THE ADULTING VAULT

Sexual Health 101

Testing, Prevention, and the Conversations Nobody Taught You

EVERYTHING THEY FORGOT TO TEACH YOU

Sexual health education in most places covers roughly two things: that infections exist, and that you should be afraid of them. What it leaves out is everything operationally useful — that a standard test does not check for everything, that swabbing only one site misses infections at others, that prevention now includes tools that did not exist a few years ago, and what you actually say to a partner. This guide is the practical version, written without moralising, for adults who want to make informed decisions.

Please Read This First

This guide is general educational information, not medical advice. It is not a substitute for diagnosis, treatment, or care from a qualified clinician who knows your history. Nothing here creates a provider-patient relationship. Do not delay seeking care, or disregard advice you have been given, because of something you read here. If you think you may have a medical emergency, call 911 or go to your nearest emergency department.

CURRENCY OF THIS GUIDE

Prevention guidance in this guide reflects published Centers for Disease Control and Prevention clinical recommendations as of mid-2026, including the 2024 doxycycline post-exposure prophylaxis guidelines and subsequent HIV prevention recommendations. Testing intervals, treatment regimens, and available prevention options change. Confirm anything you intend to act on with a clinician.

Part One: The Honest Landscape

Two facts that reframe everything else.

Most infections have no symptoms

This is the single most important thing in this guide. The majority of sexually transmitted infections produce no noticeable symptoms in most people, for long stretches or permanently. Chlamydia and gonorrhoea are frequently silent. Syphilis has a symptomatic stage that is easy to miss and then goes quiet while remaining in the body. HPV usually clears on its own without anyone knowing it was there.

> **WHAT FOLLOWS FROM THAT**
>
> Feeling fine tells you nothing. Neither does your partner feeling fine.
>
> "I would know" is the belief that drives most transmission. Testing is the only thing that actually tells you.
>
> Nobody is being deceptive when they say they are clean and then test positive. They usually did not know.

This is not a moral category

Sexually transmitted infections are infections. They spread the way infections spread, they do not track how careful or how decent anyone is, and they are among the most common conditions in adults. A positive result is a medical event that needs treating, not evidence about who someone is.

That framing matters practically, not just emotionally — shame is the main reason people avoid testing, delay treatment, and do not tell partners. Which is precisely how infections keep moving.

Part Two: What Is Out There

Curable, manageable, and preventable are three different categories.

Infection	Category	Worth knowing
Chlamydia	Curable with antibiotics	Very common, usually silent. Untreated, can cause pelvic inflammatory disease and infertility.
Gonorrhoea	Curable with antibiotics	Often silent. Drug resistance is a growing concern, which is why treatment regimens change.
Syphilis	Curable with antibiotics	Stages, with quiet periods between. Serious if untreated long term. Congenital syphilis is a significant public health concern.
Trichomoniasis	Curable	Common, frequently asymptomatic, easily treated.
HIV	Manageable, not curable	With treatment, life expectancy approaches normal and the virus becomes sexually untransmittable.
Herpes (HSV)	Manageable, not curable	Extremely common. Antivirals reduce outbreaks and transmission. Far more of a social problem than a medical one for most people.
HPV	Usually clears on its own	Most sexually active people encounter it. Some strains cause cancers. Vaccine-preventable.
Hepatitis B	Manageable; sometimes clears	Vaccine-preventable.
Mpox	Usually self-limiting	Vaccine available for those at increased risk.

ON HERPES SPECIFICALLY

The gap between how common herpes is and how catastrophic people believe it to be is enormous, and the distress it causes is mostly a product of stigma rather than of the condition.

For most people it means occasional outbreaks, manageable with medication, and a conversation with partners. It is not a reason to conclude your dating life is over, and anyone who tells you it is has been misinformed.

Part Three: Testing Properly

The chapter that makes the difference. A "full panel" is not a thing.

What a standard test usually covers

When someone says they were tested for everything, they generally were not. A routine screen typically covers chlamydia, gonorrhoea, syphilis, and HIV. It commonly does not include herpes, and it may not include hepatitis or trichomoniasis unless requested.

Three things to ask for by name

1. Ask which infections are actually included. Then ask what is not, and decide whether you want it added.
2. Ask for testing at every site of exposure. Chlamydia and gonorrhoea can be present in the throat or rectum with a completely negative urine test. A urine-only screen misses those infections entirely, and this is one of the most common gaps in real-world testing.
3. Ask about timing. Every infection has a window period — an interval after exposure during which a test may not yet detect it. A test taken too early can be falsely reassuring. Ask when to retest.

