## Table: Comparison of Gonorrhea, Syphilis, and Herpes Genitalis

<table>
<thead>
<tr>
<th></th>
<th>Gonorrhea</th>
<th>Syphilis</th>
<th>Herpes Genitalis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cause</strong></td>
<td><em>Neisseria gonorrhoeae</em></td>
<td><em>Treponema pallidum</em></td>
<td>Herpes simplex virus, type 2 (HSV-2)</td>
</tr>
<tr>
<td><strong>Incubation</strong></td>
<td>3–9 days</td>
<td>10–90 days; average, 3 weeks</td>
<td>Several days to 3 weeks</td>
</tr>
</tbody>
</table>
| **Symptoms**        | Male: asymptomatic at times, including when organism lodged rectally; urethritis—thin, watery, white urethral discharge, becoming purulent, dysuria  
Female: asymptomatic in 60% to 90% of cases, including when organism lodged rectally; dysuria and vaginal discharge common symptoms; vaginal trichomoniasis present in 50% of cases  
Both sexes: gonococcemia, systemic gonorrhea, with skin lesions, malaise, fever, tachycardia  
Male and female:  
Stage 1 (primary): chancr—solitary, indurated, painless, ulceration on genitalia 10–28 days after sexual contact; lesion occasionally on mouth, nipples, anus; lesion healing within 4 to 6 weeks; treponemes multiplying rapidly  
Stage 2 (secondary): rash covering skin, mouth, and genitalia (red-copper on white skin, gray-blue on black skin; red rash on palms and soles); hair loss; eyes and ears inflamed; lymphadenitis, low-grade fever; sore throat; pain from bone involvement; albuminuria; liver and spleen enlarged, jaundice, nausea; blood test positive after 5 weeks  
Stage 3 (latent): symptoms gone in 2–6 weeks; symptoms possibly absent from a few months to a lifetime; blood test positive; person is noninfectious, but possible for syphilitic pregnant woman to give birth to congenitally syphilitic child  
Stage 4 (tertiary): complications after 3 to 30 years in 30% of untreated cases; symptoms affecting heart, blood vessels, brain, spinal cord, eyes, skin, and bones; blood test positive  
*Note:* Symptoms from all stages may be present at once  
Other names: syph, the pox, bad blood | Beginning infectious stage: after intercourse with infected partner, itchy, tingling, numb, when virus beneath skin  
Active infectious symptomatic stage: blisterlike sores that ulcerate on skin, mucous membranes, vagina, cervix, penis, anal area; fever, headache, muscle aches, general malaise, vaginal discharge, enlarged lymph glands; dyspareunia (painful intercourse); lesions heal in 5–7 days but are sites for secondary infection; symptoms last several weeks  
Infectious dormant stage: lesions heal; no symptoms, blisters within vagina or urethra may go undetected; may be transmitted sexually at this time  
Recurring symptomatic stage: usually recurrence of repeated painful attacks because virus remains dormant near base of spine between attacks; duration of time between attacks varies; may be precipitated by emotional stress, ovulation, onset of menses, poor diet, excess sun or wind, lack of sleep, friction from clothes |
and care for clients (12, 21, 22, 76, 89, 170, 173, 175, 178, 181, 189, 202). Other sexually transmitted diseases include vaginitis, chlamydia, genital warts, and pubic lice. Vaginitis can be grouped into four categories—candidal, trichomonal, nonspecific, and chlamydial—that may or may not be related to sexual activity.

Other sexually transmitted diseases are described in Table 11–4 to assist you in assessment and treatment, as well as prevention (12, 21, 22, 76, 89, 170, 173, 175, 178, 181, 189, 202).

### Contraceptive Practices

**Contraception**, or **birth control**, is the **use of various devices, chemicals, or abortion to prevent or terminate**