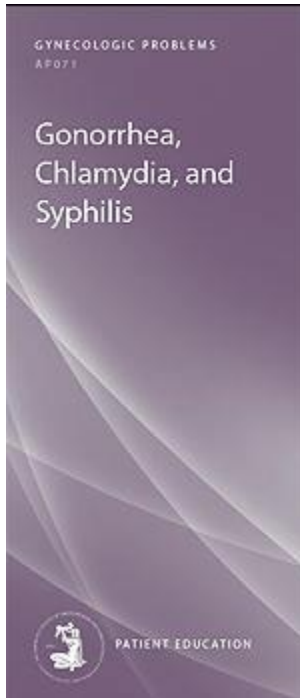


# Gonorrhea, Chlamydia, and Syphilis



Gonorrhea and chlamydia are two of the most common **sexually transmitted diseases (STDs)**. Syphilis, another STD, was uncommon until 2001, when cases began to increase. These three STDs can cause serious, long-term problems if they are not treated, especially for teenagers and young women. It is important to learn how to recognize the signs and symptoms of these STDs and take steps to prevent them.

This pamphlet explains

- symptoms, diagnosis, and treatment of these STDs
- complications and health risks
- prevention

## Sexually Transmitted Diseases

There are many STDs. This pamphlet focuses on gonorrhea, chlamydia, and syphilis. These

STDs can cause long-term health problems and problems during pregnancy (see box [“Problems During Pregnancy”](#)). Having an STD also increases the risk of getting **human immunodeficiency virus (HIV)** if you are exposed to it.

## Gonorrhea and Chlamydia

Both gonorrhea and chlamydia are caused by bacteria. The bacteria are passed from one person to another through vaginal, anal, or oral sex. Gonorrhea and chlamydia infections can occur in the mouth, reproductive organs, **urethra**, and rectum. In women, the most common place is the **cervix** (the opening of the **uterus**). Although gonorrhea and chlamydia can occur at any age, women 25 years and younger are at greater risk of both infections.

### Symptoms

Women with gonorrhea or chlamydia often have no symptoms. When symptoms from either infection do occur, they may show up 2 days to 3 weeks after infection. They may be very mild and can be mistaken for a urinary tract or vaginal infection. The most common symptoms in women include the following:

- A yellow vaginal discharge
- Painful or frequent urination
- Vaginal bleeding between periods
- Rectal bleeding, discharge, or pain

In men, the following symptoms are the most common:

- Discharge from the penis
- Pain and burning during urination
- Rectal bleeding, discharge, or pain

### Diagnosis

To find out if you have gonorrhea or chlamydia, your health care provider may take a sample of cells from your throat, cervix, urethra, or rectum where the infection may occur. Gonorrhea and chlamydia also can be detected with a urine test.

### Complications

Both gonorrhea and chlamydia can cause serious problems:

- **Pelvic inflammatory disease (PID)** is an infection that occurs when bacteria move from the vagina and cervix upward into the uterus, **ovaries**, or **fallopian tubes**. After a woman is infected with gonorrhea or chlamydia and if she does not receive treatment, it can take anywhere from a few days to a few weeks before

**Problems During Pregnancy** During pregnancy, gonorrhea, chlamydia, and syphilis can be passed from mother to baby and may cause these complications:

- Preterm birth (birth before 37 weeks of pregnancy)
- Premature rupture of membranes (when the sac that surrounds the baby breaks before labor begins)
- Low birth weight (under 5 pounds)
- **Miscarriage**
- Eye infection in the baby, called conjunctivitis, which can lead to blindness
- Pneumonia
- Birth defects
- Death of the baby

Because of these risks, pregnant women are tested for syphilis and chlamydia. Pregnant women with risk factors and all pregnant teenagers also are tested for gonorrhea. If the mother is infected, she then can be treated during pregnancy.

she develops PID. PID may lead to long-term problems, such as **infertility**, if it is not treated. Symptoms may include chills, fever, and pelvic pain. Some women may not have symptoms until PID has been present for a while.

