

YOUR QUICK GUIDE TO SEXUALLY TRANSMITTED INFECTIONS & BLOOD BORNE VIRUSES

CHLAMYDIA

GONORRHOEA

SYPHILIS

GENITAL HERPES

HEPATITIS B

HIV/AIDS

HEPATITIS C

GENITAL WARTS



VACCHO VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION



LOVE PEOPLE

LYN BRIGGS

'I am a Wiradjuri/ Yorta Yorta woman and I have 4 sons and 7 grandchildren. I have been involved with Aboriginal Health for over 25 years and have designed art work for a number of health projects both in community control services and main-stream services. I am very passionate about using my skills to spread the message of health and wellbeing to our communities.'

The artwork tells the following message; Sharing the information about sexual and reproductive wellbeing to the whole community. The message sticks are held by Aboriginal Health Workers who share the information to individuals, families and the whole community.



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WHAT IS A SEXUALLY TRANSMITTED INFECTION (STI)?

A STI or STD (sexually transmitted disease) is an infection that can be spread during sexual contact with another person.

Most STIs are caused by tiny micro-organisms such as viruses, bacterial or parasites.

STIs can cause a wide range of problems from mild itching to serious illness with long term effects. If left untreated, some STIs can cause infertility in women and men.

Many STIs have symptoms (such as pain, discharge or swelling) which should be seen by a doctor straight away. However, sometimes there are no obvious signs of infection, so it is important to have a check-up if you think there's a chance you have caught an STI.

MOST STIs CAN BE CURED.

STIs THAT CANNOT BE CURED CAN NOW BE MANAGED WELL.

So get an STI check once a year or more often if you think you could be at risk.

HOW DO YOU CATCH AN STI?

You can become infected if you have unprotected sex with someone who already has an STI. 'Unprotected sex' means sex where there is no barrier (such as a condom or dams) to prevent exposure to your partner's body fluids, which can occur with the following sexual activities.

- Mutja sex (penis in vagina).
- Moom sex (penis in anus).
- Oral sex (penis in mouth or tongue in vagina).
- Oral-moom contact (tongue in anus).
- Fingers or other objects (such as sex toys) in mutja or moom if they have these fluids on them.

Some STIs, such as genital lice and warts, live on the surface of the skin and can be passed on to another person through skin to skin contact without any sexual penetration.

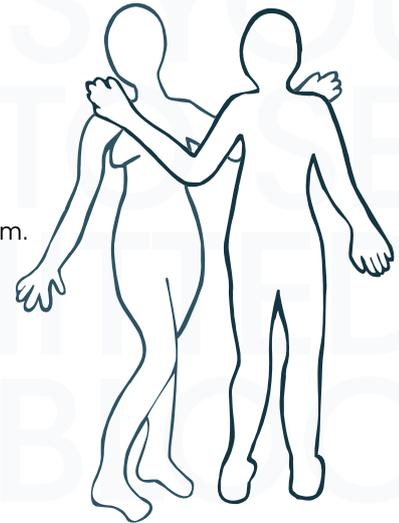
If you have STI, then have unprotected sex with someone who has HIV, you are at greater risk of getting this infection too.

HOW CAN I TELL IF I HAVE AN STI?

**Remember STIs can go unnoticed; there may be no signs at all.
This is why you must always be careful.**

Signs that occur may be:

- An unusual discharge of fluid from the pippi or mutja.
- Pain or irritation when urinating or during sex.
- Difficulty urinating.
- Sores, blisters, ulcers, lumps or rashes anywhere near the genitals or moom.
- Itchiness or irritation in the genital or moom area.
- Mutja bleeding after sex.



WHAT SHOULD I DO IF I THINK I HAVE AN STI?

If you think you have an STI, see a doctor straight away.

Do not wait and see. Hoping it will disappear will only delay treatment. The symptoms and signs might go away but that does not mean the problem has gone or that you cannot infect others.

If you have symptoms that could be caused by an STI, it is better to AVOID SEX until after you have seen a doctor so you do not pass it on. If you do have sex, make sure you use a condom.

