# WHAT ARE THE COMMON SEXUALLY TRANSMITTED INFECTIONS (STIs)?

**This information was current at the time of printing. For the most up-to-date and complete information, consult with your health care provider.**



| STI | TRANSMISSION | SYMPTOMS | POSSIBLE COMPLICATIONS | TREATMENT | TESTING | PREVENTION |
|---|---|---|---|---|---|---|
| CHLAMYDIA<br>Pathogen: bacteria *(C. trachomatis)* | **Fluids**—contact with mucous membranes (cervix, urethra) and/or infected person's fluids (semen and secretions). Most common exposure through vaginal or anal sex. May be transmitted via oral sex. Chlamydia is not transmitted through casual contact with toilet seats or by hugging or shaking hands. A mother can transmit the infection to her baby during childbirth. | Many patients have no symptoms. If present, they may include: *Women*—pain or dull aching in lower abdomen, heavy feeling in pelvic area, pain with urination or intercourse, heavier menstrual flow, breakthrough bleeding, heavy cervical discharge. *Men*—urethral discharge, pain with urination, pain in scrotum (epididymitis). | In women: serious complications can occur if infection spreads to fallopian tubes, resulting in pelvic inflammatory disease (PID). May lead to infertility and a risk of tubal pregnancy and chronic pelvic pain. In men: if untreated, may lead to scarring of the urethra. May ascend and cause infection in the epididymis. | A number of commonly used antibiotics are effective. All partners within the last 60 days should be treated.<br><br>In some states, it is legal to treat partners without testing them. | Testing is conducted from a vaginal or cervical swab in women, a urine specimen in both men and women, and rectal swab when anal sex has occurred. A three month follow-up after a positive test result is recommended. Most repeat cases are due to re-infection, not failure of the antibiotic.<br><br>Annual screening is recommended for all sexually active women under the age of 25. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |
| GONORRHEA<br>Pathogen: bacteria *(N. gonorrhoeae)* | **Fluids**—contact with mucous membranes (cervix, urethra) and/or infected person's fluids (semen, secretions). Most common exposure through vaginal or anal sex. May be transmitted via oral sex. Not likely to be transmitted via casual contact such as kissing. A mother can transmit the infection to her baby during childbirth. | Similar to chlamydia for both women and men. Most men with gonorrhea will have symptoms such as pain during urination and unusual discharge from the urethra. The infection is often spread by those without symptoms or whose symptoms begin shortly after transmission. Women may not have any symptoms until complications such as PID arise.<br><br>Rectal infection may include itching, discharge, soreness, bleeding, or pain during bowel movements.<br><br>Throat infections may cause sore throat, but generally asymptomatic.<br><br>Co-infection with chlamydia is common. | Similar to chlamydia for both women and men. In rare cases, gonorrhea can spread to the blood or joints and can be life-threatening. | A limited number of commonly used antibiotics are very effective. All partners within the last 60 days should be treated. Because the bacteria are becoming resistant to many antibiotics, a combination of two antibiotics is recommended, one of which is an injection. | Screening is not recommended except for high-risk individuals. For both men and women, screening tests and cultures are available.<br><br>Testing is conducted from a vaginal or cervical swab in women, a urine specimen in both men and women, and rectal swab when anal sex has occurred. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |
| SYPHILIS<br>Pathogen: bacteria *(T.pallidum)* | **Fluids and Contact**—direct contact with sores and through oral, anal, and vaginal sex. A mother can transmit the infection to her fetus/baby in the womb. | Occurs in three stages. *Primary*—painless ulcer. *Secondary*—rash, lymph node enlargement, spotty baldness. *Late/Latent*—vascular and neurological damage can occur | Late complications can include severe neurologic dysfunction, blindness, aortic aneurysm, and death. May also cause miscarriage. | Common antibiotics during the early stages. Very important that pregnant women with positive blood tests be treated to prevent congenital syphilis. Must treat all sexual partners. | A microscopic examination can be done on early lesions only. Testing for syphilis can be done through a blood sample. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |

