

Sexually transmitted infections

- NHS Tayside has the highest rates of genital Gonorrhoea and Chlamydia (in all ages) in Scotland
- Genital Chlamydia infection remains asymptomatic in at least 70% of women and 50% of men
- The highest prevalence of STIs is seen in those under the age of 25 years

Sexual History

MSM and those identified with higher risk taking sexual behaviours should be advised to attend the sexual health clinic (these patients are prioritised and usually seen the same day).

Who to test for STIs : symptomatic patients

Female
Irregular bleeding
Mucopurulent cervical discharge
Inflamed/friable cervix (which may bleed on contact)
Suspected pelvic inflammatory disease (PID)
Frequency/dysuria (with negative MSU)
Painful genital ulceration **

Male
Urethral discharge
Dysuria
Urethral discomfort
Epididymitis/epididymo-orchitis
Reactive arthritis
Rectal discharge/pain*
Painful genital ulceration**

*Symptoms are more typically found in men who have sex with men (MSM). Refer to Specialist Services.

** These patients should be tested for genital Herpes Simplex Virus (HSV)

Who to test for STIs: targeted screening in asymptomatic groups

- Sexual partners of those diagnosed with Chlamydia
- Sexual partners of those with suspected Chlamydia (e.g. PID or epididymo-orchitis)
- Those who have had Chlamydia infection diagnosed in the previous 12 months
- Under 25s (especially those who have had more than one partner in past 12 months)
- Women undergoing TOP

Which tests to perform

Male (heterosexual)	Male (MSM)	Female
Chlamydia and Gonorrhoea – combined PCR assay		
<ul style="list-style-type: none"> • First void urine (FVU)* 	<ul style="list-style-type: none"> • FVU • Pharyngeal swab (if patient has oral sex) • Rectal swab (if patient has anal sex) 	<ul style="list-style-type: none"> • Endocervical swab (if symptomatic) • Vulvovaginal swab (VVS) patient or clinician taken (only if asymptomatic)
Genital Herpes		
HSV swab to be taken from base of genital ulcer		

*Men with urethral discharge should be seen within specialist services for a urethral swab and point-of-care testing for urethritis

- FVU samples - yellow-topped Cobas PCR urine sample container
- Rectal/Pharyngeal/Endocervical/VVS samples - yellow-topped Cobas PCR female swab container
- HSV swab - Copan PCR Universal transport medium (UTM) kit
- All above specimens should be kept at **room temperature** whilst awaiting transport to the lab
- All patients diagnosed with any STI should be recommended to have screening for syphilis and HIV **regardless of risk** - single Gold vacutainer
- Obtain consent for all positive results (HSV excluded) to be shared with the sexual health service – **document on request form if patient declines**
- Record the current mobile phone number on the test request form. A sexual health adviser will contact the patient to inform them of their positive result

First line management of common STIs**Uncomplicated chlamydia**

- Azithromycin 1g stat

Uncomplicated gonorrhoea

- Ceftriaxone 500mg i.m. stat **and** Chlamydia treatment (regardless of Chlamydia test result)

Trichomonas

(refer to the specialist service for confirmation of the diagnosis with microscopy)

- Metronidazole 2 g stat

Pelvic inflammatory disease

- Ofloxacin 400mg bd 14 days **and** metronidazole 400mg bd 14 days

Epididymitis

If <35 years old, sexually transmissible pathogen more likely

- Doxycycline 100mg bd 14 days

If >35 years old, urinary pathogen more likely

- Ciprofloxacin 500mg bd 10 days or
- Ofloxacin 200mg bd 14 days (if risk of sexually transmitted pathogen)
- If Gonorrhoea suspected refer to specialist services – add in ceftriaxone 500mg i.m. stat

Additional management considerations for above conditions

- Sexual abstinence until treatment completed (7 days for uncomplicated infection)
- Testing and treatment of sexual partners
- Safer sex advice and condom provision

Primary and recurrent genital herpes

- Aciclovir 200mg 5 times daily for five days

Suppressive treatment for confirmed recurrent genital herpes

Indication: > 6 recurrences per year

- Aciclovir 400mg bd for 12 months followed by treatment interruption.

Await more than two recurrences before considering re-introducing suppressive therapy.

Considerations for individuals who disclose sexual assault

- Forensic examination via police as soon as possible
- Emergency contraception
- Hepatitis B vaccination – ultra-rapid schedule day 0, 7 and 21 days with 12 month booster
- Consider post-exposure prophylaxis for HIV depending on assailant's risk
- Consider prophylaxis against bacterial STIs especially if testing likely to be declined
- STI testing at 2 weeks (or 6 weeks if given prophylactic treatment) for all orifices involved
- Psychological support and referral to services

Quick risk assessment for HIV/blood borne viruses

- Have you ever had an HIV test before? (date and result)
- Have you ever had sex with someone you know has HIV or hepatitis?
- Have you ever injected drugs?
- Have you ever had sex with anyone who injects drugs?
- Have you had sex with anyone from abroad? (record high risk countries)
- Male patients: Have you ever had sex with another man?
- Female patients: Have you ever had sex with a man you think may be bisexual or gay?
- Have you ever paid for sex or been paid for sex?

Referral to specialist services**Please refer electronically through the Referral Management System**

Suspected or confirmed syphilis

Atypical genital ulcers

Genital herpes in pregnancy

Genital ulcers of tropical aetiology

Recalcitrant warts

Dysplastic warts

Recurrent bacterial vaginosis or vulvovaginal candidiasis

Sexually-acquired proctitis

Sexually acquired reactive arthritis

Sexual assault

Individuals seeking post-exposure prophylaxis for HIV

Further Information**Websites:**

www.sexualhealthtayside.org

www.bashh.org/guidelines

www.rcgp.org.uk (STIs in Primary Care, 2006)

Sexual Health Advisers:

Ninewells Hospital, Dundee: Telephone 01382 632 600
 Drumhar Health Centre, Perth: Telephone 01738 564272
 Abbey Health Centre, Arbroath: Telephone 01241 879753

Consultants:

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