SEXUAL TRANSMITTED INFECTIONS [STIS]

THE VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
YOUR QUICK GUIDE TO SEXUALLY TRANSMITTED INFECTIONS & BLOOD BORNE VIRUSES

CLAMYDIA | SYPHILIS | HIV/AIDS | HEPATITIS B | HEPATITIS C | GONORRHOEA | WARTS | HERPES | CONDOMS | SAFE DOOR

009

Chlamydia is the most common sexually transmitted infection in Australia. It is caused by a bacterium (a bug) that can be passed to sexual partners through any sex without a condom; mutja, moom and less commonly oral sex.

In woman, Chlamydia infects the cervix, which joins mutja to the womb. It can lead to Pelvic Inflammatory Disease (PID). Which can lead to infertility (not being able to have babies), or permanent pain like period pain.

In men, Chlamydia infects the urethra (inside the pippi).

HOW DO YOU CATCH IT?

You can catch Chlamydia if you have a doori with someone who has the infection without using a condom. It can happen if you have mutja, moom or oral doori, whether it is with a male or female partner. You may not know you have Chlamydia.

HOW DO YOU KNOW IF YOU HAVE CHLAMYDIA?

Women often have no symptoms of Chlamydia. If you do have symptoms you may get a different sort of discharge from mutja or a burning sensation when going for djilliwah. If it has progressed to Pelvic Inflammatory Disease (PID) then you might get a pain like a period pain and it will hurt in your belly when you have a doori, you may also bleed afterwards.

Men may not notice that they have it either. If symptoms do happen they may include: white or clear discharge from pippi, redness and pain on the tip of your pippi. There may also be a stinging or burning sensation when you go to the djilliwah.

HOW DO YOU TREAT CHLAMYDIA?

There is simple treatment available for Chlamydia that is only one dose of two antibiotic tablets. If the infection has gone on to cause PID the treatment required might be a longer, different course of antibiotics.

WHEN CAN I HAVE SEX AFTER BEING TREATED FOR CHLAMYDIA?

If you have Chlamydia and have been treated you must wait one week (7days) until you have sex again.

WHAT ABOUT MY SEXUAL PARTNERS?

You will need to let anyone you have had sex with recently know that they may have Chlamydia and will need to be checked.

Remember, most people don't know they have Chlamydia so it's important you let them know! There are services that can help you to contact your partners if you need help ask your doctor, health worker or call Melbourne sexual health centre and speak to one of the nurses.

**ALWAYS HAVE SAFE SEX
HAVING A SAFE DOOR
MAY BE FUN,
MAKE IT SAFE
WEAR A CONDOM**

Gonorrhoea is caused by a bacterium (a bug) and is treated with antibiotics. It is transmitted through mutja, moom and oral sex. It can also infect the throat of men and women.

Gonorrhoea is spread through having a doori, whether mutja, moom or oral. This happens when having a doori is with someone of the same sex or the opposite sex.

HOW DO YOU KNOW IF YOU HAVE GONORRHOEA?

In men, Gonorrhoea infects the inside of the pippi; the common symptoms of Gonorrhoea are pain or burning sensation when going to the djilliwah, a pus like white or yellow discharge from the pippi or moom, and sometimes a sore throat.

Sometimes there is no discharge, only the pain. Occasionally there are no symptoms and it is only detected if a doctor takes a swab. If you leave it untreated it can lead to swelling and pain on the testicles and it can lead to you being infertile.

In women, sometimes they don't know they have Gonorrhoea for a longer time, because the symptoms are not so specific. Sometimes it may hurt when you go to the djilliwah and there may be a different type of discharge from mutja.

If you leave untreated, it can cause another condition called Pelvic Inflammatory Disease (PID). This gives you a deep pain in the belly and pain when you have a doori.

It may also permanently stop you from having babies. If both men and women catch Gonorrhoea of the moom, you don't often get any symptoms. If you have Gonorrhoea of the throat, you may get a sore throat or have no symptoms.

HOW DO YOU TREAT GONORRHOEA?

Gonorrhoea is treated with a course of antibiotics. It is very important to get treated as quickly as possible, and then it can be cured.

