

10.6 GONOCOCCAL INFECTION – DIAGNOSED OR EPIDEMIOLOGIC URETHRAL, CERVICAL, RECTAL, OR PHARYNGEAL INFECTION

TITLE	DESCRIPTION
DEFINITION:	<p>Gonorrhea is a contagious, purulent inflammation of the lower genital tract or the throat caused by <i>Neisseria Gonorrhoea</i>. It is the second most commonly reported communicable disease. Urethral infections caused by <i>N. Gonorrhoea</i> among men can produce symptoms that cause them to seek curative treatment soon enough to prevent sequelae, but often not soon enough to prevent transmission to others. Among women, gonococcal infections are commonly asymptomatic or might not produce recognizable symptoms until complications (e.g. PID) have occurred. PID can result in tubal scarring that can lead to infertility and ectopic pregnancy.</p> <p>Annual screening for <i>N.gonorrhoeae</i> infection is recommended for all sexually active women aged < 25 years and for older women at increased risk for infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection). Screening should occur at initial visits, appointments for pregnancy tests, annual exams, or initiation of contraceptives.</p> <p>For Men Who have Sex with Men (MSM), CDC STD Guidelines recommend screening at least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use and every 3 to 6 months if at increased risk.</p> <p>Gonorrhea is a reportable disease by the state of Montana.</p>
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Sexual Health Assessment. <p>May Include:</p> <ol style="list-style-type: none"> 1. No symptoms. 2. Vaginal discharge, penile discharge. 3. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia. 4. Sore throat or difficulty swallowing after oral-genital contact. 5. Menstrual changes. 6. Fever. 7. Joint pain or swelling. 8. Inconsistent condom use. 9. Exchanging sex for money. 10. Partner with other concurrent partners. 11. MSM sexual activity. 12. Exposure to high risk partner(s) consider: <ol style="list-style-type: none"> a. Partner with concurrent partners. b. Sociodemographic risk (e.g. out-of-state contacts or travel). c. Partner with recent history of GC/other STIs. d. Partner with dysuria or vaginal/penile discharge.

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OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Purulent vaginal discharge. 2. Urethral discharge. 3. Erythematous, tender cervix, or contact bleeding. 4. Cervical motion tenderness. 5. Adnexal or uterine tenderness. 6. Swollen tonsils, exudate covering tonsils, erythematous throat. 7. Exudate from rectum. 8. Epididymitis with scrotal swelling. 9. If the following symptoms are present, see PID protocol: <ol style="list-style-type: none"> a. Fever (Temp >101) (38.3 C). b. Tachycardia. c. Cervical motion tenderness. d. Other evidence of salpingitis. 10. Clients should be screened according to current CDC STI Treatment Guidelines. The following screening criteria for clients should be used: <ol style="list-style-type: none"> a. For female clients under age 25: <ol style="list-style-type: none"> i. Annual screening for <i>N.gonorrhoeae</i> infection is recommended for all sexually active women aged < 25 years. b. For female clients 25 years or older, screen those who have: <ol style="list-style-type: none"> i. A new sex partner. ii. More than one sex partner. iii. A sex partner with concurrent partners. iv. A sex partner who has a sexually transmitted infection. c. Men Who Have Sex with Men (MSM) <ol style="list-style-type: none"> i. Screen sexually active MSM at least annually at sites of contact (urethra, rectum, pharynx) regardless of condom use. ii. Screen every 3 to 6 months if at increased risk. d. Persons with HIV <ol style="list-style-type: none"> i. For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter. ii. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Gonorrhea testing of possible areas of exposure (cervical, urethral, oropharyngeal and rectum). 2. Chlamydia screening. 3. Other STI tests as indicated.
ASSESSMENT:	Gonorrhea per positive test.
PLAN:	<ol style="list-style-type: none"> 1. Treat according to regimens recommended by the current CDC STI Treatment Guidelines. <p><u>TREATMENT FAILURES</u></p> <ol style="list-style-type: none"> 1. Infections occurring after treatment with one of the CDC recommended regimens are commonly due to reinfection rather than treatment failure and indicate a need for sex partner referral, client education and additional

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	treatment. Persons treated for GC should be retested in 3 months. If retesting at 3 months is not possible, retest whenever the client presents for medical care within 12 months following treatment.
EDUCATION:	<ol style="list-style-type: none"> 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 client 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 including: <ol style="list-style-type: none"> a) Females: PID <ol style="list-style-type: none"> i. Lower abdominal pain. ii. Fever (T>101F). iii. Chills. b. Males: <ol style="list-style-type: none"> i. Epididymitis. ii. Urethral stricture. iii. Sterility. 6. Use barrier method to reduce the risk of future infections. 7. Offer testing or referral for testing of HIV infection and other STI tests as indicated.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Clients with signs and symptoms of PID not responding to treatment. 2. Persistent metrorrhagia (bleeding between periods). 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: <ol style="list-style-type: none"> a. Epididymitis. b. Urethral stricture. c. Periurethral abscess.
REFERENCES:	<ol style="list-style-type: none"> 1. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64 (No.RR-3): Pp. 60-68. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf). 2. <i>Centers for Disease Control and Prevention. Providing Quality Family Planning Services, 2016. MMWR Recomm Rep Vol. 63, No. 4.</i>