Women & Diversity Health

MINI-GUIDE TO

SEXUALLY TRANSMITTED AND/OR BLOOD BORNE INFECTIONS (STBBIs)

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Introduction

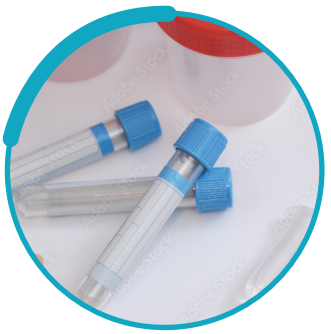
Sexually transmitted and blood borne infections (STBBIs), previously called sexually transmitted infections (STIs) or diseases (STDs), are spread through bodily fluids such as semen, vaginal fluid, rectal fluid, and blood. Transmission occurs most often during sexual contact (anal, vaginal, or oral) but may also be spread through direct contact with an infected area or to an infant through pregnancy or during childbirth.

Risk factors that increase the chances of getting STBBIs include:

- Age – Persons younger than 25 years old.
- Number of sexual partners – more than two partners within 12 months may increase the likelihood of exposure to STBBIs.
- Unprotected sexual contact – not using barrier methods (consistently) increases risk.
- Substance abuse – Impaired judgement from drugs or alcohol may lead to risky behaviors such as decreased condom use.
- Intravenous drug use – use of drugs by injection or sharing needles can increase risk of exposure.
- Homelessness – Limited access to healthcare, and increased vulnerability.
- Sex workers – Increased number of sexual partners/encounters.
- Previous STBBI – May indicate a higher exposure risk and potential vulnerability.
- Sexual partner has tested positive – A partner with a current infection increases the likeliness of contracting the STBBI.

STBBI Screening

Getting tested regularly is important for early detection and treatment, preventing transmission to partners, and avoiding serious health complications. Testing is common and is part of a routine health screening for many people. Discuss your sexual history and any symptoms you may have with your healthcare provider so they can recommend the most appropriate tests. Common testing methods include swabs, blood tests, and urine tests.



Many STBBIs have no symptoms (asymptomatic). However, changes such as genital itching, burning when urinating, sores, or abnormal discharge should be investigated if you have risk factors.

Chlamydia and gonorrhea testing are recommended with each new partner, or annually for people under 30 years of age who are sexually active.

If you have new sexual partners, routinely use alcohol or drugs when having sex, or exchange money, drugs, or a place to sleep for sex, you should consider getting tested every 3 months. STBBIs can be contracted through both same-sex and opposite-sex sexual activity.

Accessing Testing

- Your primary healthcare provider or sexual health clinic on CAF bases (if available).
- Sexual health clinics in civilian systems (bring your blue cross card).
- Any walk-in clinic in civilian systems (bring your blue cross card).
- Deployed CAF healthcare clinics.
- Self-administered home testing kits (if available in your province/territory or base clinic).

STBBI Treatment

STBBIs can be effectively managed and treated. The treatment aims to eliminate infection, alleviate symptoms, prevent complications, and reduce the risk of transmission to others.

Bacterial infections, such as chlamydia, gonorrhea, and syphilis, are treated with antibiotics.

IT IS IMPORTANT TO AVOID (ABSTAIN FROM) SEXUAL ACTIVITY DURING TREATMENT TO PREVENT SPREADING THE INFECTION AND TO INFORM SEXUAL PARTNERS TO BE TESTED AND TREATED TO AVOID CONTRACTING THE INFECTION AGAIN.

Parasites and Fungal infections, such as Trichomoniasis, Pubic Lice (crabs) and Scabies can be treated with medication (some by prescription), creams, and a thorough cleaning of personal items.

Viral STBBIs, such as Herpes Simplex Virus (HSV), Human Papillomavirus (HPV), Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C **cannot be cured**, but they can be managed with medications (antiviral, antiretroviral), and creams or surgical removal for warts.

STBBI Complications

If left untreated, infections can lead to health-related complications such as infertility, pregnancy loss, birth complications, and constant (chronic) pain. If HIV exposure occurs while another STI is present and untreated, the risk of contracting HIV increases. Certain high-risk strains of HPV can lead to cancers. Regular testing and early treatment help prevent complications.

STBBI Prevention

STBBIs are common and preventable. Regular health screening, consistently using condoms, vaccinations, and medications are options available to reduce risk and prevent transmission.

CONDOMS made from latex or polyurethane are recommended for protection against STBBIs. Lambskin condoms used to prevent pregnancy are NOT recommended for protection against STBBIs because the leather pores are big enough for STBBIs to slip through. Water-based lubrication can be used with condoms, however oil-based lubricants such as petroleum jelly or baby oil should be avoided because they weaken the latex. Condoms must be stored in a safe location between 0 and 38 degrees Celsius to avoid damage and not inside a wallet. Be prepared by storing several condoms for changing before each new sexual act or in case one is damaged or expired.

Vaccines:

Human papillomavirus (HPV) vaccines protect against up to 9 HPV types that can lead to cancers and warts. The vaccine is recommended for all persons aged 9 to 45 years old. Discuss with your healthcare provider if you are older than 45 and have risk factors.

