

15.4 Gonorrhea

DEFINITION	Infection of the lower genital tract or the throat with <i>Neisseria gonorrhoea</i> . Treatment of gonococcal infections has changed in recent years because of the recognition of significant sequelae of infections and the emergence of antibiotic resistant strains. Treatment should be given to all patients with clinical and/or laboratory evidence of infection as well as on an epidemiologic basis to all patients exposed to an infected partner within the last 60 days (or last partner if more than 60 days since last exposure).
SUBJECTIVE	<p><u>May include:</u></p> <ol style="list-style-type: none">1. No symptoms.2. Exposure to multiple sex partners.3. Exposure to high risk partner(s) consider:<ol style="list-style-type: none">a. Sociodemographic risk (e.g. out of state contacts).b. Partner with recent history of GC/other STIs.c. Partner with dysuria or vaginal/penile discharge.4. Vaginal, urethral or rectal discharge.5. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia.6. Sore throat or difficulty swallowing after oral-genital contact.
OBJECTIVE	<p><u>May include:</u></p> <ol style="list-style-type: none">1. Purulent cervical discharge.2. Urethral discharge.3. Erythematous, friable or tender cervix.4. Swollen tonsils, exudate covering tonsils, erythematous throat.5. Exudate from rectum.6. No evidence of infection. <p>If the following symptoms are present, see PID protocol -- "Plan."</p> <ol style="list-style-type: none">7. Fever ($T > 100.4^{\circ}$)8. Tachycardia.9. Cervical motion tenderness.10. Other evidence of salpingitis.
LABORATORY	<ol style="list-style-type: none">1. Gonorrhea test—cervical, urethral or urine.2. Concurrent chlamydia test.3. Obtain throat culture for gonorrhea if symptomatic.4. Obtain rectal swab for gonorrhea culture if symptomatic.5. Other STI tests as indicated.
ASSESSMENT	Gonorrhea per positive test.
PLAN	<ol style="list-style-type: none">1. Follow the current CDC STI/STD treatment guidelines.2. Treat all patients for Chlamydia if Chlamydial infection is not ruled out.3. Comply with state health department reporting laws.4. Return to clinic if symptoms persist.

TREATMENT FAILURES

Infections occurring after treatment with one of the recommended regimens are commonly due to reinfection rather than treatment failure and indicate a need for sex partner referral, patient education and additional treatment.

CLIENT
EDUCATION

1. Stress importance of completing medication as directed.
 2. Stress need to return to clinic if persistent symptoms or whose symptoms recur shortly after treatment
 3. No intercourse or use condoms until 7 days after patient and partner(s) complete treatment
 4. Stress the need for all sexual partners, to be tested, evaluated and treated.
 5. Counsel on consequences of untreated disease:
Signs/Symptoms
Females: PID
 - a. Lower abdominal pain
 - b. Fever ($T > 100.4^{\circ}$)
 - c. ChillsMales
 - a. Epididymitis
 - b. Urethral stricture
 - c. Sterility
 6. Use condoms to prevent future infections.
 7. Offer testing or referral for testing of HIV infection and other STI tests as indicated.
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CONSULT/REFER
TO PHYSICIAN

- May refer/consult with physician in the event of:
1. Clients with signs and symptoms of PID.
 2. Persistent metrorrhagia (bleeding between menses).
 3. Palpable adnexal masses or induration.
 4. Signs of disseminated gonococcal: Any joint involvement. Symptoms of perihepatitis, meningitis, petechial or pustular skin lesions.
 5. Persistent pharyngeal/rectal symptoms.
 6. Males:
 - a. Epididymitis.
 - b. Urethral stricture.
 - c. Periurethral abscess.