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Where can i get an std test near me

Har du hatt ubeskyttet sex med en ny partner bør du teste deg for seksuelt overførbare infeksjoner (soi), også kalt kjønnssykdommer. Det finnes flere ulike typer sykdommer du kan bli smittet med gjennom seksuell kontakt. Hvis det er mulighet for at du er smittet av en kjønnssykdom, er både testing, behandling og medisiner gratis. Her kan du teste deg for kjønnssykdommer Du kan teste deg for soi hos alle fastlegekontorer, helsestasjoner for ungdom, studenthelsetjenester og overgrepsmottak. Klamydia, gonorré og syfilis kan smitte både i skjede, urinrør i penis, hals og endetarm. Det er derfor viktig å be om at det testes i alle relevante kroppsåpninger. Det er flere klinikker som har spesialisert seg på å teste og behandle soi, der du også kan få veiledning om seksuell helse. Oslo Test deg for alle typer soi ved Olafiaklinikken. Her kan du også komme og hente utstyr for å ta en klamydiatest på klinikken. Sjekkpunkt jobber for bedre seksuelle helse blant skjeive, og alle fra denne miljøeteten er velkomne til å benytte seg av deres tjenester. De tester for hiv og syfilis, samt gonorré og klamydia. Tilbudet er gratis og anonymt. Sex og samfunn tilbyr gratis drop-inn for alle under 25 år. Sex og samfunn har også et eget tilbud som inkluderer testing for personer som kjøper sex. Helseavdelingen ved Pro Sentret gir gratis helsehjelp til personer som selger eller har solgt sex. Overgrepsmottaket gir gratis hjelp til personer som har vært utsatt for overgrep eller voldtekt. Bergen Test deg for alle typer soi ved Haukeland universitetssykehus, poliklinikk for seksuelt overførbare infeksjoner. Overgrepsmottaket gir gratis hjelp til personer som har vært utsatt for overgrep eller voldtekt. Stavanger Test deg for alle typer soi ved Stavanger universitetssjukehus, poliklinikk for seksuelt overførbare infeksjoner. 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Derfor er det viktig å teste seg jevnlig. Hvem bør teste seg? Alle ungdommer og unge voksne bør teste seg hver gang de har hatt ubeskyttet sex med en ny partner. Dette gjelder også dersom kondomet sprakk eller falt av. Blant menn som har sex med menn (msm) er smittepresset for enkelte sykdommer større enn i den allmenne befolkningen. Seksuelt aktive msm anbefales derfor i tillegg å ta en full undersøkelse for alle kjønnssykdommer årlig, og hyppigere undersøkelser dersom du har flere partnere. Personer som kjøper eller selger sex bør også teste seg jevnlig. Forebyggende behandling etter mulig hiv-smitte Dersom du har hatt ubeskyttet vaginal- eller analsex med en person du tror kan ha ubehandlet hiv, kan det være aktuelt å ta medisiner som forebygger smitte (hiv-pep). Behandlingen må startes innen 72 timer. Les mer om PEP (post eksponeringsprofylakse) mot hiv. If you have had unprotected sex with a new partner, you should get tested for sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs). There are several different diseases that can be transmitted through sexual contact. If there is a possibility that you have been infected with an STI, testing, treatment and medications are all free of charge. Where to get tested for STIs You can get tested for STIs at all GP offices (fastlege), youth health centres (helsestasjon for ungdom), student health services (studenthelsetjenesten) and sexual assault centres (overgrepsmottak). Chlamydia, gonorrhoea and syphilis can infect the vagina, urethra in the penis, throat and rectum, so all of these areas should be tested. Several clinics specialise in testing and treating STIs and providing sexual health guidance and information: Oslo You can get tested for all STIs at Olafiaklinikken. Here, you can also pick up a test kit for chlamydia. "Sjekkpunkt" is an anonymous rapid test service for men who have sex with men (MSM). The service is run by volunteers, and offers rapid tests for HIV and syphilis, in addition to testing for gonorrhoea, chlamydia and mycoplasma genitalium. The service is anonymous and free of charge. Sex og samfunn offers a free drop-in service for anyone under the age of 25. Sex og samfunn also provides a separate service which includes testing for people who buy sex. Pro Sentret's Health Clinic provides free health care services to people who sell or have previously sold sex. The Sexual Assault Centre provides free help care services to victims of abuse or rape. Bergen You can get tested for all STIs at Haukeland University Hospital's outpatient clinic for sexually transmitted infections. The Sexual Assault Centre provides free help care services to victims of abuse or rape. 