



# Understanding Sexually Transmitted Infections



Contraception



Sexually Transmitted Infections



Pregnancy



Sexual Diversity



Women's Sexual Health



Adolescent Health



Teen Health



Sexual Well-Being

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DU CANADA

# Sexually Transmitted Infections

Toward effective prevention, diagnosis and treatment

## **Building awareness**

In Canada and around the world, the trend is clear: sexually transmitted infections (STIs) are on the rise.

One of the primary defenses in the fight against STIs is awareness. With the right information, individuals can make informed choices and better protect themselves and their partners.

## **Every case is different**

Many STIs are asymptomatic. Often, the only way to detect an infection is through screening.

Individuals who suspect they may have been infected should be encouraged to seek medical attention immediately, rather than waiting for the onset of visible symptoms.

# Sexually Transmitted Infections

Toward effective prevention, diagnosis and treatment

## **Informing your partner**

- Critical to prevent further spread of STIs and prevent complications.
- Current and previous partner(s) are to be made aware so they can seek medical attention, and treatment if needed.

## **Support is available**

- A health care provider can contact your partner(s) if you feel uncomfortable doing it yourself.
- This is done confidentially, meaning the patient's name is never revealed to notified partners.

# Sexually Transmitted Infections

Toward effective prevention, diagnosis and treatment

## Precautions

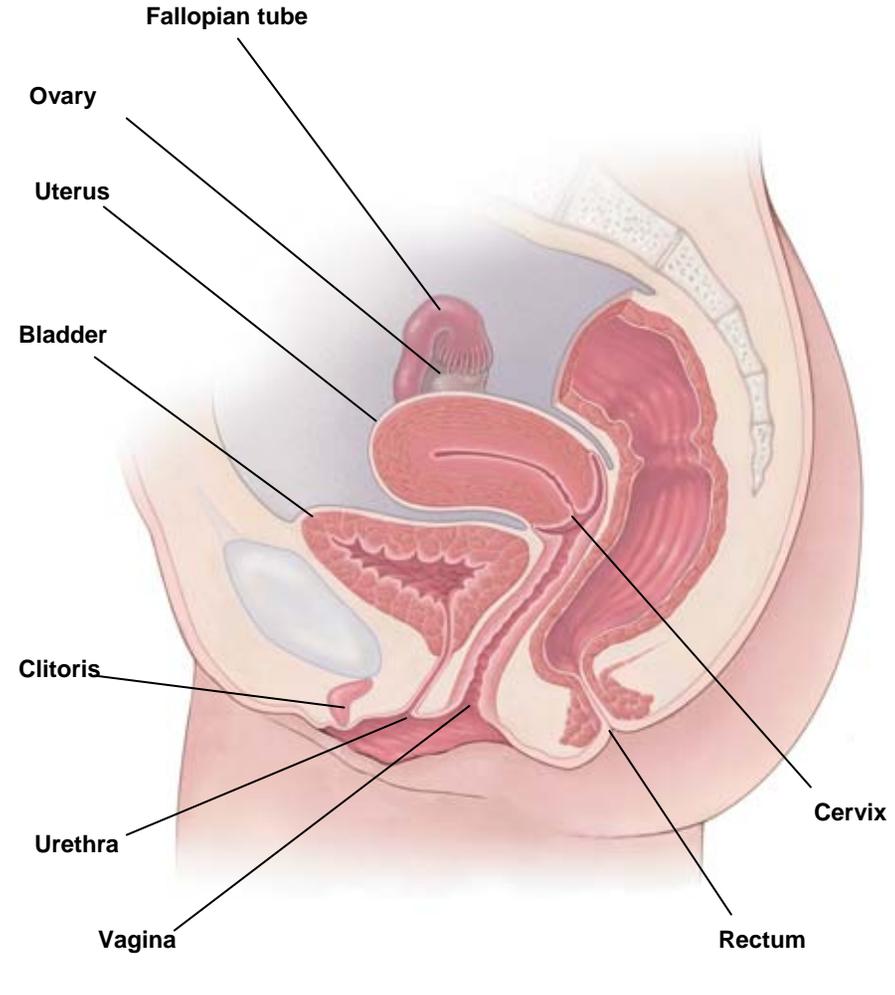
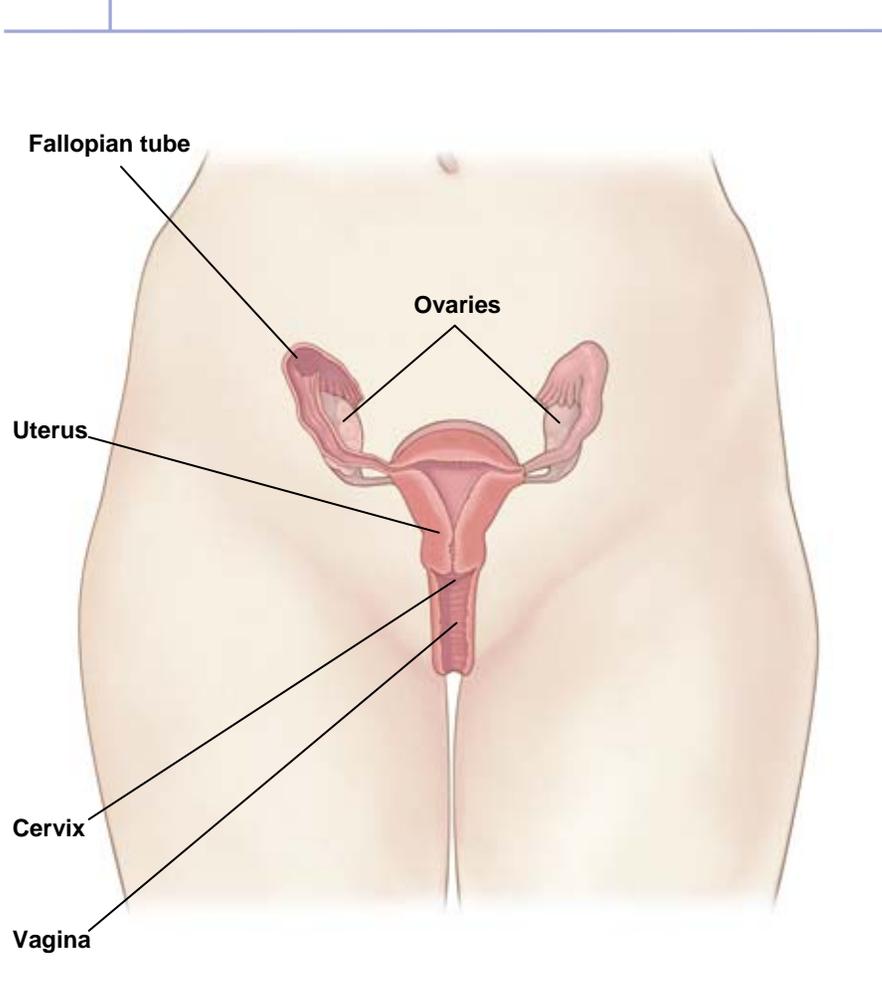
It is recommended that infected individuals and their sexual partner(s) abstain from sexual activity until:

- treatment is complete (for treatable STIs)
- symptoms have subsided
- the infection is cured (for curable STIs, confirmed through follow-up testing, as appropriate).

