

Sexually transmitted infections



LEARNING OUTCOMES

- To understand what sexually transmitted infections (STIs) are
- To have a basic knowledge of the most common STIs
- To recognise some of the possible signs and symptoms of STIs
- To know that some STIs may have no symptoms
- To know that most STIs are easily treated if diagnosed early

RESOURCES

- Flipchart paper and pens
- **Resources 1a – 1d: *Get this checked – women* and *Get this checked – men*.** You may need copies for each person on the programme or you can prepare this to project it, using an OHP, LCD projector or electronic whiteboard
- **Resource 2: *Top 5 symptoms of STIs*.** Photocopy enough for each learner to have a copy
- **Resource 3: *STI and genital infections name cards*.** You will need to photocopy and prepare these cards. You will need one set of cards per group of 4–6 learners
- **Resource 4: *STI technical information for teachers*.** Not designed for learners, unless they have good reading skills
- Copies of **leaflets about STIs**, chosen to reflect the particular group with whom you are working and local services. Leaflets on a range of STIs are available from the Family Planning Association www.fpa.org.uk. Online information is available on <http://www.nhs.uk/Pages/homepage.aspx>
- Copies of the **Glossary**, for each learner

RELATED THEMES

Sexual health topic

Talking about sex and sexual health
 HIV and AIDS
 Safer sex
 Contraception
 Getting help / accessing services

Skilled for Health file 2: Services and self-care

Topic 3: Finding out about health concerns: themes 2, 4 and 5

Rates of sexually transmitted infections (STIs) are continuing to rise (source: *Health Protection Agency, 2007*) See www.hpa.org.uk and search for STI rates. With over 30 different infections that can be passed between people during sexual activity, teaching and talking about STIs can be confusing and complex. This can be made even more difficult because, though some of these infections can only be passed on during sex, others can be passed on in other ways and some fungal or bacterial infections may develop naturally within the body but can be passed on sexually.

STIs can cause discomfort, embarrassment and irritation. They can also have long-term effects on health including infertility, impotence, life-long illness or even death. **Some of the STIs that cause long-term and permanent damage may have no symptoms at all.**

This theme aims to help teachers address some of the basic issues about STIs with learners by stimulating discussion about some of the more common infections that people may encounter.

STIs are extremely common and many people will experience one at least once in their lives. Even so, there is still a lot of stigma, embarrassment and a general reluctance to talk openly on the subject. By providing clear, non-judgmental and accessible information about STIs teachers can greatly help towards improving the sexual health of learners and also that of their partners, their friendship networks and of the wider community.

It is essential that learners are aware that having basic information about STIs will not give them the knowledge to 'self diagnose' but will help them to develop an awareness of when to seek advice, support and treatment from specialist sexual health services.

Resource 4: STI technical information for teachers provides basic information about the STIs discussed in this theme, including possible symptoms and treatments. However, you may prefer to invite a co-facilitator from a local Genito-Urinary Medicine (GUM) clinic or health promotion service to support this theme.

You also need to be aware of how cultural and religious issues might affect

The topic of STIs is complex and can be quite technical. Some elements of the information are inherently contradictory, e.g. that many infections are relatively symptom-free, that symptoms are common to different infections (not just sexually transmitted ones). Particular issues include:

- listening to, engaging with and understanding technical information
- reading and understanding 'medical' words.

Teachers will have to work hard to ensure that learners engage with this important information. The 'Engage' suggestions help to establish the learners' baseline of understanding.

Learners should be encouraged to become confident in using the glossary though they may need support for this.

There is information for each activity about support and ESOL. 'Support' is usually for literacy or numeracy skills, but also more general issues that might arise. 'ESOL' relates to learners whose first language is not English, and may include language or cultural issues. You may find that some of these suggestions apply to other learners as well.

Core curriculum

Activities in this theme will contribute to learning in the following curriculum areas:

- Reading and understanding technical words and information (Rt/E3.4; Rw/E3.1)
- Skimming and scanning to get the main points of a leaflet (Rt/E3.1; Rt/E3.4)
- Selecting a point and presenting it to others (SLcE3.3; Rt/E3.1)
- Using a glossary (Rw/E3.3)
- Listening to points of view (SLlr/E3.5)
- Respecting turn-taking in discussion (SLd/E3.3)

discussion and learning. In particular it should be recognised that some groups may be unable / unwilling to engage in mixed gender groups and / or mixed cultural groups. You may need to take advice about this, perhaps from community or cultural leaders.

