

Although all Sexually Transmitted Infections can be passed through sexual intercourse, some can be transmitted through other forms of close body contact.

Sexually Transmitted Infections (STI's) refer to communicable diseases which are spread through direct contact with infectious areas. Among the STI's, some are incurable, some have serious complications, while others are simply annoying.

Syphilis, gonorrhea and chlamydia can cause serious damage if left untreated.

Trichomoniasis, yeast, crabs and scabies usually have no long lasting effects, but create much discomfort. Herpes has no effective cure. Genital warts or human papilloma virus (HPV) can increase the risk of cervical cancer in women.

Indications of these infections include:

- Sores or blisters in the areas of the genitals, mouth or anus
- Rashes
- Discharges from the genitals or anus

If you have direct contact with these infectious areas though any kind of intimate contact such as necking, petting or intercourse, you can become infected.

On the other hand, an infectious person may have no outward signs of infection. Therefore, it is important to be aware of the risks you are taking and the preventive measures which can be used.

The Health Unit recognizes the need to promote knowledge of Sexually Transmitted Infections (STI's). Services are aimed at prevention, early diagnosis, prompt treatment, counselling and education.

Free confidential information may be obtained by contacting the Health Unit at:

Simcoe
519-426-6170 Ext. 3225

Caledonia
905-318-5367 Ext. 346

Email:
info@hnhu.org

Antibiotic treatment for Chlamydia and gonorrhea available free of charge.

Free condoms available.



Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Email: info@hnhu.org
Web: www.hnhu.org

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Common Sexually transmitted infections



Gonorrhea Herpes
YEAST Syphilis
TRICHOMONAS
Genital Warts (HPV)
HIV/AIDS
Chlamydia Hepatitis B

*Pamphlet reproduced with permission of Regional Niagara Health Services Department.
Updated January 2011.*

All STI's listed greatly increase your risk of getting or transmitting HIV. Be tested for HIV if you have an STI.

Infection	First Symptoms	Usual Symptoms	Transmission	Diagnosis	Treatment	Complications
CHLAMYDIA Bacterial	1-3 weeks (may vary)	White, yellow or clear discharge from your penis or vagina, discomfort or burning when urinating. Women: 80% may have no symptoms Men: 50% may have no symptoms	Sexual intercourse with infected person. Trace contacts of previous 2 months.	Urine test. Smear or culture.	Curable with antibiotics. Partner will also need treatment.	Women: Pelvic Inflammatory Disease (PID), ectopic pregnancy, sterility, and pain during intercourse or unusual bleeding. Men: Sterility, urethral stricture, and erection problems. Newborn: Serious eye infection, arthritis
GONORRHEA Bacterial	2-10 days (up to 30 days)	White or yellow discharge from your penis, vagina or anus. Pain on urination. Can infect throat – usually no symptoms. Women: 80% may have no symptoms Men: 15-20% may have no symptoms	Sexual contact with infected mucous membrane, with the urethra, vagina, anus, throat and eyes.	Urine test. Women: Culture Men: Smear or culture	Curable with antibiotics. Partner will also need treatment.	Women: PID, ectopic (tubal) pregnancy, and sterility Men: Urethral stricture, erection problems and sterility. Newborn: Serious eye infection, arthritis.
SYPHILIS Bacterial Spirochete	1st stage (primary) 10-90 days (usually 3 weeks) 2nd stage (secondary) 3 months – 2 years	1st stage – chancre (painless, blister or sore) on penis, anus, vagina, or mouth 2nd stage – mucous patches, rash on hands/feet, spotty hair loss, sore throat, fever, headaches	Direct contact with infectious sores, rashes, mucous patch or blood.	VDRL blood test or culture of sores	Antibiotics at any stage. Late complications cannot be reversed. Partner will also need treatment.	Brain damage, paralysis, heart disease, death. Newborn: Eye damage, dental and bone deformities, blindness, brain damage or death.
HERPES Virus Herpes Simplex I & II	Highly variable, 4 days to 3 weeks. Possible lifelong reoccurrence.	Cluster of tender, painful blisters/pimples on genital area. Swelling and itching. Pain on urination, swollen glands, and fever. May have no symptoms.	Direct contact with blisters or open sores. Usually sexually transmitted. You can pass on the virus even when you do not have sores.	Culture taken when sores are present.	No cure. Antivirals may reduce pain and duration of sores.	Newborn central nervous system may be damaged during birth. Painful blisters often reoccur triggered by stress, sunlight, other illness, and drug/alcohol use.
GENITAL WARTS Human Papilloma Virus	2 weeks to 8 months	Local irritations, itching, flat or rough warts on genitals, anus, throat, cervix or vagina. May have no symptoms	Direct contact with virus. Usually sexually transmitted.	Examination. Pap tests to detect abnormal cells.	No cure for virus. Medicated solution can be applied to warts to remove them. Electrocautery. Laser therapy. Cryotherapy (freezing). Get HPV vaccine.	Increased risk of cervical cancer in women.
HEPATITIS B Virus – HBV	Variable 6 weeks to 6 months	Jaundice of skin/eyes, fever, swollen glands, fatigue, weakness, grey stool, dark urine, tenderness in liver area. Usually no symptoms.	Contact with blood or body fluids (sexual intercourse), sharing needles, razors, toothbrushes, etc. of infected person. A pregnant woman can pass the virus to her child.	Blood test.	No cure. Rest, proper diet, no alcohol. Prevent Hep B by being vaccinated if you are having sex or using needles.	Most people recover in 4-6 months with immunity for life. 1-2% die quickly from fatal liver damage. 10% become carriers; infectious for life. May develop liver cancer.
HIV/AIDS HIV – Human Immunodeficiency Virus AIDS – Acquired Immunodeficiency Syndrome	Variable; symptoms may occur in less than 1 year; but it is common to have no symptoms for 8 - 11 years.	HIV infection can include flu/viral-like symptoms, fatigue, swollen glands, night sweats, fever, weight loss, persistent cough, diarrhea.	Sexual contact with infected blood, semen, vaginal secretions; sharing needles; mother to infant during pregnancy, delivery or breastfeeding.	Testing done by consent only. Blood test for HIV antibodies show up 14 weeks or longer after exposure to HIV.	No cure. Healthy lifestyle of rest, nutrition and support. Early treatment with antiviral drugs or combinations to stabilize condition.	Life-threatening illness, brain infections, memory loss, wasting, cancers (KS) and rare pneumonia (PCP). If pregnant woman is diagnosed with HIV, treatment will be started at 4 months. Newborns will be treated at birth and will be followed closely.
TRICHAMONAS VAGINITIS Parasitic	1 – 4 weeks	Women: Heavy, frothy discharge, intense itching, burning and redness of genitals. Men: Slight, clear discharge from genitals and itching after urination. Usually no symptoms.	Direct contact with infectious areas.	Pap smear, smear or culture.	Curable with antibiotics. Partner will also need treatment.	Women: Gland infection, PID, can lead to infertility.
VAGINITIS Yeast/fungal	Varies.	Women: Thick, cheesy discharge and intense itching of genitals, also skin irritatin. Men: Usually no symptoms	The organism is frequently present in the mouth, vagina and rectum without symptoms. Active infection may follow antibiotic therapy or direct contact with infectious person.	Smear or culture.	Curable with antifungal. Partner will also need treatment.	Women: Secondary infections by bacteria Newborn: Mouth and throat infections