



# **Sexually Transmitted Infections**

**Always consult and follow the advice of your health care provider.**

**If you have medical questions ask your health care provider.**

**Talk to your Pharmacist about prescription medications you are taking.**



# Table of Contents

<b>STI vs STD?</b> .....	4
<b>Types of Sexually Transmitted Infections</b> .....	4

## ***Bacterial Infections***

Chlamydia .....	5
Gonorrhea.....	7
Syphilis .....	9

## ***Viral Infections***

Herpes.....	11
Hepatitis.....	13
Human Immunodeficiency Virus (HIV) .....	15
Human Papilloma Virus (HPV).....	17

## ***Parasitic Infections***

Pubic Lice / Scabies .....	19
Trichomoniasis.....	21

## ***Vaginal Infections (not STIs)***

Yeast Infection .....	22
Bacterial Vaginosis (BV).....	23

<b>How to Prevent STI transmission</b> .....	24
--	----

<b>Communication &amp; STI Disclosure</b> .....	24
---	----

<b>Where to get tested</b> .....	25
----------------------------------	----

<b>When to get Tested</b> .....	26
---------------------------------	----

## STI vs STD?

What is the difference between an STI and an STD? STI stands for Sexually Transmitted Infection. STD stands for Sexually Transmitted Disease. Both STI and STD refer to the same types of infections, but because they are treatable and sometimes curable, the word infection is often used in Canada instead of disease to be more accurate.

### Types of Sexually Transmitted Infections

**Bacterial** – infections caused by bacteria that are usually easily treated with medication (antibiotics/penicillin) and will likely clear from the body

**Viral** – infections caused by viruses that stay in the body on the cellular level, often for life; these are manageable with medication and can sometimes clear on their own or with medication

**Parasitic** – infections caused by parasites (small organisms feeding off other organisms) that are usually easily treated and cleared from the body

**Fungal** – infections caused by fungi and are not always sexually transmitted; usually are cleared from the body with medication

**STIs are very common. Many people have, or have had, one. If you find yourself with one, it does not mean that you can never be sexually active again. Many STIs are curable and most are manageable. Seek advice from a health care provider and/or SHORE Centre for help in managing your diagnosis.**

### Public Health Significance

Some STIs are of Public Health significance (Chlamydia, Gonorrhoea, Syphilis, HIV, Hepatitis), some are not (Herpes, HPV, Trichomoniasis, Public Lice, Scabies). If they are of significance the results are sent to Public Health where statistics are collected. Therefore the rates are known for some STIs, but not for others.

# Chlamydia

## Bacterial Infection

### Rates

- Ontario had 44,651 cases in 2017<sup>1</sup>

### Transmission

- Vaginal, anal or oral sex with infected person (can get in throat)
- From semen, pre-ejaculate, vaginal fluids or rectal fluids
- Penetration and ejaculation are not needed for transmission
- Can cause infection in eyes if touch eyes after touching infected genitals
- From an infected person who is pregnant to the child during childbirth (causes lung or eye infection)

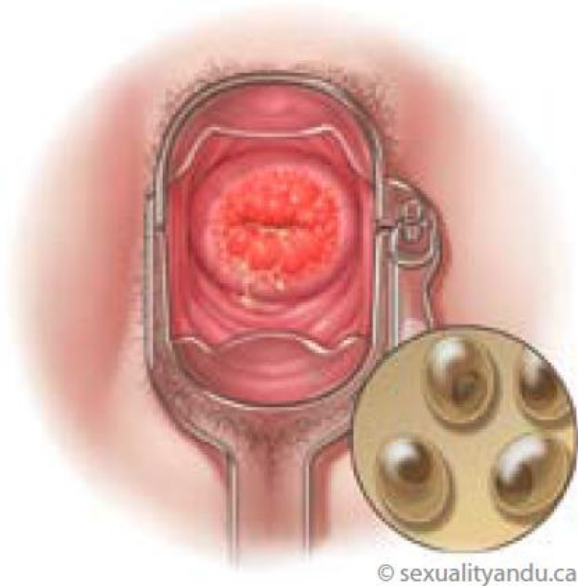
### Signs and Symptoms

- 75% of people with vaginas; 50-80% of people with penises, have NO symptoms

If there are symptoms, they may include:

<b>People with Vulvas and Vaginas</b>	<b>People with Penises and Testicles</b>
<ul style="list-style-type: none"><li>• Infection or inflammation of cervix</li><li>• Mild vaginal discharge</li><li>• Vaginal bleeding between periods or after intercourse</li><li>• Pain during intercourse</li><li>• Pelvic pain / genital irritation</li><li>• Pain/burning during urination</li><li>• Pelvic Inflammatory Disease (PID)*</li><li>• Infertility</li><li>• Rectal or eye infection (rare)</li><li>• Sore throat</li></ul>	<ul style="list-style-type: none"><li>• Clear, watery or milky discharge from penis</li><li>• Genital pain, soreness, heaviness or genital irritation</li><li>• Itchy urethra</li><li>• inflammation of urethra (NGU – nongonococcal urethritis)</li><li>• Infertility (rare)</li><li>• pain/burning during urination</li><li>• Rectal or eye infection (rare)</li><li>• Sore throat</li></ul>

<sup>1</sup> Reportable Disease Trends in Ontario, 2017. Public Health Ontario.



