By the end of this lesson, you should be able to:

- Define sexually transmitted infection, or STI;
- Describe the differences between bacterial, viral, and parasitic STIs; and,
- Identify individual STIs and describe the transmission, testing, and treatment process for each.

We've come to the point in the course where we’re going to cover information that you’ve likely encountered in your previous health courses.

Today’s topic: sexually transmitted infections, which are infections that are spread through sexual contact.

Now, you may be thinking, “Wait, I thought they were called sexually transmitted diseases. What’s this STI business?” The reason that we now use the term STI instead of STD is because having a disease indicates that you have signs and symptoms present, but in reality many people either don’t have signs or symptoms, or the infection does not progress into a disease. Therefore, it’s more accurate to use the term sexually transmitted infection. Way back in the day, they used to call them venereal diseases or VD. Fun fact: the term was named after Venus, the goddess of love.

Another note about the term STI: it’s generally assumed that the infections or diseases we’re going to be talking about are transmitted via sexual contact. While this is most often the case, it is not always applicable. Some STIs can be transmitted through other means, but most transmission occurs through sexual contact, which is why they are classified as STIs. We’ll be sure to let you know how each is transmitted as we go through them on an individual basis.

A common theme in the history of STI education is to show photos of people with really scary looking diseases. The reason why this is a common method is because some people think that if you just scare people by showing them all of the horrible things that can happen from sex, they won’t do it. This is called the scare tactic approach. Sometimes it does have a short-term effect on behavior, but it rarely works in the long run. Students are quick to figure out that sex does not automatically equal
becoming infected with an STI. When this realization happens, students may distrust the source of information, even if the educator does have other valuable information.

A second unintended consequence comes from the photos themselves. Most of the photos you encounter come from people who had very severe cases and do not represent what a typical infection looks like. As you will see throughout this lesson, the most common symptom of an STI is no symptom at all. Think about those implications. If someone is taught to look out for all these signs and symptoms and they never get them, they may not see any reason to go and get tested. Also, if someone is comparing the bump they found on their penis to the one they saw in a picture and decided it can’t be the same thing because their bump isn’t as bad as the photo, they may dismiss the symptom as no big deal. In both cases they remain infected, and may unintentionally pass the STI to their partners. A person may also assume that they don’t need to talk to a partner about STIs, testing, and protection if they don’t see anything on their partner’s body. People commonly think “I would never have sex with someone who looks like one of those photos,” and assume that they aren’t at risk. The reality is that roughly 1 in 2 sexually active young people will become infected with an STI by age 25.¹

<table>
<thead>
<tr>
<th>Why did you get tested?</th>
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<tbody>
<tr>
<td><strong>Video Transcript</strong></td>
</tr>
<tr>
<td>Luis: I think it's just an idea of being a healthy person.</td>
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<tr>
<td>Danica: I didn't really think I had a reason to be tested, but it was easy to do and because I was there, I was kind of, not stupid, but why wouldn't I do it?</td>
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<td>Maddy: Because accidents happen or a condom comes off.</td>
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<td>Dan: I think the first time was because I was sexually active with a new partner. We both wanted to get tested.</td>
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<tr>
<td>Robin: I've made it a personal choice to get tested, not only every year when I do my annual pap smear, but also whenever I am in between partners.</td>
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<tr>
<td>Devyn: Pretty much every time I go to the hospital, my doctors want me to get tested. And that's highly related to increased STI rates in LGBT communities.</td>
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<tr>
<td>Ashlee: Even though I was in a committed relationship, and my boyfriend had said that he had been tested before, and he didn't have any STIs. I still just didn't know if I should trust him all the way, so I went and got tested anyway.</td>
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¹ Source: Health.gov
Why did you get tested? Video Transcript Cont’d…

Abby: Working there was easy to get tested for STIs, and I was seeing constantly people coming in, getting tested, seeing people that maybe wouldn’t think had STIs coming out with STIs, and so it kinda started to freak me out a little. So, I started getting tested regularly.
Luis: Also, kind of, for the sake of other people.
Robin: I’ve actually contracted an STI from a previous partner who didn’t know they had one. And so, it’s very important to me to make sure that at the conclusion and before I start any relationship that I’m aware of anything I might have and to be able to express that to my partners, as part of consent.

STIs can be separated into three main categories: bacterial, viral, and parasitic.

The first category is bacterial. These infections are caused by a bacterium and are generally curable if treated in time with the right medications.

**Chlamydia is caused by the bacterium, Chlamydia trachomatis, and is transmitted via oral, vaginal, or anal sex.** It can also be spread from mother to child through vaginal delivery. In rare cases, it can be spread to the eye if you touch it with a hand that has come in contact with infected sexual fluid.

