

# Tayside Sexual and Reproductive Health Service

Sexually Transmitted Infections

## Guidance for Primary Care

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[www.sexualhealthtayside.org](http://www.sexualhealthtayside.org)

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# Glossary

BBV	■	Blood Borne Virus
BV	■	Bacterial Vaginosis
FSRH	■	Faculty of Sexual and Reproductive Healthcare
FVU	■	First Void Urine
GUM	■	Genito Urinary Medicine
HPV	■	Human Papillomavirus
HSV	■	Herpes Simplex Virus
HVS	■	High Vaginal Swab
IUD	■	Intrauterine Device
IUS	■	Intrauterine System
MSM	■	Men Who Have Sex with Men
NAAT	■	Nucleic Acid Amplification Test
PID	■	Pelvic Inflammatory Disease
PMS	■	Premenstrual Syndrome
PWID	■	People Who Inject Drugs
STI	■	Sexually Transmitted Infection
TAF	■	Tayside Area Formulary
TV	■	Trichomonas Vaginalis
UPSI	■	Unprotected Sexual Intercourse
UTM	■	Universal Transfer Medium
VVS	■	Vulvovaginal Swab

# Introduction

This guidance is intended for use by those who undertake testing for Sexually Transmitted Infections. It highlights those STIs that cause harm and summarises the key points to consider when offering tests, or dealing with symptoms. It also provides guidance on how to access support or refer individuals to our specialist clinics (see details on last page).

Tayside Sexual and Reproductive Health Service (TSRHS) focuses on complex STI testing and management amongst high risk and vulnerable groups and will support partner notification for those diagnosed with an STI in primary care where patient consent is given.

For current  
service hours, visit:  
[www.sexualhealthtayside.org](http://www.sexualhealthtayside.org)

GPs and practice nurses can  
obtain support and advice via:  
Phone: 07805 762572  
Email: [Tay.tsrh@nhs.scot](mailto:Tay.tsrh@nhs.scot)

## Sexual History

The following questions are helpful in assessing risk of STIs and deciding when to undertake testing:

- When did you last have sex?
- Was this a regular or casual partner? If regular, how long have you been together? Are you using/did you use a condom?
- When did you last have sex with somebody else?
- In your lifetime have your sexual partners been male, female or both?
- Have any of your sexual partners been from Africa, the Caribbean, Asia or Eastern Europe?
- Any history of STIs (including hepatitis and HIV)?
- Any history of injecting drug use (either themselves or their sexual partners)?

### Timing of Tests

Incubation periods for STIs vary. Confirm that sufficient time has elapsed post-exposure to ensure the validity of results.

If ongoing sexual risk, do not defer testing: carry out a full baseline screen immediately and then arrange for repeat tests as necessary.

#### Definitive results timing

<b>Chlamydia/Gonorrhoea</b>	2 weeks following risk
<b>HIV</b>	45 days following risk
<b>Syphilis</b>	3 months following risk
<b>Hepatitis B/C</b>	3 months following risk

## What tests should you do?

### Chlamydia and Gonorrhoea testing

Please confine testing for Chlamydia (CT) infection to the following symptomatic and specified groups of asymptomatic individuals. Avoid opportunistic testing in those attending for Smear tests or Intrauterine device insertion unless there is a clear clinical reason. Testing is **Not Recommended** in women with vaginal discharge only, as this is a poor predictor for CT infection. Please treat discharge empirically (see vaginal discharge section). Only discharge that persists despite empirical treatment should prompt a Chlamydia test.

Test in the following symptomatic groups:

- Intermenstrual, post-coital or break-through bleeding
- Lower abdominal pain in those who are sexually active
- Cervicitis
- Urethritis
- Urethral discharge
- Reactive arthritis in those who are sexually active
- Epididymo-orchitis in those who are sexually active
- Conjunctivitis (Neonates or sexually active adults with persistent symptoms)

Provide targeted testing only in the following 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 been diagnosed with Chlamydia in the past year
- Individuals who are under 25 years
- Men who have sex with men

**HIV** - Many will be low risk but you are more likely to do harm by not offering an HIV test than by testing someone with their consent. Testing is recommended where any other STI has been diagnosed and in high risk patients as listed below.

**Syphilis** - This is more common in high risk groups especially MSM although cases are rising in heterosexuals. Testing is recommended where any other STI has been diagnosed.

