

A communication periodical for our clients, staff & the community at large

# The Chronicle

A Paterson Counseling Center Newsletter

## Special points of interest:

- PCC Has Been A Treatment Provider For Over Thirty Years
- PCC Has Extended Services For Women & Children
- PCC IS CARF Accredited And Subject To State & Federal Regulations
- PCC Requires An Intensive Training Program For Its Counseling Staff

## STD: Gonorrhea A Profile

Sexually transmitted diseases (STDs) are infections that can be transferred from one person to another through any type of sexual contact. STDs are sometimes referred to as sexually transmitted infections (STIs) since they involve the transmission of a disease-causing organism from one person to another during sexual activity. It is important to realize that sexual contact includes more than just sexual intercourse (vaginal and anal). Sexual contact includes kissing, oral-genital contact, and the use of sexual "toys," such as vibrators. STDs probably have been around for thousands of years, but the most dangerous of these conditions, the acquired immunodeficiency syndrome (AIDS), has only been recognized since 1984.

Many STDs are treatable, but effective cures are lacking for others, such as HIV, HPV, and hepatitis B and C. Even gonorrhea, once easily cured, has become resistant to many of the older traditional antibiotics. Many STDs can be present in, and spread by, people who do not have any symptoms of the condition and have not yet been diagnosed with an STD. Therefore, public awareness and education about these infections and the methods of preventing them is important.

There really is no such thing as "safe" sex. The only truly effective way to prevent STDs is abstinence. Sex in the context of a monogamous relationship wherein neither party is infected with a STD also is considered "safe." Most people think that kissing is a safe activity. Unfortunately, syphilis, herpes, and other infections can be contracted through this relatively simple and apparently harmless act. All other forms of sexual contact carry some risk. Condoms are commonly thought to protect against STDs. Condoms are useful in decreasing the spread of certain infections, such as chlamydia and gonorrhea; however, they do not fully protect against other infections such as genital herpes, genital warts, syphilis, and AIDS. Prevention of the spread of STDs is dependent upon the counseling of at-risk individuals and the early diagnosis and treatment of infections.

### Gonorrhea

#### What is gonorrhea?

Gonorrhea is a bacterial infection caused by the organism *Neisseria gonorrhoeae* that is transmitted by sexual contact. Gonorrhea is one of the oldest known sexually transmitted diseases. It is estimated that over one million women are currently infected with gonorrhea. Among women who are infected, 25%-40% also will be infected with chlamydia, another type of bacteria that causes another STD. (Chlamydia infection is discussed later in this article.)

Contrary to popular belief, gonorrhea cannot be transmitted from toilet seats or door handles. The bacterium that causes gonorrhea requires very specific conditions for growth and reproduction. It cannot live outside the body for more than a few seconds or minutes, nor can it live on the skin of the hands, arms, or legs. It survives only on moist surfaces within the body and is found most commonly in the vagina, and, more com-

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## STD: Gonorrhea A Profile Continued

monly, the cervix. (The cervix is the end of the uterus that protrudes into the vagina.) It can also live in the tube (urethra) through which urine drains from the bladder. Gonorrhea can even exist in the back of the throat (from oral-genital contact) and in the rectum.

### Symptoms of gonorrhea

Over 50% of infected women have no symptoms, especially in the early stages of the infection. Symptoms of gonorrhea include burning or frequent urination, a yellowish vaginal discharge, redness and swelling of the genitals, and a burning or itching of the vaginal area. If untreated, gonorrhea can lead to a severe pelvic infection with inflammation of the Fallopian tubes and ovaries. Gonorrheal infection of the Fallopian tubes can lead to a serious, painful infection of the pelvis known as pelvic inflammatory disease or PID. PID occurs in 10%-40% of women with gonorrheal infection of the uterine cervix. Symptoms of pelvic infection include fever, pelvic cramping, abdominal pain, or pain with intercourse. Pelvic infection can lead to difficulty in becoming pregnant or even sterility. Occasionally, if the infection is severe enough, a localized area of infection and pus (an abscess) forms, and major surgery may be necessary and even lifesaving. Gonorrhea infection in people with conditions causing serious abnormal immune function, such as AIDS, can also be more serious.

### Diagnosis of gonorrhea

Testing for gonorrhea is done by swabbing the infected site (rectum, throat, cervix) and identifying the bacteria in the laboratory either through culturing of the material from the swab (growing the bacteria) or identification of the genetic material from the bacteria. Sometimes the tests do not show bacteria because of sampling errors (the sampled area does not contain bacteria) or other technical difficulties, even when the woman has an infection. Newer tests to diagnose gonorrhea involve the use of DNA probes or amplification techniques (for example, polymerase chain reaction, or PCR) to identify the genetic material of the bacteria. These tests are more expensive than cultures but typically yield more rapid results.

### Treatment of gonorrhea

In the past, the treatment of uncomplicated gonorrhea was fairly simple. A single injection of penicillin cured almost every infected person. Unfortunately, there are new strains of gonorrhea that have become resistant to various antibiotics, including penicillins, and are therefore more difficult to treat. Fortunately, gonorrhea can still be treated by other injectable or oral medications.

Uncomplicated gonococcal infections of the cervix, urethra, and rectum, are usually treated by a single injection of ceftriaxone intramuscularly or by 400mg of cefixime (Suprax) in a single oral dose. For uncomplicated gonococcal infections of the pharynx, the recommended treatment is 125 mg of ceftriaxone in a single IM dose.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, and rectum are 2 g of spectinomycin in nonpregnant women (not available in the United States) in a single IM dose or single doses of cephalosporins (ceftizoxime, 500 mg IM; or cefoxitin, 2 g IM, administered with probenecid (Benemid), 1 g orally; or cefotaxime, 500 mg IM).

Treatment should always include medication that will treat chlamydia [for example, azithromycin (Zithromax, Zmax) or doxycycline (Vibramycin, Oracea, Adoxa, Atridox and others)] as well as gonorrhea, because gonorrhea and chlamydia frequently exist together in the same person. The sexual partners of women who have had either gonorrhea or chlamydia must receive treatment for both infections since their partners may be infected as well. Treating the partners also prevents reinfection of the woman. Women suffering from PID require more aggressive treatment that is effective against the bacteria that cause gonorrhea as well as against other organisms. These women often require intravenous administration of antibiotics.

It is important to note that doxycycline, one of the recommended drugs for treatment of PID, is not recommended for use in pregnant women.

Gonorrhea is one of the easier STDs to prevent because the bacterium that causes the infection can survive only under certain conditions. The use of condoms protects against gonorrhea infection. Since the organism can live in the throat, condoms should be used during oral-genital contact as well. Source: Medicinenet.com