Make sure condom package is not damaged and check the expiration date.
Place condoms nearby and keep them easily accessible
Check for air bubbles, push the condom to one side, and open the package carefully; do not rip the condom.
Unroll the condom slightly to make sure it faces the correct direction over the penis.
Pinch the air out of the tip and roll the condom down, stopping onto the base of the penis
Insert the penis for intercourse
After ejaculation, withdraw penis from partner while holding condom at the base.
Facing away from the partner, remove the condom and throw it away; never use a condom twice.
Purchase or get free condoms
A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.

Front desk staff tells Jason that contraceptive and reproductive health care services are provided for free or at low cost.

A counselor meets with Jason in a private room. He states that he has a girlfriend but they do not feel ready to have sex.

The counselor encourages Jason not to have sex if either he or his girlfriend does not feel ready, and explains Jason and his girlfriend can come to the clinic any time with questions, for birth control, or for STD tests.

Jason texts his girlfriend encouraging her to come for a visit as well.

Anita is relieved she was able to come in the same day she made the appointment.

Anita is in a private room with a provider. She states that she has been having sex but only at times of the month when she “knows she can’t get pregnant.”

The provider explains that pregnancy can occur at any time of the month and that it’s important to use both a condom and another form of birth control every time she has sex to reduce the risk of pregnancy and STDs. After describing all available methods of birth control from most to least effective, the provider and Anita agree on the method that will suit her best, and the provider gives her condoms, as well.

Anita calls a friend as she is leaving. She is happy to report she could get her new contraceptive implant that day and that it will last up to three years...“now I don’t have to remember to take a pill every day!”

Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health
If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).

What are sexually transmitted diseases (STDs)?
STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time, but they can still be harmful and passed on during sex.

How are STDs spread?
You can get an STD by having sex (vaginal, anal or oral) with someone who has an STD. Anyone who is sexually active can get an STD. You don’t even have to “go all the way” (have anal or vaginal sex) to get an STD, since some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?
STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

• Young women’s bodies are biologically more susceptible to STDs.
• Some young people do not get the recommended STD tests.
• Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
• Not having insurance or transportation can make it more difficult for young people to access STD testing.
• Some young people have more than one sex partner.

What can I do to protect myself?

• The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex (“abstinence”). There are many things to consider before having sex, and it’s okay to say “no” if you don’t want to have sex.
• If you do decide to have sex, you and your partner should get tested beforehand and make sure that you and your partner use a condom—every time you have oral, anal, or vaginal sex, from start to finish. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you’ve both been tested, know your status, and are in a mutually monogamous relationship.
• Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you’ve both been tested and know you’re STD-free.
• Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you’re ready to have sex, you need to be ready to protect your body and your future. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn’t feel right.
• Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.

• Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening and chlamydia testing. You may also want to discuss unintended pregnancy and birth control.

• Avoid using alcohol and drugs. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn’t have sex with.

**If I get an STD, how will I know?**

Many STDs don’t cause any symptoms that you would notice, so the only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

**Where can I get tested?**

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you’ve been tested. Visit FindSTDTest.org to find an STD testing location near you.

**Can STDs be treated?**

Your doctor can prescribe medicines to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can’t be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you’ve both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you’ve been treated), if you have sex with someone who has an STD.

**What happens if I don’t treat an STD?**

Some curable STDs can be dangerous if they aren’t treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

**What if my partner or I have an incurable STD?**

Some STDs—like herpes and HIV—aren’t curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it’s important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

**If I have questions, who can answer them?**

If you have questions, talk to a parent or other trusted adult. Don’t be afraid to be open and honest with them about your concerns. If you’re ever confused or need advice, they’re the first place to start. Remember, they were young once, too.

Talking about sex with a parent or another adult doesn’t need to be a one-time conversation. It’s best to leave the door open for conversations in the future.

It’s also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.
Women who are pregnant can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnant women should ask their doctors about getting tested for STDs, since some doctors do not routinely perform these tests.

Can pregnant women become infected with STDs?

Women who are pregnant can become infected with the same sexually-transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are ‘silent,’ or have no symptoms, so women may not know they are infected. A pregnant woman should be tested for STDs, including HIV (the virus that causes AIDS), as a part of her medical care during pregnancy. The results of an STD can be more serious, even life-threatening, for a woman and her baby if the woman becomes infected while pregnant. It is important that women be aware of the harmful effects of STDs and how to protect themselves and their children against infection. Sexual partners of infected women should also be tested and treated.

How do STDs affect a pregnant woman and her baby?

STDs can complicate pregnancy and may have serious effects on both a woman and her developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV. Most of these problems can be prevented if the mother receives regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.