> **WHY HERPES IS USUALLY NOT ON THE PANEL**
>
> Blood testing for herpes in people without symptoms is generally not recommended by public health guidance. The tests have meaningful false-positive rates, a positive result does not tell you where the infection is or when it was acquired, and the result frequently causes considerable distress without changing management.
>
> If you have symptoms, that is different — a swab of an active lesion is the useful test. Ask for that.
>
> This is worth understanding because "I was tested for everything and it was negative" almost never includes herpes, and both people in a conversation may not realise it.

How often

Frequency depends on your circumstances — number of partners, types of sex, whether partners are also tested, and whether you are using PrEP or doxy PEP, both of which come with their own testing schedules. Annual is a common baseline for sexually active adults; more frequent testing, often every three to six months, is standard for people with multiple partners.

Ask your clinician what interval fits your situation. Say what you actually do — the recommendation depends on it, and a clinician who reacts badly to accurate information is the wrong clinician.

Part Four: The Prevention Toolkit

Considerably larger than it was a decade ago.

Barriers

Condoms — external and internal — remain the only method that reduces transmission of a broad range of infections while also preventing pregnancy. They are less effective against infections spread by skin contact outside the covered area, such as herpes and HPV, but they still reduce risk. Dental dams and gloves cover other kinds of contact.

Vaccines

The most underused tool in this list, because vaccination prevents infections outright rather than reducing risk.

- HPV — prevents infection with the strains responsible for most cervical and several other cancers. Routinely recommended in adolescence, and available to many adults; for those in their late twenties to mid forties it is generally a shared decision with a clinician.
- Hepatitis B — long-standing, effective, widely recommended.
- Hepatitis A — recommended for some groups.
- Mpox — available for people at increased risk.

❑ Ask at your next appointment which of these you have already had, and which you are eligible for

HIV prevention

Tool	What it is
PrEP	Medication taken before exposure to prevent HIV. Highly effective when taken as directed. Options now include daily oral regimens and longer-acting injectable formulations, which remove the need to remember a daily pill.
PEP	Antiretroviral medication started urgently after a possible exposure. Time-critical — started as soon as possible and within 72 hours. If you think you have been exposed, this is an emergency department or urgent care conversation today, not next week.
Treatment as prevention	A person with HIV who is on treatment and maintains an undetectable viral load does not transmit the virus sexually. This is often summarised as undetectable equals untransmittable.

Doxy PEP

The first genuinely new bacterial STI prevention tool in decades. In 2024 the Centers for Disease Control and Prevention published clinical guidelines recommending a single 200 mg dose of doxycycline taken within 72 hours after oral, vaginal, or anal sex, not exceeding 200 mg in any 24-hour period.

In the trial populations it substantially reduced chlamydia and syphilis, and gonorrhoea to a lesser degree. The recommendation is currently specific: it applies to gay and bisexual men and other men who have sex with men, and to transgender women, who have had a bacterial STI diagnosed in the previous twelve months — offered through shared decision-making with a clinician.

> **TWO HONEST CAVEATS**
>
> Anyone using doxy PEP should be tested for bacterial STIs at baseline and every three to six months, with ongoing need reassessed at the same interval.
>
> Antimicrobial resistance is a genuine and actively studied concern with this approach. It is a real tool and it is not a free one — which is exactly why the guidance is targeted rather than universal.

Part Five: If You Test Positive

What actually happens, which is less than people fear.

4. Get the specifics. Which infection, what treatment, how long until you are no longer transmissible, and whether you need a test of cure.
5. Complete the treatment. All of it, even after symptoms resolve. Incomplete antibiotic courses drive resistance.
6. Abstain or use barriers for the period your clinician specifies. Ask for the number of days rather than guessing.
7. Notify partners. Covered below.
8. Retest as advised. Reinfection from an untreated partner is extremely common and is not a treatment failure.

> **EXPEDITED PARTNER THERAPY**
>
> In many places a clinician can provide treatment for your partner without seeing them, for certain infections. It exists because the alternative is frequently that the partner never gets treated and reinfects you.
>
> Ask whether it is available where you are. It is a normal question.

