

# Chlamydia and Gonorrhoea: Your Questions Answered



## Q. What are chlamydia and gonorrhoea?

**A.** Chlamydia and gonorrhoea are infections passed on from one person to another through sexual contact. Chlamydia is common with around 1 in 10 young people under 25 testing positive. Gonorrhoea is much less common but numbers are on the increase.

Chlamydia and gonorrhoea are most commonly found in the cervix (neck of the womb) in women and the urine passage (urethra) in men. The back passage (rectum), throat and eyes can also be infected.

## Q. What are the symptoms of chlamydia and gonorrhoea?

**A.** Many men and women with chlamydia and/or gonorrhoea do not notice any obvious symptoms and so do not know they have an infection. If there are symptoms, these usually include discharge from the penis or vagina, and pain or a burning sensation when peeing.

Other symptoms can include:

- pain in the testicles
- pain in the abdomen
- pain during sex
- bleeding between periods or after sex

Infection in the throat or rectum are less likely to cause symptoms than infections of the vagina or urine passage.

## Q. How can I catch chlamydia or gonorrhoea?

**A.** You can catch chlamydia or gonorrhoea by having unprotected vaginal, anal or oral sex or by sharing sex toys.

Any sexually active person can catch a sexually transmitted infection although the more sexual partners you have, the more chance you have of becoming infected. Using condoms during sex will significantly reduce the chances of becoming infected.

You or your partner(s) could have picked up the infection from a previous partner without even knowing about it.

These infections can also be passed from an infected mother to her baby during childbirth and when this happens, the baby may develop eye or chest infections.

## Q. Who should be tested?

**A.** If for any reason you are worried that you or your partner may have chlamydia and /or gonorrhoea contact your GP or a sexual health clinic.

You should be tested if

- You have symptoms or
- You have been told by a current or former sexual partner that they have a sexually transmitted infection or
- A sexual health service has contacted you asking you to be tested

You may want to have a test if

- You recently have had sex without a condom (or a condom burst or leaked). Your risk of infection in a new or casual relationship will be much greater than in a long term relationship
- You or your partner have had sex without condoms with other partners
- You have a partner who has symptoms

### **Q. How soon after sex can I be tested?**

**A.** If you are worried that you may have chlamydia or gonorrhoea do not delay contacting your GP or a sexual health clinic, especially if you have symptoms. A test can be done straight away but you may be asked to have another test 2 weeks after the time you last had sex.

### **Q. Where can I go to be tested chlamydia and gonorrhoea?**

**A.** You can contact your local GP surgery or sexual health service for confidential advice and testing.

Tell me more about sexual health services

- sometimes these services are called Genitourinary Medicine, GUM, Family Planning or Sexual and Reproductive Health clinics
- they are specialist services that deal with sexually transmitted infections
- you can be seen without having to see your GP first.

### **Q. How do you test for chlamydia and gonorrhoea?**

**A.** Getting tested is simple and straightforward, often you do not need to be examined. It may even be possible for you to use a postal testing kit.

In Scotland, improvements to testing means that you are normally tested for both infections on the one test.

Most men are asked to provide a urine sample so it is important not to pass urine for 2 hrs before you go to the clinic. Most women who do not have symptoms can take their own swab at the clinic from the lower end of the vagina.

Sometimes swabs are also taken from throat or rectum if you are thought to be at risk of having it in these areas.

### **Q. If I have chlamydia or gonorrhoea, what happens next?**

**A.** Test results are usually available within 7 days. Sometimes you will be treated straightaway without waiting for the result of a test, for example, if your partner is known to have an infection.

Chlamydia infection is usually treated with antibiotic tablets.

Gonorrhoea is also treated with antibiotics and for most patients this involves having an injection.

**If you have an allergy to penicillin or any other antibiotic you must inform the clinic prior to treatment.**

These medicines do not interfere with contraceptives.

Your current and sometimes previous partner(s) will be asked to attend for a check-up and to receive treatment.

**If you and your partner receive 7 days of chlamydia treatment do not have sex even with condoms (this includes oral sex) until you and your partner have completed the treatment.**

Occasionally people are given a three day course of antibiotics and they will be clear of infection 7 days after the treatment was completed.

Sexual health clinics often arrange for a sexual health adviser or nurse to speak to you a few weeks after treatment to check that everything is okay. This is usually done by calling you at a time that suits you.

