

Gonorrhoea

What is gonorrhoea?

Gonorrhoea is a sexually transmitted infection (STI) caused by bacteria. In women, the infection may occur in the opening of the uterus, also known as the cervix, and fallopian tubes. In both men and women, the infection may occur in the rectum (the part of your intestine that ends at the anus), throat and the urethra (the tube that carries urine from the bladder).

To find out if you have gonorrhoea, you need to see a health care provider and have lab tests done.

How is it spread?

Gonorrhoea is passed from one person to another by contact with body fluids containing the bacteria during unprotected oral, vaginal and anal sex.

Sometimes a person with gonorrhoea will have no symptoms. Even without symptoms, the infection passes easily to another person.

A person with a gonorrhoea infection can pass the infection to others until they complete antibiotic treatment.

Gonorrhoea can be passed to a baby's eyes during childbirth. This may lead to blindness if the baby is not treated.

Gonorrhoea treatment does not protect you from getting it again. If you are treated and your sexual partner(s) are not, the bacteria will be able to pass back to you again.

What are the symptoms?

Some people with gonorrhoea will have no symptoms and will not know that they have the infection.

For men, symptoms can include:

- Abnormal discharge from the penis
- Pain or a burning feeling when urinating
- Itching or irritation in the urethra – the tube that urine passes through

In women, the early symptoms are sometimes so mild that they are mistaken for a bladder infection or dismissed as a mild vaginal infection.

For women, symptoms can include:

- Change in the amount and colour of fluid from the vagina
- Pain or a burning feeling while urinating
- Abnormal vaginal bleeding or spotting between periods or after sexual intercourse
- Pain in the lower abdomen
- Pain during vaginal sex

In both men and women, a gonorrhoea infection in the rectum may cause discharge from the anus, rectal pain, mucous with stools, painful bowel movements and redness in the anal area.

Gonorrhoea infection may occur in the throat but, does not usually cause symptoms.

Symptoms may appear 2 to 7 days after being exposed to the bacteria.

What are the potential complications?

If treated in time, gonorrhoea causes no lasting concerns. Untreated gonorrhoea can lead to complications as the infection spreads to other areas of the body.

In women, complications may include difficulty getting pregnant, ectopic or tubal pregnancy or pelvic inflammatory disease (PID). See [HealthLinkBC File #08c Pelvic inflammatory disease \(PID\)](#) for more information.

In men, complications may include an infection in the testicles, which can lead to infertility.

In both men and women, if left untreated, gonorrhoea may cause sexually-acquired reactive arthritis which includes skin, eye and joint problems. It is also associated with a higher chance of getting or passing HIV.

What is the treatment?

Gonorrhoea is treated with antibiotics. It is important to follow your treatment instructions

carefully. If you were given pills finish all of them. Sexual partners from the last 2 months need to be tested and treated. If you have not had a sexual partner in the last 2 months, then your last sexual partner will need to be tested and treated. It takes time for the infection to clear from the body, so it is important that you do not have any oral, vaginal or anal sex for 7 days after you and your partner(s) start the antibiotic treatment.

If you or your sexual partner(s) do not finish the treatment, miss pills or have unprotected sex before you have finished all of the medication, there is a chance that the infection will stay in your body or may be passed back to you or your sexual partner(s) and cause health problems later. If this happens, talk with your health care provider who will help you to decide if you or your partners need more treatment.

Because re-infection is common, a follow-up test is recommended 6 months after treatment. If you are pregnant and/or breastfeeding, you should have a follow-up test 3 to 4 weeks after completing treatment.

Will my birth control work if I am taking antibiotics?

There is very little evidence to show that antibiotics make hormonal forms of birth control not work very well. Examples of hormonal birth control include the pill, the patch, the ring, or the shot. If you are being treated with antibiotics, it is important to keep using your birth control as you normally would. If you have concerns, use condoms until your next period comes after completing the antibiotics, or speak to your health care provider for more information.

How can I reduce my chance of getting a sexually transmitted infection (STI)?

Practice safer sex by using a condom

When used correctly, external (“male”) and internal (“female”) condoms help prevent the spread of many STIs during vaginal, anal and oral sex. Condoms are less effective at protecting against STIs transmitted by skin-to-skin contact, such as herpes simplex virus, genital warts (human papillomavirus (HPV)) and syphilis (when sores are present).

Important things to remember when using condoms:

- Check the condom package for damage. Do not use a damaged condom
- Check the expiry date. Do not use a condom after its expiry date
- Carefully open the package so that the condom does not tear. Do not use a condom that has been torn
- Keep condoms away from sharp objects such as rings, studs or piercings
- Store condoms at room temperature
- Use a new condom every time you have sex. Do not reuse condoms
- Do not use 2 condoms at once. Using 2 condoms together may result in a condom breaking
- Use only water-based lubricants with external (“male”) latex condoms. Oil-based lubricants, such as petroleum jelly, lotion or baby oil, can weaken and destroy latex
- Water or oil-based lubricant may be used with polyurethane/nitrile condoms
- Use only condoms made of latex or polyurethane/nitrile/polyisoprene rubbers. Latex and polyurethane condoms are the best types of condoms to use to help prevent pregnancy and STIs. (Lambskin and sheepskin condoms can help prevent pregnancy but don't work as well as latex or polyurethane condoms to prevent STIs)
- Avoid using condoms with spermicides containing nonoxynol-9 (N-9) as it can irritate tissue and may increase the chance of getting an STI

Get vaccinated

Some STIs, such as hepatitis A, B and human papillomavirus (HPV) can be prevented with vaccines. Talk to your health care provider about how to get these vaccinations.

Know your sexual health status

If you have recently changed sexual partners, or have multiple sex partners, getting regularly tested for STIs will tell you if you have an infection. Some people can have an STI and not have any symptoms. Finding and treating an STI

reduces the chances of passing infections on to your partner(s).

The more partners you have, the higher your chances of getting exposed to STIs.

Talk about prevention

Talk to your partner(s) about STIs and how you would like to prevent them before having sex. If you are having trouble discussing safer sex with your partner(s), talk about it with your health care provider or a counsellor.

For tips on how to talk to your partner(s), visit the BC Centre for Disease Control (BCCDC) Smart Sex

Resource <https://smartsexresource.com/sex-talk/talk-about-it>.

Informing partners

If you have a sexually transmitted infection and are sexually active, it is important to tell your sexual partner(s). This will enable them to make decisions about their health and getting tested.

For more information

For more information on how you can reduce your chance of getting an STI, see [HealthLinkBC File #08o Preventing sexually transmitted infections \(STIs\)](#).