## Testing

- Testing is most accurate when completed 2 - 14 days after exposure
- Usually a urine test
- Cervical/Vaginal, anal, and/or throat swab
- Urethral smear (uncommon in Waterloo Region)

## Treatment

- Treatable and curable with antibiotics
- Testing and treatment of sexual partners critical
- Abstain from sexual activity until treatment complete to avoid re-infection

## \*Pelvic Inflammatory Disease (PID)

- Chlamydia can lead to Pelvic Inflammatory Disease (PID) in people with vulvas
- 10-40% of untreated cases of chlamydia lead to PID
- PID may cause inflammation in the uterus, fallopian tubes and ovaries, as well as scarring of the fallopian tubes, often resulting in infertility
- PID can result in a greater risk of ectopic pregnancy
- PID may cause no symptoms
- PID may cause chronic pain, fever, unusual discharge, bleeding or burning
- Aggressive treatment with antibiotics or surgery may be needed

Chlamydia can also lead to infertility and scarring of the reproductive tract in people with penises

# Gonorrhoea

## Bacterial Infection

### Rates

- Ontario had 7,845 cases in 2017<sup>1</sup>

### Transmission

- Vaginal, anal or oral sex with infected person (can get in throat)
- From semen, pre-ejaculate, vaginal fluids or rectal fluids
- Penetration and ejaculation not needed for transmission
- Can cause infection in eyes if touch eyes after touching infected genitals
- From an infected person who is pregnant to the child during childbirth (causing eye infection)

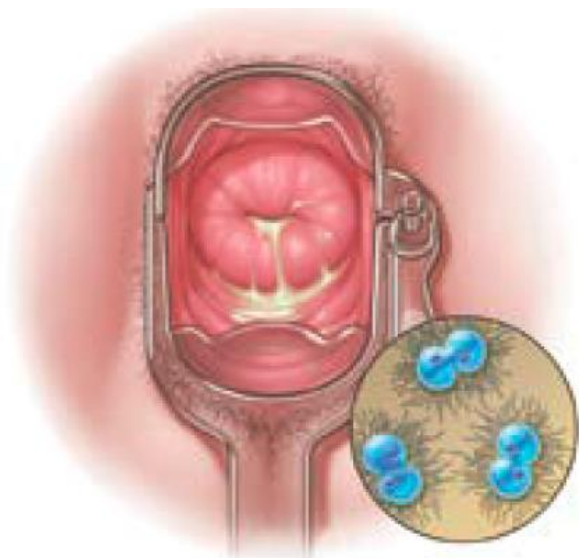
### Signs and Symptoms

- 80% of people with vaginas show NO symptoms
- If symptoms develop, it will occur within 2-7 days of infection

If there are symptoms, they may include:

<b>People with Vulvas and Vaginas</b>	<b>People with Penises and Testicles</b>
<ul style="list-style-type: none"><li>• Yellowish-green, pus-like discharge from vagina</li><li>• Irritated vulva/vagina</li><li>• Pain/burning during urination</li><li>• Pelvic Inflammatory Disease (PID)</li><li>• Infertility</li><li>• Rectal pain, discharge, itching</li><li>• Sore throat</li></ul>	<ul style="list-style-type: none"><li>• Thick yellowish-green discharge from penis</li><li>• Testicular pain and/or swelling</li><li>• Swelling/tenderness in lymph glands of groin</li><li>• Pain/burning during urination</li><li>• Rectal pain, discharge, itching</li><li>• Sore throat</li><li>• Infertility (rare)</li></ul>

<sup>1</sup> Reportable Disease Trends in Ontario, 2017. Public Health Ontario.



© sexualityandu.ca



© sexualityandu.ca

## Testing

- Testing is most accurate when completed 2 – 14 days after exposure
- Usually a urine test
- Cervical/Vaginal, anal, and/or throat swab
- Urethral smear (uncommon in Waterloo Region)

## Treatment

- *Usually* treatable and curable with antibiotics, however, Gonorrhea is continuing to develop drug resistance – no new drugs are currently available or in trials
- Longer course of treatment may be needed for cases with PID – possible hospitalization with IV antibiotics
- Testing and treatment of sexual partners critical
- Abstain from sexual activity until treatment complete to avoid re-infection
- After treatment completed, re-testing after 4 weeks needed to ensure infection is cleared and drug resistance is not an issue