**If you receive gonorrhoea treatment do not have sex even with condoms (this includes oral sex)** until you (and your partner if they also had the infection) have returned to the clinic and had further tests which show the infection has now gone. The clinic will advise you when you should do the repeat testing. This may be up to 3 weeks after your treatment.

If you have symptoms these should improve quickly after treatment and it is important you return to your GP or a sexual health clinic if this is not so.

### **Q. Why is early treatment important?**

**A.** Early treatment of chlamydia is important to prevent more serious problems such as: pelvic inflammatory disease, ectopic pregnancy and fertility problems. If men are not treated, the infection may spread to the testicles and cause pain. However, many people who have chlamydia DO NOT go on to have any further problems but the risk of problems does increase every time you get chlamydia.

Problems as above are **more common** and more serious with untreated gonorrhoea.

Untreated chlamydia or gonorrhoea can be passed on to others.

### **Q. How do I tell my partner(s) that I have chlamydia or gonorrhoea?**

**A.** Some people feel upset, angry, frightened or embarrassed about discussing sexually transmitted infections (STIs) with their current or former partner(s). If you do test positive for chlamydia or gonorrhoea clinic staff will help you decide who you should tell and the best way to contact them. This is called 'partner notification'. If you prefer, your clinic can also arrange, with your permission, to contact your partner(s). The staff will explain to the person that they may have been exposed to an STI and that they should go for a check-up. They will not give out your name or your details.

Nobody can force you to tell your partner(s) about having an STI, but it is strongly recommended. Left untreated, an infection can lead to serious illness. Also if you are treated but your partner is not then it is likely you will get the infection back from them.

### **Q. How can I reduce the risk of infection?**

**A.** The best way to reduce the risk of all STIs, including chlamydia, gonorrhoea, syphilis and HIV, is to practise safer sex.

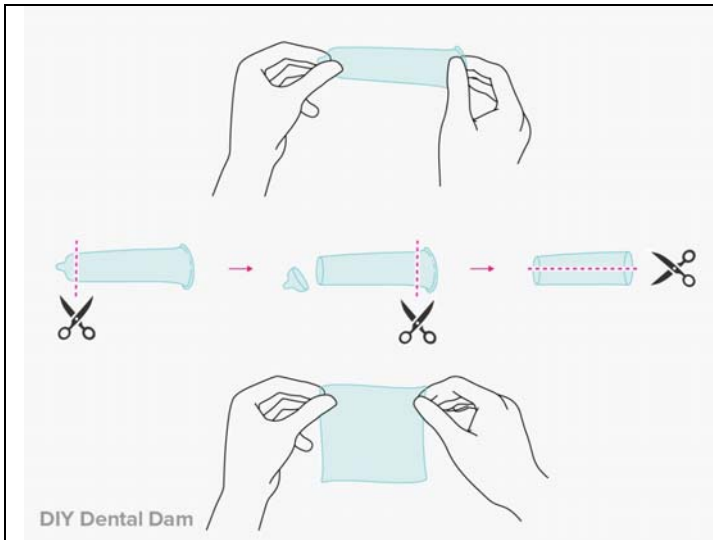
## **Safer sex**

STIs can pass from one person to another through unprotected sex and sharing sex toys. You don't need to have lots of sexual partners to get an STI. However, you are more likely to have an STI if you have had a recent change in sexual partner or in the last 12 months you have had more than one partner.

Safer sex means using a condom (male or female) for vaginal sex and using a male condom with lubricant for anal sex. Male condom use for oral sex will also reduce the risk of infection. Safer sex reduces the risk of STIs

Condoms are available free from sexual health services, and most young people's drop-in services. They are also for sale at most pharmacies and supermarkets. Always use a quality condom that displays the European CE Kitemark.

Dams (a thin film of material that provides a barrier between the mouth and the female genitalia or the mouth and the anus) can also give some protection. The NHS don't supply dams as they are no longer available for us to buy. You can get these from some chemists, some sexual health projects or online or you can make your own from condoms as per the diagram below:



- A condom makes for a great dental dam. To DIY:
- Tear open the condom package and unroll it.
  - Snip the tip and the rolled ends.
  - Cut along one side of the condom.
  - Roll out the latex sheet and use it in place of a dental dam.

<https://www.healthline.com/health/healthy-sex/dental-dam#what-do-they-protect-against>

**For more information contact:**

WOS CT & GC Leaflet Version 4.1  
Review Date: August 2025