

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

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

Vaginal yeast infections are a common problem 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 people will experience a vaginal yeast infection at some point in their lives.
- Yeast infections occur mainly in individuals of reproductive age, especially those who are sexually active.
- Most yeast infections are sporadic. However, 5-8% of patients 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.

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), sponges, and diaphragms, have been associated with yeast infections, but not consistently.
- Diabetes, especially if blood sugar is poorly controlled.
- Weakened immune systems, such as in patients taking certain medications (eg. steroids, chemotherapy, etc.) and those with HIV.
- Sexual activity. Individuals who are sexually active, especially those who receive oral sex, are more likely to get a vaginal yeast infection. However, vaginal yeast infections can also occur in those who have never been sexually active.

IS IT SEXUALLY TRANSMITTED?

A vaginal yeast infection is not considered to be a sexually transmitted infection (STI). Sexual partners do not require treatment. However, abstaining from sex during treatment is recommended to avoid aggravation of 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 (from contact of irritated skin with urine).
- Pain with sex.

HOW IS IT DIAGNOSED?

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

To accurately diagnose a yeast infection, 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 individuals 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 patients. 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:

- ❖ **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.
 - Double-rinse underwear after washing to avoid residual chemical irritants. Do not use fabric softeners for underwear or swimsuits.
- ❖ **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 after bowel movements to prevent transfer of rectal organisms 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.
 - If you are prone to yeast infections and need to take an antibiotic, your medical provider may recommend using an antifungal pill or cream during your antibiotic course.
 - If you are experiencing recurrent yeast infections and take a birth control pill containing estrogen, your medical provider may suggest trying a lower-dose estrogen pill.
 - Sodium-glucose cotransporter-2 (SGLT2) inhibitors used to treat diabetes may increase the risk of vaginal yeast infections.

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