

Gonorrhoea

Factsheet for clinicians

The facts

- Gonorrhoea is caused by *Neisseria gonorrhoeae*, a Gram negative diplococcus, and is transmitted through unprotected vaginal, anal and oral sex.
- The number of cases is increasing in Victoria and across all Australian jurisdictions.
- Men who have sex with men (MSM); travellers returning from countries where gonorrhoea is more common; and Aboriginal and Torres Strait Islander people in remote communities are at increased risk of infection.
- Gonorrhoea increases the risk of acquiring and transmitting HIV.
- The emergence of antimicrobial resistance in relation to gonorrhoea is very concerning worldwide. Outbreaks of antibiotic-resistant gonorrhoea have been reported in other countries.

Who should be tested?

Symptomatic patients

Patients presenting with any signs and symptoms of gonorrhoea (e.g. urethral discharge, dysuria, anorectal symptoms, vaginal discharge and dyspareunia).

Asymptomatic patients (groups at risk)

- MSM: at least annually, and more frequently (up to four times a year) for those at higher risk (e.g. men who have had more than ten partners in the last year);
- Sexual contacts of a person diagnosed with gonorrhoea;
- People with multiple sexual partners or unprotected sexual activity;
- **Note:** Consider HIV/other STI testing for persons at risk.

How is it diagnosed?

- Sample site depends on sexual history and examination (urethra, cervix, rectum and/or pharynx);
- **NAAT (PCR)** tests (first-pass urine sample or appropriate swab) are more sensitive than culture in detecting gonococci. False positive results may occur in patients at low risk for an STI;
- **Culture** of *Neisseria gonorrhoeae* from swabs provides both a definitive diagnosis and the opportunity to perform antibiotic sensitivity testing;
- Obtain culture and NAAT for all symptomatic patients at presentation;
- For patients with a positive NAAT test obtain culture prior to treatment.

How should cases be managed?

- **Notify** cases to the Department of Health and Human Services via telephone 1300 651 160 or fax 1300 651 170 using the notification form, or online at www.health.vic.gov.au/notify.
- **Treat** using combination treatment according to current guidelines: http://mshc.org.au/HealthProfessional/MSHCTreatmentGuidelines/Gonorrhoea#_WRpCuvl97q5
- Advise no sexual contact for seven days after treatment is administered to both the case and contacts.
- Referral to a sexual health specialist is recommended for any complicated presentation.
- **Partner notification:** contact sexual partners of patients with gonorrhoea at the time of diagnosis. Online tools are available to contact partners anonymously via SMS or email (see next page). Partner Notification Officers are available to assist with partner notification. Phone 03 9096 3367.
- Provide education regarding prevention (i.e. safe sex) and early symptom recognition.
- **Follow up:** A test of cure should be performed if treatment failure is suspected, or if a treatment other than those recommended is used. NAAT can be used at 14 days after treatment completion. Suspected treatment failures should be reported and discussed with a specialist sexual health physician. Ensure partner notification has occurred, or offer more contact tracing support. As re-infections are common, screen patients three months after treatment.

How should contacts be managed?

- Test and treat all sexual contacts of gonorrhoea cases without waiting for the test results. Immediate treatment of contacts prevents re-infection of the index case and further transmission.
- Provide education regarding prevention (i.e. safe sex).

Clinical presentation

- Infection can be asymptomatic (80 per cent of females and 10-15 per cent of males have no symptoms). Pharyngeal, anorectal and cervical infections are often asymptomatic.
- Symptoms in men may include:
 - Purulent urethral discharge and dysuria (usually appearing two to seven days after exposure);
 - Anorectal symptoms: pruritus, irritation, tenesmus and discharge.
- Symptoms in women may include:
 - Abnormal vaginal discharge;
 - Dyspareunia;
 - Anorectal symptoms: pruritus, irritation, tenesmus and discharge.
- Complications in men include epididymitis, prostatitis and urethral stricture.
- Complications in women include pelvic inflammatory disease, which can cause ectopic pregnancy, infertility or chronic pelvic pain.
- Disseminated gonococcal infection is rare and usually presents with fever, arthritis and skin lesions.
- Conjunctival infection can occur in neonates born to infected mothers or in adults after eye exposure to genital secretions.

Additional resources

Clinical information

- Advice on the diagnosis and management of gonorrhoea and other STIs can be obtained from Melbourne Sexual Health Centre through a doctor's only information line, telephone: 1800 009 903 (Mon–Fri 9:30am–12:30pm, 1:30pm–5:00pm) or through their website: www.mshc.org.au
- Australian STI Management Guidelines for Use in Primary Care: www.sti.guidelines.org.au
- Australian Sexually Transmitted Infections & HIV Testing Guidelines for Asymptomatic MSM 2014: www.ashm.org.au/pdfs/STIGMATestingGuidelines.pdf
- Australasian Contact Tracing Manual: www.contacttracing.ashm.org.au/
- Innovative partner notification tools are available to contact partners anonymously via SMS or email. You can undertake partner notification at the time of consultation or strongly encourage your patients to contact their partners themselves. Partner notification tools are available at:
 - Let them know website: www.letthemknow.org.au
 - The Drama Down Under website: www.thedramadownunder.info/introduction
- The Partner Notification Officers (PNOs) from the Department of Health and Human Services are available to assist with partner notification. The PNOs can contact the sexual partners of a person diagnosed with an STI, provide advice and referral for testing. Any identifying information about your patients is kept confidential. The PNOs can be contacted via: telephone on (03) 9096 3367 or email at contact.tracers@dhhs.vic.gov.au.

Patient information

- Better Health Channel: www.betterhealth.vic.gov.au
- Melbourne Sexual Health Centre website: www.mshc.org.au
- The Drama Down Under website: www.thedramadownunder.info/bugs