HOW DO YOU PREVENT GONORRHOEA IN THE FIRST PLACE?

The best way to prevent it is to use condoms with plenty of water based lube whenever you have a doori, mutja or moom.

Make sure you have regular check-ups with your GP or Aboriginal Health Worker.

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Syphilis is caused by a bacterium (a bug) and is treated with antibiotics. It can be spread by mutja, moom and pippi. It's not very common now but it still exists. If it's not treated, it can live in the body for years and cause serious problems.

HOW DO YOU CATCH IT?

Syphilis is passed from person to person through direct contact with syphilis sore. Sores occur mainly on the external genitals, mutja, moom, or mouth. Any sex without using a condom can expose you to the infection. Syphilis cannot be spread through contact with, shared clothing, doorknobs, toilet seats or utensils.

HOW DO YOU KNOW IF YOU HAVE SYPHILIS?

The first sign (primary stage) is a painless sore that appears on the pippi, mutja, moom or mouth, this happens about 10 days after having a doori with someone who has it.

The sore will heal up in about a week or two but the germs are still in the body.

The next stage (secondary stage) is when a rash appears on your hands and feet and maybe your face. This may go away but the germs are still there.

The characteristic rash of secondary syphilis may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet. However, rashes with a different appearance may occur on other parts of the body, sometimes resembling rashes caused by other diseases.

The third stage (late stage) may take years to appear but then it could cause problems with internal organs. Without treatment, the infected person will continue to have syphilis even though there are no signs or symptoms; infection remains in the body. In the late stages of syphilis, it may subsequently damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This internal damage may show up many years later.

Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

HOW DO YOU TREAT SYPHILIS?

Syphilis is easy to cure in its early stages. A single injection of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year.

HOW DO YOU PREVENT IT?

Like many other sexually transmitted infections, syphilis can be prevented with safe sex practices including the use of a condom. Avoid contact with any syphilis sores as it can be transmitted through skin to skin contact.

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Genital herpes is a common disease spread by sexual contact. It is caused by infection by two viruses (herpes simplex type 1, and herpes simplex type 2).

Type 1 can also cause cold sores on the mouth.

HOW DO YOU CATCH IT?

Genital herpes can be spread by any sort of contact with the infected area of skin, even if there are not any signs of the infection. The virus lies hidden in between outbreaks but you can be infectious even when there are no sores present.

So you can catch it by intimate genital skin to skin touching, moom and mutja sex and oral sex is also a risk activity.

The more partners that you have the greater the risk there is of you catching the virus. You cannot rely on your partner being aware that they have the infection and reporting to you.

HOW DO YOU KNOW IF YOU HAVE GENITAL HERPES?

Sometimes there may be symptoms because the body manages to keep the virus under control. But usually, there is an outbreak of sores on mujta, pippi and moom. Sometimes you may get other symptoms first such as general aches and pain (like flu), feeling depressed or a bit moody, pain or tingling on the infected place. A few days after the initial infection there will be a few blisters, which become sores. After a few days these will heal over.

Some people with herpes say that outbreaks of the sores happen at the same time as feeling stressed or run down. Sometimes they happen after other infections or for women after their period. Friction to the skin after having a doori can start an outbreak. The effect of herpes can be different for everybody. Sometimes the first attack is the worst, and then later attacks are not so bad.

HOW DO YOU TREAT GENITAL HERPES?

There is no cure for Herpes infection. Once it is in the body the virus will live there. Some drugs help to relieve the symptoms and reduce the numbers of severe outbreaks. You may need to take these tablets daily for a while and then only when you have an outbreak.

For mild attacks you can try warm salts to soothe and clean blisters. Sometimes ice on the tingling skin before the blisters develop will help or if the pain is really getting to you, try aspirin or paracetamol.

HOW DO YOU PREVENT IT?

An individual with genital HSV is not only infectious when they have genital sores but may also shed virus from the genital area at times when they have no sores or blisters. This is called 'asymptomatic viral shedding' and is a common cause of transmission of the herpes virus, an infected individual therefore cannot identify all the days that they may be infectious to a sexual partner. Condoms are **ONLY** effective if the sores are on mutja, pippi and moom, so condoms and reducing the number of partners you have are the only ways **to minimise your risk**.