The emotional part

People commonly experience a positive result as evidence of something shameful about themselves. It is not, and that reaction is a product of how this subject is taught rather than of anything about the infection. Most are curable in days. The manageable ones are manageable.

Part Six: Telling Partners

The hardest part, and the one nobody scripts for you.

Current and recent partners after a positive result

They need to know so they can get tested and treated. Do it directly and without a preamble that builds dread.

Something like: "I tested positive for chlamydia. It is easily treated. You should get tested — you may not have symptoms. I wanted you to hear it from me."

- You do not owe anyone a reconstruction of where it came from. Frequently nobody knows.
- If you cannot face it, or contact is unsafe, anonymous partner notification services exist through many health departments.
- If someone reacts badly, that is information about them. You did the responsible thing.

Disclosing an ongoing condition to a new partner

For herpes, HIV, or hepatitis B, the useful approach is a calm, informed conversation before sex — not an apology.

- Be matter of fact. Your tone sets theirs more than the content does.
- Bring the facts: transmission risk, what you do to reduce it, what it actually means day to day. Most people are working from wildly inaccurate assumptions.
- Pick a moment that is not the moment. Not in bed, not mid-undressing.
- Give them room to ask questions and to think.
- Some people will decline. That is their right, and it is not a verdict on you.

Draft what I would actually say, in my own words:

The conversation before anything happens

The most useful sexual health conversation is the one before sex, and almost nobody has it. It does not have to be heavy: when were you last tested, what were you tested for, what are we using. Asking is not an accusation, and someone who treats it as one has told you something worth knowing.

Part Seven: Function and Common Problems

Extremely common, rarely discussed, frequently treatable.

Concern	Worth knowing
Pain during sex	Never something to push through or accept as normal. Causes range from infection to endometriosis to pelvic floor dysfunction to insufficient arousal. Most are treatable. Pelvic floor physical therapy is genuinely effective and under-referred.
Low or mismatched desire	Common, and affected by stress, sleep, medication, hormones, relationship dynamics, and depression. Differences between partners are normal rather than pathological.
Erectile difficulty	Frequently an early indicator of cardiovascular or metabolic conditions. Worth investigating medically rather than only treating symptomatically.
Difficulty reaching orgasm	Common. Often affected by medication, particularly some antidepressants. Raise it — alternatives frequently exist.
Recurrent urinary or vaginal infections	Worth investigating rather than repeatedly treating. Patterns usually have causes.

These are legitimate medical concerns and clinicians discuss them routinely. The awkwardness is nearly always on the patient side.

Part Eight: Getting Care

Cost, confidentiality, and where to go.

Low-cost and free options

- Local health departments frequently provide STI testing and treatment free or at low cost
- Federally qualified health centres charge on a sliding fee scale regardless of ability to pay
- Title X funded clinics provide sexual and reproductive health services on a sliding scale
- Student health services, if you are eligible
- At-home testing kits are an option where clinic access is difficult, though a positive result still requires clinical follow-up

Confidentiality

Rules vary by age, state, and billing method. The common practical problem is that an insurance explanation of benefits goes to the policyholder. If that matters, ask the clinic before your appointment how it will appear and whether they offer confidential or self-pay options. Health department clinics are frequently the most private route.

Consent, briefly

Sexual health and consent are not separable. Consent is specific to the act, revocable at any point, and cannot be given by someone incapacitated. Agreeing to one thing is not agreeing to another, and prior consent does not carry forward. Removing or tampering with a condom without a partner's knowledge is a violation of consent and is treated as a criminal offence in a growing number of jurisdictions.

If something happened to you without your consent, medical care is available regardless of whether you report it, and time-sensitive options including HIV post-exposure prophylaxis and emergency contraception exist. You do not have to decide about reporting in order to get care.

Closing

The short version of this entire guide: most infections are silent, so test rather than assume; a standard panel is narrower than people think, so ask what is on it and where they are swabbing; vaccines and PrEP prevent things outright and are underused; and the conversation before sex is easier than the one after.

None of that requires you to be anxious about sex. It requires you to treat it the way you treat any other part of your health — with accurate information, periodic maintenance, and a clinician you can be honest with.

> **VERIFY BEFORE YOU ACT**
>
> Testing intervals, treatment regimens, and prevention options are revised as evidence develops. Confirm current guidance with a clinician or your local health department.
>
> If you may have been exposed to HIV, post-exposure prophylaxis is time-critical — seek care immediately, within 72 hours.