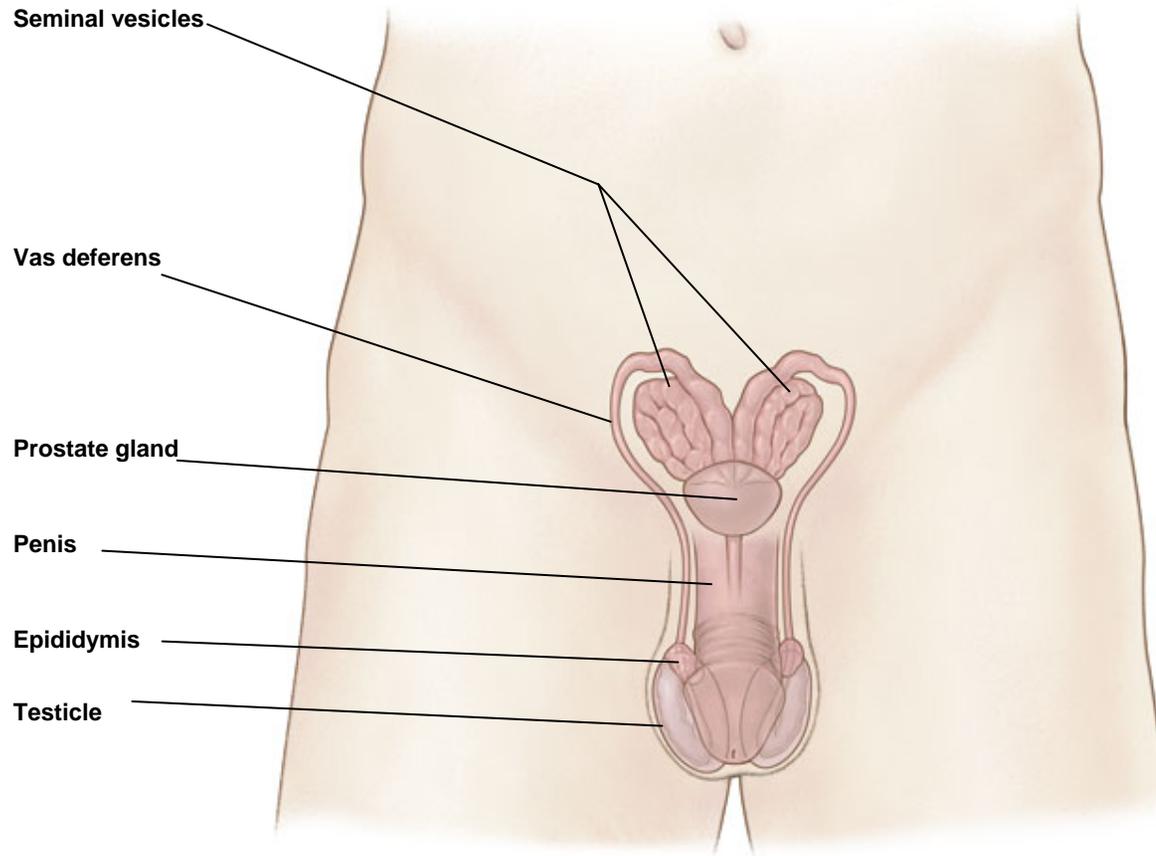
In the case of viral STIs, a health care provider can offer safer-sex and risk-reduction tips to prevent transmission.

Condoms are important to reduce the risk of transmission, even if other methods of birth control are being used to prevent pregnancy.

# Female Reproductive System



## Male Reproductive System



## Chlamydia

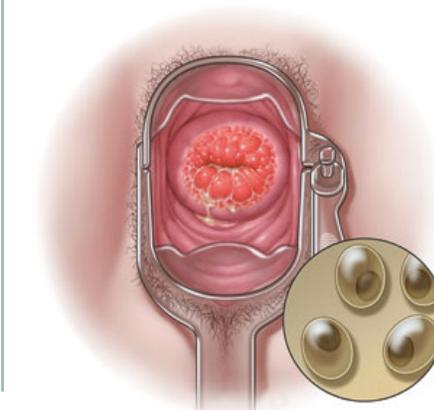
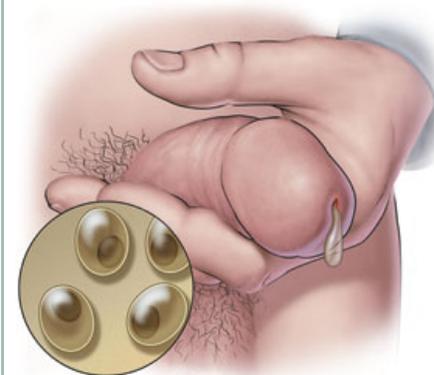
An often-asymptomatic infection  
That can lead to reproductive complications

### What is it?

- The most common bacterial sexually transmitted infection
- Greatest number of infections found in people 15 to 24 years old
- Can affect the cervix and urethra, and occasionally the rectum, throat, and eye

### How is chlamydia transmitted?

- Chlamydia can be spread through unprotected oral, vaginal or anal sex with an infected partner
- Penetration and ejaculation are not required for transmission
- It can be passed from an infected mother to her infant during birth, causing lung and/or eye infections



# Chlamydia

## What are the signs and symptoms?

- Many infected individuals have no symptoms.
- Symptoms may occur from two to six weeks after initial exposure to the bacteria.

### Female

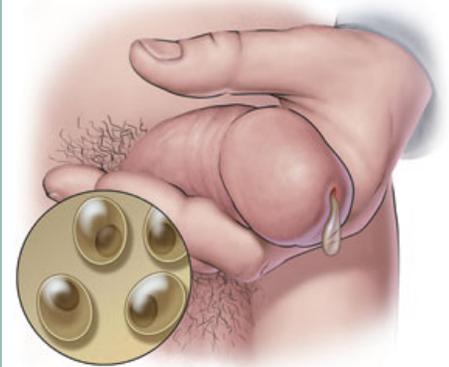
- vaginal discharge
- painful urination
- lower abdominal pain
- vaginal bleeding after intercourse or between menstrual periods
- pain during intercourse
- eye or rectal infection (rarely)

### Male

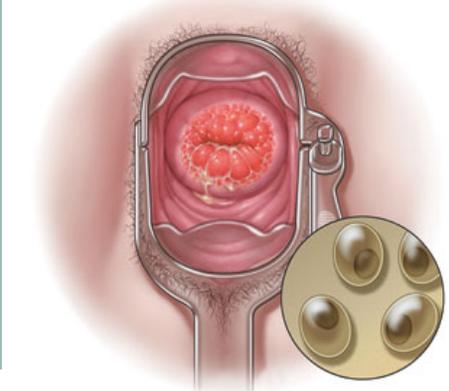
- clear, watery or milky urethral discharge
- itchy urethra
- painful urination
- testicular pain
- eye or rectal infection (rarely)

### Chlamydia:

Clear or milky urethral discharge may be a symptom of chlamydia in men.



Although chlamydia is usually asymptomatic in women, it may present with inflammation of the cervix.



## Chlamydia

### Considerations and possible complications

- Chlamydia is often associated with other undetected or untreated infections
- Individuals infected with chlamydia are at increased risk of contracting and transmitting HIV

#### Female

- Infection spreading to the uterus and fallopian tubes (pelvic inflammatory disease)
- Risk of ectopic pregnancy
- Infertility
- Chronic pelvic pain
- Rashes, sores and joint pain

#### Male

- Inflammation of the testicles, prostate and scrotum
- Rashes, sores and joint pain
- Infertility (in rare cases)

## Gonorrhea

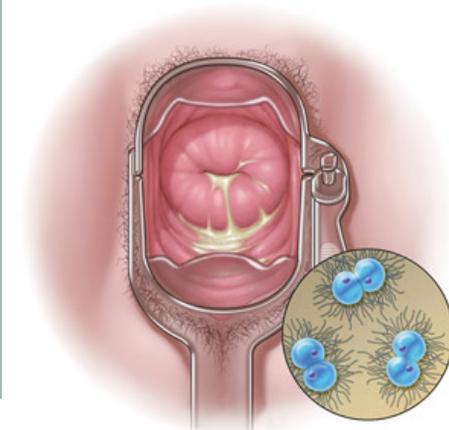
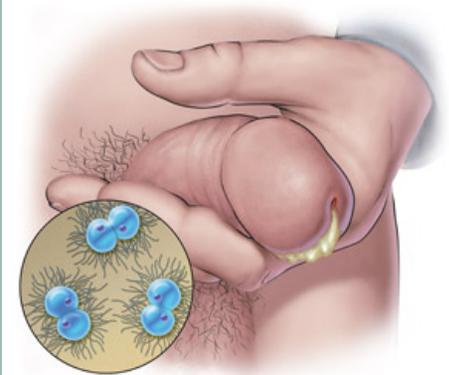
An often-asymptomatic infection  
That can lead to reproductive complications

### What is it?

- The second most common bacterial STI
- Two-thirds of reported cases in Canada are in men
- Most common in individuals 15 to 29 years
- Can affect the cervix, urethra, rectum, throat, and occasionally the eyes
- Often occurs as a co-infection with chlamydia

### How is gonorrhea transmitted?

- Gonorrhea can be spread through unprotected oral, vaginal or anal sex with an infected partner
- Penetration and ejaculation are not required for transmission.
- It can be passed from an infected mother to her infant during birth, causing an eye infection.