- **Ectopic pregnancy** can result from the scarring of the fallopian tubes caused by PID. Unless treated quickly, ectopic pregnancy may cause the fallopian tube to rupture (burst). A ruptured fallopian tube is a life-threatening emergency that causes severe pain and heavy bleeding. If you have these symptoms and are pregnant, contact a health care provider right away.
- Chronic (long-lasting) pelvic pain may occur even after PID is treated.

### **Treatment**

Gonorrhea and chlamydia are treated with **antibiotics**. It is important to take all of the medicine prescribed. All recent sexual partners (within the last 60 days) also should be examined and treated by a health care provider.

Gonorrhea and chlamydia frequently occur together. If you have gonorrhea, you may receive treatment for chlamydia. If you have chlamydia, you may be tested for gonorrhea and treated for this infection if your test result is positive.

Gonorrhea and chlamydia can be passed to sexual partners even while you are being treated. If you have either disease, avoid sexual contact until both you and your partner have finished treatment.

### **Syphilis**

Syphilis also is caused by bacteria. It differs from gonorrhea and chlamydia because it occurs in stages. It is more easily spread in some stages than in others.

The bacteria that cause syphilis enter the body through a cut in the skin or through contact with a syphilis sore known as a **chancre**. Because this sore commonly occurs on the **vulva**, vagina, anus, or penis, syphilis is most often spread through sexual contact. It also can be spread by touching the rash, warts, or infected blood during the secondary stage of infection.

### **Symptoms**

Symptoms of syphilis differ by stage:

- Primary stage—Syphilis first appears as a painless chancre. This sore goes away without treatment in 3–6 weeks.
- Secondary stage—If syphilis is not treated, the next stage begins as the chancre is healing or several weeks after the chancre has disappeared, when a rash may appear. The rash usually appears on the soles of the feet and palms of the hands. Flat warts may be seen on the vulva. During this stage, there may be flu-like symptoms. This stage is highly contagious.

- Latent and late stages—The rash and other symptoms go away in a few weeks or months, but that does not mean the disease is gone. It is still present in the body. This stage is called the latent period. If untreated, the disease may return in its most serious form years later.

### *Diagnosis*

In the early stages, discharge from open sores is examined to see if syphilis bacteria are present. In later stages, a blood test also can be done to check for **antibodies** to the bacteria.

### *Complications*

Late-stage syphilis is a serious illness. Heart problems, neurologic problems, and tumors may occur, leading to brain damage, blindness, paralysis, and even death. The genital sores caused by syphilis also make it easier to become infected with and transmit HIV. If syphilis is treated early, it will cause less damage.

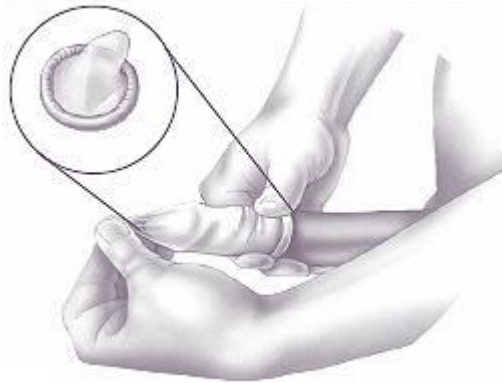
### *Treatment*

Syphilis is treated with antibiotics. If it is caught and treated early, long-term problems can be prevented. The length of treatment depends on how long a person has had the disease. One course of treatment is needed for people who have had syphilis less than 1 year. Additional treatments are needed for people who have had the disease for a longer time. Sexual contact should be avoided during treatment. Sexual partners also may need to be treated.

### *Prevention*

You can take steps to avoid getting gonorrhea, chlamydia, or syphilis. These safeguards also help protect against other STDs:

- Use a condom. Both male and female condoms are sold over-the-counter in drug stores. They help protect against STDs (see box [“How to Use a Condom”](#)).
- Limit your sexual partners. The more sexual partners you have over a lifetime, the higher your risk of getting STDs.
- Know your partner. Ask about your partner's sexual history. Ask whether he or she has had STDs. Even if your partner has no symptoms, he or she still may be infected.
- Avoid contact with any sores on the genitals.

