HIGH SCHOOL
LESSON X
SEXUALLY TRANSMITTED INFECTIONS

Objectives
Students will
• Discuss the cause and transmission of Sexually Transmitted Infections
• Define the term Sexually Transmitted Infection
• Identify and describe the symptoms and treatment for the most serious Sexually Transmitted Infections
• Discuss the importance of seeking medical attention for any sign of a Sexually Transmitted Infection
• Describe consequences of STIs if left untreated
• Discuss abstinence as the only 100% effective method of preventing pregnancy and STIs

Concepts
1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, diagnoses, treatment and complications of STIs.
2. Pathogens causing gonorrhea and herpes can be transmitted from a pregnant woman to the unborn child during the passage through the birth canal. The pathogens are transmitted from the mucous membranes in the vagina to the mucous membranes covering the eyes of the unborn. To avoid transmission of pathogens from an infected woman, the physician may perform a cesarean section. This reduces the risk of exposure that occurs during normal birth process.
3. All sexual partners of anyone treated for an STI must be treated. Using a condom with nonoxynol 9 during all sexual contact can help prevent pregnancy and STIs. Abstinence is the best prevention.

Materials
• Overview chart of STIs
• Speaker–Pima County Health Department
• Handout “Universal Precautions”
• Worksheet “Causes and Transmission of Sexually Transmitted Infection Vocabulary and Study Guide
• Worksheet “Vocabulary Activity”
• Teacher Resource on STIs
• Video Abstinence by Choice: Choosing to be Disease Free (22 minutes)
• Video This Ain’t No Dress Rehearsal: Abstinence and Teens (27 minutes)
• Video STIs, AIDS and the Clean Love Solution (30 minutes)
• Video Just Like Us AIDS Prevention (28 minutes)
• Video AIDS: One Teenagers Story (32 minutes)
Activity Choices
1. Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right. Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.
2. Choose from the above video list on STIs to show to students. Discuss issues presented in the films.
3. Teach the information provided on STIs.
4. Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
   A. Have students prepare questions ahead of time.
   A. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.
5. Select a few students to research herpes support groups, hot lines, and newsletters available and report their findings to the class.
6. Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.”
7. Have students complete the “Vocabulary Activity” worksheet.
8. Discuss “Universal Precautions.”
9. Have each student pick one of the STIs and have the students write a paragraph about what they have learned.
10. Exceptional Education Inclusion Activities
    A. Provide a tape recorder for students to record questions for the guest speaker.
    B. Provide a graphic organizer for students to write down important information on STIs. Leave plenty of space for students to record important information.

Vocabulary
1. Sexually Transmitted Infections
2. gonorrhea
3. syphilis
4. genital herpes
5. nongonococcal urethritis (NGU)
6. chlamydia
7. trichomoniasis
8. moniliasis
9. genital warts-human papilloma virus
10. pediculosis (Pubic Lice)
11. vaginitis
12. scabies
13. pelvic inflammatory disease (PID)
14. congenital syphilis
15. AIDS (taught separately Health Education Curriculum under communicable diseases)
16. chancre
17. spermicide
UNIVERSAL PRECAUTIONS

Tucson Unified School District safeguards its children from the transmission of Human Immunodeficiency Virus (HIV) or AIDS and other diseases by following the “Universal Precautions” recommended by the Center for Communicable Disease Control (CDC), published in August 1987 by CDC and the Food and Drug Administration. (All children should be instructed in general hygiene measures, including hand-washing procedures, to prevent disease transmission and use the universal precautions when handling blood.)

Recommendations:

1. Use gloves when handling blood or body fluids containing visible blood. *

2. Prevent direct exposure to blood by use of compresses or tissues. Use disposable towels or tissues whenever possible.

3. Wash hands immediately with soap and water using friction for 10-15 seconds, whether or not gloves are worn.

4. Cover open cuts or abrasions.

5. Dispose of blood-soiled items by placing in leak-proof bags securely tied.

6. Ask an adult to disinfect blood spills with one part bleach to ten parts water or another appropriate disinfectant.

*Universal precautions are also observed for semen and vaginal discharges in settings where contact may occur.
### CAUSES AND TRANSMISSION OF SEXUALLY TRANSMITTED DISEASES

#### VOCABULARY AND STUDY GUIDE

Directions: Complete the *organism* and *signs and symptoms* for each STI listed.