GENITAL HERPES AND PREGNANCY

Genital Herpes can be a worry for pregnant women because the baby can become infected as it is born. It is important that if you are worried that you talk with a GP, sexual health worker or midwife to have the risks explained as it is complicated and your baby **may not** be at risk and you **may not** have to be concerned.

Hepatitis means inflammation of the liver. Hepatitis can be caused by many different factors, viruses, drugs and alcohol use. The liver helps the body process food, drugs medications and alcohol. Therefore if the liver is affected by a virus like Hepatitis B it does not function properly and can cause the person to become unwell.

WHAT ARE THE SYMPTOMS OF HEPATITIS B?

Many people infected with Hepatitis B do not become ill and only show mild signs of infection. Children infected with Hepatitis B are less likely to show symptoms than adults.

If symptoms are present they may include;

- Loss appetite, nausea and vomiting.
- Pain in the liver (this is felt in the right side of the ribcage).
- Fever and body aches.
- Jaundice (the urine and skin become darker and yellow).

For most people these symptoms only last for a few weeks, most people infected with Hepatitis B recover and do not get sick again. However, a small percentage of people go on to have long term Hepatitis B infection, they may not experience many symptoms but it can lead to scarring of the liver and rarely liver cancer. Regular monitoring for people with chronic hepatitis B is important so that they get treatment when it's needed. Left untreated and unmonitored people with hepatitis B have a 30% chance of developing liver cancer. If treatment is taken when needed this risk is significantly reduced. Young children and babies who are infected at this early age are more likely to develop long-term illness.

HOW IS HEPATITIS B SPREAD?

Hepatitis B is present in blood and a lesser degree in other body fluids such as semen, mutja fluids and saliva.

BLOOD TO BLOOD

The Hepatitis B virus is present in the blood of an infected person. If infected blood enters another person's blood stream, that person may catch the disease.

The disease can be spread by;

- Sharing of needles and syringes and other injecting equipment such as spoons, filters, tourniquets, water and swabs.
- Piercing the skin with equipment which is not properly cleaned and sterilised (through tattoos and piercing).
- Sharing razor blades or toothbrushes.
- Infected blood coming into contact with open cuts of another person.

Currently in Australia all donated blood is screened for Hepatitis B.

SEX

You can catch the Hepatitis B virus if you have mutja or moom sexual intercourse without a condom with someone who is infected and you have not been immunised.

MOHER TO BABY

Mothers who are infected sometimes pass Hepatitis B to their children. Some babies are infected in the womb or during birth. However, most infections occur shortly after birth, so if the newborn baby is quickly immunised they can be protected from the disease.

CAN PEOPLE WITH CHRONIC HEPATITIS B INFECTION SPREAD THE VIRUS EVEN IF THEY ARE NOT SICK?

Some people carry the Hepatitis B virus all their life. These people often show no symptoms and can infect others even when they look and feel well.

HOW CAN I AVOID CATCHING HEPATITIS B?

The most effective way to protect yourself against Hepatitis B is to get immunised.

Other ways to protect yourself;

- Use condoms every time you have mutja or moom sex.
- Oral sex is normally unlikely to spread Hepatitis B but it is best to avoid oral sex if you or your partner has herpes, ulcers or bleeding gums.
- If you inject drugs, never share needles or syringes or other injecting equipment such as water, spoons and swabs.
- Always use sterile syringes; these are available from needle and syringe exchange program outlets and some chemist.
- Wear gloves whenever you are providing first aid or cleaning up blood or body fluids.

IMMUNISATION AGAINST HEPATITIS B?

There is a vaccine available and immunisation is the most effective way to protect against Hepatitis B infection.

For maximum protection (90%) you must receive all three doses of the vaccine over a six month period. Remember that the Hepatitis B vaccine only protects against Hepatitis B, it does not protect against other Hepatitis viruses.

WHO SHOULD CONSIDER IMMUNISATION?

