Gonorrhoea

Looking after **your** sexual health

Gonorrhoea

Gonorrhoea is a bacterial sexually transmitted infection (STI). It can be painful and, if it's not treated early, it can cause painful complications and serious health problems.

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

Contents

What causes gonorrhoea?	.3
How is gonorrhoea passed on?	.3
What are the signs and symptoms?	.4
How will I know if I have gonorrhoea?	.5
How soon after sex can I have a test?	.6
What does the test involve?	.6
How accurate are the tests?	.8
Where can I get a test?	.8
Will I have to pay for tests and treatment?	.9
What's the treatment for gonorrhoea?	.9
When will the signs and symptoms go away?l	0
Do I need to have a test to check that the gonorrhoea	ı
has gone?l	0

What causes gonorrhoea?

Gonorrhoea is caused by bacteria (tiny living cells) called Neisseria gonorrhoeae. They can live in the uterus (womb), the cervix (entrance to the uterus), the urethra (tube where urine comes out), the rectum (back passage), the throat and occasionally the eyes.

Anyone who's sexually active can easily get and pass on gonorrhoea. You don't need to have lots of sexual partners.

How is gonorrhoea passed on?

Gonorrhoea is usually passed from one person to another through sexual contact. You can get the infection if you come into contact with infected semen (cum or pre-cum) or infected discharge from the vagina, throat or rectum (back passage).

Gonorrhoea is most commonly spread through:

What happens if gonorrhoea isn't treated? I I
Can gonorrhoea go away without treatment?12
How soon can I have sex again?12
Will I know how long I've had the infection?12
Should I tell my partner(s)?12
How will I know if the gonorrhoea has affected my
fertility?13
What happens if I get gonorrhoea when I'm pregnant? I 3
Does gonorrhoea cause cervical cancer?
How can I protect myself from gonorrhoea and other
sexually transmitted infections?14
Using a service14
Where can I get more information and advice?15
A final word16

- unprotected (without a condom) vaginal or anal sex
- oral sex (going down, giving head) without a condom or dam (a latex or plastic square that covers the anus or female genitals)
- sharing sex toys if you don't wash them or cover them with a new condom each time they're used.

Gonorrhoea can 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's possible for the bacteria to spread from vaginal discharge to the rectum. You don't need to have anal sex for this to happen.

If gonorrhoea bacteria comes into contact with the eye (for example if it's transferred from the genitals to the eye by the fingers) it can cause conjunctivitis (an eye infection). This isn't common.

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

You can't get 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?

Around half of women and one in ten men with genital gonorrhoea won't have any obvious signs or symptoms. Signs and symptoms can show up I–I4 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 the following:

Female genitals

• 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).

Male genitals

- 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 .

Other parts of the body

- Infection in the rectum (back passage) doesn't usually have any signs and symptoms but may cause anal pain, discomfort or discharge.
- Infection in the throat usually has no symptoms.
- Infection in the eyes (conjunctivitis) can cause pain, swelling, irritation and discharge.

How will I know if I have gonorrhoea?

You can only be certain you have gonorrhoea if you have a test. If you think you might have gonorrhoea it's important not to delay getting a test so that you can start treatment and don't pass the infection on to anyone else.

You should have a test if:

- you or a sexual partner have, or think you might have, symptoms
- you've 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 cervix is inflamed and/or there's an unusual discharge
- a sexual partner tells you they have a sexually transmitted infection
- you have another sexually transmitted infection.

You could still have gonorrhoea even if your partner has tested negative. The only way to make sure you don't have gonorrhoea is to get tested yourself.

If you've had gonorrhoea and it's been treated, you won't be immune to the infection – you can get it again.

If you have gonorrhoea you'll be encouraged to be tested for other sexually transmitted infections as you can have more than one sexually transmitted infection at the same time.

How soon after sex can I have a test for gonorrhoea?

It's important not to delay getting a test if you think you might have gonorrhoea. A test can be done straight away but you may be advised to have another test two weeks after having sex. You can have a test for gonorrhoea even if you don't have signs or symptoms.

What does the test involve?

Female / vaginal tests

- You may be asked to use a swab yourself around the inside of your vagina.
- A doctor or nurse may take a swab during an internal examination of your vagina and cervix (entrance to the womb).

Male tests

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

Male and female tests

- A doctor or nurse may use a swab around the entrance of the urethra (tube where the urine comes out).
- If you've had anal or oral sex the doctor or nurse may swab your rectum (back passage) or throat (you may be given the option to do your own tests). These swabs aren't done routinely on everybody.
- If you have symptoms of conjunctivitis (an eye infection) 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's 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 isn't painful, though it may be uncomfortable for a moment.

Sometimes it's possible for your sample to be looked at under a microscope immediately and for you to get the test result straight away. Otherwise you'll have to wait up to two weeks to get your result.

Cervical smear tests and routine blood tests don't detect gonorrhoea. If you're not sure whether you've been tested for gonorrhoea, just ask.

How accurate are the tests?

