

Sexual Health and Wellness

September 20, 2023



LOS ANGELES COUNTY
COMMISSION ON HIV



Learning Objectives

- Define sexual health
- Identify various Sexually Transmitted Infections (STIs)
- Explain how STIs are transmitted
- Describe the signs and symptoms of common STIs
- Describe risk reduction strategies to reduce or prevent STIs
- Identify STI testing resources in LA County

Sexual Health

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- Understanding that **sexuality** is a natural part of life and involves more than sexual behavior.
- Recognizing and respecting the sexual rights we all share.
- Having access to sexual health information, education, and care.
- Making an effort to **prevent unintended pregnancies** and **STDs** and seek **care and treatment** when needed.
- Being able to experience **sexual pleasure**, satisfaction, and intimacy when desired.
- Being able to communicate about sexual health with others including **sexual partners** and **healthcare providers**.

Sexually Transmitted Infection (STI): True or False?

1. You CANNOT get an STI from oral sex.
2. Anal sex has a higher risk of spreading STIs than many other types of sexual activity.
3. You CANNOT get an STI if your partner is a virgin.
4. Only promiscuous people get STIs.
5. You CANNOT have two STIs at once.
6. You can get an STI from a toilet seat.
7. Women are more likely to get tested for STIs.
8. Lesbians CANNOT get STIs.
9. If my partner has an STI, I'll know/see it.



Sexually Transmitted Infection (STI) Basics

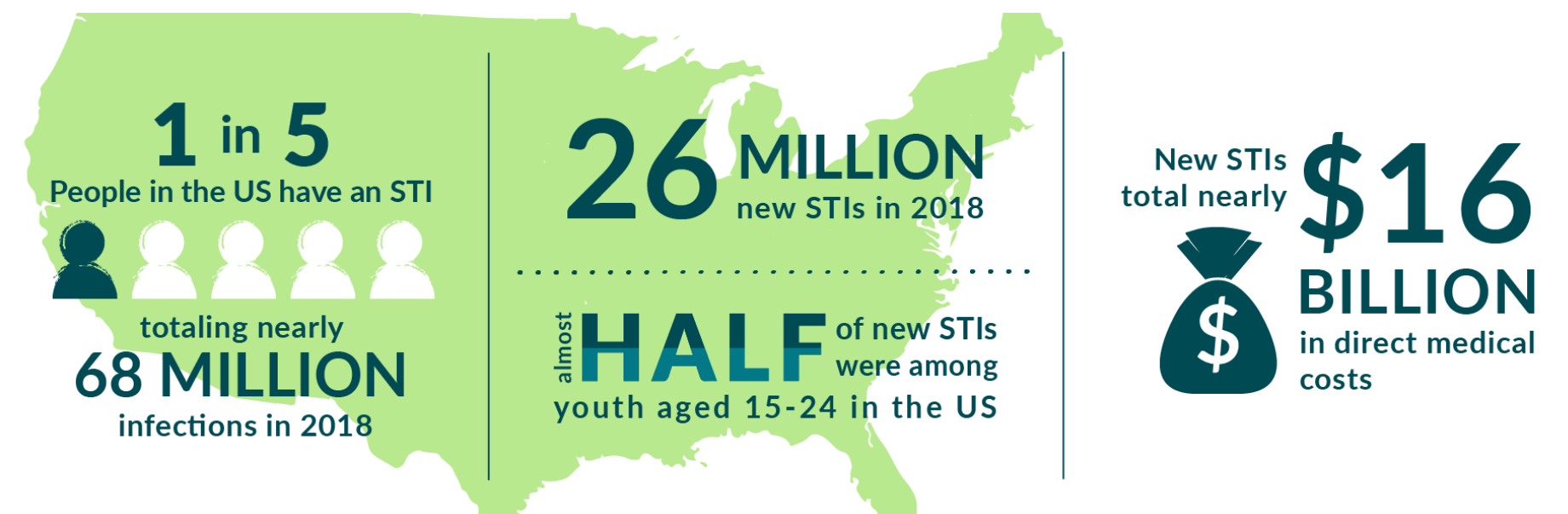
Sexually transmitted infections are infections or conditions that you can get through sexual contact with an infected individual.

STIs are spread through:

- Vaginal sex
- Anal sex
- Oral sex
- Skin to skin contact

STIs are very common. More than 25 million sexually transmitted infections occur each year in the United States. Almost half were among youth aged 15-24.

- Vaginal Secretions
- Semen
- Blood (pregnant mother to child)
- Skin to skin contact (contact with sores, vaginal childbirth)



Sexually Transmitted Infection (STI) Basics

STIs can be caused by bacteria, viruses, or parasites.

Most are treatable, but not all are curable.

- Don't always cause symptoms or may only cause mild symptoms.
- Very common to have no symptoms.
- Long-term complications may develop if left untreated.

Antibiotics can cure bacterial and parasitic STIs but cannot reverse long-term damage.	Treatment can improve the lives of people living with viral STIs, but there is no cure.
Examples include: <ul style="list-style-type: none">▪ Chlamydia▪ Gonorrhea▪ Syphilis▪ Trichomoniasis	Examples include: <ul style="list-style-type: none">▪ HIV▪ Herpes▪ Hepatitis B▪ HPV

Chlamydia

The most common bacterial STI in the United States. Often confused with gonorrhea.

