GONORRHEA

Disease Category: Sexually Transmitted Infection

Timeframe to follow-up:

Signs and Symptoms [1–3]	Gonorrhea often has no symptoms, but it can cause serious health problems, even without symptoms. ○ Symptoms in women Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Symptoms in women can include: ○ Painful or burning sensation when Urinating ○ Increased vaginal discharge ○ Vaginal bleeding between periods ○ Symptoms in men Men who do have symptoms may have: ○ A burning sensation when urinating ○ A white, yellow, or green discharge from the penis ○ Painful or swollen testicles (although this is less common) ○ Symptoms from rectal infections Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include: ○ Discharge ○ Anal itching ○ Soreness ○ Bleeding ○ Painful bowel movements
Incubation [2]	The incubation period usually is 2 to 7 days.
Case Classification [4]	Laboratory criteria: • Confirmatory laboratory evidence: ○ Isolation of Neisseria gonorrhoeae by culture of a clinical specimen, minimally with isolation of typical gram-negative, oxidase-positive diplococci, OR ○ Detection of Neisseria gonorrhoeae by nucleic acid amplification (e.g., Polymerase Chain Reaction [PCR]) or hybridization with a nucleic acid probe in a clinical specimen • Presumptive laboratory evidence: ○ Observation of gram-negative intracellular diplococci in a urethral or an endocervical smear *Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.*

	Case Classification: ○ Probable ○ Meets presumptive laboratory evidence in the absence of confirmatory laboratory evidence. ○ Confirmed ○ Meets confirmatory laboratory evidence.
	Criteria to Distinguish a New Case from an Existing Case For surveillance purposes, a new case of Neisseria gonorrhoeae infection meets the following criteria: • There is no evidence of a prior Neisseria gonorrhoeae infection that has been reported as a case; OR • There is evidence of a prior Neisseria gonorrhoeae infection that has been reported as a case, but the prior infection's specimen collection date or treatment date was >30 days prior to the current infection's specimen collection date; OR • There is evidence of a prior Neisseria gonorrhoeae infection that has been reported as a case with a treatment date ≤30 days from the current infection's specimen collection date, AND there is evidence of re-infection.* ** Reinfection can occur from condomless sexual intercourse with a new partner, with an untreated partner, or with a treated partner prior to eradication of partner's infection (seven days post-treatment and after resolution of symptoms, if present).*
Differential Diagnosis [2]	Chlamydia trachomatis infection, Mycoplasma genitalium infection, trichomoniasis, bacterial vaginosis, vulvovaginal candidiasis, nongonococcal urethritis or cervicitis (chemical or mechanical irritation), viral pharyngitis, streptococcal pharyngitis, chlamydial proctitis (including lymphogranuloma venereum), herpes simplex virus proctitis, syphilis, reactive arthritis, septic arthritis, and meningococcemia.
Treatment [5]	Refer to the most recent CDC treatment guidelines: https://www.cdc.gov/std/treatment-guidelines/default.htm.
Duration [1,2]	Gonorrhea can persist for weeks to months if untreated, with individuals remaining infectious as long as Neisseria gonorrhoeae is present on mucosal surfaces, whereas appropriate antibiotic treatment rapidly eliminates infection and communicability.
Exposure [1,2]	• Direct sexual contact with the genitals, rectum, or throat of an infected person • Vaginal, anal, or oral sex without barrier protection (e.g., condoms, dental dams) • Transmission can occur even if the infected person is asymptomatic • Perinatal transmission from an infected pregnant person to an infant during vaginal delivery • Contact with infectious secretions (semen, vaginal fluids, rectal secretions)