Hepatitis A and B vaccines often offer lifetime protection against these viruses and are typically given in a series of three doses spread over several months. Alternately, three doses can be given over 21 days, followed by a booster at 12 months, for a total of four doses. Speak to your immunization clinic for more information.

Meningitis vaccines provide protection against bacteria that causes inflammation of the thin covering (membrane) on the brain and spinal cord. People living in close quarters, such as military dorms, are at higher risk of contracting meningitis because it is spread through respiratory droplets and bodily fluids. Bacterial meningitis progresses quickly (within hours) and has a 10% death rate. Those infected with bacterial meningitis require immediate treatment with antibiotics, and of the survivors, 20% may still have serious health complications. There are several vaccines that offer protection in childhood and in late adulthood. Talk with your immunization clinic about your current level of protection and risk factors.

Mpox (previously known as monkeypox) vaccination is given in two doses (28 days apart) and is available to those with high risk factors. The Mpox virus belongs in the same viral family as smallpox. It spreads through respiratory droplets and direct contact and usually leads to a painful rash, enlarged lymph nodes and fever. People with Mpox can become very sick, and while most will recover, some are left with long term complications.

Medications:

HIV pre-exposure prophylaxis (PrEP) is a daily medication (antiretroviral) taken by people who do not have HIV but are at a high risk of contracting HIV. When taken as directed, it can reduce the risk of contracting HIV by more than 90% for sexual exposures or 70% for needle exposures. This is very useful for people whose sexual partner is HIV positive (detectable viral load), or for persons who engage in high-risk sexual behaviors. PrEP is available by prescription and requires a full STBBI screening before starting and every 3 months while taking the medication. Before stopping PrEP, discuss with your healthcare provider to assess when your last possible exposure was, and which risk factors were present.

Post-exposure prophylaxis (PEP) is a short-term daily medication (antiretroviral) taken by people who do not have HIV but are at high risk of contracting HIV after potential exposure. PEP should be started within 72 hours of the potential exposure and continued for four weeks (28 days). When taken as directed, PEP can reduce their risk of getting HIV by more than 80%. PEP is often prescribed after an occupational exposure such as a needlestick injury, or after unprotected sex with a partner of unknown HIV status. The PEP medications may also include antibiotics (such as Doxycycline) to prevent other STBBIs from infecting the exposed individual.

Herpes simplex virus (HSV) is common, with an estimated one in seven Canadians carrying the virus, often without knowing it. The use of medications (antiviral) for HSV not only manages symptoms but can also reduce transmission. Taking antiviral medications daily as part of suppressive therapy

can lower the amount of virus present in the body, decreasing the likelihood of transmitting the virus to others.

Antiviral medications must be taken as soon as symptoms begin (within 72 hours). Outbreaks usually begin with a tingling or burning sensation on the skin or mucous membranes (such as the mouth or groin), followed by the appearance of painful blisters that typically crust over and heal within two weeks. In some cases, severe complications can occur.

For those who experience recurrent episodes, it is recommended to keep a supply of medication (such as valacyclovir, famciclovir, acyclovir) at home for quick use. These are prescription medications, so it's important to consult your healthcare provider before an episode occurs.

For individuals who experience severe outbreaks six or more times per year, suppressive therapy can be considered. This involves taking antiviral medication daily as a long-term treatment. While this approach does not completely prevent recurrences, it significantly reduces the frequency and severity of episodes.

Common Sexually Transmitted and/or Blood Borne Infections

NAME	MODE OF TRANSMISSION	SYMPTOMS	POTENTIAL COMPLICATIONS	HOW TO GET TESTED
Bacterial Meningitis (*Neisseria Meningitidis*)	Close contact with respiratory or throat droplets from an infected person (kissing, coughing, sexual contact)	• Sudden fever • Headache • Stiff neck • Nausea • Vomiting • Sensitivity to light • Confusion • Rash (in septicemia cases)	• Inflammation of the covering on the brain and spinal cord (Meningitis) • Blood poisoning (Septicemia) • Permanent damage to the nervous system • Death	• Lumbar Puncture/ Spinal Tap • Blood test
Chlamydia	• Sexual contact: - vaginal - anal - oral • Childbirth (infected parent to child)	• No symptoms (common) • Painful urination • Abnormal genital discharge: - clear - cloudy • Pain during sex • Testicular pain • Pelvic pain	• Pelvic inflammatory disease • Infertility • Dangerous pregnancy and pregnancy loss (Ectopic) • Inflamed testicles • Increased risk of HIV infection	• Swab • Urine test
Genital Herpes (Herpes) (Herpes Simplex Virus)	• Sexual contact: - vaginal - anal - oral • Direct contact with infected areas. • Childbirth (infected parent to child)	• Flu-like symptoms (fever, body aches) • Itching or burning in the genital or anal area • Painful blisters or sores on the genital or anal area	• Recurrent painful sores • Severe infection in newborns (Neonatal herpes) • Increased risk of HIV infection	• Swab of sore/blister. • Blood test