## Did You Know?

- Gonorrhea is becoming drug resistant. The World Health Organizations has declared this one of the top three urgent threats worldwide
  - This means that 10% of cases of gonorrhea will not be cured with the current drugs available. A second round of treatment may be needed. If the infection is not cleared, gonorrhea will stay for life
- The highest risk factor in Waterloo Region for gonorrhea is no condom use
- Two-thirds of reported cases in Canada are in people with a penis



# Syphilis

## Bacterial Infection

### Rates

- Ontario had 1,571 cases in 2017<sup>1</sup>

### Transmission

- Vaginal, anal or oral sex with infected person (can get in throat)
- Touching an infectious chancre sore or rash
- Used needles, blood transfusions (rare)
- Can cross placenta and may infect fetus – can lead to miscarriage, stillbirth or congenital syphilis (impairs vision & hearing, deforms bones & teeth)

### Signs and Symptoms

- 95% of cases occur in people with a penis

## Possible Symptoms and Stages of Infection

### Stage 1. Primary Syphilis - 3 days to 3 months after exposure:

- Small painless sores (chancres) that are hard, round lesions with raised edges
- Appears where bacteria entered the body (e.g. vaginal walls, cervix, labia, under foreskin, head of penis, penile shaft, scrotum, anus, throat, mouth)
- Chancre disappears after a few weeks (easy to miss), but if not treated the infection remains
- Highly infectious at this stage

### Stage 2. Secondary Syphilis - 2-24 weeks after exposure:

- A skin rash (painless, reddish raised bumps that darken and burst oozing discharge) commonly on palms of hands and soles of feet
- General feeling of unwell – sore throat, headache, fever, swelling of joints – can be mistaken for flu
- Patchy hair loss (alopecia)
- Flat, smooth warts on genitals (different from HPV - see page 16)
- Highly infectious at this stage

<sup>1</sup> Reportable Disease Trends in Ontario, 2017. Public Health Ontario.

### Stage 3. Latent (Dormant) Phase:

- Symptoms of secondary stage disappear
- Infection may be dormant for 1 to 40 years
- Usually not infectious at this stage, however, a pregnant person can still pass infection to fetus
- Infection is still impacting circulatory system, central nervous system (brain & spinal cord) and bones

### Stage 4. Tertiary (Final) Stage:

- Infection may eventually attack and damage the cardiovascular system (heart and major blood vessels), the neurological system (nerves) and central nervous system (brain & spinal cord)
- Complications may cause death



© sexualityandu.ca



© sexualityandu.ca

### Testing

- Primary stage: examination by health care provider, swab/smear from chancre
- Other stages: blood test

### Treatment

- Treatable and curable with antibiotics/penicillin
- Testing and treatment of sexual partners critical
- Follow up to treatment is required
- Early detection and treatment is ideal
  - *Treatment may not be possible in tertiary stage*

# Herpes

## Viral Infection

### Rates

Herpes is not a reportable STI, so rates are unknown. However, it is thought that herpes is extremely common.

- Herpes Simplex Virus Type 1 = oral herpes = cold sores
- Herpes Simplex Virus Type 2 = genital herpes
- Oral herpes can be passed to the genitals and genital herpes to the lips/mouth

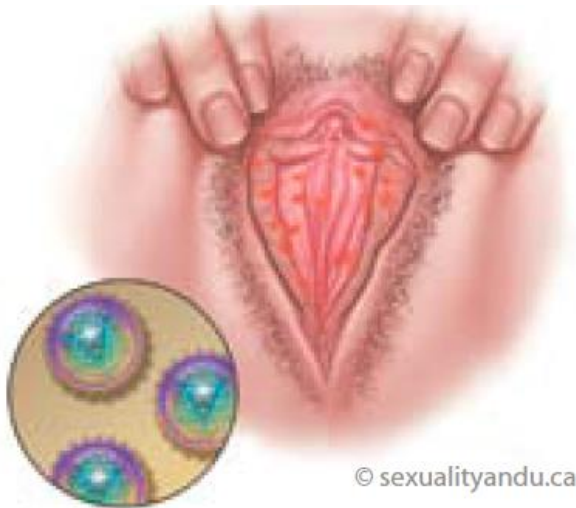
### Transmission

- From lips/mouth to genitals or anus during outbreak (oral-genital contact)
- From genitals or anus to lips/mouth during outbreak (genital-oral contact)
- Kissing during an outbreak (oral-oral contact)
- Sharing drinks, chap stick, cigarettes, joints, bongos, straws, towels, washcloths, bathing suits, underwear etc. during an outbreak
- Passed to other parts of the body, including eyes (ocular herpes), by the hands during outbreak
- From an infected person who is pregnant to the child during pregnancy or childbirth
- Asymptomatic shedding – means the virus can be transmitted when no symptoms are present/no outbreak (not as common)