Human Immunodeficiency Virus

Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome, or AIDS. HIV destroys specific blood cells that are crucial to helping the body fight diseases. According to CDC’s 2011 HIV surveillance data, women make up 25% of all adults and adolescents living with diagnosed HIV infection in the United States. The most common ways that HIV passes from mother to child are during pregnancy, labor and delivery, or through breastfeeding. However, when HIV is diagnosed before or during pregnancy and appropriate steps are taken, the risk of mother-to-child transmission can be lowered to less than 2%. **HIV testing is recommended for all pregnant women.** A mother who knows early in her pregnancy that she is HIV-positive has more time to consult with her healthcare provider and decide on effective ways to protect her health and that of her unborn baby.

Syphilis

Syphilis is primarily a sexually transmitted disease, but may be passed to a baby by an infected mother during pregnancy. Passing syphilis to a developing baby can lead to serious health problems. Syphilis has been linked to premature births, stillbirths and, in some cases, death shortly after birth. Untreated infants that survive tend to develop problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones. Screening for syphilis should be performed in all pregnant women during their first prenatal medical visit and repeated in the third trimester, if the patient is considered to be at high risk.

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). A mother can pass the infection to her baby during pregnancy. While the risk of an infected mother passing HBV to her baby varies depending on when she becomes infected, the greatest risk happens when mothers become infected close to the time of delivery. Infected newborns also have a high risk (up to 90%) of becoming chronic (lifelong) HBV carriers themselves. Infants who have a lifelong infection with HBV are at an increased risk for developing chronic liver disease or liver cancer later in life. Approximately one in four infants who develop chronic HBV infection will eventually die from chronic liver disease. **Mother-to-child transmission of HBV can be prevented by screening pregnant women for the infection and providing treatment to at-risk infants shortly after birth.** Information on mother-to-child transmission of HBV can be found at [http://www.cdc.gov/hepatitis/PerinatalXmtn.htm](http://www.cdc.gov/hepatitis/PerinatalXmtn.htm).
Hepatitis C

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV), and can be passed from an infected mother to her child during pregnancy. Overall, an infected mother will pass the infection to her baby 10% of the time, but the chances are higher in certain subgroups, such as women who are also infected with HIV. Regular testing of pregnant women for HCV is not recommended, however, it should be considered for individuals who have risk factors known to be linked to HCV, including injection drug use. In some studies, infants born to HCV-infected women have been shown to have an increased risk for being small for gestational age, premature, and having a low birth weight. Newborn infants with HCV infection usually do not have symptoms, and a majority will clear the infection without any medical help. Liver disease tends to move forward more slowly in children infected with hepatitis C and they respond slightly better to treatment compared to adults.

Chlamydia

Chlamydia is the most common sexually transmitted bacterium in the United States. Although the majority of chlamydial infections do not have symptoms, pregnant women may have abnormal vaginal discharge, bleeding after sex, or itching/burning with urination. Untreated chlamydial infection has been linked to problems during pregnancy, including preterm labor, premature rupture of the membranes surrounding the baby in the uterus, and low birth weight. The newborn may also become infected during delivery as the baby passes through the birth canal. Neonatal (newborn) infections lead primarily to eye and lung infections. All pregnant women should be tested for chlamydia at their first prenatal visit. Repeat testing in the third trimester should be done for women at high risk.

Gonorrhea

Gonorrhea is a common STD in the United States. Untreated gonococcal infection in pregnancy has been linked to miscarriages, premature birth and low birth weight, premature rupture of the membranes surrounding the baby in the uterus, and infection of the fluid that surrounds the baby during pregnancy. Gonorrhea can also infect an infant during delivery as the infant passes through the birth canal. If untreated, infants can develop eye infections. Because gonorrhea can cause problems in both the mother and her baby, it is important to accurately identify the infection, treat with effective antibiotics, and closely follow up to make sure that the infection has been cured.

Bacterial Vaginosis

Bacterial vaginosis (BV), a common cause of vaginal discharge in women of childbearing age, is a condition in which the 'good' and 'bad' bacteria in the vagina are out of balance. BV is often not considered an STD, but it is linked to sexual activity. There may be no symptoms or a woman may complain of a foul-smelling, fishy, vaginal discharge. BV during pregnancy has been linked to serious pregnancy complications, including premature rupture of the membranes surrounding the baby in the uterus, preterm labor, premature birth, infection of the fluid that surrounds the baby, as well as infection of the mother's uterus after delivery. Testing all pregnant women for bacterial vaginosis is not currently recommended. However, there is some evidence to support testing and treating BV among women at high risk for preterm delivery. There are no known direct effects of BV on the newborn.

Trichomoniasis

Vaginal infection due to the parasite Trichomonas vaginalis is a very common STD. Symptoms can vary widely among those women infected. Although some women report no symptoms, others complain of itching, foul odor, discharge, and bleeding after sex. Pregnant women are not usually screened for the infection. However, pregnant women with abnormal vaginal discharge should be evaluated for Trichomonas vaginalis and treated appropriately. Infection in pregnancy has been linked to premature rupture of the membranes surrounding the baby in the uterus, preterm birth, and low birth weight infants. Rarely, the female newborn can get the infection when passing through the birth canal during delivery and have vaginal discharge after birth.

