

REPRODUCTIVE TRACT INFECTIONS

Disease	When Symptoms Appear	Usual Symptoms	How You Get It	Testing	Treatments	Prognosis With Treatment	Prognosis Without Treatment
AIDS (HIV) (Human Immunodeficiency Virus)	months-years	Flu-like symptoms Unexplained weight loss, diarrhea, nightsweats, fever	Sharing needles Vaginal, anal, or oral intercourse Baby born to infected mom Exchanging blood/body fluids Breastfeeding	Antibodies from blood or mouth are tested.	Antiviral Not Curative Supportive therapy	So far no cure, but early testing is recommended to diagnose and treat with new drugs. New medications coming on the market with increasing frequency help control but do not cure AIDS. Early diagnosis and treatment can prolong and improve quality of life and decrease transmission of virus to fetus. No vaccine.	Full blown AIDS is almost always fatal.
Bacterial Vaginosis (bacteria)	1-12 weeks	Men: Usually none Women: Fish-smelling discharge	Caused by a change in the balance of different bacteria in the vagina.	Microscopic identification	Specific antibiotics Partner not usually treated, as not usually sexually transmitted	Cure No vaccine	Recurrent infections Has been found in Pelvic Inflammatory Disease, tubal infections, postpartum infections, premature delivery, miscarriage
Chlamydia (bacteria) (including non-gonococcal urethritis in men)	7-21 days; may be longer	Sometimes no early symptoms. When present in men; painful urination, purulent or mucopurulent discharge from penis; In women: itching, burning in genitals, vaginal discharge, dull pelvic pain, bleeding between menstrual periods.	Vaginal, anal, or oral intercourse Mother to infant during delivery	DNA probe test and culture Urine	Specific antibiotics Partner(s) need to be treated at same time	Cure No vaccine	In men, can lead to arthritis and inflammation of testicles. In women, infection of cervix (lower part of uterus can spread, causing scar tissue in tubes and painful PID (pelvic inflammatory disease). May cause sterility if not treated. Can cause ectopic pregnancy, which can be fatal if not detected. If passed to infant during birth process, causes eye infections, pneumonia.
Gonorrhea (GC, drip, clap) (bacteria) - (Neisseria Gonorrhoeae)	Few days after exposure	Frequent painful burning urination and whitish, greenish or yellow discharge from penis or cervix. In men, opening of penis may be red and sore. Other symptoms; sore throat, swollen glands, discharge from anus. Sometimes there are no symptoms.	Vaginal, oral, or anal intercourse Mother to infant during delivery	Cells taken from vagina, throat, anus, penis for culture or DNA probe test Urine	Specific antibiotics Partner(s) need to be treated at same time	Cure No vaccine	Sterility Blindness in newborns PID (pelvic inflammatory disease) Arthritis Heart Problems
Hepatitis B (HBV) (virus)	6 weeks-6 months Average 60-90 days	Muscle ache, fever, tiredness, loss of appetite, headaches, dizziness (flu like symptoms). In other cases: dark urine, light stool color, yellow eyes and skin (jaundice), tenderness in liver area.	Sharing needles Vaginal, oral or anal intercourse Baby born to infected mom Exposure to blood/body fluids Tattooing, acupuncture with infected needles. Very contagious.	Blood test (vaccine available to protect against Hepatitis B) 1-6% develop chronic HBV infection	Bedrest Immunization of contacts No specific treatment of acute cases	No cure Alfa Interferon for chronic cases Vaccine - yes	Chronic liver disease Cirrhosis - liver cancer Death
Herpes (HSV) (virus)	1-3 weeks average; may be longer, highly variable	Small, painful blisters on genitals or mouth Tingling, itching, before blisters appear Possibly painful urination if lesion located near urethra	Direct contact with blisters or area of tingling - including oral, rectal or genital contact Virus can shed even without an outbreak Mother to infant during delivery	Scraping of cells taken from lesions for culture	No Cure. Treatment: Anti-viral oral medication eases pain, shortens outbreak or episodes of recurrence, but does not cure underlying viral infection	May reappear regularly, occasionally, never again No vaccine	Meningoencephalitis Infection to newborn of infected pregnant woman may lead to pneumonia, mental retardation and death of the newborn.