Spread through vaginal, anal, or oral sex and to baby during birth. Can get chlamydia even if your sex partner does not ejaculate (cum).

Most men and women do not experience symptoms.

If a person does have symptoms, they may include:

- Abnormal vaginal/penile discharge
- Pain or burning when urinating
- Pain or swelling of the testicle
- Rectal pain, discharge or bleeding (chlamydia in rectum)
- Soreness and redness in the throat or mouth (chlamydia in throat)



Chlamydia

If left untreated, can cause serious health complications:

- Pelvic Inflammatory Disease
 - Long-term abdominal/ pelvic pain
 - Bleeding between periods
 - Painful intercourse
 - Fever
 - Nausea
 - Scar tissue on fallopian tubes
 - Ectopic pregnancy
 - Infertility

In newborns can cause:

- Preterm birth
- Conjunctivitis
- Pneumonia

Men rarely have health problems but may cause inflammation of the prostate gland, urethra scarring and infertility

Treatment

- Curable with antibiotics
- Take all medicine as directed
- Partner(s) should be examined and treated
- No sex until self and partner(s) are treated
- Retest after 3 months

Gonorrhea

Spread through vaginal, anal, or oral sex or to a baby during birth. Can get gonorrhea even if your sex partner does not ejaculate (cum).

Most men and women do not experience symptoms.

If a person does have symptoms, they are often mild and may include:

- Abnormal vaginal/penile discharge (white, yellow/green)
- Pain or burning when urinating
- Pain or swelling of the testicle
- Vaginal bleeding between periods
- Rectal pain, discharge or bleeding (gonorrhea in rectum)
- Soreness and redness in the throat or mouth (gonorrhea in throat)



Gonorrhoea

Can cause serious and permanent health problems if left untreated:

- Pelvic Inflammatory Disease
- Chronic menstrual difficulties
- Postpartum endometritis
- Miscarriage
- Scarring of the urethra
- Infertility
- Epididymitis
- Increased risk of HIV
- Disseminated Gonococcal Infection (DGI)

In newborns can cause:

- Blindness
- Joint Infection
- Life-threatening blood infection

Treatment

- Curable with antibiotics**
- Take all medicine as directed
- Partner(s) should be examined and treated
- No sex until self and partner(s) are treated
- Retest after 3 months

A growing number of strains are now resistant to penicillin and other drugs used in treatment.

Syphilis

Spread through direct contact with a syphilis sore during vaginal, anal, or oral sex even if there is no sexual penetration. Can also spread to a baby during pregnancy or birth.

Primary Stage

- 10-90 days after exposure; lasts 3-6 weeks
- Firm, round, painless sore (chancre)
- Located on part of body exposed to infection (penis, vagina, anus, rectum or lips/mouth)

Secondary Stage

- 4 weeks after sore heals; lasts 2-6 weeks
- Non-itchy rough, red or reddish-brown rash on palms of hands, soles of feet or parts of body
- Fever, sore throat, patchy hair loss, headache, weight loss, fatigue, syphilitic warts, mucous patches

Latent Stage

- No signs or symptoms

Tertiary (Late) Stage

- 10-30 years after infection
- Damage to internal organs/systems causing disorders (blindness, insanity and paralysis), death

Congenital Syphilis (CS)

When pregnant person with syphilis passes the infection to their baby during pregnancy.

Recent sharp increase in the number of babies born with syphilis in the United States.

Can cause:

- Miscarriage (losing the baby during pregnancy)
- Stillbirth (a baby born dead)
- Prematurity (a baby born early)
- Low birth weight
- Death shortly after birth

Babies born with CS*, it can cause:

- Deformed bones
- Severe anemia
- Enlarged liver and spleen
- Jaundice (yellowing of the skin or eyes)
- Brain and nerve problems (blindness/deafness)
- Meningitis
- Skin rashes

* It is possible for a baby with CS may not have symptoms at birth.

Syphilis

At any stage of infection, syphilis can invade the:

- Nervous system – headache, impaired movement, changes in mental status
- Visual system – eye pain, sensitivity to light, blurred vision
- Auditory system – hearing loss, ringing in ears, vertigo



Increased risk of HIV infection

Treatment

- Curable with antibiotics**
- Treatment will not undo damage caused syphilis
- If pregnant, get tested at first prenatal visit. If positive, seek treatment right away
- Partner(s) should be examined and treated
- Avoid sexual contact until sores are healed

**Shortage of penicillin used to treat syphilis was announced in June 2023

DoxyPEP

One 200 mg dose of Doxycycline (antibiotic) given between 24-72 hours after condomless oral, anal or vaginal sex to reduce transmission of gonorrhea, chlamydia, and syphilis.

- Not recommended for cisgender women or transgender men
- Can be taken daily but no more than 200 mg every 24 hours.

Recommended for men who have sex with men (MSM) and transgender women who have had at least one STI in the last 12 months.