### Signs and Symptoms

Herpes Simplex Virus Type 1	Herpes Simplex Virus Type 2
<ul style="list-style-type: none"><li>• Painful sores &amp; blisters on lips/mouth filled with fluid</li><li>• Outbreaks resolve in 14-21 days</li></ul>	<ul style="list-style-type: none"><li>• Painful sores &amp; blisters on the genitals or anus filled with fluid</li><li>• Outbreaks resolve in 17-23 days (10 days longer if inside vagina)</li></ul>

- Not all infected people develop symptoms
- Symptoms may emerge 2-21 days after initial infection
- Prior to outbreak, infected person may feel a tingling or burning sensation where the virus first entered the skin or where there were prior outbreaks
- Inflammation, redness, fever, muscular pain, tender lymph nodes



## Testing

- Clinical exam of sore(s), swab of sore(s)
- Blood test possible, not routinely conducted due to high cost

## Treatment

- Antiviral medications to relieve pain, speed healing, reduce duration of viral shedding
- Suppressive therapy can be used for individuals with frequent outbreaks (6+ per year) - take antiviral medications daily
- Over the counter medications for oral herpes such as Abreva
- Oral herpes virus provides some protection from contracting genital herpes
- During outbreak: pain relievers, laxatives, loose fitting clothing, cold wet compresses, warm baths
- Prevention: Adequate sleep, stress management, sun protection

## Did You Know?

- Once transmitted, herpes stays in the body forever
- Most people have an outbreak the first time they contract the virus, then have multiple outbreaks throughout life, usually lessening in frequency with time
- Some people contract the virus and never have an outbreak or only one initial outbreak (they can still be contagious)
- Right before and during an outbreak herpes is highly contagious, however, it is still possible to transmit the virus even if there is no outbreak

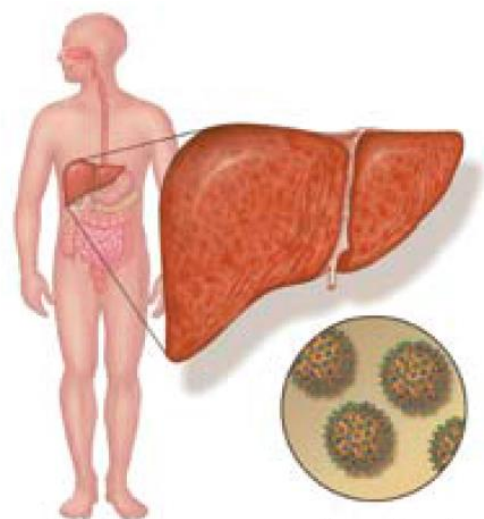
# Hepatitis

## Viral Infection

### Rates

- Ontario had the following number of cases reported in 2017<sup>1</sup>

Hepatitis A	126
Hepatitis B	115
Hepatitis C	4,697



### Transmission

- Hepatitis is an inflammation of the liver. Hepatitis B is the type of hepatitis that is most frequently sexually transmitted, but Hepatitis A and C can also be transmitted sexually.

Hepatitis A	Hepatitis B	Hepatitis C
<ul style="list-style-type: none"> <li>Contact with infected fecal matter</li> <li>Oral-anal contact</li> <li><b>Vaccine available</b></li> </ul>	<ul style="list-style-type: none"> <li>Vaginal, anal or oral sex (virus found in vaginal secretions, semen, breast milk &amp; saliva)</li> <li>Contact with infected blood or blood products</li> <li>Shared household items (e.g. toothbrushes, razors) that have blood on them (rare)</li> <li>Used needles</li> <li>From parent to baby during childbirth</li> <li><b>Vaccine available</b></li> </ul>	<ul style="list-style-type: none"> <li>Contact with infected blood or blood products</li> <li>injection drug use,</li> <li>sexual activity if blood is present, including menstrual blood</li> </ul>

<sup>1</sup> Reportable Disease Trends in Ontario, 2017. Public Health Ontario.

## Signs and Symptoms

- It is possible for a person infected with the Hepatitis virus to show no symptoms and still pass the virus on to others
- If there are symptoms, they can appear any time between 6 weeks and 6 months after exposure, appearing on average 90 days after exposure

Hepatitis A	Hepatitis B	Hepatitis C
<ul style="list-style-type: none"> <li>• A few weeks after exposure, possible symptoms include: fatigue, nausea, vomiting, abdominal pain or discomfort, clay-colored bowel movements, loss of appetite, low-grade fever</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of people asymptomatic</li> <li>• Up to 8 weeks after exposure possible symptoms include: nausea, vomiting, decreased appetite, rash, joint pain, jaundice (yellowing of eyes &amp; skin), whitish bowel movements, brownish urine</li> </ul>	<ul style="list-style-type: none"> <li>• 30-50% of people are asymptomatic</li> <li>• Possible symptoms include: jaundice, nausea, fatigue, weight loss, weakness, depression, cognitive impairment, cirrhosis of the liver, liver cancer</li> </ul>

