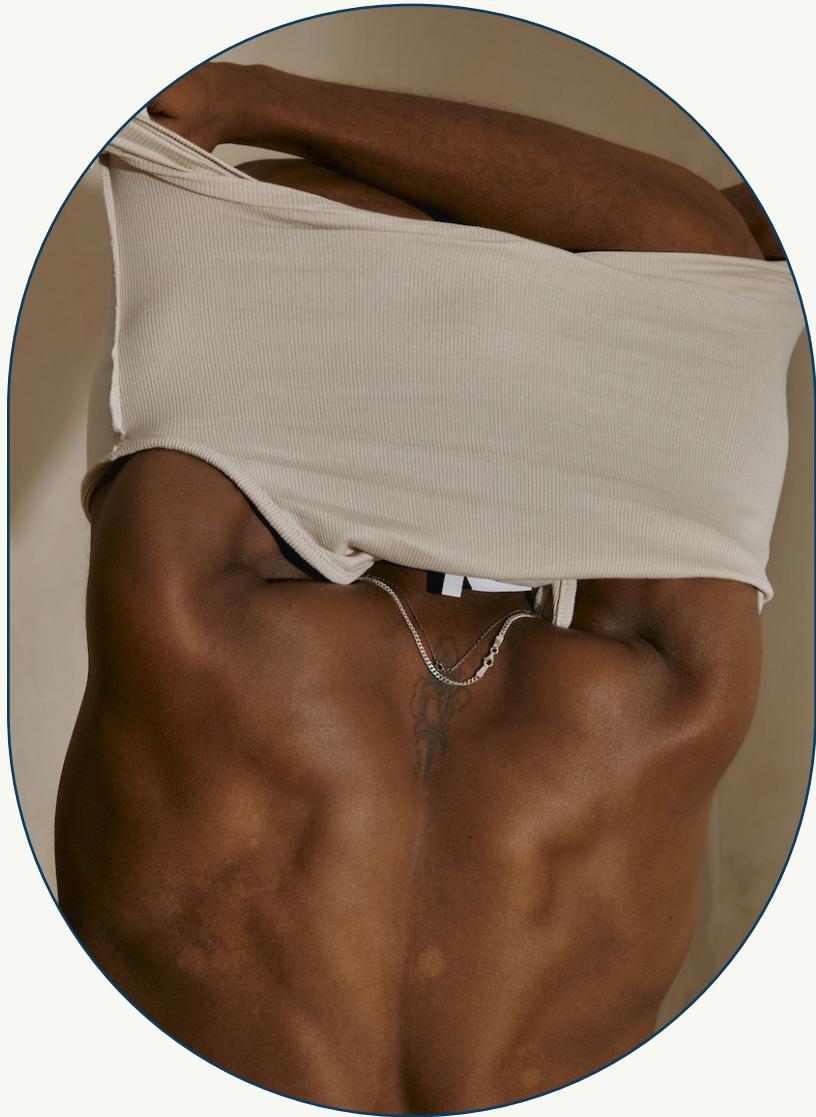


FRENCHIE M.D.

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CHLAMYDIA FACT SHEET

AN INTRODUCTION INTO CHLAMYDIA

Quick facts about chlamydia:

- Most common STI [sexually transmissible infection] in Australia
- Easily transmitted from one person to another during sex without a condom. Although transmission during penetration with condoms is rare, it can still be transmitted through unprotected oral sex.
- Affects anyone who is sexually active and particular for people who do not use condoms
- Untreated infection can eventually cause serious problems with the reproductive system in anyone
- Caused by the bacteria Chlamydia Trachomatis

What is Chlamydia?

Chlamydia is a bacteria that can grow particularly in places where people have sex: vagina, urethra (urine passage), rectum (bum), or throat. Until it's treated, it can live in these areas and can be passed on to other people, even without symptoms.

Luckily, chlamydia can easily be cured with antibiotics.

People who are diagnosed with chlamydia most commonly are young cis women under the age of 30. However, anyone who is sexually active is at risk.



