

How are chlamydia, gonorrhea and trichomoniasis treated?

These STDs are treated with antibiotics.¹⁻⁷ The drugs are usually taken by mouth but also may include an injection. The choice of drug and the length of treatment will depend on the severity of your infection, whether you are pregnant or breastfeeding or have ever had an allergic reaction to an antibiotic, and whether you have been treated for sexually transmitted infections in the past.

It is very important that you take all of your prescribed medication, even if your symptoms go away before you have taken all the pills. If you stop taking your medication after your symptoms are relieved but before you complete the full course of treatment, the infection may not be completely cured and may flare up again. It is also essential that all of your sex partners be tested and, if necessary, treated for infection. Medication should not be shared. Sexual contact should be avoided until you have been treated and cured. Follow your doctor's instructions on when you can have sexual contact again.

It is common for women who have been treated for STDs to develop another infection within several months. Most posttreatment infections are the result of reinfection caused by having sex with an infected partner. Because repeat infections may increase your risk for PID and other complications, your doctor is likely to recommend that you be retested for chlamydia and gonorrhea infection, preferably about 3 months after you have completed antibiotic treatment, but certainly within 12 months.^{1,2,3} Retesting for trichomoniasis can be conducted as soon as 2 weeks after treatment but should be within 3 months following treatment.¹

What can I do to stay healthy?

- Let your doctor know if you have questions about your treatment or if you are not able to follow your prescribed treatment plan.
- Abstinence or mutual monogamy (having sex with only one partner who only has sex with you) is a way to avoid infection.
- Tell all of your sex partners that you have an STD, and recommend that they (and their other sex partners) be tested and treated. Your sex partner may not know they have a STD. However, neither you nor your partner need to have symptoms to be contagious.
- Until you and your sex partner(s) have successfully completed treatment, you can pass the infection to others during sexual contact even if you don't have any symptoms.
- Report any new symptoms to your doctor, particularly if you have any new pain or notice

a change in the amount, appearance, or smell of your vaginal discharge. Many problems that affect a woman's reproductive tract, including sexually transmitted infections, can cause similar symptoms. It is important that you let your doctor evaluate your symptoms (even if you have had the same or similar symptoms before) so they can determine their exact cause, prescribe the right treatment, and teach you how to take steps to keep from spreading an infection to others.

- Protect your sex partners from becoming infected with a STD. Use latex condoms whenever you engage in sexual activity. Condoms may reduce your risk of passing the disease to your sex partner, but they will not protect you or your partner against all sexually transmitted diseases. Only the skin that is covered by or comes in contact with the condom is protected from infection. Any uncovered skin on the genitals, groin, thighs, anus and rectum, and possibly in the mouth is prone to infection.
- Visit your doctor as recommended for regular pelvic exams and screening tests. Keep a record of the dates and results of such exams and tests; it might come in handy if you ever change doctors or insurance providers or if you experience a reproductive health problem in the future.

Where can I find out more about chlamydia, gonorrhea and trichomoniasis?

You can obtain additional information about these STDs from the following sources:

Centers for Disease Control and Prevention

Division of STD Prevention National STD hotline:
(800) 232-4636 | cdc.gov/std

American Sexual Health Association (ASHA)

Telephone: (800) 783-9877 | ashastd.org

References

1. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR. 2015;64(RR3):1-138.
2. American Sexual Health Association. Chlamydia. Available at: ashasexualhealth.org/stdsstis/chlamydia/. Accessed July 15, 2015.
3. Centers for Disease Control and Prevention. Chlamydia CDC fact sheet. Available at: cdc.gov/std/chlamydia/stdfact-chlamydia.htm. Accessed July 15, 2015.
4. American Sexual Health Association. Gonorrhea. Available at: ashasexualhealth.org/stdsstis/gonorrhea/. Accessed July 15, 2015.
5. Centers for Disease Control and Prevention. Gonorrhea CDC fact sheet. Available at: <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>. Accessed July 15, 2015.
6. American Sexual Health Association. Trichomoniasis. Available at: ashasexualhealth.org/stdsstis/trichomoniasis/. Accessed July 15, 2015.
7. Centers for Disease Control and Prevention. Trichomoniasis CDC fact sheet. Available at: cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm. Accessed July 15, 2015.

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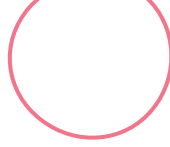

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PATIENT INFORMATION

Chlamydia, Gonorrhea and Trichomoniasis





What are chlamydia, gonorrhea and trichomoniasis?

Chlamydia, gonorrhea and trichomoniasis are all common sexually transmitted diseases (STDs) that can cause infections in the genitals, rectum and throat. These diseases are easily spread by having vaginal, anal or oral sex with someone who is infected.

Chlamydia

Chlamydia is a disease caused by infection with the bacteria called *Chlamydia trachomatis*.^{1,2}

You may never develop symptoms of a chlamydial infection.^{1,3} When chlamydia symptoms do occur, they are usually mild and appear 1 to 3 weeks after you become infected.^{1,3} Symptoms include an abnormal vaginal discharge and pain when you urinate. If your male sex partner has chlamydia, he may experience an abnormal discharge from his penis and pain or burning during urination.

