

Gonorrhoea

Reporting Obligations

Individuals who have or may have gonorrhoea shall be reported to the local Health Unit.

REPORTING FORM

Epidemiology

Aetiologic Agent:

The causative agent for gonorrhoea is a gram-negative diplococcus, *Neisseria gonorrhoeae*.

Clinical Presentation:

Many cases are asymptomatic. Presentation and severity differs in males and females. In males, the most common presenting symptom is a painful, purulent urethral discharge usually with dysuria and increased frequency of urination as well as redness, itching and urethral swelling. Up to 10% of urogenital infections in men are asymptomatic.

Females present with initial urethritis or cervicitis which is frequently mild and can go unnoticed. Abnormal vaginal discharge and post-coital bleeding may occur and infection can progress to pelvic inflammatory disease. Up to 50% of urogenital infections in women are asymptomatic.

Pharyngeal and anorectal gonorrhoea infections can occur in those that are engaging in oral and anal sex.

Modes of transmission:

Sexual contact via oral, vaginal, cervical, urethral or anal routes. In children, transmission can occur if exposed to infected genitals (consider the possibility of sexual abuse). Newborns can be infected during delivery from an infected woman.

Incubation Period:

In individuals who display symptoms, the incubation period is usually 1-14 days.

Period of Communicability:

Can extend for months if untreated. Effective treatment usually ends communicability within hours.

References

1. [Ministry of Health and Long Term Care, Infectious Diseases Protocol, 2014.](#)

Risk Factors/Susceptibility

Transmission is more effective male to female than female to male. Risk factors include:

- Individuals who have had sexual contact with a person with a confirmed or suspected gonococcal infection
- Sexually active youth < 25 years of age
- Individuals who have had sex with multiple partners
- Men who have unprotected sex with men
- Vulnerable populations (e.g., sex trade workers, street youth, etc.)

Diagnosis & Laboratory Testing

Neisseria gonorrhoeae is confirmed when detected in an appropriate clinical specimen (e.g., urogenital, rectal or throat (pharyngeal) swab, urine).

See Additional Resources (links below) and "[Ontario Gonorrhoea Testing and Treatment Guide 2nd Edition, Summary.](#)"

TESTING INFORMATION & REQUISITION

Treatment & Case Management

Treatment is under the direction of the attending health care provider. Provide education about and promote safer sex practices. Regardless of test results, sex partners are recommended to receive empiric treatment as per the treatment recommendations as soon as possible. A test of cure is recommended when first-line therapy is not used. See Additional Resources (links below) and "[Ontario Gonorrhoea Testing and Treatment Guide 2nd Edition, Summary.](#)"

Public Health staff will be involved in case and contact investigations, as needed.

Patient Information

PATIENT FACT SHEET

Additional Resources

1. [Public Health Ontario. "Ontario Gonorrhoea Testing and Treatment Guide 2nd Edition, Full Text".](#)
2. Heymann, D.L. Control of Communicable Disease Manual (20th Ed.). Washington, American Public Health Association, 2015.
3. [Public Health Agency of Canada. "Canadian Guidelines on Sexually Transmitted Infections, evergreen edition: Gonococcal Infections, Revised May 2016."](#)
4. [SMDHU HealthSTATS: Gonorrhoea](#)
5. [Public Health Ontario: Gonorrhoea Guidelines](#)