

Gonorrhea and Chlamydia (GC/ CT)

Gonorrhea and Chlamydia (GC/ CT) signs and symptoms (S/S)

- Commonly asymptomatic among women until complications (e.g., PID) which can result in tubal scarring that can lead to infertility or ectopic pregnancy.
- 85-90% symptomatic in urethral infections that cause men to seek curative treatment soon enough to prevent sequelae, but often not soon enough to prevent transmission to others.
- Anal and pharyngeal gonorrhea infections are asymptomatic in most people
- Common symptoms are
 - Abnormal genital discharge
 - Painful or burning urination, pain during sex
 - Bleeding between periods in women
 - Pain in your lower abdomen in women
- Symptoms can also appear in the rectum (pain, bleeding, discharge), throat (soreness). A fever, abdominal pain can also occur.

Gonorrhea and Chlamydia (GC/ CT) Diagnosis

- Nucleic acid amplification test (NAAT) using gene X pert: high sensitivity (95%)
- **Microscopic examination of the genital swabs:**
 - **Detection of gram (-)ve diplococci** for gonorrhea
 - Chlamydia is too small to be seen under regular microscopy.
 - **Detection of PMNL (≥ 20 PMNL in cervical smear and ≥ 5 in urethral smear)**
 - Urethral smear (for GC): Sensitivity of $>95\%$ in symptomatic patients and 50 – 70% sensitivity in asymptomatic patients.
 - Endocervical smear: sensitivity of 30–50%
 - Very poor specificity in anogenital sites of children.

Gonorrhea and Chlamydia (GC/ CT) Treatment

- GC and CT always to be treated together
- Ceftriaxone 500 mg IM stat (or Cefixim 800 mg stat) plus Azithromycin 1gm stat

- * **STI Presumptive treatment (for GC/ CT)** is important in **high risk women** before laboratory confirmation to prevent complications, reduce loss-to-follow-up, and interrupt transmission.
 - Always treat GC/ CT on the first visit of high-risk women
 - Always treat GC/ CT if last visit > 3 months in high-risk women
 - Do risk assessment for cervicitis in high risk women whose last visit is within 3 months and always treat GC/ CT if risk assessment (+)ve
- **STI presumptive treatment at clinic** where we can test syphilis as one stop and able to be treated with penicillin at the clinic
 - Cefixime 800 mg plus Azithromycin 1gm stat
- **STI presumptive treatment at mobile clinic** where syphilis result is challenging as one stop and challenging in treatment with penicillin
 - Cefixime 800 mg plus Azithromycin 2gm stat (to cover also for syphilis)
 - If the syphilis becomes positive, the clients should be referred to the clinic for follow up testing and treatment with Ben Pen if required.

Risk assessment 1: to differentiate between high and low risk

<u>For ALL women</u>		: Define <i>High</i> or <i>Low Risk</i> group		(mark ALL questions!!)	
previous STI (complaint or <u>confirmed</u>)	yes ☐ no ☐ (2)	new partner within past 3 months		yes ☐ no ☐ (2)	
patient complains dysuria or genital ulcer	yes ☐ no ☐ (3)	partner complains genital symptoms		yes ☐ no ☐ (3)	
patient complains lower abdominal pain	yes ☐ no ☐ (1)	sex worker		yes ☐ no ☐ (3)	

Score : _____ if score ≥ 3 → high risk (+) → *High-risk* ☐ *Low Risk* ☐

Risk assessment 2: Cervicitis risk assessment in high risk women whose last visit ≤ 3 months

<u>For High Risk women only</u>		: Define risk for Cervical Infection		(mark ALL questions!!)	
abnormal <u>yellow</u> discharge	yes ☐ no ☐ (2)	lower abdominal pain		yes ☐ no ☐ (1)	
(if only abnormal <i>abundant</i> discharge)	yes ☐ no ☐ (1)	unprotected sex with new clients		yes ☐ no ☐ (1)	
dysuria	yes ☐ no ☐ (1)	partner discharge/ulcer observed		yes ☐ no ☐ (2)	

Score: _____ if score ≥ 2 → risk assessment (+) → always treat for Cervicitis (GC + CT)

Reference:

- CDC STI guideline 2021
- MAM STI guideline_2023
- NHS, Gonorrhoea;
<https://www.nhs.uk/conditions/gonorrhoea/#:~:text=Symptoms%20of%20gonorrhoea,appear%20until%20many%20months%20later>; accessed at 23th Sep 2025 (9:30 am, Myanmar time)
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC2563894/>