Chlamydia generally does not exhibit signs or symptoms. If present, they include abnormal vaginal or penile discharge, burning while urinating, painful testicles, or rectal pain (if involved in receptive anal sex). But again, chlamydia usually does not exhibit any signs or symptoms, which is why it is referred to as a silent infection.

So, what happens if you leave chlamydia untreated? It can work on the reproductive organs and can cause pelvic inflammatory disease, or PID. This
Sexually Transmitted Infections

Can result in scarring and damage to the uterus, fallopian tubes, and other reproductive organs and can lead to infertility or other complications. Another thing it can do is cause epididymitis, an infection of the epididymis, which is a set of tubes that carry sperm from the testes to the vas deferens.

How do you figure out if you have this infection? A provider will have you supply a urine sample or they will take a swab from the location where it might be present, such as the cervix, penis, rectum, throat, or eye. Most tests will pick up a positive result within 2-4 weeks after the initial infection.

If you have chlamydia, your healthcare provider will write you a prescription for antibiotics. You should also make sure your partners get tested and treated to prevent reinfection. Depending on where you live, your provider may be able to give you a prescription to bring to your sexual partners so that they can get treated without coming in to get tested. This is referred to as expedited partner therapy, or EPT. It’s really important to finish your entire course of antibiotics so that you don’t create antibiotic resistance, which is becoming a major problem. Depending on the course of antibiotics you’re on, you’ll have to wait a set amount of time to have sex again. Your provider will fill you in on these details, but ask them if they happen to forget.

Gonorrhea, also known as the clap, is caused by the bacterium, Neisseria gonorrhoeae, and is spread through oral, vaginal, and anal sex. It can also be transmitted through vaginal delivery. While not as common as chlamydia, the number of gonorrhea cases is still high with 700,000 new infections every year in the U.S.

As is the main theme with many STIs, gonorrhea does not usually show signs or symptoms. When they do happen, they include urethral, vaginal, or anal discharge, which is sometimes called the drip. Other possible symptoms include swollen testicles, or rectal pain if one has engaged in receptive anal sex. Some oral cases can result in a sore throat.

Like chlamydia, untreated gonorrhea can result in pelvic inflammatory disease or epididymitis. It also makes a person more susceptible to transmitting or becoming infected with HIV.

The most common method of testing is through a urine specimen. They may also swab the cervix, urethra, rectum, or throat. A positive result is likely to show up 1-3 weeks after the initial infection.

While gonorrhea can be treated with antibiotics, it’s getting much tougher because of antibiotic resistant strains of the infection. The standard procedure includes taking two different types of antibiotics. The Centers for Disease Control
and Prevention are monitoring this trend and adjusting the recommended drugs accordingly. It’s important not to share these medications with anyone and to send partners from the previous two months to get tested to avoid reinfection or the spread to other people. A major change in the treatment guidelines is to have patients come back a week after treatment and get re-tested to make sure that they are cured. If you have gonorrhea, you and your partners should wait until after you’ve completed all of your treatment before you begin having sex again.3

**Syphilis is caused by the bacterium, Treponema pallidum.**

During 2000, the number of syphilis cases was so low that health officials thought we would eradicate the infection, but rates have slowly been rising and there were 46,042 reported cases in 2011.4

Syphilis is transmitted through direct skin-to-skin contact with a syphilis sore, which is known as chancre. This can happen via oral, vaginal, or anal sex. It can also be passed from mother-to-child during vaginal birth.

The infection is often called the great imitator because when symptoms appear, they are usually confused with other diseases. To make things more complicated, syphilis has three stages. Many people are unaware that they are infected because when one stage ends, the symptoms usually go away on their own and a person might think that they are cured. In reality, the infection is simply moving from one stage into the next.

The primary stage is marked by the appearance of at least one small, painless ulcer, which may or may not be wet. They generally make their debut around 3 weeks after infection, and the initial chancre appears at the site of infection, such as the penis, vulva, vagina, mouth, lips, or rectum. If left untreated, the chancres will hang out for about 3-6 weeks before they go away on their own. The disease will then move into the secondary stage.

Secondary syphilis symptoms can appear on and off for two years if left untreated. In this stage, you’ll see rashes that pop up on the
palms of the hands and/or soles of the feet. The rash is generally characterized by its red or reddish brown spots, but remember that syphilis is called the great imitator. This rash can sometimes appear differently depending on where it is on the body. It can be confused for hives from an allergic reaction, or some other cause of skin irritation. Additional symptoms like fever, sore throat, swollen glands, muscle pain and headache may simply be confused for a cold or flu. Again, symptoms will go away on their own if not treated, and the disease will move into the final stage.

