

GONORRHEA INFECTION: Notes About the Disease

Gonorrhea infection is caused by *Neisseria gonorrhoeae*, an oxidase-positive and gram negative diplococcus. This infection is the second most commonly reported bacterial sexually transmitted disease in the nation and in North Carolina. Gonorrhea is most often symptomatic in males who will present with urethral discharge and burning on urination usually 2-5 days after sexual exposure to an infected sex partner. Gonorrhea is asymptomatic in approximately 50% of females thus making women vulnerable for complications such as PID which can result in infertility, ectopic pregnancy, or chronic pelvic pain. Symptomatic females may present with dysuria, however, signs of infection may be notable only upon pelvic exam with a finding of cervical discharge. Thus, the public health campaign to screen all women in prenatal, family planning and STD clinical settings is necessary as a secondary prevention measure.

Gonorrhea is predominantly found in the younger age groups, 20-29 year old males and 15- 24 year old females. Diagnosis is made via culture, nucleic acid probe or nucleic acid amplification tests and urethral gram stain in males only.

The Cephalosporin family of drugs are the primary drugs of choice for treating gonorrhea. The CDC restricts the Quinolone family of drugs from use in the treatment of men who have sex with men due to the high prevalence of quinolone-resistant gonorrhea in this population. North Carolina treatment protocols do not include quinolones for treating gonorrhea in any individual.

Measures to control transmission include referral of all sex partners within sixty days of onset of symptoms or most recent sex partner if exposure is greater than sixty days. Sex partners must be examined, tested and empirically treated at time of service. Use of latex condoms with sexual encounters is also effective in controlling transmission of this infection.