STD QUESTIONS AND ANSWERS

STD Statistics

1. TOP STDS- NEW INFECTIONS - EACH YEAR IN U.S.?

Sexually Transmitted Disease		New Infections each Year (U.S.)
Human Papilloma Virus (HPV)		14,000,000
All Herpes Simplex Virus (adult onset)		3,000,000
HSV1 – oral	400,000	
HSV1 - genital	1,200,000	
HSV2 - genital	1,400,000	
Chlamydia		2,900,000
Mycoplasma		2,800,000
Trichomonas		1,100,000
Gonorrhea		820,000
Pubic Lice		120,000
Syphilis		88,000
All Hepatitis		50,000
Hepatitis C Virus (Hep C)	31,000	
Hepatitis B Virus (Hep B)	19,000	
Human Immunodeficiency Virus (HIV)		38,400
TOTAL NEW STDS PER YEAR (U.S.)		**25 Million**
HSV1 oral, (childhood onset, not an STD)		**1,600,000**

2. TOP STDS- CURRENT INFECTIONS - EACH YEAR IN U.S.?

Sexually Transmitted Disease		Current Infections (U.S.)
Human Papilloma Virus (HPV)		79,000,000
All Genital Herpes Simplex Virus (adult onset)		55,000,000
HSV1 – oral	35,000,000	
HSV1 - genital (adult onset)	25,000,000	
HSV2 - genital	30,000,000	
Chlamydia		1,800,000
Mycoplasma		1,700,000
Trichomonas		3,700,000
Gonorrhea		250,000
Pubic Lice		120,000
Syphilis		120,000
All Hepatitis		3,920,000
(Hep C)	3,500,000	
(Hep B)	420,000	
Human Immunodeficiency Virus (HIV)		1,100,000
TOTAL CURRENT STDS CASES (U.S.)		**147 Million**
HSV1 oral, (childhood onset, not an STD)		**67,000,000**

3. TOP STDS - NEW INFECTIONS - EACH YEAR IN THE WORLD?

Sexually Transmitted Disease		New Infections Each Year (World)
Human Papilloma Virus (HPV)		unknown
All Herpes Simplex Virus (adult onset)		39,000,000
HSV1 – oral	8,000,000	
HSV1 - genital	8,000,000	
HSV2 - genital	23,000,000	
Chlamydia		130,000,000
Mycoplasma		unknown
Trichomonas		140,000,000
Gonorrhea		78,000,000
Pubic Lice		unknown
Syphilis		5,600,000
All Hepatitis		135,400,000
(Hep C)	5,400,000	
(Hep B)	135,400,000	
Human Immunodeficiency Virus (HIV)		1,800,000
TOTAL NEW STDs PER YEAR		**500 Plus Million**
HSV1 oral, (childhood onset, not an STD)		**102,000,000**

4. TOP STDS - CURRENT INFECTIONS - IN THE WORLD?

Sexually Transmitted Disease		Current Infections (World)
Human Papilloma Virus (HPV)		1,800,000,000
All Herpes Simplex Virus (adult onset)		830,000,000
HSV1 – oral	140,000,000	
HSV1 - genital	140,000,000	
HSV2 - genital	550,000,000	
Chlamydia		130,000,000
Mycoplasma		unknown
Trichomonas		100,000,000
Gonorrhea		27,000,000
Pubic Lice		unknown
Syphilis		18,000,000
All Hepatitis		400,000,000
(Hep C)	140,000,000	
(Hep B)	260,000,000	
Human Immunodeficiency Virus (HIV)		37,000,000
TOTAL NEW STDs PER YEAR		**3.3 Billion**
HSV1 oral, (childhood onset, not an STD)		**3,420,000,000**

5. HERPES SIMPLEX VIRUS 1 - CURRENT CASES - IN THE U.S?**

	2000	2010***	2016**
U. S. Population (millions)	281		323
Cases HSV1 (millions)	140		127
Childhood onset (not an STD)	72		67
All adult onset	66		60
oral	38		35
genital	28		25
Average (Ages 14 - 49) (%)	58	54	48
Ages 14 - 19 (%)	39	30	27
Ages 20 - 29 (%)	54	50	41
Ages 30 - 39 (%)	64	62	54
Ages 40 - 49 (%)	65	64	60
Ages > 70 (%)	90		
Male (%)			45
Female (%)			51
Non-Hispanic White (%)	52		37
Non-Hispanic Black (%)	68		59
Mexican-American (%)	82		72
Non-Hispanic Asian (%)	na		56