Laboratory Testing [6–8]	Local Health Authority can arrange testing if an outbreak is suspected OR for contacts: • Nevada State Public Health Lab • Southern Nevada Public Health Lab
Control of Contacts [5]	• Sexual partners who had contact with the case during the 60 days prior to symptom onset or diagnosis should be identified, notified, evaluated, tested, and treated for gonorrhea. • If the patient has not had sexual contact within the past 60 days, the most recent sexual partner should be evaluated and treated. • Presumptive treatment of exposed partners is recommended to prevent reinfection and further transmission, even if partners are asymptomatic. • Patients and their partners should be advised to abstain from sexual activity for 7 days after completion of treatment and until all partners have been treated. • Partners should also be tested for other sexually transmitted infections, including chlamydia, syphilis, and HIV.
Key areas of focus during investigation [5]	• Case confirmation and clinical assessment, including symptom status, anatomic sites of infection, and laboratory results. • Identification and notification of sexual partners, particularly those exposed within the 60 days prior to symptom onset or diagnosis. • Assessment of treatment completion and adherence, including need for test of cure (e.g., pharyngeal infection or persistent symptoms) • Evaluation for reinfection or ongoing transmission risk, including continued symptoms or untreated partners. • Screening and referral for other sexually transmitted infections, including chlamydia, syphilis, and HIV. • Public health reporting and documentation, ensuring timely and accurate case reporting in accordance with jurisdictional requirements.
Public Health Actions [5,9–11]	Reports of gonorrhea cases must be made to the Local Health Authority during the regular business hours of the health authority at the end of the next business day. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-684-5911/775-400-0333 (after hours) if outbreak suspected. For individual confirmed or probable cases: • Confirm diagnosis, if possible • Identify potential exposures • Prepare a case report and submit to the Chief Medical Officer (through OSE) within 7 days after completing the case investigation • Identify potential outbreaks from common sources • Provide education about how to prevent transmission • Antimicrobial resistance: Promptly report suspected treatment failure or persistent symptoms; obtain culture and antimicrobial susceptibility testing when feasible. • Partner management: Identify, notify, test, and treat sex partners prior to symptom onset or diagnosis; consider Expedited Partner Therapy (EPT) when appropriate. • Test of cure: Recommended for pharyngeal infections and suspected treatment failure, per current clinical guidance.

	To the best of the local health authority's ability, each step of the investigation should be completed within one working day or in alignment with NAC 441A.
Key Partner Agencies	• Carson City Health and Human Services (CCHHS) • Central Nevada Health District (CNHD) • Northern Nevada Public Health (NNPH) • Southern Nevada Health District (SNHD) • Southern Nevada Public Health Lab (SNPHL) • Office of State Epidemiology (OSE) • Nevada State Public Health Lab (NSPHL)

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I. DISEASE REPORTING

A. Legal Reporting Requirements

A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure.[12]

1. Health Care Providers and Health Care Facilities

Health providers and facilities must notify the health authority where provider is located within the first working day after identifying the case.[12–14]

2. Laboratories

Laboratories must notify the health authority within the first working day after identifying the case.[12] If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe.[12,15]

3. Local Health Authority (LHA)

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation.[16]

II. THE DISEASE AND ITS EPIDEMIOLOGY

A. Background

Gonorrhea is a common sexually transmitted infection of major public health importance due to its high incidence, frequent asymptomatic presentation, and potential for serious reproductive and neonatal complications if untreated. It occurs worldwide, with the highest reported rates among adolescents and young adults and disproportionately higher burden in certain geographic regions, including the southern United States, as well as among some racial, ethnic, and sexual minority populations.

Key risk factors include having multiple or new sexual partners, inconsistent condom use, prior sexually transmitted infections, limited access to health care, and delayed diagnosis or treatment. Many infections are asymptomatic, which facilitates ongoing transmission within communities. Although mortality from gonorrhea is rare, severe outcomes can occur, including pelvic inflammatory disease, infertility, ectopic pregnancy, disseminated infection, and neonatal complications, making prevention and early detection critical.[2,5]

B. Etiologic Agent

Gonorrhea is caused by *Neisseria gonorrhoeae*, a gram-negative, oxidase-positive diplococcus that infects humans exclusively. [1,2]

C. Description of Illness

Gonorrhea is frequently asymptomatic, especially in females and at rectal or pharyngeal sites. When present, symptoms may include urethral or cervical discharge, dysuria, and genital discomfort. Rectal infection can cause pain, discharge, or bleeding, while pharyngeal infection is often mild or unnoticed. Untreated infection may ascend the reproductive tract, resulting in pelvic inflammatory disease or epididymitis with potential infertility. In rare cases, the infection can disseminate, causing fever, joint pain, and skin lesions. Newborns exposed during delivery may develop severe eye or systemic infections. [2,5]

D. Disease Burden in Nevada

Gonorrhea is endemic in Nevada and occurs year-round. Recent trends show sustained transmission with periodic increases, mirroring national patterns. Cases are concentrated in urban areas but occur statewide, including rural and frontier communities.

