

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

## SEXUALLY TRANSMITTED INFECTIONS (STIs)

**STI BASICS**

Sexually transmitted infections (STIs) are very common. Half of sexually active people will get an STI by age 25, and most won't even know it. That's because many STIs show no symptoms, including chlamydia (the most common bacterial STI). Here are some other basic STI facts you should know:

- You can have more than one STI at a time.
- You can get some STIs more than once.
- Having an STI increases the risk of getting HIV and other STIs.

The good news is that most STIs are treatable, and many are curable (including chlamydia). Ignoring or delaying care for some STIs can lead to health complications, such as infertility or increased risk of certain cancers.

**RESPONSIBLE SEX**

You've heard the safe sex lecture a million times, but here's a quick refresher on the main points:

- Talk to your partner. Not everyone is comfortable talking about their sexual history. But if you're going to get intimate, that should include sharing and talking about your sexual pasts. After all, having sex with your partner means having sex with everyone they've had sex with and everyone they've had sex with, etc.
- One is best. Ideally, you only have sex with one partner who only has sex with you.
- Use protection every single time, from beginning to end, AND the right way. Condoms are the only method that protects against STIs and pregnancy. When it comes to HIV, condoms make sex 10,000 times safer! Check out our "[Safer Sex and Condom Use](#)" brochure for detailed info about condoms, non-condom barriers, non-latex options, and where to get [free condoms](#).
- Know the risks. Some sexual activities carry a higher risk for HIV than others. For example, being the receptive partner during anal sex is the highest risk activity for HIV transmission. Learn more at [www.hiv.gov](#).
- Get tested. It only takes one sexual encounter to be at risk for an STI. Getting tested is the only way to know for sure if you have an STI. In an ideal world, both partners get tested before having sex and then regularly thereafter, more often if symptoms develop.

**VACCINE PROTECTION**

Talk to your medical provider about vaccines that can protect you against certain STIs.

- The Gardasil vaccine is a 3-part vaccine series that protects against genital warts, cervical cancer, and also anal cancer. Some students are eligible for [free Gardasil](#). Call Student Health to see if you qualify and to get signed up.
- The hepatitis B vaccine is also given in 3 doses and is available at Student Health. Most, but not all, students completed this vaccine series in childhood.
- The hepatitis A vaccine is recommended for those who engage in anal intercourse. It is given in 2 doses and is also available at Student Health.

**GET YOURSELF TESTED**

Getting tested is the only way to know for sure if you or a partner has an STI. Don't assume that your medical provider is automatically checking for STIs. Speak up, and ask to be tested.

**When?**

- If something doesn't seem right "down there", don't ignore it. Seek medical evaluation early to see if you (and your partner) need treatment.
- Even if you have zero symptoms, you should get tested at least once a year.
- More frequent STI testing is recommended if you have multiple partners or engage in other higher-risk behaviors.

**What?**

- Most STI screens include testing for gonorrhea, chlamydia, syphilis, and HIV. However, don't assume that your STI check includes all of the above. Ask your medical provider specifically about which tests are recommended for you.
- On that note, be open and talk to your provider about your sexual history and practices. Based on the information you share, your provider may recommend testing for additional STIs and/or testing of other sites, like the throat or anus.
- If you are not having symptoms, testing can be as simple as urinating in a cup and getting blood drawn. For the most accurate results, you should not urinate for 2 hours prior to your appointment.

**Where?**

- University Student Health Services (USHS) offers STI testing and treatment to students at affordable prices.
- For info about free STI testing in the area, visit [health.students.vcu.edu/patient-resources/sexual-health/free-sexual-health-services](#).

**TREATMENT REMINDERS**

If you are diagnosed with an STI, you are not alone. STIs are common. Talk to someone you trust, and take control:

- Take your medication exactly as prescribed. Finish the entire treatment course even if you feel better.
- Notify all your partners within the last 60 days that they need to be tested and treated.
- Avoid sex for at least one week after both you and your partner(s) have completed treatment.

**RECOMMENDED RESOURCES**

- American Sexual Health Association, [www.ashasexualhealth.org](#)
- CDC National STD Hotline, available 24/7, 1-800-232-4636, [www.cdc.gov/std](#)
- Get Yourself Tested (GYT) campaign, [www.itsyoursexlife.com](#)
- Planned Parenthood National Hotline, 1-800-230-7526 or text "PPNOW" to 774636 (PPINFO) or [chat online](#), [www.plannedparenthood.org](#).

