

## Why You Should Care About Lesbian Safer Sex (And What To Do About It) – STI Cheat Sheet – Christy Duan (www.christyduan.com)

| STI  | Transmission   | Symptoms   | Prevention   | Screening/diagnosis  | Treatment  |
|--|--|--|--|--|--|
| <b>Bacterial vaginosis</b>                             | Imbalance of vaginal bacteria that could be due to exposure to vaginal secretions                  | 50-75% asymptomatic. Thin off-white vaginal discharge with a fishy odor that is more noticeable after sex and during menses.   | Barrier methods, decrease STI risk factors (number of partners, etc.)  | Pelvic exam with vaginal fluid sample  | 7 days of antibiotics (pill or vaginal creams and suppositories that have metronidazole or clindamycin) for symptomatic women  |
| <b>Chlamydia</b>                                       | Bacterial spread by sexual exposure  | Most are asymptomatic. Urogenital infection, pain/burning with urination, abnormal vaginal discharge, bleeding between periods, pain during sex, Pelvic Inflammatory Disease (PID – pelvic and abdominal pain, infertility)                                    | Barrier methods, decrease STI risk factors   | <p>≤25 years old – annual urine or swab test</p> <p>&gt;25 years old – depends on risk factors</p> | 7 days of antibiotics (azithromycin or doxycycline pills) for infected patients and their partners. Repeat chlamydia testing 3-6 months after treatment.                                       |
| <b>Cytomegalovirus (CMV)</b>                           | Exposure to infected blood or bodily fluids (genital secretions, urine, stool, tears, breast milk) | Most are asymptomatic. Mononucleosis (“mono” – fevers, fatigue, etc.)  | Good sanitary practices (handwashing, don’t share food, drinks, utensils etc.), avoid exposure to infected fluids (barrier methods, decrease STI risk factors, etc.).  | Blood test   | <p>None needed in the immunocompetent</p> <p>Antivirals for the immunocompromised</p>  |
| <b>Gonorrhea</b>                                       | Bacterial spread by sexual exposure  | Most are asymptomatic. Urogenital infection, pain/burning with urination, yellow/bloody vaginal discharge, bleeding between periods, pain during sex, Pelvic Inflammatory Disease (PID – pelvic and abdominal pain, infertility)                               | Barrier methods, decrease STI risk factors   | <p>≤25 years old – annual urine or swab test</p> <p>&gt;25 years old – depends on risk factors</p> | Antibiotics (1 single shot of ceftriaxone or 7 days of doxycycline pills) for infected patients and their partners. Repeat gonorrhea testing 3 months after treatment.                         |
| <b>Hepatitis A</b>                                     | Ingesting fecal matter infected by the virus (even microscopic amounts count!)                     | May be asymptomatic. Liver problems, fatigue, nausea, vomiting, decreased appetite, fever, upper right abdominal pain, dark urine, light colored stools, yellowing of the eyes and skin, itching   | Vaccine, good sanitary practices, avoid international travel   | Blood sample   | <p>Supportive care</p> <p>There is no cure, but it often goes away by itself</p>   |
| <b>Hepatitis B</b>                                     | Transfer of blood or bodily fluids infected by the virus   | May be asymptomatic. Liver problems (can lead to cirrhosis and liver cancer in chronic infection), fatigue, nausea, vomiting, decreased appetite, fever, upper right abdominal pain, dark urine, light colored stools, yellowing of the eyes and skin, itching | Vaccine, good sanitary practices, barrier methods, use clean needles   | Blood sample for high risk patients  | <p>Supportive care and antivirals for severe cases</p> <p>No cure – it often goes away by itself, but some people have long-term infection</p>   |
| <b>Hepatitis C</b>                                     | Transfer of blood infected by the virus  | May be asymptomatic. Liver problems (can lead to cirrhosis and liver cancer in chronic infection), fatigue, nausea, vomiting, decreased appetite, fever, upper right abdominal pain, dark urine, light colored stools, yellowing of the eyes and skin, itching | No vaccine, good sanitary practices, barrier methods, use clean needles  | Blood sample for high risk patients  | There is a cure – various expensive treatment regimens for certain types of hepatitis C  |
| <b>Herpes simplex virus – type 1, 2 (HSV-1, HSV-2)</b> | Exposure to fluids in herpes sores (which may not always be visible), skin to skin contact         | May be asymptomatic. Painful ulcerative lesions, pain and itching with tender lymph nodes in the genital region, fever, muscle aches, headaches, pain with urination   | Barrier methods, decrease STI risk factors, use of antiviral suppression in partners with herpes, avoidance of sexual activity when partners with herpes have symptoms before the appearance of sores and when they have sores | Blood sample <u>only</u> in symptomatic patients (preferably within 3 days of finding a sore)      | <p>7-10 days of antivirals (acyclovir, famcyclovir, valacyclovir pills) for the first time a patient is infected.</p> <p>No cure – only antiviral control regimens for recurrent outbreaks</p> |