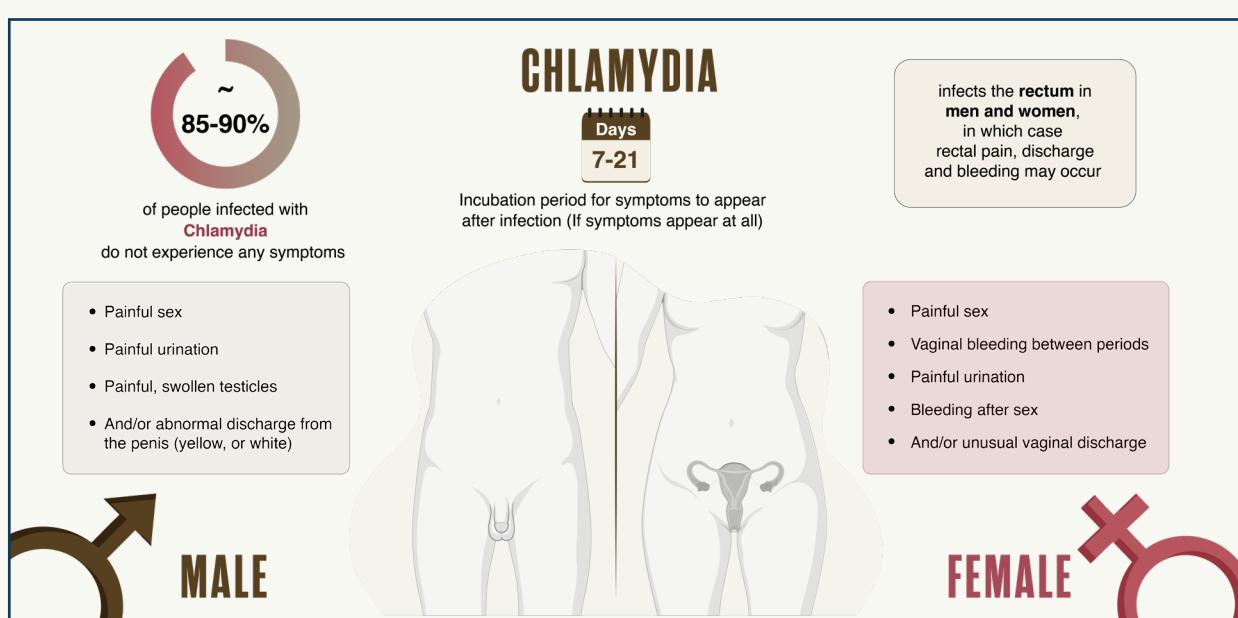
What are the symptoms of chlamydia?

80% of people do not have symptoms!

If you do have symptoms, they can start anywhere from 2-14 days after sex.

Symptoms may include:

- Burning or stinging when weeing
- Bleeding or pain during or after sex
- Bleeding between periods
- Cramps or pain in the lower belly
- Discharge
- Sore balls (testes)



SCREENING & DIAGNOSIS OF CHLAMYDIA

Screening

People who are sexually active with casual partners should be tested for chlamydia every 3-6 months. This is called a screening test because the tests are done to make sure you're not carrying chlamydia and don't know it.

Contacts

If you're a contact of chlamydia (someone who you've had sex with has tested positive for it), you should have a test to make sure you don't have it too.

Symptoms

If you have symptoms (see above!) you should have a test. If the symptoms are severe, it's important to be seen by a doctor or nurse who will assess if you need to have treatment right away.

What if it's not treated?

If chlamydia is not treated, it can cause some serious complications over several months.

These can include:

- Infection into the testes (epididymo-orchitis)
- Infection in the uterus (pelvic inflammatory disease – PID)
- Infertility
- Problems in pregnancy
- Red eye (conjunctivitis)
- Rarely - Problems in the joints

How do I test for chlamydia?

Tests involve a swab of the area that you collect yourself or a urine test. The tests are not painful.



What happens if I have chlamydia?

- Your doctor will give you antibiotics that usually lasts for 1 week
- Avoid sex while you're taking the antibiotics
- Have a screening test 3 months after your antibiotics
- Contact people who you have had sex in the last 2 months to let them know that they should go get a test
- “Let them know” allows you to send an anonymous messages to tell someone you've had sex with that they have come into contact with the infection: <http://www.letthemknow.org.au/>

Can I get reinfected with chlamydia?

Getting treated for chlamydia does not give you any future protection from getting chlamydia again.

How can I prevent chlamydia?

If you have sex with a partner, it's important to get a screening test every 3-6 months. A screen will also include tests for other STIs.

When having sex with a partner, using barrier methods such as condoms and dams can drastically reduce the risk of transmission

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GONORRHOEA FACT SHEET

AN INTRODUCTION INTO GONORRHOEA

Quick facts about gonorrhoea:

- Increasing rates as an STI [sexually transmissible infection] in Australia
- Easily transmitted from one person to another during sex without a condom. Although transmission during penetration with condoms is rare, it can still be transmitted through unprotected oral sex
- Affects anyone who is sexually active, including oral, vaginal, and anal sex, especially for people who do not use condoms
- Some infections are showing some resistance to antibiotics, meaning you should get treated as soon as possible and follow up with another test
- Untreated infection can cause serious problems
- Caused by the bacteria Neisseria Gonorrhoea

What is gonorrhoea?

Gonorrhoea is bacteria that can grow particularly in places where people have sex: vagina, urethra (urine passage), rectum (bum), or throat. Until it's treated, it can live in these areas and can be passed on to other people, even without symptoms.

Gonorrhoea can be cured effectively with antibiotics.

People who are diagnosed with gonorrhoea most commonly are: men who have sex with men, young Aboriginal and Torres Strait Islander people, and young cis women under the age of 30. However, anyone who is sexually active is at risk.

What are the symptoms of gonorrhoea?

Who gets symptoms?

