

SEXUALLY TRANSMITTED INFECTIONS

Infection	Symptoms	Incubation	Cause	Transmission	Treatment	Prognosis
AIDS / HIV	<i>Caution: Almost all of the symptoms of AIDS are very general and could be signs of many other conditions. If you are concerned about any of these symptoms, please call an AIDS Hotline for additional information.</i> W&M: Rapid, unexplained weight loss, newly active TB, persistent, dry cough, night sweats, persistent diarrhea, swollen lymph glands, yeast in mouth, unexplained short term memory loss, colored patched, lumps in mouth, on skin. W: Common first symptoms: Recurrent PID, yeast, certain pre-cancers of the cervix.	HIV virus 3-6 months AIDS 2-10 years, average 5-7.	Human Immuno-deficiency Virus	Sexual activities that exchange body fluids. Blood contact, e.g., injection drug use with shared needles. Infected mother to newborn.	No known cure; AZT can slow infection for many people. Various treatments for other illnesses due to suppressed immune system.	Serious illness; death.
BACTERIAL VAGINOSIS	W: Vaginal discharge, odor, itching, burning. M: No symptoms.	Unknown	Interaction of several bacteria	Usually vaginal intercourse, However BV can occur in women who abstain.	Oral antibiotics.	Seriousness unknown; may play role in post-partum infection / PID.
CHLAMYDIA	W: Vaginal discharge, irregular bleeding, irritation in urethra, PID symptoms; 2/3 have no symptoms. M: Penile discharge, itching, burning; 1/3 have no symptoms.	7-21 Days	Chlamydia trachomatis bacteria	Vaginal, anal intercourse.	Oral antibiotics; treat partners, use condom.	PID for women; sterility. Epididymitis / prostatic / arthritis for men.
CRABS (pubic lice)	W&M: Itching, irritation in pubic region. Can often see louse in underwear or on body – about the size of a pinhead. Lice eggs take 1 week to hatch, 2 weeks to mature.	Louse transmitted directly	Phthirus pubis, parasitic louse	Usually sexual intercourse, close body contact. Non-sexual transmission common; sharing infected bedding, towels, clothes.	Topical lotion / shampoo; Launder all infected objects.	None serious; itching can continue after treatment.
Gonorrhea	W: Vaginal discharge, irregular bleeding, PID symptoms; 25-50% have no symptoms. M: Penile, anal discharge, burning, itching, 5-10% have no symptoms.	2-7 Days	Neisseria gonorrhea bacteria	Vaginal, anal intercourse; Oral-genital (throat infections for receiver of penis).	Oral antibiotics; treat partners, use condom.	PID for women; sterility. Epididymitis / prostatic / arthritis for men.
Herpes	W&M: Before outbreak: itching, tingling, sensitivity in area, flu-like symptoms. Outbreak: Blister type sore breaks open to leave raw, painful area, scabs over. Occurs on mouth, penis, labia, vagina, cervix, and anus. Estimated that 2/3 herpes cases may be transmitted unknowingly during incubation, due to misdiagnosis, atypical symptoms, shedding of virus when some sores not present, visible.	5-21 Days	Herpes Simplex I & II (HSV)	Vaginal, anal intercourse. Oral-oral contact; oral-genital-anal contact. Actively infected mother to newborn.	No known cure; oral acyclovir used to suppress frequent outbreaks. If sores are anal or if acyclovir does not control recurrences, get HIV test.	Serious only for pregnant women; if first outbreak while pregnant, can cause premature delivery; recurrence during delivery; can infect newborn.

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SEXUALLY TRANSMITTED INFECTIONS - CONTINUED

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Molluscum contagiosum	W&M: Small, shiny bumps with a core, usually appear around genitals, thighs, buttocks and lower abdomen.	Several weeks	Virus	Sexual intercourse. Non-sexual transmission common: close contact.	Liquid nitrogen or removal of core with sterile needle.	None serious, but often hard to get rid of.
NGU (non-gonococcal urethritis)	M: Same as chlamydia, gonorrhea.	7-21 Days	Usually chlamydia	Vaginal, anal intercourse.	Oral antibiotics, treat partners, use condoms.	See chlamydia / gonorrhea.
PID (Pelvic Inflammatory Disease)	W: Abdominal pain, discharge, fever, nausea, irregular bleeding. Estimated 50% may be asymptomatic.	Depends on infecting organism	Usually chlamydia or gonorrhea	Vaginal intercourse.	Oral antibiotics; no sexual activity; treat partners. If recurs frequently, get HIV test.	Increased risk tubal pregnancy, infertility, chronic pelvic pain.
Scabies	W&M: Severe itching, red rash.	Several days to weeks	Sarcoptes scabiei, "itch mite"	Sexual intercourse. Non-sexual transmission common: close contact, sharing bedding, towels, clothing.	Topical lotion / shampoo; Launder all infected objects.	None serious, but itching can be severe.
Syphilis	W&M: Disease has three stages: 1 st – Single, painless sore, crater-like with smooth, rounded edges. 2 nd – Skin rash on back, stomach, hands, feet; flat, warty growths. 3 rd – Severe damage to tissue, brain, nervous system.	10-90 Days; average 20-25 days	Treponema pallidum bacteria	Vaginal, anal intercourse. Oral-genital contact. Infected mother to newborn.	Penicillin by injection; always have HIV test.	Serious for 30% who advance to stage 3; degeneration of major body systems, death; untreated pregnant women pass to newborn.
Tricho-monas	W: Vaginal discharge, burning, itching, odor. M: Penile discharge, burning, but rarely has symptoms.	About 7 days	Trichomonas vaginalis protozoa	Vaginal, anal intercourse.	Oral antibiotics.	None serious.
Warts	W&M: Florid (visible) warts range from small slightly raised bumps to larger, rough-textured bumps. Flat (non-visible) warts create changes in cell structure that can be seen only with certain clinical tests. May itch. Occur on penis, labia, vagina, cervix, anus. Estimated 40-60% warts are flat type, showing no symptoms.	3 weeks to 8 months average, but can be up to 18-20 months.	Human Papilloma Virus (HPV)	Vaginal, anal intercourse. Actively infected mother to trachea of newborn.	No known cure for virus – warts do recur; specific wart infections can be treated by various methods depending on site and type of wart. If warts are anal, get HIV test.	Certain strains may increase risk of cervical cancer in women; not known if increase cancer risk for men.
Yeast	W: White, clumpy vaginal discharge, itching, burning and inflammation. M: Rash, irritation on penis from contact with partner's discharge.	N/A	Overgrowth of yeast in vagina.	Partners do not become infected, just affected by symptoms.	Vaginal creams; if treatment does not control, have HIV test.	None serious.

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