Related health information

All these sites have good information about sexual health. Some have leaflets you can order.

www.hpa.org.uk

www.nhs.uk/Livewell

www.fpa.org.uk

www.tht.org.uk

www.direct.gov.uk (look under health and well-being, then sexual health)

www.chlamydia-screening.nhs.uk

www.lgbthealth.org.uk

www.lgf.org.uk

www.ssha.info (technical information for sexual health advisers)

Telephone service:

NHS Direct 0845 4647

Sexual Health Line 0800 567 123

- Remind learners about the agreed language established in **Theme 1: Talking about sex**. It might be helpful to look again at the graphics of male and female parts and sexual activities. Ask if there are any questions relating to these words.
- Confirm the ground rules from the last session, especially those relating to confidentiality.
- Ask learners what they understand by the term 'sexually transmitted infection'. Aim for a response such as 'an infection you get from sexual contact'. Confirm that you will use the acronym 'STI' in the programme. You may find that this question leads naturally to the first part of Activity 1. Ask learners to find both terms (sexually transmitted infection and STI) in the glossary.
- Ask which STIs they have heard about and record these on flipchart paper. Saying the names out loud and writing them on the flipchart can help with identification and pronunciation throughout this theme, particularly for those unfamiliar with the words e.g. ESOL learners.
- You will need to tell learners that there are many infections that can be classed as an STI. Some are quite common and some quite rare. In this theme, learners will find out about some of the more common STIs. Confirm that HIV and AIDS are covered in the next theme/session.
- Ask learners what they think people should do if they think they have an STI. You will return to this later in the session.

The short form of 'sexually transmitted infection' is STI. We'll be using that term in the programme. It's much easier to say!

ACTIVITY 1

How do you get a sexually transmitted infection and how do you know if you might have one?

- Ask learners what they understand about how people get sexually transmitted infections (STIs). Learners' responses may give you opportunities to debunk commonly held myths, e.g. from toilet seats, casual contact such as shaking hands.
- The teacher should guide learners to making these points. STIs are infections that can be passed from person to person during any kind of sexual activity – this includes:
 - penetrative vaginal sex (remind learners what 'penetrative' means)
 - penetrative anal sex
 - all types of oral sex
 - mutual masturbation (remind learners what this means)
 - sharing sex toys
 - kissing and cuddling
 - any activity that means getting close and naked together.
- Make it clear to learners that you cannot tell by looking at someone, or how nice they are as a person, whether or not they have an STI. Anyone who engages in any kind of sexual activity can get an STI.
- Then ask the group how you would know you had an STI. After learners have had the opportunity to suggest answers, give out copies of **Resource 1a: Get this checked – women** and/or **Resource 1b: Get this checked – men** and talk through the

illustrations with learners, reading the speech bubbles. If you use the word 'symptom', describe it as a sign of an illness, and give an example, e.g. having a bad pain. Confirm that these are all things that need to be checked as soon as possible.

- Key points for the teacher to make are:
 - some people may have one or more of these symptoms
 - most people may have no symptoms of an STI at all (note particularly the pictures of the happy man and woman who feel great)
 - some people may pass off symptoms as something else, choose (or try) to ignore them
 - some people may have symptoms but hope they will go away without doing anything
 - people are more likely to ask for help if they have obvious symptoms
 - left untreated, STIs can cause serious and long-term effects
 - some people may have some of the symptoms but do not have an STI
 - the only way to know for sure is to get a check-up at a sexual health clinic – this should be done as soon as possible after noticing something isn't quite right
 - if they are diagnosed at an early stage, most STIs are easily treated.
 - confirm that some STIs can be passed on to babies during pregnancy and/or breast-feeding, for example syphilis and HIV.
- Give learners the handout **Resource 2: Top 5 symptoms of STIs**. Go through this handout and make sure learners' questions are answered. Confirm that you can have any of these symptoms and not have an STI, but that only a doctor can confirm this. It's better to be safe and get the symptom properly checked as soon as you notice it than to leave it until it's a bigger problem. Confirm that you should also get yourself checked if you may have been exposed to the possibility of catching an STI (e.g. by having unprotected sex), even if you have had no symptoms at all.
- Some learners may have experience of having an STI, either themselves or their partners, and this could be in the past or currently. Teachers should not make assumptions about learners and should demonstrate an inclusive and non-judgmental approach to the subject.

