

**KOLIME\* HEALTH SERIES**

**4**

**GONORRHOEA**

**In 10  
QUESTIONS**

**\*Koli is a word used in the LGBTI+ lingo in Turkey to refer to sexual intercourse.**



## **KOLIME HEALTH SERIES 4**

# **GONORRHOEA**

# **In 10 QUESTIONS**

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**01**

## **What is Gonorrhoea?**

Gonorrhoea is an infection caused by the bacterium *Neisseria gonorrhoeae*. It is one of the most common non-ulcerative infectious agents. It is colloquially known as clap.

**02**

## **How is Gonorrhoea Transmitted?**

Gonorrhoea is sexually transmitted. The bacterium may be transmitted to humans through vaginal, anal, or oral sex, as well as shared sex toys.

**03**

## **How to Avoid Gonorrhoea?**

Protection against both gonorrhoea and other sexually transmitted infections (STIs) may be supported by not sharing sex toys and by using oral, penis, or vaginal condoms in each intercourse.



## Who are at Risk?

Every sexually active person is at risk. Failure to apply the primary protective measures and sexual experiences with multiple partners increases the risk of infection with gonorrhoea.



## Is it Possible to Protect against Gonorrhoea

Yes, it is.

**Primary Protection:** targets health practices aiming to improve well-being and reduce the risk of contracting illness.

### **Primary Protection for Women Having Sex with Women, Lesbians, Bisexual Women, and Queer Women**

Women can transmit STIs to their women partners. The risk of transmission is higher for HPV and HSV. Gonorrhoea can be transmitted

by vaginal and cervical fluids. Those with gonorrhoea in the throat can transmit the infection to his partner even if they haven't had seen any symptoms themselves. For protection, individuals should use latex barriers/dental dams during oral sex, use gloves for fingers, and replace condoms for shared sex toys every time. Cleaning instructions for sex toys vary in line with the material they are made of. Those of silicone, glass, stainless steel, or wood may be cleaned with soap and water. Toys made of plastic, elastomer, rubber, or a silicone mix may retain bacteria in their pores even after they are washed with soap and water. Soap may damage leather sex toys or those of similar materials. The safest way is to use sex toys with condoms.

### **Primary Protection for Men Having Sex with Men, Gays, Bisexual Men, and Queer Men**

Every new sexual experience increases the risk of contracting gonorrhoea. The use of barriers/condoms is effective in preventing infections transmitted in semen. Using a condom also offers protection for anal sex. For maximum protection, the condom should be put on before penetration and kept in place during sexual intercourse. The condom should be of the appropriate size and fit snugly. The condom should be checked for damage and expiration date before use. Using one additional

condom on top of another at the same time does not improve protection; on the contrary, it increases the risk of tearing due to friction. The use of a water- or silicone-based lubricant both provides comfort and prevents any friction damage to the condom. Some oils, when used as a lubricant, can increase the risk of tearing by weakening the latex barrier. The condom should be removed immediately after ejaculation; If it is not removed immediately, the condom may leak as the penis will get softer. Sex toys should also be used with condoms. Latex oral sex condoms are recommended for oral sex or anilingus (anal stimulation with the mouth).

**Secondary Protection:** Its target covers the implementation of screening programs and efforts to secure early diagnosis. STI screening is a practice necessary for patients to be addressed with early interventions (early diagnosis and early treatment) before any complication (problem) may occur. Screening allows for the diagnosis of asymptomatic infections and reduces the risk of inter-partner transmission.

### **Secondary Protection for Women**

Every sexually active woman is recommended to undergo screening once a year. The recommended testing for gonorrhoea will involve a urethral swab or

urinalysis for urethral infections; a rectal swab for those with a history of anal sex; and a throat swab for those with a history of oral sex. Routine throat culture is not sufficient by itself to detect asymptomatic gonorrhoea in the throat. The nucleic acid amplification test is the preferred protocol for samples from these three sites.

### **Secondary Protection for Men Having Sex with Men**

Screening with samples from all three regions (pharynx, urethra, rectum) once a year will be sufficient for those who are monogamous with the same sexual partner. Those with multiple sexual partners, those having unprotected sex, and sex workers should consider undergoing screening once every 3 to 6 months, the actual interval depending on the actual risk. For clients on pre-exposure prophylaxis for HIV or clients with multiple partners themselves or having partner(s) involved with multiple partners, the recommendation is to be tested for syphilis, gonorrhoea, and chlamydia at least every 6 months and to be tested for HIV every 3 months.

**Tertiary Protection:** It aims to reduce the harmful impact of infections. If you have any symptoms or findings consistent with gonorrhoea or other STIs, visit a healthcare facility without delay.