When in the latent stage, no signs or symptoms appear. The infection is still hanging out, and can stay that way for many years. Around 15-30% of people with syphilis will move into the late stage, which can happen 10-20 years after they were first infected. Syphilis does the most damage in this late stage. It starts attacking the major organs in the body: the brain, nervous system, heart, and other vital organs. This can result in problems with muscle coordination, difficulty remembering things, blindness, and paralysis. It takes a major toll on the body and can sometimes result in death.

There are two main ways to figure out if you have syphilis. If a chancre is present, a healthcare provider can swab the sore and look at the sample under a special type of microscope to see if the bacteria is hanging out. Otherwise, they can do a blood test to look for the antibodies that the body produces in reaction to the infection. Depending on the test used, a positive result can be detected 6-12 weeks after initial infection.

If you do test positive and have been infected for less than a year, they will treat you with a simple injection of good ol’ penicillin. If it’s been a year or more, you’ll need to get additional injections as prescribed by your provider. It’s important to note that, while the penicillin will kill off the bacteria, it doesn’t reverse any damage that has been done to your body. Like we’ve been saying for the other bacterial STIs, you have to wait until after your treatment has finished and you no longer have any chancres before you resume sexual activity. This can be a little bit tricky to figure out because the sores can hide where you can’t easily see them, like inside the vagina, rectum, or throat.4

What was the Testing Process like? Video Transcript
Robin: The first time I got an STI test, it was a little uncomfortable because I didn’t know what to expect.
Devyn: I mean it’s no different than any other blood draw.
What was the Testing Process like? Video Transcript Cont’d…
Danica: It was painless [laughs]. It wasn't fun, but it was OK.
Laura: The first time, it was just to pee in a cup.
Abby: So, usually, I do STI testing when I go in for my annual exam, and it—
    I didn’t even notice that, you know, it takes like one extra second to do
    that testing.
Laura: The doctor was really good about making it as un-awkward as
    possible.
Abby: I've also been HIV tested and the way they did that was just a little
    prick on my finger.
Heather: It was a, just a basic swab and run a test, and they give you the
    results.
Luis: I think the hardest part is the wait because you get a little bit nervous.
Robin: The 2 seconds of very mild discomfort to me is worth so much more
    than the months of pills that I might have to take or a lifetime of illness
    or dying from some STIs.

Now we're moving onto the second type of STI.
Viral STIs are caused by, you guessed it, a virus. Here are some main things to
know about viruses. Once you get one, it sticks around in your body for good.
Sometimes it will go dormant or your body will clear it, but in general it is there for
life. Unlike bacterial STIs, you cannot cure viral STIs. You can treat the symptoms,
but not eliminate the virus. Another quick way of distinguishing a viral STI from
other STIs is to look at its initials. Almost all of the viral STIs start with the letter H
and end with the letter V, for example HPV, HBV, HSV, and HIV.

The first viral STI we're going to talk about is herpes.
You may hear it referred to as HSV, or herpes simplex virus. There are two strains
of HSV. The first is HSV-1 and it is usually found around the mouth. Many people
can identify the virus by the presence of cold sores. The second strain, HSV-2, is
most often found on the genitals. Approximately 1 in 6 people ages 14-49 years
old have HSV-2 infection.5

HSV is spread via skin-to-skin contact. That means that you don’t even have to
be engaging in penetrative sex to transmit the virus; just rubbing up against
another or kissing is all you need to pass or receive herpes. While HSV-1 usually
appears on the mouth, it can also be transmitted to the genitals via oral sex. The
flip side is also true. HSV-2, which is usually found on the genitals can be passed
to the mouth through oral sex. Finally, the virus can be transmitted to a baby
during vaginal birth.
How is herpes identified?

Well, like many STIs, herpes is most often asymptomatic. People can keep on keeping on with no notice that they have the virus. That’s why 80% of people who have the virus don’t know they are infected. If symptoms do appear, the first time this happens is referred to as the initial outbreak and is usually the most severe and longest lasting of future outbreaks, usually for a couple of weeks.

Oral herpes is most commonly identified by the presence of a cold sore. Some folks may be worried because they’ve had cold sores in the past. Well, oral herpes is really very common; it’s estimated that 8 out of 10 American adults have it. A lot of the time kids get it from someone who has the virus and kisses them. Really, it’s harmless and nothing to worry about.