Herpes Simplex Virus

Herpes Simplex Virus (HSV) is a virus that has two distinct types, HSV-1 and HSV-2. Infections of the newborn can be of either type, but most are caused by HSV-2. Overall the symptoms of genital herpes are similar in pregnant and non-pregnant women; however, the major concern regarding HSV infection relates to complications linked to infection of the newborn. Although transmission may occur during pregnancy and after delivery, 80 - 90% of HSV infections in newborns occur when the baby passes through the mother's
infected birth canal. HSV infection can have very serious effects on newborns, especially if the mother's first outbreak occurred late in pregnancy (third trimester). Women who are infected for the first time in late pregnancy have a high risk of infecting their baby. Cesarean section is recommended for all women in labor with active genital herpes lesions or early symptoms, such as vulvar pain and itching.

**Human Papillomavirus**

Human papillomaviruses (HPV) are viruses that most commonly involve the lower genital tract, including the cervix (opening to the womb), vagina, and external genitalia. Genital warts are symptoms of HPV infection that can be seen, and they frequently increase in number and size during pregnancy. Genital warts often appear as small cauliflower-like clusters which may burn or itch. If a woman has genital warts during pregnancy, treatment may be delayed until after delivery. When large or spread out, genital warts can complicate a vaginal delivery. In cases where there are large genital warts that are blocking the birth canal, a cesarean section may be recommended. Infection of the mother may be linked to the development of laryngeal papillomatosis in the newborn. This is a rare growth in the larynx (voice box) that is not cancer.

**Should pregnant women be tested for STDs?**

Screening and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. The sooner a woman begins receiving medical care during pregnancy, the better the health outcomes will be for herself and her unborn baby. The Centers for Disease Control and Prevention’s 2010 STD Treatment Guidelines recommend screening pregnant women for STDs. The CDC screening recommendations are incorporated into the recommendations below.

<table>
<thead>
<tr>
<th>Disease</th>
<th>CDC Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Screen all pregnant women at first prenatal visit; 3rd trimester rescreen if younger than 25 years of age and/or high risk group</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Screen all pregnant women at risk at first prenatal visit; 3rd trimester rescreen women at continued high risk. Risk factors include: young women aged 25 years or younger, living in a high morbidity area, previous GC infection, other STDs, new or multiple sex partners, inconsistent condom use, commercial sex work, drug use</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Screen all pregnant women at first prenatal visit; during 3rd trimester rescreen women who are at high risk for syphilis or who live in areas with high numbers of syphilis cases, and/or those who were not previously tested or had a positive test in the first trimester</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
<td>Test pregnant women who have symptoms or are at high risk for preterm labor</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>Test pregnant women with symptoms</td>
</tr>
<tr>
<td>Herpes (HSV)</td>
<td>Test pregnant women with symptoms</td>
</tr>
<tr>
<td>HIV</td>
<td>Screen all pregnant women at first prenatal visit; rescreening in the third trimester recommended for women at high risk for getting HIV infection</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Retest those who were not screened prenatally, those who engage in behaviors that put them at high risk for infection and those with signs or symptoms of hepatitis at the time of admission to the hospital for delivery. Risk factors include: having had more than one sex partner in the previous six months, evaluation or treatment for an STD, recent or current injection-drug use, and an HBsAg-positive sex partner</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>There is not enough evidence to make a recommendation</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>All pregnant women at high risk should be tested at first prenatal visit</td>
</tr>
</tbody>
</table>

Pregnant women should ask their doctors about getting tested for these STDs. It is also important that pregnant women discuss any symptoms they are experiencing and any high-risk sexual behavior that they engage in, since some doctors do not routinely perform these tests. Even if a woman has been tested in the past, she should be tested again when she becomes pregnant.

**Can STDs be treated during pregnancy?**

STDs, such as chlamydia, gonorrhea, syphilis, trichomoniasis and BV can all be treated and cured with antibiotics that are safe to take during pregnancy. STDs that are caused by viruses, like genital herpes, hepatitis B, hepatitis C, or HIV cannot be cured. However, in some cases these infections can be treated with antiviral medications or other preventive measures to reduce the risk of passing the infection to the baby. If a woman is pregnant or considering pregnancy she should be tested so she can take steps to protect herself and her baby.

**How can pregnant women protect themselves against infection?**

Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving STDs and HIV. The surest way to avoid STDs and HIV is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.
What is genital herpes?
Genital herpes is a common sexually transmitted disease (STD) that any sexually active person can get. Most people with the virus don’t have symptoms. It is important to know that even without signs of the disease, it can still spread to sexual partners.

How common is genital herpes?
Genital herpes is common in the United States. In the United States, about one out of every six people aged 14 to 49 years have genital herpes.