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| <b>Human Immunodeficiency Virus (HIV)</b> | Transfer of certain infected bodily fluids (blood, genital secretions, rectal fluids, breast milk) | Early HIV infection – 10-60% asymptomatic. Fever, enlarged lymph nodes, sore throat, rash, muscle and joint aches, headache, nausea, diarrhea, decreased appetite, weight loss.<br><br>Late HIV infection – various opportunistic infections can lead to serious illness and death   | Barrier methods, decrease STI risk, use clean needles, pre-exposure prophylaxis (PrEP) for those at high risk  | Blood sample for all patients being tested for STIs   | Post-exposure prophylaxis (PEP) – prevents HIV if taken within 3 days of possible exposure<br><br>No cure – only control with antiretroviral therapy  |
| <b>Human Papilloma Virus (HPV)</b>        | Sexual exposure, digital/anal, digital/vaginal contact, skin to skin contact                       | Genital warts (can be hidden inside body cavities like the vagina or anus). Various cancers (anus, cervix, vulva, vagina, head/neck)   | Vaccine for patients 9-26 years old covers types that cause most genital warts (types 6, 11) and most cancers (type 16, 18). Barrier methods, decrease STI risk. | 21-29 years old – pelvic exam with pap smear every 3 years<br><br>30-65 years old – pelvic exam with co-testing (pap smear + HPV DNA test) every 5 years OR pap smear every 3 years<br><br>>65 years old – depends on prior results | Genital warts – surgery, or various medications that either destroy wart tissue or use the immune system to clear warts.<br><br>Cancer – monitoring for cervical cancer with regular pelvic exams and pap smears, and various surgical procedures to remove cancerous areas |
| <b>Molluscum Contagiosum</b>              | Direct skin to skin contact, exposure to infected towels, clothing, gym mats                       | Small, firm, flesh-colored, bumps with indents in the middle (except for palms and soles)  | Avoid skin to skin contact with infected people, good sanitary practices   | Observing the lesion and skin scraping sample of the bump   | Most lesions go away without treatment, but genital lesions should be removed medications and surgical procedures   |
| <b>Pediculosis pubis (pubic lice)</b>     | Lice or lice eggs transmitted by sexual exposure, exposure to infected items (rarer)               | Genital itching, presence of lice or lice eggs   | Avoid contact with infected people, good sanitary practices  | Tiny “crabs” seen with the eye or a magnifying glass  | Skin creams (permethrin, pyrethrins, etc.) for patients and their partners  |
| <b>Scabies</b>                            | Direct skin to skin contact, exposure to infected items (rarer)                                    | Severe itching that is worse at night and does not affect the head. Sometimes red, itchy lesions are seen.   | Avoid contact with infected people, good sanitary practices  | Skin scraping sample  | Skin creams (permethrin, etc.) or pills (ivermectin) for patients and close contacts  |
| <b>Syphilis</b>                           | Direct contact with syphilis sore anywhere on the body   | <u>1<sup>st</sup> stage</u> - painless ulcer that disappears<br><br><u>2<sup>nd</sup> stage</u> – non-itchy red-brown skin rash (including palms and soles), fever, headache, muscle aches, decreased appetite, sore throat, weight loss, enlarged lymph nodes<br><br>Late stage – damage to internal organs can lead to death | Barrier methods, decrease STI risk   | <u>1<sup>st</sup> stage</u> – skin scraping sample of the lesion<br><br>Later stages – blood sample <u>only</u> in symptomatic patients or those at high risk   | Antibiotics (penicillin shots, etc.)  |
| <b>Trichomoniasis</b>                     | Protozoan spread by sexual exposure  | May be asymptomatic. Smelly green-yellow frothy vaginal discharge, pain/burning with urination, vulvar discomfort, pain during sex   | Barrier methods, decrease STI risk factors   | Pelvic exam with vaginal fluid sample   | 7 days of antibiotics (metronidazole or tinidazole pills) for symptomatic and asymptomatic patients, and their partners. Patients and their partners should avoid intercourse until they complete treatment and are asymptomatic.   |

*NOTE: The article and chart are intended to educate, but are in no way substitutes for medical advice or attention. The opinions expressed are those of the author, Christy Duan (www.christyduan.com), and not of the institutions with which she is affiliated. This STI chart was created using information from UpToDate.*