

# Sexually Transmitted Infections (STIs)

All STIs can be present and infectious without symptoms

Viral Infections (symptoms can be treated)					Non-Viral Infections (infection can be cured)			
Infection	HPV	Herpes	Hepatitis	HIV	Chlamydia	Gonorrhea	Trichomoniasis	Syphilis
<b>Cause</b>	Human Papilloma Virus (more than 100 strains)	Herpes Simplex Virus (HSV) Types I and II	Hepatitis A Virus (HAV) Hepatitis B Virus (HBV) Hepatitis C Virus (HCV)	Human Immunodeficiency Virus (HIV)	Chlamydia Trachomatis (intracellular organism similar to bacteria)	Neisseria Gonorrhoea (a bacterium)	Protozoan	Treponema Palladium (a spirochete bacterium)
<b>Prevalence*</b>								
<b>Transmission</b>	• Mucous membrane (oral, vaginal, urethral, anal) exposure to bodily fluids (semen or vaginal fluid) or to infected mucous membranes				• Mucous membrane (oral, vaginal, urethral, anal) exposure to bodily fluids (semen or vaginal fluid) or to infected mucous membranes			
	• Skin contact with area of infected skin or mucous membrane (infected area may or may not be noticeable)		• Exposure to blood via broken or abraded skin, needles, razors, or menstrual blood				• Intimate exposure to contaminated objects	• Skin contact with area of infected skin or mucous membrane (infected areas may or may not be noticeable)
<b>How do you get it?</b>	• External genital contact, vaginal and anal sex, shared contact with sex toys **	• Kissing, external genital contact, oral sex, vaginal and anal sex, shared contact with sex toys **	• Oral sex, vaginal and anal sex	• Oral sex, vaginal and anal sex	• Vaginal and anal sex, shared contact with sex toys**	• Oral sex, vaginal and anal sex, shared contact with sex toys**	• External genital contact, vaginal and anal sex, shared towels, bathing suits, sex toys, etc. **	• Kissing (rare), external genital contact, oral sex, vaginal and anal sex, shared contact with sex toys **
<b>What does it look like or feel like?</b>	• Often no symptoms (especially in males) • Some strains cause genital, anal or, rarely, oral warts • Other strains can cause abnormal pap smears • Infection typically resolves spontaneously	• Often no symptoms • Tingling, burning, or rash • Painful genital, oral, anal blisters or ulcers • Fever, swollen glands, or painful urination • Symptoms usually disappear after 2-3 weeks, but may recur unpredictably	• Often no symptoms • Flu-like symptoms, fever, fatigue, muscle or joint pain, loss of appetite, nausea, vomiting, or abdominal pain • Jaundice (yellowing of skin and eyes), and rarely, liver failure or other serious complications years after infection	• Often no symptoms for up to 10 years • Severe flu-like symptoms within first month of infection • Years after initial infection: Swollen glands, fatigue, fever, night sweats, diarrhea, weight loss, depression, opportunistic infections, including rare cancers, pneumonias	• Often no symptoms • Penile or vaginal discharge • Painful urination • Abnormal vaginal bleeding or spotting • Symptoms may disappear without treatment, but infection continues and transmission to others can occur • Abdominal pain or cramping, fever (women) • Epididymitis, stricture of urethra (men) • Skin rash, swollen, painful joints	• Often no symptoms • Vaginal or penile discharge, irritation, or odor • Anal irritation or itching	• Often no symptoms • Chancres (painless open lesion), which heals within 6 weeks of initial infection • Skin rash, swollen glands, sores, fever, weeks to months after infection • Untreated syphilis may lead to irreversible neurological, or cardiovascular complications	