Immunisation in Victoria is free to the following groups:

- All babies
- Children born after May 2001 who have not received a course of Hepatitis B vaccine
- Children in year 7 through a school based program
- Adolescents in secondary school, who missed out on the vaccine in year 7 and are over 15
- Injecting drug users
- Prisoners

Vaccination is also recommended for the following people:

- Have a sexual partner who has Hepatitis B
- Are homosexual or bisexual man
- Live in a house where someone has Hepatitis B
- Are a health care or emergency worker, or if you come into contact with blood during your work
- Are a kidney dialysis patient
- Already have a liver disease such as Hepatitis C
- Are a staff member or resident at a residential facility

HIV (Human Immunodeficiency Virus) is the virus which causes AIDS. HIV depletes the bodies immune system, which is how we fight infections. Over time HIV may decrease the bodies ability to fight infections. AIDS (Acquired Immune Deficiency Syndrome) occurs when an individual's immune system is so weak that it can no longer fight off infections, which a healthy immune system would normally be able to fight. These illnesses are called AIDS defining illnesses.

Some treatments can slow down the development of AIDS but there is no cure.

HOW DO YOU GET IT?

The blood, semen, or mutja fluids of a person with HIV must enter the bloodstream of another person. You can get it by having a doori (moom or mutja) with someone who is infected without using a condom.

If you inject drugs, you can also get it if you share needles, syringes and other injecting equipment.

In Australia, HIV is most commonly by moom or mutja sex without a condom.

HIV can also be transmitted from mother to baby during the pregnancy and through breast-feeding.

HOW DO YOU KNOW IF YOU HAVE IT?

A simple blood test called the HIV antibody test can tell you if you have got HIV. It can take up to three months (12 weeks) after a risk (sex without a condom) for HIV to show in your blood. This is called the window period. You can have a test anytime but you can only be sure of the result after waiting 12 weeks from the time you were at risk.

HOW DO YOU TREAT IT?

There's no cure for HIV, but there are drugs that can slow down the affects of the virus. HIV can affect people differently; however the medications now available are highly effective. HIV is more of a long-term illness that is manageable. Sometimes people find it really hard to live with HIV. There are organisations, support groups, and professional people to help with the virus.

HOW DO YOU PREVENT IT?

A lot of people don't know they have HIV so the best thing to do is to practice safe sex, which means always use a condom when you are having a doori (moom or mutja).

If you have a new boyfriend/girlfriend, both get tests for sexually transmitted infections before you stop using condoms, or think about other forms of contraception.

If you inject drugs, never share any injecting equipment.

If you think you have been at risk for HIV, there is medication available to help decrease your chance of getting it. It is important to access this treatment within the first 72 hours.

**CALL THE PEP INFO LINE
FOR MORE INFORMATION
1 800 889 887**

Hepatitis means inflammation of the liver. Hepatitis can be caused by many different factors, viruses, drugs and alcohol use. The liver helps the body process food, drugs medications and alcohol. Therefore if the liver is affected by a virus like Hepatitis C it does not function properly and can cause the person to become unwell.

HOW DO YOU CATCH IT?

HEPATITIS IS TRANSMITTED BY BLOOD TO BLOOD CONTACT.

The most common means of transmission in Australia is unsafe injecting drug use, through sharing injecting equipment;

- Tourniquets, needles, syringes and spoons.
- Unsafe body piercing and tattooing.
- Needle stick injury in the health.
- Sharing toothbrushes, razors and other personal items that may come in contact with Hepatitis C infected blood.
- Receiving blood or blood products in Australia before 1990.
- Sexual contact if blood is present.
- Pregnancy and childbirth is a small risk for Hepatitis C, the mother may be able to pass Hepatitis C onto their baby during the pregnancy or during childbirth. Breast-feeding is seen as safe, unless the nipples are cracked or bleeding.

WHAT ARE THE SYMPTOMS?

Most people have no symptoms at first so they don't even know they have the virus. Some people will find their skin and eyes go darker or yellowish colour (jaundice). They will also feel like they have the flu. Sometimes they will feel sick, tired and have pain in the stomach.