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

Fluids found in a herpes sore carry the virus, and contact with those fluids can cause infection. You can also get herpes from an infected sex partner who does not have a visible sore or who may not know he or she is infected because the virus can be released through your skin and spread the infection to your sex partner(s).

How can I reduce my risk of getting herpes?
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 herpes:

- 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.

I'm pregnant. How could genital herpes affect my baby?
If you are pregnant and have genital herpes, it is even more important for you to go to prenatal care visits. You need to tell your doctor if you have ever had symptoms of, been exposed to, or been diagnosed with genital herpes. Sometimes genital herpes infection can lead to miscarriage. It can also make it more likely for you to deliver your baby too early. Herpes infection can be passed from you to your unborn child and cause a potentially deadly infection (neonatal herpes). It is important that you avoid getting herpes during pregnancy.

If you are pregnant and have genital herpes, you may be offered herpes medicine towards the end of your pregnancy to reduce the risk of having any symptoms and passing the disease to your baby. At the time of delivery your doctor should carefully examine you for symptoms. If you have herpes symptoms at delivery, a 'C-section' is usually performed.

How do I know if I have genital herpes?
Most people who have herpes have no, or very mild symptoms. You may not notice mild symptoms or you may mistake them for another skin
condition, such as a pimple or ingrown hair. Because of this, most people who have herpes do not know it.

Genital herpes sores usually appear as one or more blisters on or around the genitals, rectum or mouth. The blisters break and leave painful sores that may take weeks to heal. These symptoms are sometimes called “having an outbreak.” The first time someone has an outbreak they may also have flu-like symptoms such as fever, body aches, or swollen glands.

Repeat outbreaks of genital herpes are common, especially during the first year after infection. Repeat outbreaks are usually shorter and less severe than the first outbreak. Although the infection can stay in the body for the rest of your life, the number of outbreaks tends to decrease over a period of years.

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, for women specifically, bleeding between periods.

How will my doctor know if I have herpes?

Often times, your healthcare provider can diagnose genital herpes by simply looking at your symptoms. Providers can also take a sample from the sore(s) and test it. Have an honest and open talk with your health care provider and ask whether you should be tested for herpes or other STDs.

Can herpes be cured?

There is no cure for herpes. However, there are medicines that can prevent or shorten outbreaks. One of these herpes medicines can be taken daily, and makes it less likely that you will pass the infection on to your sex partner(s).

What happens if I don’t get treated?

Genital herpes can cause painful genital sores and can be severe in people with suppressed immune systems. If you touch your sores or the fluids from the sores, you may transfer herpes to another part of your body, such as your eyes. Do not touch the sores or fluids to avoid spreading herpes to another part of your body. If you touch the sores or fluids, immediately wash your hands thoroughly to help avoid spreading your infection.

Some people who get genital herpes have concerns about how it will impact their overall health, sex life, and relationships. It is best for you to talk to a health care provider about those concerns, but it also is important to recognize that while herpes is not curable, it can be managed. Since a genital herpes diagnosis may affect how you will feel about current or future sexual relationships, it is important to understand how to talk to sexual partners about STDs. You can find one resource here: GYT Campaign, http://npin.cdc.gov/stdawarness/

If you are pregnant, there can be problems for you and your unborn child. See “I'm pregnant. How could genital herpes affect my baby?” above for information about this.

Can I still have sex if I have herpes?

If you have herpes, you should tell your sex partner(s) and let him or her know that you do and the risk involved. Using condoms may help lower this risk but it will not get rid of the risk completely. Having sores or other symptoms of herpes can increase your risk of spreading the disease. Even if you do not have any symptoms, you can still infect your sex partners.

What is the link between genital herpes and HIV?

Genital herpes can cause sores or breaks in the skin or lining of the mouth, vagina, and rectum. The genital sores caused by herpes can bleed easily. When the sores come into contact with the mouth, vagina, or rectum during sex, they increase the risk of giving or getting HIV if you or your partner has HIV.
Anyone who is sexually active can get gonorrhea. Gonorrhea can cause very serious complications when not treated, but can be cured with the right medication.

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 women 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.
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. Syphilis can also affect the eye and can lead to permanent blindness. This is called ocular syphilis. 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 (not able 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.
What is trichomoniasis?

Trichomoniasis (or “trich”) is a very common sexually transmitted disease (STD) that is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most women and men who have the parasite cannot tell they are infected.

How common is trichomoniasis?

Trichomoniasis is considered the most common curable STD. In the United States, an estimated 3.7 million people have the infection, but only about 30% develop any symptoms of trichomoniasis. Infection is more common in women than in men, and older women are more likely than younger women to have been infected.

How do people get trichomoniasis?

