

Sexually Transmitted Infections – Testing Considerations

Disease	Symptoms	Tests done and approximate cost (\$ less than \$10, \$\$ less than \$20)	Other important information ® = Reportable to Public Health Dept
Chlamydia	75% of women and 50% of men have no symptoms. Urinary burning, penile or vaginal discharge, bleeding after intercourse and pelvic pain in women with internal spread of genital infection. Pain and discharge can also occur in throat and rectum if direct contact.	Specimen from genitals or urine will be positive by 7 days after exposure. Throat and rectal exposure must be tested separately. \$	Common infection in young adults. Untreated or repeat infections in women may cause chronic infection and pain, infertility or tubal pregnancy; in men prostatitis or epididymitis. Condoms for prevention.®
Gonorrhea	Women rarely have symptoms early, but can have vaginal discharge, pelvic pain, fever after several weeks. Men usually have penile discharge and urinary pain within one week of exposure. Symptoms can also occur in throat and rectum if direct contact.	Same as above \$	Less prevalent than Chlamydia, and more likely to cause obvious symptoms. Long term complications are similar to above. Condoms for protection.®
HIV	Early symptoms of flu-like illness rarely noted. Late symptoms of immune system dysfunction with severe infections, fatigue, weight loss.	Testing for antibodies to the virus may be done by blood or mouth secretions. Test becomes positive 6 weeks to 6 months after exposure. \$	Testing important for early identification and treatment to prevent or slow progression, prevent infection of partners. Condoms for prevention. ®
Syphilis	Painless sore at point of infection 3-12 weeks after exposure may last weeks. A non-itchy rash may appear several months later. May have no symptoms until late stage with destruction of multiple organs including nervous system	When sore is present, special tests may identify infection. Blood testing positive 2-8 weeks after exposure. \$	Syphilis is on the rise, especially in men having sex with men (MSM). Unusual rashes or painless sore should prompt testing. ®
Hepatitis B	May have no symptoms or may experience nausea, jaundice (yellowing of skin or whites of eyes and dark urine). Most college students have been immunized.	Blood testing for the virus and antibodies to the virus. Those immunized will usually test positive to routine antibody testing. \$\$	Hepatitis B is spread by blood or sexual fluids. Sharing razors, toothbrushes, or IV drugs are also risks. Immunization is available. ®
Herpes (HSV)	Viral skin infection causing blisters and painful ulcers usually occurring around the mouth in HSV type I and on genitals in HSV type 2. Symptoms often recur. Can also carry this virus without symptoms. Once infected virus persists in body indefinitely, although frequency of outbreaks and risk of transmission decreases over time.	Cultures from acute sore. Blood tests for antibodies when diagnosis is unclear, patient is high risk, or results of testing will change behavior. \$\$	HSV I usually occurs around the mouth as cold sores (most people have had exposure to this). Can be spread by oral-genital contact. HSV-2 can be transmitted by someone who has never noticed sores, or when sores are not present. Medication can treat outbreaks and decrease transmission. Condoms somewhat helpful
Genital Warts/ HPV	Viral skin infection which may cause warts on the genitals, vagina or anus. Rarely occur in the throat. Some strains cause infection on the cervix which can be precancerous or cancerous if untreated. Virus can be carried without visible signs.	Visual exam by clinician. Pap smear in women for cervical HPV and precancerous changes. \$\$	Skin to skin transmission even without presence of warts. Topical treatment can decrease warts, but cannot cure the infection. Condoms somewhat helpful.
Molluscum Contagiosum	Viral skin infection spread by close contact. In young adults, the genital area is often infected, causing irritated bumps with depressed centers.	Visual exam by clinician. Treatment is chemical or physical removal of lesions.	Although not necessarily an STI, adults may spread this genitally by contact. May resolve spontaneously. Treatable.
Crabs and other parasites	Small bugs that live on hair follicles and cause itching and irritation. Can be spread by close contact or sharing clothes and bedding.	Visual exam may find egg sacs on hair shafts or sometimes adult lice.	Treatment is with over the counter products. Scrupulous cleaning of clothes and bedding and treatment of contacts to avoid reinfestation.

