Understanding Sexually Transmitted Infections Comparative Chart

Use this comparative chart to help you understand and identify the different types of STIs and how you can protect yourself from them.

Sexually transmitted infections, or "STIs" for short, are viral, bacterial, parasitic or fungal infections that are contracted from person to person during sexual activity. Infections can be transferred through exchanges of body fluids like blood, semen, vaginal secretions and breast milk. Different types of sexual activities that transfer infections include oral, vaginal or anal intercourse, as well as skin-to-skin contact.

Protect yourself from STIs. It is important to use a latex condom for any sexual activity and to use a dental dam for oral sex. If you have sexual relations with multiple partners, make sure you always use a condom and get tested regularly.

It's never too late to take action. If you have tested positive for an STI, make sure you seek treatment from your health-care professional as soon as possible. You will also be asked to contact all the partners you have been sexually active with, to avoid spreading the infection. It is important to treat STIs right away, as many are easily curable, but may cause infertility or even death if left untreated. Pregnant and lactating women with STIs may require different forms of treatment to prevent harm to their fetuses or newborns.

Dual protection consists of using a condom with any other form of contraception (like the pill, the patch or the ring) to protect against STIs and to increase contraceptive effectiveness to avoid an unplanned pregnancy. Latex condoms are effective in preventing most STIs.







The chart below lists all the sexually transmitted infections. Viral infections are the most problematic because they are chronic infections which usually require ongoing treatment. Bacterial, parasitic and fungal infections are typically cleared up by the use of prescription medication.

Viral	Genital Herpes (HSV)	Hepatitis B (Hep B)	Human Immunodeficiency Virus (HIV-AIDS)	Human Papillomavirus (HPV)
Bacterial	Chlamydia (LGV)	Gonorrhea (the Clap)	Syphilis (the Great Imitator)	
Parasitic	Pubic Lice (Crabs)	Scabies (Mites)	Trichomoniasis (Trich)	

GENITAL HERPES or "HSV"

Yeast Infection (Candida)



Fungal

How is it TRANSMITTED? Genital herpes is a viral infection transmitted through direct vaginal, oral or anal sexual contact with an infected partner

partner with a history of cold sores • Through asymptomatic shedding (transmission of the virus when there are no

By receiving oral sex from a

- From an infected woman to her infant during pregnancy
- or birth Less commonly, through fomite transmission-contact with contaminated objects such as towels

What are the SIGNS and SYMPTOMS?

- Not all infected people develop symptoms Symptoms may emerge 2 to 21 days after initial infection; usually after 6
- Prior to an outbreak, the infected person may feel a tingling or burning sensation where the virus first entered the skin or—in the case of a recurrence—where there were lesions

During an outbreak:

- Painful sores (external or internal) · Inflammation and redness
- Fever
- Muscular pain
- Tender lymph nodes
 An outbreak resolves in 17 days for men and 23 days for women, on average
- Atypical signs and symptoms (without lesions): genital pain, urethritis, aseptic meningitis or cervicitis

What are possible CONSIDERATIONS?

- Increased risk of transmitting or becoming infected with HIV Avoid sexual activity from the start of
- burning/tingling symptoms until all lesions have completely healed
- Pay attention to personal hygiene to avoid fomite transmission
- Be aware of the potential for recurrences; watch for signs and symptoms as they may not be obvious
- Condoms and drug therapy can reduce but not eliminate the risk of transmission. Condoms have limited effectiveness at preventing infection as they do not cover the entire genital area · Though chronic in nature, herpes is a manageable
- infection. Counselling may be useful to help with relationship issues Advise your ob/gyn of your history of infection;
- precautions can be taken during pregnancy and delivery to minimize risk of transmission to the baby

What are the TREATMENT options?

