

Sexually Transmitted Infections

An estimated 65 million people in the United States are currently living with a sexually transmitted disease. These diseases are very common and easily transmitted through sexual contact.

Many STIs are curable and all are treatable, but the only way to know if you have one is to get tested. Call the MU Student Health Center at (573) 882-7481 for an appointment to get tested or to speak with a health professional about how you can protect yourself.

Commonly Asked Questions

What is the difference between an STI (sexually transmitted infection) and an STD (sexually transmitted disease)?

- Sexually transmitted infections include a broad range of infections primarily transmitted through sexual contact (vaginal, oral, or anal sex) and are often asymptomatic (display no symptoms). STIs are more easily transmitted through mucous membranes in the penis, vulva, and (less often) the mouth by allowing pathogens into the body. Some STIs can be transmitted through direct contact, such as in HPV (Human Papilloma virus) and Herpes Simplex, through sharing contaminated needles (HIV / AIDS), or perinatally.
- Conversely, sexually transmitted diseases cause illness or disease caused by infectious pathogens transmitted through sexual contact (vaginal, oral or anal). STDs commonly elicit symptoms in the infected individual.
- Unfortunately, many STDs do not display symptoms and it is possible to be an asymptomatic carrier of STDs. That is why it is so important that both you and your potential partner get tested for STDs.

How common are STIs?

- In the United States, the Center for Disease Control and Prevention (CDC) estimates that more than 65 million people are currently living with an STI and more than 19 million new infections are spread each year.
- While STIs are consistently listed in the top 10 most frequently reported diseases in the United States, less than half of adults ages 18 to 44 have ever been tested for an STI other than HIV / AIDS.

Bacterial versus Viral STIs: What's the difference?

STIs can be separated into two categories based on the type of microorganism that causes them:

- **Bacterial STIs**
 - Caused by bacteria
 - Cured with antibiotics
 - Examples: **Gonorrhea, Syphilis and Chlamydia.**

- **Viral STIs**
 - Caused by a virus
 - Treatable, but not curable with antibiotics
 - Examples: **Human Papilloma Virus (HPV), Herpes, Human Immunodeficiency Virus (HIV) and Hepatitis B.**

For a more information see brief overview below.

How can I protect myself? What is "Safer Sex"?

Protecting yourself sexually involves not only learning about STIs, but practicing safer sex every time you engage in any sexual activity. While no sexual contact is 100% safe, here are some things you can do to minimize your risk of contracting or transmitting an STI.

- Prevent the exchange of bodily fluids such as blood, semen, and vaginal secretions or minimize this exchange by using a barrier method (external/internal condom or oral dam) during oral, anal or vaginal sex.
- Avoid direct oral, anal and genital contact or minimize contact by using a barrier method correctly and consistently.
- Form a trusted, honest and communicative monogamous relationship.
- Limit your number of sexual partners.

- Talk to your partner about your STI status.
- Use a condom/oral dam properly and consistently, and only those made of latex or polyurethane (not “animal skins”) every time you have sex.
- Include **STI testing** as part of your regular medical checkup.
- Learn the common symptoms of STIs (for those that have symptoms). Remember, most STIs do not display symptoms.
- Do not use drugs or alcohol in potentially intimate situations as they can inhibit your ability to make decisions and may affect your dexterity.
- Get vaccinated for Hepatitis A and B.
- Get vaccinated for HPV if you are between the ages of 9 and 26.

Common STI Myths

1. “My partner doesn’t have any symptoms, we must be okay!”

- False. Most of the time, infected individuals are asymptomatic (do not display symptoms) but the person can still spread the infection to others. The only way to completely know your STI status is to get an STI test.

2. “STIs don’t affect college students!”

- False. This is a common misperception among college students. Often times students refer to themselves as the “three I’s”: *Infertile, Immortal and Invincible*. But, almost two-thirds of STIs affect individuals ages 25 years and younger. Two of the most common STIs that appear in college students – HPV and Chlamydia – often do not display any symptoms.

3. “There’s no way my partner has an STI, they have had only two partners.”

- False. Discussing sexual histories with a potential (or current partner) is an important part of protecting yourself (and your partner) from STIs and unintended pregnancy. However, knowing the number of partners does not necessarily determine whether your partner has had an STI or not, only that they might be at an increased risk for contracting an STI.
- The best advice is to communicate openly and honestly with your partner, practice safer sex, and both seek STI testing, regularly.

4. “I know I’m fine because I just recently had my annual exam. Isn’t STI testing included?”

