

Gonorrhoea

PATIENT INFORMATION

What is gonorrhoea?

Gonorrhoea is an STI (a sexually transmitted infection) that is more common in people aged less than 30 years. Gonorrhoea is very easy to catch and also very easy to treat. It may cause serious problems if you don't get it treated.

How does someone get gonorrhoea?

- By having sex or sexual contact with another person with gonorrhoea.
- This includes oral, vaginal or anal sex and sex play, particularly when saliva is used as a lubricant.
- The other person may not know they have the infection.
- **If you use a condom every time you have sex you are much less likely to get gonorrhoea.**
- Gonorrhoea can also be passed from mother to baby during birth and may result in an eye infection in the baby.

How do I know if I have gonorrhoea?

Males with gonorrhoea in the penis are more likely to be symptomatic than females.

Many people don't notice any symptoms. If they do, symptoms could be:

Females

- There can be a discharge or fluid leaking from the vagina.
- There can be pain when urinating or low tummy pain, especially during sex.
- There can be unusual bleeding between periods or bleeding after sex.
- Gonorrhoea can cause an unusual discharge or bleeding from the anus if there has been anal sex.

Males

- There can be soreness, an unusual discharge, or itching in the opening at the end of the penis (urethra).
- There can be pain when urinating.
- There can be unusual discharge or bleeding from the anus if there has been anal sex between males.
- Very occasionally there can be pain or swelling in the testicles.

How do I get tested?

You need to see your doctor, nurse or sexual health clinic for a check-up. If you want, take along someone you trust, for support.

If you have symptoms you will need to be examined by a doctor or nurse to find the cause.

- Females will need a swab test from the vagina. An anal swab might be required if you have had anal sex. You may be able to do the swab/s yourself.
- Males will need a urine test. Throat and anal swabs might be required if you have sex with males. You may be able to do the swabs yourself.

It may be embarrassing, but it is better to get checked than to have untreated gonorrhoea.

How do I get treated?

You will need an injection and to take some tablets. A single dose of the right treatment usually cures gonorrhoea. You may need to take tablets for up to 2 weeks if the infection is more serious.

Important advice

- Finish all the tablets you have been given, even if you feel better.
- You need to tell anyone you have had sex with in the last 3 months to get a sexual health check and treatment for gonorrhoea, even if their tests are normal.
- You should avoid sex for 1 week from the start of your treatment and until 1 week after your sexual contact/s have been treated. If this is not possible, always use a condom, including for oral sex, until your treatment and your sexual contact/s treatment has been completed.
- We recommend you have another sexual health check in 3 months in case you get the infection again.

Important information

- Gonorrhoea is a sexually transmitted infection (STI) that is easy to treat with antibiotics.
- Some people with gonorrhoea don't notice symptoms.
- You can get gonorrhoea by having sexual contact with another person who has gonorrhoea.
- Testing: Females will need a swab from the vagina. Males need a urine test. Other tests might be required dependent on the type of sexual contact you have.
- You need to tell anyone you have had sex with in the last 3 months to get a sexual health check and treatment for gonorrhoea..
- You should avoid sex or use condoms for 1 week from the start of your treatment and until 1 week after your sexual contact/s have been treated, so you don't pass the infection onto someone else.

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

This patient information leaflet has been produced by NZSHS. Every effort has been taken to ensure that the information in this leaflet is correct at the time of publishing (September 2017).