** NCHS Data Brief, No. 304, February 2018
***Bradley, H. Seroprevalence HSV1 and 2-U. S. 1999-2010.JID, Vol 209, Issue 3, Feb 1, 2014

6. HERPES SIMPLEX VIRUS 2 - NUMBER OF CURRENT CASES IN THE U.S. ?**

	2000	2010***	2016**
U. S. Population (millions)	281		323
Cases HSV2 (millions)	39		31
Ages 14 - 49 (%)	18	16	12
Ages 14 - 19 (%)	2	1	1
Ages 20 - 29 (%)	11	10	8
Ages 30 - 39 (%)	22	19	13
Ages 40 - 49 (%)	26	26	21
Male (%)	12	11	8
Female (%)	24	22	16
MSM (%)			22
Non-Hispanic White (%)	14		8
Non-Hispanic Black (%)	42		35
Mexican-American (%)	13		9
Non-Hispanic Asian (%)	na		4

** NCHS Data Brief, No. 304, February 2018
***Bradley, H. Seroprevalence HSV1 and 2-U. S. 1999 - 2010.JID, Vol 209, Issue 3, Feb 1, 2014
12 percent (percent of Americans between 14 and 49 with HSV2 in 2016) X 323 (U. S. population 2016 in millions) x 0.79 (percent of Americans over 16) = 31 million Americans with HSV2
^18 percent (percent of Americans between 14 and 49 with HSV2 in 2000) X 281 (U. S. population 2000 in millions) x 0.78 (percent of Americans over 16) = 39 million Americans with HSV2

STD Contagiousness

7. STD INFECTIVITY?

Top 10 STDs (U.S.)	Infectivity penis to vagina				Infectivity vagina to penis				Infectivity penis to throat				Infectivity penis to anus			
# exposures	1	3	10	52	1	3	10	52	1	3	10	52	1	3	10	52
HPV	0.40%	1%	4%	19%	0.40%	1%	4%	19%	unknown				1%	2%	5%	27%
HSV																
HSV1	0.1%	0.3%	1%	5%	0.05%	0.15%	0.5%	3%	unknown				unknown			
HSV2	0.1%	0.3%	1%	5%	0.05%	0.15%	0.5%	3%	unknown				unknown			
Chlamydia	50%	88%	100%	100%	25%	58%	94%	100%	unknown				unknown			
Mycoplasma	45%	83%	100%	100%	38%	76%	99%	100%	unknown				unknown			
Trichomonas	unknown				unknown				unknown				unknown			
Gonorrhea	60%	94%	100%	100%	25%	58%	94%	100%	63%	95%	100%	100%	84%	100%	100%	100%
Pubic Lice	unknown								unknown							
Syphilis	30%	66%	97%	100%	30%	66%	97%	100%	30%	66%	97%	100%	30%	66%	97%	100%
Hepatitis																
Hep C	0.025%	0.1%	0.2%	1%	0.02%	0.1%	0.2%	1%	negligible				unknown			
Hep B	0.7%	2%	7%	31%	0.35%	0.1%	3%	14%	negligible				12%	32%	72%	100%
HIV	0.08%	0.2%	1%	4%	0.04%	0.1%	0.4%	2%	negligible				1%	4%	13%	52%

P = 100 x(1-(1-z)n)

P= chance STD, z= infectivity, n= number of sexual exposures

8. CONDOM EFFECTIVENESS FOR STD PREVENTION?

Viral	
HPV	50 percent
HSV1 – oral[2]	0 percent
HSV1 – genital[3]	50 percent
HSV2	50 percent
Hep C	80 percent
Hep B	80 percent
HIV	80 percent
Bacterial	
Chlamydia	80 percent
Mycoplasma	80 percent
Gonorrhea	80 percent
Syphilis	50 percent
Parasitic	
Trichomonas	80 percent
Pubic Lice	0 percent

[1]Assumes "typical use" of condoms
[2]Assumes rare use of condoms with oral sex
[3]Adult acquired