## Gonorrhea

### What are the signs and symptoms?

#### Female

Women are most often asymptomatic. Those that do exhibit symptoms may experience:

- Increased vaginal discharge
- Painful urination
- Lower abdominal pain
- Vaginal bleeding after intercourse or between menstrual periods
- Pain during intercourse
- Rectal pain, discharge or itching

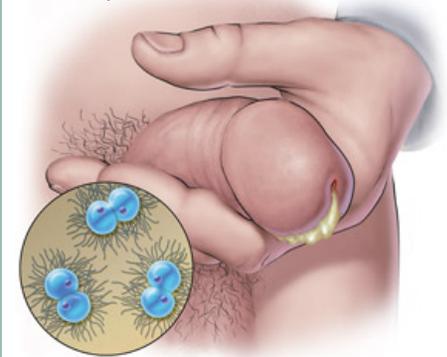
#### Male

Most men develop symptoms within two to seven days of infection:

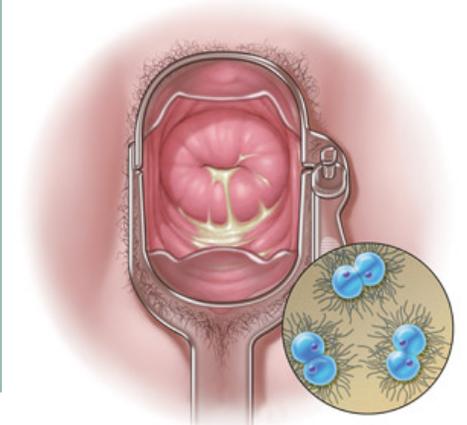
- Thick, yellowish-green discharge from penis
- Painful urination
- Testicular pain or swelling
- Rectal pain, discharge or itching

#### Gonorrhea:

Yellowish-greenish discharge from the penis may develop in men within two to seven days of infection.



Infected women who develop symptoms may notice an increase in vaginal discharge.



## Gonorrhoea

### Considerations and possible complications

- Gonorrhoea is often associated with other undetected or untreated infections
- Individuals infected with gonorrhoea are at increased risk of contracting and transmitting HIV

#### Female

- Infection spreading to the uterus and fallopian tubes (pelvic inflammatory disease)
- Chronic pelvic pain
- Infertility
- Risk of ectopic pregnancy
- Systemic gonococcal infection

#### Male

- Inflammation of the testicles
- Rashes, sores and joint pain
- Infertility (in rare cases)
- Systemic gonococcal infection

## Syphilis

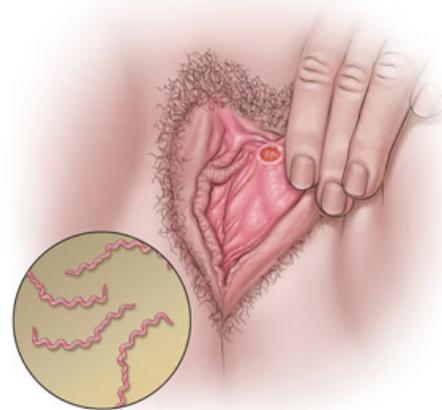
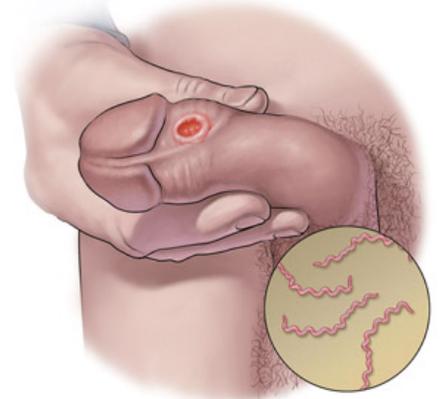
A staged STI once considered rare in Canada, but now on the rise

### What is it?

- An infection sometimes called the great imitator because symptoms mirror those of some common medical conditions
- Progresses in stages
- Infectious in the first year after contraction

### How is syphilis transmitted?

- Through oral, vaginal or anal sex with an infected partner
- Through direct contact with bacteria contained in syphilitic sores or rashes
- In rare cases, from sharing unclean needles or receiving a blood transfusion
- From an infected mother to her fetus, which can result in fetal death or congenital syphilis (causing birth defects)



# Syphilis

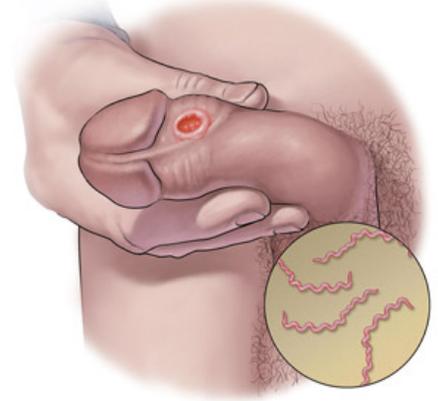
## What are the signs and symptoms of infectious syphilis?

### Primary syphilis

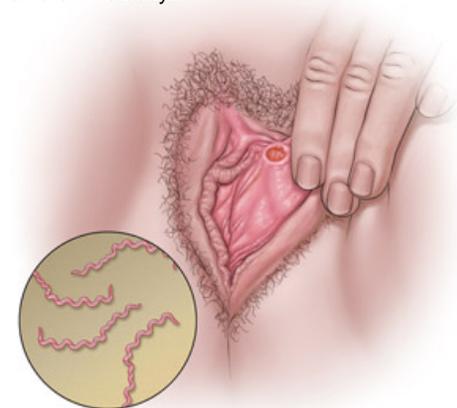
- Three days to three months after exposure, infected individuals develop a small painless sore called a chancre.
- The sore appears where the bacteria entered the body (e.g. external genitalia, on the cervix, in the vagina, under the foreskin, in the anus, mouth or throat).
- The chancre is painless and can be missed easily; while it heals on its own without treatment, the infection remains.

### Syphilis:

The first sign of syphilis in men is often a small, painless sore (chancre) on the penis.



The chancre sore appears where the bacteria entered the body.



## Syphilis

### **Secondary syphilis**

A person may develop a range of symptoms from two to 24 weeks after exposure, most commonly:

- A general feeling of being unwell
- A rash anywhere on the body but classically on the palms of the hands or soles of the feet
- Patchy hair loss
- Flat, smooth warts in the genital area (not the same as those caused by HPV)

### **Early latent syphilis**

Is generally asymptomatic, but for the first year after infection lesions or rashes of primary or secondary syphilis can recur and the infection can be transmitted.

## Syphilis

### Considerations and possible complications

- Syphilis increases the risk of transmitting or becoming infected with HIV
- Response to treatment must be monitored over time to ensure effectiveness, especially in HIV-infected individuals
- In individuals with HIV co-infection, symptoms may be modified. A longer course of treatment and closer follow-up post-treatment may be required

Untreated syphilis may lead to *tertiary syphilis*, which can damage:

- The cardiovascular system (heart and blood vessels)
- The neurological system
- Other major organs of the body

Complications of tertiary syphilis may lead to death.

