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Diagnosis and Treatment of Gonorrhea

In June and July of 1985, the Sexually Transmitted Disease (STD) Control Office conducted a chart review of all females diagnosed with gonorrhea who attended the Fairbanks Health Center's STD Clinic during 1984. The review revealed 57 cases of gonorrhea in females.

Because the STD Clinic frequently deals with high risk populations, it is standard procedure with the clinical staff to elicit a thorough medical history, including information on sexual sites exposed. When consistently applied, this practice can result in improved diagnosis, patient management, and follow-up.

Of the 57 female cases, 43 (75.4%) had positive cultures from the cervix only. In 14 (25%) cases, more than the cervical site was affected. In addition to cervical infection, 8 (14%) of these patients had an infected throat. If only the cervix had been cultured, 3 (5%) of the 57 cases would not have been detected. The case of rectal gonorrhea was detected by a test-of-cure culture in a teenager who had originally been diagnosed with cervical gonorrhea. She had denied rectal sex.

Routine screening for gonorrhea in private medical practices or family planning settings would normally include a cervical culture. Had cervical cultures only been taken in the STD clinic, 54 (95%) of 57 cases would have been detected. Patients known or suspected to be in high risk populations should have cultures taken routinely from other potentially exposed sites. Females who are found to be infected with gonorrhea from cervical cultures during screening should be asked, prior to initiating treatment, about other site exposure, and if appropriate, cultured, in order to ensure proper medical management.

Some treatment regimens (amoxicillin, ampicillin, and spectinomycin) are known not to be as efficacious as others for pharyngeal infection. All patients treated for gonorrhea should have medical follow-up and test-of-cure cultures of exposed sites. The Centers for Disease Control (CDC) recommends that cultures be obtained from the rectum of all women who have been treated for gonorrhea, regardless of whether rectal gonorrhea was documented prior to therapy. Effective diagnosis, treatment, and follow-up require a thorough medical history, including information on sexual sites exposed.

(Submitted by Cheryl Kilgore, Public Health Representative, STD Program, Fairbanks Health Center)

**Number of Positive Female Gonorrhea Cases by Site
Fairbanks Health Center STD Clinic, 1984**

Cervix only	43	75.4%
Cervix and urethra	2	3.5%
Cervix and rectum	1	1.8%
Cervix and pharynx	5	8.7%
Cervix, urethra and pharynx	1	1.8%
Cervix, rectum, and pharynx	2	3.5%
Rectum only	1	1.8%
Pharynx	2	3.5%
	57	100.0%