<b>Testing and Diagnosis</b>	• Clinician may detect the infection during an exam • Pap smear of cervix or anus can detect clinically-significant HPV infection • Colposcopy, biopsy may be needed • HPV DNA testing sometimes helpful	• Clinician may detect the infection during an exam • Culture or smear most diagnostic when lesions are present • Blood testing is available, but it is of little use	• Blood tests diagnose various stages of infection	• Blood test for antibodies conclusive 3 months after possible infection (some people may test positive as early as 6 weeks) • Multiple diagnostic criteria for variety of illnesses related to HIV can lead to a diagnosis of AIDS (Acquired Immune Deficiency Syndrome)	• In some cases, a clinician may detect the infection during an exam • Cervical smear or culture (women) • Culture of urethral discharge (men) • Throat swab • Urine test • Anal swab • Diagnostic tests conclusive 3-4 weeks after exposure			• In some cases, a clinician may detect the infection during an exam, especially if lesions are present • Blood test for antibodies conclusive 3 months after possible infection (some people may test positive as early as 6 weeks)
<b>Treatment</b>	• Warts may be treated by a clinician or with prescription cream • Cervical or anal infections may require clinical treatment	• Prescription medicines can diminish symptoms and may prevent or lessen severity of recurrent outbreaks	• Routine monitoring of liver function • Elimination of alcohol • Prescription medicines may diminish symptoms and may prevent or lessen severity of recurrent outbreaks	• Use of antiviral medications slows the progression of the disease, but is not a cure • Various treatments help control HIV-related infections or diseases • Healthy diet, adequate rest, exercise, stress reduction • Elimination of tobacco, alcohol, recreational drugs	• For patient: Antibiotic prescription medication with diagnosis • For all current or recent contacts (with or without a positive diagnosis): Concurrent antibiotic prescription medication should be taken simultaneously to prevent re-infection			
<b>Notes</b>	• Most infections resolve completely within 2 years • If untreated, some strains of the virus may cause cancer of the cervix, anus, or penis • Close clinical supervision may be needed • Infection with one strain does not give immunity to the other strains • Vaccine is currently FDA-approved for women	• Virus cannot be eliminated; however symptoms usually lessen or disappear over time • Outbreaks may recur unpredictably • Pregnant women should report history of herpes infection to their health-care providers • Infection with one strain does not give immunity to the other strain	• Higher susceptibility to liver disease after infection • May lead to increasingly severe illnesses • The Centers for Disease Control and Prevention currently recommend HIV testing for all sexually active individuals • Additional confidentiality rules apply to HIV discussions, testing, and treatment	• HIV damages the immune system, leading to increasingly severe illnesses • The Centers for Disease Control and Prevention currently recommend HIV testing for all sexually active individuals • Additional confidentiality rules apply to HIV discussions, testing, and treatment	• If untreated: Pelvic Inflammatory Disease (women), epididymitis, prostatitis (men), and impaired fertility • Infants may be infected at birth, causing eye infections, and possibly other complications (pneumonia)	• Infection can be present for years before symptoms occur • Pregnant women should report trichomoniasis infections to their health-care providers		• Symptoms may not be apparent to patient or clinician • Untreated syphilis may be fatal • Infants may be infected at birth

