

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). Other basic STI facts include the following:

- 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, and non-latex options.
- 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.aids.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, sooner 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 and cervical cancer. If you don't have health insurance, ask a Student Health provider to see if you are eligible for free Gardasil.
- 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 what 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 or low-cost STI clinics in the area, ask for our "STD Clinics" handout or go to <https://students.vcu.edu/health/patient-resources/sexual-health/>.

TREATMENT REMINDERS

If you are diagnosed with an STI, don't feel 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 Social Health Association STI Resource Center Hotline, 8am – 8pm EST, Mon – Fri, 1-919-361-8488, www.ashastd.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, available 24/7, 1-800-230-7526, www.plannedparenthood.org

	CHLAMYDIA	GONORRHEA	SYPHILIS	TRICHOMONIASIS	PUBIC LICE (CRABS)
CAUSE	<i>Chlamydia trachomatis</i> (bacteria).	<i>Neisseria gonorrhoea</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! 1.4 million new cases reported each year. Highest rates among adolescent women.	820,000 new cases reported each year. Highest rates in young adults ages 20-24.	74,702 new cases in 2015. Majority of cases in 2015 among men who have sex with men.	Estimated 3.7 million infected.	Unclear because pubic lice is not a reportable condition in the U.S. 2-10% infected worldwide.
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 baby during childbirth.	Vaginal sex.	Skin-to-skin contact. Occasionally from towels, clothing, etc. Extremely rare from toilet seats.
INCUBATION	1-3 weeks.	2-14 days.	10-90 days (21 days on average).	5-28 days (or longer).	1-7 days (up to several weeks).
SYMPTOMS	Usually none. Only 10% of men & 5-30% of women develop symptoms. Male: Discharge from the penis, burning with urination, itching around the opening of the penis. Female: Abnormal vaginal discharge, pain with urination, irregular bleeding, bleeding after intercourse.	Usually none. Male: Discharge from the penis (tends to be more purulent and copious than chlamydia), burning with urination. Female: Abnormal vaginal discharge, pain with urination, irregular bleeding.	Symptoms vary based on stage of infection. Primary: single painless sore (chancre) on genitals, anus, or mouth. Secondary: Rash, mucous membrane lesions, hair loss, swollen lymph nodes, flu-like symptoms. Latent: No symptoms. Tertiary: Organ damage (eg. brain, nerves, eyes, heart, blood vessels, liver, bones, joints).	Usually none. Only 30% develop symptoms. Male: Discharge from the penis, slight burning after urination, irritation in the penis. Female: Vaginal burning or itching, frothy yellow-green vaginal discharge, pain with sex.	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/cervical swab or urine sample.	Urethral/cervical swab or urine sample.	Microscopic evaluation of chancre material. Blood tests.	Testing of discharge.	Visual inspection.
TREATMENT	Antibiotics taken by mouth cure the infection.	Antibiotics cure the infection.	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. Males: Pain and swelling in the testicles. Females: PID (pelvic inflammatory disease) which can lead to infertility and ectopic (tubal) pregnancies. Babies: Eye or lung infections if mother infected during vaginal delivery. Untreated infections in mother may lead to premature delivery.	Increased risk for HIV/STIs. Males: Pain and swelling in the testicles, which can lead to infertility. Blood and joint infections also possible. Females: PID (pelvic inflammatory disease) which can lead to infertility and ectopic (tubal) pregnancies. Blood and joint infections also possible. Babies: Serious infections of the eyes, joints, or blood if mother infected during vaginal delivery.	Increased risk of HIV/STIs. Tertiary Stage: Difficulty coordinating muscle movements, paralysis, numbness, blindness, dementia, and death. Babies: Developmental delay, seizures, and death.	Increased risk for HIV/STIs. Babies: Premature delivery, low birth weight.	Risk for secondary bacterial skin infection from scratching.

	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 is a member of the poxvirus family.	Hepatitis B virus (HBV). Can be acute (mild illness lasting a short time) or chronic (serious life-long illness).	Human Immunodeficiency Virus (HIV).
U.S. STATISTICS	Estimated 1 million new infections each year. 1 in 6 people ages 14-49 have it.	Most common STI! 14 million new cases each year. At least 79 million already infected.	Benign skin condition common in children. Most adult cases from sexual contact.	Estimated 40,000 new cases each year. 1.2 million already infected with chronic HBV.	56,000 new cases each year. Estimated 1.1 million already 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 where 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), & auto-inoculation (touching lesions on yourself & then another part of your body).	Contact with blood & sexual fluids. Most cases occur through sex. Also through sharing needles, razors, toothbrushes; & childbirth. Not through sharing utensils 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 the primary (first) infection.	3 weeks - 8 months.	2 weeks - 6 months.	1-5 months (average of 90 days).	2-4 weeks (rarely up to 10 months).
SYMPTOMS	Usually none. HSV 1 typically causes cold sores in the mouth. HSV 2 typically causes genital sores. But both viruses can cause infections in either area. Usually starts as bumps that turn into painful blisters, then open sores. May have burning or itching before bumps appear. Recurrences more likely with HSV 2.	Usually none. Genital warts: Small painless bumps in the genital and/or anal areas. Cervical cancer: No symptoms until the cancer is advanced. Regular Pap smears beginning at age 21 are recommended for cancer screening.	2-5mm painless bumps with an umbilicated center. Sometimes itchy or tender.	Typically none. May mimic the flu (loss of appetite, fatigue) & include nausea, vomiting, dark urine, rash, yellow skin (jaundice). Acute HBV symptoms can take 1-6 months to appear. Chronic HBV symptoms can take up to 30 years to appear while liver damage occurs silently.	Typically none. Can mimic viral illnesses (fatigue, fever, etc.). Symptoms usually do not develop until the immune system is weakened, making the person more vulnerable to severe and/or unusual infections.
DIAGNOSIS	Viral culture of open sore. Blood tests.	Genital warts: Visual inspection. Cervical cancer: 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. Genital warts can be frozen, removed, or treated with topical medicines. Cervical cancer is treated by a specialist.	Usually clears on its own within 6-12 months but may take as long as 4 years without treatment. Lesions can be frozen, removed, or treated with topical medicines.	Acute HBV: rest, fluids, healthy diet. Chronic HBV: Antiviral medications prescribed by a specialist.	There is no cure, but antiviral medications are very effective in slowing the progression of disease.
POSSIBLE COMPLICATIONS	Increased risk for HIV/STIs. Babies: 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 cause liver failure & death. Babies born to infected mothers are likely to develop chronic HBV if not vaccinated at birth.	If treated, many patients will live long, healthy lives. Without treatment, it takes an average of 10 years for HIV to progress to AIDS, which is fatal.