

GONORRHEA

Last revised 07/27/2011

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** A sexually transmitted bacterial disease (STD) caused by *Neisseria gonorrhoeae*. In males it is usually characterized by a purulent urethral discharge and dysuria. In females, initially, there is a urethritis or cervicitis often so mild it may pass unnoticed. Pharyngeal and anorectal infections are not uncommon as a result of sexual practices that may result in oral and/or rectal exposure. In males, the urethral infection is usually self-limiting; however, it may progress to epididymitis and in rare cases, it can disseminate into an arthritis-dermatitis syndrome, endocarditis, and meningitis. Twenty percent of women infected with gonorrhea may progress to uterine infection that may lead to endometritis or salpingitis (PID) and the subsequent risk of infertility.
- B. **REPORTING CRITERIA:** Laboratory confirmation
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of typical Gram-negative, oxidase-positive diplococci (presumptive *N. gonorrhoeae*) from clinical specimen, **OR**
 - Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, **OR**
 - Observation of Gram-negative intracellular diplococci in a urethral smear from a man.
- D. **WISCONSIN CASE DEFINITION:** A laboratory confirmed infection.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY II: REPORT TO THE LOCAL HEALTH DEPARTMENT** within 72 hours of the identification of a case or suspected case. Public health intervention is expected. Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an STD Laboratory & Morbidity Epidemiologic Case Report (DPH F-44243), or by other means within 72 hours upon recognition of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Electronic Report through WEDSS
 - OR
 2. Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report (F-44243)
- C. **PUBLIC HEALTH INTERVENTIONS:**
- D. Patients should be counseled on methods to reduce their risk for STDs, including HIV.
- E. Patients treated for gonorrhea should also be tested and treated for chlamydia and have a syphilis serology done.
- F. Treated patients and sex partners should be advised to avoid sex at least three days following the completion of treatment and symptoms cease. Only patients whose symptoms persist after treatment need a test of cure.
- G. CDC treatment recommendations indicate that high rates of reinfection strongly support protocols to retest individuals who test positive for gonorrhea within the year at greater than

30 days post treatment, preferably at three months following completion of treatment, and is not for the purpose of a test of cure which is **NOT** recommended except in pregnant women and/or in patients who remain symptomatic (*Sexually Transmitted Diseases Treatment Guidelines, 2010*).

- H. Recently there has been an increase in the number of strains of gonorrhea resistant to antibiotics, particularly penicillin and tetracycline. These resistant strains are of special concern for the LHD and may require more extensive tests to identify, and are generally more expensive to treat than uncomplicated gonorrhea. **Cases of resistant gonorrhea should be intensively followed and every attempt should be made to interview contacts and confirm their test results and treatment.**
- I. Gonococcal infection may occur in newborns exposed to their mother's infected cervical exudate. The ophthalmia neonatorum caused by gonorrhea can lead to blindness and the infant may develop a disseminated infection. Instillation of prophylactic agent into the eyes of newborns is recommended to prevent gonococcal ophthalmia and is mandated by law. Gonococcal ophthalmia can lead to blindness and, untreated, can progress to disseminated gonococcal infection.
- J. Source investigation should be conducted by the LHD. Patients should be interviewed for all sexual partners in the 30 days prior to the onset of symptoms or positive test.

Recommended Treatment Regimens for Uncomplicated Gonococcal Infection in Adolescents and Adults

Ceftriaxone 250 mg IM in a single dose OR, if not an option
Cefixime 400 mg orally in a single dose (only if oral exposure is NOT reported)
***** PLUS *****
Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days

Due to concerns about the possible emergence of cephalosporin resistant gonorrhea, all uncomplicated gonorrhea must now be treated with dual therapy: 250 mg IM ceftriaxone along with azithromycin or doxycycline. If IM ceftriaxone is not an option, cefixime along with azithromycin or doxycycline may be used; however, cefixime may only be used if the patient reports no oral sexual exposure.

NOTE: See *Sexually Transmitted Diseases Treatment Guidelines, 2010*, for more treatment information including for infants and pregnant women and alternative sites of infection. (<http://www.cdc.gov/std/treatment/2010/default.htm>).

III. CONTACTS FOR CONSULTATION

A. BCDP / COMMUNICABLE DISEASES STD SECTION: (608) 266-7945

B. [REGIONAL AND LOCAL HEALTH DEPT. STAFF](#)

C. WSLH / BACTERIOLOGY: (608) 262-1616

D. MILWAUKEE BUREAU OF LABORATORIES: (414) 286-3526.

IV. RELATED REFERENCES

- Heymann DL, ed. GONOCAL INFECTIONS. In: *Control of Communicable Diseases Manual*. 18th ed. Washington, DC: American Public Health Association, 2004:232-236
- [CDC Sexually Transmitted Diseases Treatment Guidelines 2010](#)
- Wisconsin State Statute 252.11
- Wisconsin Administrative Code, Chapter DHS 145.14 – DHS 145.22

V. DISEASE TRENDS

[Wisconsin STD Control Section Surveillance and Statistics](#)