Approximately 25 % of people will naturally clear the virus (without any medical intervention) within 2 to 6 months; the remaining 75% who do not clear the virus will have ongoing or chronic infection.

Symptoms of Chronic Hepatitis C infection include;

- Mild to severe tiredness
- Loss of appetite
- Nausea and vomiting
- Pain in the liver (located under the ribs on the right side)
- Fever or flu-like symptoms
- Joint pain

HOW TO PREVENT CATCHING IT?

Currently there is no vaccine for Hepatitis C.

The safest thing is NOT to inject drugs, but if you do NEVER share injecting equipment such as; needles, syringes, tourniquets, spoons, swabs or water. Remember to always wash your hands before injecting and use new, sterile needles and syringes that you can obtain from some chemists and needle and syringe exchange programs (contact Directline to find out where you can get clean needles and syringes 1800 888 236).

If you are into body piercings and tattoos always ensure that the equipment used is sterile. Wear gloves if you are to come into contact with blood or body fluids.

To not share any items such as toothbrushes, razors or nail clippers. These types of personal items can pierce the skin and possibly transmit Hepatitis C. Hepatitis C is not considered a sexually transmitted infection, unless blood is present in the sexual act. If you think blood may be present, use condoms.

HEPATITIS C IS NOT

Transmitted through social contact; hugging, kissing, sharing food, drinks, plates, eating utensils, sneezing, coughing, washing clothes in the same machine and using the same toilet facilities. These do not pose a risk of Hepatitis C transmission.

IS THERE A TEST FOR HEPATITIS C?

There are two tests to diagnose Hepatitis C. First there is an antibody test that shows if a person has ever had contact with the virus.

It may take up to 3 months after the risk you experienced for Hepatitis C to be detected in this test. Once this test shows positive it will always stay positive.

The second test is called a PCR test and this tells you if you still have the virus. This will be negative if you fight off the virus naturally or through treatment.

It is important that if you do test negative in a PCR test you realise that you may be reinfected if you expose yourself to the virus again (i.e. share injecting equipment).

TREATMENTS

There are treatments available to help improve the health of people with Hepatitis C. Currently the recommended treatment is combination therapy which your doctor or sexual health worker can advise you on. New treatments for hepatitis C have increased the success rates and may reduce the amount of time on treatment. People with hepatitis C are advised to see a liver specialist regularly to monitor their condition and to undertake treatment when needed to prevent developing liver disease.

Complimentary therapies may also assist in alleviating Hepatitis C symptoms. Contact your local health service or the Hepatitis Victoria for further information.

Either way, if you have Hepatitis C you need to take care of your liver which means:

- Eat healthy foods and cut down on fatty salty foods.
- Cut down or stop drinking alcohol.
- Exercise to lower stress.
- Have regular check-ups.

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WHAT IS IT?

Genital and Anal Warts are caused by the Human Papillomavirus (HPV). HPV can cause warts on other parts of your body, however only certain types like to live on the genital skin. They are a sexually transmitted infection caused by a virus that infect the skin surface. HPV can however cause no symptoms, and it is possible to have HPV and not know.

HOW DO YOU CATCH THEM?

The virus is spread through direct contact with a sexual partner's infected skin whether you can see the infections or not. This happens mostly when you are having a doori or some sort of sexual contact. Any genital skin to skin contact can cause HPV to be transmitted. HPV infection is very common; 80% of people who have had some kind of sex/genital contact with another person will have been exposed to the HPV virus but not ever know or have any symptoms or ongoing disease.

HOW DO YOU KNOW IF YOU HAVE THEM?

- HPV is a skin condition that may or may not cause visible warts. So you may not actually have any visible symptoms of warts.
- Visible warts are small, painless cauliflower-like lumps that appear on or inside the pippi, mutja, or moom.
- HPV infection can also cause an unusual itching and bleeding.
- Sometimes women find out they have HPV when they have a Pap test. It is possible to have an abnormal Pap test and not have any visible symptoms of the virus.
- HPV is the virus which can lead to changes on the cervix that may lead to cervical cancer. Therefore it is important for every woman over the age of 18 to have 2 yearly Pap tests.
- There is a new vaccine available against certain types of HPV to help protect women against cervical cancer. The vaccine is free for girls aged 12-13 years. From 2013, the HPV vaccine will also be offered free to boys to protect them from male HPV cancers. See your local Council, local doctor or health service about this vaccine.

