

# Sexually Transmissible Infections (STI) and Blood-borne Viruses (BBV)

*A guide for health professionals, educators and general practitioners*



## Chlamydia

(bacterial infection)

<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
<p>Unprotected vaginal or anal sex, sometimes oral sex (via semen, vaginal fluids, anal or throat secretions).</p> <p>From mother to baby during birth.</p>	<p>Most women and half of all men have no symptoms.</p> <p><b>Women:</b> vaginal discharge; pain during sex or when urinating; abdominal pain; abnormal bleeding.</p> <p><b>Men:</b> discharge from penis; pain when urinating; testicular pain.</p>	<p>Generally urine test (first void) or self collected vaginal swab.</p> <p>May need swab from the cervix, vagina, urethra, anus or throat.</p>	<p>Treated with antibiotics, usually single dose of tablets.</p> <p>Re-infection can occur.</p>	<p>Pelvic Inflammatory Disease (PID), risk of ectopic pregnancy, and infertility in women and men.</p> <p>Pneumonia, conjunctivitis in newborn babies.</p> <p>Increased risk of HIV transmission/infection.</p>
<p>Unprotected vaginal, anal or oral sex (via semen, vaginal fluids, anal or throat secretions).</p> <p>From mother to baby during birth.</p>	<p>Almost all women and some men have no symptoms.</p> <p><b>Women:</b> vaginal or anal discharge; pain during sex or when urinating; abdominal pain; abnormal bleeding; sore throat.</p> <p><b>Men:</b> discharge from penis or anus; pain when urinating; testicular pain; sore throat.</p>	<p>Generally urine test (first void) or self collected vaginal swab.</p> <p>May need swab from the cervix, vagina, urethra, anus or throat.</p>	<p>Treated with antibiotics, single dose of tablets or by injection.</p> <p>Re-infection can occur.</p>	<p>Pelvic Inflammatory Disease (PID), risk of ectopic pregnancy, and infertility in women and men.</p> <p>Swollen joints.</p> <p>Serious eye disease in newborn babies.</p> <p>Increased risk of HIV transmission/infection.</p>

## Gonorrhoea

(bacterial infection)

## Non-Specific Urethritis (NSU)

(generally bacterial infection)

## Trichomoniasis

(protozoan parasite)

## Syphilis

(bacterial infection)

	<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
	Unprotected vaginal, anal or oral sex (via semen, vaginal fluids, anal or throat secretions).	Discharge from penis; pain when urinating.	Urine test.  Swab from the urethra.	Treated with antibiotics.  Re-infection can occur.	Infertility.  Increased risk of HIV transmission/infection.
	Unprotected vaginal sex (usually via semen and vaginal fluids).	<b>Women:</b> vaginal discharge; pain during sex or when urinating; irritation and odour.  <b>Men:</b> usually no symptoms.	Swab from the vagina (can collect own vaginal swab).	Treated with antibiotics.  Any male partners need treatment also.  Re-infection can occur.	Pregnancy complications.  Increased risk of HIV transmission/infection.
	Vaginal, anal or oral sex (via direct contact with a lesion).  Rarely blood to blood contact.  Mother to baby during pregnancy.	Mostly no symptoms.  First stage (Primary syphilis) - painless ulcer in genital area or mouth.  Second stage (Secondary syphilis) - rash on palms, soles, body; hair loss; swollen lymph glands.	Blood test.  Swab from the sore (if present).	Treated with antibiotics, usually by injection.  Re-infection can occur.	Serious damage to heart or brain.  Miscarriage, stillbirth, or damage to the developing baby (i.e. congenital syphilis).  Increased risk of HIV transmission/infection.