Support

- Some quite technical/medical words are used in this theme and these may not be familiar to learners. Take time to explain the terms and link them to words in common usage, with which learners may be more familiar.
- Some acronyms are used, e.g. STI, BV, TV, NSU. Some learners may need to be reminded several times what these mean. Some may get the acronyms muddled or get the letters in the wrong order. Expect this to happen and support learners by having the names and acronyms written up on a flipchart.
- If you use the **Glossary**, remember that learners with dyslexia and those whose reading skills are at Entry 1 or below will need support to find words in an alphabetically ordered glossary, and may also need support to understand definitions.

ESOL

- Be aware of cultural and religious barriers to knowledge of and discussion about STIs.
- Learners may need support to relate information in English about STIs to their existing knowledge.
- The word 'discharge' is used in **Resource 2**. Ask learners to check the meaning in the glossary and note that a dictionary definition has more than one meaning which is potentially confusing.

ACTIVITY 2

Some common STIs

- The purpose of this activity is to help learners to link symptoms with specific STIs and genital infections and to become more familiar with the names. It is not essential that learners have a full understanding of the causes, symptoms, effects and treatments of each STI / genital infection.
- Using cards prepared from **Resource 3: STI and genital infections name cards**, take each one in turn and read it out loud to the group. Acknowledge that they are technical/medical terms.
- After each card has been read, ask learners if they have heard of this STI or infection. If it was mentioned in the first (**Engage**) activity in this theme, acknowledge this.
- With the cards in full view so spellings can be seen, ask learners to look up the meaning of each STI / infection in the glossary. Share their findings and discuss any terms which are not understood. Link this to the body diagrams from Theme 1 if this helps. It might also help to look for the words in leaflets.
- Briefly talk through the signs and symptoms of each STI / genital infection, the areas of the body it can affect, longer term complications and treatments. Confirm that treatments work better if they start early in the disease. Ignoring symptoms and hoping they will go away is risky. These diseases don't get better by themselves. Confirm that syphilis can only be cured if caught early.
- Link the names of the disease with the pictures of symptoms in **Resources 1a – 1d: Get this checked – women** and **Get this checked – men**. Check first if learners can work these out.
- If appropriate for your group, you can say that STIs have three

I am going to read out these names for STIs and other infections that can affect your 'bits'. They're really technical terms – I hope I can say them all properly! Not all these are spread just by sexual contact. Some are spread in other ways as well.

How about this one? Gonorrhoea. Have you heard of this one before? What other names is it called by? That's right, 'the clap'.

main causes: infection by bacteria, by a virus or by a parasite. You will need to elicit their understanding of these terms. These are the critical facts:

- Infections caused by bacteria and parasites can usually be treated successfully (cured).
 - Bacterial infections can be cured by treatment with antibiotics. Sometimes this takes some time and there are issues about bacteria that are becoming resistant to antibiotics. The earlier treatment starts, the more effective it will be. However, you shouldn't rely on antibiotics all the time because your body can build up resistance to them.
 - Many learners will understand about parasitic infections from childhood experiences of getting nits (head lice) or worms. These are troublesome and easily caught, but can be got rid of.
 - STIs caused by viruses can have treatment for the symptoms (like paracetamol for a cold) but the virus continues to linger in the cells of the body and can recur at any time, particularly if you are feeling a bit run down. Many learners will understand this in terms of cold sores on the lips/mouth – when you've had a cold sore (which is caused by a virus) once, you keep on getting them from time to time, especially if you are tired.
- Ask learners for examples of other infections caused by bacteria, virus or parasite. Confirm that childhood diseases such as measles, mumps and rubella (German measles) are caused by a virus and that children are inoculated against them, to stop them getting these diseases. There is no inoculation as yet for most STIs though one has been developed for genital warts.
 - Categorising STIs in this way is a good preparation for the next session on HIV and AIDS, where learners need to understand that HIV is caused by a virus.
 - Teachers may find it useful to refer to the teacher notes given as **Resource 4: STI technical information for teachers.**

Support

- When introducing each card, pass it round the group so learners have the opportunity to see and become familiar with the words for these STIs.
- Confirm that the words are very technical and that it isn't essential to know them all. The main message is about the symptoms – make sure you make links with the illustrations about symptoms from the last activity. It might also be useful to use the body diagrams from Theme 1. Make sure learners understand what is meant by a 'symptom'.
- Learners with dyslexia and those whose reading skills are at Entry

ESOL

- In this activity, the teacher is passing on a lot of information. Whilst there is the opportunity to check out understandings in the next activity, it may be helpful to write the main points for each STI on flipchart paper.
- Be aware of cultural and religious barriers to knowledge of and discussion about STIs.
- Learners may need support to relate information in English about STIs to their existing knowledge.
- If you use the term 'HIV-positive' be aware that the

1 or below will need support to find words in an alphabetically ordered glossary, and may also need support to understand definitions.

term is potentially confusing as something 'positive' is often a good thing, and 'negative' a bad thing. You may need to spend a little time discussing this.