The trademark identifier of genital herpes is the herpes lesion, which looks like a little blister that hurts when it’s broken. You’ll find these groups of blisters hanging out around the penis, butt, rectum, cervix, vagina, or vulva. That first outbreak is the time when a person is most likely to transmit herpes because of viral shedding. It’s important to remember that a person can still transmit the virus even if they don’t have an outbreak.

Future outbreaks, if they occur, tend to be less severe and shorter than the first outbreak. Some folks will know when they are going to get an outbreak before it even happens. They may feel some burning or shooting pains in the lower half of their body, which can indicate an oncoming flare up.

Resource

Go Ask Alice website on herpes viral shedding

Testing for the virus can happen in one of two ways.

The first involves taking fluid from a sore, so you’ll only be able to use that method if you are currently going through an outbreak. The second method is a blood test that can be performed at any time. The advantage of the blood test is that a provider can tell you if you have HSV-1 or HSV-2, which can help predict
how the virus might act in the future. Depending on the test, a positive result can show up 6-12 weeks after the initial infection.

While we can treat the symptoms of the virus, we cannot cure it. Antivirals can be prescribed to help lessen the length and severity of the outbreak. Some people choose to go on a daily dose of medication to manage the occurrence of future outbreaks. The sooner you get on antivirals during the initial outbreak, the more likely you are to have shorter and less frequent outbreaks down the road.⁶

Being infected with a viral STI can impact how you talk to your sexual partners. We’ll address how to communicate about these issues in another lesson.

**HPV or human papillomavirus, is the most common STI.** Like herpes, there is more than one strain of HPV. In fact, there are about 100 different types, with around 40 of those usually passed through sexual contact. What about the other 60? Have you had a wart at any point in your life? If so, that’s HPV. We can think about HPV through the life cycle. In little kids HPV typically manifests as warts on the hands, for teenagers as warts on the feet, for young adults as warts on the genitals, and for elderly people, all over the body.

HPV is spread through skin-to-skin contact, so like herpes, you don’t have to be exchanging fluids to become infected. In rare cases it can be transmitted through vaginal labor. Also, when you’re rubbing up against someone with HPV, you can be exposed to multiple strains of the virus. Knowing this, it’s not hard to see why it’s so common. Our bodies will normally clear HPV strains within 2 years. Do note that just because your body has cleared one strain of HPV, you can still become infected with the other strains during your life. Really, if you are sexually active at all during your life, there is a good chance you’re going to be exposed to HPV; it’s just as common as having a cold. It’s estimated that about half of men and ¾ of women get sexually transmitted HPV at some point in their lives.⁷ Whoa! That seems like a lot of people, right? More often than not, HPV does nothing; it’s just hanging out and minding it’s own business. However, 10% of the time it can lead to other issues.⁸ Remember how we talked about the different strains of HPV? Well, some of those strains can possibly lead to genital warts and are considered low-risk, while an entirely different set could lead to various cancers and are considered high-risk.
**Genital warts are usually small and painless flesh colored bumps, which may or may not resemble cauliflowers.**

Sometimes they will hang out in groups. They might itch and can be irritated by clothing or sexual activity. A person may have the virus for a long time, just hiding in their body, and then suddenly it can pop up. This can lead to issues in relationships if you think that the recent appearance of warts indicates that your partner must have given it to you. Really, it could have been from a previous partner many years ago, but there's just no way of telling. Sometimes the bumps go away on their own, and sometimes they come back months or even years later.

**The second thing that can happen is the development of different types of cancer.**

You usually hear about the big one associated with HPV, cervical cancer. Well, it can also lead to vulvar, vaginal, anal, penile, and throat cancers. Slowly, over time, HPV can cause cells to change and turn cancerous. We want to stress that this isn't something that happens over night; it can take years after infection to develop cancer.

**How do you figure out if you have HPV or its associated outcomes?**

If you have genitals warts, a simple visit to your provider will do the trick. They will do a visual examination and may use a vinegar solution on the genital area to confirm the warts. From there, you can choose what course you want to take. You can just leave the warts alone and hope that they go away, or you can try to remove them. Do know that just because you remove the warts does not guarantee that they won't come back. Consult with your provider about which method is best for you. The provider can remove them by laser treatment, freezing, cutting, or injecting with medication. Some of these options will be done at your provider's office, while others can be done at home.²

Why do some people go on to develop symptoms from HPV, while others do not? We don't really know the answer, but we do know that both smoking and a weakened immune system have been associated with an increased risk in having symptoms.²