<table>
<thead>
<tr>
<th>STI</th>
<th>ORGANISM RESPONSIBLE</th>
<th>SIGNS AND SYMPTOMS MALE</th>
<th>SIGNS AND SYMPTOMS FEMALE</th>
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<tbody>
<tr>
<td>Gonorrhea</td>
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<td>Syphilis</td>
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<td>Genital Herpes</td>
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<td>Non-gonococcal Urethritis NGU</td>
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<td>Trichomoniasis</td>
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<td>Monilasis</td>
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<td>Pediculosis Pubis</td>
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<td>Genital Warts</td>
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<td>Scabies</td>
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<td>Vaginitis</td>
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<td>AIDS</td>
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**Vocabulary Activity**
Directions: Fill in column A before the information on STIs is presented by the teacher. Fill in column B after the presentation, correct any inaccurate information in column A. Write a clear definition of the STI in column C.

<table>
<thead>
<tr>
<th>STI</th>
<th>Column A “What I Know”</th>
<th>Column B “What I Now Know Is Correct”</th>
<th>Column C Clear Definition</th>
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</thead>
<tbody>
<tr>
<td>Herpes Simplex type 2</td>
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<tr>
<td>Chlamydia</td>
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<td>Nongonococcal Urethritis NGU</td>
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<tr>
<td>Human Papilloma Virus Genital Warts</td>
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</table>
SEXUALLY TRANSMITTED INFECTIONS

AIDS (Acquired Immune Deficiency Syndrome, HIV)

- **Cause:** viral

- **Symptoms:**
  1. Symptoms show up several months to several years after contact with the HIV virus
  2. Flu-like feelings that do not go away
  3. Unexplained weight loss
  4. Diarrhea
  5. White spots in mouth
  6. Purple bumps on the skin and inside mouth, nose, rectum

- **How It Is Contracted?**
  It is spread through contact with someone who has the HIV virus by sharing needles, mother to unborn child, blood to blood contact, sexual contact-anal, vaginal or oral and breast milk.

- **If Not Treated**
  1. It can be spread to sexual partners and anyone who has blood to blood contact
  2. AIDS cannot be cured, the disease is fatal
  3. Mothers can pass the virus on to their unborn children

*HIV, AIDS will be taught in more detail, separate from the Family Life Curriculum, using the State recommended curricula.

CHLAMYDIA most prevalent among young women who have multiple partners and is considered more common than gonorrhea. It is the primary cause of pelvic inflammatory disease which leads to sterility and ectopic pregnancies.

- **Cause:** Bacterium called Chlamydia trachomatis. Similar to a virus, this bacteria reproduces itself inside the living cells.

- **Symptoms**
  1. Shows up 7-21 days after having sex with infected person
  2. Most women and some men have no symptoms
  3. Discharge from the vagina/watery white drip from penis (pus)
  4. Bleeding from the vagina between periods
  5. Burning pain during urination
  6. Pain in abdomen sometimes with fever and nausea
• How Is It Contracted?
  1. Spread during sexual intercourse, oral sex and anal sex with someone who has chlamydia. It prefers to live in the mucous membranes of the body and can be transmitted during sexual activity.
  2. A mother’s chlamydia infection can be passed to the newborn during a vaginal delivery, and can cause an eye infection or pneumonia in the infant.