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

As no test is 100% accurate there's a small chance that the test will give a negative result when you do have gonorrhoea. 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 a partner might get a different test result.

It's possible for the test 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.

Where can I get a test?

There are a number of services you can go to.

Choose the one 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.

Abortion clinics, antenatal services and some gynaecology services may also offer a test.

In some areas you can order a free self-sampling kit from your local sexual health service. This is where you take your own sample and send it to be tested.

It's also possible to buy a gonorrhoea test to do at home. The accuracy of these tests varies so it's 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.

If a self-sampling test or home test shows that you have gonorrhoea it's important to seek treatment straight away. The test should have instructions explaining what to do.

If you have symptoms you should always get tested at a sexual health service.

Will I have to pay for tests and treatment?

All tests are free through NHS services. Treatment is also free but if you had a test at a general practice you'll need to go to a sexual health service for your treatment and follow-up tests.

What's the treatment for gonorrhoea?

Gonorrhoea is treated with two types of antibiotics, usually given as an injection and a single dose of tablet(s). The treatment is at least 95% effective if you take it correctly. It's important to have **both** types of antibiotic or the gonorrhoea may not be successfully treated. If you're given an antibiotic tablet from an online doctor or pharmacy you must also have the antibiotic injection. You should have both types of antibiotics on the same day.

If there's a high chance you have gonorrhoea, treatment may be started before the test results are back. You'll always be given treatment if a partner is found to have gonorrhoea.

You may also need other treatment if complications have occurred.

There's no evidence that complementary therapies can cure gonorrhoea.

When will the signs and symptoms go away?

You should notice an improvement quite quickly after having treatment.

- Discharge or pain when you urinate (pee) should improve within 2–3 days.
- Discharge and discomfort in the rectum (back passage) should improve within 2–3 days.
- Bleeding between periods or heavier periods that have been caused by gonorrhoea should improve 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 doesn't improve see your doctor or nurse as it may be necessary to have 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?

Yes. You should have a follow-up test I-3 weeks after finishing the treatment. This is particularly important if:

- you think you may have come into contact with gonorrhoea again
- you had unprotected sex with a partner before the treatment for **both** of you was finished (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? above)
- 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?

Only some people who have gonorrhoea will have complications. If gonorrhoea is treated early it's unlikely to cause any long-term problems. 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 pain and inflammation of the joints and tendons, and skin lesions.

Can gonorrhoea go away without treatment?

It can but it can take a long time. 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?

Don't have any sexual intercourse, including vaginal, anal or oral sex, or use sex toys, until seven days after you and your partner have **both** finished the treatment. This is to help prevent you being re-infected or passing the infection on to someone else.

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

The gonorrhoea test can't tell you how long the infection has been there. If you feel upset or angry about having gonorrhoea and find it difficult to talk to a 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(s)?

If the test shows that you have gonorrhoea then it's very important that your current sexual partner(s) and any other recent partners are also tested and treated.

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. This is called partner notification. It can sometimes be done by text message. The message or contact slip will say that they may have been exposed to a sexually transmitted infection and suggest they go for

a check-up. It may or may not say what the infection is. It won't have your name on it, so your confidentiality is protected.

You're strongly advised to tell your partner(s), but it isn't compulsory. The staff at the clinic or general practice can discuss with you which of your sexual partners may need to be tested.

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

Gonorrhoea is just one of many factors that can affect your fertility. Most people who've had gonorrhoea won't become infertile and most women won't have an ectopic pregnancy (see What happens if gonorrhoea isn't treated? on page 11). You won't normally be offered any routine tests to see if you're fertile unless you or a partner are having difficulty getting pregnant. If you're 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 the birth. This can cause inflammation and discharge in the baby's eyes (conjunctivitis). Gonorrhoea can be treated with antibiotics when you're pregnant or breastfeeding. The antibiotics won't harm the baby but do tell the doctor or nurse if you're pregnant.

Does gonorrhoea cause cervical cancer?

No, gonorrhoea doesn't cause cervical cancer.

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

The following measures will help protect you from gonorrhoea and most other sexually transmitted infections including HIV.

It's possible to get gonorrhoea and other sexually transmitted infections (STIs) by having sex with someone who has the infection but has no symptoms. You can also have an STI yourself without knowing it. These steps will help protect you from getting or passing on an infection without knowing it.

- Use condoms (male/external or female/ internal) every time you have vaginal or anal sex.
- If you have oral sex (going down, giving head), 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're 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're not sure how to use condoms correctly visit www.fpa.org.uk/condoms 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 a 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 0300 123 7123. It's open from Monday to Friday from 9am-8pm and at weekends from 11am-4pm.

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

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

Clinics

To find 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.nhsinform.scot 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) and Public Health England.





the sexual health charity

www.fpa.org.uk

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

© FPA May 2017.

© Crown Copyright Public Health England. ISBN 978-1-912202-01-0

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by May 2020.

If you'd like information on the evidence used to produce this booklet or would like to give feedback email feedback@fpa.org.uk