9. PERCENT OF AMERICA'S STDS PREVENTABLE WITH UNIVERSAL CONDOM USE?

Top 10 STDs		New Cases Each Year	Best Condom Effectiveness Prevent	Infections Universal Condom Use Could
Human Papilloma Virus (HPV)		14,000,000	50%	7,000,000
All Herpes Simplex Virus (HSV) (adult onset)		3,000,000		
HSV1 - oral		400,000	0%	0
HSV1 - genital		1,200,000	50%	600,000
HSV2 - genital		1,400,000	50%	700,000
Chlamydia		2,900,000	80%	2,320,000
Mycoplasma		2,800,000	80%	2,240,000
Trichomonas		1,100,000	80%	880,000
Gonorrhea		820,000	80%	656,000
Pubic Lice		120,000	0%	0
Syphilis		88,000	50%	44,000
All Hepatitis		50,000		
Hep C	31,000		80%	24,800
Hep B	19,100		80%	15,280
Human Immunodeficiency Virus	38,400		80%	30,720
Total Number New Cases each Year		**24,916,400**		
Number of new STD cases universal condom use could prevent				14,510,800
Percent of New STD Cases Condoms Could Prevent				**60 percent**

10. WHICH STDS TRANSMIT MUCH MORE WITH EJACULATION?

Viral	
HPV	no
HSV1 – oral	no
HSV1 – genital	no
HSV2	no
Hep C	no
Hep B	**yes**
HIV	**yes**
Bacterial	
Chlamydia	**yes**
Mycoplasma	**yes**
Gonorrhea	**yes**
Syphilis	no
Parasitic	
Trichomonas	**yes**
Pubic Lice	no

11. DOES MENSTRUATION INCREASE THE CHANCE OF GETTING AN STD?

Viral	
HPV	no
HSV1 – oral	no
HSV1 – genital	**possible increase**
HSV2	**possible increase**
Hep C	no
Hep B	no
HIV	**yes (for male and female partner)**
Bacterial	
Chlamydia	**possible increase**
Mycoplasma	**possible increase**
Gonorrhea	**yes**
Syphilis	no
Parasitic	
Trichomonas	no
Pubic Lice	no

12. WHICH STDS CAN YOU CATCH WITH ORAL SEX?

Viral

HPV	**very infectious**
HSV1 – oral^	**moderately infectious**
HSV1 – genital^	**moderately infectious**
HSV2	negligible infection risk
Hep C	negligible infection risk
Hep B	mildly infectious
HIV	negligible infection risk

Bacterial

Chlamydia	**moderately infectious**
Mycoplasma	**moderately infectious**
Gonorrhea	**extremely infectious**
Syphilis	**moderately infectious**

Parasitic

Trichomonas	negligible infection risk
Pubic Lice #	mildly infectious

^ Adult acquired
# Infection of eyebrows and eye lashes

13. HOW LIKELY IS FRENCH KISSING TO CAUSE STDS?

Viral

HPV	**moderately infectious**
HSV1 – oral	**mildly infectious**
HSV1 – genital	0
HSV2	negligible infection risk
Hep C	negligible infection risk
Hep B	mildly infectious
HIV	negligible infection risk (one case described)

Bacterial

Chlamydia	**mildly infectious**
Mycoplasma	**mildly infectious**
Gonorrhea	**very infectious**
Syphilis	**very infectious**

Parasitic

Trichomonas	negligible infection risk
Pubic Lice	negligible infection risk (eyebrows)

14. HOW LIKELY ARE SEX TOYS TO CAUSE STDS?

Viral	
HPV	**extremely infectious**
HSV1 – oral	mildly infectious
HSV1– genital	mildly infectious
HSV2	mildly infectious
Hep C	negligible infection risk
Hep B	mildly infectious
HIV	negligible infection risk (one case documented)
Bacterial	
Chlamydia	mildly infectious
Mycoplasma	mildly infectious
Gonorrhea	**moderately infectious**
Syphilis	mildly infectious
Parasitic	
Trichomonas	**very infectious**
Pubic Lice	negligible infection risk

15. WHICH STDS CAN YOU CATCH WITH ROMANTIC TOUCHING (PETTING, HAND JOB, FINGERING)?

Viral	
HPV	**very infectious**
HSV1 – oral	**mildly infectious**
HSV1 – genital	negligible infection risk
HSV2	0
Hep C	0
Hep B	0
HIV	0
Bacterial	
Chlamydia	0
Mycoplasma	0
Gonorrhea	**mildly infectious**
Syphilis	**mildly infectious**
Parasitic	
Trichomonas	**mildly infectious**
Pubic Lice	**very infectious**

16. ARE STDS PASSED NON-SEXUALLY – BY ROOMMATES, OR AIR BNB RENTERS IN BATHROOMS OR WOMEN TRYING ON CLOTHES IN DEPARTMENT STORES WITHOUT UNDERWEAR?

