PART 8
RESOURCES FOR PATIENTS: CDC STI FACT SHEETS

- Chlamydia
- Gonorrhea
- Syphilis
- HPV
- Cervical Cancer
- Genital Herpes
Chlamydia – CDC Fact Sheet

**What is chlamydia?**
Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

**How is chlamydia spread?**
You can get chlamydia by having anal, vaginal, or oral sex with someone who has chlamydia.

If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum).

If you’ve had chlamydia and were treated in the past, you can still get infected again if you have unprotected sex with someone who has chlamydia.

If you are pregnant, you can give chlamydia to your baby during childbirth.

**How can I reduce my risk of getting chlamydia?**
The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results.
- Using latex condoms the right way every time you have sex.

**Am I at risk for chlamydia?**
Anyone who has sex can get chlamydia through unprotected anal, vaginal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can be spread through oral and anal sex.

Have an honest and open talk with your health care provider and ask whether you should be tested for chlamydia or other STDs. If you are a sexually active woman younger than 25 years, or an older woman with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should get a test for chlamydia every year. Gay, bisexual, and men who have sex with men as well as pregnant women should also be tested for chlamydia.

**I’m pregnant. How does chlamydia affect my baby?**
If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.

If you are pregnant, you should be tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.
How do I know if I have chlamydia?
Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice
- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include
- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum, either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause
- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have chlamydia?
There are laboratory tests to diagnose chlamydia. Your health care provider may ask you to provide a urine sample or may use (or ask you to use) a cotton swab to get a sample from your vagina to test for chlamydia.

Can chlamydia be cured?
Yes, chlamydia can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. When taken properly it will stop the infection and could decrease your chances of having complications later on. Medication for chlamydia should not be shared with anyone.

Repeat infection with chlamydia is common. You should be tested again about three months after you are treated, even if your sex partner(s) was treated.

What happens if I don’t get treated?
The initial damage that chlamydia causes often goes unnoticed. However, chlamydia can lead to serious health problems.

If you are a woman, untreated chlamydia can spread to your uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID often has no symptoms, however some women may have abdominal and pelvic pain. Even if it doesn’t cause symptoms initially, PID can cause permanent damage to your reproductive system and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever. Rarely, chlamydia can prevent a man from being able to have children.

Untreated chlamydia may also increase your chances of getting or giving HIV -- the virus that causes AIDS.
What is gonorrhea?
Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

How is gonorrhea spread?
You can get gonorrhea by having anal, vaginal, or oral sex with someone who has gonorrhea.

A pregnant woman with gonorrhea can give the infection to her baby during childbirth.

How can I reduce my risk of getting gonorrhea?
The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:
- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms and dental dams the right way every time you have sex.

Am I at risk for gonorrhea?
Any sexually active person can get gonorrhea through unprotected anal, vaginal, or oral sex.

If you are sexually active, have an honest and open talk with your health care provider and ask whether you should be tested for gonorrhea or other STDs. If you are a sexually active man who is gay, bisexual, or who has sex with men, you should be tested for gonorrhea every year. If you are a sexually active woman younger than 25 years or an older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should be tested for gonorrhea every year.

I’m pregnant. How does gonorrhea affect my baby?
If you are pregnant and have gonorrhea, you can give the infection to your baby during delivery. This can cause serious health problems for your baby. If you are pregnant, it is important that you talk to your health care provider so that you get the correct examination, testing, and treatment, as necessary. Treating gonorrhea as soon as possible will make health complications for your baby less likely.

How do I know if I have gonorrhea?
Some men with gonorrhea may have no symptoms at all. However, men who do have symptoms, may have:
- A burning sensation when urinating;
- A white, yellow, or green discharge from the penis;
- Painful or swollen testicles (although this is less common).

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for
a bladder or vaginal infection. Women with gonorrhea are at risk of developing serious complications from the infection, even if they don’t have any symptoms.

Symptoms in women can include:

- Painful or burning sensation when urinating;
- Increased vaginal discharge;
- Vaginal bleeding between periods.

Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include:

- Discharge;
- Anal itching;
- Soreness;
- Bleeding;
- Painful bowel movements.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

**How will my doctor know if I have gonorrhea?**

Most of the time, urine can be used to test for gonorrhea. However, if you have had oral and/or anal sex, swabs may be used to collect samples from your throat and/or rectum. In some cases, a swab may be used to collect a sample from a man’s urethra (urine canal) or a woman’s cervix (opening to the womb).