### High risk patients

Men who have sex with men (MSM), sex workers, injecting drug users, people from endemic areas or who have sex with someone from an endemic area, or contacts of those cases.

- Offer HIV, Hep B and syphilis testing
- Offer Hepatitis C testing: main indication being drug use

Whilst we would encourage GPs to test all high risk individuals, all of the above high risk individuals justify referral to specialist services.

**Please note:** there are other indicator illnesses which should prompt blood borne virus screening. NHS Tayside HIV testing guide and further information on BBV is available on the Tayside Sexual Health and BBV MCN website [www.sexualhealthtayside.org](http://www.sexualhealthtayside.org)

### Sexual health samples

Male (heterosexual)	Male (MSM)	Female
<b>Chlamydia and Gonorrhoea NAAT</b>		
<ul style="list-style-type: none"> <li>• First void urine (FVU). Not necessarily an early morning sample</li> </ul>	<ul style="list-style-type: none"> <li>• FVU</li> <li>• Pharyngeal swab (if patient has oral sex)</li> <li>• Rectal swab (unless no history of anal contact during sex)</li> </ul>	<ul style="list-style-type: none"> <li>• Vulvovaginal swab (VVS) patient or clinician taken</li> </ul>
<b>Genital Herpes</b>		
HSV swab to be taken from base of genital ulcer or a deroofed vesicle		

## Preferred samples for chlamydia/gonorrhoea and for herpes



Use this container for the following:  
**Chlamydia/Gonorrhoea testing; self-taken Vulvovaginal swabs, Throat and Rectal swabs** (men who have sex with men).

On ICE request 'swab for Chlamydia and Gonorrhoea PCR'. This container is 221394 from the National Distribution Centre, APTIMA MULTITEST KIT PRD-03456 HOLOGIC.



Use this container for the following:  
**Chlamydia/Gonorrhoea testing; urine.**

The urine must fill the container to the level marked. On ICE request 'urine for Chlamydia and Gonorrhoea PCR'. This container is item 221387 from the National Distribution centre, APTIMA URINE SPECIMEN KIT 301040 HOLOGIC.



Use this container for suspected **genital herpes**

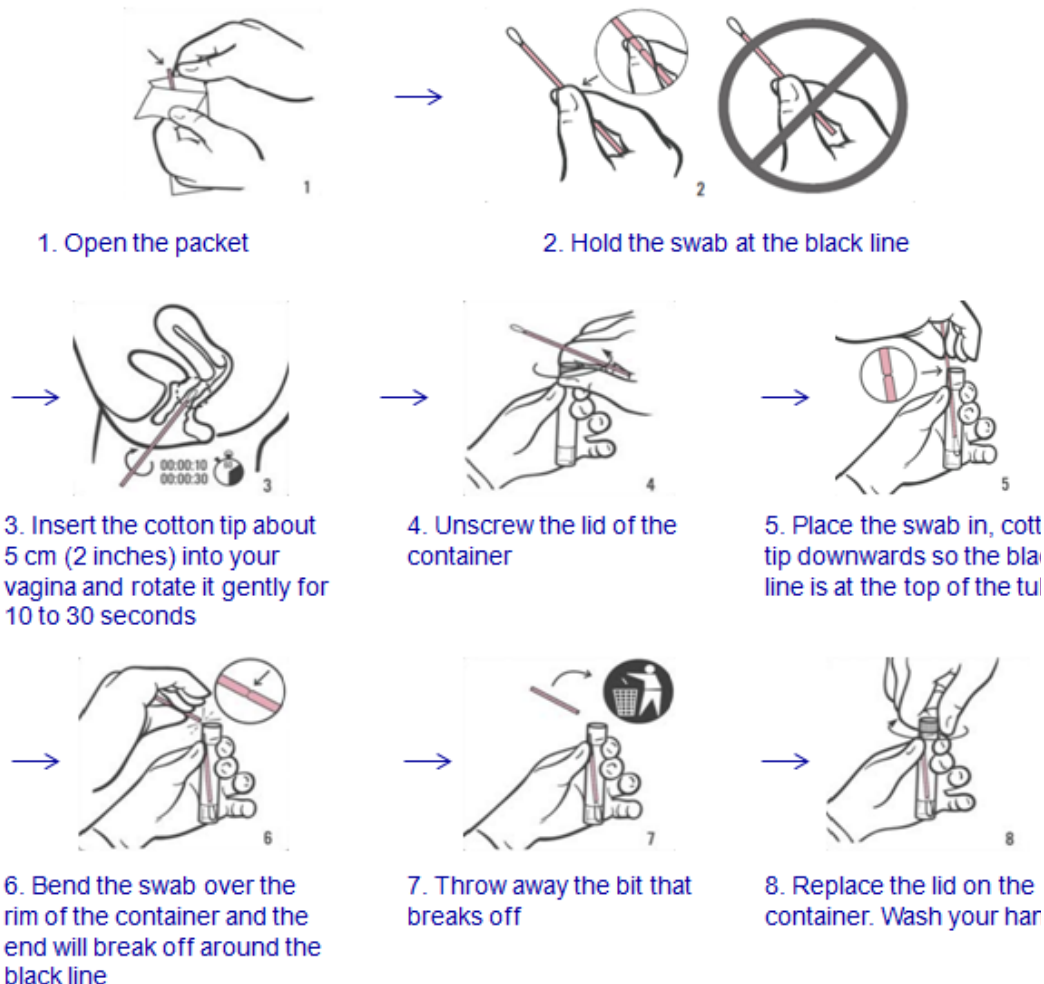
The preferred sample is a swab of the lesion.  
On ICE request 'HSV (Herpes simplex) Swab'  
This container is item 241965 from the National Distribution Centre, TRANSWAB UTM FLOCKED SWAB 1ML 361C 1X50