ACTIVITY 3

A recap of STIs

- Show learners a range of leaflets about STIs. You should choose these for their particular relevance to your group of learners, your understanding of learners' current needs (such as a particular health need) and levels of literacy.
- Ask pairs of learners to look through a small selection of leaflets (2–3 different leaflets per group ideally). Learners do not have to read the whole of the leaflets.
- Ask them to think of at least one question to ask about each leaflet. Also ask them to pick out one piece of information from each leaflet to present to the group.
- When learners have had the chance to look through their leaflets, go round each pair dealing with the questions. Hopefully this will give you the opportunity to explain any misunderstandings or unknown information.
- Then ask each pair to present their chosen piece of information to the group.
- Encourage discussion about each point and clarify any points not understood.
- You may need to discuss the issue of contact tracing. Discuss why this is important and how it might happen.

Think of a question to ask about each leaflet. Pick out one piece of information from each leaflet to share with the rest of the group.

Support

- Be aware that many public health information leaflets require a reading skill at Level 2 and that this puts them out of range of many learners. There is some information about readability in the introduction. If possible, identify leaflets that are written clearly and simply, use a clear font and have a good use of graphics. A literacy expert will be able to identify leaflets that are at Entry 3.
- You should acknowledge to learners that the leaflets are not particularly easy to read and understand for most people. This is partly because the information is quite technical.
- Be sensitive about pairings, making sure learners who you know struggle with reading are paired with learners with better reading skills.
- Spend a little time explaining the layout of the particular leaflets. This might include headings, sub-headings, question and answer formats, illustrations if used.

ESOL

- Notes opposite about the level of the reading demand also apply to ESOL learners.
- Ask learners to make a note of any terms they do not understand or where they need clarification. Use the glossary if this helps.
- Consider sourcing leaflets on STIs in both English and a range of community languages.

- Ask learners to look through the leaflets on STIs and bring any further questions or comments to the next session.
- Learners could find further information about STIs from leaflets or the internet to bring to the next session.
- As an extension activity, learners could develop a leaflet about STIs for friends or other people they know, using agreed, clear language and making use of the best ideas from other leaflets used in this theme.