The sooner you start DoxyPEP, the better. Every hour counts.

Recommend screening for gonorrhea, chlamydia, syphilis and HIV at all possible infection sites when starting DoxyPEP and every 3 months.

Trichomoniasis aka “Trich”

The most common curable STD. Caused by a parasitic protozoa. Spread through sexual contact: penis to a vagina, from a vagina to a penis, or from a vagina to another vagina.

Infection is more common in women than in men.

About 70% of people with the infection do not have any signs or symptoms. Symptoms may be mild to severe and can come and go.



Men:

- Itching or irritation inside penis
- Burning after urination or ejaculation
- Discharge from penis

Women:

- Itching, burning, redness or soreness of genitals
- Discomfort when urinating
- A clear, white, yellowish, or greenish vaginal discharge with a fishy smell

Trichomoniasis

Can make sex feel unpleasant. Infection can last for months to years if left untreated.

Can cause increased risk of HIV and other STIs.

Pregnant people with trich are more likely to have their babies early. Their babies are also more likely to have a low birth weight .

Treatment

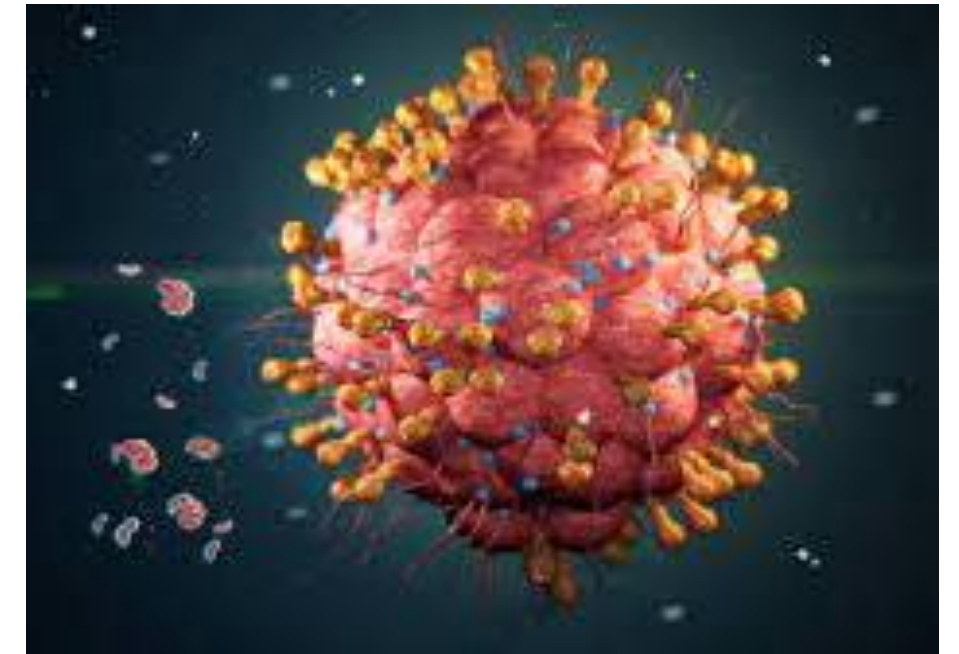
- Curable with antibiotics
- Take all medications as directed
- Partner(s) should be examined and treated
- No sex until self and partner(s) are treated
- Retest after 3 months

Herpes

Caused by two types of viruses – herpes simplex virus type 1 (HSV-1, oral herpes) and herpes simplex virus type 2 (HSV-2, genital herpes). Spread through vaginal, anal, or oral sex.

Direct contact with:

- A herpes sore
- Saliva from a partner with an oral herpes infection
- Genital fluids from a partner with a genital herpes infection
- Skin in the oral area of a partner with oral herpes
- Skin in the genital area of a partner with genital herpes



Can also get genital herpes from a sex partner who does not have a visible sore or is unaware of their infection. It is also possible to get genital herpes if you receive oral sex from a partner with oral herpes.

Herpes

Symptoms are typically mild. Often unnoticed or mistaken for another skin condition.

“Classic” symptoms during first outbreak include:

- Sores (lesions) on genitals, rectum or mouth - small pimples/blisters that crust over and scab
- Fever
- Body ache
- Swollen lymph nodes
- Headache

Recurrent outbreaks are common but less severe and decrease over time.

Increased risk for acquiring and transmitting HIV.