• If Not Treated
  1. Can be passed on to sexual partners
  2. Can lead to more serious infection. Reproductive organs can be damaged
  3. Both men and women may no longer be able to have children
  4. A mother with chlamydia can give it to her baby during childbirth
  5. May lead to PID and sterility
  6. Diagnosed by swabbing the urethra in men and the cervix or urethra in women

• Treatment-tetracycline taken orally for up to three weeks. (Sometimes erythromycin is used)

**Cytomegalovirus (CMV)** A virus that is transmitted through many bodily fluids as well as sexually transmitted.

• Cause: viral

• Symptoms:
  1. Sometimes none
  2. Swollen glands, fatigue, fever, weakness
  3. Mononucleosis
  4. Irritations of the digestive tract, nausea, diarrhea
  5. Loss of vision

• How Is It Contracted?
  1. Close personal contact
  2. During sexual intercourse (oral, anal, vaginal) with someone who has CMV
  3. Blood transfusion and sharing IV drug equipment
  4. Pregnancy, childbirth, and breast feeding

• If Not Treated
  1. There is no cure
  2. Causes hearing loss and mental retardation in babies
  3. Can cause mononucleosis, blindness and mental disorders

• Treatment
  1. There is no cure
  2. Symptoms may be managed with IV drugs including foscarnet and ganciclovir
GENITAL WARTS  see Human Papilloma Virus

GONORRHEA  (clap, drip, dose, GC)
1. The oldest STI
2. Most often reported to health officials
3. One of the five STI that must be reported to health officials upon diagnosis (also syphilis, AIDS, herpes, and chlamydia)

- Cause: bacterium Neisseria gonorrhoea, more commonly called gonococcus. Under the microscope, the gonococcus looks like a coffee bean. It is often found in pairs.

- Symptoms
  1. Symptoms show up 1-30 (average 3-5) days after having sex
  2. Most women and many men have no symptoms, but can transmit the disease
  3. Thick yellow or white drip or pus discharge from the vagina/penis
  4. Burning or pain during urination (dysuria) or bowel movement; blood or pus in the urine; pain, irritation or swelling of the tip of the penis
  5. More pain than usual during periods
  6. Cramps and pain in the lower abdomen
  7. Mushroom-like odor from the vagina, low back pain
  8. Diagnosis is usually made with a culture taken with a sterile cotton swab from the opening of the penis or vagina. The specimen may be examined microscopically or grown in a culture.

- Transmission
  1. The gonococci require warmth and moisture in order to survive and prefer to live in the soft, wet mucus membranes that line the openings of the body, such as the inside of the mouth, the throat, the vagina, the cervix, the urethra and the rectum.
  2. The delicate gonococci die within seconds once outside the human body
  3. Gonorrhea can NOT be transmitted from surfaces such as toilet seats, door knobs or drinking fountains.

- If Not Treated
  1. It can be spread to sexual partners
  2. Can lead to more serious infection of the cervix, uterus and fallopian tubes, causing PID
  3. Reproductive organs can be damaged causing sterility or ectopic pregnancy
  4. In males, it can spread infection to the seminal vesicles, prostate or the epididymis and result in sterility
  5. Both men and women may no longer be able to have children
  6. A mother with gonorrhea can give it to her baby during childbirth
  7. Can cause heart trouble, skin disease, arthritis and blindness in newborns

- Treatment—is amoxicillin, ampicillin, tetracycline or erythromycin, usually in pill form.
HEPATITIS B and A (HBV) and (HAV) Hepatitis B (HBV) virus is a common sexually transmitted infection that can be prevented with vaccination. Sexual transmission of the hepatitis A (HAV) virus is less common.

- **Cause:** viral

- **Symptoms**
  1. May be invisible during its most contagious phases
  2. Extreme fatigue, headache, fever, hives
  3. Lack of appetite, nausea, vomiting, tenderness in the lower abdomen
  4. May progress to dark urine, clay-colored stool, yellowing of the skin and white of the eye—jaundice

- **How Is It Contracted?**
  - (HBV)
    1. It is spread in semen, saliva, blood, and urine through sexual contact from kissing to sexual intercourse (oral, anal, vaginal)
    2. Use of unclean needles to inject drugs
    3. Sharing personal hygiene utensils such as toothbrushes and razors
  - (HAV)
    1. Oral contact with fecal matter
    2. Unclean needles with intravenous drug use

- **If Not Treated**
  1. Hepatitis A and B are very contagious. However, HAV infection is contagious for only a short period of time
  2. Some people remain infected and contagious for the rest of their lives
  3. HBV can be prevented with a vaccination
  4. Passed from mother to child
  5. Chronic HBV can cause severe liver disease and death

- **Treatment**
  1. In many cases the infection clears up in 4-8 weeks
  2. Some people are never cured and remain carriers
  3. Adefovir dipivoxil, alpha interferon, and lamivudine are used to help treat chronic HBV

**HERPES**

- **Cause:** The herpes virus finds its way inside the cell where it uses the cell’s own genetic code to help it reproduce. Any treatment that would kill the virus would also kill healthy cells, which is why finding a cure is so difficult.