Note: If you or your partner(s) have been diagnosed with any STI, your clinician will advise you about appropriate follow-up. For more information, view the STI fact sheets produced by the Centers for Disease Control and Prevention (CDC) on-line: [www.cdc.gov/std/healthcomm/fact\\_sheets.htm](http://www.cdc.gov/std/healthcomm/fact_sheets.htm).

\* Reflects relative prevalence for the U.S. as a whole (ranging from least common to most common). Certain population sub-groups have different rates.

\*\* Sex toys are diverse in material and function. If you have questions, talk with your health care provider.

## Other Sexually Transmitted Infections (STIs)

There are a significant number of sexually transmitted infections not listed in the chart. These infections (crabs, skin infections, and others) are less common at Cornell, but do occur with varying incidence. It is best to seek medical advice any time you experience one or more of the following symptoms:

- Discomfort with sexual activity
- Increased pain or urgency with urination
- A change in your genitals (color, odor, bumps, lesions, itching, burning)
- Irregular discharge from your genitals.

**Note:** Your anus, throat, thighs and buttocks may also become infected, so don't ignore symptoms occurring in these areas.

## Sexual Health Resources

### WEB:

Gannett Health Services: [www.gannett.cornell.edu](http://www.gannett.cornell.edu)  
(Review the Top 10 Topics)

American Social Health Association (ASHA): [www.ashastd.org](http://www.ashastd.org)

Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

Gay Men's Health: [www.gmh.org.uk](http://www.gmh.org.uk)

Intersex Society of America: [www.isna.org](http://www.isna.org)

Lesbian STD: [depts.washington.edu/wswstd](http://depts.washington.edu/wswstd)

Planned Parenthood of America: [www.plannedparenthood.org](http://www.plannedparenthood.org)

Trans Health: [www.trans-health.com](http://www.trans-health.com)

### PHONE:

Gannett 24/7 Phone Consultation: 607-255-5155

Gannett Pharmacy: 607-254-6337 (4-MEDS)

Planned Parenthood of the Southern Fingerlakes: 607-273-1513

National STD and AIDS Hotline: 800-342-2437 (English)  
800-344-7432 (Spanish)

National Herpes Hotline: 919-361-8488

STI Resource Center (ASHA): 877-478-5868

The Advocacy Center: 277-5000

(24-hour domestic violence and sexual abuse services)

Tompkins County Health Department: 274-6683  
(free/anonymous HIV testing)



Gannett is a proud co-sponsor of the Safe Place Project. Our staff strives to create a supportive environment in which everyone is welcome and provided with the best possible care.

Gannett Health Services  
110 Ho Plaza, Ithaca, NY 14853-3101  
phone: 607-255-5155, fax: 607-255-0269  
e-mail: [gannett@cornell.edu](mailto:gannett@cornell.edu)  
[www.gannett.cornell.edu](http://www.gannett.cornell.edu)

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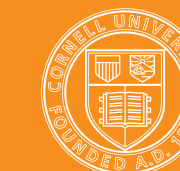
# gannett

Health Services

255-5155 anytime (24/7)

[www.gannett.cornell.edu](http://www.gannett.cornell.edu)

## Contraception and Sexually Transmitted Infections (STIs)



Cornell University

College is a good time to consider the many factors that influence your decision whether or not to engage in sexual activity. These factors may include your own personal feelings and desires, those of a potential partner, and the expectations of your family, culture, spiritual background, or friends.

Most sexual activity brings with it some risk of pregnancy or infection. This brochure provides information about contraception and sexually transmitted infections (STIs) that can help you make informed choices and reduce the likelihood of unintended consequences.

You and your potential partner(s) may want to consider the following sexual health strategies:

**Learn** as much as possible about your own body and what turns you on (and off).

**Talk frankly** with your partner(s) about the kinds of sexual experiences you want (and do not want) to share.

**Decide** what level of risk you're willing to assume. The only sure way to avoid the risk of a STI or pregnancy is to refrain from sexual activity that involves skin-to-skin contact, the exchange of body fluids, or shared contact with sex toys.

**Consider** whether you or your partner(s) have had past sexual contacts and whether STI testing is warranted before you are sexually active with one another.

**Visit Gannett** for safer sex information, supplies, product demonstrations, and prescriptions. Get comfortable with the safer sex product(s) you choose.

**Choose methods** of protection (safer sex products and/or contraceptives) that work best for you and your body, lifestyle, personality, needs, and limitations.

**Be realistic** about the added risks associated with sex under the influence of alcohol or other drugs. Using either could undermine your efforts to practice safer sex.

**Get support** if you feel confused, frustrated, or overwhelmed at times. Gannett staff members (including the Clinical Counselor, nurses, and therapists) are available to discuss your sexual health concerns.

## What Doesn't Work

Myths and rumors about practices thought to prevent pregnancy are **not supported by evidence**.

MYTH: A woman "holding back" from orgasm cannot get pregnant.

MYTH: Avoiding certain sexual positions reduces the risk of pregnancy.

The term **abstinence**, though widely used, can also be problematic. Practically speaking, abstinence **means different things to different people**.