Viral

HPV	**rarely (bathroom floors for plantar warts (nonsexual))**
HSV1 – oral	negligible infection risk
HSV1 – genital	negligible infection risk
HSV2	negligible infection risk
Hep C	0
Hep B	0
HIV	0

Bacterial

Chlamydia	negligible infection risk
Mycoplasma	unknown
Gonorrhea	**rarely (moist towels, bedsheets or cloths)**
Syphilis	0

Parasitic

Trichomonas	**rarely (moist towels, bedsheets or cloths)**
Pubic Lice	**mildly infectious**

17. FOR EACH STD, WHAT IS THE MOST COMMON INITIAL PRESENTATION?

Viral

HPV	majority asymptomatic
HSV1 – oral	majority asymptomatic
HSV1 – genital	majority asymptomatic
HSV2	majority asymptomatic
Hep C	majority asymptomatic
Hep B	majority asymptomatic
HIV	majority asymptomatic

Bacterial

Chlamydia	majority asymptomatic
Mycoplasma	majority asymptomatic
Gonorrhea	majority asymptomatic (females) **pain on urination, penile drip/discharge in 50 percent of men**
Syphilis	majority asymptomatic

Parasitic

Trichomonas	majority asymptomatic
Pubic Lice	**itchiness**

18. IF STD SYMPTOMS DO APPEAR, WHAT ARE THEY?

Viral	
HPV	New wart or mole-like growth; cervical, vaginal, penile, anal or oral mass
HSV1 – oral	Facial, nasal, lip or mouth (initial attack only) shallow sore(s)/irritation(s)
HSV1 – genital	Genital or buttock sore(s)/irritation(s)
HSV2	Genital or buttock sore(s)/irritation(s)
Hep C	Fever, fatigue, nausea, yellow eyes and skin
Hep B	Fever, fatigue, nausea, yellow eyes and skin
HIV	Fever, sore throat, rash
Bacterial	
Chlamydia	Genital or anal discharge
Mycoplasma	Genital or anal discharge
Gonorrhea	Genital or anal discharge
Syphilis	Genital, anal or oral sore or body rash
Parasitic	
Trichomonas	Genital discharge
Pubic Lice	Itching, tiny red skin spots (bites)

19. STD INCUBATION PERIOD: IF STD SYMPTOMS DO APPEAR, HOW LONG AFTER CONTACT?

Viral	
HPV	90 – 8000 (20 years)
HSV1 – oral	3 - 12
HSV1 – genital	3 - 12
HSV2	3 - 12
Hep C	60 - 90
Hep B	60 - 90
HIV	14 - 60
Bacterial	
Chlamydia	7 - 28
Mycoplasma	7 - 28
Gonorrhea	2 - 6
Syphilis	10 - 90
Parasitic	
Trichomonas	5 - 28
Pubic Lice	7 - 14

20. WHAT ARE POSSIBLE STD COMPLICATIONS?

Consequences of no treatment:

Viral

HPV	Low Risk Strains: warts High Risk Strains: cancer (cervical, vaginal, vulvar, penile, anal or oral) 1 percent lifetime risk HPV associated cancer
HSV1 – oral	Recurrent oral sores
HSV1 – genital	Recurrent genital sores (less frequent than HSV2)
HSV2	One in ten get recurrent genital sores, one in three hundred get severe recurrent attacks
Hep C	25 percent (if adult onset) liver cancer, cirrhosis
Hep B	2 percent (if adult onset) or 35 percent (if childhood onset) chance liver cancer, cirrhosis
HIV	99 percent chance AIDS (after 5-10 years) and death (2-3 years after onset AIDS)

Bacterial

Chlamydia	10 percent chance of infertility; increased ovarian cancer risk, miscarriage, pre-term birth or tubal pregnancy. Blindness in newborn
Mycoplasma	Infertility, tubal pregnancy Miscarriage or pre-term birth if pregnant
Gonorrhea	Infertility, tubular pregnancy, arthritis Miscarriage or pre-term birth if pregnant, blindness in newborn
Syphilis	33 percent chance severe internal disease, especially heart or brain; Miscarriage, preterm or stillbirth if pregnant, severe birth defects in infant

Parasitic

Trichomonas	Increased risk for HIV, complications in pregnancy
Pubic Lice	Chronic itching

