Why should I worry about these infections?

All the STIs mentioned above can be transmitted to sexual partners. Many of them can cause later complications. The most important of these are shown in the following table:

<table>
<thead>
<tr>
<th>Infection</th>
<th>Common early signs</th>
<th>Possible later complications</th>
<th>Treatable</th>
<th>Preventable by vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhoea</td>
<td>Discharge from the penis or vagina</td>
<td>Infertility</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chlamydia trachomatis</td>
<td>Discharge from the penis or vagina</td>
<td>Infertility</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Painful blisters or sores on the penis or vagina</td>
<td>Repeated episodes of painful blisters or sores on the genitals</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>HIV</td>
<td>Usually none</td>
<td>Damage to the body’s resistance resulting in serious complications (“AIDS”)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Often none; sometimes yellow eyes (jaundice) and liver irritation</td>
<td>Scarring of the liver (cirrhosis) Liver cancer</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Often none; soon after infection there may be a painless sore on the penis, vagina, or in the mouth; or a skin rash</td>
<td>Damage to organs of the body including the bones, liver, nerves, brain and eyes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>HPV</td>
<td>Genital warts; abnormal growth of cells in the vagina</td>
<td>Cancer of the cervix</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Are these the only STIs for which there are tests?

There are several other types of STI’s, but a decision to test for them should be made after a consultation and examination by your doctor. The infections listed here are the most important ones that can affect your and your partners’ health.

What should I do to get treated if I have a positive STI test?

You will need to consult your doctor who will review the laboratory report and undertake the necessary treatment. You may be advised that your regular sexual partner/s may also need to be tested and treated. Depending on the type of STI that’s been diagnosed, further medical assessments may be required and follow-up laboratory tests may need to be done.

What about STIs during pregnancy?

This is a special situation as the health of both the mother and the developing baby may be affected by STIs as well as other infections. Tests for a much wider range of infections are therefore recommended. Your doctor will advise you on the appropriate investigations that need to be done as part of your routine antenatal care.

References:

Testing for Sexually Transmitted Infections

If you’re sexually active, particularly with multiple partners, you’ve probably heard the following advice many times: “Use safer sex, protect against unplanned pregnancy, and make sure you get tested”.

Testing is important because you can have a sexually transmitted infection (STI) without knowing it. This is because an STI can be present without causing symptoms.

The type of testing you need and how often you should be screened depends on your age, your sexual behaviours and other risk factors.

If you think you need an STI test, talk to your doctor about your concerns and get medical advice on which tests you’d like to have or may need. Remember, STI testing is not automatically done every time you see your doctor, have an examination by a gynaecologist or urologist, or do a Pap test.

Who should consider getting tested?

The American Centers for Disease Control (CDC) encourage STI testing if one or more of the following apply to you:¹

- You’re sexually active and under the age of 25 years
- You’re older than 25 years and you’re having sex with a new partner or multiple partners
- You’re a man who has sex with men
- You have HIV or are at risk for HIV (e.g. having sex without a condom)

- You’ve been forced to have intercourse or engage in sexual activity against your will
- You’re using intravenous drugs (“spiking”) or have done so in the past

Which tests should be done, and how often should you be tested?

If one or more of the above apply to you, the following tests are recommended:

a. Once a year
   - Gonorrhea
   - Chlamydia trachomatis
   - Herpes simplex virus
   - HIV (if you are not already known to be positive)
   - Hepatitis B virus (if you have not previously been vaccinated or are not known to be immune)
   - Syphilis

b. Less often, in women
   - Human papillomavirus (HPV)
   - HPV is the cause of cervical cancer. Testing for HPV infection is recommended after the age of 30 years. Under the age of 30 years, a pap smear is the recommended test to check for early signs of cervical cancer. In many countries the first pap smear is recommended at the age of 21 years, or within 3 years of becoming sexually active. Thereafter pap smears should be done annually until the age of 30 years. After the age of 30 years, HPV testing is recommended.² In South Africa, less frequent testing is recommended.³

How is the test done?

STI tests are performed by specialised laboratories on a urine sample (preferably the first sample of the morning), or on a swab taken from the penis in men and the cervix in women. In addition, a tube of blood is required to complete the screening procedures. Swabs need to be collected by a trained healthcare practitioner. For this reason many people prefer to collect a suitable urine sample on their own and submit this for testing.

A cervical sample is required for HPV testing or a pap smear. Speak to your healthcare practitioner about screening for cervical cancer.

How accurate are these tests?

No test is 100% accurate, so it’s possible that some infections may not always be detected. Blood tests for STIs like HIV, Hepatitis B and Syphilis may take a few weeks to become positive. This will be explained in the report that is issued by the laboratory.

How long will I have to wait for my test results?

On average, the results of the tests mentioned above should be available 2 – 3 days after the urine, blood, or swab arrives in the laboratory.