Treatment

- Treatable but not curable
- Antiviral medicines to prevent and shorten outbreaks and reduce spreading to others
- If pregnant, seek regular prenatal care to avoid complications.
- Partner(s) should be examined and treated

HIV (Human Immunodeficiency Virus)

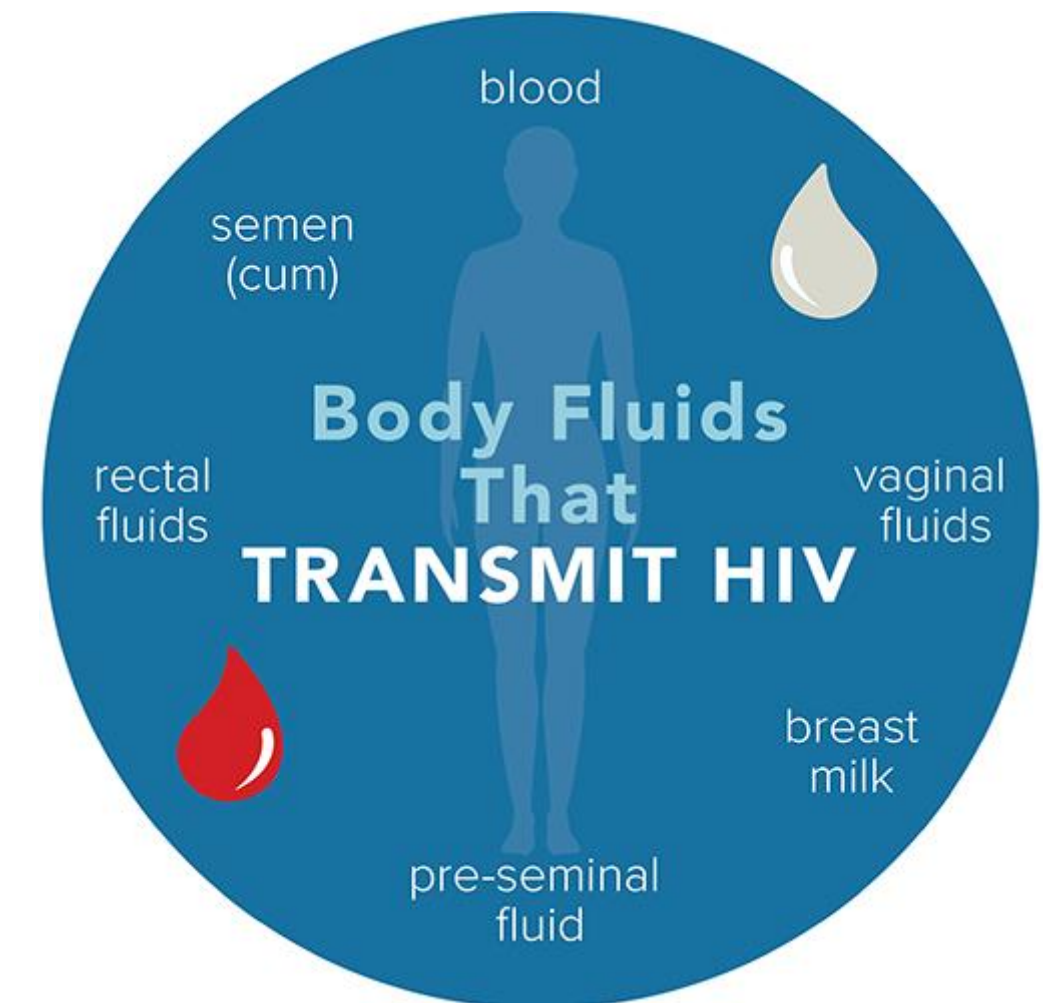
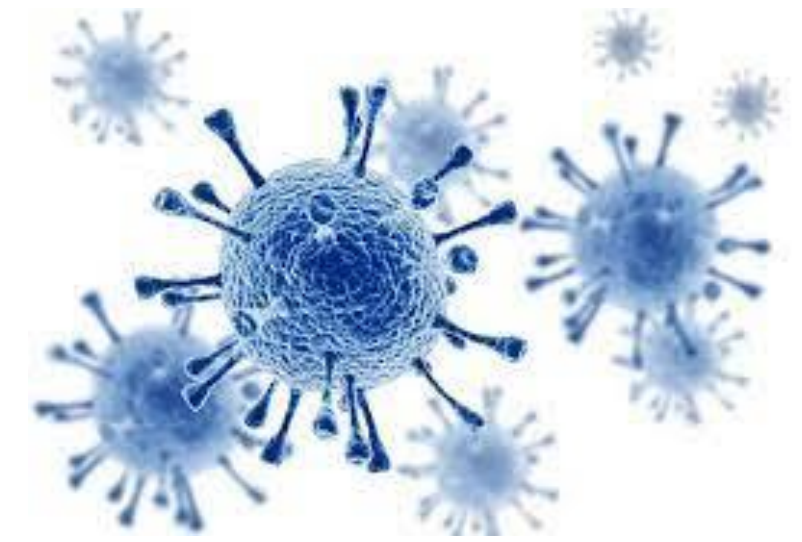
Virus attacks the body's immune system. If left untreated, it can lead to AIDS (acquired immunodeficiency syndrome).

Transmitted by:

- Anal or vaginal sex with a partner with HIV
- Sharing needles, syringes or other drug injection equipment with someone with HIV
- Perinatally – pregnancy, birth or breastfeeding

Higher viral load = Higher risk of transmitting HIV to others

- Viral load is the amount of HIV in the blood
- Highest during the acute phase of HIV, and without HIV treatment.



HIV (Human Immunodeficiency Virus)

Symptoms are typically flu-like and appear within 2- 4 weeks after infection.

Three stages of HIV:

- Stage 1 – Acute HIV
- Stage 2 – Chronic HIV
- Stage 3 - AIDS

Having an STI increases risk of getting or transmitting HIV.

