

Sexually Transmitted Infections (STIs)

Any STI can be present and infectious without symptoms

Type	Viral Infections (symptoms can be treated)				Non-Viral Infections (infection can be cured)			
Infection	HPV	Herpes	Hepatitis	HIV	Chlamydia	Gonorrhea	Trichomoniasis	Syphilis
Cause	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)
Prevalence*								
Transmission	• 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)
How do you get it?	• 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 **
What does it look like or feel like?	• 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	• Often no symptoms for up to 10 years • Severe flu-like symptoms within first month of infection can occur • 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) • Bleeding between periods or after vaginal sex	• 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	
Testing and Diagnosis	• 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 indicated	• Clinician may detect the infection during an exam • Testing may be done when lesions are present • Blood testing is available, but only useful in certain situations	• Blood tests diagnose various stages of infection	• Blood test for antibodies reliable as early as 1 week after exposure, may take as long as 4 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 vaginal swab • Culture of urethral discharge • Throat swab • Urine test • Anal swab • Diagnostic tests after exposure		• In some cases, a clinician may detect the infection during an exam, especially if lesions are present • Blood test conclusive 3 months after possible infection (some people may test positive as early as 6 weeks)	
Treatment	• 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 • Specialized care and treatment	• Use of antiviral medications slows the progression of the disease, but is not a cure • Various treatments help control HIV-related infections or diseases	• For patient: prescription medication specific to infection diagnosed • For all current or recent contacts (with or without a positive diagnosis): Concurrent antibiotic prescription medication should be taken simultaneously to prevent re-infection • It is important to abstain from intercourse for one week after treatment			
Notes	• Vaccine is available for men and women • 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	• 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 • Vaccines are available for HAV and HBV	• The Centers for Disease Control and Prevention currently recommend HIV testing for all sexually active individuals • Those at highest risk of contracting HIV should consult with a health care provider about preventive medications (PrEP)	• If untreated: Pelvic Inflammatory Disease, epididymitis, prostatitis, and impaired fertility • Infants may be infected at birth, causing eye infections, and possibly other complications (pneumonia) • All current or recent partners should be treated • Re-infection can occur • Chlamydia and Gonorrhea should be re-tested in 3 months to detect re-infection	• Pregnant women should report trichomoniasis infections to their health-care providers • All current or recent partners should be treated	• Infection can be present for years before symptoms occur • Symptoms may not be apparent to patient or clinician • Untreated syphilis may be fatal • Infants may be infected at birth	

To help reduce the spread of STIs, NY State requires that positive test results for chlamydia, HIV, hepatitis, syphilis, and gonorrhea be confidentially reviewed by the local health department. Health department officials may offer assistance with accessing treatment for individuals and their partners. If you or your partner(s) have been diagnosed with an 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: 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 populations/sub-groups have different rates. ** Risks associated with sex toys differ based on what they're made of and how they are used. If you have questions, please talk with your health-care provider.

Other Sexually Transmitted Infections (STIs)

The chart does not list all sexually transmitted infections. It is best to seek medical advice any time you experience one or more of the following symptoms:

- Discomfort (with or without 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: STIs may also infect the anus, throat, thighs, and buttocks. Don't ignore symptoms occurring in these areas.

Sexual Health Resources

APPOINTMENTS

If you would like routine testing for STIs, and **have no symptoms**, please make an appointment with a **sexual health nurse** by phone or online at *myGannett*.

If you **have symptoms** that you feel may be caused by a STI, please make an appointment with a Gannett **clinician** as soon as possible by phone or online at *myGannett*.

WEB

Gannett Health Services:

- sexual health: gannett.cornell.edu (Review Topics & Concerns)
- appointments: mygannett.gannett.cornell.edu

American Social Health Association (ASHA): ashastd.org

Bedsider: bedsider.org

Centers for Disease Control and Prevention: cdc.gov

Gay Men's Health: gmh.org.uk

Intersex Society of America: isna.org

Lesbian STD: depts.washington.edu/wswstd

Planned Parenthood of America: plannedparenthood.org

Trans Health: trans-health.com

The Advocacy Center: 607 277-5000 (local 24-hour domestic violence and sexual abuse services)