See the Nevada Office of State Epidemiology Communicable Disease Dashboard for Nevada specific data on gonorrhea under the Surveillance of Sexually Transmitted Infections (STIs) in Nevada Dashboard section. [17,18]

E. Reservoirs

Humans are the only reservoir for gonorrhea, with infection maintained through asymptomatic or symptomatic carriage in urogenital, rectal, and pharyngeal sites. There are no insect or animal vectors involved in transmission.[1,2,5]

F. Modes of Transmission

Gonorrhea is transmitted through direct sexual contact, including vaginal, anal, and oral intercourse, with exposure to infected mucosal secretions. Transmission can also occur from an infected mother to an infant during childbirth. Asymptomatic infections play a significant role in transmission due to unrecognized and untreated carriage.[1,2,5]

G. Incubation Period

The incubation period for gonorrhea is typically 2–7 days following exposure; however, symptom onset may be delayed or absent, particularly among females and in rectal or pharyngeal infections. [1,2,5]

H. Period of Communicability

A person with gonorrhea is communicable for as long as Neisseria gonorrhoeae is present in genital or extragenital secretions; communicability is terminated by effective antimicrobial therapy, whereas untreated infection may persist for prolonged periods. [1,2,5]

I. Testing

Gonorrhea testing in Nevada is available through the Nevada State Public Health Laboratory (NSPHL) and the Southern Nevada Public Health Laboratory (SNPHL).

NSPHL performs Neisseria gonorrhoeae culture (CPT 87070) with an approximate turnaround time of 72 hours but does not conduct gonorrhea antimicrobial susceptibility

testing (AST) or resistance testing. NSPHL also performs nucleic acid amplification testing (NAAT) using the Aptima Combo 2 assay (CPT 87591) on swab and urine specimens, with positive and negative results typically reported within 24 hours on routine testing days. [6]

SNPHL performs NAAT testing for Neisseria gonorrhoeae and conducts culture and culture-based antimicrobial resistance testing using E-test methodology for disseminated, severe, or suspected antimicrobial-resistant infections, including cases with suspected resistance to cephalosporins or azithromycin. [7]

Suspected treatment failure: If gonorrhea treatment failure is suspected, the Office of State Epidemiology (OSE) must be notified promptly. Providers should collect appropriate culture specimens and coordinate with SNPHL for antimicrobial resistance testing, with confirmatory testing performed through the CDC's Antimicrobial Resistance Laboratory Network (ARLN), as indicated. Providers must also complete the "Notification of Suspected Gonorrhea Treatment Failure Form" available on the Nevada Office of State Epidemiology (NVOSE) website, under Sexually Transmitted Disease Surveillance, Antibiotic Resistant Gonorrhea Surveillance Projects. Specimen collection, handling, and submission requirements are available on the NSPHL and SNPHL websites.[7,10,19,38]

J. Treatment

Refer to the most recent CDC treatment guidelines: https://www.cdc.gov/std/treatment-guidelines/default.htm. [5]

Provide most current treatment guidelines from Red Book to the healthcare provider or refer case to physician for proper treatment for Gonorrhea. [2]

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of gonorrhea, step by step, within one working day of notification or in alignment with NAC 441A. [20,21]

A. Step 1: Review relevant information about the disease.

1. Review scientific information in Control of Communicable Diseases Manual, most recent edition. [1,2]

2. Review gonorrhea most recent case definition (2023 CDC).[4]

B. Step 2: Begin investigating the case.

1. Contact Reporting Source and/or Reported Case

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Determine whether the case requires test of cure (e.g., pharyngeal infection or suspected treatment failure) and ensure appropriate follow-up is planned. Please make three attempts to contact the case (text and phone calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the "Encounters" tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed above. Filling out an electronic version of the CRF in

EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case.[16]

C. Step 3: Identify potential sources of infection

The investigation focuses on exposures in the 60 days before onset. Investigators should assess sexual exposures, including number and gender of partners, types of sexual contact (oral, anal, vaginal), and condom use. Information on new or anonymous partners and partner notification should be obtained. Travel history may be relevant, particularly for identifying potential antimicrobial-resistant exposures. Animal, food, and water exposures are not applicable, as gonorrhea is transmitted exclusively through human contact.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE

1. Management/Exclusions for Specific Groups or Settings

Individuals in the general population diagnosed with gonorrhea are not routinely excluded from work, school, or childcare settings. They should be instructed to abstain from sexual activity until treatment is completed and symptoms, if present, have resolved. Standard treatment, counseling, and partner notification should be provided to prevent further transmission.[1,2,5]

2. Exclusion Notifications

For sex workers and licensed brothel workers, upon identification of a gonorrhea diagnosis, DIS will notify and call the county sheriff's office to request that the brothel work card be pulled, in accordance with NAC 441A.800 (NRS 441A.120). DIS will continue the gonorrhea case investigation, including treatment verification, education, and partner services.[20,21]

V. CONTROL OF CONTACTS

A contact is any person who had vaginal, anal, or oral sexual contact with a confirmed case during the 60 days prior to symptom onset or specimen collection. Contacts should be identified through case interview and partner services and referred for evaluation, testing, and treatment as appropriate. Investigate symptomatic contacts in the same manner as a case. [1,2,5]

1. Management/Exclusions for Specific Groups or Settings

	Symptomatic	Asymptomatic

Sensitive Occupation*	Contacts are individuals who had vaginal, anal, or oral sexual contact with a confirmed case during the 60 days prior to symptom onset or specimen collection.[1,2,5] For contacts employed as sex workers or brothel workers, DIS should prioritize rapid identification, notification, and referral for testing and treatment in accordance with NAC 441A.800 (NRS 441A.120). [20,21]	
Childcare/School Attendee	N/A	N/A
Case in a Medical Facility	N/A	N/A
General Population	Contacts are individuals who had vaginal, anal, or oral sexual contact with a confirmed case during the 60 days prior to symptom onset or specimen collection. Contacts should be notified and referred for evaluation, testing, and treatment as appropriate.[1,2,5]	

* NAC 441A.800 Testing of sex workers; prohibition of certain persons from employment as sex worker. (NRS 441A.120)

* NRS 441A.120 Regulations of State Board of Health governing control of communicable diseases and reporting cases or suspected cases of drug overdose or attempted suicide; performance of duties set forth in regulations.

2. Exclusion Notifications

For sex workers and licensed brothel workers, upon identification of a gonorrhea diagnosis, DIS will notify and call the county sheriff's office to request that the brothel work card be pulled, in accordance with NAC 441A.800 (NRS 441A.120). DIS will continue the gonorrhea case investigation, including treatment verification, education, and partner services.[20,21]

VI. CONTROL OF CARRIERS

A carrier state has not been documented for gonorrhea and thus no carrier-specific control measures are needed.

1. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify DPBH Environmental Health, local health authorities, or infection control, as appropriate.

VII. PREVENTION

The investigator should reference the most recent disease specific public educational materials from the CDC. The Nevada OSE website also provides information about gonorrhea.

- Use condoms consistently and correctly during vaginal, anal, and oral sex.[1,2,5]
- Reduce the number of sexual partners and avoid anonymous partners[1,2,5]
- Get tested regularly, especially after new or multiple partners[1,2,5]
- Seek prompt treatment if symptoms occur and complete all prescribed medications[1,2,5]
- Abstain from sexual activity until treatment is completed and partners are treated[1,2,5]
- Notify sexual partners so they can be tested and treated[1,2,5]

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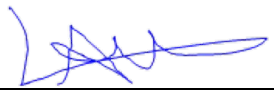
IX. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Washoe County Health District Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

X. UPDATE LOG



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Chief Medical Officer

7/8/26

Chief Medical Officer Approval Date