The parasite is passed from an infected person to an uninfected person during sex. In women, the most commonly infected part of the body is the lower genital tract (vulva, vagina, or urethra), and in men, the most commonly infected body part is the inside of the penis (urethra). During sex, the parasite is usually transmitted from a penis to a vagina, or from a vagina to a penis, but it can also be passed from a vagina to another vagina. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. It is unclear why some people with the infection get symptoms while others do not, but it probably depends on factors like the person’s age and overall health. Infected people without symptoms can still pass the infection on to others.

What are the signs and symptoms of trichomoniasis?

About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

Having trichomoniasis can make it feel unpleasant to have sex. Without treatment, the infection can last for months or even years.

What are the complications of trichomoniasis?

Trichomoniasis can increase the risk of getting or spreading other sexually transmitted infections. For example, trichomoniasis can cause genital inflammation that makes it easier to get infected with the HIV virus, or to pass the HIV virus on to a sex partner.

How does trichomoniasis affect a pregnant woman and her baby?

Pregnant women with trichomoniasis are more likely to have their babies too early (preterm delivery). Also, babies born to infected mothers are more likely to have an officially low birth weight (less than 5.5 pounds).
How is trichomoniasis diagnosed?

It is not possible to diagnose trichomoniasis based on symptoms alone. For both men and women, your primary care doctor or another trusted health care provider must do a check and a laboratory test to diagnose trichomoniasis.

What is the treatment for trichomoniasis?

Trichomoniasis can be cured with a single dose of prescription antibiotic medication (either metronidazole or tinidazole), pills which can be taken by mouth. It is okay for pregnant women to take this medication. Some people who drink alcohol within 24 hours after taking this kind of antibiotic can have uncomfortable side effects.

People who have been treated for trichomoniasis can get it again. About 1 in 5 people get infected again within 3 months after treatment. To avoid getting reinfected, make sure that all of your sex partners get treated too, and wait to have sex again until all of your symptoms go away (about a week). Get checked again if your symptoms come back.

How can trichomoniasis be prevented?

Using latex condoms correctly every time you have sex will help reduce the risk of getting or spreading trichomoniasis. However, condoms don’t cover everything, and it is possible to get or spread this infection even when using a condom.

The only sure way to prevent sexually transmitted infections is to avoid having sex entirely. Another approach is to talk about these kinds of infections before you have sex with a new partner, so that you can make informed choices about the level of risk you are comfortable taking with your sex life.

If you or someone you know has questions about trichomoniasis or any other STD, especially with symptoms like unusual discharge, burning during urination, or a sore in the genital area, check in with a health care provider and get some answers.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Contact: https://wwwn.cdc.gov/dcs/ContactUs/Form

Resources

CDC National Prevention Information (NPIN)
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov
npin.cdc.gov/disease/stds

American Sexual Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
www.ashsexualhealth.org/stdstis/
**Human Papillomavirus (HPV) and Oropharyngeal Cancer – CDC**

**Human papillomavirus (HPV) can cause serious health problems, including genital warts and certain cancers. However, in most cases HPV goes away on its own before causing any health problems.**

**What is genital HPV?**
Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI) in the U.S. Most types of HPV are not harmful to people. There are more than 40 types of HPV that can infect the genital areas as well as the mouth and throat. Most people who become infected with HPV do not know that they are infected.

**What is oral HPV?**
The same types of HPV that infect the genital areas can infect the mouth and throat. HPV found in the mouth and throat is called “oral HPV.” Some types of oral HPV (known as “high risk types”) can cause cancers of the head and neck area. Other types of oral HPV (known as “low risk types”) can cause warts in the mouth or throat. In most cases, HPV infections of all types go away before they cause any health problems.

**What head and neck cancers can be caused by HPV?**
HPV can cause cancers in the back of the throat, most commonly in the base of the tongue and tonsils, in an area known as the “oropharynx.” These cancers are called “oropharyngeal cancers.”

**How does HPV cause cancer?**
HPV can cause normal cells in infected skin to turn abnormal. Most of the time, you cannot see or feel these cell changes. In most cases, the body fights off the HPV infection naturally and infected cells then go back to normal. But in cases when the body does not fight off this virus, HPV can cause visible changes and certain types of HPV can cause an oropharyngeal cancer. Cancer caused by HPV often takes years to develop after initially getting an HPV infection. It is unclear if having HPV alone is sufficient to cause oropharyngeal cancers, or if other factors (such as smoking or chewing tobacco) interact with HPV to cause these cancers. More research is needed to understand all the factors leading to oropharyngeal cancers.

**What are the signs and symptoms of oropharyngeal cancer?**
Signs and symptoms may include persistent sore throat, earaches, hoarseness, enlarged lymph nodes, pain when swallowing, and unexplained weight loss. Some persons have no signs or symptoms.

80% of sexually active people ages 14-44 have had oral sex with an opposite sex partner
How common is oral HPV?
Studies in the U.S. have found that about 7% of people have oral HPV. But only 1% of people have the type of oral HPV that is found in oropharyngeal cancers (HPV type 16). Oral HPV is about three times more common in men than in women.