## Testing

- A blood test is the only way to detect Hepatitis in the body

## Treatment for Hepatitis B

- There is no cure for Hepatitis B, however, most individuals (90%) recover fully within 6 months
- 10% of people develop chronic Hepatitis B and carry the virus for life and are infectious for life
- Critical for sexual partners to be tested
- If exposed, an injection of antibodies may be given (up to 7 days after blood contact, 14 days after sexual contact) followed by Hepatitis B vaccine
- Chronic Hepatitis B – liver function monitoring, antiviral medication

# HIV – Human Immunodeficiency Virus

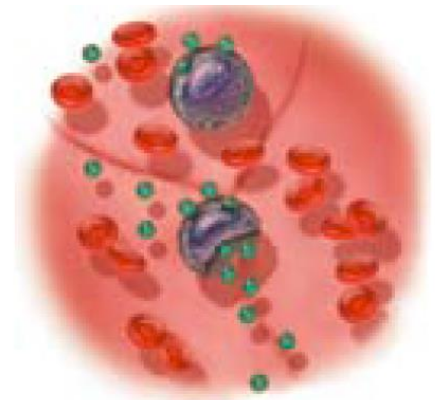
## Viral Infection

### Rates

- Ontario had 846 cases of HIV reported in 2017<sup>1</sup>
- In Ontario, the number of people living with HIV was estimated at 32,542 in 2012<sup>2</sup>

### Transmission

- HIV is a virus that destroys cells critical to a person's immune system, making it much harder for the body to fight other infections and illnesses
- HIV is transmitted through bodily fluids of a person with the virus. The only bodily fluids that can transmit HIV are: blood, semen, pre-ejaculate, vaginal fluids, anal fluids and breast milk
- Some ways that HIV can be transmitted are:
  - unprotected vaginal, anal or oral sex
  - shared use of sex toys
  - shared needles or drug equipment (i.e. water, cookers, crack pipes)
  - contact with blood or blood-products
  - transmission during pregnancy, childbirth or breastfeeding (from parent to child)
- There is increased transmission risk
  - during the initial infection when viral load is high and person might not know they are HIV+
  - when co-infected with Hepatitis C or any other STI
- HIV is NOT transmitted by:
  - mosquitos or other insects
  - hugs, kisses
  - skin-to-skin contact (unless blood is present)
  - saliva, urine, feces, tears, sweat, vomit (unless blood is present)



© sexualityandu.ca

<sup>1</sup> Reportable Disease Trends in Ontario, 2017. Public Health Ontario.

<sup>2</sup> Population-Specific HIV/AIDS Status Report: People Living with HIV/AIDS. Public Health Agency of Canada. Geographic Distribution

## Signs and Symptoms

- Two to four weeks after exposure, some people may experience mild flu-like symptoms that last a few weeks before going away
- For most people, symptoms do not show up until years after exposure. Once the immune system is weakened, these below symptoms may appear:
  - Frequent fever or sweats
  - Joint or muscle pain
  - Persistent skin rashes
  - Swollen glands
  - Fatigue or lack of energy
  - Headaches
  - Rapid, unexplained weight loss
  - Nausea, vomiting, or diarrhea

## Testing

- A blood test is the only way to detect HIV antibodies. Antibodies develop within 3 to 12 weeks. A test can be conducted with 95% accuracy within 34 days.
- 2 test methods available – point of care rapid testing with immediate results and standard blood test which takes approximately 2 weeks to return results
- Anonymous testing is available in Waterloo Region

## Treatment

- There is no cure for HIV, however, when diagnosed early, a large number of people who are HIV+ can lead a normal life with manageable treatments
- Anti-retroviral therapy (ART) taken daily
- Notifying sexual partners is important – guidance can be given by health care professionals
- In Canada, it is estimated that approximately 1/4 of people who are HIV+ are not diagnosed and do not know their status and are therefore not getting treatment

**Contact the AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA) if you have questions or concerns about HIV/AIDS  
519.570.3687 [acckwa.com](http://acckwa.com)**



# HPV– Human Papilloma Virus

## Viral Infection

### Rates

- HPV is not a reportable STI, so rates are unknown
- It is estimated that approximately 75% of sexually active adults will have at least one HPV infection in their lifetime<sup>1</sup>

### Transmission

- One of the most common sexually transmitted infections
- Occurs through vaginal, anal or oral sex with an infected person
- Also occurs through other intimate contact such as skin-to-skin contact
- From parent to child during delivery (rare)

### Signs and Symptoms

- If infected with low-risk types of the virus often no symptoms appear
- In some people, warts develop within one to eight months on vulva, cervix, penis, scrotum, anus or in urethra
- Warts can be small, soft and flesh coloured with a cauliflower-like appearance
- 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: genital itchiness & discomfort and/or bleeding during intercourse

### Testing

- A physical exam can be conducted to test for visible warts
- HPV is most commonly detected through an abnormal Pap smear which looks at the cells on the cervix
- HPV screening is possible but not routinely conducted due to high cost