Get this checked – women

RESOURCE 1A



Get this checked – women

RESOURCE 1B



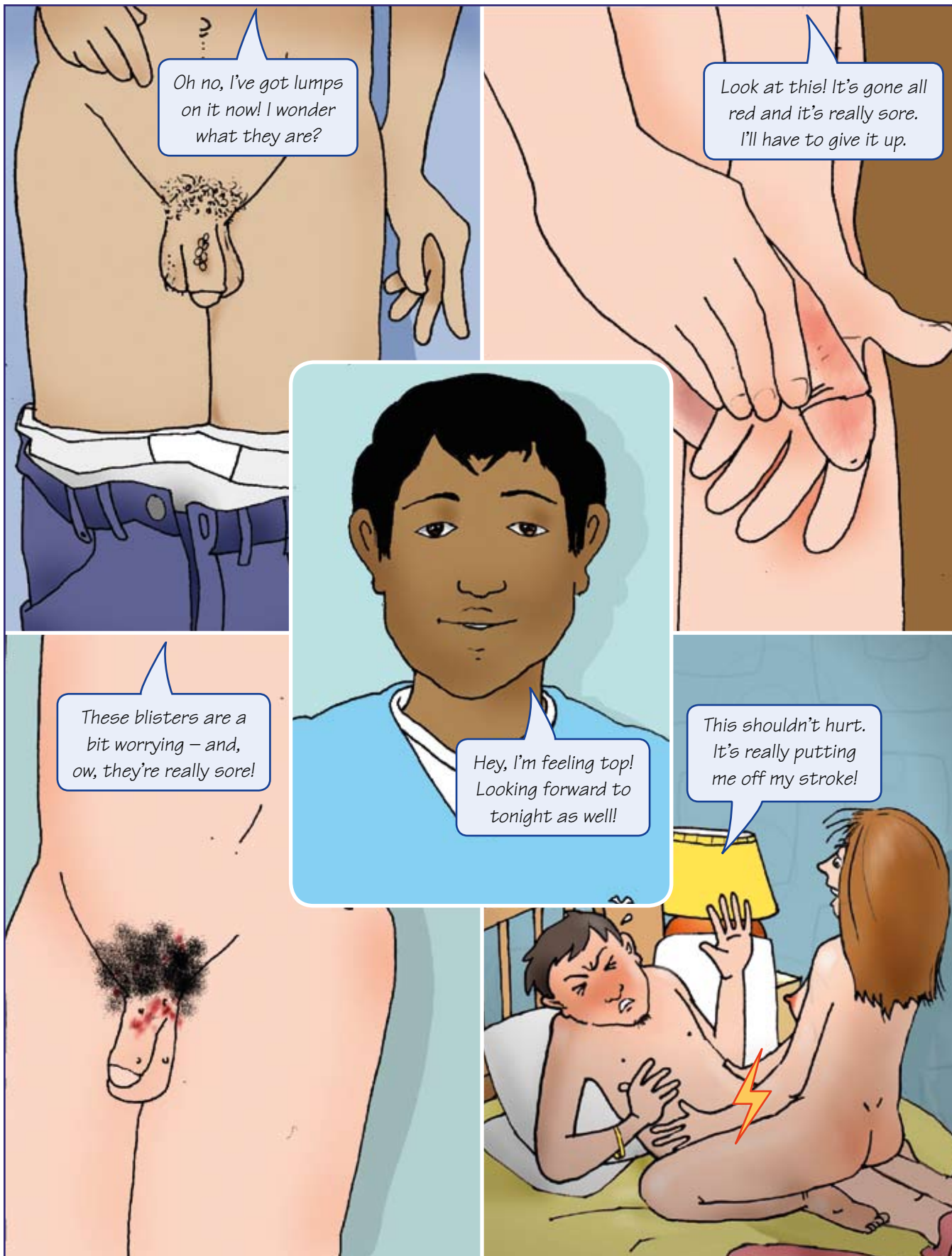
Get this checked –men

RESOURCE 1C



Get this checked –men

RESOURCE 1D



Check it out!

These symptoms mean you should get a check-up.

1. Pain when you wee

2. An unusual discharge:

- from the vagina, penis or bottom
- smelly or not smelly.

3. Pain or bleeding when you have sex
Pain deep in your belly

4. Sores of any kind:

- in the mouth, vagina, penis or bottom
- inside or outside the body
- painful or not painful.

5. Itching

- in the vagina, penis or bottom.

If you get any of these symptoms, go to see your doctor or to a sexual health clinic as soon as you can. If you don't have any of these symptoms but still think you might have an STI – get yourself checked!

Chlamydia

Gonorrhoea

Syphilis

Pubic lice

Scabies

Genital warts

Genital herpes

Bacterial vaginosis (BV)

Balanitis

Thrush

Trichomonas vaginalis (TV)

Non-specific urethritis (NSU)

Sexually transmitted infections (STIs) roughly fall into one of three types:

■ **bacterial** infections ■ **parasitic** infections ■ **viral** infections

The following charts describe some of the main sexually transmitted infections, their possible **symptoms** and **effects** and **treatments** available.

Information about **genital infections that are not sexually transmitted** is also included.

You may want to use these charts with learners but be aware that the language is quite technical.

Further detailed information about STIs can be found at:

www.fpa.org.uk – useful source of leaflets

www.hpa.org.uk

www.nhs.uk/Livewell

www.tht.org.uk

www.lgbthealth.org.uk

www.lgf.org.uk

www.direct.gov.uk (look under health and well-being, then sexual health)

www.tacade.com

www.ssha.info (technical information for sexual health advisers)

Bacterial infections

Bacteria are very small single-celled forms of life that live in our bodies and all around us. They can grow in numbers very quickly. Not all bacteria are harmful, in fact our bodies need some forms of good bacteria. But some bacteria cause disease and illness. In order to live and grow, most bacteria use organic matter as food, and need warmth. The warm, moist parts of bodies (vulva, vagina, penis, rectum and throat) are the ideal places for bacteria to live and grow.

As with other bacterial infections (such as a throat infection), bacterial STIs can be treated with antibiotics. Antibiotics work well in most cases.