How common are cancers of the oropharynx?
Each year, in the U.S., about 7,000 people are diagnosed with cancers of the oropharynx that may be caused by HPV. Cancers of the oropharynx are about three times more common in men than women.

How do people get oral HPV?
Only a few studies have looked at how people get oral HPV, and some of these studies show conflicting results. Some studies suggest that oral HPV may be passed on during oral sex (from mouth-to-genital or mouth-to-anus contact) or open-mouthed (“French”) kissing, others have not. The likelihood of getting HPV from kissing or having oral sex with someone who has HPV is not known. We do know that partners who have been together a long time tend to share genital HPV—meaning they both may have it. More research is needed to understand exactly how people get and give oral HPV infections.

How can I lower my risk of giving or getting oral HPV?
At this time no studies have explored how oral HPV can be prevented. However, it is likely that condoms and dental dams, when used consistently and correctly, will lower the chances of giving or getting oral HPV during oral sex, since they serve as barriers, and can stop the transmission of HPV from person to person. More research is needed to understand exactly how oral HPV is passed on, how it can be prevented, and who is most likely to develop health problems from an oral HPV infection.

Is there a test for me to find out if I have oral HPV?
There is no FDA-approved test to diagnose HPV in the mouth or throat. Medical and dental organizations do not recommend screening for oral HPV. More research is needed to find out if screening for oropharyngeal cancers will have health benefits. Talk to your dentist about any symptoms that could suggest early signs of oropharyngeal cancer.

Can HPV vaccines prevent oral HPV and oropharyngeal cancers?
HPV vaccines that are now on the market were developed to prevent cervical and other less common genital cancers. It is possible that HPV vaccines might also prevent oropharyngeal cancers, since the vaccines prevent an initial infection with HPV types that can cause oropharyngeal cancers, but studies have not yet been done to determine if HPV vaccines will prevent oropharyngeal cancers.

Where can I get more information?
STD Information
http://www.cdc.gov/std/
HPV Information
http://www.cdc.gov/hpv/
HPV Vaccination
http://www.cdc.gov/vaccines/vpd-vac/hpv/
Cancer Information
http://www.cdc.gov/cancer/
Cervical Cancer Screening
http://www.cdc.gov/cancer/cervical/basic_info/ screening.htm
CDC’s National Breast and Cervical Cancer Early Detection Program
http://www.cdc.gov/cancer/nbccedp/
CDC National Prevention Information Network (NPIN)
https://npin.cdc.gov/disease/ stds
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov
National HPV and Cervical Cancer Prevention Resource Center
American Sexual Health Association (ASHA)
form8-uuo, of qpsv if c irf, mep- qrbgrgraf nt-
P. O. Box 13827
Research Triangle Park, NC
27709-3827
1-800-783-9877
CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
TTY: (888) 232-6348
Contact CDC-INFO https://www.cdc.gov/dcs/ContactUs/Form
What is HPV?
HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). HPV is so common that nearly all sexually active men and women get it at some point in their lives. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there are vaccines that can stop these health problems from happening.

How is HPV spread?
You can get HPV by having oral, vaginal, or anal sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.

Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected making it hard to know when you first became infected.

Does HPV cause health problems?
In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer.

Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. A healthcare provider can usually diagnose warts by looking at the genital area.

Does HPV cause cancer?
HPV can cause cervical and other cancers including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).

Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

There is no way to know which people who have HPV will develop cancer or other health problems. People with weak immune systems may be less able to fight off HPV and more likely to develop health problems from it, this includes people with HIV/AIDS.

How can I avoid HPV and the health problems it can cause?
You can do several things to lower your chances of getting HPV.

Get vaccinated. HPV vaccines are safe and effective. They can protect males and females against diseases (including cancers) caused by HPV when given in the recommended age groups (see “Who should get vaccinated?” below). HPV vaccines are given in three shots over six months; it is important to get all three doses.

Get screened for cervical cancer. Routine screening for women aged 21 to 65 years old can prevent cervical cancer.

If you are sexually active
- Use latex condoms the right way every time you have sex. This can lower your chances of getting HPV. But HPV can infect areas that are
not covered by a condom - so condoms may not give full protection against getting HPV;

- Be in a mutually monogamous relationship – or have sex only with someone who only has sex with you.

**Who should get vaccinated?**

All boys and girls ages 11 or 12 years should get vaccinated.

Catch-up vaccines are recommended for males through age 21 and for females through age 26, if they did not get vaccinated when they were younger.

The vaccine is also recommended for gay and bisexual men (or any man who has sex with a man) through age 26. It is also recommended for men and women with compromised immune systems (including people living with HIV/AIDS) through age 26, if they did not get fully vaccinated when they were younger.

**How do I know if I have HPV?**

There is no test to find out a person’s “HPV status.” Also, there is no approved HPV test to find HPV in the mouth or throat.

