

What about my partner?

As gonorrhoea is a sexually transmitted infection it is important that your current partner(s) are tested for gonorrhoea and other STIs too.

The clinic can contact your partners anonymously for you if you wish.

Some of your previous partners may also need testing – you will be advised about this.

When can I have sex again?

You must not have sex again until seven days after both you and your partner(s) have taken your treatment (this includes oral sex and sex with condoms). This is to ensure you and your partner(s) do not become re-infected with gonorrhoea.

You will be advised to have another test 2 weeks later to check that the gonorrhoea has gone away completely.

What happens if my gonorrhoea is left untreated?

Gonorrhoea may spread internally from the cervix (neck of the womb) to the uterus (womb). This is called pelvic inflammatory disease (see the BASHH leaflet 'pelvic inflammatory disease'). Infection of the womb can cause longer term problems with fertility and pain.

Gonorrhoea can spread from the urethra (water passage) to the testicles and cause pain. This is called epididymo-orchitis (see the BASHH leaflet 'Epididymo-orchitis'). Very rarely this may affect fertility.

Rarely, gonorrhoea can also spread to the blood (septicaemia) or joints and lead to serious infection.

All of these problems can be prevented by early treatment.

Can you get gonorrhoea again?

Yes you can. To prevent this, ensure your partners have been treated before having sex with them again. Protect yourself with new partners by ensuring a condom is used

for all vaginal/ anal/ oral contact. Or ensure that both you and a new partner have a sexual health screen before any condomless sex.

Gonorrhoea in pregnancy

Pregnant women can also get gonorrhoea. It is important that gonorrhoea in pregnancy is treated properly to prevent infection in the baby. The tests and treatment are similar to that outlined above – your doctor will discuss things in more detail with you.

How common is gonorrhoea?

It is the second most common bacterial STI in the UK. It is found most frequently in young people under the age of 25, in men who have sex with men and in people living in large cities.



This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). The information in the leaflet is based on the 'UK National Guidelines on the Management of infection with Neisseria gonorrhoea (2019)' published by BASHH.

For more information regarding BASHH:
www.bashh.org/guidelines

The leaflet was developed following The Information Standard principles developed by NHS England.

For more information:
www.england.nhs.uk

If you would like to comment on this leaflet, e-mail us at: admin@bashh.org.uk. Please type 'Gonorrhoea PIL' in the subject box.

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Gonorrhoea
The basics

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Gonorrhoea is a curable sexually transmitted infection (STI) caused by the bacterium (a kind of germ) *Neisseria gonorrhoeae*. Gonorrhoea can infect the cervix (neck of the womb), urethra (water passage), the uterus (womb), fallopian tubes, ovaries, testicles, rectum (back passage), throat and sometimes the eyes.

Most people who have the infection in the cervix, throat or rectum do not notice anything wrong. Discharge from the tip of the penis is a common symptom of urethral infection. More severe problems can occur if treatment is delayed. The infection may spread from the neck of the womb (cervix) to the womb (uterus) and lead to problems with fertility and pain. The infection can also spread from the urethra (water passage) to the testicles leading to pain and swelling.

Testing is available at any specialised sexual health or Genitourinary Medicine (GUM) clinic and in some GP surgeries, pharmacies and contraceptive services. Testing can also be accessed online through some sexual health services.

Gonorrhoea is resistant to many commonly used antibiotics. You need to be treated in a specialised sexual health service to ensure you receive the correct antibiotics. If you have gonorrhoea, we recommend that you have routine tests for other sexually transmitted infections too.

How do you get gonorrhoea?

Gonorrhoea is passed on through:

- Condomless vaginal, anal or oral sex (or sharing sex toys) with someone that has gonorrhoea
- Sometimes from genitals to fingers to eyes where it may cause an eye infection (conjunctivitis)
- To your baby during birth if you are pregnant and have gonorrhoea
- You cannot get gonorrhoea from swimming pools, saunas or toilet seats.

What would I notice if I had gonorrhoea?

Most people with gonorrhoea infection in the cervix will not notice anything wrong, but they can still pass the infection onto their partner. Infection usually starts in the cervix (neck of the womb) and can then spread internally to the uterus (womb), fallopian tubes and ovaries. Some people may notice one or more of the following symptoms:

- bleeding between periods or after sex
- lower abdominal (tummy) pain, particularly during sex
- 'cystitis' or burning pain when passing urine
- increased vaginal discharge.

People with an infection in the urethra (water passage) of the penis will usually notice:

- a discharge from the tip of the penis
- a burning pain when passing urine
- these symptoms usually appear within 2-5 days of catching the infection
- up to 10% may have no noticeable symptoms.

Infection in the throat or rectum usually goes unnoticed.

How do I get tested for gonorrhoea?

Vaginal or cervix samples:

- If you have symptoms, it is best if a swab is taken from the vagina and cervix (neck of the womb) by a doctor or nurse during an internal examination.
- If you do not have symptoms, you can take your own swab from the entrance to your vagina.*

Penile samples:

- If you have a discharge a doctor or nurse will take a swab from the tip of the penis.
- If you do not have any symptoms a urine sample will be collected – you should not have passed urine for an hour.*

Other samples:

- Occasionally swabs may also be taken from the throat, rectum and eye.

Some results for gonorrhoea may be available during your first visit (by looking at the samples under a microscope).

The clinic practitioner will give you options on how you wish to receive your final results before leaving the clinic.

*If your vaginal or urine samples show infection with gonorrhoea you may need further swabs to be taken from the cervix (neck of the womb) or urethra (water passage) by a nurse or doctor. This will ensure you get the right antibiotics as the infection can be resistant to many commonly used antibiotics.

How is gonorrhoea treated?

Gonorrhoea can be easily treated with antibiotics. The recommended first line treatment is usually a single injection of an antibiotic.

Occasionally a second course of antibiotics is needed if your symptoms don't go away or you are found to have a resistant strain of gonorrhoea.

All treatments from sexual health clinics are free and are given to you in the clinic.

Important information about your treatment

The antibiotics are highly effective if taken correctly. The antibiotics don't interfere with your contraception.