Name of sexually transmitted infection (STI)

Chlamydia

What it is ■ The most commonly diagnosed form of bacterial STI.

and causes ■ Easily passed on during vaginal, anal or oral sex.

Symptoms ■ Many people have **no symptoms** at all.

■ Some people may have an unusual discharge from the vagina or penis, pain when weeing or having sex or bleeding after sex.

Effects ■ If not diagnosed and treated, chlamydia has long-term effects on health.

■ In **women**, the infection can lead to Pelvic Inflammatory Disease (PID) and spread throughout the reproductive organs (e.g. the uterus), causing permanent blocking of the fallopian tubes. This makes it difficult or impossible to get pregnant without IVF treatment.

■ In **men**, the infection can spread up the urethra and into the testicles – causing pain and swelling of the testicles or blocking the *vas deferens* (the tube from which sperm leave the body). A cause of NSU.

Treatments ■ A course of antibiotic tablets.

■ This is a very effective treatment for most people, but they should not have sex until they and their partner have finished the treatment.

Gonorrhoea

- What it is and causes** ■ A common bacterial STI, very similar to chlamydia in how it is passed on and the areas of the body it affects.
■ Sometimes called 'The Clap'.
- Symptoms** ■ Unlike chlamydia, the majority of men experience symptoms.
■ The majority of women do not have symptoms.
Symptoms include:
■ an unusual white, yellow or green discharge from the penis or vagina
■ pain when weeing or having sex
■ irritation, discharge or itching in the rectum.
- Effects** ■ If not diagnosed and treated, gonorrhoea can have long-term effects on health.
■ It can affect fertility (getting pregnant) for both men and women and can cause pain in your belly.
- Treatments** ■ A single high dosage of antibiotics.
■ This is a very effective treatment for most people, but they should not have sex until tests show that the treatment has worked.

Syphilis

- What it is and causes** ■ A very complicated bacterial STI.
■ It can be spread by intimate close body contact and during all forms of sexual intercourse.
■ Cases of syphilis in England and Wales used to be very rare but there has been a big increase in the number of cases detected at sexual health clinics.
■ Syphilis is usually diagnosed following a blood test. In the early stages, sores or ulcers can be tested to detect the bacteria.
- Symptoms** There are **three** stages to the development of syphilis in the body:
Primary stage – painless sores or ulcers appear (usually around the point of genital contact with the sores of an infected person). External (on the vulva, penis, anus or mouth) or internal (in the vagina, rectum, tongue or throat). These sores are very infectious but usually disappear after a few weeks.
Secondary stage – the bacteria enters the bloodstream and over the next one to two years, infected people will have other symptoms:
■ a non-irritating rash anywhere on the body – but typically on the body, hands and feet. This rash will come and go and unless it appears in the mouth, is not infectious.
■ white patches in the mouth
■ mild flu-type symptoms
■ wart-like growths around the vulva and anus or mouth.
Tertiary stage – after many years, the bacteria begins to affect all the major organs in the body and the central nervous system leading to brain damage, heart failure, liver failure and eventually death.
- Effects** ■ If left untreated, syphilis can have serious effects on health, e.g. brain damage, heart failure or liver failure. It can be passed from mother to child during pregnancy and birth.
■ Can eventually (many years after infection) lead to the breakdown of major organs of the body, resulting in death.
- Treatments** ■ A course of antibiotics. These are administered either by injection or by mouth.
Note that syphilis can only be fully cured if caught at primary or secondary stage. Treatment at the tertiary stage will not cure but will prevent further progression (stop the disease getting worse).

NSU (non-specific urethritis)

What it is Affects men only and is an inflammation that affects the urethra (the tube in the penis).

and causes A range of possible causes:

- chlamydia infection
- infection with other STIs
- reaction to an infection in the partner
- injury to the penis or urethra
- urine or bladder infection
- reaction to chemicals in soap or other products.

Symptoms **Symptoms** include:

- some discharge from the penis
- discomfort when weeing.

Effects ■ Depends on the cause of the NSU.

Treatments ■ Can be cleared up with antibiotics.
■ Damage to the urethra takes some time to heal so you should not have sex until it clears up.

Parasitic infections

A parasite is an animal or plant that lives in or on a host (another animal or plant). They feed from the host without killing it, but without doing it any good either.

Parasitic infections that are passed on sexually can also be passed on in other ways. Getting close and intimate with someone who has a parasitic infection is an ideal way for a parasite to move from one person to another.