There are HPV tests that can be used to screen for cervical cancer. These tests are recommended for screening only in women aged 30 years and older. They are not recommended to screen men, adolescents, or women under the age of 30 years.

Most people with HPV do not know they are infected and never develop symptoms or health problems from it. Some people find out they have HPV when they get genital warts. Women may find out they have HPV when they get an abnormal Pap test result (during cervical cancer screening). Others may only find out once they’ve developed more serious problems from HPV, such as cancers.

**How common is HPV and the health problems caused by HPV?**

HPV (the virus): About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually-active men and women will get at least one type of HPV at some point in their lives.

Health problems related to HPV include genital warts and cervical cancer.

*Genital warts*: About 360,000 people in the United States get genital warts each year.

*Cervical cancer*: More than 11,000 women in the United States get cervical cancer each year.

There are other conditions and cancers caused by HPV that occur in persons living in the United States.

**I’m pregnant. Will having HPV affect my pregnancy?**

If you are pregnant and have HPV, you can get genital warts or develop abnormal cell changes on your cervix. Abnormal cell changes can be found with routine cervical cancer screening. You should get routine cervical cancer screening even when you are pregnant.

**Can I be treated for HPV or health problems caused by HPV?**

There is no treatment for the virus itself. However, there are treatments for the health problems that HPV can cause:

1. Genital warts can be treated by you or your physician. If left untreated, genital warts may go away, stay the same, or grow in size or number.
2. Cervical precancer can be treated. Women who get routine Pap tests and follow up as needed can identify problems before cancer develops. Prevention is always better than treatment. For more information visit [www.cancer.org](http://www.cancer.org).
3. Other HPV-related cancers are also more treatable when diagnosed and treated early. For more information visit [www.cancer.org](http://www.cancer.org).

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*Where can I get more information?*

**STD information**

**HPV Information**
[http://www.cdc.gov/hpv/](http://www.cdc.gov/hpv/)

**HPV Vaccination**

**Cancer Information**

**Cervical Cancer Screening**
[http://www.cdc.gov/cancer/cervical/basic_info/screening.htm](http://www.cdc.gov/cancer/cervical/basic_info/screening.htm)

**CDC’s National Breast and Cervical Cancer Early Detection Program**

**CDC-INFO Contact Center**
1-800-CDC-INFO
(1-800-232-4636) Contact [https://www.cdc.gov/dcs/ContactUs/Form](https://www.cdc.gov/dcs/ContactUs/Form)

**CDC National Prevention Information Network (NPIN)**
[https://npin.cdc.gov/disease/STDs](https://npin.cdc.gov/disease/STDs)

**P.O. Box 6003**
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

**National HPV and Cervical Cancer Prevention Resource Center**
American Sexual Health Association (ASHA)

**P.O. Box 13827**
Research Triangle Park, NC 27709-3827
1-800-783-9877
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.
STDs and HIV – CDC Fact Sheet

Are some STDs associated with HIV?
Yes. In the United States, people who get syphilis, gonorrhea, and herpes often also have HIV, or are more likely to get HIV in the future.

Why does having an STD put me more at risk for getting HIV?
If you get an STD you are more likely to get HIV than someone who is STD-free. This is because the same behaviors and circumstances that may put you at risk for getting an STD can also put you at greater risk for getting HIV. In addition, having a sore or break in the skin from an STD may allow HIV to more easily enter your body.

What activities can put me at risk for both STDs and HIV?
• Having anal, vaginal, or oral sex without a condom;
• Having multiple sex partners;
• Having anonymous sex partners;
• Having sex while under the influence of drugs or alcohol can lower inhibitions and result in greater sexual risk-taking.

What can I do to prevent getting STDs and HIV?
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 STDs and HIV:
• Choose less risky sexual behaviors.
• Use condoms consistently and correctly.
• Reduce the number of people with whom you have sex.
• Limit or eliminate drug and alcohol use before and during sex.
• Have an honest and open talk with your healthcare provider and ask whether you should be tested for STDs and HIV.
• Talk to your healthcare provider and find out if pre-exposure prophylaxis, or PrEP, is a good option for you to prevent HIV infection.

People who have STDs are more likely to get HIV, when compared to people who do not have STDs.
If I already have HIV, and then I get an STD, does that put my sex partner(s) at an increased risk for getting HIV?

It can. If you already have HIV, and then get another STD, it can put your HIV-negative partners at greater risk of getting HIV from you.

Your sex partners are less likely to get HIV from you if you

- Use antiretroviral therapy (ART). ART reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners, if taken consistently.
- Choose less risky sexual behaviors.
- Use condoms consistently and correctly.

The risk of getting HIV may also be reduced if your partner takes pre-exposure prophylaxis, or PrEP, after discussing this option with his or her healthcare provider and determining whether it is appropriate.

Will treating STDs prevent me from getting HIV?

No. It’s not enough.