HOW DO YOU TREAT THEM?

- There are various treatments available for warts, the type of treatment you may need depends on the size, number and type of wart you have.
- If you think you have warts it is advisable to see your local doctor to have them diagnosed and to work out what treatment would suit you best.
- Never use any “over-the-counter” treatment that you can buy from a chemist on your genital warts. The genital skin is very sensitive and using some forms of treatment on this area may cause further irritation or even damage the skin.

HOW DO YOU PREVENT HPV INFECTION AND WARTS?

- Wearing condoms will help prevent the infection of pippa, mutja, and moom. But it is not fool proof as condoms do not cover all the genital skin.
- Be immunised with all 3 doses of the HPV vaccine. Immunisation is most effective in early teens, before becoming sexually active.
- Women should have a Pap test every 2 years.
- Quit smoking, as smoking reduces the body’s ability to fight viruses.

Step 1

Put the condom on when the penis is erect, before there is any contact between the penis and your partner's body. Fluid released from the penis during the early stages of an erection can contain sperm and organisms that can cause STI's.

**Step 2**

Check the expiry date to make sure it's not out of date, and tear along one side of the foil, being sure not to rip the condom inside. Carefully remove the condom.

**Step 3**

Air trapped inside a condom could cause it to break. To avoid this, squeeze the closed end of the condom between your forefinger and thumb and place the condom over the erect penis. Be sure that the roll is on the outside.

**Step 4**

While still squeezing the closed end, use your other hand to unroll the condom gently down the full length of the penis. Make sure the condom stays in place during sex; if it rolls up; roll it back into place immediately. If the condom comes off, withdraw the penis and put on a new condom before intercourse continues.



Step 5

Soon after ejaculation, withdraw the penis while it is still erect by holding the condom firmly in place. Remove the condom only when the penis is fully withdrawn.

Keep both the penis and condom clear from contact with your partner's body.



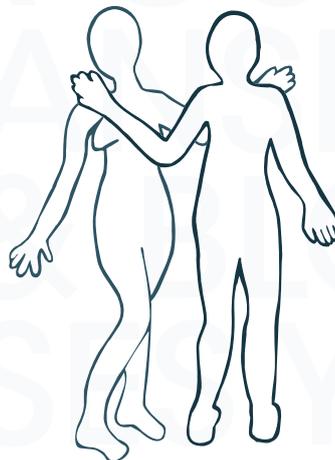
Step 6

Dispose of the used condom hygienically. Wrap the condom in a tissue and place it in a bin (do not flush it down the toilet).

NEVER USE A CONDOM MORE THAN ONCE.

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SEXUAL HEALTH PROGRAM



VACCHO's Sexual and Reproductive Health Unit has been funded through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) since 1996. The main aim of the unit is to support VACCHO member organisations to provide up-to-date sexual and reproductive health care through the provision of advocacy, training, support and health promotion services.

The Sexual and Reproductive Health Unit has been instrumental in maintaining a voice for Aboriginal sexual health in Victoria and our work is guided nationally by the Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010–2013. Locally, the unit is guided by the VACCHO Sexual and Reproductive Health Strategy 2009–2014.

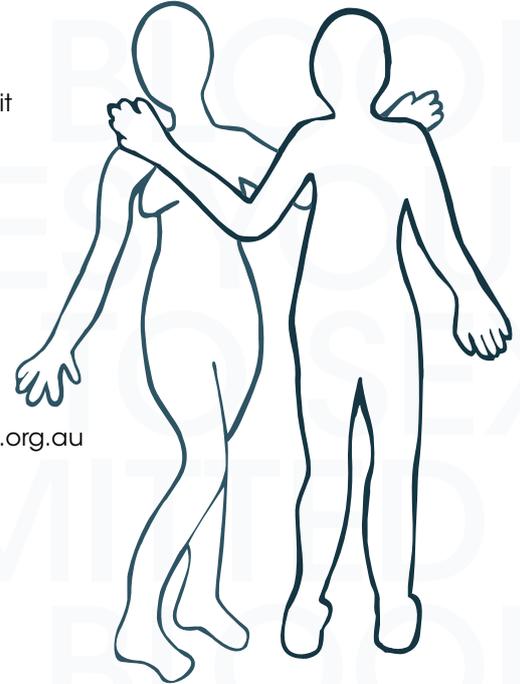
HOW CAN I TELL IF I HAVE AN STI?

