



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

SEXUALLY TRANSMITTED INFECTIONS: WHAT YOU NEED TO KNOW TO PROTECT YOURSELF

What are sexually transmitted infections?

Sexually transmitted infections (STIs) are spread from one person to another through vaginal, anal, or oral sex. Some of the most common STIs are herpes, *chlamydia*, *gonorrhea*, *syphilis*, *trichomoniasis*, genital warts, hepatitis A, B, and C, and HIV (the virus that causes AIDS).

Anyone who is sexually active, no matter what age, can get an STI. In America, more than 12 million STIs are reported every year. Some people have symptoms, but many do not. Because it's hard to know who might have an STI, it's important to take steps to protect yourself and others.

What are the symptoms of STIs?

The symptoms of STIs vary depending on the infection. Call your clinician for advice if you have any of these problems:

- Sores, blisters, or bumps on or near the penis, vagina, anus, or mouth, or inside the vagina, or pain or discomfort during intercourse.
- Itching, pain, or discharge from the anus
- A drip or discharge from the penis
- Nausea and exhaustion along with dark urine. Sometimes the skin and whites of eyes look yellowish, too
- Night sweats and unexplained weight loss or rashes
- Pain or burning when urinating or blood in your urine

If you're a woman, you should also call your clinician if you notice:

- Unusual, itchy, or bad-smelling vaginal discharge
- Bleeding between your periods or bleeding with intercourse
- Pain in your lower abdomen (belly)

STIs are **not** the only cause of some of these symptoms. For example, pain or burning while urinating can be a sign of a urinary tract infection. Discharge from the vagina may be due to a type of infection that usually is not spread sexually, such as a yeast infection. It's important to tell your clinician about **any** problems, though, so you can get the right treatment.

What are the dangers of STIs?

It depends on the infection. STIs can cause many health problems, especially if they're not treated quickly. The dangers can be worse for women, who often don't have symptoms.



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

Many people have died from **AIDS**, which is caused by **HIV**. So far, there is no cure for HIV, but new medicine can prolong and improve the quality of life.

Herpes causes painful blisters or sores on the genitals during outbreaks. It increases the chance that a pregnant woman will need a cesarean section to avoid spreading herpes to her newborn. Right now, herpes symptoms can be treated, but not cured.

Some types of **HPV** (also called human papilloma virus or genital warts) have been linked to precancerous changes in the cervix and a higher risk of cervical cancer in women. While genital warts can be removed, the virus that causes them remains in the body.

Syphilis often starts with a small, painless sore on or near the genitals or anus. Even after the sore heals, the disease continues to harm the person who has it. Untreated syphilis can seriously damage the heart and brain over a period of years.

Hepatitis A affects the liver. Most people who have it recover with rest, though some need to be hospitalized. Rarely, it is fatal.

Hepatitis B also attacks the liver. In serious cases, it can cause cirrhosis (scarring that keeps the liver from properly cleaning toxins from the blood) and even liver cancer. Some people who have had hepatitis B become carriers. That means they can give the disease to others even after they have recovered.

Hepatitis C is sometimes—though not often—spread through sexual contact. It damages the liver, too, causing cirrhosis and even death in the most serious cases.

Many STIs, including chlamydia and gonorrhea, can cause premature birth and pelvic inflammatory disease (PID) in women. PID can scar and block reproductive organs. This can make it hard or impossible for a woman to get pregnant and raise the risk of a tubal pregnancy. The irritation and tiny skin breaks caused by many STIs allow anyone who is exposed to HIV to be infected more easily than usual.

NGU (non-gonococcal urethritis) makes it painful to urinate. It is caused by different organisms, including *chlamydia*. When untreated, these organisms can lead to serious problems such as infertility and premature birth.

Trichomoniasis ("trich") causes a bad-smelling vaginal odor and often pain with intercourse. It can trigger premature birth.

Lice ("crabs") that lay eggs in pubic hair cause intense itching and discomfort.



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

What should I do if I think I have an STI?

Call your clinician or a clinic that treats STIs (see Resources) right away. Don't let any embarrassment keep you from talking honestly with a clinician about your sex life. Ignoring symptoms or worries can make you very sick. Waiting just makes the problem—if you have one—more serious for you and your partner.

Do not have sex with anyone until you find out if you have an STI and get treated, if necessary.

How can I protect myself against STIs?