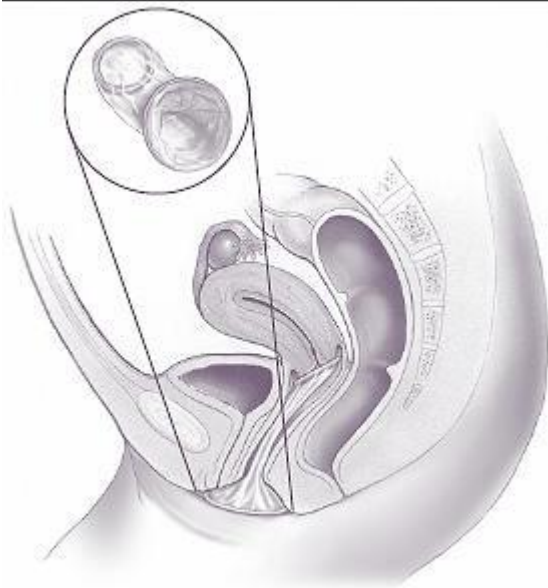


*Male condom*

### How to Use a Condom

Consistent and correct use of male latex condoms can reduce the risk of getting or transmitting an STD. Female condoms also are an option. Because female condoms are newer than male condoms, there have not been as many studies of their effectiveness as male condoms. But evidence suggests that consistent and correct use of female condoms may help reduce the risk of STDs.

To use the male condom, place the rolled-up condom over the tip of the erect penis. Hold the end of the condom to allow a little extra space at the tip. Unroll the condom over the penis. Right after ejaculation, hold the condom around the base of the penis. Withdraw the penis. Throw away the condom. Never reuse it.



*Female condom*

To use the female condom, squeeze the inner ring between your fingers. Insert the condom into your vagina. Push the inner ring up until it is just behind the pubic bone. An inch of the open end should be outside your body. Right after ejaculation,

squeeze and twist the outer ring. Pull the pouch out gently. Throw the condom away. Never reuse it.

When using a male or female condom, it is important to use a lubricant. Latex condoms should only be used with water-based lubricants. Oil-based lubricants, such as baby oil, hand lotions, and petroleum jelly, can weaken the latex and increase the risk that the condom will break. You can buy condoms that already have a water-based lubricant. Read the label carefully.

If you are at high risk of STD infection, make sure that the lubricant does not contain a spermicide. Nonoxynol-9 is found in all spermicides sold in the United States. Frequent use of nonoxynol-9 may cause changes in the vaginal lining that increase the risk of getting HIV from an infected partner.

### Who Is at Risk?

Anyone who has had sex can get an STD.  
But the risk is higher in those who

- have or have had more than one sexual partner
- have a partner who has or has had more than one sexual partner
- have sex with someone who has an STD
- have a history of STDs
- have a developmental disability

Annual screening for gonorrhea and chlamydia is recommended for teenagers and women aged 25 years and younger who are sexually active and for women older than 25 years if they have risk factors (see box [“Who Is at Risk?”](#)).

Teenagers and women also should be tested for syphilis if they are at high risk of this STD. If your health care provider does not offer you this screening, speak up. These screening tests are an important part of health care for women.

### Finally...

If you think you may be at risk of gonorrhea, chlamydia, or syphilis, get tested. These diseases will do the least harm if they are caught early. Prompt treatment and protecting yourself against getting an STD are the best ways to take care of your health.

### Glossary

**Antibiotics:** Drugs that treat infections.

**Antibody:** A protein in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

**Cervix:** The opening of the uterus at the top of the vagina.

**Chancere:** A sore caused by syphilis and appearing at the place of infection.

**Ectopic Pregnancy:** A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.

**Fallopian Tubes:** Tubes through which an egg travels from the ovary to the uterus.

**Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

**Infertility:** A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

**Miscarriage:** The spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

**Ovaries:** Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

**Pelvic Inflammatory Disease (PID):** An infection of the uterus, fallopian tubes, and nearby pelvic structures.

**Sexually Transmitted Disease (STD):** A disease that is spread by sexual contact.

**Spermicides:** Chemicals (creams, gels, foams) that inactivate sperm.

**Urethra:** A tube-like structure through which urine flows from the bladder to the outside of the body.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

**Vulva:** The external female genital area.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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