## Genital Herpes

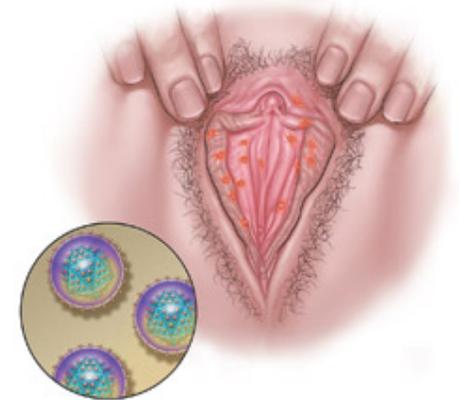
A very common viral infection that can cause genital and anal sores

### What is it?

- Herpes simplex virus (two types: HSV-1, traditionally associated with cold sores, and HSV-2, traditionally associated with anogenital herpes)
- May cause a single outbreak or recurrences over time

Recurrences may be triggered by:

- The menstrual cycle in women
- Emotional stress
- Illness (especially fever)
- Sexual intercourse
- Surgery
- Exposure to sun (including tanning beds)
- Use of certain medications



## Genital Herpes

### How is genital herpes transmitted?

- Through direct vaginal, oral or anal sexual contact with an infected partner
- By receiving oral sex from a partner with a history of cold sores
- Through asymptomatic shedding (transmission of the virus when there are no symptoms or lesions)
- From an infected woman to her infant during pregnancy or birth
- Less commonly through fomite transmission—contact with contaminated objects such as towels

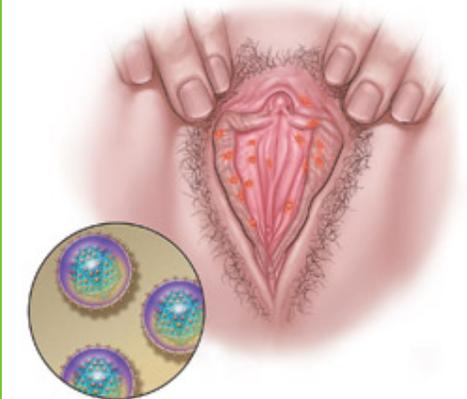
Condoms have limited effectiveness at preventing infection as they do not cover the entire genital area.

#### Genital herpes:

During a herpes outbreak, blister-like sores often occur, surrounded by redness and inflammation.



Herpes sores may develop on the vulva.



## Genital Herpes

### What are the signs and symptoms?

- Not all infected people develop symptoms
- Symptoms may emerge two to 21 days after initial infection; usually after six
- Prior to an outbreak, the infected person may feel a tingling or burning sensation where the virus first entered the skin or—in the case of a recurrence—where there were lesions

During an outbreak:

- Painful sores (external or internal)
- Inflammation and redness
- Fever
- Muscular pain
- Tender lymph nodes

An outbreak resolves in 17 days for men and 23 days for women, on average.

### Atypical signs and symptoms (without lesions)

- Genital pain, urethritis, aseptic meningitis or cervicitis.

### Possible complications

- Increased risk of transmitting or becoming infected with HIV

## Genital Herpes

### Considerations

- Avoid sexual activity from the start of burning/tingling symptoms until all lesions have completely healed
- Pay attention to personal hygiene to avoid fomite transmission
- Be aware of the potential for recurrences; watch for signs and symptoms as they may not be obvious
- Condoms and drug therapy can reduce but not eliminate the risk of transmission
- Though chronic in nature, herpes is a manageable infection. Counselling may be useful to help with relationship issues
- Advise your ob/gyn of your history of infection; precautions can be taken during pregnancy and delivery to minimize risk of transmission to the baby

## Hepatitis B

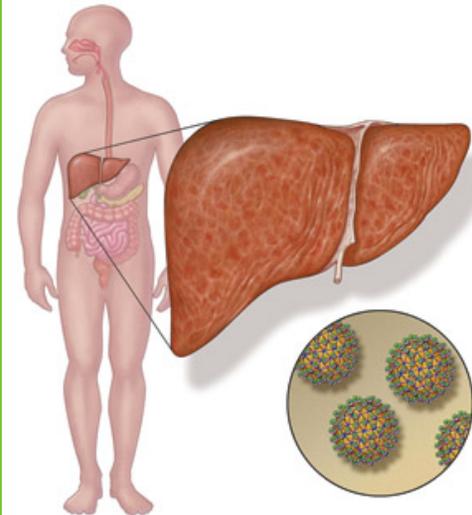
A vaccine-preventable viral infection that affects the liver

### What is it?

- A virus that affects the liver
- A virus found in blood and body fluids including the vaginal secretions, semen, breast milk and saliva of infected individuals
- Most infected people (90%) naturally produce antibodies to fight the disease, but some develop chronic hepatitis B; they carry the virus all their lives and are infectious for life
- Chronic infection can significantly damage the liver
- Most common in developing countries

### How is hepatitis B transmitted?

- Through anal, vaginal or oral sex with an infected person
- Through exposure to infected blood or blood products (e.g. injection drug use with shared equipment, accidental exposure, needlestick)
- Occasionally from contact with shared household items (such as toothbrushes or razors)
- During childbirth (transmission from mother to infant)



## Hepatitis B

### What are the signs and symptoms?

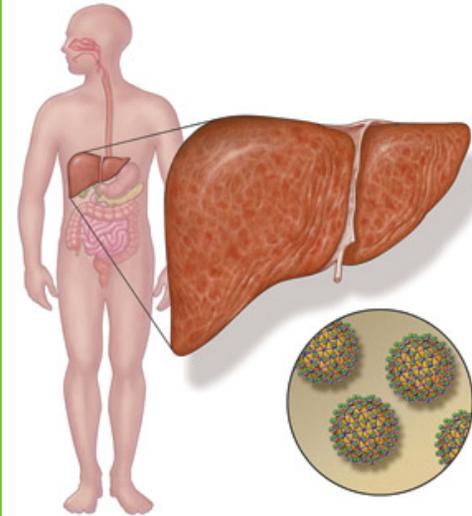
In up to 50% of people, there are no outward signs of infection.

Up to eight weeks after exposure to the virus, some people experience flu-like symptoms including:

- Tiredness
- Nausea and vomiting
- Decreased appetite
- A rash
- Joint pain
- Yellowing of the eyes and skin (in rare cases)

#### Hepatitis B:

People with chronic hepatitis B are at risk of suffering progressive liver disease and liver cancer.



## Hepatitis B

### Considerations and possible complications

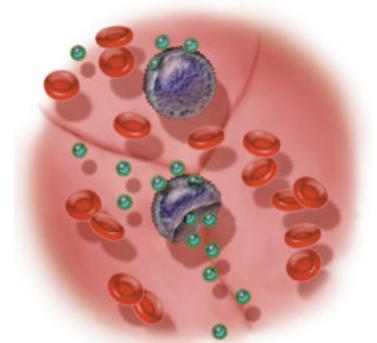
- All sexual and household contacts of people with hepatitis B should be advised to be vaccinated to prevent infection
- Chronic hepatitis B can lead to severe liver damage including cirrhosis (scarring of the liver) and cancer
- Individuals who develop chronic hepatitis B infection require liver-function monitoring and may benefit from treatment with interferon or an anti-viral medication
- Babies born to mothers with hepatitis B are at a high risk of becoming chronic carriers. They should receive an injection of antibodies immediately after birth, followed by the vaccine

## HIV (Human Immunodeficiency Virus)

A virus that attacks the body's immune system, leaving infected individuals unable to ward off other illnesses

### What is it?

- Virus that destroys cells critical to a person's immune system, robbing the body of its ability to fight other infections and illnesses.
- Weakens the immune system over time (months to years) until other infections occur and Acquired Immunodeficiency Syndrome or AIDS (the fatal stage of HIV infection) develops



## HIV (Human Immunodeficiency Virus)

### How is HIV transmitted?

When the body fluids of an infected person (blood, semen, pre-semen, vaginal secretions, breast milk) enter the blood stream of another individual—specifically, from:

- Unprotected vaginal, oral or anal sex
- Use of contaminated sex toys
- Shared needles or other drug equipment (i.e. water, cookers, crack pipes)
- HIV-infected blood or blood products
- Household items such as toothbrushes and razors that have touched infected blood
- Transmission during pregnancy, childbirth or breastfeeding (transmission from mother to child)
- HIV cannot be transmitted by mosquitoes or other insects that have made contact with infected blood, nor can it be transmitted through saliva, sweat, tears, urine or feces of infected individuals, unless blood is present.

