



Chlamydia, Gonorrhea, and Syphilis

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What is a sexually transmitted infection (STI)?

A **sexually transmitted infection (STI)** is an infection spread by sexual contact. There are many STIs, however, this FAQ focuses on **chlamydia**, **gonorrhea**, and **syphilis**. These STIs can cause long-term health problems and problems during pregnancy. Having an STI also increases the risk of getting **human immunodeficiency virus (HIV)** if you are exposed to it.

What is chlamydia?

Chlamydia is the most commonly reported STI in the United States. Chlamydia is caused by a type of bacteria, which can be passed from person to person during vaginal sex, oral sex, or anal sex. Infections can occur in the mouth, reproductive organs, **urethra**, and rectum. In women, the most common place for infection is the **cervix** (the opening of the **uterus**).

What are the risk factors for chlamydia?

The following factors increase the risk of getting chlamydia:

- More than one sexual partner

- A partner who has or has had more than one sexual partner
- Sex with someone who has an STI
- Having a history of STIs
- Not using condoms consistently when not in a mutually monogamous relationship

What are the symptoms of chlamydia?

Chlamydia usually does not cause symptoms. When symptoms do occur, they may show up between a few days and several weeks after infection. They may be very mild and can be mistaken for a urinary tract or vaginal infection. The most common symptoms in women include the following:

- A yellow discharge from the vagina or urethra
- Painful or frequent urination
- Vaginal bleeding between periods
- Rectal bleeding, discharge, or pain

How do I get tested for chlamydia?

In women, a chlamydia test can be done on a urine sample or on samples taken with a swab from the vagina, mouth, throat, rectum, or the area around the cervix. You can do a self-swab of your vagina or rectum in an **obstetrician–gynecologist’s (ob-gyn)** or other health care professional’s office. A yearly **screening test** is recommended for women younger than 25 years and for women 25 years and older with risk factors for chlamydia.

How is chlamydia treated?

Chlamydia is treated with **antibiotic** pills. Your sex partners (anyone with whom you have had sexual contact in the past 60 days or your last sex partner) also need to be tested and treated. Be sure to take all of your medicine as directed. Chlamydia can be passed to sex partners even during treatment. You should avoid sexual contact until you have finished treatment, and your sex partners should as well. You also should be retested for chlamydia 3 months after treatment.

What complications are associated with chlamydia?

If left untreated, chlamydia can cause **pelvic inflammatory disease (PID)**. PID can lead to long-term health problems and affect your ability to get pregnant.

What is gonorrhea?

Gonorrhea is the second most commonly reported STI in the United States. Gonorrhea and chlamydia often occur together. Gonorrhea also is caused by bacteria that can be passed to a partner during vaginal, anal, or oral sex.

What are risk factors for gonorrhea?

The risk factors for gonorrhea are the same as the risk factors for chlamydia.

What are the symptoms of gonorrhea?

Gonorrhea often causes no symptoms or only very mild symptoms. Women with gonorrhea may think they have a minor urinary tract or vaginal infection. Symptoms include the following:

- A yellow vaginal discharge
- Painful or frequent urination
- Vaginal bleeding between periods
- Rectal bleeding, discharge, or pain

How do I get tested for gonorrhea?

Testing for gonorrhea is similar to testing for chlamydia. In women, tests for gonorrhea can be done on a urine sample or on samples taken with a swab from the vagina, mouth, throat, rectum, or the area around the cervix. A yearly screening test is recommended for women younger than 25 years and for women 25 years and older with risk factors for gonorrhea.

How is gonorrhea treated?

Gonorrhea is treated with two kinds of antibiotics. The recommended treatment is an injection of one of the antibiotics followed by a single pill of the other antibiotic. If the injection is not available, you can take two types of antibiotic pills. This treatment also is effective against chlamydia. Your sex partners also need to be tested for gonorrhea and treated.

What complications are associated with gonorrhea?

If left untreated, gonorrhea can lead to the same long-term health complications as chlamydia, including PID, as well as **disseminated gonococcal infection**.

What is syphilis?