- Antiviral medications—acyclovir, famciclovir and valacyclovir-to be started as early as possible following the onset of symptoms
- Suppressive therapy, which inhibits viral reproduction and reduces outbreaks, can be considered for patients with frequent outbreaks (6 or more times per year)
 • Other considerations for
- management during an outbreak: o Pain relievers and laxatives o Hospitalization, should urine retention become a problem

- Did you KNOW? There are two types of Herpes simplex virus:
 - with cold sores o HSV-2, traditionally associated with anogenital herpes

o HSV-1, traditionally associated

- The virus may cause a single
- outbreak or recurrences over time Recurrences may be triggered by: o The menstrual cycle in women
- o Emotional stress o Illness (especially fever)
- o Sexual intercourse o Surgery o Exposure to sun (including
- tanning beds) o Use of certain medications

HEPATITIS B or "Hep

How is it TRANSMITTED? • Hepatitis B is a viral infection

- transmitted through anal, vaginal or oral sex with an infected person
- Through exposure to infected blood or blood products (for example, injection drug use with shared equipment, accidental exposure or
- Occasionally from contact with shared household items (such as toothbrushes or razors)
- During childbirth to infant)

What are the SIGNS and SYMPTOMS? • In up to 50% of people, there are no

- outward signs of infection Up to 8 weeks after exposure to the
 - virus, some people experience flu-like symptoms including: o Tiredness
 - o Nausea and vomiting
 - o Decreased appetite o Rash
 - o Joint pain o Yellowing of the eyes and skin (in rare cases)

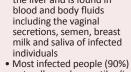
What are possible CONSIDERATIONS? · All sexual and household contacts of

- people with hepatitis B should be advised to be vaccinated to prevent infection
- Chronic hepatitis B can lead to severe liver damage including cirrhosis (scarring of the liver) and cancer
- Babies born to mothers with hepatitis B are at a high risk of becoming chronic carriers; they should receive an injection of antibodies immediately after birth, followed by the vaccine

What are the TREATMENT options?

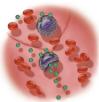
- There is no cure for hepatitis B, but a vaccine to prevent the infection is available
- Most individuals recover from hepatitis B infection fully within about 6 months • Individuals who are acutely infected with hepatitis B should
- abstain from sexual activity until their partner(s) have been screened and immunized if needed Household contacts should also be screened and
- immunized if needed If an individual is exposed, an injection of antibodies may
- be given (up to 7 days after a needlestick injury and up to 14 days after sexual contact), followed by the hepatitis B vaccine to help prevent infection. Infants born to infected mothers should receive an injection of antibodies immediately after birth followed by the vaccine within 12 hours Individuals with acute (non chronic) infections usually
- do not need antiviral medications
- Individuals who develop chronic hepatitis B infection require liver function monitoring and may benefit from treatment with interferon or an antiviral medication

Did you KNOW? Hep B is a virus that affects



- naturally produce antibodies to fight the disease, but some develop chronic hepatitis B; they carry the virus all their lives and are infectious for life Chronic infection can
- significantly damage Hepatitis B is most common
- in developing countries

HUMAN IMMUNODEFICIENCY VIRUS or "HIV-AIDS"



How is it TRANSMITTED?

HIV is a viral infection that is transmitted when the body fluids of an infected person (blood, milk) enter the blood stream of another individual — specifically, from:

- Unprotected vaginal, oral or anal sex
- (for example, water, cookers or crack pipes)
- · Household items such as toothbrushes and
- razors that have touched infected blood • Transmission during pregnancy, childbirth
- HIV cannot be transmitted by mosquitoes or other insects that have made contact with infected blood, nor can it be

What are the SIGNS and SYMPTOMS?

- Two to 4 weeks after exposure, some flu-like symptoms that last a few weeks
- For most people, symptoms don't emerge until years after exposure
- Once the immune system is weakened, the
 - o Frequent fever or sweats
 - o Persistent skin rashes
 - o Swollen glands
 - o Sore throat
 - o Fatigue or lack of energy o Headaches
- the only way to detect HIV infection. It may take up to 3 months for an infection to be detectable. Anyone at high risk who tests negative initially should retest 3 months

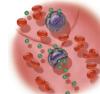
What are possible CONSIDERATIONS?