Information provided by American College Health Association

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| HEPATITIS A (HAV)<br>Pathogen: virus | **Contact**—most commonly transmitted through oral-genital, or oral-anal contact. Casual contact does not spread the virus. | Usually causes mild illness and is often mistaken for a stomach virus, although occasionally symptoms are more serious. Jaundice (yellowing of the skin and eyes), fatigue, abdominal pain, nausea, loss of appetite, and fever are common. | Rarely fatal and usually does not cause liver damage or the long-term, chronic symptoms that hepatitis B can cause. | Generally, none. All sexual partners should receive vaccine. It can take up to two weeks to develop antibodies to the virus. | A blood test is done to confirm infection with hepatitis A. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. Vaccination is available and recommended for persons at higher risk, including men who have sex with men. Vaccine may be combined with hepatitis B vaccine. |
| HEPATITIS B (HBV)<br>Pathogen: virus | **Fluids**—contact with mucous membranes (cervix, urethra, anal area) and/or infected person's fluids (semen, saliva, blood, secretions). Most common exposure through vaginal or anal sex. Casual contact considered to be safe. Health care workers at risk through scalpel cuts and needle sticks. A mother can transmit the virus to her baby during childbirth. | Usually no symptoms at first. If disease progresses, symptoms may occur—fatigue, nausea, and jaundice (yellowing of the skin and eyes) with dark urine. | Chronic liver disease occurs in about half of cases. Cirrhosis, liver cancer, liver failure, or death may result. | Generally, none. Sexual partners should receive vaccine. | A blood test is done to confirm infection with hepatitis B. | Vaccination of all adolescents and adults is highly recommended. Avoid contact with blood, needles, etc. Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |
| HEPATITIS C (HSV)<br>Pathogen: virus | **Blood**—usually transmitted through exposure to the blood of an infected person (e.g., through the use of needles for intravenous drug use). Sexual transmission does occur but is less common. | Usually no symptoms, but some will experience jaundice (yellowing of the skin and eyes). | About 75% of people develop chronic hepatitis C and may experience liver disease which can lead to cirrhosis (scarring of the liver). | Chronic hepatitis C is treated with antiviral medications. | A blood test is done to confirm infection with hepatitis C. | Do not share needles with other drug users. Always use clean needles. Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |
| HERPES SIMPLEX (HSV)<br>Types I and II<br>Pathogen: virus | **Contact**—direct skin-to-skin contact (hand-genital, genital-genital, oral-genital, or anal-genital). Can be transmitted through non-penetrative sexual contact. Transmission can occur in the absence of lesions. Can be transmitted by engaging in unprotected oral sex. A mother can transmit the virus to her baby during childbirth. | Genital lesions: single or multiple fluid-filled blisters typically appear in the anal-genital area and mouth. The blisters rupture, sometimes leaving painful open sores. Symptoms may also include a less well-defined rash or irritation or pain with urination. | Recurrent, sometimes painful outbreaks. Infants infected at or before birth may sustain severe neurological damage or death. People with HSV I and II infection have an increased risk of HIV acquisition. | Antiviral drugs are effective if taken early in the infection or continuously in a preventative regimen. Topical anesthetics may be helpful in reducing discomfort. Treatments can decrease the frequency and intensity of outbreaks, but the infection is incurable. | If sores are present, a culture can be taken and tested for the herpes virus. If no sores are present, a blood test can detect antibodies but is considered less accurate than a culture. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. Lesions may be present in uncovered areas so barrier methods offer limited protection. |

