner is found to have gonorrhoea.
- You may also need other treatment if complications have occurred.
- There is no evidence that complementary therapies can cure gonorrhoea.

When will the signs and symptoms go away?

You should notice an improvement in the signs and symptoms quite quickly.

- Discharge or pain when you urinate should improve within 2–3 days.
- Discharge and discomfort in the rectum should improve within 2–3 days.
- Bleeding between periods or heavier periods

that have been caused by gonorrhoea should have improved by your next period.

- Pelvic pain and pain in the testicles should start to improve quickly but may take up to two weeks to go away.

If you have pelvic pain or painful sex that does not improve see your doctor or nurse as it may be necessary to have some further treatment or to investigate other possible causes of the pain.

Do I need to have a test to check that the gonorrhoea has gone?

You will need to have a follow-up test two to four weeks after taking antibiotics. This is particularly important if:

- you think you may have come into contact with gonorrhoea again
- you had unprotected sex with your partner in the week following the treatment (see How soon can I have sex again? on page 12)
- the signs and symptoms don't go away (see When will the signs and symptoms go away? on page 9)
- you had gonorrhoea of the throat
- your test was negative but you develop signs or symptoms of gonorrhoea (see What are the signs and symptoms? on page 4).

How quickly the test can be repeated will depend on which test is being used. The clinic or general practice will advise you.

If you were treated for gonorrhoea in early pregnancy you may be advised to have another test later in the pregnancy.

You can always go back to the doctor, nurse or

clinic if you have any questions or need any advice on how to protect yourself from infection in the future.

What happens if gonorrhoea isn't treated?

If gonorrhoea is treated early it is unlikely to cause any long term problems. Not everyone who has gonorrhoea has complications. However, without effective treatment the infection can spread to other parts of the body. The more times you have gonorrhoea the more likely you are to get complications.

- In women, gonorrhoea can spread to other reproductive organs causing pelvic inflammatory disease (PID). This can lead to long-term pelvic pain, blocked fallopian tubes, infertility and ectopic pregnancy (when the pregnancy develops outside the uterus).
- In men, gonorrhoea can lead to a painful infection in the testicles and possibly reduce fertility.
- Less commonly, gonorrhoea can cause inflammation of the joints and tendons, and skin lesions.

Can gonorrhoea go away without treatment?

It can but it is unlikely. The infection may be there for many months before it goes away and without treatment you cannot be sure when or if it will go away. If you delay seeking treatment you risk the infection causing long-term damage and you may pass the infection on to someone else.

How soon can I have sex again?

It is strongly advised that you do not have any sexual intercourse, including vaginal, anal or oral sex until you **and** your partner have both finished the treatment and any follow-up treatment. This is to help prevent you being reinfected or passing the infection on to someone else.

Will I know how long I've had the infection?

The gonorrhoea test cannot tell you how long the infection has been there. If you have had more than one sexual partner it can be difficult to know which partner you got gonorrhoea from. If you feel upset or angry about having gonorrhoea and find it difficult to talk to your partner or friends, don't be afraid to discuss how you feel with the staff at the clinic or general practice.

Should I tell my partner?

If the test shows that you have gonorrhoea then it is very important that your current sexual partner and any other recent partners are also tested and treated. The staff at the clinic or general practice can discuss with you which of your sexual partners may need to be tested.

You may be given a contact slip to send or give to your partner(s) or, with your permission, the clinic can do this for you. The slip explains that they may have been exposed to a sexually transmitted infection and suggests that they go for a check-up. It may or may not say what the infection is. It will not have your name on it, so your confidentiality is protected. This is called partner notification. You are strongly advised to tell your partner(s), but it isn't compulsory.

How will I know if the gonorrhoea has affected my fertility?

Gonorrhoea is just one of many factors that can affect fertility in men and women. Most men and women who have had gonorrhoea will not become infertile and many women will not have an ectopic pregnancy (see What happens if gonorrhoea isn't treated? on page 11). If you have had gonorrhoea it is still important to use contraception if you want to avoid pregnancy. You should not assume you are infertile. You will not normally be offered any routine tests to see if you are fertile unless you or your partner are having difficulty in getting pregnant. If you are concerned, talk to your doctor or practice nurse.

What happens if I get gonorrhoea when I'm pregnant?

Gonorrhoea can be passed to the baby during childbirth. This can cause inflammation and discharge in the baby's eyes (conjunctivitis). Gonorrhoea can be treated with antibiotics when you are pregnant or when you are breastfeeding – the antibiotics won't harm the baby.

Does gonorrhoea cause cervical cancer?

There is no evidence that gonorrhoea causes cervical cancer.

How can I protect myself from gonorrhoea and other sexually transmitted infections?

It is possible to get gonorrhoea and other sexually transmitted infections by having sex with someone who has the infection but has no symptoms. The

following measures will help protect you from gonorrhoea and most other sexually transmitted infections including HIV and chlamydia. If you have a sexually transmitted infection they will also help prevent you from passing it on to your partner:

- Use condoms (male or female) every time you have vaginal or anal sex.
- If you have oral sex, use a condom to cover the penis, or a latex or polyurethane (soft plastic) square to cover the female genitals or male or female anus.
- If you are a woman and rub your vulva against your female partner's vulva one of you should cover the genitals with a latex or polyurethane (soft plastic) square.
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.
- If you are not sure how to use condoms correctly visit www.fpa.org.uk for more information.

Using a service

- Wherever you go, you shouldn't be judged because of your sexual behaviour.
- All advice, information and tests are free. All services are confidential.
- All tests are optional and should only be done with your permission.
- Ask as many questions as you need to – and make sure you get answers you understand.
- The staff will offer you as much support as you need, particularly if you need help on how to tell your partner.

Where can I get more information and advice?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is **0800 567 123** and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs.24.com and in Northern Ireland at www.hscni.net

A final word

This booklet can only give you general information. The information is based on evidence-based guidance produced by The British Association of Sexual Health and HIV (BASHH).



talking sense about sex



www.fpa.org.uk

The Sexual Health Line is provided by the Department of Health. This booklet is produced by the sexual health charity FPA, registered charity number 250187. Limited liability company registered in England, number 887632. Supported by the Department of Health. FPA does not run the Sexual Health Line.

© FPA printed January 2014 ISBN 978-1-908249-62-3

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next edition available in 2015.

If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