---

<sup>1</sup> Canadian Cancer Society. Viruses and Bacteria: Human Papillomavirus (HPV) - Ontario. [www.cancer.ca](http://www.cancer.ca)

## Treatment

- Genital warts can be treated (creams, freezing, cauterization) but reoccurrence is common
- Specialist referral is needed for atypical and/or non-healing warts
- Cancer treatments



## Did You Know?

- There are over 100 strains of HPV
- Low-risk HPV strains cause warts and lesions, while high-risk strains can cause cancer of the vagina, vulva, cervix, anus, penis, head and neck
- Most HPV infections clear on their own without medical intervention within 1-2 years (less likely to clear if a smoker, unhealthy and older)

**There is a vaccine available to prevent many of the strains of HPV that cause warts and cancer.**

Ask a health care provider for more information.  
All health care providers in Canada endorse the vaccine.  
It is the most tested vaccine in Canada to date.

# Pubic Lice and Scabies

## Parasitic Infection

### Rates

- Rates of pubic lice and scabies are unknown because they are not reportable STIs.

### Transmission

- Pubic lice and scabies are passed through intimate sexual and non-sexual contact
- Pubic lice can live for one to two days in bedding, towels and clothes - a possible source of transmission
- Scabies can live for three days in bedding, towels and clothes – a possible source of transmission.

### Signs and Symptoms

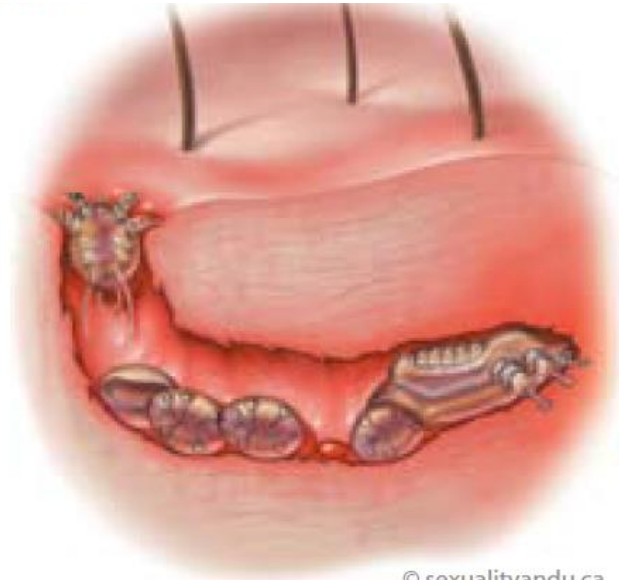
- Public lice are small and difficult to see. Some symptoms might be:
  - Skin irritation and inflammation along with itchiness and redness
  - Small blue spots on skin where the lice have bitten
  - Louse feces (small black particles) in underwear
- Scabies will likely show symptoms within three to four weeks,:
  - Intense itchiness, especially at night
  - Reddish rash
  - If scabies are transmitted again, the same symptoms occur, but more quickly (within hours to days of re-infestation)

### Testing

- Examination of skin and pubic hair

### Treatment

- Pubic lice: Affected area should be washed and a lice-killing cream, lotion or shampoo used purchased directly from a pharmacy (behind the counter).
- Scabies: creams and lotions are available to treat scabies that are washed off in a certain amount of time.
- With both treatments, itching may continue for several weeks; follow repeat recommendations closely



© sexualityandu.ca

### Did You Know?

- Try not to itch! Persistent itching of irritated skin can cause other bacterial infections
- Shaving off of pubic hair will not get rid of or prevent pubic lice – use recommended treatments
- All people you share a living space with and recent sexual partners (within past month) should be treated to prevent re-infestation
- Clothes, bedding and other possible contaminated items should be washed in hot water, dry-cleaned or bagged for 3 days to one week. Items that cannot be washed or bagged should be vacuumed
- Sometimes scabies show severe infections in people with compromised immune systems (skin becomes scaly or crusty) and more complex treatment is required



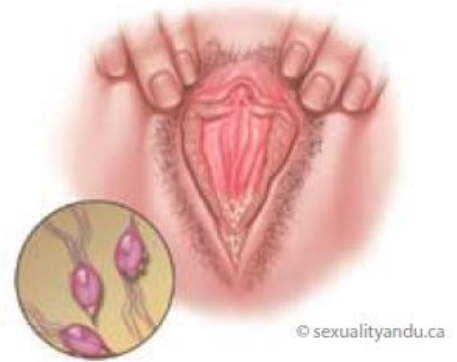
© sexualityandu.ca

# Trichomoniasis

## Parasitic Infection

### Rates

- Rates of Trichomoniasis (Trich) are not known as it is not a reportable STI. It is a common STI worldwide, but is not common in Canada.