## HIV (Human Immunodeficiency Virus)

### What are the signs and symptoms?

Two to four weeks after exposure, some infected individuals may experience mild flu-like symptoms that last a few weeks then disappear.

For most people, symptoms don't emerge until years after exposure. Once the immune system is weakened, the following may develop:

- Frequent fever or sweats
- Joint or muscle pain
- Persistent skin rashes
- Swollen glands
- Sore throat
- Fatigue or lack of energy
- Headaches
- Rapid, unexplained weight loss
- Nausea, vomiting, or diarrhea

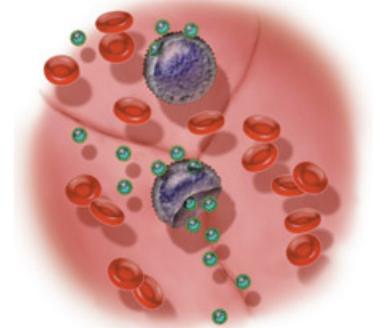
A blood test to check for HIV antibodies is the only way to detect HIV infection. It may take up to three months for an infection to be detectable. Anyone at high risk who tests negative initially should retest three months later for certainty.

#### HIV:

An individual who is diagnosed with HIV requires regular medical consultation.



HIV destroys cells critical to the immune system, leaving carriers susceptible to other infections.



## HIV (Human Immunodeficiency Virus)

### Considerations and possible complications

Once AIDS has set in, other afflictions may occur such as:

- Infections: pneumocystis jiroveci (previously known as PCP), cytomegalovirus (CMV) causing loss of vision, candidiasis (esophageal, lungs, bronchial, vaginal), mycobacterium avium complex, mycobacterium tuberculosis
- Cancers: cervical, anal, kaposi sarcoma and lymphoma
- Increased frequency or severity of herpes outbreaks
- Conditions affecting the brain including toxoplasmosis
- Chronic intestinal disturbances

In Canada, it is estimated that 27% of people with HIV do not know they are infected and risk transmitting the virus to others.

Partner notification is important; infected individuals should seek guidance from their healthcare providers.

## HPV (Human Papillomavirus)

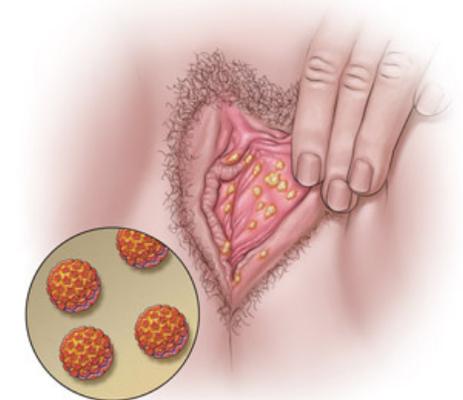
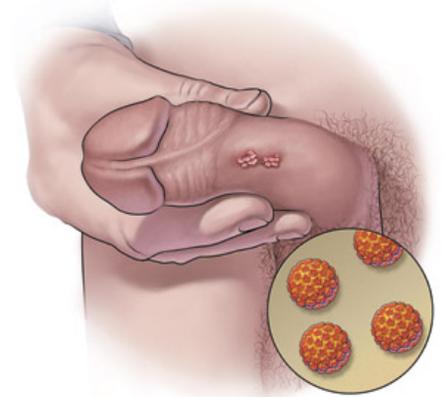
A very common viral infection that can cause anogenital warts and cervical cancer

### What is it?

- One of the most common sexually transmitted infections
- There are over 100 types of HPV; 40 can cause anogenital infection
- It is estimated that 75% of the adult population will have at least one HPV infection during their lifetime
- Low-risk HPV types cause anogenital warts and other benign lesions
- High-risk HPV types are associated with cancer (mainly of the cervix)
- Vaccination is available to prevent certain types of HPV
- Most HPV infections clear on their own within one to two years

### How is HPV transmitted?

- Through direct sexual contact—primarily vaginal and anal sex, but oral sex is also a risk
- Other sexual activity with intimate contact (genital rubbing or activity causing friction)
- To an infant during delivery (rare)



## HPV (Human Papillomavirus)

### What are the signs and symptoms?

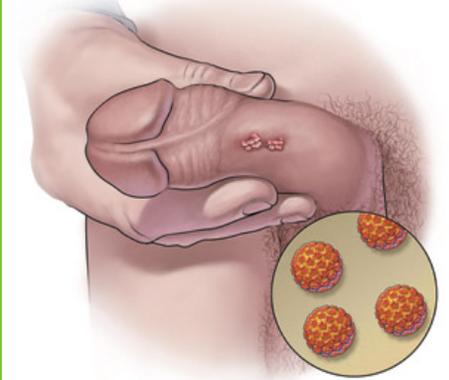
- Many individuals infected with low-risk types have no symptoms (do not develop visible warts or lesions)
- In some people, anogenital warts develop within one to eight months on the vulva, cervix, penis, scrotum, anus or in the urethra. These can be small, soft, flesh-coloured growths, with a cauliflower-like appearance
- The size and number of warts may change over time; eventually most will clear
- During pregnancy, warts may increase in size and number then regress/resolve after delivery

Other symptoms may include:

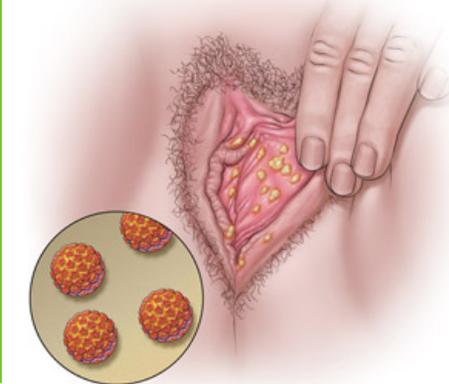
- Itchiness
- Discomfort during intercourse
- Bleeding with intercourse

#### HPV:

Men with HPV may develop warts on the penis—small, flesh-coloured growths cauliflower-like in appearance.



Genital warts may appear on the vulva within one to eight months of infection.



## HPV (Human Papillomavirus)

### Possible complications

- Genital wart recurrences—common even with treatment
- Cervical, vulvar, vaginal, anal, penile and other cancers
- Obstruction of the urethra or vaginal opening
- Depression and sexual dysfunction in chronic cases

### Considerations

- Specialist referral is required for atypical and/or non-healing warts
- Counselling may be useful to help with relationship issues that may arise from the complex nature of the infection

## Candidiasis (Yeast Infection)

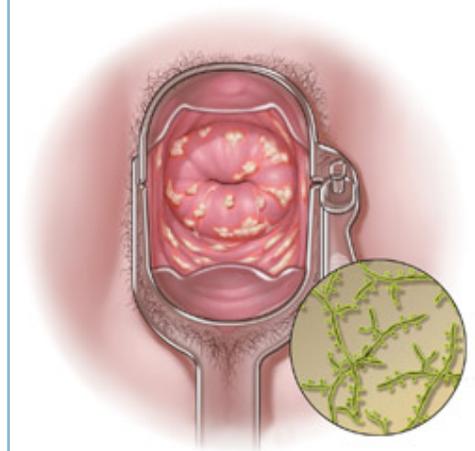
A common fungal infection caused by overgrowth of the naturally occurring yeast *Candida*

### What is it?

- 75% of women develop vaginal candidiasis at least once in their lifetime
- *Candida* can also affect the mouth, esophagus, skin or blood.
- Yeast is normally found in a woman's vagina. When the fungus begins to grow in excess, it may develop into candidiasis.