- No. STI screenings are not necessarily a part of your annual medical exam or Pap test. Ask your healthcare provider about getting tested. Based on your history they will discuss with you which tests are most appropriate.
- The only way to know your STI status **for sure is to get tested.**
- Talking with your healthcare provider about sex and getting an STI test may seem scary, but early detection is important in preventing serious complications of undetected STI such as infertility or pelvic inflammatory disease (PID).

So I have an STI...now what?

Millions of people are currently living with an STI in the United States and throughout the world. Do not feel guilty, ashamed or embarrassed when and if you find out you have an STI. One in four people will contract an STI at some point in their lives.

The stigma and shame some people feel because of being diagnosed with an STI may lead to neglecting their sexual health. Don’t let embarrassment be a health risk for you. Most people soon realize that having an STI is not something they need to feel bad about, and that besides a few lifestyle changes, their life really isn’t much different. If you are one of the millions of people living with an STI, here’s what you can do:

Both partners should:

- **Get treatment.**
 - Bacterial STIs can be treated and cured with antibiotics.
 - Viral STIs can be treated and symptoms can be controlled with medication.
 - Take all of your medication as directed by your doctor, following the prescribed instructions.
- **Talk openly and honestly with your medical provider about your STI.**
 - Your provider is your best source of information. They can answer any questions you have as well as provide you with helpful resources.
- **Get connected.**
 - There are lots of resources available, including websites, counselors and groups who provide places to get information and to talk about any feelings you may have about your STI.
- **Avoid sexual contact until you have completed the whole treatment regimen** (for bacterial infections such as Chlamydia and Gonorrhea) or until symptoms have gone away (for viral infections such as Herpes). Continue use of barrier methods (condoms).
- **Practice safer sex.** Always use a barrier method (external/internal condom or oral dam) when engaging in sexual activity; and do not use drugs or alcohol in intimate situations.
- **Talk with your current partner(s) about it.**
 - In general talking about sex is difficult and talking about STIs with your partner may seem like the last thing you want to do.
 - However, most people find that when they are comfortable with the person they're planning to have sex with, it's not as bad as it seems. Take a look at the **Communication** piece on the SHAPE web pages for help getting started.
- **Talk and notify your previous partner(s) so they can get tested and/or treated.** You can do this with a simple phone call telling them to get tested.

Remember that having an STI doesn't change who you are, it just means a change in your actions regarding sex.

Sexually Transmitted Infections: A Brief Overview

For an online tutorial and other basic sexually transmitted disease information, check out this link from Medline plus:

<http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>

- **Common Symptoms of STIs (in general):**

You should include STI testing as part of your regular medical treatment whether or not you experience symptoms. Here are some common symptoms (if at all) that may alert you to the presence of an STI:

- Pain and/or burning sensation when urinating
 - Discolored, smelly or particularly heavy discharge
 - Warts, lesions or sores in the genital area
 - Rash or itching in the genital area
 - Painful intercourse
 - Flu-like symptoms such as fever, abdominal pain and fatigue
- Some STIs, such as Trichomoniasis, pubic lice and scabies are caused by other organisms and are curable with antibiotics or topical creams.

1. Bacterial

- **Chlamydia:** <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#Common>
- **Gonorrhea:** <http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm#common>
- **Syphilis:** <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>
- **Trichomoniasis (“Trich”):** <http://www.cdc.gov/std/trichomonas/STDFact-Trichomoniasis.htm>

2. Viral

- **Hepatitis B Virus (HBV):** http://www.ashastd.org/learn/learn_hepatitisB.cfm
- **Herpes Simplex Virus (HSV):** http://www.ashastd.org/herpes/herpes_learn_questions.cfm
- **Human Immunodeficiency Virus (HIV):** <http://www.cdc.gov/std/hiv/default.htm>
- **Human Papilloma Virus (HPV):** <http://www.cdc.gov/std/hpv/> or http://www.ashastd.org/hpv/hpv_learn.cfm

3. Other STIs

- **Scabies & Pubic lice** – see below
 - For facts, answers and resources about STDs: <http://www.cdc.gov/std/> and <http://www.ashastd.org/>
 - For information about college students and STDs: <http://www.smartersex.org/stis/stis.asp>
 - Test your STD knowledge at: http://www.smartersex.org/quizzes/sti_quiz.asp

Sources:

- <http://www.smartersex.org/>
- http://www.cdc.gov/nchstp/dstd/disease_info.htm
- <http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>
- <http://www.ashastd.org/>