"Abstinent this year, but not last."

"No genital contact of any kind—ever!"

"Anal or oral sex is okay, but not vaginal."

In other words, it is possible for two people who define themselves as abstinent to still be at risk for pregnancy

or STIs. To avoid unintended consequences, it's important to understand the risks associated with any sexual activities you DO practice.

## Sexual Health Counseling

Gannett's Clinical Counselor specializes in talking with students about sexual health. The Counselor is available to:

- Address questions about your body

"Is this normal?"

"Why does that happen?"

- Explore your thoughts and feelings

"I'm worried about..."

"I feel confused by..."

- Address specific circumstances (problems with sexual functioning or response, pregnancy, sexual assault, diagnosis with a STI)

- Provide referrals for additional care, as needed.

No question is too embarrassing and no situation "too weird" to bring up. You can schedule your appointment alone, with a friend, or with a partner. **These visits are free and confidential.**

## Comprehensive, Confidential, Low-Cost Care

We invite you to consult with our nurses, clinicians, the Clinical Counselor, and our health educators on a range of sexual health issues. Our services include:

- Sexual health counseling (education, values clarification, relationship issues, sexual identity or functioning)
- STI testing, diagnosis, and treatment
- HIV testing, counseling, and follow-up
- Safer sex supplies, contraception, and emergency contraception
- Annual GYN exams, colposcopy, insertion and fitting of contraception methods
- Pregnancy testing, options counseling, and referral
- Rape, sexual harassment, sexual abuse care, counseling and support.

## Additional Contraception Methods

The contraceptive chart outlines most methods and devices used by sexually active people at Cornell. Gannett's clinical staff can also provide information and counseling on a wider range of options. These may include:

- The decision to refrain from sexual activities involving genital contact
- Surgical procedures that prevent conception (vasectomy, tubal ligation)
- Options for obtaining a medical or surgical abortion
- The pregnancy prevention afforded new mothers during the first few months of breast-feeding (Lactational Amenorrhea Method)
- Contraceptive devices Gannett does not carry (cervical caps, Leah's shield).

