

Sexually Transmitted Diseases/Infections

Candidiasis (Yeast)

Candidiasis, commonly called a "yeast" infection, affects most females at least once during their lives. Candidiasis – also called Vulvovaginal Candidiasis, or VVC – is currently the second most common cause of vaginal infections, after bacterial vaginosis. Most cases (85%-90%) are caused by *Candida albicans*. Although most patients have no risk factors, frequent infections may be linked to diabetes, corticosteroids, repeated courses of antibiotics, pregnancy, or HIV disease.

Typical symptoms of Candidiasis include pruritus, vaginal soreness, dyspareunia, external dysuria, and abnormal vaginal discharge. Ten to 20 percent of women harbor *Candida* sp. and other yeasts in the vagina. Candidiasis can occur concomitantly with STDs. Most healthy women with uncomplicated Candidiasis have no identifiable precipitating factors.

A diagnosis of *Candida* vaginitis is suggested clinically by the presence of external dysuria and vulvar pruritus, pain, swelling, and redness. Signs include vulvar edema; fissures; excoriations; or thick, curdy vaginal discharge. The diagnosis can be made in a woman who has signs and symptoms of vaginitis when either 1) a wet preparation (saline, 10% KOH) or Gram stain of vaginal discharge demonstrates yeasts, hyphae, or pseudohyphae; or 2) a culture or other test yields a yeast species. For women with negative wet mounts who are symptomatic, vaginal cultures for *Candida* should be considered.

Short-course topical formulations (i.e., single dose and regimens of 1 - 3 days) effectively treat uncomplicated VVC. The topically applied azole drugs are more effective than nystatin. Treatment with azoles results in relief of symptoms and negative cultures in 80 to 90 percent of patients who complete therapy.

For more information:

- CDC Frequently Asked Questions – VVC, www.cdc.gov/nczved/divisions/dfbmd/diseases/candidiasis/#whatvvc
- CDC STD Treatment Guidelines 2010 – Vulvovaginal Candidiasis, www.cdc.gov/std/treatment/2010/vaginal-discharge.htm#a3