### Causes of overgrowth include:

- Pregnancy
- Recent or current use of antibiotics and certain other prescription medications
- Sexual activity
- Poorly controlled diabetes
- A weakened immune system
- Genital moisture retention caused by tight-fitting clothing



## Candidiasis (Yeast Infection)

### **How is a yeast infection transmitted?**

While yeast infection can be transmitted sexually, it is not generally considered an STI.

Men sometimes develop signs of a yeast infection on the head (glans) of the penis after having intercourse with a woman with vaginal candidiasis. (She may have no symptoms.)

## Candidiasis (Yeast Infection)

### What are the signs and symptoms?

#### Female

Women with vaginal candidiasis may experience:

- Vaginal itching
- Swollen or red vulva and vagina
- Thick white, clumpy discharge resembling cottage cheese
- Burning of the external genitalia on urination
- Pain with intercourse due to vaginal dryness and irritation of the vulva

#### Male

Men with an infection of the penis may develop balanitis (inflammation of the head of the penis) and may experience:

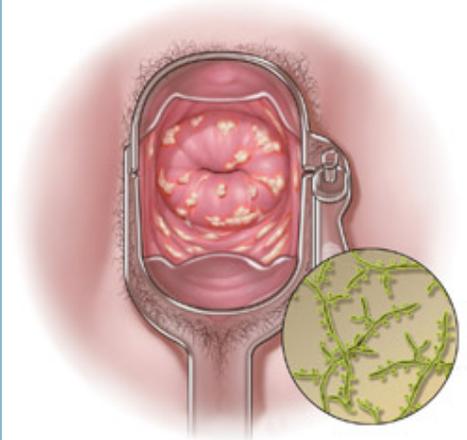
- Itching
- Red dots on the tip of the penis
- Dry peeling skin
- Burning on urination (occasionally)

### Considerations and possible complications

- Yeast infections can increase the risk of acquiring and transmitting HIV

#### Candidiasis:

Women with candidiasis may experience swelling in the vulva or vagina accompanied by discharge resembling cottage cheese.



## Pubic Lice

### Infections caused by parasitic infestations

#### What are pubic lice?

- Tiny crab-like insects that nest in pubic hair; also found in chest, armpit and facial hair, eyebrows and eyelashes
- Adult insects bite and feed on the blood of their host and lay small eggs (nits) that attach to the shaft of the hair

#### How are pubic lice transmitted?

- Transmission occurs primarily during intimate sexual and non-sexual contact
- Pubic lice can live for one to two days in the bedding, towels and clothes of an infected individual. These items can be a source of transmission



## Pubic Lice

### What are the signs and symptoms?

Pubic lice and nits are small and can be difficult to spot. Infected individuals may experience:

- Skin irritation and inflammation accompanied by itchiness and redness
- Small blue spots on the skin where lice have bitten
- Louse feces (fine black particles) in the infected person's undergarments

### Considerations and possible complications

- Persistent scratching of irritated skin can cause a secondary bacterial infection
- All sexual partners who have had contact with the infected person in the month before diagnosis should be treated to help prevent reinfestation
- Clothes, bedding and other possible contaminated items should be washed or drycleaned, or bagged for a week. Items that cannot be washed or bagged should be vacuumed

#### Pubic lice:

The insects bite their host to feed on blood.



## Scabies

### Infections caused by parasitic infestations

#### What are scabies?

- Parasitic mites that burrow below the surface of the skin
- Eggs laid under the skin hatch; larvae move to new areas and spread infection
- Mites prefer warm zones (folds of skin on elbows, wrists, buttocks, knees, shoulder blades, waist, breasts and penis, between the fingers and under nails)

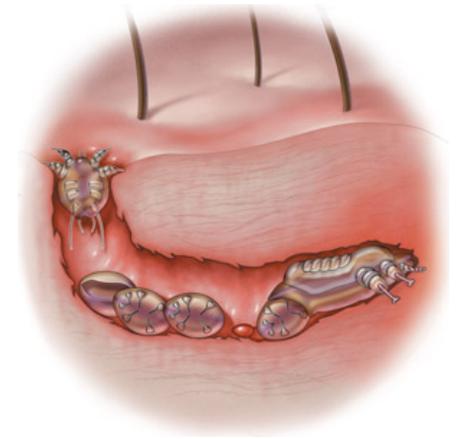
#### How are scabies transmitted?

- Through close contact—sexual or non-sexual
- Scabies can live for three days on clothing, towels and bedding; these can be a source of transmission

#### What are the signs and symptoms?

Within three to four weeks of infestation:

- Intense itchiness, especially at nighttime
- Reddish rash (on fingers, wrists, armpits, waist, nipples, penis)
- With recurrences, the same symptoms occur but more rapidly (within hours to days of a re-infestation)



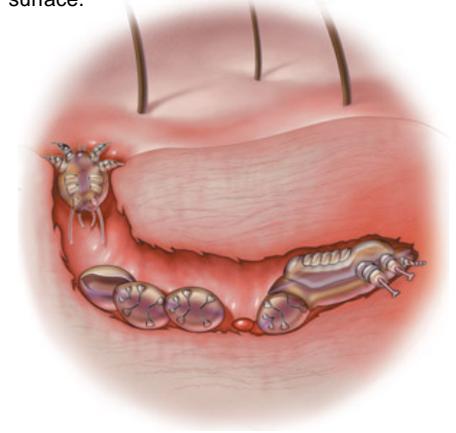
## Scabies

### Considerations and possible complications

- Persistent scratching of irritated skin can cause a secondary bacterial infection
- All household contacts and recent sexual partners within the past month should be treated to prevent re-infestation
- Clothes, bedding and other possible contaminated items should be washed or drycleaned, or bagged for three days to one week. Items that cannot be washed or bagged should be vacuumed
- Severe infections are commonly seen in people with compromised immune systems: the skin can become scaly or crusty, requiring more complex and aggressive treatment

#### Scabies:

Parasitic mites burrow below the skin's surface.



## Trichomoniasis

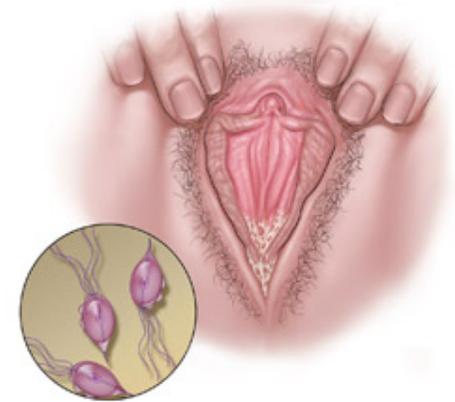
A sexually transmitted parasitic infection commonly referred to as *trich*

### What is it?

An infection caused by *Trichomonas vaginalis*, a microscopic, single-celled organism that can be found in the urethra, bladder, vagina, cervix, or under the foreskin.

### How is trichomoniasis transmitted?

- Through unprotected sexual activity, including mutual masturbation and sharing of sex toys



## Trichomoniasis

### What are the signs and symptoms?

#### Female

About half of infected women show signs of infection including:

- off-white or yellowish-green frothy vaginal discharge
- sore or itchy vagina
- pain during intercourse or urination

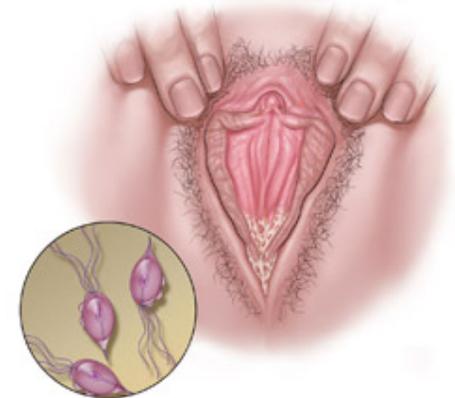
#### Male

Trichomoniasis infections tend to be asymptomatic in men. When symptoms occur, they can include:

- irritation or redness at the urethral opening
- burning during urination or ejaculation

#### Trichomoniasis:

Half of infected women develop symptoms, including yellowish-green frothy vaginal discharge.