**Can gonorrhea be cured?**

Yes, gonorrhea can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not undo any permanent damage caused by the disease.

It is becoming harder to treat some gonorrhea, as drug-resistant strains of gonorrhea are increasing. If your symptoms continue for more than a few days after receiving treatment, you should return to a health care provider to be checked again.

**I was treated for gonorrhea. When can I have sex again?**

You should wait seven days after finishing all medications before having sex. To avoid getting infected with gonorrhea again or spreading gonorrhea to your partner(s), you and your sex partner(s) should avoid having sex until you have each completed treatment. If you’ve had gonorrhea and took medicine in the past, you can still get infected again if you have unprotected sex with a person who has gonorrhea.

**What happens if I don’t get treated?**

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, untreated gonorrhea can cause pelvic inflammatory disease (PID). Some of the complications of PID are

- Formation of scar tissue that blocks fallopian tubes;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

In men, gonorrhea can cause a painful condition in the tubes attached to the testicles. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child.

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening.

Untreated gonorrhea may also increase your chances of getting or giving HIV – the virus that causes AIDS.
**Syphilis - CDC Fact Sheet**

**What is syphilis?**
Syphilis is an STD that can cause long-term complications if not treated correctly. Symptoms in adults are divided into stages. These stages are primary, secondary, latent, and late syphilis.

**How is syphilis spread?**
You can get syphilis by direct contact with a syphilis sore during anal, vaginal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth. Syphilis can also be spread from an infected mother to her unborn baby.

**What does syphilis look like?**
Syphilis has been called 'the great imitator' because it has so many possible symptoms, many of which look like symptoms from other diseases. The painless syphilis sore that you would get after you are first infected can be confused for an ingrown hair, zipper cut, or other seemingly harmless bump. The non-itchy body rash that develops during the second stage of syphilis can show up on the palms of your hands and soles of your feet, all over your body, or in just a few places. You could also be infected with syphilis and have very mild symptoms or none at all.

**How can I reduce my risk of getting syphilis?**
The only way to avoid STDs is to not have vaginal, anal, or oral sex.
If you are sexually active, you can do the following things to lower your chances of getting syphilis:
- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results; and
- Using latex condoms the right way every time you have sex.
Washing your genitals, urinating, or douching after sex will not protect you from getting syphilis.

**Am I at risk for syphilis?**
Any sexually active person can get syphilis through unprotected anal, vaginal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs. You should get tested regularly for syphilis if you are pregnant, are a man who has sex with men, have HIV infection, and/or have partner(s) who have tested positive for syphilis.

**I'm pregnant. How does syphilis affect my baby?**
If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or stillborn (a baby born dead).
To protect your baby, you should be tested for syphilis during your pregnancy and at delivery and receive immediate treatment if you test positive.

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

How do I know if I have syphilis?

Symptoms of syphilis in adults can be divided into stages:

Primary Stage

During the first (primary) stage of syphilis, you may notice a single sore, but there may be multiple sores. The sore is the location where syphilis entered your body. The sore is usually firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even though the sore goes away, you must still receive treatment so your infection does not move to the secondary stage.

Secondary Stage

During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus (also called mucous membrane lesions). This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won’t itch and it is sometimes so faint that you won’t notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly late stages of syphilis.

Latent and Late Stages

The latent stage of syphilis begins when all of the symptoms you had earlier disappear. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms. Most people with untreated syphilis do not develop late stage syphilis. However, when it does happen it is very serious and would occur 10–30 years after your infection began. Symptoms of the late stage of syphilis include difficulty coordinating your muscle movements, paralysis (notable to move certain parts of your body), numbness, blindness, and dementia (mental disorder). In the late stages of syphilis, the disease damages your internal organs and can result in death.

A syphilis infection is called an ‘early’ case if a patient has been infected for a year or less, such as during the primary or secondary stages of syphilis. People who have ‘early’ syphilis infections can more easily spread the infection to their sex partners. The majority of early syphilis cases are currently found among men who have sex with men, but women and unborn children are also at risk of infection.

How will my doctor know if I have syphilis?

Most of the time, a blood test can be used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.