HIV superinfection - a person with HIV gets another type, or strain, of the virus

Treatment

- Treatable but not curable
- Antiretroviral therapy (ART) to reduce viral load
- Viral suppression <200 copies of HIV per ml of blood
- Undetectable = Untransmittable (U = U)
- Partners encouraged to take PrEP/PEP

HIV & PrEP (Pre-Exposure Prophylaxis)

PrEP (pre-exposure prophylaxis) - medicine taken before HIV exposure that reduces your chances of getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

Anyone who doesn't have HIV and is at risk of getting HIV from sex or injection drug use.

There are 3 ways you can use PrEP to help prevent HIV:

- A daily pill taken by mouth
- A bi-monthly (every other month) shot
- 2-1-1 or “On-Demand” PrEP - “event driven” take oral PrEP only when at risk
 - 2 PrEP pills 2-24 hours before you have sex
 - 1 pill 24 hours after the first dose, and
 - 1 pill 24 hours after the second dose.

HIV & PEP (Post-Exposure Prophylaxis)

PEP (post-exposure prophylaxis) is medicine taken after a possible HIV exposure to prevent HIV. Can reduce transmission by almost 80% when taken correctly.

- For emergencies
 - Condom broke with HIV+ sex partner
 - Shared needles
 - Sexual assault
- Not a substitute for other HIV prevention
- Not recommended for people frequently exposed to HIV

Anyone who doesn't have HIV and must be started within 72 hours of possible exposure.

The sooner you start PEP, the better. Every hour counts. If you're prescribed PEP, you'll need to take it daily for 28 days.

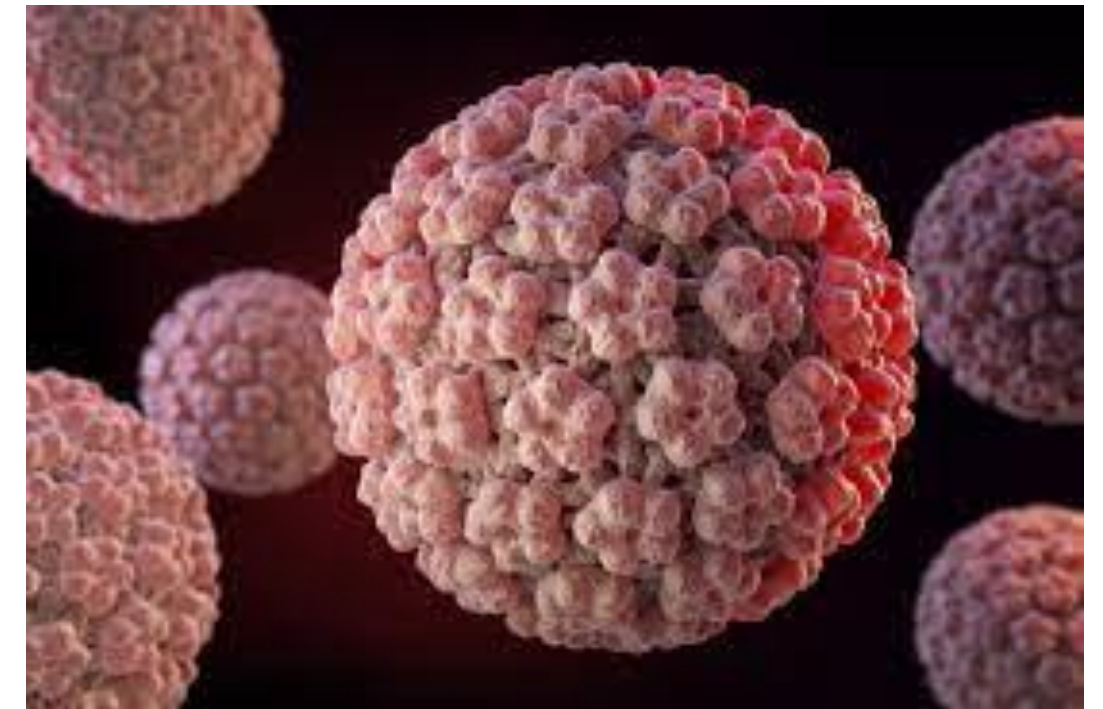
HIV test 4-6 weeks after exposure and again 3 months later to make sure PEP worked.

HPV (Human Papillomavirus)

The most common STI. Most sexually active people will be infected with HPV at some point. There are many different types of HPV.

Spread through:

- Anal, oral or vaginal sex
- Close skin-to-skin contact during sex



Typically goes away on its own within two years without health problems.

If does not go away, it can cause health problems like genital warts and cancer. Cancer can take years to develop.

Most people with HPV do not know they have it. They never develop symptoms or health problems from it.

HPV (Human Papillomavirus)

There is no test to find out a person's "HPV status."

CDC recommends HPV vaccination for:

- All preteens at age 11 or 12 years (or can start at age 9)
- Everyone through age 26 years, if not vaccinated already.

HPV vaccination can prevent 90% of HPV-related cancers by preventing the infections that cause them.