## Trichomoniasis

### Considerations and possible complications

- Trichomoniasis infections can increase the risk of acquiring and transmitting HIV
- Trich may occur in conjunction with other STIs, such as gonorrhea, chlamydia, syphilis, HIV and hepatitis B
- In pregnancy, trichomoniasis infection may increase the risk of pre-term delivery and low birth weight

## Importance and Timing

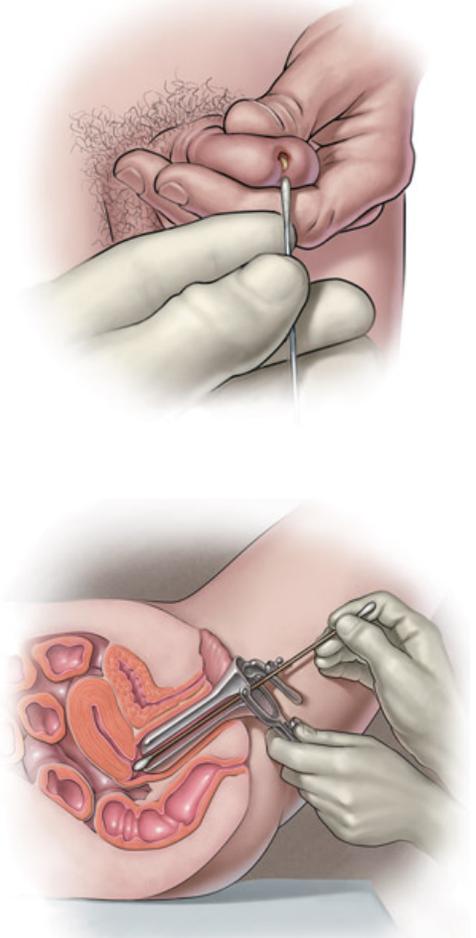
The early detection and treatment of STIs is critical to prevent further spread of infections

### Decreasing the risks

Early identification and treatment of an STI can help decrease the possibility of complications, both for an infected individual and their sexual partner(s).

This is especially true for women, as undetected and untreated infections can lead to:

- pelvic inflammatory disease
- ectopic pregnancy
- chronic pelvic pain and;
- infertility.



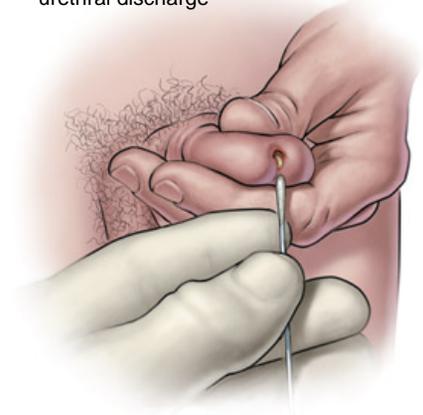
## Importance and Timing

### When to get tested

- Individuals who suspect they may have contracted an STI should ask for guidance about when to get tested.
- Regardless of symptoms, at-risk individuals should be screened regularly.
- Visible symptoms should not be the only reason for testing, as many infections are asymptomatic. If symptoms are not present or a person is infectious before symptoms appear, the infection can be unknowingly passed on to others.
- At the start of any new sexual relationship, it is a good idea for both partners to get assessed and screened for infections.
- Suspicion or diagnosis of an STI should prompt testing for other STIs if not already done.

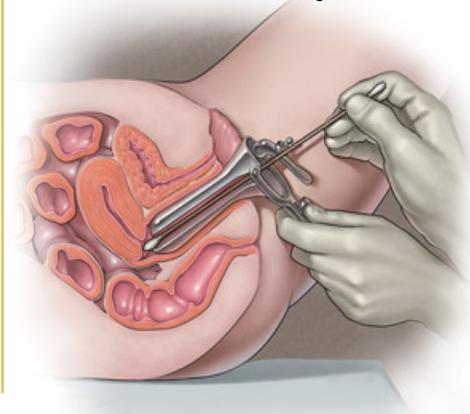
#### Testing men:

A penile exam using a swab to collect urethral discharge



#### Testing women:

A pelvic exam using a speculum to take swabs from the cervix and vagina



## Diagnosing Sexually Transmitted Infections

### The main methods of testing/screening are:

1. Swab from the urethra, cervix, vagina, anus or throat
2. Urine test
3. Blood test

Approaches differ by infection and gender, and vary across the country.

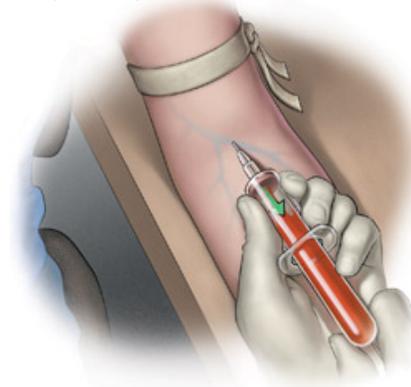
#### Urine sample:

For testing of certain STIs, a urine sample may be requested.



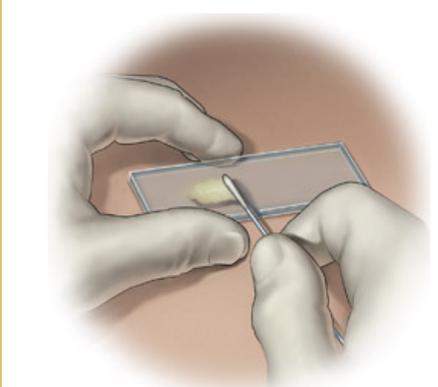
#### Blood test:

For testing of some STIs, a blood sample is required.



#### Smear:

Cervical and urethral samples may be used to prepare a smear for testing.



## Diagnosing Sexually Transmitted Infections

STI	Diagnostic Method
<b>Bacterial</b>	
Chlamydia	Swab from the infected area. Urine sample for men; urine sample for women where available, when a pelvic exam is not done or indicated
Gonorrhea	Swab from the infected area or a urine sample in cases where a swab is not an option
Syphilis	Blood sample and/or swab from the sore
<b>Viral</b>	
Genital Herpes	Swab from sore(s) and/or a blood test (currently not widely available)
HPV*	Physical exam for visible warts Pap test to detect abnormal cells in the cervix
Hepatitis B	Blood test
HIV	Blood test
<b>Parasitic/Fungal</b>	
Trichomoniasis	Physical examination and vaginal swab
Lice/Crabs/Scabies	Examination of skin and hair
Yeast Infection	Physical examination and vaginal swab

\* Individuals infected with high-risk HPV types usually have no noticeable symptoms even though the virus may be causing changes at a cellular level. Currently, cervical cancer screening (primarily the Pap smear) is used to detect cellular changes in the cervix that may progress to cancer if not found early and treated if necessary. In some regions, HPV DNA testing is available and used in conjunction with the Pap test in cervical cancer screening.

## Barrier Methods

Prevention approaches are important to decrease the transmission of STIs

### Male condom

- A sheath placed on an erect penis
- Prevents the exchange of fluids during intercourse or oral sex.
- Latex condoms offer protection against the transmission of many STIs.
- Polyurethane condoms are also highly effective, but are more prone to breakage.
- Condoms made from sheep membrane are not effective barriers.
- Condoms may not fully protect against herpes and HPV, as the viruses can be found in areas not protected by a condom.

#### Male condom:

A male condom prevents the exchange of fluids during intercourse.

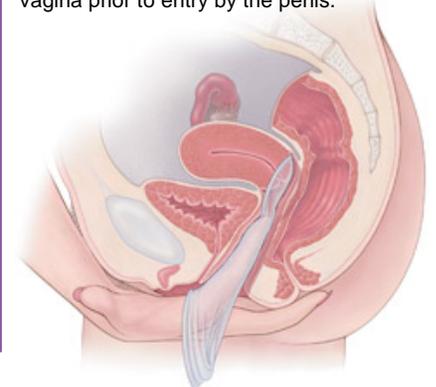


### Female condom

- A polyurethane sheath worn inside the vagina during sexual intercourse.
- It has two rings— an inner one at the closed end; and an outer ring that remains outside the vagina.
- It should not be used with a male condom.

