Gonorrhea

The common STI is becoming increasingly resistant to antibiotics.

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Gonorrhea is a sexually transmitted infection (STI) caused by Neisseria gonorrhoeae bacteria. It can be treated with antibiotics, but drug resistance is a growing concern. If left untreated, gonorrhea can lead to serious complications, including chronic pain and infertility.

Gonorrhea is the second most common bacterial STI in the United States, after chlamydia, and case numbers have doubled over the past decade. Gonorrhea rates are rising for both men and women and for most racial and ethnic groups. Young people ages 15 to 24 account for more than half of reported cases, and gay and bisexual men account for around one third. HIV-positive people with gonorrhea are more likely to transmit HIV, and HIV-negative people are more likely to acquire the virus.

Many people with gonorrhea have no symptoms. If symptoms do occur, typically within two weeks after infection, they may include discharge from the penis or vagina and pain or burning when urinating. Symptoms of rectal infection may include discharge, anal itching, bleeding and painful bowel movements. Oral infection can cause a sore throat and difficulty swallowing. Gonorrhea may also affect the eyes, joints, heart and brain.

Gonorrhea complications in men include epididymitis (inflammation of the tubes behind the testicles) and prostate inflammation. If left untreated, women with gonorrhea can develop pelvic inflammatory disease, or infection of the reproductive organs. Symptoms may include fever, pain in the lower abdomen, pain or bleeding during sex and vaginal bleeding between periods. Over time, scar tissue forms around the uterus and fallopian tubes, which can lead to chronic pain, infertility and ectopic pregnancy.

Prevention and Treatment

Gonorrhea is transmitted through sexual contact, including vaginal, anal and oral sex. Condoms offer good protection against gonorrhea. It’s important to avoid having sex if you have STI symptoms. If diagnosed with gonorrhea, inform your sex partners and hold off on sex until treatment is completed and symptoms resolve.

Recent research shows that taking a single oral dose of doxycycline as post-exposure prophylaxis after sex—known as doxy PEP—can reduce the risk for gonorrhea for gay men and transgender women, but this did not work for cisgender women (see “Care & Treatment”). In addition, a

vaccine that prevents meningitis caused by related bacteria can also prevent gonorrhea. Pregnant people with gonorrhea can pass it on during delivery, which can lead to complications for babies.

Get tested if you have symptoms that could indicate an STI or if a sex partner tests positive. Gonorrhea is usually diagnosed with a urine test or using a swab to take a sample from the penis, vagina, cervix, anus or throat. The Centers for Disease Control and Prevention (CDC) recommends regular testing—even if asymptomatic—for sexually active gay and bisexual men, people living with HIV and those using pre-exposure prophylaxis (PrEP). Annual testing is recommended for sexually active women younger than 25 and for older women at increased risk; testing is also recommended during pregnancy.

Gonorrhea can be treated with antibiotics, but it is becoming increasingly resistant to medications that used to be standard treatment. For most people, the CDC now recommends a single injection of ceftriaxone. Alternative regimens are available for people who can’t use ceftriaxone. Sex partners are often treated at the same time so that they don’t pass the infection back and forth. Gonorrhea does not confer lasting immunity, so it’s possible to get infected again. Even if symptoms improve, it’s important to take the full course of medication, as this will help prevent resistance and ensure that gonorrhea remains curable.
