

Gonorrhea in Iowa

The following guidance is from the STD Program at the Iowa Department of Public Health and is intended for medical professionals.

What is it?

Gonorrhea is a sexually transmitted disease caused by infection with the *Neisseria gonorrhoeae* bacterium. It infects the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. *N. gonorrhoeae* can also infect the mouth, throat, eyes, and rectum.

Gonorrhea is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected partner. Gonorrhea can also be spread from an untreated mother to her baby during childbirth, leading to conjunctivitis.

How is it transmitted?

Symptoms and How to Identify It Clinically

Most women and many men with gonorrhea are **asymptomatic**. If signs are present, they include discharge, dysuria, and vaginal bleeding. Rectal infection is also often asymptomatic, but symptoms may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Pharyngeal infection may cause a sore throat, but usually is asymptomatic.

In women, Pelvic Inflammatory Disease (PID) may occur, which can lead to permanent damage of the reproductive tract and sometimes other life-threatening complications. Rarely, the infection will spread throughout the body and cause disseminated gonococcal infection (DGI). DGI can infect a number of body systems including skin, joints, blood, and the central nervous system. Untreated, DGI may lead to serious long-term health consequences or death.

Complications of Untreated Gonorrhea

For more information about gonorrhea, please contact George Walton, STD Program Manager, IDPH, at (515) 281-4936 or george.walton@idph.iowa.gov

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How is it diagnosed?

For urogenital infection, a vaginal swab (clinician or patient-collected) is the best specimen for women. Urine is the best specimen for men. Nucleic acid amplification tests (NAATs) are the most sensitive and accurate test types to use. NAATs are the preferred tests for oropharyngeal and rectal infections. However, if there are signs/symptoms of DGI, specimens should be collected from the affected anatomic sites and antimicrobial susceptibility testing should be done. Bacterial culture is required for susceptibility testing.

All sexually active persons under 25 years of age should be tested at least annually, regardless of gender, sexual orientation, presence of signs/symptoms, or condom use. Individuals 25 years of age or older should be tested if they are at increased risk (new or multiple sex partners, partner with an STD, signs or symptoms, etc.). Local data indicate sharp increases in gonorrhea in Iowa and high positivity rates among the populations specified.

Who should be tested?

How is it treated?

Dual treatment (two medications) is needed for gonorrhea. Infected individuals and their sex partners should be treated with **250mg ceftriaxone (intramuscular injection) AND 1g azithromycin (oral)**. Expedited Partner Therapy (EPT), in which medications are given to the patient to give to their sex partners, is an option for treating sex partners. The EPT regimen for gonorrhea is **400mg cefixime AND 1g azithromycin**.

Latex condoms can reduce the risk of transmission of gonorrhea. All recent anal, vaginal, or oral sex partners (within 60 days before the onset of symptoms or diagnosis) should be notified so they can be tested and treated. The Iowa Department of Public Health Partner Services Program can assist with notifying partners and referring them to testing services. People who test positive for gonorrhea should be tested for syphilis and HIV.

Risk Reduction

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