TESTING FOR SEXUALLY TRANSMITTED INFECTIONS

How can I get tested for STIs at the Student Health Center?

You can make an appointment at the Health Center appointment desk in person or by calling 459-2500. An STI testing appointment consists of a visit with a clinician for a risk assessment, exam, and appropriate testing. For women, the annual gynecologic exam and Pap test may be an opportunity to be tested as well. Students can elect to have a free, anonymous oral HIV test done by the peer test counselors at SHOP. When coming to the Health Center for testing you will be provided a confidential Risk Assessment form and this handout when you make your appointment in person or via the Health Center web site if you make your appointment by phone, Please review these **before** you come in for your appointment.

What happens when I come for my appointment?

Your clinician will review your confidential Risk Assessment with you. This form does **not** go into your medical record; it is only used during the visit to help you and your clinician identify your STI risks. It is important that you are honest in sharing sexual health information with your clinician, as your sexual history guides the testing process. After reviewing your history with you, the clinician will perform a physical examination and may collect specimens for testing and/or send you to the laboratory to give blood or urine specimens. The physical exam is considered a very important and necessary part of the STI testing visit, and is the only way to check for the presence of certain relatively common STIs. The clinician will also review safer sex practices and answer any questions you have about your sexual health. Our clinicians are here to educate as well as test.

What should I be tested for?

There is no standard battery of STI tests. Selecting tests applicable to you and your situation is done by reviewing your risk assessment and the results of your examination. Considerations include the time frame of possible exposures, the types of sexual contact you have had, and your own personal medical and social history. The most “routine” tests done in the college population include **chlamydia and gonorrhea** screening, **HIV** antibody testing, and often a blood test for **syphilis** because it is an inexpensive and reliable test for a serious but easily treated condition. People who have a partner who has **herpes**, a history of undiagnosed genital sores, or other risks, may be tested for herpes antibodies, and sexually active students who have not been immunized against **hepatitis B** will generally be tested for (and immunized against) that infection. Testing for **hepatitis C** is usually recommended only when the patient or their sexual partner has used intravenous drugs or had other likely exposure. Sometimes students ask to be tested “for everything.” Unfortunately, the matter just isn’t that simple. Aside from concerns about “false positive” results when screening low risk people, there can sometimes be uncertainty as to the clinical significance of some test results. Some of the more prevalent infections, such as **genital warts**, often can’t be diagnosed by a test. The best plan is to discuss your risk factors with your clinician to select which tests are needed. Even with an examination and appropriate testing, it is still not 100% possible to issue a “clean bill of health.”

How soon can I be tested after an incident of unprotected sex?

This varies with the infection to which you may have been exposed. Chlamydia and gonorrhea can usually be tested for within a week of exposure, but blood tests for HIV and other conditions may take several months to turn positive. (*see chart on reverse side*). Review this information with your clinician and consider postponing or repeating tests for conditions with longer incubation periods.

How will I get my results?

On very routine testing visits such as annual exams, we call patients with results only if there is a problem. At other visits, your clinician may make arrangements to discuss results by phone, at a follow up appointment with a nurse, or during another visit with the clinician. It may take as long as two weeks to get all the results back. Some STIs are “reportable illnesses”, which means we must report the diagnosis to the county public health department. Reportable STIs include chlamydia, gonorrhea, Hepatitis B and C, HIV, and syphilis.

Will insurance pay for STI testing?

The answer depends on your health insurance plan. Students with UHIP or GSHIP may have the cost of the tests covered as part of the plan’s wellness benefit, after deductibles are met. Any charges that go on your student account will simply say “Health Center” in order to protect your confidentiality. Statements for submission to insurance companies will have more specific information.

For More Information: The Student Health Center website (www2.ucsc.edu/healthcenter) has more information and links to reliable sources of information on STIs such as www.ashstd.org.