## Human Immunodeficiency Virus (HIV)

(viral infection)

## Hepatitis A

(viral infection)

	<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
	<p>Vaginal, anal or oral sex (via semen, vaginal fluids, blood).</p> <p>Blood to blood contact.</p> <p>From mother to baby during pregnancy, birth or breastfeeding.</p>	<p>May have a flu-like illness shortly after infection. Usually no symptoms for many years.</p> <p>Later may develop fatigue; swollen lymph glands; night sweats; memory loss; diarrhoea.</p>	<p>Blood test three months after possible contact.</p>	<p>No cure as yet, the virus stays in the body.</p> <p>Treatment keeps the virus under control so can live a healthy life for many years.</p> <p>PEP - post exposure antivirals may be given after high risk exposure.</p>	<p>Eventually the immune system may become severely damaged, and infections and certain cancers can occur - this is then called Acquired Immune Deficiency Syndrome (AIDS).</p>
	<p>Not often sexually transmitted.</p> <p>Contaminated food or water, oral-anal sex (faecal oral transmission).</p>	<p>May have mild or no symptoms.</p> <p>Jaundice; fever; nausea; loss of appetite; malaise; abdominal pain.</p>	<p>Blood test.</p>	<p>Vaccination available.</p> <p>Prompt treatment after exposure can prevent infection.</p>	<p>Recovery and immunity.</p> <p>No long term damage.</p>

## Hepatitis B

(viral infection)

<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
<p>Vaginal, anal or oral sex (via semen, vaginal fluids, blood).</p> <p>Blood to blood contact.</p> <p>From mother to baby.</p>	<p>Varies from mild to severe, or may have no symptoms.</p> <p>Jaundice; fever; nausea; loss of appetite; malaise; abdominal pain.</p>	<p>Blood test three-six months after possible contact.</p>	<p>Vaccination available. Prompt treatment after exposure can prevent infection.</p> <p>Antiviral drugs may help some people fight the virus.</p>	<p>Most people recover completely and are then immune.</p> <p>About 5-10% of people who contract hepatitis B as adults have ongoing infection (more likely if contracted when young), and may develop chronic liver disease, liver failure or cancer of the liver.</p>
<p>Blood to blood contact.</p> <p>Not often sexually transmitted so very low risk during sex.</p> <p>Low risk of transmission from mother to baby.</p>	<p>May have a flu-like illness shortly after infection. Usually no symptoms for many years.</p> <p>Later may develop jaundice; fever; nausea; loss of appetite; malaise; abdominal pain.</p>	<p>Blood test three-six months after possible contact.</p>	<p>No vaccine available. Antiviral drugs (six-twelve months) may help fight the virus and clear it from the body.</p> <p>Success rates vary with strain of virus.</p>	<p>About 25% of people get well; about 75% have ongoing infection and some may develop chronic liver disease.</p> <p>Of these a small number may develop cirrhosis, liver failure or cancer of the liver.</p>

## Hepatitis C

(viral infection)

## Genital Warts/ Human Papilloma Virus (HPV)

(viral infection)

Many different types of genital HPV.

## Genital Herpes /Herpes Simplex Virus (HSV)

(viral infection)

Two different types of HSV; type 1 and type 2.

	<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
	<p>Skin to skin contact, usually during vaginal, anal or oral sex.</p> <p>Mother to baby.</p> <p>Usually passed on when people don't know they have it.</p>	<p>Usually no symptoms, or may take months for symptoms to appear.</p> <p>Lumpy growths on the genital, mouth or anal area.</p>	<p>Usually diagnosed by observation. May show up on a Pap smear.</p> <p>Tests for high risk types available but not used routinely.</p>	<p>Vaccination against common types is available.</p> <p>Visible warts can be treated with lotions, creams, freezing, diathermy or laser.</p> <p>However the virus can remain in the skin for a long time and more warts may appear.</p>	<p>Very common – 80% of people are infected at some time with at least one type of HPV.</p> <p>Not usually a serious problem. Immune system usually clears the virus over 1-2 years.</p> <p>Some (high risk) types of wart virus are linked with some cancers including cervical cancer - so women need regular Pap smears.</p>
	<p>Skin to skin contact, usually during vaginal, anal or oral sex.</p> <p>Mother to baby.</p> <p>Often passed on when people don't know they have it.</p>	<p>Usually no symptoms or may have flu-like illness with the first episode.</p> <p>Painful, tingling or itching blisters or ulcers in the genital or anal area which can recur.</p>	<p>Swab from lesions.</p> <p>Blood tests in some cases (not a routine test).</p>	<p>The virus stays in the body.</p> <p>Antiviral drugs can reduce the pain, severity and frequency of outbreaks.</p>	<p>Common.</p> <p>People often have no symptoms and don't know they have it. Emotional and relationship issues can be more difficult than physical problems.</p> <p>Precautions needed for pregnant women to avoid risk to baby. Most risky if woman gets genital herpes for the first time late in pregnancy.</p> <p>Increased risk of HIV transmission/infection.</p>