- Once AIDS has set in, other afflictions may occur such as:
 - o Increased frequency or severity of
- including toxoplasmosis o Chronic intestinal disturbances
- HIV do not know they are infected and risk
- transmitting the virus to others
- Infected individuals should seek guidance from their health-care providers
- Individuals diagnosed with HIV should inform sexual partners of their status. Failure to disclose may have legal implications

What are the TREATMENT options?

- Treatments are continually evolving, helping people living
- Anti-retroviral therapy (ART) helps slow the progression of the infection and can help the
- Though available HIV medications have lengthened the average time from infection to progression to AIDS, there are significant side effects that may affect quality of life. People on ART need to be monitored closely by a specialist for their response to treatment and side effects





- Use of contaminated sex toys • Shared needles or other drug equipment
- HIV-infected blood or blood products
- or breastfeeding (transmission from mother to child) transmitted through saliva, sweat, tears urine or feces of infected individuals,

- infected individuals may experience mild then disappear
- following may develop:
- o Joint or muscle pain
- o Rapid, unexplained weight loss
- o Nausea, vomiting, or diarrhea A blood test to check for HIV antibodies is later for certainty

- known as PCP), cytomegalovirus (CMV) causing loss of vision, candidiasis (esophageal, lungs, bronchial, vaginal), mvcobacterium avium complex mycobacterium tuberculosis
- o Cancers: cervical, anal, kaposi sarcoma and lymphoma
- herpes outbreaks o Conditions affecting the brain
- In Canada, it is estimated that 27% of people with

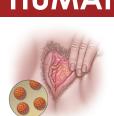
No cure exists for HIV-AIDS.

- with HIV-AIDS control the virus and its symptoms
- immune system restore itself

Did you KNOW? The virus destroys cells critical to a person's immune system, robbing the body of its ability to fight other infections and illnesses

 HIV weakens the immune system over time (months to years) until other infections occur and Acquired Immunodeficiency Syndrome or AIDS (the fatal stage of HIV infection) develops

HUMAN PAPILLOMAVIRUS



Genital warts

unless blood is present

- HPV is a virus transmitted through direct sexual contact—primarily vaginal and anal sex, but oral sex is also a risk Other sexual activity with
- intimate contact (genital rubbing or activity causing To an infant during delivery

(rare)

- Many individuals infected with low-risk types
- have no symptoms (do not develop visible warts or lesions) • In some people, anogenital warts develop within 1 to 8 months on the vulva, cervix, penis, scrotum, anus or in the urethra. These can be
- small, soft, flesh-coloured growths, with a cauliflower-like appearance The 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

o Discomfort during intercourse

o Bleeding with intercourse

Other symptoms may include:

What are possible CONSIDERATIONS?

- Genital wart recurrences are common even with treatment Cervical, vulvar, vaginal, anal, penile and other cancers
- Obstruction of the urethra or vaginal opening Depression and sexual dysfunction in
- chronic cases Specialist referral is required for atypical and/or non-healing warts
 • Counselling may be useful to help with relationship issues that may
- arise from the complex nature of the infection Although partner notification is not required, patients are encouraged to notify their partners that they have

had genital warts or an abnormal

What are the TREATMENT options?