Syphilis is caused by bacteria. The bacteria that cause syphilis enter the body through a cut in the skin or through contact with a partner's syphilis sore. This sore is known as a **chancre**. Because this sore commonly occurs on the **vulva**, vagina, anus, or penis, syphilis most often is spread through sexual contact. The genital sores caused by syphilis also make it easier to become infected with and transmit HIV. Syphilis also can be spread through contact with the rash that appears in later stages of the disease.

What are the symptoms of syphilis?

Symptoms of syphilis differ by stage:

- Primary stage—Syphilis first appears as a painless chancre. This sore goes away without treatment in 3–6 weeks.
- Secondary stage—If syphilis is not treated, the next stage begins as the chancre is healing or several weeks after the chancre has disappeared, when a rash may appear. The rash usually appears on the soles of the feet and palms of the hands. Flat warts may be seen on the vulva. There may be flu-like symptoms.
- Latent infection—In some people, the rash and other symptoms may go away in a few weeks or months, but that does not mean the infection is gone. It still is present in the body. This is called latent infection.

How do I get tested for syphilis?

Unlike testing for chlamydia and gonorrhea, routine screening for syphilis is not recommended for women who are not pregnant. All pregnant women should be screened at their first prenatal visit and retested later in pregnancy and at delivery if they are at high risk. Two blood tests usually are needed to diagnose syphilis.

How is syphilis treated?

Syphilis is treated with antibiotics. If it is caught and treated early, long-term problems can be prevented. The length of treatment depends on how long you have had the infection. You may have periodic blood tests to see if the treatment is working. Sexual contact should be avoided during treatment. If you are diagnosed with syphilis, you also should be tested for HIV. Your sex partners should be treated for syphilis.

What complications are associated with syphilis?

If untreated, syphilis may return in its most serious form years later. Late-stage syphilis is a serious illness. Heart problems, **neurologic** problems, and tumors may occur, leading to brain damage, blindness, paralysis, and even death. At any stage, syphilis can affect the brain, which can lead to **meningitis**, problems with hearing and eyesight, and other neurologic symptoms.

Do I need to tell my sex partners if I have an STI?

Telling sex partners that you have an STI and are being treated for it is called **partner notification**. It is an important step in treatment. When partners are treated, it helps decrease your risk of getting reinfected by an infected partner. You can tell your partners yourself, or you can have the health care department in your state do it. If you choose to have the health department tell your partners, your name will not be used when the partner is told.

What can I do to prevent getting chlamydia, gonorrhea, and syphilis?

You can take steps to avoid getting chlamydia, gonorrhea, and syphilis. These safeguards also help protect against other STIs, including HIV:

- Use condoms consistently.
- Limit your number of sexual partners.
- Know your partner. Ask your partner whether he or she has had STIs.
- Avoid contact with any sores on the genitals.
- Get tested every year for chlamydia and gonorrhea if it is recommended for your age group. If your ob-gyn or other health care professional does not offer you this screening, ask to be tested.

Glossary

Antibiotic: A drug that treats certain types of infections.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chancre: A sore caused by syphilis and appearing at the place of infection.

Chlamydia: A sexually transmitted infection caused by bacteria that can lead to pelvic inflammatory disease and infertility.

Disseminated Gonococcal Infection: An infection that may result from untreated infection with gonorrhea and can be life-threatening. Symptoms include fever, chills, skin sores, and pain in the wrists, fingers, knees, or toes.

Gonorrhea: A sexually transmitted infection that may lead to pelvic inflammatory disease, infertility, and arthritis.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Meningitis: Inflammation of the membranes of the brain or spinal cord.

Neurologic: Related to the nervous system.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women’s health.

Partner Notification: Identifying and notifying sexual partners that you have a sexually transmitted infection so that they can be tested and, if necessary, treated.

Pelvic Inflammatory Disease (PID): An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Screening Test: A test that looks for possible signs of disease in people who do not have signs or symptoms.

Sexually Transmitted Infection (STI): Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus, herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Syphilis: A sexually transmitted infection that is caused by an organism called *Treponema pallidum*; it may cause major health problems or death in its later stages.

Urethra: A tube-like structure through which urine flows from the bladder to the outside of the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

FAQ071: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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