The chart below details some of the main sexually transmitted parasitic infections, their possible symptoms and effects and treatments available. Treatments are effective at getting rid of parasitic STIs.

Pubic lice

What it is ■ Tiny insects, sometimes called **crabs**.

and causes ■ Similar to head lice, they feed from people by sucking the blood.
■ Live in any body hair, except on the head: pubic hair, chest hair, underarm hair, eyebrows and eyelashes.
■ They travel around the body by crawling from hair to hair and lay eggs at the base of hairs.
■ They cannot jump or fly so you catch them by close body contact.
■ Sexual or close bodily contact is the most likely way to catch them, though it is possible to become infected by sharing bedding, towels or clothes with an infected person.
■ It is extremely unlikely that you could pick them up from a toilet seat or sitting next to an infected person on the bus.

Symptoms **Symptoms** include:

- itching, irritation and scratching
- black powder from insect droppings in underwear and bedding
- visible insects in body hair.

Effects ■ No known long-term effects.

Treatments ■ Very easy to pick up and also quite easy to treat.
■ Treatment means applying a lotion over the whole body (these can be bought from pharmacies or prescribed from health care centres).
■ The lotion needs to be left on for about 12 hours before washing off. This will kill the insects and their eggs.
■ Bedding and clothes should also be washed on a hot 50 degree cycle.
■ Itching can carry on for a week or two even if the treatment has been successful – calamine lotion can help to relieve this itchiness.

Scabies

- What it is and causes**
- A tiny parasitic insect that feeds on blood and burrows under the skin.
 - They can live on any part of our bodies but prefer the more fleshy parts, such as between fingers and toes, wrists, inside of elbow and knee joints, underarms, abdomen, bust, buttocks and genital area.
 - The parasites are passed from person to person through close and long-lasting body contact, including during sex.
 - It is possible though not common to get scabies by sharing bedding, towels, clothing or by handshakes and other social contact.

- Symptoms** **Symptoms** include:
- itching, irritation and scratching
 - a rash of tiny spots
 - raw broken skin from a lot of scratching
 - tiny lines or track marks where the insect has burrowed under the skin.

- Effects**
- No known long-term effects.

- Treatments**
- **Treatment** for scabies is the same as for pubic lice: a lotion is applied over the whole body (bought from pharmacies or prescribed from health care centres).
 - This is left on for between 12 and 24 hours before washing off.
 - This kills the insects and their eggs.
 - As a precaution it is also a good idea to wash bedding and clothes on a hot wash cycle.

Trichomonas vaginalis (TV)

- What it is and causes**
- Caused by a tiny parasite in the vagina or urethra.
 - GUM clinics are reporting higher numbers of people being diagnosed with trichomonas.

- Symptoms** **Symptoms** include:
- frothy, or yellow-green vaginal discharge, perhaps with a musty/fishy smell
 - soreness or itching in and around the vagina
 - sometimes a thin, whitish discharge from the penis
 - pain when weeing (men and women) or having sex

- Effects**
- No known lasting effects.

- Treatments**
- Antibiotic treatment is very effective but a follow-up check is a good idea.

Viral infections

A virus is an organism that invades and takes over cells within the body, causing disease and illness. There are many forms of viral infections that can be passed from one person to another, for example measles, mumps, influenza, chickenpox, the common cold.

Some viral infections are classed as STIs because this is the main way you catch them. Resource 4E gives details of two of the main sexually transmitted viral infections. Once you have had a viral STI, it stays in your body and can cause problems at any time. These problems can be treated but the treatment cannot get rid of the virus totally. A virus **cannot** be treated with antibiotics.

Genital warts

- What it is and causes**
- Caused by the **Human Papilloma Virus** (HPV).
 - The warts can appear anywhere on the body. When they are in or around the sexual parts they are known as **genital warts**.
 - The second most common STI detected and treated at sexual health clinics.
 - They are passed on by skin-to-skin contact with the warts.
 - They can appear in and around the vagina, the anus, the penis or on the scrotum.

- Symptoms**
- These are fleshy growths (a bit like little bits of cauliflower in shape) and are not painful. They can be itchy or sore.
 - Once somebody is infected with HPV, they will always have the virus (which lives under the skin) whether they have warts or not.
 - People are only infectious when they have the warts.

- Effects**
- There is a possible link between genital warts and cervical and anal cancer.
 - Once treated some people will have further outbreaks of warts from time to time whilst others will not. A regular check-up is recommended.