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Sexually transmitted infections (STIs) can be transmitted through vaginal, anal or oral sex without the use of a condom, and do not always cause symptoms that make you aware that you have an infection. This means that you can pass the infection on to others without knowing that you are infected, which is why it is important to get tested regularly. Who should get tested? All adolescents and young adults should get tested every time they have had unprotected sex with a new partner. This also applies if a condom breaks or slips off during sex. The infection pressure for certain STIs is higher among certain groups, such as men who have sex with men (MSM) and people who buy or sell sex. People who belong to one of these groups and are sexually active are therefore recommended to get comprehensive tests for all STIs done annually, with more frequent testing if you have several partners. Preventive treatment after possible HIV exposure If you have had unprotected vaginal or anal sex with a person you think may have an untreated HIV infection, it is recommended to take medication that prevents infection (HIV-PEP). Treatment must be started within 72 hours of the possible exposure. Read more about PEP (post-exposure prophylaxis) against HIV. Alle som er seksuelt aktive kan teste seg for kjønnssykdommer, uavhengig av alder, kjønn eller seksuell orientering. Dette gjelder både personer med symptomer og de som ikke har noen symptomer, da mange kjønnssykdommer kan være symptomfrie. Det er spesielt viktig å teste seg hvis du har hatt ubeskyttet sex, har hatt flere partnere, eller byttet partner nylig. Sjekk og behandling for kjønnssykdommer som er omfattet av smittevernløven er gratis i Norge. Dette gjelder bl.a. klamydia, gonorré, syfilis og HIV. Ny kolapp Vi har gått over til digital kolapp som stiller deg noen spørsmål med en gang du kommer. Hensikten med spørsmålene er å bedre pasientflyten slik at du sparer tid. Hvis valgene du tar tilsier at du trenger en klamydia- eller gonorré-test vil du bli kalt inn til rom 1 og møte sykepleier. Sykepleier vil stille deg noen få kontrollspørsmål og de fleste vil da få med seg prøvetutstyr og ta prøvene på toalettet. Alt utenom dette sendes videre til ordinær drop-in der du møter sykepleier og eventuelt lege. There is currently no curative treatment for HIV (human immunodeficiency virus). The virus can lead to serious illness and death, but with modern treatments, life expectancy is now much improved. Treatment usually consists of combinations of several different antiviral drugs. With effective treatment, most people with HIV infection can live a long and happy life with a reduced risk of serious medical complications. HIV-infected people who are treated appropriately with antiviral medications will have very little or no detectable viral load in their blood. It has been shown in practice that appropriately treated patients do not infect their sexual partners. How HIV is transmitted HIV occurs in the bodily fluids of the infected person. The bodily fluids that contain enough virus to transmit infection are blood, semen, vaginal secretions and breast milk. Other bodily fluids (sweat, tears, saliva and urine) contain negligible amounts of virus, and coming into contact with these does not pose a risk of infection. Sexual contact Sexual contact is the most common mode of transmission. Over 90 per cent of infection occurs through sexual contact. On a global basis, heterosexual infection is by far the most common, while in Western countries, infection among men who have sex with other men has been dominant. The virus is transmitted by blood, semen or vaginal secretions coming into contact with the mucous membranes of another person. Mucous membranes are found in the vagina, urethra, rectum, mouth and eyes. Infection through sexual contact can therefore occur through vaginal/anal intercourse or oral sex. HIV is transmitted more easily from men to women than vice versa. Anal intercourse is considered to entail the highest risk, and among men who have sex with other men, the recipient (the person receiving the sperm) is at greatest risk. Having another sexually transmitted disease (chlamydia, gonorrhoea, herpes, syphilis or other diseases with ulcers or damage to mucous membranes) increases the risk of transmission of HIV through sexual contact. Infection via blood HIV can be transmitted by blood transfusion, a risk that has now been virtually eliminated in Norway due to testing of blood donors and heat treatment of a range of blood products. In rare cases, HIV can also be transmitted through direct contact with blood in mucous membranes or open wounds or through puncture wounds. HIV can be spread among people who take "substances" using syringes by sharing syringes, needles or other drug paraphernalia. From mother to child The risk of infection being passed from an untreated mother to their child during pregnancy, birth and breastfeeding is approximately 30 per cent. This risk can be reduced to less than 1 per cent