## How to take a vaginal swab for Chlamydia/gonorrhoea

You will need a packet with a swab and container like this →



Wash your hands, take off or lower your underwear and follow the pictures below:



Illustrations courtesy of Gen-Probe Incorporated, San Diego CA

## Gonorrhoea Culture Swabs

If a patient has a positive Gonorrhoea NAAT test, please refer to a sexual health clinic for culture and sensitivity testing, treatment and contact tracing.

## Sexual health serology: HIV, Syphilis and Hepatitis

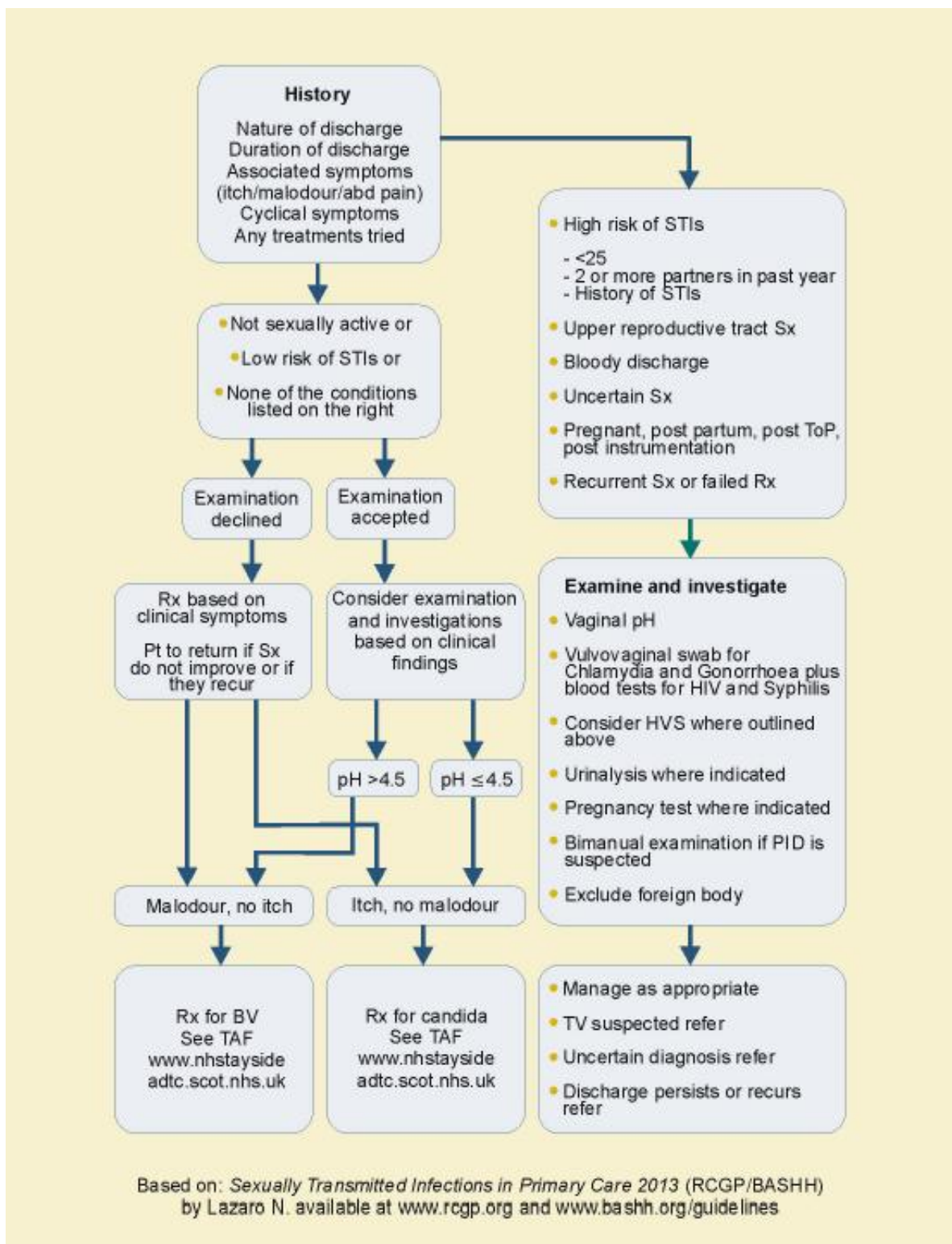
A blood sample is sent in a single gold vacutainer. Hepatitis B screening is with core antibody (Hep B cAb).