- **Symptoms**
  1. Symptoms show up 2-21 (average 6) days after having sex
2. Some people have no symptoms.
3. Ocular herpes-eye infections
4. Flu-like feelings-run down body, swollen glands, fever and chills, muscle ache, nausea
5. Small, painful blisters on the sex organs, buttocks, or mouth (cold sores)-may be a rash.
6. Itching or burning before the blisters appear
7. Blisters last 1-3 weeks, often break and become open sores
8. Blisters go away, but herpes remains.
9. Blisters reoccur
10. Between outbreaks, the virus rests in nerve ganglia, probably at the base of the spine
11. Possible triggers for outbreaks include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse
12. Is usually diagnosed by sight

• How Is It Contracted?
  Spread during sexual intercourse, oral sex and anal sex with someone who has herpes. People who are infected with cold sores can infect their own genitals. It is transmitted during the active stage, when the sore is present.

• If Not Treated
  1. Can be spread to sexual partners
  2. Herpes cannot be cured
  3. A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, he/she any suffer severe illness or death. If there is an active breakout in the mother, she will usually deliver cesarean section
  4. Women with genital herpes are more likely to develop cervical cancer than those without the virus

• Treatment
  1. There is no cure, only treatment to help symptoms
  2. Aspirin is used for pain and inflammation
  3. Acyclovir is a prescription drug used to treat the pain of the blisters but does not prevent a breakout

**HUMAN PAPILLOMA VIRUS** and **GENITAL WARTS (HPV)** There are more than 100 different human papilloma viruses, 40 which can infect the genital area of men and women. They cause a variety of warts and other conditions and can remain the body for life.

• Cause-a number of different viruses. It is different than those that cause warts on the hands and feet. It is highly contagious. Usually caused by the virus known as papilloma.
• Symptoms:
  1. The warts are white or gray in color, appear in clusters and are often described as “cauliflower-like”
  2. The warts appear on the penis but may also infect the man’s urethra and bladder
  3. Women usually experience the warts on the outer genitals, between the buttocks, or on the cervix. They may grow under the foreskin of a male.
  4. Warts can also develop on the anus or in the esophagus, depending on where contact is made.
  5. Anal warts are often misdiagnosed as hemorrhoids
  6. Warts thrive on wet surfaces and between folds of skin
  7. Symptoms usually appear within three months but can begin anywhere from six weeks to eight months after exposure
  8. Usually diagnosed by sight but a blood test for syphilis should be performed to rule out a possible secondary syphilis infection
  9. Sometimes there are no symptoms
  10. Cell changes in the cervix
  11. Pre-cancer and cancer of the genital area for women

• How Is It Contracted?
  1. Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV
  2. An individual who is exposed to HPV has a greater than 50% chance of contracting the virus

• If Not Treated- It is important to get treated until all lesions are gone, but there is no cure

• Treatment
  1. Removal of skin cells that contain cirus particles
  2. Mild acid called Podophyllin, applied by a clinician and rinsed with soap and water four hours after application
  3. Removal of genital warts sometimes requires several treatments over a period of months
  4. Very large warts are removed surgically
  5. Genital warts can recur after they have been removed
  6. There is no cure but there is a vaccine developed to prevent cervical cancer and other diseases in females caused by genital human papilloma virus. The vaccine protects against 4 HPV types which together cause 70% of cervical cancers and 90% of genital warts. The vaccine is for use in girls/women ages 9-26 years. The vaccine is given through a series of three shots over a six-month period.

MOLLUSCUM CONTAGIOSUM There are hundreds of thousands of cases of this virus diagnosed each year.

