

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

VAGINAL CANDIDIASIS (YEAST INFECTION)**WHAT IS IT?**

Vaginal yeast infections are a common problem in women. They are caused by a fungus called *Candida*, which can result in mild to intense itching and irritation of the vagina. *Candida albicans* is the most common species leading to vaginal yeast infections, although the incidence of other *Candida* species is increasing.

HOW COMMON IS IT?

Yeast infections are the second most common cause of vaginitis (inflammation of the vagina).

- Up to 3 out of 4 women will experience a yeast infection at some point in their lives.
- Yeast infections occur mainly in women of reproductive age, especially those who are sexually active.
- Most yeast infections are sporadic. However, 5-8% of women experience recurrent yeast infections, which are defined as 4 or more infections per year.

WHAT CAUSES IT?

Candida, the fungus that causes yeast infections, normally lives in the gastrointestinal tract and sometimes in the vagina. It typically does not cause problems unless conditions become favorable for its overgrowth.

- It is believed that the source of most vaginal yeast infections is migration of *Candida* from the rectum to the vagina.
- Recurrent yeast infections may be due to a persistent vaginal reservoir, combined with a genetic predisposition.

WHAT ARE POSSIBLE RISK FACTORS?

Most yeast infections, even when they are recurrent, have no identifiable triggers. However, risk factors that can lead to infection include:

- Antibiotic use, which can disrupt normal bacterial flora and allow *Candida* to grow.
- Increased estrogen levels (from birth control, pregnancy, etc.).
- Contraceptive devices like IUDs (intrauterine devices), which have been associated with yeast infections, but not consistently.
- Diabetes, especially if blood sugar is poorly controlled.
- Weakened immune systems, such as in patients on certain medications (eg. steroids, chemotherapy, etc.) and those with HIV.
- Sexual activity. Women who are sexually active, especially those who receive oral sex, are more likely to get a yeast infection. However, women who have never been sexually active can also get yeast infections.

IS IT SEXUALLY TRANSMITTED?

Vaginal yeast infections are not considered to be sexually transmitted infections (STIs), although *Candida* may rarely be passed from one partner to another. Most experts do not recommend treatment of asymptomatic sexual partners. Male partners usually do not experience symptoms.

WHAT ARE THE SYMPTOMS?

The most common symptom is itching or burning in and around the vaginal opening. Other symptoms may include:

- Vaginal discharge, which is classically thick, white, and clumpy (like cottage cheese). Sometimes the discharge is watery, or there may be no discharge at all.
 - Redness, swelling, and/or soreness around the vaginal area.
 - Pain with urination.
 - Pain with sex.
- (over)

HOW IS IT DIAGNOSED?

Symptoms of a yeast infection can mimic many other vaginal conditions. Studies have shown that only a small percentage of women can accurately self-diagnose a yeast infection. Misdiagnosis can lead to incorrect treatment, which may worsen symptoms.

To accurately diagnose a yeast infection, a medical evaluation that includes a vaginal exam is necessary. A sample of vaginal discharge will be examined under the microscope for yeast. In rare cases, a fungal culture may be ordered in patients experiencing persistent or recurrent infections.

WHAT IS THE TREATMENT?

Treatment is recommended for symptomatic yeast infections. 10-20% of menstruating women with *Candida* are asymptomatic and do not require treatment. Topical and oral antifungal medications are available for treatment. Both types appear to have similar cure rates in uncomplicated infections.

- ❖ **Antifungal Vaginal Creams.** A variety of over-the-counter and prescription vaginal creams are available. It is important to complete the entire treatment course to prevent a relapse.
 - One-, three- and seven-day vaginal treatments are equally effective.
 - More severe infections may require 7 to 14 days of treatment.
 - Pregnant women with symptoms should complete 7 days of vaginal treatment.
 - Because vaginal creams are oil-based, they may weaken latex condoms. Therefore, polyurethane condoms and/or other forms of birth control should be used instead.
- ❖ **Antifungal Pills.** The antifungal pill fluconazole (Diflucan) is a convenient form of treatment preferred by many women. However, it may take a day or two longer than vaginal creams to work.
 - Diflucan is usually taken by mouth as a single one-time dose.
 - Women with severe or recurrent infections may require a second or third dose, each spaced 3 days apart. Maintenance therapy using weekly Diflucan for 6 months may be recommended for recurrent symptoms.
 - Diflucan is not recommended during pregnancy due to the risk of harm to the fetus.
- ❖ **Pill + Non-Vaginal Cream.** Using an antifungal cream in addition to Diflucan is recommended when irritation of the skin around the vagina is a prominent symptom. For example, apply over-the-counter (non-vaginal) miconazole cream to the skin outside of the vagina twice daily to decrease skin symptoms; continue the cream for 1 week after symptoms have resolved.
- ❖ **Alternative Treatments.** There is no evidence from well-designed studies that probiotics, yogurt, tea tree oil, or garlic is effective for the treatment or prevention of yeast infections.

WHEN WILL I FEEL BETTER?

Most yeast infections go away within a few days after starting treatment. However, itching and irritation may continue even after the infection is gone. If you are not better a few days after finishing treatment, contact your medical provider.

HOW CAN I PREVENT IT?

If symptoms are recurrent, consider the following recommendations to see if symptoms improve:

- ❖ **Clothing**
 - Avoid tight pants/leggings, tight undergarments, thongs, and pantyhose.
 - Wear 100% cotton underwear. Sleeping without underwear may also be helpful.
 - Change out of wet gym clothes or bathing suits as soon as possible.
- ❖ **Personal Care**
 - Substitute showers for tub baths. Avoid soaking in bath salts, oils, or strong soaps.
 - Gently but thoroughly dry the genital area after showering, bathing, or swimming.
 - Wipe from front to back to prevent transfer of organisms from the rectum to the vagina.
 - Avoid the use of scented pads, liners, wipes, and toilet paper.
 - Avoiding sexual lubricants may sometimes be helpful.
- ❖ **Medications**
 - Avoid unnecessary antibiotic use, such as for colds and other viral infections.
 - If you are prone to yeast infections when taking an antibiotic, your medical provider may recommend taking a dose of Diflucan at the beginning and end of your antibiotic course.
 - If you are on a birth control pill containing estrogen, talk to your medical provider about trying a lower-dose estrogen pill.

RECOMMENDED WEBSITES: www.cdc.gov, www.familydoctor.org, www.mayoclinic.org