NAME	MODE OF TRANSMISSION	SYMPTOMS	POTENTIAL COMPLICATIONS	HOW TO GET TESTED
Genital Warts (Human Papillomavirus) (HPV)	• Sexual contact: - vaginal - anal - oral • Direct contact with infected areas	• Small, flesh-colored, or gray swellings in the genital area. • Itching or discomfort	• Persistent infection with high-risk HPV strains can lead to cancer of the: - cervix - anus - penis - throat • Discomfort or pain from warts	• Visual inspection of warts. • Swab: - cervix - penis
Gonorrhea	• Sexual contact: - vaginal - anal - oral • Childbirth (infected parent to child)	• No symptoms (common) • Painful urination • Abnormal genital discharge: - yellow - green • Pain or swelling in one testicle. • Pelvic pain • Bleeding between periods	• Pelvic inflammatory disease • Infertility • Dangerous pregnancy and pregnancy loss (Ectopic) • Inflamed testicles • Infection spreads throughout the body: - joint pain - skin rash • Increased risk of HIV infection	• Swab: - cervix - throat - rectum • Urine test
Hepatitis A (Hep A)	• Contaminated food or water (Fecal-oral route) • Oral-anal contact	• Fatigue • Nausea • Abdominal pain • Yellowing skin or eyes (jaundice)	• Sudden (acute) liver failure • Long term (chronic) liver failure	Blood test

NAME	MODE OF TRANSMISSION	SYMPTOMS	POTENTIAL COMPLICATIONS	HOW TO GET TESTED
Hepatitis B (Hep B)	• Sexual contact • Sharing needles or syringes • Childbirth (infected parent to child) • Blood transfusions (rare)	• Fatigue • Yellowing skin or eyes (jaundice) • Joint pain • Long term (chronic) infection can lead to liver damage	• Long term (chronic) hepatitis B • Liver scarring (cirrhosis) • Liver cancer	Blood test
Hepatitis C (Hep C)	• Sharing needles or syringes • Blood transfusions (rare) • Sexual contact • Childbirth (infected parent to child) (rare)	No symptoms (common)	• Long term (chronic) hepatitis C • Liver scarring (cirrhosis) • Liver cancer	Blood test
Human Immunodeficiency Virus (HIV)	• Sexual contact: - vaginal - anal - oral • Sharing needles or syringes • Blood transfusions (rare) • Childbirth (infected parent to child) • Breastfeeding (infected parent to child)	• Early phase: Flu-like symptoms (fever, sore throat, fatigue) • Latent phase (chronic HIV): no symptoms or mild symptoms	• Progression to AIDS • Other infections (tuberculosis, pneumonia) • Certain cancers (Kaposi's sarcoma, lymphoma) • Severe immune system damage	• Blood test • Mouth swab

NAME	MODE OF TRANSMISSION	SYMPTOMS	POTENTIAL COMPLICATIONS	HOW TO GET TESTED
Mpox	• Close contact with infected animals or humans • Respiratory droplets • Contact with bodily fluids or lesion material	• Fever • Headache • Muscle aches • Swollen lymph nodes • Rash, starting on the face and spreading	• Bacterial infections • Respiratory distress • Encephalitis • Death (rare)	• Swab of lesion • Blood test
Mycoplasma genitalium (Mgen)	Sexual contact: - vaginal - anal	• No symptoms (common) • Painful urination • Discharge from genitals • Bleeding between periods • Pelvic inflammatory disease	• Inflammation of the tube that carries urine (urethritis) • Inflammation of the cervix • Pelvic inflammatory disease • Infertility	• Swab: - cervix - penis • Urine test
Syphilis	• Sexual contact: - vaginal - anal - oral • Direct contact with syphilis sores • Childbirth (infected parent to child)	• Primary Stage: Painless sores at the infection site • Secondary Stage: Skin rashes, mucous membrane lesions • Latent Stage: No symptoms. The virus is present but not active after the first stages of symptoms pass. • Tertiary Stage: Severe medical problems affecting heart, brain, and other organs	• Damage to the heart, brain, and other organs • Damage to the nervous system (Neurosyphilis) • Blindness • Death • Severe infection in newborns (Congenital syphilis)	• Blood test • Swab of a sore

NAME	MODE OF TRANSMISSION	SYMPTOMS	POTENTIAL COMPLICATIONS	HOW TO GET TESTED
Trichomoniasis (Trich)	Sexual contact: - vaginal	• No symptoms (common) • Vaginal discharge: - frothy - greenish yellow - strong odor • Genital itching or irritation • Pain during urination or intercourse	• Increased risk of HIV infection • Early childbirth • Low birth weight newborns • Inflammation in the tube that carries urine (Urethritis) • Inflammation in the prostate (prostatitis)	• Swab: - cervix • Urine test
Zika Virus (Zika)	• Mosquito bites (Aedes species) • Sexual contact • Childbirth (infected parent to child)	• No symptoms (common) • Mild fever • Rash • Joint pain • Pinkeye (viral conjunctivitis) • Birth defects (microcephaly) if infection occurs during pregnancy	• Birth defects (microcephaly) in babies born to an infected birthparent. • Guillain-Barré syndrome • Severe complications in pregnancy	• Blood test • Mouth swab • Urine test

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