• Symptoms
1. Small, pinking-white, waxy, round, polyp-like growths in the genital area or on the thighs
2. Symptoms appear between 2 and 12 weeks after infection, but they could take years

- How is it Contracted?
  1. Vaginal, anal, and oral intercourse
  2. Intimate contact

- If Not Treated
  1. It can spread to sexual partners
  2. Continued symptoms
  3. Growths can be removed with chemical, electrical current, or freezing

- Treatment - Growths may be removed with chemicals, electrical current or freezing

**MONILIASIS** (yeast infection) is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.

- Symptoms
  1. Caused by a yeast-like fungus called Candida Albicans
  2. When viewed under a microscope, the fungi look like long fibers attached to tiny buds
  3. The fungus is normally present in healthy mouths, intestines and vaginas
  4. Severe itching, redness, or soreness, and cruddy, white vaginal discharge
  5. Men seldom experience symptoms, although they might develop lesions on the penis
  6. Diagnosed by a swab of the vagina, cervix, penis, or mouth examined under a microscope

- Treatment
  1. Various prescription drugs
  2. Over the counter medicines

- How Is It Contracted?
  1. Sexual contact with a person who has the fungus
  2. Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, long-term antibiotics
  3. A newborn can develop the infection in his or her mouth if the mother has a vaginal infection at the time of delivery. Infant condition is called thrush

**NGU** (nongonococcal or nonspecific urethritis, NSU) - an inflammation of the urethra not caused by a gonorrhea infection. It is very similar to Chlamydia

- Cause: bacterial-like organisms
• Symptoms
  1. Infects both men and women – penis and cervix
  2. Symptoms show up 1-3 weeks after having sex
  3. Most women and some men have no symptoms
  4. Yellow or white drip from the penis
  5. Discharge or burning in the vagina especially in the morning
  6. Burning or pain during urination

• How Is It Contracted?
  1. Spread during sexual intercourse, oral sex and anal sex with someone who has an NGU infection
  2. It is called non-specific, because the cause has not yet been determined. Possible organisms include T-strain, mycoplasmas, ureaplasma, urealyticum, or chlamydia

• If Not Treated
  1. It can be spread to sexual partners
  2. Can lead to more serious infection
  3. Reproductive organs can be damaged causing sterility
  4. Both men and women may no longer be able to have children
  5. A mother with NGU infection can give it to her baby during childbirth

• Treatment—usually tetracycline or erythromycin.

PELVIC INFLAMMATORY DISEASE (PID)

• Symptoms
  1. Occurs both in men and women
  2. Pelvic pain, chills, fever, irregular menstrual periods, lower back pain in women
  3. Pain and swelling of scrotum in men

• How Is It Contracted?
  Spread during sexual intercourse.

• If Not Treated
  1. Scar tissue in fallopian tubes resulting in possible dangerous tubal pregnancy later in life
  2. Sterility
  3. Scar tissue in vas deferens

PEDICULOSIS PUBIS (pubic lice, crabs, lice) crab-like parasites that live in the pubic hair and feed on tiny human blood vessels. They attach to the hair follicles and deposit their eggs near the base of the hair shaft. They reproduce quickly and cannot be washed off.
Symptoms
1. Symptoms usually show up 25-30 days after exposure
2. Small bumps at the base of the hair
3. Intense itching in pubic area
4. Bloodstains may be noticed on underwear
5. Usually diagnosed by sight

How Is It Contracted?
1. Spread by intimate physical contact with infected person
2. Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days)
3. The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp. Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching

If Not Treated
1. Can be spread to sexual partner
2. Continued symptoms

Treatment-Special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription

SCABIES (skay-bee, the itch)
• Cause: parasite itch mite called Sarcoptes scabiei that burrows under the skin.

Symptoms
1. Symptoms appear 4-6 weeks after infection
2. Itchy rash, usually between the fingers, on the wrist, on the genitals, or on the buttocks
3. Occasionally there may be dark wavy marks between the fingers, on the wrists or elbow, around the navel, on the breast or buttocks, and genitals
4. Diagnosis is made by noting the presence of lesions or wavy marks on the skin. Scrapings are taken from the infected area and examined for the presence of mites, eggs, or larvae.