Tompkins County Health Department: 607 274-6683 (free/anonymously HIV testing)

PHONE

Gannett Health Services:

- 24/7 phone consultation: 607 255-5155
- appointments by phone: 607 255-5155
- pharmacy: 607 254-6337 (4-MEDS), 607 255-6976

Gannett staff members partner with Cornell's LGBT Resource Center, local health agencies, and others to create a supportive environment in which all are 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
gannett.cornell.edu

5/16: 1,000

gannett

Health Services
607 255-5155 anytime (24/7)
gannett.cornell.edu

Contraception and Sexually Transmitted Infections (STIs)



Cornell University

This brochure provides information about how to protect yourself and others against sexually transmitted infections (STIs) and/or pregnancy. However, sexual health issues are much broader than the issue of protection. We invite you to talk with our clinical staff about whatever concerns are on your mind. Sexual health services at Gannett include:

- sexual health counseling (education, values clarification, relationship issues, sexual identity and functioning)
- STI/HIV testing, diagnosis, and treatment
- safer sex supplies, contraception, and emergency contraception
- GYN exams, colposcopy, placement/fitting of contraceptives
- pregnancy testing, options counseling, and referrals
- rape, sexual harassment, sexual abuse care and support

About Contraception

The contraceptive chart, at right, outlines the most common methods of birth control used by sexually-active students at Cornell. Gannett's clinical staff can also provide information on a wider range of options, including:

Abstinence: The term abstinence, though widely used, often means different things depending upon your background, culture, spiritual/religious beliefs, or peer group. For example:

- “abstinent this year (but not last)”
- “no sexual contact of any kind”
- “abstinent with my fiancée, but online hook-ups are okay”
- “anal and oral sex are okay, but not vaginal”

In other words, people who define themselves as abstinent can still be at risk for pregnancy and/or STIs. To avoid confusion, hurt feelings, and other unintended consequences, it's important to be specific about what you mean by abstinence, and understand the risks associated with any activities you do practice.

Emergency Contraception (EC): If a contraceptive method fails, or was not used, it is still possible to reduce the risk of pregnancy by up to 98% by either taking an EC pill or by having an IUD placed in the cervix by a clinician. Placing an IUD is the most effective option. However, pills (both non-prescription and prescription) work well too. Of the two pill forms, non-prescription EC is most effective within 72 hours and for those with lower body weight/BMI. NOTE: Non-prescription EC is covered by Cornell's Student Health Plan when ordered by a clinician.

Other birth control methods: Please talk with a sexual health nurse or your clinician if you would like to discuss:

- surgery to prevent conception (vasectomy, tubal ligation)
- options for obtaining a medical or surgical abortion
- the pregnancy prevention afforded mothers during the first months of breast-feeding (Lactational Amenorrhea Method)

Cost

Most health insurance plans – including Cornell's Student Health Plan (SHP) – cover prescription contraceptives. You may have out-of-pocket costs, which vary depending on whether a prescription is brand-name or generic. Coverage for non-prescription birth control is less common, although the pharmacy at Gannett offers competitive pricing regardless of insurance.

Common Contraceptive Methods

A GYN exam is recommended, but not required for those seeking a prescription form of contraception at Gannett