	CHLAMYDIA	GONORRHEA	SYPHILIS	TRICHOMONIASIS	PUBIC LICE (CRABS)
CAUSE	<i>Chlamydia trachomatis</i> (bacteria).	<i>Neisseria gonorrhea</i> (bacteria).	<i>Treponema pallidum</i> (bacteria).	<i>Trichomonas vaginalis</i> (protozoan parasite).	<i>Phthirus pubis</i> (wingless parasitic insect).
U.S. STATISTICS	Most common bacterial STI in US. Estimated 4 million cases in 2018. Highest rates among women ages 15-24.	Estimated 700,000 new cases each year. More than half occur among people ages 15-24.	129,813 new cases in 2019. Majority of cases in 2019 among men who have sex with men.	Estimated 2 million cases in 2018. Women more often affected than men.	Most common in teens & young adults. Incidence appears to be decreasing due to the popularity of genital hair removal.
TRANSMISSION	Vaginal, oral, or anal sex. Can also be passed from mother to baby during childbirth.	Vaginal, oral, or anal sex. Can also be passed from mother to baby during childbirth.	Contact with a syphilis sore (called a chancre) during vaginal, oral, or anal sex. Can be passed through kissing if sore is in mouth, or from mother to unborn baby during pregnancy.	Vaginal sex, including vagina to vagina contact.	Usually sexual contact. Occasionally by close personal contact or from towels, clothing, etc. Extremely rare from toilet seats.
INCUBATION	5-14 days.	2-10 days (up to 30 days).	10-90 days (21 days on average).	5-28 days (or longer).	1-7 days (up to several weeks).
SYMPTOMS	Usually none. Only 5-30% of women and 10% of men develop symptoms. <b>Females:</b> Abnormal vaginal discharge, irregular menstrual bleeding, bleeding after intercourse, pain with urination. <b>Males:</b> Discharge from the penis, burning with urination, irritation around the opening of the penis.	Usually none. <b>Females:</b> Abnormal vaginal discharge, irregular vaginal bleeding, pain with urination <b>Males:</b> Discharge from the penis (tends to be more purulent and copious than chlamydia), burning with urination.	Symptoms vary based on stage of infection. <b>Primary:</b> single painless sore (chancre) on genitals, anus, or mouth. <b>Secondary:</b> Rash, sores in mouth/vagina/anus, hair loss, swollen lymph nodes, flu-like symptoms. <b>Latent:</b> No symptoms. <b>Tertiary:</b> Organ damage (eg. brain, nerves, eyes, heart, blood vessels, liver, bones, joints).	Usually none. Only 30% develop symptoms. <b>Females:</b> Vaginal burning or itching, frothy yellow-green vaginal discharge, pain with sex, pain with urination. <b>Males:</b> Discharge from the penis, slight burning after urination, irritation in the penis.	Itching or rash in the genital area.  Visible nits (lice eggs) on pubic hair (less common on chest, legs, armpits, facial hair, eyebrows, eyelashes) or crawling lice.
DIAGNOSIS	Urethral/vaginal/cervical swab or urine sample.	Urethral/vaginal/cervical swab or urine sample.	Blood tests are most commonly used.	Testing of discharge or urine.	Visual inspection.
TREATMENT	Antibiotics taken by mouth cure the infection.	Antibiotics cure the infection. Preferred treatment is an injection.	Antibiotics cure syphilis but will not repair any damage already done in later stages.	Antibiotics taken by mouth cure the infection.	Lice-killing lotions. Washing clothes and linens in hot water.
POSSIBLE COMPLICATIONS	Increased risk for HIV/STIs. <b>Females:</b> PID (pelvic inflammatory disease) which can lead to infertility and ectopic (tubal) pregnancies. <b>Males:</b> Pain and swelling in the testicles, which can lead to infertility if severe or untreated. <b>Babies:</b> Eye or lung infections if mother infected during vaginal delivery. Untreated infections in mother may lead to premature delivery.	Increased risk for HIV/STIs. <b>Females:</b> PID (pelvic inflammatory disease) which can lead to infertility and ectopic (tubal) pregnancies. Eye, blood, and joint infections also possible. <b>Males:</b> Pain and swelling in the testicles, which can lead to infertility. Eye, blood, and joint infections also possible. <b>Babies:</b> Serious infections of the eyes, joints, or blood if mother infected during vaginal delivery.	Increased risk of HIV/STIs. <b>Tertiary Stage:</b> Difficulty coordinating muscle movements, paralysis, numbness, blindness, dementia, and death. <b>Babies:</b> Developmental delay, seizures, and death.	Increased risk for HIV/STIs. <b>Babies:</b> Premature delivery, low birth weight.	Pubic lice are not known to transmit any disease. However, itching can lead to scratching, which can result in bacterial skin infections.