### Transmission

- Trich is transmitted through unprotected sexual activity including mutual masturbation and sharing of sex toys

### Signs and Symptoms

People with Vulvas and Vaginas	People with Penis and Testicles
About half show symptoms such as: <ul style="list-style-type: none"><li>• Off-white or yellowish-green frothy vaginal discharge</li><li>• Sore or itchy vagina</li><li>• Pain during intercourse or urination</li></ul>	Trich tends to be asymptomatic – if symptoms are present, they can be: <ul style="list-style-type: none"><li>• Irritation or redness at urethral opening</li><li>• Burning during urination or ejaculation</li></ul>

### Testing

- Physical examination of the genital area
- A vaginal swab

### Treatment

- Treated with antibiotics

### Did You Know?

- Trich infections can increase risk of getting and transmitting HIV
- Trich may occur along with other STIs like gonorrhea, chlamydia, syphilis, HIV and hepatitis B
- In pregnancy, Trich infections may increase the risk of preterm delivery and low birth weight
- Trich is an understudied and underfunded infection which is not fully understood

# Yeast Infection

## Fungal Infection

\*A yeast infection can be transmitted sexually, but is not generally considered an STI\*

### Rates

- 75% of people with vulvas will develop a yeast infection at least once in their lifetime

### Causes

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

### Transmission

- Unprotected vaginal, anal or oral sex with an infected person

### Signs and Symptoms

People with Vulvas and Vaginas	People with Penis and Testicles
<ul style="list-style-type: none"><li>• Vaginal itching</li><li>• Swollen or red vulva and vagina</li><li>• Thick white, clumpy discharge resembling cottage cheese</li><li>• Burning of external genitalia, especially on urination</li><li>• Pain with intercourse due to vaginal dryness and irritation of the vulva</li></ul>	<ul style="list-style-type: none"><li>• May develop inflammation on head of penis</li><li>• Itching on penis</li><li>• Red dots on tip of penis</li><li>• Dry peeling skin on penis</li><li>• Burning on urination (rare)</li></ul>

### Testing

- Physical examination of the genital area
- A vaginal swab

### Treatment

- Treated with antifungal medication



## Did You Know?

- Yeast is normally found in the vagina.
  - Yeast infections are caused by overgrowth of the naturally occurring yeast *Candida*.
  - *Candida* can also affect the mouth, throat, skin or blood
  - Yeast infections can increase risk of getting and transmitting HIV
  - Yeast infections may be confused with Bacterial Vaginosis (BV)
- 

## Bacterial Vaginosis (BV).

### Bacterial Infection

#### Transmission

\* is not generally considered an STI\*

- BV can be transmitted from vulva to vulva but not to a penis, however, BV is usually caused by an imbalance of bacteria in the vagina

#### Signs & Symptoms

Not all cases will show symptoms. If symptoms are present, they might be:

- Vaginal discharge
- Strong odour that may smell fishy (odour may increase after intercourse)

#### Testing

- Physical examination
- Vaginal culture (growing vaginal cells outside the body to detect microorganisms) or wet preparation (sample of vaginal discharge observed under microscope)

#### Treatment

- Can be treated with oral or vaginal antibiotics

## Did you Know?

- BV has been associated with people with vulvas who smoke, use vaginal douches, are sexually active and have unprotected sex
- can increase the chances of contracting other STIs

## How to prevent STI Transmission

The only 100% effective way of preventing STI transmission is to abstain from activities where that involves skin-to-skin contact, or exchange of blood or other fluids. If sexually active, using barrier devices such as **condoms and dentals damns** can be a good solution to help protect yourself and your partner(s) from STI transmission. Getting tested and treated and notifying partners is also important in stopping the spread of STIs.

## Communication & STI Disclosure

Talking to sexual partners about STIs and testing can be difficult to do. Often people are more comfortable having sex with someone than they are talking about sex beforehand. There are some important things to consider discussing with a partner before engaging in sexual activity:

- Type of relationship you would like
- Sexual pleasure
- Sexual desires and fantasies
- Sexual boundaries/consent
- Sexual activities
- STI status
- Birth control & safer sex methods

Discussing STI status might be an intimidating conversation to have. Knowing your own status and asking a partner about theirs, are important factors in helping ensure safer sex. Disclosing the fact that you have an STI or hearing from a partner that they have an STI, does not have to be the end of the conversation. Instead, you can discuss what barriers, treatments or other protective measures you will use. **Talking about STIs will help prevent transmission and improve your communication skills.** If you have recently been tested and found that you have an STI it is also important to tell any past partners. Check with your local public health unit about anonymous partner notification.



