What is Gonorrhea?
Gonorrhea is a common sexually transmitted infection caused by the Neisseria gonorrhoeae bacterium. It can be treated with medication, but if left untreated can cause serious health problems.

How do you get it?
Gonorrhea is transmitted through vaginal, anal, and oral sex. It is contracted by exposure of a mucous membrane such as the vagina, urethra, anus, and the throat, to an infected person’s mucous membranes or body fluids (e.g., semen, vaginal fluids). You can’t get it from casual contact such as touching or hugging.

Any sexually active person can get gonorrhea, and people with multiple sexual partners, people assigned male at birth (AMAB) who have sex with other people AMAB, and people under the age of 25 are at higher risk due to increased rates of infection in these groups. Gonorrhea can also be transmitted to an infant during childbirth if the mother is infected.

People who use condoms consistently, who are in mutually monogamous relationships, or who abstain from vaginal, anal, or oral sexual activity are at lower risk for infection.

How would I know if I have it?
Unfortunately, many gonorrhea infections are without symptoms. While 95% of people AMAB with urethral infections are symptomatic, most people assigned female at birth (AFAB) – as well as individuals of any sex with throat and rectal infections – have no symptoms. That’s why it’s so easy to spread the infection without knowing it. If symptoms do occur, they usually start within about two weeks after being exposed, but may develop many months later.

People AFAB who are infected may notice an abnormal vaginal discharge, pain with urination, lower abdominal pain, pain with sexual activity, fever, or bleeding between menstrual periods.

People AMAB with gonorrhea may develop a discharge from the penis, burning with urination, itching at the tip of the penis, or pain or swelling in the testicles.

Individuals with gonorrhea who engage in anal sex may notice rectal pain, bleeding or discharge.

How can I get tested?
A simple urine test can detect gonorrhea infections of the penis or vagina, and swab testing can be used for the vagina, throat, and rectum.

What if I don’t treat the infection?
Untreated gonorrhea in people AFAB can result in serious damage to the reproductive organs. It is a common cause of pelvic inflammatory disease (PID), which can scar the fallopian tubes and lead to infertility and ectopic pregnancies in the future.

Untreated gonorrhea in people AMAB can cause “epididymitis” (an infection of the tube that carries sperm to the testes) resulting in pain, fever, and – rarely – sterility. If left untreated, gonorrhea can also spread to the blood and cause disseminated gonococcal infection (DGI).

DGI is usually characterized by arthritis, inflamed
tendons, and/or skin rashes. This condition can be life-threatening. Additionally, untreated people can transmit gonorrhea to others, who may also be unaware of their infection, and pass it on further.

**How is it treated?**

Because gonorrhea is a bacterium, specific antibiotics given by your health care provider usually cure the infection. Both you and any sexual partners you have had contact with in the past 2 months should be treated at the same time. This prevents partners from continuing to re-infect one another.

Rectal gonorrhea infections in people AMAB who have sex with other people AMAB can be a warning that you are also at higher risk for HIV infection. Talk with your primary care provider at Cornell Health about the potential use of preventive medications (HIV PrEP) if you have been diagnosed with rectal gonorrhea.

It’s important that all partners abstain from sexual contact (no oral, vaginal, or anal contact with a partner’s genitals) until at least 7 days after final treatment. If you had symptoms of gonorrhea and they do not go away 1–2 weeks after treatment, another medical evaluation is necessary.

For oral gonorrhea infections, it is recommended to repeat testing 10–14 days after treatment to ensure the infection has been treated appropriately. Retesting for urine, vaginal, and rectal sites is recommended 12 weeks after treatment.

Previous infection with gonorrhea does not confer immunity, and so individuals can be infected again if re-exposed.

**How do I find out more?**

Talk with your health care provider about any concerns or questions you may have. Information can also be found at on the Centers for Disease Control and Prevention website: cdc.gov.