

GONORRHOEA

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| Causative organism | <i>Neisseria gonorrhoeae</i> |
| Incubation period | 2-10 days for penile urethral infection; occasionally days to weeks. Most cervical, anal and throat infections are asymptomatic |
| How far to trace back | 2 months |
| Usual testing method | Nucleic acid amplification testing and/or culture. Where there is an obvious urethral discharge a NAAT as well as a culture (e.g. using a Charcoal media swab) is recommended to determine antibiotic sensitivities and resistance |
| Common symptoms | <p>Penile urethral purulent discharge and dysuria. Mucopurulent cervicitis / vaginal discharge, pelvic symptoms if PID (see PID)</p> <p>Scrotal symptoms if epididymo-orchitis (see Epididymo-orchitis) Proctitis – anorectal pain/bleeding/purulent discharge</p> <p>Gonococcal conjunctivitis – usually presents with an obvious purulent discharge and may be unilateral or bilateral.</p> |
| Likelihood of transmission per act of condomless sex | 20% -50% |
| Likelihood of long-term sexual partner being infected | > 50 % |
| Protective effect of condoms | High |
| Transmission by oral sex | Significant |
| Duration of potential infectivity | Up to 12 months |
| Important sequelae | PID Epididymo-orchitis; Disseminated gonococcal infection; Neonatal ophthalmia; Enhanced HIV transmission |
| Direct benefit of detection and treatment of contacts | Cure |
| Usual management of contacts | <p>Counselling, clinical examination and testing of appropriate sites (urethra, cervix, pharynx, anus)</p> <p>People presenting as asymptomatic contacts of gonorrhoea should be tested and advised to await results. Consider presumptive treatment if there has been sexual contact within the past 2 weeks or when the person's individual circumstances mean later treatment may not occur. As most people will test negative, routine presumptive treatment often leads to unnecessary antibiotic use.</p> |
| Contact tracing priority | High |
| Notification | Notifiable by doctors in all Australian states and territories and New Zealand |

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Developing a sustainable
HIV, Viral Hepatitis and
Sexual Health Workforce

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