by antiviral treatment of the pregnant woman and the baby during the first few weeks after birth, as well as by not breastfeeding. Symptoms of HIV Many people who are infected with HIV have few or no symptoms of illness for several years after they became infected. Approximately half of those infected will develop what is known as a 'primary infection' two to four weeks after becoming infected. The symptoms may resemble influenza or mononucleosis, with fever, sore throat and muscle and joint pain. Some people also develop rashes and enlarged lymph nodes. These symptoms usually disappear within three weeks and the infected person feels completely healthy again. The viral load in the blood after infection will gradually decrease over the course of four to six months, and then stabilise at a certain level. This level varies greatly from person to person. People with a consistently high viral load develop the disease faster than those with a lower viral load. Symptoms of more advanced HIV disease can be many and difficult to distinguish from a number of other diseases. The most serious stage in the development of the disease is called AIDS (acquired immunodeficiency syndrome) and is often detected in connection with an outbreak of what is known as an 'opportunistic infection'. In a person who is infected with HIV, the first signs of AIDS may also be prolonged fever or diarrhoea, significant and unexplained weight loss or certain forms of cancer. When should you get tested? Patients will normally be offered an HIV test in the event of diffuse symptoms and in connection with the assessment of some diseases. If you want an HIV test even though your doctor has not suggested one, you should explain why you would like to have the test, regardless of whether or not you are showing any signs of HIV infection. This is especially true not only after you have had unprotected sex with someone who may be infected, but also when the presence of another sexually transmitted infection (STI) is detected. How is the diagnosis performed? The HIV tests that are in use today can detect infection as early as one to two weeks after the person became infected. If more than six weeks have passed since you may have been exposed to infection, in more than 90 per cent of cases, you can rely on a negative test result, i.e. that you do not have HIV. If you have been in a high-risk situation, i.e. had unprotected sex with a known HIV-infected person who is not currently undergoing treatment, you should also take a further test after three months. Some clinics are using rapid HIV tests. Although the HIV tests that are routinely used are very reliable, they can sometimes produce false positive results. A false positive test means that the test detects substances in the blood other than HIV. All samples that give a positive result in the first HIV test will therefore be tested again using a different test method, Western Blot, which gives final confirmation that the test is actually positive. As an extra precaution, another blood sample can be taken to rule out the possibility that the test tubes have been accidentally swapped over. A positive HIV test indicates that a person is infected with HIV, but it provides no information about when or how the person was infected. Nor can the test say anything about how far the disease has progressed. Treatment All patients with recently diagnosed HIV infection should be placed on infection medications as soon as possible. Antiviral treatment has been shown to reduce the risk of severe complicating illnesses or death, even in the case of high CD4 counts. It is therefore recommended that treatment be started as soon as possible, regardless of the CD4 cell count, partly out of consideration for the infected person's own health, and partly to prevent further transmission. How is the diagnosis performed? The HIV tests that are in use today can detect infection as early as one to two weeks after the person became infected. If more than six weeks have passed since you may have been exposed to infection, in more than 90 per cent of cases, you can rely on a negative test result, i.e. that you do not have HIV. 