## Molluscum contagiosum

(viral infection)

## Donovanosis

(bacterial infection)

## Pubic lice (Crabs)

(parasitic)

	<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
	<p>Usually direct skin to skin contact.</p> <p>When it occurs on the genital area in adults, it is usually sexually transmitted.</p> <p>It can be spread around the body through shaving and scratching.</p>	<p>Small, round, pearly lumps anywhere on the body.</p> <p>Lumps usually show up one-three months after infection, but can occur as early as one week or up to six months after contact.</p>	<p>Usually diagnosed by observation.</p>	<p>In most cases, the lumps will go away by themselves.</p> <p>The infection can last up to two years, although each lump generally disappears after two or three months.</p> <p>Lumps may be treated with cream or by freezing them.</p>	<p>Is generally harmless and will disappear on its own in healthy people.</p> <p>In a few people however, such as those with HIV/AIDS, it can spread all over the body and last for a long time.</p>
	<p>Direct contact with a lesion (rare in southern areas of Australia).</p>	<p>Painless lesions, usually in the genital area, that may become large, red and beefy. Characteristic smell.</p>	<p>Swab from lesions.</p>	<p>Treated with antibiotics, usually tablets.</p> <p>Re-infection can occur.</p>	<p>Large growths, local tissue destruction and scarring, isolation from community.</p> <p>Increased risk of HIV transmission/infection.</p>
	<p>Close body contact. Shared towels, bedding, clothing etc.</p>	<p>Itching, irritation, and inflammation in the pubic area.</p> <p>Visible eggs or lice.</p>	<p>Diagnosed by observation.</p>	<p>Treated with insecticide lotions or shampoos.</p>	<p>No serious consequences.</p>

# Vulval and Vaginal Infections (generally not sexually transmitted)

	<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
<p><b>Thrush/ Candida</b> (fungal infection)</p>	<p>Yeast that commonly lives in the vagina without causing problems.</p> <p>May overgrow when normal vaginal balance is upset – by hormonal changes, antibiotics, etc.</p>	<p>Irritation, inflammation and itching of the vulva / vagina; thick, white, curdy vaginal discharge.</p> <p>Soreness and pain with sex can occur.</p>	<p>Swab from the vagina or other affected area (can collect own swab).</p>	<p>Treated with pessaries, creams or oral tablets from the chemist.</p> <p>Best to have a health professional confirm that it is thrush.</p>	<p>Does not need treatment unless causing problems.</p> <p>Often recurs.</p> <p>Increased risk of HIV transmission/infection.</p>
<p><b>Bacterial Vaginosis</b> (changes in normal vaginal bacteria)</p>	<p>Bacteria that commonly live in the vagina without causing problems.</p>	<p>Thin, greyish (or white/yellowish), unpleasant-smelling vaginal discharge.</p> <p>May be more noticeable with sex or during a period.</p>	<p>Swab from the vagina (can collect own vaginal swab).</p>	<p>Antibiotics, usually tablets, but sometimes vaginal gel or cream.</p>	<p>Does not need treatment unless causing symptoms or before intrauterine device (IUD) insertion or termination of pregnancy.</p> <p>Often recurs.</p> <p>Increased risk of HIV transmission/infection.</p>

# Male Genital Conditions (generally not sexually transmitted)

## Balanitis and/or Balanoposthitis

ie. inflammation of the head of the penis and/or foreskin  
(fungal, bacterial)

<b>Transmission</b> How can you get it?	<b>Symptoms</b> How can you tell if you have it?	<b>Testing</b> How can you test for it?	<b>Treatment</b> How can you get rid of it?	<b>Long term effects</b> What can happen if left untreated?
<p>Not usually sexually transmitted.</p> <p>Often caused by yeast that commonly lives on the skin without causing any problems.</p>	<p>Itching, soreness, redness of the head of the penis and/or foreskin.</p>	<p>Swab from the skin.</p>	<p>Can be treated with topical creams.</p>	<p>Usually no serious long-term consequences.</p> <p>Consider underlying causes such as diabetes mellitus.</p>

## **FPWA Sexual Health Services**

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