Routine screening for women aged 21 to 65 years old is recommended to prevent cervical cancer.

Treatment

- No treatment for the virus
- Treatments are available for health problems caused by HPV
 - Genital warts
 - Cervical precancer treatment
 - Early screening and treatment for HPV-related cancers

Hepatitis

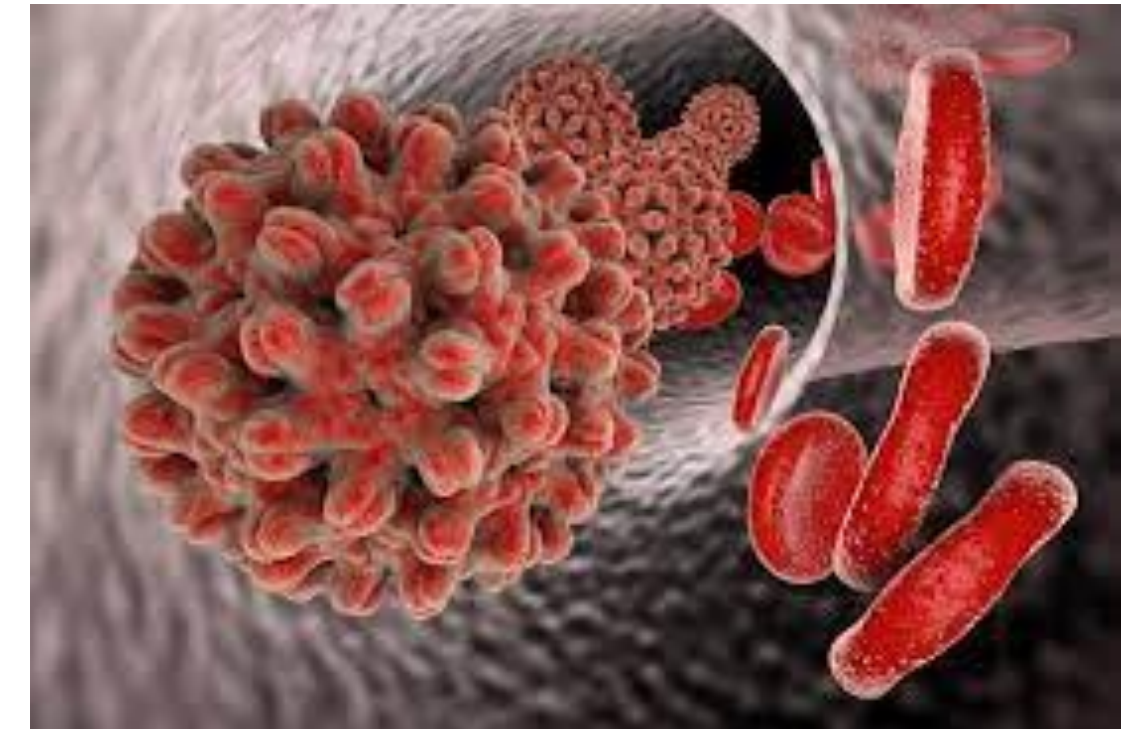
Inflammation of the liver that can be caused by a group of viruses—hepatitis A, B, C, D and E.

Many people with hepatitis do not have symptoms and do not know they are infected.

Symptoms of acute hepatitis can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Light-colored stools
- Joint pain
- Jaundice

Symptoms of chronic viral hepatitis can take decades to develop.



Hepatitis

Hepatitis A

- Vaccine available
- Spread through sexual contact (oral-anal sex) & contaminated food/water
- No cure but most people fully recover within a few weeks with no lasting liver damage
- Avoid intimate contact until recovered

Hepatitis B

- Vaccine available
- Spread through bodily fluids (semen, vaginal fluids, blood), injection equipment, infants during birth
- Acute or chronic
 - No medication for acute Hepatitis B
 - Antiviral drugs and close monitoring for chronic Hepatitis B

Hepatitis C

- No vaccine available
- Spread through direct contact with blood (injection equipment, infants during birth, sexual contact – low risk)
- Most develop chronic
- Treatment is typically taking pills for 8 – 12 weeks taken as soon as possible

STI Testing

Many people think they would know if they have an STI but many people with an STI show no signs or symptoms or have mild signs that can be easily overlooked. **The only way to know if you have an STI is to get tested.**

The type of test you receive will depend on your symptoms and risk factors:

- Blood test
- Fluid sample (sample from affected areas)
- Urine sample
- Pap smear (swab from cervix)

Discuss types of sexual activity with testing provider to determine what kinds of testing or treatment you may need.

There is no one test for all STIs

- **Routine** – Chlamydia, gonorrhea, syphilis
- **Not routine** – herpes, HPV, Trichomonas, Hepatitis B/C

STI Testing Recommendations

- All adults and adolescents from ages 13 to 64 - at least once for HIV
- All sexually active women younger than 25 years - gonorrhea and chlamydia annually
- Everyone who is pregnant - syphilis, HIV, hepatitis B, and hepatitis C starting early in pregnancy.
- All sexually active gay, bisexual, and other men who have sex with men:
 - At least once a year for syphilis, chlamydia, and gonorrhea. Multiple or anonymous partners should be tested more frequently (e.g., every 3 to 6 months).
 - At least once a year for HIV and may benefit from more frequent HIV testing (e.g., every 3 to 6 months).
 - At least once a year for hepatitis C, if living with HIV.
- Anyone who engages in sexual behaviors that could place them at risk for infection or shares injection drug equipment - HIV annually
- People who have had oral or anal sex should talk with their healthcare provider about throat and rectal testing options.