If you get treated for an STD, this will help to prevent its complications, and prevent spreading STDs to your sex partners. Treatment for an STD other than HIV does not prevent the spread of HIV.

If you are diagnosed with an STD, talk to your doctor about ways to protect yourself and your partner(s) from getting reinfected with the same STD, or getting HIV.

Where can I get more information?

Sexually Transmitted Diseases
www.cdc.gov/std/

HIV/AIDS and STDs
www.cdc.gov/std/hiv/

PrEP
(pre-exposure prophylaxis)
www.cdc.gov/hiv/basics/prep.html

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
TTY: (888) 232-6348
https://wwwn.cdc.gov/dcs/ContactUs/Form

CDC National Prevention Information Network (NPIN)
npin.cdc.gov/disease/stds
P. O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
www.ashasexualhealth.org/stdsstis/
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
HIV – CDC Fact Sheet

What is HIV?

HIV stands for human immunodeficiency virus. **It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated.** Unlike some other viruses, the human body can’t get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.

HIV attacks the body’s immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can’t fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

No effective cure currently exists, but with proper medical care, HIV can be controlled. **The medicine used to treat HIV is called antiretroviral therapy or ART.** If taken the right way, every day, this medicine can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

Where did HIV come from?

Scientists identified a type of chimpanzee in Central Africa as the source of HIV infection in humans. They believe that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus, or SIV) most likely was transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and came into contact with their infected blood. Studies show that HIV may have jumped from apes to humans as far back as the late 1800s. Over decades, the virus slowly spread across Africa and later into other parts of the world. We know that the virus has existed in the United States since at least the mid to late 1970s.

What are the stages of HIV?

**When people get HIV and don’t receive treatment, they will typically progress through three stages of disease.** Medicine to treat HIV, known as antiretroviral therapy (ART), helps people at all stages of the disease if taken the right way, every day. Treatment can slow or prevent progression from one stage to the next. It can also dramatically reduce the chance of transmitting HIV to someone else.

**Stage 1: Acute HIV infection**

Within 2 to 4 weeks after infection with HIV, people may experience a flu-like illness, which may last for a few weeks. This is the body’s natural response to infection. When people have acute HIV infection,
they have a large amount of virus in their blood and are very contagious. But people with acute infection are often unaware that they’re infected because they may not feel sick right away or at all. To know whether someone has acute infection, either a fourth-generation antibody/antigen test or a nucleic acid (NAT) test is necessary. If you think you have been exposed to HIV through sex or drug use and you have flu-like symptoms, seek medical care and ask for a test to diagnose acute infection.

**Stage 2: Clinical latency (HIV inactivity or dormancy)**

This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active but reproduces at very low levels. People may not have any symptoms or get sick during this time. For people who aren’t taking medicine to treat HIV, this period can last a decade or longer, but some may progress through this phase faster. People who are taking medicine to treat HIV (ART) the right way, every day may be in this stage for several decades. It’s important to remember that people can still transmit HIV to others during this phase, although people who are on ART and stay virally suppressed (having a very low level of virus in their blood) are much less likely to transmit HIV than those who are not virally suppressed. At the end of this phase, a person’s viral load starts to go up and the CD4 cell count begins to go down. As this happens, the person may begin to have symptoms as the virus levels increase in the body, and the person moves into Stage 3.

**Stage 3: Acquired immunodeficiency syndrome (AIDS)**

AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses.

Without treatment, people with AIDS typically survive about 3 years. Common symptoms of AIDS include chills, fever, sweats, swollen lymph glands, weakness, and weight loss. People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with AIDS can have a high viral load and be very infectious.

**How do I know if I have HIV?**

The only way to know for sure whether you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV.

Some people may experience a flu-like illness within 2 to 4 weeks after infection (Stage 1 HIV infection). But some people may not feel sick during this stage. Flu-like symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, or mouth ulcers. These symptoms can last anywhere from a few days to several weeks. During this time, HIV infection may not show up on an HIV test, but people who have it are highly infectious and can spread the infection to others.

If you have these symptoms, that doesn’t mean you have HIV. Each of these symptoms can be caused by other illnesses. But if you have these symptoms after a potential exposure to HIV, see a health care provider and tell them about your risk. The only way to determine whether you are infected is to be tested for HIV infection.
To find places near you that offer confidential HIV testing,
Visit gettested.cdc.gov,
Text your ZIP code to KNOW IT (566948), or
Call 1-800-CDC-INFO (1-800-232-4636).

You can also use a home testing kit, available for purchase in most pharmacies and online.

After you get tested, it’s important to find out the result of your test so you can talk to your health care provider about treatment options if you’re HIV-positive or learn ways to prevent getting HIV if you’re HIV-negative.

Is there a cure for HIV?
No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled. Treatment for HIV is called antiretroviral therapy or ART. If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS (the last stage of HIV infection) in a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.