The only foolproof way to avoid an STI is not to have sex. If you do have sex, keep in mind that semen, vaginal fluids, feces, and saliva can carry STIs. Skin-to-skin contact between the mouth, vagina, penis, or anus spreads these diseases.

- Use a new latex or plastic condom every time you have vaginal or anal intercourse. (Condoms are now made for men or women.)
- Think twice about having sex with someone who refuses to use a condom. He or she is not thinking about your best interest.
- During oral sex with a man, use a condom.
- During oral sex with a woman, cover her labia (the outer lips of the vagina) with a piece of plastic wrap. Or use SheerGlyde Dams™ for that purpose (they can be bought at some drugstores).
- Use only a water-based lubricant, such as Astro-Glide® or K-Y Jelly®, with latex condoms. Vaseline® and many other oil-based lotions and creams can weaken latex condoms, making them more likely to break.
- Be monogamous—only have sex with one partner who only has sex with you—or limit the number of your sexual partners. The more partners you have, the more likely you are to be exposed to an STI.
- Exposure to infected blood spreads HIV, hepatitis B and hepatitis C. Don't share personal items like razors and tooth-brushes or any needles used for shooting drugs, tattooing, acupuncture, or body piercing.
- Ask your clinician for a copy of Safer Sex and Condoms for more information.

Should I be tested for STIs?

Talk with your clinician about this. Depending on your situation, your clinician may suggest tests every six to 12 months and/or tests anytime you have symptoms that might be caused by an STI. If you have a new partner, both of you may want to be tested. It's best to do this before you start having sex.

For testing, a sample of your blood or urine is usually sent to a lab. Your clinician may do a physical exam and take a sample of any discharge. Generally, women have a pelvic exam so that a sample can be taken from the cervix, too.

How are STIs treated?

Treatment depends on which STI you have. Several STIs, including *chlamydia*, NGU, and *syphilis*, can be cured with pills or shots of antibiotics or other drugs. Medicine to get rid of pubic lice can be bought without a prescription in drugstores.



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

Certain STIs—such as HIV, herpes, and HPV—cannot be completely cured, but a clinician can treat their symptoms with prescription medicine or by other methods.

Do I have to tell my partner if I have an STI?

You should definitely tell your sexual partner(s) if you have an STI. Even if your partner has no symptoms, he or she needs to be tested and possibly treated, too. This is important to your partner's health. It will also keep you—and others—from getting infected again.

If you are worried about telling your partner(s), talk with your clinician. He or she may be able to help.

What if my partner tells me he or she has an STI?

Call your clinician or a clinic that treats STIs to find out about getting tested (see Resources). More than one test may be recommended because certain STIs are often found together.

Resources

National STD Hotline. 1-800-227-8922 (Monday through Friday from 8:00 a.m. to 11:00 p.m.).

Refers people to clinics in their local areas for STI tests and treatment. Offers free pamphlets on different types of STIs. Staff members can answer some questions over the phone. If you speak Spanish or need TTY/TTD service, the National AIDS Hotline listed on page 4 can also answer basic questions about STIs.

National AIDS Hotline.

In English:

1-800-342-AIDS (24 hours a day, seven days a week).

In Spanish:

1-800-344-SIDA (24 hours a day, seven days a week). **TTY/TTD service:**

1-800-AIDS-TTY (Monday through Friday from 10:00 a.m. to 10:00 p.m.).

Refers people to sites for HIV counseling and tests. Some sites are anonymous (they don't require you to give your name or address). Offers free pamphlets on HIV and AIDS. Staff at the Spanish and TTY/TTD services can also answer basic questions about STDs.

National Immunization Information Hotline.

In English:

1-800-232-2522 TTY (Monday through Friday from 8:00 a.m. to 11:00 p.m.).

In Spanish:

1-800-232-0233 (Monday through Friday from 8:00 a.m. to 11:00 p.m.).

Offers information on vaccines and where to go for vaccinations.



Vulvovaginal Disorders: An algorithm for basic adult diagnosis and treatment

Are there any vaccines for STIs?

Vaccines for hepatitis A and hepatitis B are available now. Both of these diseases are very contagious—much more so than HIV. Ask your clinician if you should have these vaccines.

If you think you may have been exposed to hepatitis A or B, call your clinician or the National STD Hotline (see Resources) about getting tested. In some cases, a shot that can help your body fight off a hepatitis A or B infection may be suggested, along with the vaccine.

Researchers are working on many other vaccines. For up-to-date information on available vaccines, talk with your clinician or call the National Immunization Information Hotline.