How to reduce your risk

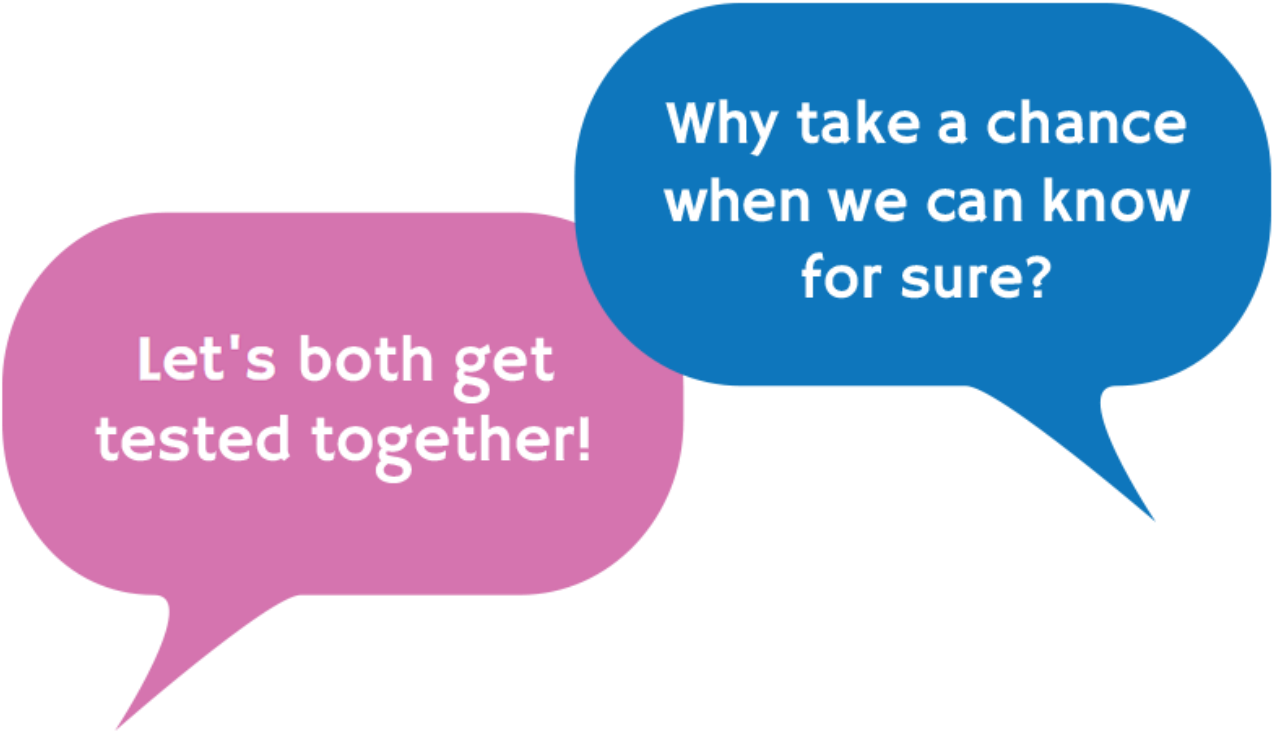
- **Abstinence**
- **Limit number of sex partners or mutual monogamy**
- **Barriers** – internal/external condoms, dental dams
- **Vaccination** – HPV & Hepatitis
- **Know what sex practices increase risk** – rough sex, anal sex
- **Get tested** – know your STI status
 - Tell your partner(s)
 - Get treated
- **Medicines** – PrEP, PEP, DoxyPEP (MSM or transwomen)
- **Avoid substance use** – don't share needles/works, impaired judgement
- **Treatment as prevention if living with HIV** – ART medicines to reach undetectable levels



How to reduce your risk

Communication is key

- Talk to your partner(s) about STIs and about staying safe before sex
 - Sexual history – preferred protection and last STI test
 - Know your status
 - Potential risk factors – preference for condomless sex, injection drug use
 - Agree to stay safe – mutual monogamy, PrEP, etc.
- Talk to your healthcare provider about STIs