- Treatments** Warts can be **treated** in one of four ways:
- cryotherapy – freezing the warts using liquid nitrogen
 - painting the warts with an anti-wart liquid
 - hyfrecation – burning the warts off with an electric current
 - laser treatment.

Treatment may take weeks or months to clear the warts. The virus is likely to remain in the body and can flare up.

Genital herpes

- What it is and causes**
- Caused by a form of the herpes simplex virus. One form causes the cold sores you get around your mouth. The other form causes the sores you get on your genitals. Both types can exist on your genitals if transmitted sexually.
 - Even though the herpes blisters go away, the virus stays in the nerve endings.

- Symptoms**
- Once you have the virus in your body, sores or blisters appear.
 - This could be in the genital area, around the anus (bottom), around the mouth or even around the eyes.
 - These blisters are very infectious but usually go away after 2 – 3 weeks.

- Effects**
- Whether someone gets more blisters depends on how well their immune system is working.
 - Things that affect the immune system can make a new outbreak of herpes more likely to happen, e.g. being tired, stress, alcohol and drug use or periods of ill health.
 - Herpes can be passed from mother to child during birth.

- Treatments**
- The treatments you can get at the moment do not attack the virus itself but try to relieve the symptoms of the blisters (e.g. soreness) or stop the blisters from developing.
 - The treatments are creams and ant-viral tablets.
 - Unlike treatments for cold sores, you cannot buy over-the-counter remedies for genital herpes. You have to get them from the doctor.

Non-sexually transmitted genital infections

There are some infections people get that are often mistaken for STIs as the symptoms seem to be the same. Note that you can get these infections by having sex with an infected person, but this is not the only way of getting them.

Balanitis

What it is Soreness at the end of the penis.

and causes

Possible causes of balanitis are:

- a build up of yeast infection, wee, sweat or other stuff under the foreskin
- an allergic reaction to soap, shower gel, washing powder or cleaning products
- an allergic reaction to condoms
- phimosis – a condition where the foreskin is tight and does not pull back over the glans (end of the penis)
- some other kind of sexually transmitted infection.

Symptoms

- The end of the penis (or the glans) becomes inflamed, leading to redness, itchiness and soreness.
- Men who get balanitis can sometimes mistake it for symptoms of an STI.

Effects

- No known long-term effects.

Treatments

Treatments depend on the cause of balanitis, but could include:

- an anti-yeast cream or tablets (e.g. Canesten)
- a steroid cream to reduce soreness
- using condoms that are not made of latex
- circumcision (if the man has phimosis)
- regular washing of the end of the penis with water and a bland soap
- treatment for any STIs present.

Bacterial Vaginosis (BV)

**What it is
and causes**

- BV is a very common infection of the vagina that happens when bacteria change the pH balance of the vagina – changing it from acid to alkaline.
- BV can be caused by a number of things including douching (showering up inside the vagina) or washing with scented soaps or bubble bath, using strong washing powder to wash underwear, using vaginal deodorants or, sometimes, a reaction to semen in the vagina.

Symptoms

Women with BV may experience:

- a thin, watery vaginal discharge
- a strong fishy smell from the vagina – particularly after sex.

Effects

- No known long-term effects.

Treatments

- A course of antibiotics tablets or a cream applied to the vagina.

Thrush

- What it is and causes**
- A common yeast infection that many women and some men get quite easily.
 - This yeast (called Candida) lives in all our bodies but is usually kept in check by natural, 'good' bacteria.
 - You can get thrush when you are not very well or run down.

Possible causes are:

- a reaction to antibiotics
- having sex with someone who has thrush
- a bad reaction to some perfumed soaps, cleaning products for the vagina
- wearing tight nylon or Lycra underwear.

- Symptoms**
- **Symptoms for women** include irritation, swelling and soreness around the vagina and vulva, a thick, white, cheesy discharge and pain when weeing or having penetrative sex.
 - **Symptoms for men** include irritation, itching or redness under the foreskin, a thick cheesy discharge from under the foreskin and pain when weeing or ejaculating (cumming).

- Effects**
- No known long-term effects.

- Treatments**
- An anti-fungal cream or vaginal pessaries (e.g. Canesten)
 - Anti-fungal tablets taken by mouth
 - Do not overuse deodorant, perfumed soap and other products in the genital area; avoid tight nylon or Lycra underwear
 - For some women, it is a good idea to use pads instead of tampons during your period.