- There is currently no cure for women and men infected with the virus • Vaccination is available to prevent
- Canada, vaccination has been approved for women aged 9 to 45 and men aged 9 to 26.) Depending on their size, number and location, genital warts can be treated using several different options, for example strong acids

and chemicals, topical cream, liquid

nitrogen, electric currents or laser

certain types of HPV. (Note: In

all your facts

- **Did you KNOW?** HPV is one of the most common
- sexually transmitted infections There are over 100 types of HPV; 40 can cause anogenital infection • It is estimated that 75% of the adult
- population will have at least one HPV infection during their lifetime Low-risk HPV types cause anogenital warts and other benign lesions
- High-risk HPV types are associated with cancer (mainly of the cervix)

 Most HPV infections clear on their own within 1 to 2 years You can visit www.hpvinfo.ca to get

Testing and Screening Methods

o Itchiness

The early detection and treatment of STIs is critical to prevent further spread of infections.



Urethra swab

The main methods of testing/screening are:

1. Blood test: syphilis, genital herpes, hepatitis B, HIV 2. Urine test: chlamydia, gonorrhea

4. Physical exam: HPV, trichomoniasis, pubic lice, scabies

Approaches differ by infection and gender, and may vary across Canada.

- 3. Swab/smear: chlamydia, gonorrhea, syphilis, genital herpes, trichomoniasis, yeast infection, HPV
- Cervix/Vagina swab Smear (Pap test)

- www.sexualityandu.ca to view testing and
 - screening methods

Watch the videos on

Sexualityandu.ca

Videos:

- My first pelvic (Pap test) and breast exam
- All about STIs · Hear our stories
- **Games:** • Sex-Fu Challenge

• How to put on a condom demo

• Test your sexual IQ at sexU **Media:**

- · Virtual Scenarios: See where your sexual choices lead you

Resources available at

- My first contraception and STI exam
- - · Matte stories: Oral sex and STIs

Other:





- How is it TRANSMITTED?
 - Chlamydia is a bacterial infection that can be spread through unprotected oral, vaginal or anal sex with an infected partner
 - Penetration and ejaculation are not required for transmission
 - It can be passed from an infected mother to her infant during birth, causing lung and/or eye infections
- What are the SIGNS and SYMPTOMS? Many infected individuals have no symptoms
 - Symptoms may occur from 2 to 6 weeks after initial exposure to the bacteria

Female:

- Vaginal discharge
- painful urinationlower abdominal pain vaginal bleeding after intercourse or
- between menstrual periods pain during intercourse
- eye or rectal infection (rarely)
- Male: • Clear, watery or milky urethral
- discharge itchy urethra
- painful urination testicular pain
- eye or rectal infection (rarely)
- What are possible CONSIDERATIONS? Chlamydia is often associated with other undetected or untreated
- infections • Individuals infected with chlamydia are at increased risk of contracting and transmitting HIV

Female:

- Infection spreading to the uterus and fallopian tubes (pelvic inflammatory disease)
- Risk of ectopic pregnancyInfertility
- Chronic pelvic pain
- Rashes, sores and joint pain Male: • Inflammation of the testicles, prostate
 - and scrotum
 Rashes, sores and joint pain
 - Infertility (in rare cases)
- treated with antibiotics taken as a single dose or over the course of one week Complicated chlamydial infections (for

Uncomplicated genital infections can be

What are the TREATMENT options?

- example, pelvic inflammatory disorder, neonatal, or epididymitis) usually require a longer course of treatment and may require hospitalization for treatment with IV antibiotics
- Sexual partner(s) who have had contact with an infected person within 60 days of diagnosis require testing and treatment. Abstinence from unprotected sexual intercourse until treatment is complete (7 days after a single dose treatment, or until all the medication is finished for a multiple dose treatment) is essential
- Anyone treated for chlamydia should be re-tested 6 months afterwards

Did you KNOW?