21. IS THE URGE TO PEE, PENILE DISCHARGE AND DISCOMFORT AN STD OR AN STD PRETENDER?

STDs	Urge	Discharge**	Pain with urination
Chlamydia	(+++++)	scant, thin, clear-whitish	(++)
Mycoplasma	(+++)	scant, clear-whitish	(++)
Gonorrhea	(++)	scant→profuse, yellow-green	(+++)
Trichomonas	(++)	scant→profuse, clear-white	(+)
HSV1	(+)	rare	(+++++)
HSV2	(+)	rare	(+++++)
Adenovirus	(+)	scant, clear	(+++++)
Bowel bacteria	(+)	rare	(++)
Non-STD "Pretenders":			
long duration sex	(++++)	none	(+)
bacterial UTI	(++)	none	(+++)
psychological	(++)	none	(+)
prostatitis	(++)	scant, white	(++)
instrumentation	(+)	cant, clear	(++++)
drug/chemical/irritant	(rare)	scant, clear	(+++)
urethral stricture	(rare)	none	(++)
doxycycline^^	(+/-)	none	(+/-)

** discharge: look for tip of penis crusting or underwear staining (see WHITE UNDERWEAR test, page 163)

^^ discomfort on urination is an unusual complication of doxycycline treatment; When it happens, it makes patients nervous that the STD is not getting better!

STD Causes: Other Comments

Chlamydia	"School girl" STD; beware of co-infections with other STDs
Mycoplasma	As common as chlamydia, many doctors unaware accurate test is now available
Gonorrhea	Beware! Some strains are resistant to the usual antibiotics
Trichomonas	More common than you think, uncertain if always sexually transmitted
HSV1	A "new" adult onset epidemic now that childhood infection less common Oral sex is a risk factor
HSV2	Lesions inside urethra can't be seen - but sure can be felt
Adenovirus	Tends to occur in the fall/winter, spread via oral sex, genital touching
Bowel bacteria	Rare. Occasionally an issue in persons engaging in anal sex

Non-STD "Pretenders:"

Long duration sex	Discomfort mild and transient
Bacterial UTI	Causes of up to 6 percent of urethritis cases
Psychological	Often associated with sex outside of monogamous long-standing relationship, or encounters with partners with unusual practices; almost always includes feelings of strong guilt
Prostatitis	May be associated with perineal (behind scrotum) pain
Instrumentation	Tip of urethra often irritated after catherization, insertion of devices during sex play
Chemical irritants	Exposure to douches, spermicides, insertion of drugs like cocaine or meth into penis urethral stricture (partial closure and scarring of urethral opening); possible complication of an untreated bacterial STD

22. IS VAGINAL DISCHARGE AN STD OR AN STD PRETENDER?

(Remember! Most sexually transmitted infections cause no vaginal discharge)

STD Causes:	If Discharge Present, Discharge Consistency:
Chlamydia	Thin
Gonorrhea	Thick, pus-like
Mycoplasma	Thin
Trich	Whitish, may be profuse, bubbly

Non-STD "Pretenders:"

Healthy*	A small amount of vaginal discharge is normal normal discharge increases with birth control and pregnancy
Psychologic	"Healthy" discharge; often underlying anxiety disorder
Allergic	Thin, may be itchy
Bacterial Vaginosis	Fishy odor, thin
Yeast	Itchy, thick, cottage cheese consistency
Chemical (suppositories)	Thin
Lichen Planus	Thin discharge, associated with open lesions

* normal healthy discharge consists of cervical secretions plus sloughed vaginal lining cells and adherent bacteria

23. ARE VISIBLE GENITAL SORES AN STD OR AN STD PRETENDER?

STD Causes

HSV1	HSV1 and HSV2 visually identical – genital, buttock or low lumbar region rash
HSV2	Red dots progress to clusters of blisters, then healing scabs
Syphilis	Painless ulcers, usually no lymph nodes
Chancroid	Painful ulcers and lymph nodes
LGV	Ulcers transient, tender lymph nodes

Non-STD "Pretenders:"

Shingles (Herpes Zoster)	Can look like HSV rash, but it only rarely reoccurs in same location. Often mis-diagnosed instead of herpes, partly to avoid patient "melt-down"
Folliculitis	Red small bumps, infected hair follicles
Acne	Clogged skin oil glands causing bumps, sores and cysts
Lichen Planus	Red, painful, burning open sores, occasional vaginal discharge
Pemphigus	Autoimmune blistering disease, often presents on labial lips
Bug bites	Discrete itchy, red puncture sites
Trauma	Often linear cuts or scratches
Drug reactions	Typically, itchy, may have blistering phase
Cancer	May present as open ulcers

