



Gonorrhoea

Looking after *your* sexual health

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

This leaflet 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.



Gonorrhoea

pg Inside this leaflet

- 3 What causes gonorrhoea?
- 3 How is gonorrhoea passed on?
- 4 What are the signs and symptoms?
- 5 How will I know if I have the infection?
- 6 How soon after sex can I have a test?
- 6 What does the test involve?
- 7 How accurate are the tests?
- 8 Where can I get a test?
- 8 Will I have to pay for tests and treatment?
- 9 What is the treatment for gonorrhoea?
- 9 When will the signs and symptoms go away?
- 10 Do I need to have a test to check that the gonorrhoea has gone?
- 11 What happens if gonorrhoea isn't treated?
- 11 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?
- 13 How will I know if the gonorrhoea has affected my fertility?
- 13 What happens if I get gonorrhoea when I'm pregnant?
- 13 Does gonorrhoea cause cervical cancer?
- 13 How can I protect myself from gonorrhoea?
- 14 Using a service
- 15 Where can I get more information and advice?
- 16 Helplines and websites

⊙ What causes gonorrhoea?

Gonorrhoea is caused by a bacteria which is 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 womb), 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 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?

About 10 per cent of infected men and 50 per cent of infected women will not have any obvious signs or symptoms. 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 (this is rare)
- 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
- inflammation of the foreskin (less common).

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 or your partner 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 of passing HIV on if you already have HIV.

⊙ 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

- 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.
- You may be asked to use a swab or a tampon yourself to collect cells from inside 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. 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.

The accuracy of a single test from the genital area is between 75–95 per cent. Tests from the throat are less sensitive.

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
- some general practices (ask your doctor or practice nurse)
- some contraceptive and young people's clinics.

For information on how to find a service see Helplines and websites on the back cover.

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.

- Early treatment of gonorrhoea involves taking a single dose of antibiotic tablet(s) or having one antibiotic injection.
- 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.
- The antibiotics that are used to treat gonorrhoea interact with methods of contraception that contain estrogen and progestogen (for example, the combined contraceptive pill and contraceptive patch). Tell the doctor or nurse if you are using these methods so they can advise you on how to ensure you are protected from pregnancy.
- 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 not normally need a follow-up test. You should however go back to the clinic 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).

In these situations you may need a repeat test. How quickly the test can be repeated will depend on which test is being used. This can vary from three days to two weeks. 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 womb).
- In men, gonorrhoea can lead to a painful infection in the testicles and prostate gland and possibly reduced fertility.
- Less commonly, gonorrhoea can cause inflammation of the joints and tendons, and skin lesions.
- Rarely, gonorrhoea can also cause inflammation of the membranes of the brain and spinal cord (meningitis) and the heart.

⊙ **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. If it is not possible to avoid sex, make sure that you use a condom. This might reduce the risk of infection, but won't eliminate it.

⊙ **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. Many 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 without knowing it 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, cover the penis with a condom or the female genitals and male or female anus with a latex or polyurethane (soft plastic) square.
- 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.
- If you are not sure how to use condoms correctly visit www.fpa.org.uk for more information or call **fpa's** helpline (see Where can I get more information and advice? on page 15).
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.

© 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?

Call **sexual health direct**, run by **fpa**, for confidential information and advice on all sexually transmitted infections, contraception, pregnancy choices, abortion and planning a pregnancy. We can also give you details of sexual health services and a wide range of booklets, including a guide to male and female condoms.

fpa helplines

England

0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

0845 122 8687

9am to 5pm Monday to Thursday

9am to 4.30pm Friday

or visit **fpa's** website [**www.fpa.org.uk**](http://www.fpa.org.uk)

Details of clinics can be found in your local directory under sexual health, genitourinary medicine (GUM) or sexually transmitted infections (STIs).



Helplines and websites

- Call **sexual health direct**, run by **fpa** on 0845 122 8690 for confidential information and advice on sexually transmitted infections, contraception, pregnancy choices, abortion and planning a pregnancy or visit **www.fpa.org.uk**.
- For confidential information about sexually transmitted infections, sexual health or where to find local services call the **Sexual Health Line** on 0800 567 123. Textphone 0800 521 361. Lines are open 24 hours a day.
- Visit **www.condomessentialwear.co.uk** and **www.ssha.info** (Society of Sexual Health Advisers).
- Young people under 25 can also call **Brook** on 0800 0185 023 or visit **www.brook.org.uk**.
- Call **NHS Direct** on tel: 0845 46 47 (NHS 24 in Scotland, tel: 0845 4 24 24 24).

● A final word

The information in this booklet is based on evidence-based guidance produced by The British Association of Sexual Health and HIV (BASHH). Different people may give you different information and advice about certain points.



Registered charity number 250187.

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ISBN: 1905506244