- Chlamydia can also cause another form of STI called lymphogranuloma venerum, also known as LGV or venereal disease. LGV can cause sores or lumps, inside or outside of the
- genitals • Chlamydia is the most common bacterial sexually transmitted
 - infection • The greatest number of infections is
 - found in people 15 to 24 years old

 Chlamydia can affect the cervix and urethra and occasionally the rectum, throat, and eyes

 Chlamydia can lead to reproductive
 - complications

GONORRHEA or "the Clap"



How is it TRANSMITTED? Gonorrhea is a bacterial infection that can be

- spread through unprotected oral, vaginal or anal sex with an infected partner Penetration and
- ejaculation are not required for transmission It can be passed from an infected mother to her
- infant during birth, causing an eye infection

What are the SIGNS and SYMPTOMS? Female:

Women are most often asymptomatic. Those that do exhibit symptoms may experience:

- Increased vaginal discharge Painful urination Lower abdominal pain
- Vaginal bleeding after intercourse or between menstrual periods
- Pain during intercourse • Rectal pain, discharge or itching
- Male: Most men develop symptoms within 2 to 7
- days of infection:
- Thick, yellowish-green discharge from penis
 - Painful urination
- Testicular pain or swellingRectal pain, discharge or itching
- What are possible CONSIDERATIONS? · Gonorrhea is often associated with other
- undetected or untreated infections • Individuals infected with gonorrhea are at
- increased risk of contracting and transmitting HIV

Female:

- Infection spreading to the uterus and fallopian tubes (pelvic inflammatory disease)
- · Chronic pelvic pain Infertility
- Risk of ectopic pregnancy
- Systemic gonococcal infection

Male: • Inflammation of the testicles

- Rashes, sores and joint painInfertility (in rare cases)
- Systemic gonococcal infection
- What are the TREATMENT options?
 - Uncomplicated gonorrhea is treatable with antibiotics
- Complicated gonorrhea infections (for example, pelvic inflammatory disorder, neonatal, or epididymitis) usually require a longer course of treatment and may require hospitalization for treatment with IV antibiotics
- Patients treated for gonorrhea should also be
- treated for chlamydia Sexual partner(s) who have had contact with an infected person within 60 days of diagnosis require testing and treatment. Abstinence from unprotected sexual intercourse until treatment is complete (7 days after a single dose treatment, or
- until all the medication is finished for a multiple dose treatment) is essential Anyone treated for gonorrhea should be re-tested 6 months afterwards

Did you KNOW?

- common bacterial STI
- · Gonorrhea bacteria are becoming more resistant to some medications, requiring
- follow-up for treated infections
 Two-thirds of reported cases in
- Gonorrhea can affect the cervix, urethra, rectum, throat
- with chlamydia
 Gonorrhea can lead to reproductive complications

SYPHILIS or "the Great Imitator"



How is it TRANSMITTED? Syphilis is a bacterial infection that can be

- infected partner Through direct contact with bacteria contained in
- In rare cases, from sharing unclean needles or receiving a blood
- transfusion
 From an infected mother to her fetus, which can result in fetal death or

What are the SIGNS and SYMPTOMS? Primary syphilis

- Three days to 3 months after exposure, infected
- The sore appears where the bacteria entered the body
- The chancre is painless and can be missed easily: while it heals on its own without treatment, the infection remains

A person may develop a range of symptoms from 2 to 24

- A general feeling of being unwell
- of the hands or soles of the feet Patchy hair loss • Flat, smooth warts in the genital area (not the same as

those caused by HPV)

Tertiary syphilis

- The cardiovascular system (heart and blood vessels) The neurological system (nerves)
- Other major organs of the body

What are possible CONSIDERATIONS?

- Response to treatment must be monitored in HIV-infected individuals
- In individuals with HIV co-infection, symptoms may be modified. A longer course of treatment and closer follow-up
- Early latent syphilis is generally asymptomatic. but for the first year after infection lesions or rashes of primary or secondary syphilis can
- · Complications of tertiary syphilis may lead to death

What are the TREATMENT options? People infected with syphilis are

- . enicillin Other antibiotics can be used in
- required Sexual partners must be notified so they may seek medical attention, as
- from 3 months prior to the
- onset of symptoms o For secondary syphilis: partners from 6 months prior
- to the onset of symptoms o For early latent syphilis:
- Response to treatment needs to be monitored, therefore follow-up is