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HIV is very rarely transmitted through oral sex, but the current situation with the occurrence of other sexually transmitted infections such as gonorrhoea and syphilis suggests that condoms should be used for oral sex by people in groups that are vulnerable to HIV. Syringes and blood spills Clean drug paraphernalia must be used by anyone who injects drugs, and they must never be shared with others. When removing blood spills, ordinary household chlorine should be used. PEP Preventive treatment after exposure to infection is available and is known as PEP. If you have been exposed to a risk of HIV infection, this risk can be reduced by immediately starting treatment with viral medicines for HIV. Treatment normally lasts for four weeks. PEP can be used when other preventive measures have failed or in the event of an unexpected event, such as a condom splitting. PEP should be initiated as soon as possible if there is an indication for such treatment – preferably within 4 hours and within no more than 72 hours after the high-risk situation occurred. It is therefore important that you contact your doctor/out-of-hours medical service immediately if you would like PEP. PrEP Studies have shown that medicine used in the treatment of HIV-positive patients can also prevent HIV infection if the medicine is taken before a possible infection situation occurs. This is called Pre-Exposure Prophylaxis (PrEP). In recent years, numerous studies have shown that PrEP provides good protection against the transmission of HIV infection. PrEP does not provide a 100-percent guarantee against HIV infection, nor does it provide any protection against other sexually transmitted infections. It must therefore be considered as a supplement to other preventive measures (consistent use of condoms, frequent testing and treatment of sexually transmitted infections). It is therefore recommended that PrEP be used in addition to condoms, regular testing and treatment of sexually transmitted infections. PrEP can be used in one of two ways: tablets taken either daily (continuously) or as and when necessary (intermittently). To be considered for PrEP, you must be HIV-negative and at a high risk of becoming infected. In practice, this means that the programme is primarily of relevance to men who have sex with other men and transgender persons who have had unprotected anal intercourse with several partners during the last twelve months or where there is a high probability of recurrence. Having a sexually transmitted infection or needing PEP during the past 12 months, having sex while intoxicated, or having a minority background and/or sex with men or transgender persons abroad are all factors which strengthen the recommendation to use PrEP. PrEP is available at sexually transmitted infection outpatient clinics and infectious disease departments across the country. Your GP can refer you for assessment if you would like PrEP. Vaccine Efforts to develop an effective preventive vaccine have been continuing for many years, and a number of vaccines are currently being tested. So far, it has not been possible to produce a vaccine with an infection prevention effect. The HIV situation in Norway After having been very stable during the 1990s, the number of confirmed cases of HIV rose during the early 2000s. This was primarily due to the presence of more HIV-positive immigrants who had been infected in their former home country before arriving in Norway, as well as a significant increase in infection rates among men who have sex with other men. Since 2015, there has been a decline in reported cases among men who have sex with other men, probably due to the effect of numerous measures such as increased testing, rapid commencement of treatment and access to preventive treatment (PrEP). Reported cases among newly arrived asylum seekers have also fallen in recent years, particularly during the pandemic in 2020 and 2021, which is due to a decline in the number of asylum seekers. The war in Ukraine has led to a large influx of refugees. About 100 HIV-positive people were detected among such people in 2022, most of whom were known to be HIV-positive from their home country and undergoing treatment. Immigrants make up about two-thirds of those who have been diagnosed with HIV infection in Norway over the last 10 years. Most of them come from conflict areas in central and eastern Africa, as well as Southeast Asia. Heterosexual transmission among persons resident in Norway is still relatively rare. Most of this group are men who have been infected abroad, especially in Thailand. There is little new infection among people who take drugs using syringes in Norway. At the end of 2022, a total of 7.125 HIV-positive people had been diagnosed in Norway (4,785 men and 2,340 women). It is estimated that in 2022 about 4.800 people were living with HIV in Norway. The global HIV situation HIV infection has been detected in every country of the world. UNAIDS estimates that, at the end of 2021, there were approximately 38 million people living with HIV infection. Approximately 26 million of these have access to antiviral treatment. Since the start of the epidemic, it is estimated that approximately 78 million people have been infected with HIV, and approximately 35 million people have died from AIDS-related diseases (2021). Reddit and its partners use cookies and similar technologies to provide you with a better experience. 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