Because symptoms of chlamydia are usually mild or may not occur at all, you should be tested annually for the infection if you are a sexually active woman age 25 and under.^{1,3} Yearly testing is also recommended for women over age 25 that have risk factors for chlamydia (e.g., those with new partners and those with multiple sex partners, a sex partner with concurrent partners or a sex partner who has an STD).^{1,3}

If the infection is not diagnosed and treated while it is confined to the vagina and cervix, the chlamydia bacteria can move up your reproductive tract to your uterus, fallopian tubes (egg canals), ovaries (egg sacs) and surrounding structures. When these organs and structures become infected, it is called pelvic inflammatory disease, or PID.^{1,3}

PID caused by chlamydia is a cause of infertility.^{1,3} PID may cause scar tissue to form inside your fallopian tubes. The fallopian tubes are where conception (the coming together of egg and sperm to make an embryo) occurs. If your fallopian tubes become completely blocked with scar tissue, it may be very difficult for conception to take place, so you may not be able to get pregnant without medical help.

If your fallopian tubes are partially blocked when conception occurs, an embryo may get stuck in one of the tubes instead of moving into your uterus.

This is called a tubal or ectopic pregnancy, and it can be life-threatening if you do not receive immediate medical treatment.^{1,3} If you have a history of chlamydia or PID and you become pregnant, you should seek medical care as early as possible to make sure the developing embryo is inside the uterus and not a fallopian tube.

If you are already pregnant and you become infected with chlamydia, you might pass chlamydia bacteria to your baby during delivery. The bacteria can cause an eye infection (conjunctivitis) or a lung infection (pneumonia) in your baby.^{1,3} Both of these serious infections require treatment with antibiotics.

Gonorrhea

Gonorrhea is a common disease that is passed from one person to another during sexual contact. It is caused by infection with bacteria called *Neisseria gonorrhoeae*.^{1,4}

While many men exhibit symptoms of a gonorrheal infection, women usually do not.^{1,4,5} When gonorrhea symptoms do occur, they include pain or burning during urination and a yellowish discharge.^{1,4,5}

If a gonorrheal infection is not promptly treated, gonorrhea bacteria can move up your reproductive tract to your uterus, fallopian tubes, ovaries and surrounding structures causing PID. Scar tissue may also form, which increases the chances of a tubal or ectopic pregnancy.^{1,4,5}

It is becoming harder to treat gonorrhea because some strains of gonorrhea have been found to be resistant to certain drugs. If your symptoms continue for more than a few days after receiving treatment, you will need to be tested again.^{1,4,5}

Pregnant women who have gonorrhea are at increased risk for miscarriage and inflammation of the lining of the uterus after childbirth.⁴ Detection and treatment of gonorrhea may prevent these problems.

If you have gonorrhea when you deliver a baby, your baby's eyes may become infected while the baby is passing through the birth canal. This infection can cause serious injury to the baby's eyes. A baby who is infected with gonorrhea also is at risk for developing a blood infection (sepsis) which can lead to arthritis and brain and spinal cord infection (meningitis).¹

If you are younger than 25 years of age and are sexually active, you should receive an annual screening test for gonorrhea.^{1,4,5} If you are older and have risk factors (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STD), you too should be screened.^{1,4,5}

Trichomoniasis

Trichomoniasis, also known as 'trich', is also a common STD caused by infection with a parasite called *Trichomonas vaginalis*.^{6,7}

Most people infected with trichomoniasis cannot tell they are infected. If symptoms do occur, it is usually within 5 to 28 days after being infected, but it can be much later and the symptoms can come and go.⁷ Woman may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, yellowish or greenish. Men may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.^{1,6-7}

Woman seeking care for a vaginal discharge should be tested for trichomoniasis.¹

Being infected with trich makes it easier to become infected with the HIV virus. HIV-infected women who also have trich have a greater chance of PID.^{1,6}

If you are pregnant and have trichomoniasis, you are at increased risk for premature rupture of membranes, preterm delivery and delivery of a low birthweight baby.^{1,6-7}

Alcohol consumption should be avoided during treatment with nitroimidazoles that are used to treat trichomoniasis due to unpleasant physical side effects.¹

How are chlamydia, gonorrhea and trichomoniasis diagnosed?

Sexually transmitted diseases are diagnosed using laboratory tests. Your healthcare provider may ask you to provide a urine sample or may use a swab to get a sample from your vagina or endocervical canal (the narrow passageway that leads from the cervix to the uterus) for testing. If you have symptoms that may indicate an infection in your throat and/or rectum, your doctor will obtain a sample of cells from those areas by rubbing them with a swab.

These samples are sent to Labcorp where tests will be performed to determine whether a STD is present. If you have symptoms of pelvic inflammatory disease (PID), your doctor may perform additional exams and tests to determine the extent of damage to your reproductive organs.