Bacterial



transmitted through oral, vaginal or anal sex with an

- syphilitic sores or rashes
- congenital syphilis (causing birth defects)

- individuals develop a small painless sore called a chancre
- (such as on external genitalia, on the cervix, in the vagina, under the foreskin, in the anus, mouth or throat)
- Secondary syphilis

weeks after exposure, most commonly: • A rash anywhere on the body, but classically on the palms

Untreated syphilis may lead to tertiary syphilis, which can damage:

Syphilis increases the risk of transmitting or

- becoming infected with HIV
- over time to ensure effectiveness, especially
- post-treatment may be required
- recur and the infection can be transmitted

- typically treated with injectable
- some cases, but close monitoring is
 - o For primary syphilis: partners

 - partners from 1 year prior to the diagnosis

Did you KNOW?

- This infection is sometimes called the great imitator because symptoms mirror those of some common medical conditions
- Syphilis progresses in stages • It is infectious in the first year after contraction
- Syphilis was once considered rare in Canada, but is now on the rise

PUBIC LICE or "Crabs"



How is it TRANSMITTED? Transmission occurs primarily during

intimate sexual and non-sexual contact Pubic lice can live for 1 to 2 days in the bedding, towels and clothes of an infected individual.

These items can be a

source of transmission

- What are the SIGNS and SYMPTOMS? Pubic lice and nits are small and can be difficult to spot. Infected individuals may experience:
 - Skin irritation and inflammation accompanied by itchiness and redness Small blue spots on the skin where lice have bitten · Louse feces (fine black particles) in the

infected person's undergarments

What are possible CONSIDERATIONS?

- Persistent scratching of irritated skin can cause a secondary bacterial infection All sexual partners who have had contact with the infected person in the month before diagnosis should
- be treated to help prevent re-infestation Clothes, bedding, and other possible contaminated items must be washed in hot water or dry-cleaned, and mattresses should be vacuumed or, depending on the size, items may be placed in a sealed plastic bag for 7 days

What are the TREATMENT options?

- The affected area should be washed and a lice-killing cream, lotion or shampoo used
- (can be obtained directly at a pharmacy) Itchiness may last for several weeks after treatment, which may be controlled with

Repeat treatment recommendations

should be followed closely

Did you KNOW? Pubic lice are tiny crab-like insects that nest in pubic hair; they are also found in chest, armpit and

facial hair, eyebrows and eyelashes

Adult insects bite and feed on the

blood of their host and lay small

eggs (nits) that attach to the shaft

Parasitic



How is it TRANSMITTED? Through close

contact—sexual or

Scabies can live for 3 days

on clothing, towels and

bedding; these can be a

source of transmission

non-sexual

- What are the SIGNS and SYMPTOMS? Within 3 to 4 weeks of infestation:
- Intense itchiness, especially at nighttime Reddish rash (on fingers, wrists, armpits, waist, nipples, penis) With recurrences, the same symptoms

occur but more rapidly (within hours

to days of a re-infestation)

- What are possible CONSIDERATIONS? • Persistent scratching of irritated skin can
- cause a secondary bacterial infection All household contacts and recent sexual partners within the past month should be treated to prevent re-infestation

Severe infections are commonly seen in

people with compromised immune systems: the skin can become scaly or crusty, requiring more complex and aggressive treatment Clothes, bedding, and other possible contaminated items must be washed in hot water or dry-cleaned, and mattresses should be vacuumed or, depending on the size, items may be placed in a sealed plastic bag

for 3 to 7 days

be followed closely

medication

- What are the TREATMENT options? • Creams and lotions are available to treat scabies. These are typically applied and
- washed off in a specified amount of time Itching may continue for several weeks, so medication may be recommended Repeat treatment recommendations should