#### Female condom:

The female condom is inserted into the vagina prior to entry by the penis.



## Barrier Methods

Prevention approaches are important to decrease the transmission of STIs

### Dental dam

- A thin square of latex that can be used as a shield during oral sex.
- Placed over a woman's vulva, acting as a barrier between her genitals and her partner's mouth.
- Can also be used as a barrier when oral sex is performed on a partner's anus.

Dams are for sale in some pharmacies and sexual-health clinics, but can also be made using a condom or a latex glove.

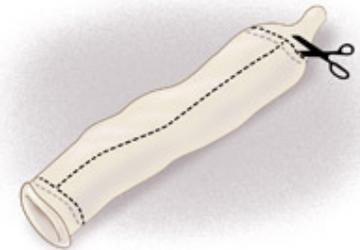
Simply:

- unroll the condom
- cut off the tip and base
- cut down the length of the tube
- unroll the condom into a rectangular sheet.

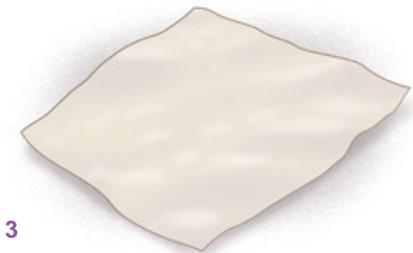
Cutting a condom to make a dental dam



1



2



3

## Treatment Summary

### Bacterial

#### Chlamydia

Uncomplicated genital infections can be treated with antibiotics taken as a single dose or over the course of one week.

Complicated chlamydial infections (i.e. PID, neonatal, epididymitis) usually require a longer course of treatment and may require hospitalization for treatment with IV antibiotics.

Sexual partner(s) who have had contact with an infected person within 60 days of diagnosis require testing and treatment. Abstinence from unprotected sexual intercourse until treatment is complete (7 days after a single dose treatment, or until all the medication is finished for a multiple dose treatment) is essential.

Anyone treated for chlamydia should be re-tested 6 months afterwards

#### Gonorrhea

Uncomplicated gonorrhea is treated with antibiotics. Gonorrhea bacteria are becoming more resistant to some medications, requiring follow-up for treated infections.

Complicated gonorrhea infections (i.e. PID, neonatal, disseminated) usually require a longer course of treatment and may require hospitalization for treatment with IV antibiotics.

Patients treated for gonorrhea should also be treated for chlamydia.

Sexual partner(s) who have had contact with an infected person within 60 days of diagnosis require testing and treatment. Abstinence from unprotected sexual intercourse until treatment is complete (7 days after a single dose treatment, or until all the medication is finished for a multiple dose treatment) is essential.

Anyone treated for gonorrhea should be re-tested 6 months afterwards.

#### Syphilis

People infected with syphilis are typically treated with injectable penicillin. Other antibiotics can be used in some cases, but close monitoring is required.

Sexual partners must be notified so they may seek medical attention.

- For primary syphilis: partners from 3 months prior to the onset of symptoms
- For secondary syphilis: partners from 6 months prior to the onset of symptoms
- For early latent syphilis: partners from 1 year prior to the diagnosis

Response to treatment needs to be monitored, therefore follow-up is required.

#### EXCEPTIONS

Pregnant and lactating women with STIs may require different forms of treatment to prevent harm to their fetus or newborn.

## Treatment Summary

### Viral

#### Genital Herpes

Antiviral medications—acyclovir, famciclovir and valacyclovir—to be started as early as possible following the onset of symptoms.

Suppressive therapy can be considered for patients with frequent outbreaks (six or more times per year).

Other considerations for management during an outbreak:

- Pain relievers and laxatives
- Hospitalization, should urine retention become a problem

#### HPV (Human Papillomavirus)

There is currently no cure for women and men infected with the virus. Vaccination is available to prevent certain types of HPV.

Depending on their size, number and location, genital warts can be treated using several different options, for example: strong acids and chemicals, topical cream, liquid nitrogen, electric currents or laser therapy. Although partner notification is not required, patients are encouraged to notify their partners that they have had genital warts or an abnormal Pap smear.

#### Hepatitis B

There is no cure for hepatitis B, but a vaccine to prevent the infection is available.

Most individuals recover fully within about six months.

Individuals who are acutely infected with hepatitis B should abstain from sexual activity until their partner(s) have been screened and immunized if needed. Household contacts should also be screened and immunized if needed. If an individual is exposed, an injection of antibodies may be given (up to 7 days after a needlestick injury and up to 14 days after sexual contact), followed by the hepatitis B vaccine to help prevent infection. Infants born to infected mothers should receive an injection of antibodies immediately after birth followed by the vaccine within 12 hours. Individuals with acute infections usually do not need antiviral medications. Those who develop chronic hepatitis B require monitoring of their liver function and may benefit from treatment with interferon or an anti-viral medication.

#### HIV (Human Immunodeficiency Virus)

No cure exists for HIV/AIDS. Treatments are continually evolving, helping people living with HIV/AIDS control the virus and its symptoms.

Anti-retroviral therapy (ART) helps slow the progression of the infection and can help the immune system restore itself. Though available HIV medications have lengthened the average time from infection to progression to AIDS, there are significant side effects that may affect quality of life. People on ART need to be monitored closely by a specialist for their response to treatment and side effects.

Individuals diagnosed with HIV should inform sexual partners of their status. Failure to disclose may have legal implications.

## Treatment Summary

### Parasitic/Fungal

#### **Trichomoniasis**

Treated with medication, usually metronidazole. (No alcohol can be consumed during treatment and for 24 hours following the completion of treatment.)

Sexual partner(s) should be treated with metronidazole even if they do not have symptoms. Testing is usually not recommended for male partners.

#### **Pubic Lice/Scabies**

##### **Pubic lice:**

The affected area should be washed and a lice-killing cream, lotion or shampoo used (can be obtained directly at a pharmacy). Itchiness may last for several weeks after treatment, which may be controlled with medication. Repeat treatment recommendations should be followed closely.

Sexual partner(s) within the last month should be treated.

Clothes and bedding must be washed in hot water or drycleaned, and mattresses should be vacuumed or, depending on the size, items may be placed in a sealed plastic bag for 1 week.

##### **Scabies:**

Creams and lotions are available to treat scabies. These are typically applied and washed off in a specified amount of time.

Clothes and bedding must be washed in hot water or drycleaned, and mattresses should be vacuumed or, depending on the size, items may be placed in a sealed plastic bag for three days to one week.

All household contacts and sexual partners within the month prior to infection should be treated. Itching may continue for several weeks, so medication may be recommended. Repeat treatment recommendations should be followed closely.

#### **Candidiasis (Yeast Infection)**

Several over-the-counter antifungal tablets, creams, ointments and suppositories are available. These are inserted into the vagina for a period of 1 to 7 days. They can also be applied externally to the vulva or penis.

In certain circumstances, oral medications are prescribed by a health care provider.

For problematic recurrent infections, maintenance therapy may be recommended.

Some medications used to treat yeast infections are harmful if used in pregnancy. All pregnant women should seek medical advice prior to using any over-the-counter product.

Sexual partners do not need to be notified or clinically evaluated unless they have symptoms.



[www.sexualityandu.ca](http://www.sexualityandu.ca)

**For additional information, visit:**

sexualityandu.ca (administered by the SOGC)  
Canada's leading website on sexual health  
[www.sexualityandu.ca](http://www.sexualityandu.ca)

Public Health Agency of Canada  
In-depth information on chronic and infectious diseases  
<http://www.phac-aspc.gc.ca/std-mts>

Canadian Federation for Sexual Health  
Information about sexual and reproductive  
Health and rights across Canada  
[www.cfsh.ca](http://www.cfsh.ca)

Content provided according to the  
Canadian Guidelines on Sexually Transmitted Infections  
2006 Edition  
[www.publichealth.gc.ca/sti](http://www.publichealth.gc.ca/sti)



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