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| HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROME (HIV/AIDS)<br>Pathogen: virus | **Fluids**—contact with mucous membranes (cervix, urethra, anal area) and/or infected person's fluids (semen, saliva, blood, secretions). Most common exposure through anal or vaginal sex, and, though uncommon, oral sex. Another form of transmission is sharing needles during injection drug use. Health care workers are at risk through scalpel cuts and needle sticks. A mother with HIV can transmit the virus to her baby in the womb, during birth, or while breastfeeding. | Initial infection may be followed by flu-like symptoms about two weeks after infection. *Symptom-free*—few months to many years. *Early Symptoms* (fevers, shingles, yeast infections)—few months to several years. *AIDS* (opportunistic infections, cancers [Kaposi's sarcoma, lymphoma, cervical cancer], dementia, and other neurological symptoms)—few months to several years. | Signs and symptoms of AIDS. If untreated, may progress to death. Treatment of pregnant women with HIV greatly reduces the risk of mother-to-child transmission. | Antiviral medications and specific medications for complications. Early diagnosis and treatment offers the best outcomes. | Testing for HIV can be performed with a blood test or a mouth swab, detecting antibodies to the virus. If a person tests positive for these antibodies, the test is repeated and then followed up by a second test, called the Western Blot, for confirmation. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. Avoid contact with needles, and use only clean needles during injection drug use. Persons at increased risk should be screened regularly. |
| HUMAN PAPILLOMAVIRUS (HPV)<br>Pathogen: virus | **Contact**—direct skin-to-skin contact (hand-genital, genital-genital, anal-genital, or oral-genital). Can be transmitted via non-penetrative sexual contact. A mother can transmit the virus to her baby during childbirth. | Usually no symptoms. *Cervix*—Most cervical infections are invisible. Occasionally, cervical warts may be present. *External genitals and anus of men and women, and the vagina*—warts (flat or raised) can appear at the site of transmission. These are usually benign and do not cause any long-term complications. | Can cause cervical cancer in women. Can also cause cancers of the penis, anus, vulva, vagina, or oropharynx (back of the throat, including base of the tongue and tonsils). The types of HPV that can cause genital warts are not the same as the types that can cause cancer. Cervical cancer can be prevented by detection and treatment of pre-cancerous changes. | In most individuals, the virus is eventually cleared from the body without treatment within 2 years. Viral particles may remain latent after treatment. It Is unlikely that the presence of latent virus without lesions can result in transmission. Lesions can be eliminated. Many treatments are available for genital warts. The most expensive does not necessarily mean the best. Cervix—cryo (freezing), laser, and LEEP. External—cryo (freezing), laser, acid, podophyllin, and prescription cream. | A Pap test detects cellular changes on the cervix primarily caused by HPV. An abnormal Pap can be followed by a confirmatory test to determine whether the changes are caused by HPV. This protocol varies by health care provider. People who engage in receptive anal sex and oral sex may be at risk for HPV infection, and a Pap test/screening can be used to detect the HPV virus in the anus, mouth, or throat. Currently, there is no recommendations or guidelines for anal, mouth, or throat Paps in detecting HPV. Speak to your health care provider for more information. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. HPV can infect areas that are not covered by a condom. HPV vaccine is recommended by CDC for women ages 11-26 years, men ages 11-21, and men 26 years and younger who have sex with men or who are immunocompromised. Men aged 22 -26 years may also be vaccinated. |
| MOLLUSCUM CONTAGIOSUM<br>Pathogen: virus | **Contact**—direct skin-to-skin contact (hand-genital, genital-genital, anal-genital, or oral-genital). Lesions can open and transmit virus. Can be transmitted through non-penetrative sexual contact and touching a surface with the virus such as a towel, clothing, or toys. Can be spread to other parts of the body by touching bumps. | Small, round, raised lesions with a shiny surface and white discharge, located on genital skin and also thighs or abdomen. May itch. | Secondary bacterial infection. | Cryo (freezing), laser, scraping, chemicals. May spontaneously resolve. | No practical testing available—a diagnosis is made through visual inspection. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. Lesions may be present in uncovered areas, so barrier methods offer limited protection. |

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| TRICHOMONIASIS<br>Pathogen:<br>protozoan parasite<br>*(T. vaginalis)* | **Fluids**—contact with mucous membranes and/or infected person's fluids (vaginal or semen). Transmitted through vaginal sex. | Often no symptoms. Women may notice increased vaginal discharge, odor, burning pain, or itching. Men may develop a discharge. | Usually none. Symptoms may persist and cause discomfort. | Appropriate antibiotics. Partners should be treated at the same time. | Testing is done through microscopic examination of fluids and using various tests and cultures. Screening not generally recommended. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |
| NONGONOCOCCAL URETHRITIS (NGU)<br>Pathogens: bacteria *(C. trochomatis, U. urealyticum, M. genitalium)* protozoan parasite /*T. vaginalis)* | **Fluids**—contact with mucous membranes (cervix, urethra) and/or infected person's fluids (semen, cervical secretions). Most common with exposure through vaginal or anal sex. May be transmitted via oral sex. Casual contact considered to be safe. | Symptoms usually appear only in men. Painful and frequent urination or discharge from the urethra. | Left untreated, can sometimes cause prostate infections or scarring of the urethra or epididymis. | Appropriate antibiotics. Partners should be treated at the same time. | A sample of fluid is taken via a swab from the urethra and tested. *C. trachomatis* can be detected through a urine test. | Barrier methods (latex, polyurethane, nitrile, or polyisoprene condoms or dams) reduce risk. |