	GENITAL HERPES (HSV)	GENITAL HPV	MOLLUSCUM	HEPATITIS B (HBV)	HIV
CAUSE	Herpes Simplex Virus (HSV), types 1 and 2.	Human papillomavirus (HPV). 40+ types affect the genital area. "Low-risk" types cause genital warts. "High-risk" types can cause cervical cancer.	Molluscum contagiosum, a member of the poxvirus family.	Hepatitis B virus (HBV). Causes infection of the liver, which can be acute (short-term illness) or chronic (serious life-long illness).	Human Immunodeficiency Virus (HIV).
U.S. STATISTICS	Estimated 572,000 new infections each year. 1 in 6 people ages 14-49 are infected with HSV 2.	Most common STI in the US and globally. 13 million new cases in the US each year. 75-80% adults infected by age 50.	Benign skin condition common in children. Most adult cases result from sexual contact.	Estimated 21,600 cases of acute HBV in 2018. Estimated 862,000 living with chronic HBV.	36,801 new cases in 2019 (down 9% from 2015). Estimated 1.18 million living with HIV.
TRANSMISSION	Vaginal, oral, or anal sex. Also through skin-to-skin sexual contact, kissing, & rarely from mother to baby during childbirth. Transmission can occur even when there are no symptoms.	Vaginal, oral, or anal sex. Also via skin-to-skin contact & rarely from mother to baby during childbirth.	Skin-to-skin contact, contact with inanimate objects (razors, towels, clothing, toys, etc), and auto-inoculation (touching lesions on one part of your body and spreading them to a different part).	Contact with blood & sexual fluids. Most cases occur through sex. Also through sharing needles, razors, toothbrushes. Can be passed from mother to baby during birth. Not spread through food/drink or breastfeeding.	Contact with blood & sexual fluids. Also through needle-sharing and drug works. From mother to baby during pregnancy or breastfeeding.
INCUBATION	2-12 days (average of 4 days) for a primary (first) infection.	3 weeks - 8 months.	1 week - 6 months (usually 2-6 weeks).	2-5 months (average of 90 days).	2-4 weeks (rarely up to 10 months).
SYMPTOMS	Usually none. <b>HSV 1</b> typically causes cold sores in the mouth but is now a common cause of genital sores. <b>HSV 2</b> typically causes genital sores. Lesions begin as bumps that turn into painful blisters, then open sores. May have burning or itching before bumps appear. HSV 2 more likely to recur.	Usually none. <b>Genital warts:</b> Small painless bumps in the genital and/or anal areas. <b>Cervical cancer:</b> No symptoms until the cancer is advanced. Regular <b>Pap smears beginning at age 21</b> are recommended for cancer screening.	2-5mm painless bumps with an umbilicated center. Sometimes itchy or tender.	Typically none. May include fever, fatigue, abdominal pain, loss of appetite, nausea, vomiting, dark urine, rash, yellow skin (jaundice). <b>Acute HBV</b> symptoms typically last several weeks. <b>Chronic HBV</b> symptoms can take up to 30 years to appear while liver damage occurs silently.	Typically none. Can mimic the flu (fatigue, fever, night sweats, body aches, sore throat, swollen lymph nodes, rash, mouth ulcers, etc.). Usually no symptoms until the immune system is weakened, increasing the risk for severe and/or unusual infections & cancers.
DIAGNOSIS	Viral culture of open sore. Blood tests may be helpful in some cases.	<b>Genital warts:</b> Visual inspection. <b>Cervical cancer:</b> Early pre-cancerous changes & cancer can be detected by Pap smears.	Visual inspection.	Blood tests.	Standard Blood Test: Results return in a few days. Rapid Test: Results in less than 30 minutes. Home Test: FDA-approved & anonymous.
TREATMENT	There is no cure, but antiviral medications can reduce symptoms, the number of future outbreaks, & the likelihood of spreading HSV to partners.	There is no cure, but the virus will usually go away on its own within 2 years. <b>Genital warts</b> can be frozen, removed, or treated with topical medicines. <b>Cervical pre-cancer or cancer</b> is treated by a specialist.	Usually clears on its own within 2 months but may take up to 12 months (rarely years) without treatment. Lesions can be frozen, removed, or treated with topical medicines.	<b>Acute HBV:</b> rest, fluids, healthy diet. <b>Chronic HBV:</b> Antiviral medications prescribed by a specialist.	There is no cure, but antiviral medications are very effective in controlling the infection and keeping the immune system healthy. Treatment should be started as soon as possible after diagnosis.
POSSIBLE COMPLICATIONS	Increased risk for HIV/STIs. <b>Babies:</b> If maternal lesions are present during vaginal birth, the newborn can have serious infections of the eyes, skin, or brain.	Cervical cancer is rare in women who get regular Pap smears. Other genital, anal, & oropharyngeal cancers can occur in both sexes but are much less common.	Patients with HIV/AIDS or other immunocompromising conditions can develop extensive disease that is difficult to treat.	Increased risk for HIV/STIs. Chronic HBV can lead to liver failure, liver cancer, & death.	With treatment, it is usually possible to have a near-normal life span. Without treatment, it takes 8-10 years for HIV to progress to AIDS, which is fatal.