24. IS RECTAL PAIN AND DISCHARGE AN STD OR AN STD PRETENDER?

STD	Pain	Type of rectal fluid
Chlamydia	(++)	Thin
Gonorrhea	(+)	Pus
Mycoplasma	(+)	Thin
HSV1/HSV2	(++)	Thin, occasionally thick or bloody
LGV (rare)	(+)	Thin, may be bloody
Non-STD "Pretenders:"		
Diarrhea (viral)	(+/-)	Watery diarrhea
Bacterial proctitis	(+/-)	Watery diarrhea
Ulcerative Colitis	(+/-)	Urge to defecate with only mucous discharge Stools may be bloody
Crohns Disease	(+/-)	As above
Mechanical irritation	(+)	None
Chemical irritations	(+)	Thin, itchy
Rectal abscess	(+++)	None or pus if abscess ruptures
Hemorrhoids	(+/-)	None but anal mass may bleed bright red blood
Fissures	(++)	None
Fistulas	(+/-)	Thin or pus or stool from tract opening off to the side of anus

STD: Diagnosis and Treatment

25. WHAT ARE THE BEST TESTS FOR STDS (ACCURACY %)?

Viral	
HPV	High risk HPV testing (95 - 99%) (more accurate for cervical cancer detection than PAP screening) (95%)
HSV1 – oral	HSV1 DNA oral swab (99%) or visual findings plus antibody blood test (95 - 99%)
HSV1 – genital	HSV1 DNA genital swab (99%) or visual findings plus antibody blood test (95 - 99%)
HSV2	HSV2 DNA genital swab (99%) or antibody blood test (confirm with 2nd test) (95 - 99%)
Hep C	Antibody blood test (confirm with 2nd blood DNA test) (99%)
Hep B	Antibody blood test (confirm with 2nd blood DNA test) (99%)
HIV	Antibody blood test (confirm with 2nd blood DNA test) (99.9%)
Bacterial	
Chlamydia	DNA urine or vaginal/oral/rectal swab test (98 - 99%)
Mycoplasma	DNA urine or vaginal/oral/rectal swab test (98 - 99%)
Gonorrhea	DNA urine or vaginal/oral/rectal swab test (98 - 99%)
Syphilis	Antibody blood test (confirm with 2nd specific treponemal test) (99%)
Parasitic	
Trichomonas	DNA urine or swab test (98 - 99%)
Pubic Lice	Visualization

26. STD INCUBATION PERIOD: HOW LONG AFTER EXPOSURE DO STD TESTS TURN POSITIVE? (GENETIC VS. ANTIBODY TESTS)

Viral

HPV	90 (genetic#)
HSV1 – oral	14 (genetic*), 30 - 45 (antibody)
HSV1 – genital	14 (genetic*), 30 - 45 (antibody)
HSV2	14 (genetic*), 30 - 45 (antibody)
Hep C	30 - 60 (antibody)
Hep B	30 - 60 (antibody)
HIV	14 (genetic), 30 - 90 (antibody)

Bacterial

Chlamydia	5 (genetic)
Mycoplasma	5 (genetic)
Gonorrhea	5 (genetic)
Syphilis	21-42 (antibody)

Parasitic

Trichomonas	5 (genetic)
Pubic Lice	7-14 (visual)

Genetic tests, which directly detect the pathogen's DNA in the blood stream, turn "positive" faster than antibody tests, which require time for the body's immune system to react to the various pathogens.

* Genetic (swab) testing not generally available for HSV1 or HSV2 unless visible lesions are present.

27. BEST STD TREATMENTS?

Viral

HPV	Detection and removal of warts or pre-cancerous and cancerous lesions
HSV1 – oral	Antivirals, periodically for suppression
HSV1 – genital	Antivirals, daily or periodic suppression
HSV2	Antivirals, daily or periodic suppression
Hep C	Antivirals (8 - 12-week oral course), curative
Hep B	Antivirals, lifelong suppression
HIV	Antivirals, lifelong suppression

Bacterial

Chlamydia	Antibiotics, curative
Mycoplasma	Antibiotics, curative
Gonorrhea	Antibiotics (by injection), curative
Syphilis	Antibiotics (by injection), curative

Parasitic

Trichomonas	Antibiotics, curative
Pubic Lice	Cream, curative