What about the different types of cancer? For cervical cancer, they perform a pap test by using a small brush-like tool to take a sample of the cells on the cervix. They test this sample for abnormal cells. Most of the time, this isn't anything to worry about, but if a person gets consistently abnormal results, it may indicate changes in cell growth. From there, the provider may choose to do an actual HPV blood test to see if the sample tests positive for HPV and
identify strains that are present. This test is not the first course of action, and is generally only recommended for people with a cervix who are 30 years or older. If the test reveals the presence of high risk strains of HPV, the ones that can cause cancer, then the provider may recommend further action. They may want to take a biopsy of the cervix for further testing, or remove the top layer of cells on the cervix to get rid of the abnormal cell growth. There is a vaccine that protects against some strains of HPV, and we’ll address those details in another lesson.

**Resources**
- Visit the [American Sexual Health Association’s website](https://www.americansexualhealth.org) on HPV for more information
- Visit the [Planned Parenthood’s website](https://www.plannedparenthood.org) on HPV for more information

**Three strains of hepatitis can be transmitted through sexual contact.**
Hepatitis A can be spread from fecal-oral contact or sex, and hepatitis C is most likely spread sexually when one of the partners is infected with another STI. The most commonly transmitted and tested strain is hepatitis B (HBV). Hepatitis B is an infection of the liver and is transmitted through sexual fluids, blood, and urine. Approximately 46,000 people are infected every year. For most people, the virus doesn’t really do anything and the body clears it from its system. For others, it sticks around as a chronic disease and can cause long-term damage to the liver, and for a small proportion of people, death.

For most people, the virus doesn’t really do anything and the body clears it from its system. For others, it sticks around as a chronic disease and can cause long-term damage to the liver, and for a small proportion of people, death.

Testing for the virus involves a simple blood draw. A positive result can show up 6-12 weeks after the initial HBV infection. While there is no cure for the virus, there is treatment for chronic infection.

**Our final STI is the most well known STI in the world, HIV, which stands for human immunodeficiency virus, meaning that the virus makes it harder for the human immune system to fight off diseases.**
HIV and AIDS are not interchangeable terms. AIDS stands for acquired immune deficiency syndrome and is the final stage of HIV. In the U.S. in 2009 there were 50,000 new infections and an estimated 1.2 million people living with HIV.11

As with some other viral STIs, there are two types of HIV. HIV-1 is found all over the world, while HIV-2 is generally found in Africa.

HIV is transmitted through blood products, breast milk, and sexual fluids like semen and vaginal fluids. These fluids need to come in contact with a mucous membrane or another route to the bloodstream. The most common routes of transmission are anal or vaginal sex, sharing contaminated needles or other intravenous works during injection drug use, or a combination of these things. Other less common methods in the U.S. include mother-to-child transmission, blood transfusions, oral sex and needle sticks. In this day and age we really hope that it’s not necessary to say this, but you can’t be infected through casual contact like using the same toilet seat, kissing, sharing dishes or holding hands.

Certain sexual activities pose more or less risk than others.

We’re going to use the concept of a continuum to help you visualize these risks. Keep in mind that these are general categories and individual risk varies based on more details than are mentioned in this continuum or can be covered in this course. Also, it’s not just about your personal behaviors, but the behaviors of your partner, as well.

The reason why some of these activities are higher risk than others has to do with biology. The anus does not self-lubricate like a vagina, and the walls are also more delicate and likely to tear. Not using enough lubricant, rough sex, or miscommunication with partners can lead to tears in the anus and direct entry into the bloodstream. Another biological factor is the surface area exposed to sexual fluids. If we think about a penis without any tears or sores, the only real access point to mucous membranes is through the urethra. Now take the vagina and anus; both are entirely composed of mucous membranes and pose a greater risk because there is more exposed surface area.
HIV doesn’t usually show symptoms in an otherwise healthy person for approximately 10 years. Sometimes it can happen within a few weeks of infection, but it usually takes years. It really depends on how healthy a person’s immune system is at the time of infection. If those symptoms do show up, they are flu-like and most people don’t even think twice about them. If or when HIV develops into the final stage, AIDS, the person is suffering from a compromised immune system. As a result, their body may be trying to fight off a host of different things, and thus may have many different symptoms.

Okay, so you know that it can take a really long time to figure out if you have HIV if you’re relying on the symptoms alone, hence the importance of testing. Thankfully the testing process has come a long way. There are two different types of tests. The first type tests for the antibodies to HIV and generally needs between 3-6 months after infection to show a positive result; this is called the window period, which is the time period needed for your body to make antibodies to the virus. Antibody tests can be done in a few ways. You can get a blood test either from a finger prick or blood draw. Another method involves using a swab to collect oral fluid. Rapid tests can give you a result in as little as 15 minutes, while standard blood draws done in a lab setting can take a few days to a week depending on processing time. If a positive result is found, confirmatory testing is done with a blood draw to test for the virus itself, which is
an RNA test. Some places offer testing that does not attach your name to your test results; if anonymous testing is something you’re interested in, seek out more information about the potential pros and cons.