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For an appointment or more information, call
1-800-432-4121
or visit
www.nwhealth.org



ANTRIM
205 Grove Street
Mancelona, MI 49659
231.587.5044

CHARLEVOIX
220 W. Garfield
Charlevoix, MI 49720
231.547.6523

EMMET
3434 M-119, Suite A
Harbor Springs, MI 49740
231.347.6014

OTSEGO
95 Livingston Blvd.
Gaylord, MI 49735
989.732.1794

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Molluscum Contagiosum (virus)	7 days-6 months	Skin develops smooth-surfaced firm lesions, white, yellow, or translucent	Direct contact, sexual and non-sexual	Visual examination or microscopically	May resolve on own or mechanical removal (scraping lesion), chemical or freezing	Usually cure No vaccine	Eventually cure on own
Pubic Lice/Crabs (louse)	3-14 days	Intense itching Nits in hair	Direct contact with infested area or clothing	Visual examination	Prescribed medicated shampoo	Cure No vaccine	Continued infestation and symptoms
Scabies (mite)	2-6 weeks	Severe itching at night	Direct contact with infested area or clothing	Visual examination	Prescribed ointment/cream	Cure No vaccine	Continued infestation and symptoms
Syphilis (bacteria-treponema pallidum)	1-12 weeks- usually 3 weeks	1 st Stage: Painless ulcer (chancre) on palms/soles of feet, genitals or mouth 2 nd Stage: Rash or mucous patches, spotting hair loss, sore throat, swollen glands Ulcer goes away in 1-3 weeks but you still have syphilis.	Direct contact with infectious ulcers, rashes, or mucous patches during sexual intercourse, blood transfusion, to fetus/infant at delivery.	Blood test for serology	Specific antibiotics	Cure Partner(s) need to be tested	Heart disease Death Brain damage Damage to skin, bones, eyes, teeth, and liver of infant
Trichomoniasis (protozoa - trichomonas vaginalis)	1-4 weeks- Average 7 days	Possibly no symptoms Women: Heavy, frothy discharge Intense itching, burning, foul odor Men: Usually none Clear discharge Itching after urination	Vaginal sex May also rarely be spread by damp wash cloth, towels, bathing suits, toilet seats	Pap smear or microscopic identification	Specific antibiotics	Cure with prompt treatment No vaccine Partner(s) need to be treated at same time	Possible gland infection Rarely pelvic inflammatory disease and infertility
Venereal/Genital Warts, Condyloma (HPV Human Papilloma Virus)	Few weeks, months or longer	Possibly no symptoms Local irritation, itching and wart growths usually on genitals, anus, vagina, cervix, lips, tongue or throat; often painless	Genital, anal, or oral contact with warts/or virus Very Contagious Mother to infant during delivery	Visual exam, Pap smear, Colposcopy and Biopsy Many subtypes of this virus	Application of acid, laser, freezing, burning of warts, surgical removal. No cure for underlying viral infection	May need repeat treatment May get rid of warts but usually still have virus. Vaccine - yes	Possible cancer of cervix or penis
Yeast Infection (fungus - candida)	Varies	Women: Thick, white, cheesy discharge Intense itching, inflammation Men: Varies from none to reddened area on penis	May follow antibiotic treatment Vaginal, oral, or anal intercourse Pregnancy Oral contraceptives	Microscopic identification or Pap smear	Medicated vaginal creams/suppositories/oral medications	Cure, usually No vaccine Partner(s) not usually treated	May become chronic Infants: Mouth and throat infections

Prevention

- ★ Abstain from oral and genital contact.
- ★ Do not have any sexual relations until both you and your partner have been tested (and treated if able) for STI's including HIV.
- ★ Have sex only with one person who is only having sex with you.
- ★ Use a lubricated latex condom properly.
- ★ Look at your partner before contact. Be alert to sores, rashes, bumps, warts and discharges as they might be highly contagious.
- ★ Wash your genitals before and after sexual contact.
- ★ Urinate before and after sexual contact.

- ★ Inform your partner so that he/she can seek medical care if you have a sexually transmitted infection. It is your responsibility.
- ★ Obtain treatment at the same time as your partner so as not to reinfect each other.
- ★ Avoid sexual intercourse unless female is well lubricated to reduce friction and irritation to the vaginal area; K-Y jelly or water-based personal lubricant may be used.
- ★ Have regular check-ups and request a pap smear, and to be checked for sexually transmitted infections. These tests are not always included unless you specifically ask for them.

Recommendations to Improve Genital Health

- ★ Wash the genitals daily.
- ★ Examine genitals monthly.
- ★ Wipe front to back after urination and bowel movement to avoid contamination of the urethra and vagina from the rectal area.
- ★ Avoid bubble baths and feminine hygiene sprays.
- ★ Avoid perfumed and colored toilet paper.
- ★ Wear cotton underwear and change daily.
- ★ Avoid pantyhose, tight-fitting clothing, and synthetic fibers.
- ★ Do not douche. Your body was designed to cleanse itself.
- ★ If you have a vaginal discharge, irritation, burning itching, odor, sores, or pain, seek medical care. Do not douche or use over-the-counter medication as it will make it more difficult to diagnose the problem.

- ★ Change tampons and pads frequently.
- ★ Have a routine yearly Pap smear and pelvic exam.
- ★ A well-nourished and rested body will increase your resistance to infections.
- ★ Use non-deodorized pads and tampons.
- ★ Uncircumcised males need to retract the foreskin when cleaning the penis.

AIDS Hotline: 1-800-342-AIDS
STD Hotline: 1-800-227-8922
www.ashstd.org