SEXUALLY TRANSMITTED INFECTION SUMMARY

Infection	Pathogen	Prevalence	Symptoms	Transmiss.	Protection	Treatment	Testing	CX
Chlamydia Silent Epidemic-often no symptoms;	Bacteria	Most common teens/young adults; In 2005, 976,445 infections reported; increase 5.1% from 2004 (CDC)	Discharge, Painful/burn-urination, vaginal bleeding, lower abdominal pain, nausea, fever (1-4 wks post)	Oral, anal, vaginal intercourse, perinatally, (rare) hand to eye	Long, mutually exclusive, STI tested, barrier methods, abstain sex contact	Treat and Cure Antibiotics	Culture, \$40 SHC; prescreening of pregnant females	Sterility, Pelvic Inflammatory Disease (PID);
Gonorrhea -often do not show symptoms (80% women; 10% men); occurs 2-10 days exposure	Bacteria	In 2005, 339,593 infections reported (CDC)	Affect GI tract, mouth, rectum; yellow, bloody discharge, same as above; 90% men exhibit symptoms	Oral, anal, vaginal; no toilet seats (dies in few seconds)	Same as above	Treat & Cure, antibiotics; drug resistant	Culture of discharge-urethra or cervical opening; \$40	Sterility, PID, tubal pregnancies, arthritis, inflammation of heart valves

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Syphilis	Treponema pallidum spirochete, requires warm, moist area to live	8,724 cases in 2005 (CDC)	Vary by stage; chancres, rashes, swollen glands, fatigue, hair/weight loss	Open lesions, oral, anal, vaginal, perinatally, kissing; direct contact with sore	Monogamous relationship, regular testing, barrier use, abstinence	Early stages treated and cured, antibiotics early on	Report to state	Disfigurement, neurological disorder, heart disease, blindness, death
Trichomoniasis (Trich)	Protozoan, one celled organism	7.4 million cases annually (CDC)	W: frothy, unpleasant odor discharge, itching, spotting; M: if occur, swelling groin, irritation, frequent urination, pain urination	Vaginal intercourse	Same as above	Oral antibiotics (typically in one dose); treat and cure		

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Hepatitis B Vaccine preventable disease	Virus	Declined since 1980 to estimated 600,000 cases annually; 1.25 million chronically infected (CDC)	50% do not show symptoms; flu-like symptoms-fatigue, headache, fever, nausea, vomiting	Bodily fluids such as semen, blood, urine; intimate or sexual contact-kissing, oral, anal or vaginal sex, unclean needles	Three dose vaccine, clean needles, protected sex	No cure		Can cause severe liver disease and death
Herpes Simplex 1 & 2; skin condition; HSV-1 typically cold sores/fever blisters on mouth; HSV-2 typically genital sores	Virus	Approximately 45 million (20%) in US has genital herpes; 1 in 5 adults	sores, blisters, cuts, pimples, rash on cervix, vagina, penis, mouth, anus, buttocks; occurs 2-20 days post exposure; 4-5 times per year	Skin to skin contact, touching, kissing, vaginal, anal, oral sex; can occur even when no sores are present; no toilets, hugging or drinking same glass	Barrier methods offer some protection, avoid contact with sores	No cure; antiviral medications lessen outbreak frequencies		

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HIV (Human Immunodeficiency Virus); weakens immune system unable to fight disease; can lead to AIDS (Acquired Immuno Deficiency Syndrome)	Virus	In 2005; 37, 331 cases annually (CDC); at end of 2004;	No symptoms; average time 7-10 yr, develop opportunistic infections AIDS=fatigue, fever, weight loss, swollen lymph nodes, sweats, skin sores	Blood, semen, vaginal fluids, breast milk; behaviors=sharing needles, anal, vaginal, oral (rare), blood transfusions, perinatally	Don't share needles, use barrier method	No cure, antiviral meds	Oral or blood	
HPV (Human Papilloma virus)-most common STI among young, sexually active youth; highly contagious; Vaccine preventable	Virus	6.2 million infected in U.S. annually; 20 million living with disease; 50% sexually active men/women become infected	Genital warts genitals, anus, urethra, throat (rare), cervix; usually asymptomatic	Direct skin to skin contact; oral, vaginal, anal sex, can transmit when warts are not present	Barrier methods, with direct sexual contact	No cure, wart removal		Cervical Cancer

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Scabies	Mite-burrows under skin; usually sexually transmitted		Intense itching (at night), small bumps or rash appear between fingers, penis, buttocks, breasts wrists, thighs	Close personal contact and through bedding		Prescription medicines		
Pubic Lice- "crabs"; Attach and eggs to pubic hair, underarm hair, eye lashes, eyebrows	Insect		Intense itching in genitals and anus; mild fever, irritability	Intimate and sexual activity; contact with infected bedding, clothing, upholstered furniture and toilet seats		Over The Counter (OTC) medication		