**Community Resources**
Free HIV Testing for UMN students at [Boynton Health Service](#)
[Red Door Services](#), Minneapolis (612) 543-5555:
[Clinic 555](#), St. Paul (651) 266-1255:

*If you do end up testing positive, your provider will make sure that you’re linked with the appropriate resources and services to guide you through your treatment journey.*

Even though being infected with HIV is no longer an automatic death sentence, it’s still a serious and complicated virus to live with for the rest of your life. Treatment for HIV/AIDS is very individualized and will depend on what’s going on in your body. Generally, people are put on a course of medication called highly active antiretroviral therapy, or HAART. It’s also important to take care of your body so that you don’t get sick with other infections. You may be connected with an entire team of providers, including doctors, social workers, and a case manager who will help you figure out how to get what you need.
One thing to be aware of is that being HIV positive makes it easier to become infected with other STIs, and vice versa. If your body is already working hard to fight off one infection, it doesn’t have as many resources to fight against another.\textsuperscript{12,13}

**Community Resource**  
Minnesota AIDS Project

On a final note, there are just too many details about HIV/AIDS to cover in this one lesson. Many colleges offer entire courses on HIV alone and we encourage you to search those out if you want to study the subject further. In addition, be cautious about headlines or sensationalized stories about HIV. Look to reliable sources of health information, such as those cited in this lesson, to get accurate and current information.

**Community Resource**  
Minnesota AIDS Project – AIDS Line  
**Resource**  
CDC HIV/AIDS website
Family Tree Clinic: a tour of a sexual health clinic

Video Transcript

Tatum Bishop: Welcome to Family Tree Clinic. We are a local sexual health clinic in Saint Paul, MN. And we focus on people's sexual health concerns: so, really anything that has to do with penises and vaginas, basically. Our mission is to cultivate a healthy community through sexual health education and healthcare. So, we do that by not only providing services here in our clinic, but also providing education and outreach in the community. So, as a patient who comes into Family Tree Clinic, this is where you would first walk in, at the front desk. And this is where a person would check in and give their information to the person, just like you would at any other doctor's office. They'll ask for your name, insurance, things like that. One thing that makes Family Tree Clinic really unique is that on our intake forms, we also ask for a person's preferred name. So that we can make sure we call you what you want to be called because that's really important to us. Once a person gets checked in, then they'll get some paperwork. Fill all that paperwork out, over in our waiting room, waiting lobby area behind me and then bring that back up here. And then it's time to get called back into the exam room.

So, once a person gets called back from the waiting room, this is where they would follow the medical assistant back into the exam room. So, this is the private exam room where a person would get to meet one-on-one with a healthcare provider. They would do things like take a person's blood pressure, take their weight, height, all that kind of stuff to check out what a person's overall body health is like. So, they can really tailor the sexual healthcare to a person's body. Since everyone is so individual, everything that happens in this room is going to be individual as well. This is the time that a person has to talk one-on-one with a health care provider about whatever they're concerned about. Whether it be STI testing, talking about pregnancy prevention, pregnancy planning, cancer screenings and pap smears, everything like that would happen in this room. First off, a person would start talking one-on-one just sitting, you know, in a regular chair, talking to the provider. And then, if it's necessary, they'll move onto the exam table, which is usually pretty comfortable with a nice pillow and things like that.

Also, the healthcare provider can talk about stuff like costs of different types of birth control and testing and can really help a person figure out what they need at that time and what other services could potentially be covered. Either by insurance or some states even contain healthcare programs that cover the costs of certain family planning services. If a person's coming in to get tested for a sexually transmitted infection, or a STI, there's
Family Tree Clinic Tour Transcript Cont’d…

Tatum Bishop: … a lot of really simply things we can do to test a person. Usually, it just involves peeing in a cup, drawing some blood. If a person has anything like a bump or a sore or something that a provider wants to take a look at, then they would talk one-on-one with the provider to make sure that’s okay with everyone involved. Really, it’s in a patient’s control what happens when they come into a doctor’s office and you get to really control what happens and what doesn’t happen.