## What are the Symptoms of Gonorrhoea?

Gonorrhoea may be transmitted even if it has not presented with any symptoms; it may present with different symptoms depending on its site in the body; and it may lead to a variety of complications (problems) on occasion.

I. A gonorrhoea infection may be symptomless. As there will not be any clinical symptoms, an individual may unknowingly transmit the bacteria to their partner(s).

II. The infection may present with different symptoms depending on the area involved in the body. The symptoms mainly manifest in the form of inflammation, which is called pharyngitis in the throat or the pharynx; urethritis in the urinary tract; cervicitis in the cervix; and proctitis in the rectum.

Gonorrhoea may cause vaginal or cervical discharge or present without any discharge at all. If the infection spreads upwards from the cervix, the case will advance into a severe presentation with pelvic inflammatory disease (inflammation) involving all layers of the reproductive system.

Rectal gonorrhoea can cause a false sense of urgency to empty the bowels (tenesmus). There may be pus or blood in stool. Those at risk should be screened every 3-6 months.

There may be discharge and pain in the penis. Penile discharge is also a symptom of a prostate infection. Therefore, it should be noted here that pain may not always be a symptom of an STI; rather, urethral pain may stem from a pre-ejaculation change in pH, medication leading to urethral dryness, or trauma resulting from rough sex.

In cases of oral and pharyngeal involvement, a person may be a carrier of the infection without any symptoms. In symptomatic cases, the patient may present with a soreness and swelling-redness in the throat. Since other throat infections will lead to similar findings, it is best to share your sexual history with your physician in order to make it easier for them to refer you for further testing for diagnosis.

**III.** Complications (problems) associated with gonorrhoea may appear with or without an active infection.

**a.** Complications accompanying active infection are common gonococcal infection, pelvic inflammatory disease, and Fitz-Hugh-Curtis syndrome involving the liver capsule.

**b.** Complications observed without active infection are reactive osteoarthritis (joint inflammation) and keratoderma blenorrhagicum leading to patches (pustulosis) on the skin.

## 7. How do I know if I have Gonorrhoea?

If you have the signs and symptoms mentioned above, visit a healthcare centre. Share your complaints with your physician. Your physician will note your sexual history, which is also a great opportunity for you to learn more about preventive measures against gonorrhoea.

If you have a history of sex without a condom in the last 6 months, or if you have a bacterial STI (syphilis, gonorrhoea, or chlamydia) diagnosed or reported in the last 6 months, also discuss the option of pre-exposure prophylaxis for HIV with your physician.

Post-operative cases of surgical gender reaffirmation may present with bacterial vaginosis in the microflora. Any discharge, severe vaginal irritation, and chronic inflammation associated with surgery should warrant a consultation with a physician due to the risk of infection.

08

## Is there a Relationship between Gonorrhoea and Other Infections?

Yes. One person may have multiple sexually transmitted infections (STIs). If a case presents with gonorrhoea, they are recommended to be tested for other STIs at the same time.

09

## Is Gonorrhoea Treatable?

Yes. The physician will start the treatment by assessing findings from physical examination and testing. The treatment regimen is based on the use of antibiotics. Recent years have seen an increase in the number of antibiotic-resistant species. Please note that if you do not see an improvement in your symptoms a few days following the start of the treatment, this may be due to antibiotic resistance and schedule another appointment with your physician. Antibiotic-resistant cases are recommended to be taken into a regimen with two antibiotics administered at the same time. If a person with gonorrhoea also has chlamydia at the same time, the treatment regimen will be planned to target both infectious agents. It is important to ensure that the partner(s) is/are also treated accordingly. The partner(s) of those diagnosed with gonorrhoea should visit a healthcare centre for testing.

## What to do if I have “Burning Questions” about Gonorrhoea?

You can consult your general practitioner, as well as a urologist, or an infectious diseases and clinical microbiology specialist. If you are hesitant about any aspect of your medical visit, you can approach LGBTIQ+ associations to find LGBTIQ+ friendly physicians you can consult.

### References:

Schneider, J. S., Silenzio, V. M., & Erickson-Schroth, L. (Eds.). (2019). *The GLMA Handbook on LGBT Health* [2 volumes].

Bonati, L. M., Jagdeo, J., Lai, Y. C., Kazlouskaya, M., & Kazlouskaya, V. (2020). Lesbian, Gay, Bisexual, and Transgender Dermatology. *Dermatologic Clinics*, 38(2), i.

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the 1990s, the number of people in the Netherlands who are in need of social services has increased. The number of people with a disability has increased from 1.5 million in 1980 to 2.5 million in 1995 (CBS 1996).

As a result of the increase in the number of people in need of social services, the government has had to spend more on social services. The government has had to increase the number of social workers and other professionals who provide social services. The government has also had to increase the number of social service centres and other facilities that provide social services.

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