The VACCHO sexual and reproductive health strategy aims are to:

- Promote sexual and reproductive wellbeing
- Reduce the impact and prevalence of STIs and BBVs at both the individual and Community level
- Reduce the impact of unintended pregnancies
- Ensure appropriate, accessible and high quality primary health care services are available to Aboriginal people in Victoria in the areas of sexual and reproductive health
- Promote harm reduction strategies such as Needle and Syringe Programmes (NSP)
- Advocate for the development of a sexual and reproductive health workforce
- Ensure health promotion in the areas of sexual and reproductive wellbeing is effective and meets the needs of Victorian Aboriginal people and
- Ensure a solid evidence base for practice.

To achieve these aims, the VACCHO sexual and reproductive health unit works in partnership with the following organisations, for more information on these organisations please follow the links:

- Hepatitis Victoria: www.hepvic.org.au
- Australian Research Centre for Sex Health and Society: www.latrobe.edu.au/arcs/hs
- Melbourne Sexual Health Centre: www.mshc.org.au
- Victorian Aids Council: www.vicacids.asn.au
- Family Planning Victoria: www.fpv.org.au
- Association for Prevention and Harm Reduction programs: www.anex.org.au
- Harm Reduction Victoria: www.hrvic.org.au



The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996.

VACCHO is the peak Aboriginal health body representing 24 Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf. Capacity is built among members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health.

Nationally, VACCHO represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

State and Federal Governments formally recognise VACCHO as the peak representative organisation on Aboriginal Health in Victoria.

METRO

MELBOURNE SEXUAL HEALTH CENTRE

Wulumperi Unit
580 Swanston Street, Carlton
Tel: (03) 9341 6271
1800 032 017

FAMILY PLANNING ACTION CENTRE

(for people under 25)
Level 1, 94 Elizabeth St, Melbourne
Tel: (03) 9660 4700

VICTORIAN ABORIGINAL HEALTH SERVICE

186 Nicholson Street, Fitzroy 3065
Tel: (03) 9419 3000

THE CENTRE CLINIC

77 Fitzroy Street, St Kilda Vic 3182
Tel: (03) 9525 5866

HEPATITIS INFOLINE

1800 703 003

HARM REDUCTION VICTORIA

Tel: (03) 9329 1500

DirectLine

Confidential drug counselling
and referral
24 hours, 7 days
1800 888 236

HIV & SEXUAL HEALTH CONNECTLINE

1800 038 125

REGIONAL/RURAL

BALLARAT

Sexual Health Family Planning
Ballarat Community
Health Centre
710 Sturt Street, Ballarat 3690
Tel: (03) 5338 4541

WODONGA

Sexual Health Clinic
135/155 High Street, Wodonga 3690
Tel: 1800 657 573

GEELONG

Barwon Health, Geelong Hospital
Sexual Health Clinic Geelong
Clinic 4, Bellarine Centre
Geelong, Vic 3220
Tel: (03) 5226 7802

BENDIGO

Community Health Centre – STI Clinic
Seymour Street, Eaglehawk 3556
Tel: (03) 5434 4300

LA TROBE COMMUNITY HEALTH SERVICE

Tel: 1800 242 696

For more information you can contact
the VACCHO Sexual Health Unit or go
to the website via information below.



VACCHO

Victorian Aboriginal Community
Controlled Health Organisation Inc.
17-23 Sackville Street, Collingwood
Vic 3066

Phone: (03) 9411 9411

Fax: (03) 9411 9599

e-mail: enquiries@vaccho.com.au

www.vaccho.org.au