Once a patient is done with their exam, this is where they would come back out in the lobby. Through the front desk, to check out with the front desk person. If a person came here to get tested for a sexually transmitted infection, then the follow-up is kind of like within 1 to 2 weeks, a person should hear back about their results. A lot of times, we’ll only call back if there’s something that we need to either see a patient for again or if there’s some kind of follow-up that’s needed. A person is always welcomed to call us to get that information as well, if a person wants to know their test results. Privacy is a really important concern to us. So, if a person calls in asking for test results, we’ll always make sure that we’re talking to the right person by asking for specific identifiers, like a person’s birthday, name, social security number or if a person has given us some kind of like password that they want to be associated with their file.

Another thing that’s important, as far as privacy goes, is making sure that when a person gets like a bill, like through insurance or something like that, we can actually ask specifically who they want us to send the bill to. So, we can make sure that we send it directly to you or make sure that there is kind of way we can contact you. That is safe and comfortable for you to get that information to you. When a person checks out, this is also a time when they can schedule follow-up appointments. And people are always welcomed to call back and talk to the healthcare provider or talk to someone at the clinic if they have anymore questions about birth control methods that they were prescribed or the test results or anything like that. And people are always welcomed to come back for follow-ups as well. We love to answer any questions that a person has ‘cause that’s our primary job is taking care of you and making sure that the patient has what they need. In our clinic, excuse me, in our exam room and at the front desk, we have free condoms that people can grab on their way out.
Family Tree Clinic Tour Transcript Cont’d…
Tatum Bishop: … People are also welcomed to stop by anytime just to grab some of those too. So, those are kind of the things that a person would do when they’re leaving the clinic. And then we always say that we hope to see them again.

Resource
Family Tree Clinic

The final category of STIs are those caused by parasites.

The first STI in this category has a mouthful of a name, Trichomoniasis, (pronounced trick-oh-mo-NEYE-ah-sis), and is caused by little one-celled creatures, also known as protozoan.

To make it more convenient, we’re going to refer to it by its shorter name, trich.

Trich is very common and is usually passed during vaginal sex, or other sex play that involves sharing sexual fluids or sex toys. It’s the leading cause of vaginal irritation, also referred to as vaginitis.

Most of the time there are no symptoms of trich, but if present, a person is more likely to see them if they have a vagina. Possible symptoms can include genital itching or burning, painful urination, or discharge that has a funky smell.

People may mistake symptoms for a yeast infection, so it’s important to see your provider to get tested. They will use a swab to collect a sample, either from the vaginal fluids, or the urethra for folks with a penis. They’ll take the sample and look at it under a microscope to see if there are any trich protozoa present. If they are present, your provider will write you a prescription for a single dose of an antibiotic. Many people will become re-infected unless they make sure that their sexual partners are tested and treated.14,15

Next up are pubic lice.

They are often referred to by their more common name, crabs. They get this nickname because if you look at them up close, they have little claws at the end of their appendages, which make them look like tiny crabs. They are different from the lice that live on the head or other parts of the body because
they are smaller. They’re not restricted to living in the genital region and can set up shop on the hair of other parts of the body. Like a mosquito, public lice feed off of blood to survive. They are spread via skin-to-skin contact during sex or other close contact. We know it’s creepy to think about bugs making a home in your pubic hair. Thankfully, it’s pretty easy to get rid of them. Really, either you or someone you know has probably had lice on their head at one point in their lives; it’s simply a common occurrence in life.

You don’t need to see a provider to get diagnosed. You can do it yourself by taking a look; a magnifying glass can help. The lice can look greyish, but darken in color after they’ve fed. You may also notice nits, or their eggs, around the hair follicle. Besides the presence of lice, your genitals may be itchy. Don’t scratch! This can lead to infections.

You can treat pubic lice the same way you treat other lice. Over-the-counter treatments will help kill the lice and their nits. Some of these medications are specifically designed for pubic lice, but you can use head lice medications if that is the only thing available. If, for some reason these treatments don’t work, check in with your provider to get a prescription remedy. Now don’t go thinking about shaving your pubic hair off; it won’t work to get rid of the lice. However, you can trim your pubic hair to make it easier for the lice-killing shampoos or creams to work on the area. Your sexual partners should be treated with these lice medications at the same time. Hold off on sex until you and your partners are lice-free. Use hot water to wash all of the clothes, sheets, and towels that you’ve used, and then put them in the dryer on high heat. This process will kill any lice or nits that may be attached to those items. If you cannot machine wash and dry items, you should bring them to the dry cleaner or seal them in a plastic bag for two weeks. 16,17

Nationally, it’s estimated that there are 19.7 million new STIs every year and it costs 20 million dollars to treat them.18,19

We haven’t covered every single thing that could be transmitted sexually, but we have covered the most common STIs. For more information on these and
others, refer to the Centers for Disease Control and Prevention as well as the Planned Parenthood websites.