How Is It Contracted?
1. Spread by close body contact (not always sexual in nature)
2. Can be caught from direct contact with infested surfaces such as clothing, towels, or bed linen

If Not Treated
1. Can be spread to those in close contact
2. Secondary lesions or sores from scratching which may last for weeks, even though the mites have been eradicated

**Treatment**
1. An application of a prescription of scabicide cream or lotion
2. Disinfection of bedding and clothing

**SYPHILIS** *(syph, the pox, bad blood, lues)*

1. Syphilis can be serious, even deadly, if left untreated. Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal.
2. During pregnancy, syphilis bacteria can pass from an infected woman to her fetus by way of the placenta.
3. If an infected woman is not treated prior to the fourth month of pregnancy, the baby’s chances of being born with the disease are very high.
4. Blindness and deafness can result for the baby.

**Cause:** bacterium known as *treponema pallidum*, commonly known as the spirochete bacterium, discovered in 1906. In the same year a blood test to detect syphilis was developed by Wassermann. The Wasserman Test was named after him.

**Symptoms**

**Primary syphilis**
1. Incubation period is from 10 days to three months
2. Symptoms show up 1-2 weeks after having sex
3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix)
4. Sore goes away, but syphilis remains

**Secondary syphilis**
1. Symptoms show up within 10 weeks after primary stage
2. An itchless, painless rash anywhere on the body caused by the spirochetes as they enter the bloodstream on their way to the vital organs
3. Flu-like symptoms
4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains

**Latent syphilis**—lasts approximately four years but the infected person is only contagious during the first year of latent syphilis

**Late syphilis** is the final stage, during which the spirochetes are reactivated with such fury that they become killers. This often results in brain damage, insanity or death

**How Is It Contracted?**
Spread during sexual intercourse, oral sex and anal sex with someone who has syphilis.
• If Not Treated
  1. Syphilis can be spread to sexual partners
  2. Infected mothers can spread it to their babies during childbirth or a stillbirth may occur
  3. Can cause heart disease, brain damage, blindness and death

• Treatment- penicillin, tetracycline, erythromycin

**TRICHOMONIASIS (trich)** Often occurs simultaneously with other STIs. It is common among young, sexually active women and their partners. It is a form of vaginitis.

• Symptoms
  1. Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor
  2. Usually appears between 4-28 days after contact
  3. Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge

• How is it contracted?
  1. A microscopic one-celled organism called a trichomonad.
  2. It is pear shaped and has a whip like tail
  3. It moves by swimming
  4. Sexually transmitted and can be passed to another person even if no symptoms appear
  5. Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swim suits, wash cloths or towels

• If Not Treated
  Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men.

• Treatment- Usually treated with a prescription drug called Flagyl that cannot be taken by pregnant women.

**VAGINITIS/BACTERIAL VAGINOSIS (BC) (gardnerella, trich, yeast)** local irritation of the vaginal wall and cervix caused by one of several different organisms.

• Symptoms
  1. Some women have no symptoms
  2. Itching, burning, or pain in the vagina
  3. More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal
  4. Discharge smells and or looks different
  5. Usually diagnosed by a smear of vaginal or cervical discharge or by a culture
• How Is It Contracted?
  1. Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level
  2. Spread during sexual intercourse, oral sex and anal sex. Men can carry vaginitis
  3. The most common organisms of cause are Candida albicans (yeast), Trichomonas (parasite), and Corynebacterium vaginale (bacteria). The Trichomonas requires treatment of both sexual partners
  4. It is usually caused by an upset of the acid/alkaline balance in the vagina maintained by bacteria normally present. The vaginal environment, or balance, may be changed by oral contraceptives, hormone therapy, pregnancy, antibiotics, douching, a forgotten tampon or diaphragm, or an illness such as diabetes

• If Not Treated
  1. Can be spread to sexual partners
  2. Uncomfortable symptoms will continue
  3. Men can get infections in the prostate gland and urethra

Treatment—depending on the type, treatment may include antibiotic suppositories, sulfa creams, Flagyl, or antibacterial douche.