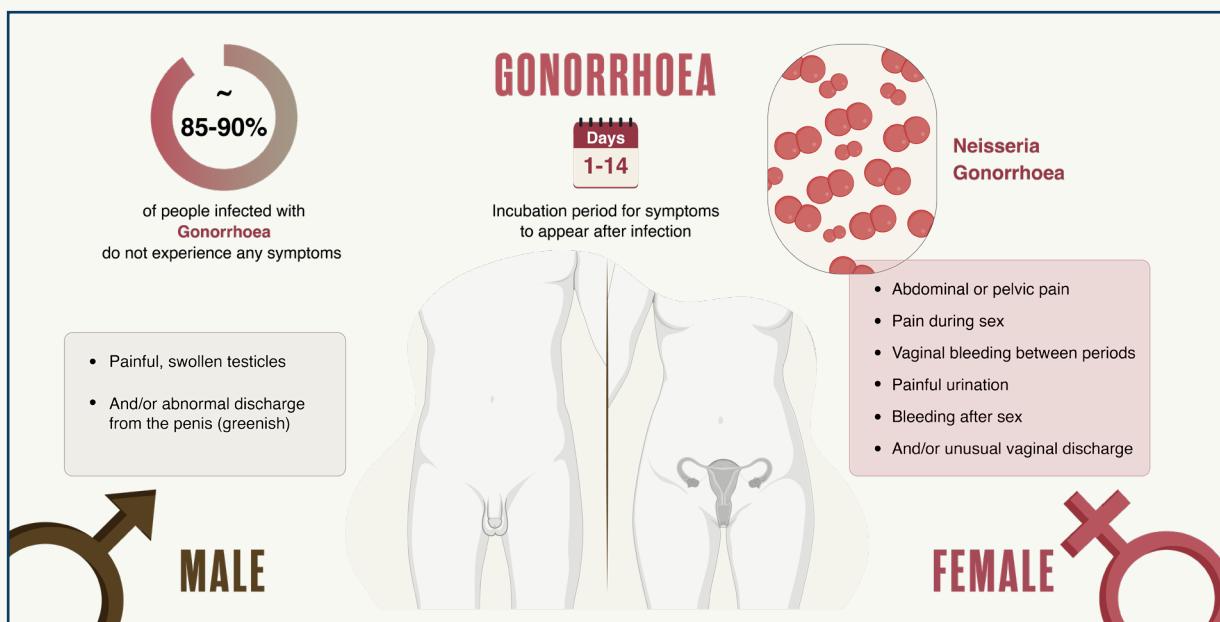
- Most people with infections in the rectum (bum) and throat do not have any symptoms
- 50% of infections in the vagina will not have any symptoms
- Infections in the urethra (penis) almost always have symptoms.

What are the symptoms?

If you do have symptoms, they can start a few days after sex.

Symptoms may include:

- discharge (pus) from the penis, vagina, or rectum (bum)
- burning or stinging when wee ing
- pain during sex
- pain when opening bowels or changes to the bowels
- rarely - joint infection



SYMPTOMS & CAUSES

GONORRHOEA

Testing for gonorrhoea:

Screening

People who are sexually active with casual partners should be tested for gonorrhoea every 3-6 months. This is called a screening test because the tests are done to make sure you're not carrying gonorrhoea and don't know it.

Contacts

If you're a contact of gonorrhoea (someone who you've had sex with has tested positive for it), you should have a test to make sure you don't have it too.

Symptoms

If you have symptoms (see above!) you should have a test. If the symptoms are severe, it's important to be seen by a doctor or nurse who will assess if you need to have treatment right away.

Tests

Tests involve a swab of the area that you collect yourself or a urine test. The tests are not painful.

What if it's not treated?

If gonorrhoea is not treated, it can cause some serious complications.



These can include:

- Infection into the testes (epididymo-orchitis). This is the inflammation and infection of the small tubes in the back part of the testes. It can be quite painful, cause swelling, and lead to infertility.
- Infection in the uterus (pelvic inflammatory disease – PID). This can cause you to feel very unwell, cause pelvic pain, and eventually lead to infertility due to scarring.
- The ability to more easily acquire other sexually transmissible infections.
- Spread to the joints or skin as well as the brain or heart. This is caused by the untreated infection travelling through the bloodstream and causing infections other places. This is a rare complication.
- A pregnant person can pass gonorrhoea to their baby during birth causing complications for the baby

What happens if I have gonorrhoea?

- Your doctor will give you antibiotics that usually involve an injection and tablets. Unfortunately, you cannot do this treatment at home.
- Avoid sex for 7 days after taking the antibiotics
- Contact people who you have had sex in the last 2 months to let them know that they should go get a test. Have a test 2 weeks after treatment to ensure that the gonorrhoea was cured. This helps discover the resistant bacteria.
- If you have symptoms, they will ease within a day of treatment

AN INTRODUCTION INTO GONORRHOEA

Can I get reinfected with gonorrhoea?

Getting treated for gonorrhoea does not give you any future protection from getting it again.

How to prevent getting infected with gonorrhoea

The best way to stop the spread of gonorrhoea is to test when you have symptoms and screen for gonorrhoea (and other STIs) if you are sexually active.

If you have sex with casual partners, it's important for you and your partners to get a screening test every 3-6 months. A screen will also include tests for other STIs.

When having sex with partner(s), using barrier methods such as condoms and dams can drastically reduce the risk of transmission.