Type		Short-Acting (non-hormonal)					Short-Acting (hormonal)				Long-Acting Reversible (hormonal & non-hormonal)					
Method		Spermicides	Withdrawal	Sponge	Diaphragm	Fertility-Awareness Method	Condoms	Combined Oral Contraceptives (the pill)	Progestosterone Only Pill (mini pill)	OrthoEvra (the patch)	NuvaRing (the ring)	Depo Provera (the shot)	Mirena IUD	Skyla IUD	Paragard Copper T IUD	Nexplanon
What it is		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	Barrier that is worn prior to genital, anal or oral sexual contact. Commonly made of a latex material, polyurethane. Animal membrane condoms are also available.	Low doses of estrogen and progesterone, taken by mouth	Very low doses of progesterone, taken by mouth	Estrogen and progesterone are absorbed from an adhesive patch worn on the skin	Estrogen and progesterone, absorbed through a flexible plastic ring that is placed into the vagina	An injection of progesterone given every 12 weeks	Small device placed in uterus by a clinician. Contains a very low dose of progesterone that is absorbed mainly in the uterus; has no estrogen	Small device placed in uterus by a clinician. Contains a very low dose of progesterone that is absorbed mainly in the uterus; has no estrogen	Small device placed in the uterus by a clinician. Contains no hormones or other medication	Small plastic rod placed under the skin of the upper arm. Contains a small dose of progesterone, no estrogen
Effectiveness*	Perfect	82%	96%	91%	94%	94%	98%	99.7%	99.5%	99.7%	99.7%	99.7%	99.8%	99.8%	99.4%	99.95%
	Typical	71%	73%	84%	82%	75%	85%	92%	91%	≥92%	≥92%	97%	99.8%	99.8%	99.2%	99.95%
Timing		With each act of intercourse	With each act of intercourse	With each act of intercourse	With intercourse	Daily monitoring	With each act of intercourse	Same time, daily	Same time, daily	Apply weekly	Insert monthly	Every 12 weeks	Lasts 5 years	Lasts 3 years	Can keep for up to 10 years	Lasts 3 years
How to get it		• Drugstore • Pharmacy • Internet	Practice!	• Drugstore • Pharmacy • Internet	Clinician fitting and prescription; limited availability; must pre-order	Many instructive resources are available; consider this link: tinyurl.com/j47a2e5	• Drugstore • Pharmacy • Internet	Clinician prescription	Clinician prescription	Clinician prescription	Clinician prescription	Clinician prescription and injection	Clinician prescription and placement	Clinician prescription and placement	Clinician prescription and placement	Clinician prescription and placement
Advantages		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 many STIs • Easy to obtain	• Can regulate and lighten menstrual bleeding • Can lessen menstrual cramping • Can decrease risk of cancer in ovaries and uterus • Generic options available	• Safe for breast-feeding individuals and those with certain medical conditions • Can decrease menstrual bleeding	Generic option available	Convenient	• Convenient • Generic options available	• Highly convenient • Quickly reversible	• Highly convenient • Quickly reversible	• Highly convenient • Quickly reversible • Cost effective • Hormone-free	• Highly convenient • Quickly reversible
Disadvantages		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	• May be difficult to remember to take pill on schedule • 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	Requires strict adherence to daily timing	• May cause local irritation • Not effective in those over 198 pounds • 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	• May be felt by partner • 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	• Can decrease bone density over time • Not quickly reversible • Need to arrange for injections every 12 weeks	• Irregular or absent menstrual bleeding • Rarely can cause some hormonal side effects	• Irregular or absent menstrual bleeding • Rarely can cause some hormonal side effects	May increase menstrual bleeding and cramping	Irregular menstrual bleeding, spotting, or light bleeding
Side Effects		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 irritation; Note: spermicidally-lubricated condoms are not better than plainly-lubricated condoms in preventing pregnancy	• 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	Some individuals experience light bleeding or spotting for the first few months. Some keep their regular periods, and some stop periods completely while using progestin-only pills	• 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	• 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	• Weight gain, headaches, mood changes can occur • Irregular bleeding during first 3 months • Most users have no periods after a few months of use	Placement may cause cramping for a few days	Placement may cause cramping for a few days	Placement may cause cramping for a few days	Light, irregular bleeding often decreases over time, but may continue for some women
For more information		Gannett Fact Sheet: Non-Hormonal Birth Control Methods	Gannett Fact Sheet: Non-Hormonal Birth Control Methods	Gannett Fact Sheet: Non-Hormonal Birth Control Methods	Gannett Fact Sheet: Non-Hormonal Birth Control Methods	Gannett Fact Sheet: Non-Hormonal Birth Control Methods	Gannett Fact Sheet: Condoms and Lubricants	Gannett Fact Sheet: The Oral Contraceptive Pill	Gannett Fact Sheet: The Oral Contraceptive Pill	Gannett Fact Sheet: Ortho Evra	Gannett Fact Sheet: NuvaRing	Gannett Fact Sheet: Depo Provera	Gannett Fact Sheet: The Intrauterine Device	Gannett Fact Sheet: The Intrauterine Device	Gannett Fact Sheet: The Intrauterine Device	Gannett Fact Sheet: Nexplanon

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