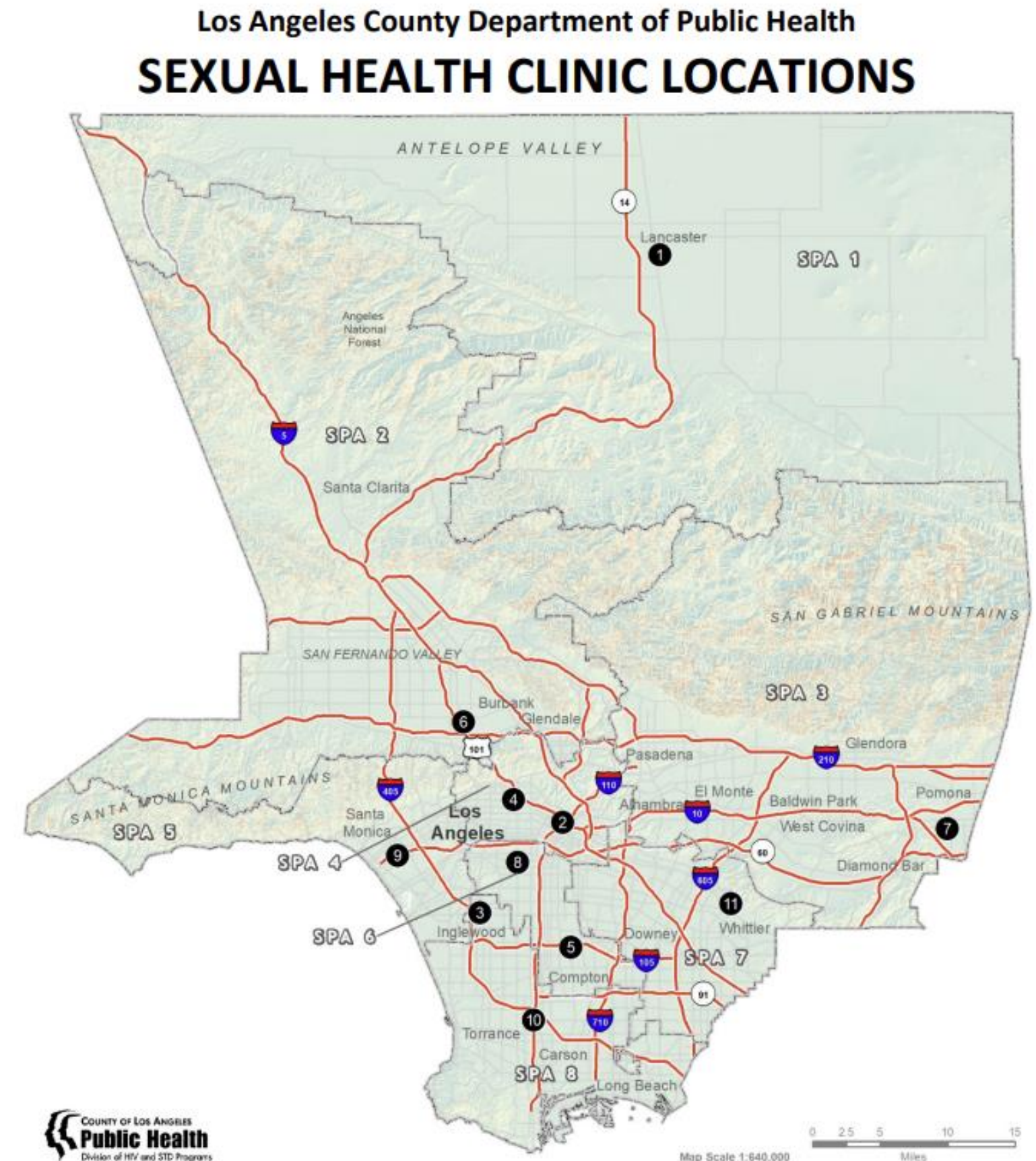


Let's both get tested together!

Why take a chance when we can know for sure?

Where to get tested?

- If you have medical insurance, **contact your health care provider**
- **Los Angeles County Sexual Health clinics** – 8 locations throughout Los Angeles County that offer free STI testing and treatment, HIV testing, PrEP, PEP, DoxyPEP, Mpox vaccination
<http://www.publichealth.lacounty.gov/chs/Docs/STDSchedule.pdf>
- **Take Me Home** – free, at home HIV testing
<https://takemehome.org/>
- **Don't Think, Know** - DontThinkKnow.org (AKA I Know) - free STD (chlamydia and gonorrhea) self-test kits for people with vaginas aged 12-24



Additional Resources

- www.GetProtectedLA.com for HIV, STD, and sexual health info and resources in LA County.
- www.GetPrEPLA.com - access PrEP and PEP in LA County.
- LA Condom – access free condoms and information. <https://lacondom.com/>
- U=U resources: http://publichealth.lacounty.gov/dhsp/U=U_Provider_Kit.html
- Rapid and Ready: Connect to Navigation Specialists or Rapid Treatment Hubs. Call **833-351-2298** or email rapid@ph.lacounty.gov.
- [LAC Engagement and Overdose Prevention \(EOP\) Hubs Schedule](#) - Schedule for syringe exchange programs
- Ryan White HIV/AIDS Program Services (free HIV medical care and wrap-around services) Fact sheets www.LACounty.HIV/resources

Remember...

- Many STIs often have no signs or symptoms
- Some STIs may be spread even when using a condom
- Anyone who is sexually active is at risk for an STI
- There is no one test for all STIs
- Everyone who is sexually active should get tested!
- STIs are common but there are many ways to prevent, treat and mitigate them



Questions ???