## Where to get Tested

Clinics	Location/Phone	Drop-in Hours	Appointment
<b>Waterloo</b>	99 Regina Street South 2 <sup>nd</sup> Floor 519-883-2267	Monday (Nurse only),  Tuesday, and Thursday  1:00 – 4:00 pm	Wednesday 9 am - 4 pm
<b>Cambridge</b>	150 Main Street 1 <sup>st</sup> Floor (rear of building) 519-883-2267	Tuesday 1:30 – 6:00 pm	Tuesday 10 am - 1 pm Wednesday 12 - 4 pm
<b>Kitchener</b>	<b>Youth-only Clinic</b> Downtown Community Centre 35-B Weber Street West 519-883-2267	Wednesday 3:00 - 5:30 pm	N/A
<b>Kitchener</b> ACCKWA	<b>ACCKWA - HIV Testing Only</b> 5-1770 King St E, 519-570-3687	Thursday 4 - 7 pm	N/A
<b>Guelph</b>	160 Chancellors Way 1-800-265-7293	N/A	Monday-Friday 8:30am – 4:30pm

## When to get Tested

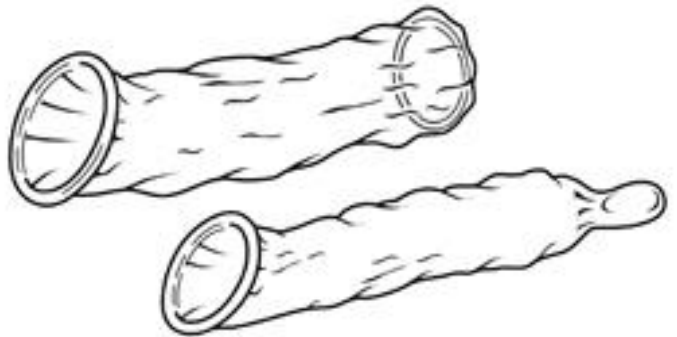
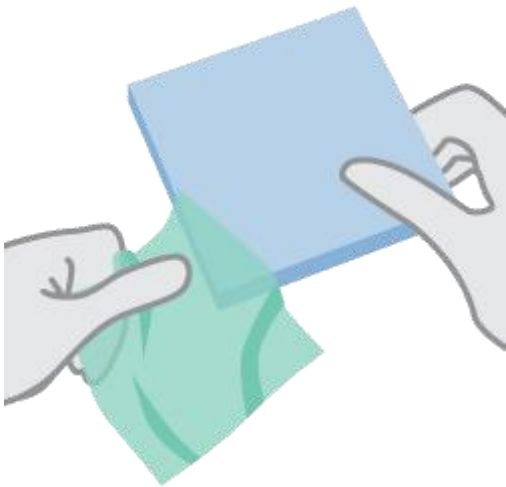
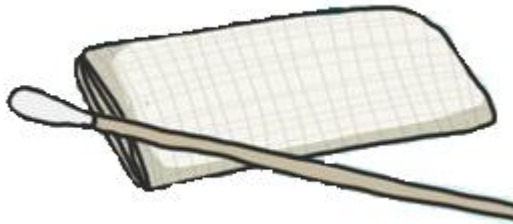
Detecting STIs as soon as possible can help improve treatment outcomes as well as decrease the possibility of transmission and further complications.

Testing accuracy will vary for each STI and some STIs will take longer to appear on tests than others. See chart below for suggested testing windows.

If suspicious of an STI based on symptoms or a partner’s diagnosis, getting tested is the only way to know for sure. Getting tested regularly, regardless of symptoms, is often the only way to detect STIs.

**The most common symptom is no symptom at all.**

STI	When Symptoms Might Show Up	Most Accurate Testing After
Chlamydia	2-3 weeks	2 – 14 days
Gonorrhea	2-7 days	2 - 14 days
Syphilis	3 days – 3 months	3-4 weeks
Herpes (oral or genital)	2-21 days	When symptoms are present.
Hepatitis A	2-7 weeks	4 weeks
Hepatitis B	6 - 23 weeks	4 – 8 weeks
Hepatitis C	2 - 26 weeks (average 6-7 weeks)	Acute infections will likely be detectable within 2 weeks
HIV	1-3 months	95% accurate after 6 weeks; can take up to 3 months
HPV	1-8 months	Pap testing every 3 years or as recommended by a health care provider. When symptoms are present.
Pubic Lice	2 days – 3 weeks	When symptoms are present.
Scabies	3 weeks (if re-infestation 1-3 days)	When symptoms are present.
Trichomoniasis	4 – 28 days	When symptoms are present.
Yeast Infection	N/A	When symptoms are present.
Bacterial Vaginosis	N/A	When symptoms are present.



For more information contact:

Stacey Jacobs, MSc

Community Sexual Health Education Manager

# SHORE Centre

Sexual Health Options, Resources & Education

235 King Street East, Suite 130  
Kitchener, ON N2G 4N5

Email: [education@shorecentre.ca](mailto:education@shorecentre.ca)

Website: [shorecentre.ca](http://shorecentre.ca)

Phone: 519 743 9360



**SHORE CENTRE**

.....  
SEXUAL HEALTH • OPTIONS • RESOURCES • EDUCATION

July 2019