**Resources**
- Centers for Disease Control and Prevention STIs Website
- Planned Parenthood STIs Website

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**Getting Tested at a Sexual Health Clinic**

**Video Transcripts**

Tatum Bishop: I think that people don’t understand what’s gonna happen when they come into get tested. And I think people are afraid of what they don’t know or what they don’t understand. And I think some times people are afraid of the results. They're worried that they are at risk and they're worried that if they get bad news, that it would be hard to hear. So, I think that having wonderful sex positive clinics, like Family Tree Clinic, where it’s a safe, comfortable environment, where we have people like patient educators that can explain really in-depth what the testing process is like so that a person can, can learn all about it and get all of those kind of fears out of the way. And then, they’re just ready to do the exam and, ah, And then, the providers can make it really comfortable so that a person feels okay about whatever result there might be.

The thing that’s always important to keep in mind is that there’s always something we can do to help. Even if a person has something that might be incurable like herpes, we can, we can help a person. We might not be able to get rid of it completely, but we can at least make it not happen as often or make it not as painful and things like that. Sometimes, people assume, especially if, when people have received education that might include like pictures and things like that, and when people see these images of, of like infected body parts, that-- A lot of times are kind of worst case scenarios. They’re not typically what we might see, especially since a lot of times people don’t have symptoms for sexually transmitted infections. People assume like well, "Well, I’ve never had sex with someone who’s body looked like that." "So, I’m fine. I don’t have to worry about it." And really, it comes down to the fact that like, anytime a person’s have sexual contact, like, rubbing their body parts against someone else’s body parts, there could be a risk. So, so I think there is a huge misunderstanding out there about people not really thinking that like, "Oh well, the people I know" "are clean, and I don’t have to worry about it." That’s definitely a huge myth that’s out there.

We’ve talked about what STIs are out there, and how they are transmitted, tested, and treated. Remember, most STIs don’t show symptoms. So often, our culture focuses on only going to the doctor when symptoms are noticed, or for
some people waiting until the symptoms are too severe to ignore. STIs don’t have to be like that! Do the proactive thing and make it a routine part of your health care. Before and after you become sexually active with someone, go in and get tested. We’ve already demonstrated that testing is pretty quick and painless. Most student health centers already offer free STI testing, or it’s covered by insurance. Your local sexual health or public health clinic can help out with this too. This is about protecting your health; respect yourself and your body – and your sexual partners!

**Community Resources**

Free STI testing for UMN students at **Boynton Health Service** (612) 625-3222  
**Family Tree Clinic** (651) 645-0478  
**Minnesota AIDS Project** (612) 341-2060  
**MN Family Planning** STI Hotline 1-800-78-FACTS  
**Planned Parenthood** 1-800-230-PLAN  
**Red Door Services**, Minneapolis (612) 543-5555  
**Clinic 555**, St. Paul (651) 266-1255

**Resources**

Find providers who offer STI testing on the [CDC’s National HIV and STD Testing website](https://www.cdc.gov/nchhstp/3rd-party-web-links-testing.html)

If you find out that you have an STI, it’s nothing to be ashamed of.

Sometimes, you hear people talk about being clean, meaning they don’t have an STI. We’re not a fan of that language because what does the opposite imply? Too often people with an STI are considered dirty. However, being infected with an STI has nothing to do with hygiene. The reality is that many people will be exposed to STIs in their lifetime; it’s just part of life. While there are some steps we can take to protect ourselves, not every method is going to be effective at preventing all STIs. When people don’t feel like they can be open and honest about having an STI, and when they feel like other people are going to judge or reject them, the issue becomes stigmatized and people become less likely to get tested. If everyone treated STIs as something that can happen to anybody, we’d be in a much healthier place. Take a moment to check your attitudes. If you’ve ever been guilty of judging someone based on the assumption or knowledge that they have an STI, stop and ask yourself how you would feel if people were judging you? We’re all people who deserve love and respect regardless of whether we’re negative or positive for STIs.
Information in these course lessons is provided for educational purposes. It is not meant to and cannot substitute for advice or care provided by an in-person medical professional. The information contained herein is not meant to be used to diagnose or treat a health problem or disease, or for prescribing any medication. You should always consult your own healthcare provider if you have a health problem or medical condition.

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3 Centers for Disease Control and Prevention. (2013, February 1). Gonorrhea – CDC [Fact sheet].


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