# Common Contraceptive Methods

**Note: A GYN exam is recommended, but not required for women seeking a prescription form of contraception at Gannett**

		Non-Hormonal						Estrogen and Progestin Hormones			Progestin-Only Hormone					
Method		Spermicides	Withdrawal	Sponge	Diaphragm	Fertility-Awareness Methods	Condoms (male and female)	Paragard Copper T IUD	Combined Oral Contraceptives (the pill)	Nuva Ring (the ring)	OrthoEvra (the patch)	Mirena IUD	Emergency Contraception	Depo Provera (the shot)	Mini Pill	Implanon
<b>What it is</b>		Chemical-based foams, jellies, or suppositories inserted into the vagina	Removal of the penis from the vagina before ejaculation	Spermicidally-treated barrier inserted into the vagina	Specially-fitted vaginal barrier	Calendar-based and symptoms-based methods that involve counting the days of a woman's menstrual cycle and observing cervical mucous changes	Latex, animal membrane, or polyurethane sheath worn on the penis or inserted vaginally or anally, prior to genital contact	Small device placed in the uterus by a clinician	Pills, taken orally	Flexible plastic ring, inserted vaginally to deliver synthetic hormones to the body	Patch placed on the body to provide transdermal delivery of synthetic hormones	Small device placed in uterus by a clinician; delivers hormones	Relatively high doses of synthetic hormone pills, taken orally after intercourse	An injection of synthetic hormone given every 12 weeks	Pills, taken orally	Small plastic device inserted under the skin of the upper arm
<b>Effectiveness*</b>	Perfect	82%	96%	91%**	94%**	94%	98%	99.4%	99.7%	99.7%	99.7%	99.8%	98%	99.7%	99.5%	99.95%
	Typical	71%	73%	84%**	84%**	75%	85%	99.2%	92%	≥92%	≥92%	99.8%	unknown	97%	91%	99.95%
<b>Timing</b>		With each act of intercourse	With each act of intercourse	With each act of intercourse	With intercourse	Daily monitoring	With each act of intercourse	Lasts for 10 years	Same time, daily	Insert monthly	Apply weekly	Lasts 7 years	Pills taken as directed after intercourse	Every 12 weeks	Same time, daily	Lasts for 3 years
<b>How to get it</b>		• Drugstore • Pharmacy • Internet	Practice!	• Drugstore • Pharmacy • Internet	Clinician fitting and prescription	Many instructive resources are available; please check with your clinician	• Drugstore • Pharmacy • Internet	Clinician fitting and prescription	Clinician prescription	Clinician prescription	Clinician prescription	Clinician insertion	A prescription is required for women under the age of 18, but not required for those 18 and older	Clinician prescription and injection	Clinician prescription	Clinician prescription and insertion
<b>Advantages</b>		Easy to obtain	No supplies needed	Easy to obtain	• Discreet • Can be inserted before sexual arousal	• Encourages awareness of reproductive cycles • Can also be used to help achieve pregnancy	• Protects against some STIs • Easy to obtain	Highly convenient	Can regulate and lighten menstrual bleeding			Highly convenient	Available if no other method used, in the event of sexual assault, or if other methods fail	• Convenient • Generic options available	Generic options available	• Highly convenient • Quickly reversible
									Generic options available	Convenient						• Safe for breastfeeding women and those with certain medical conditions • Can decrease menstrual bleeding
<b>Disadvantages</b>		Must be used with each act of intercourse	Can be difficult to implement successfully	Must be used with each act of intercourse	• Can be tricky to insert • Requires concurrent use of spermicide • May be felt by partner	Requires constant monitoring and periodic abstinence	• Must be used with each act of intercourse • Decreased sensation for person wearing the condom	Insertion may be painful	May be difficult to remember to take pill on schedule	May be felt by partner	May cause local irritation	• Irregular or absent menstrual bleeding • Rarely can cause some hormonal side effects	Most effective within the first 72 hours after intercourse	• Weight gain, headaches, mood changes • Can decrease bone density over time • Not quickly reversible	Requires strict adherence to daily timing	Irregular menstrual bleeding
									• Can increase risk of gallstones, blood clots, heart attack, and stroke, especially in smokers • Not an option for women with certain medical conditions; please check with your clinician to see if this applies to you							
<b>Side Effects/Notes</b>		May cause vaginal irritation	All ejaculate must be kept away from a woman's thighs and genitalia	May cause vaginal irritation	May cause irritation or increase risk of urinary tract infections	Not reliable in women with irregular cycles	May cause vaginal irritation	Increases menstrual bleeding	• Common minor side effects include spotting, mood changes, breast tenderness or enlargement, and nausea, but these usually lessen over time • Weight gain has not been shown to occur in most women			Insertion may be painful	Can cause irregular bleeding for one cycle	• Irregular bleeding during first 6 months • Can cause absence of menstrual bleeding	Can cause irregular or absent menstrual bleeding	Effectiveness not well studied in overweight women
<b>For more information</b>		Gannett Fact Sheet: Non-Hormonal Birth Control Methods					Gannett Fact Sheet: Condoms and Lubricants	Gannett Fact Sheet: The Intrauterine Device	Gannett Fact Sheet: The Oral Contraceptive Pill	Gannett Fact Sheet: Nuvaring	Gannett Fact Sheet: Ortho Evra: The Contraceptive Patch	Gannett Fact Sheet: The Intrauterine Device	Gannett Fact Sheet: Emergency Contraception	Gannett Fact Sheet: DepoProvera	Gannett Fact sheet: Progesterone-Only Birth Control Pills	Gannett Fact Sheet: Implanon

\* If no method of contraception is used, approximately 85% of sexually active couples will conceive in one year (**not using contraception is 15% effective**). Perfect users reflects individuals who use a method consistently as directed. Typical effectiveness reflects what is seen in the general population.

\*\* For women who have previously given birth, these methods are often less effective. Please consult with a clinician for more information.