- Parasitic
- Did vou KNOW? These parasitic mites burrow below the surface of the skin
- Eggs laid under the skin hatch and larvae move to new areas and spread infection Mites prefer warm zones (folds of skin on elbows, wrists, buttocks, knees, shoulder blades, waist, breasts and

penis, between the fingers and



TRICHOMONIASIS or "Trich"

How is it TRANSMITTED?

sharing of sex toys

Through unprotected

sexual activity, including mutual masturbation and

- What are the SIGNS and SYMPTOMS? About half of infected women show signs of
- infection including: off-white or yellowish-green frothy vaginal
- discharge
 sore or itchy vagina • pain during intercourse or urination Male:
- Trichomoniasis infections tend to be asymptomatic in men. When symptoms occur, they can include: irritation or redness at the urethral opening

• burning during urination or ejaculation

may increase the risk of pre-term delivery and low birth weight

What are possible CONSIDERATIONS?

Trichomoniasis infections can increase

STIs, such as gonorrhea, chlamydia,

syphilis, HIV and hepatitis B
• In pregnancy, trichomoniasis infection

the risk of acquiring and transmitting HIV

Trich may occur in conjunction with other

What are the TREATMENT options?

treatment)

male partners

- Treated with medication, usually metronidazole (no alcohol can be consumed during treatment and for 24 hours following the completion of
 - Sexual partner(s) should be treated with metronidazole even if they do not have symptoms Testing is usually not recommended for

under nails)

Did you KNOW? This is an infection caused by Trichomonas vaginalis, a microscopic, single-celled organism that can be

cervix, or under the foreskin

found in the urethra, bladder, vagina,

Parasitic



YEAST INFECTION or "Candida"

How is it TRANSMITTED? • While a yeast infection can be transmitted sexually, it is not

generally considered an STI

• Men sometimes develop signs of

(glans) of the penis after having

intercourse with a woman with

vaginal candidiasis. (She may

have no symptoms)

a yeast infection on the head

What are the SIGNS and SYMPTOMS?

Women with vaginal candidiasis may experience: Vaginal itching

Swollen or red vulva and vaginaThick white, clumpy discharge resembling cottage cheese Burning of the external genitalia on

urination

Dry peeling skin

• Pain with intercourse due to vaginal dryness and irritation of the vulva Male: Men with an infection of the penis may

develop balanitis (inflammation of the head of the penis) and may experience:

• Burning during urination (occasionally)

• Red dots on the tip of the penis

What are possible **CONSIDERATIONS?**

acquiring and

transmitting HIV

Yeast infections can

increase the risk of

Sexual partners do not need to be notified or

clinically evaluated

unless they have

symptoms

What are the TREATMENT options?

 Several over-the-counter antifungal tablets, creams, ointments and suppositories are available. These are inserted into the vagina for a period of 1 to 7 days. They can also be applied externally to the vulva or penis

• In certain circumstances, oral medications are

prescribed by a health-care provider

For problematic recurrent infections,

any over-the-counter product

maintenance therapy may be recommended Some medications used to treat yeast infections are harmful if used in pregnancy. All pregnant women should seek medical advice prior to using

Fungal

- Did you KNOW? 75% of women develop vaginal candidiasis at least once in their lifetime
 • Candida can also affect the mouth,
 - Yeast is normally found in a woman's vagina. When the fungus begins to grow in excess, it may develop into candidiasis
 - Causes of overgrowth include: o Pregnancy o Recent or current use of antibiotics and certain other prescription medications

esophagus, skin or blood

- o Sexual activity o Poorly controlled diabetes o A weakened immune system
- o Genital moisture retention

caused by tight-fitting clothing

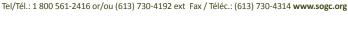
Sexualityandu.ca



Agence de la santé Agency of Canada publique du Canada



THE SOCIETY OF





- Canada are in men • It is most common in individuals 15 to 29 years old
- and occasionally the eyes • It often occurs as a co-infection