# STI symptoms summary

## Vaginal discharge

Vaginal discharge management exemplifies syndromic approach i.e. clinical assessment is more important than tests (see flowchart below):



The commonest causes of vaginal discharge are not sexually transmitted. Candida and bacterial vaginosis are the most common cause of discharge; diagnosis can be based on symptom, pH and signs.

Vaginal swabs (HVS) for culture are of limited value. Reporting of commensal bacteria can cause anxiety and lead to over treatment. Their use should be reserved for the following situations:

- Recurrent/persistent discharge after empiric treatment
- Symptoms, signs and/or pH are inconsistent with a specific diagnosis
- Related to problems in pregnancy, postpartum or gynaecological surgery/instrumentation

### **Vaginal discharge in those who are post-menopausal**

The commonest cause of discharge in this group is due to lack of oestrogen. If there are no risk factors for STIs, examine and consider a trial of topical (vaginal) oestrogen.

### **Genital herpes simplex virus infection (HSV)**

Clinical features suggestive of primary genital HSV infection include:

- Multiple painful vesicles or ulcerated lesions
- Systemic flu-like symptoms; fever, myalgia (only in primary infection)
- Inguinal or femoral tender lymphadenopathy
- Severe dysuria
- Retention of urine or constipation due to autonomic neuropathy

Diagnosis is often clinical but virological confirmation (HSV PCR) should always be attempted. Treat before you have results back. Please test for HIV and Syphilis and refer single/painless/atypical ulcers to rule out syphilis.

## Management

Primary and recurrent genital herpes:

- Aciclovir 400mg 3 times daily for 5 days
- Encourage bathing in salty water to discourage the formation of labial adhesions and use of yellow soft paraffin "Vaseline"
- Oral analgesia

Admit to hospital if there is:

- Urinary retention
- Intractable pain
- Aseptic meningitis
- An individual who is systemically unwell in second or third trimester of pregnancy

## Follow up

Review at 2 weeks with virological results if first episode. Offer a full STI screen if deferred at first visit.

## Recurrences

Recurrences of genital herpes are generally self-limiting and usually cause minor symptoms. Management strategies include supportive therapy only, episodic and suppressive antiviral therapy.

Episodic treatment - antiviral therapy shortens recurrent episodes in those with recurrences >4 days and will abort approximately 10% of lesional recurrences when started early (within 24 hours). This is best managed as a self-start medication of Aciclovir 800 mg three times daily for 2 days and should be available via repeat prescription.

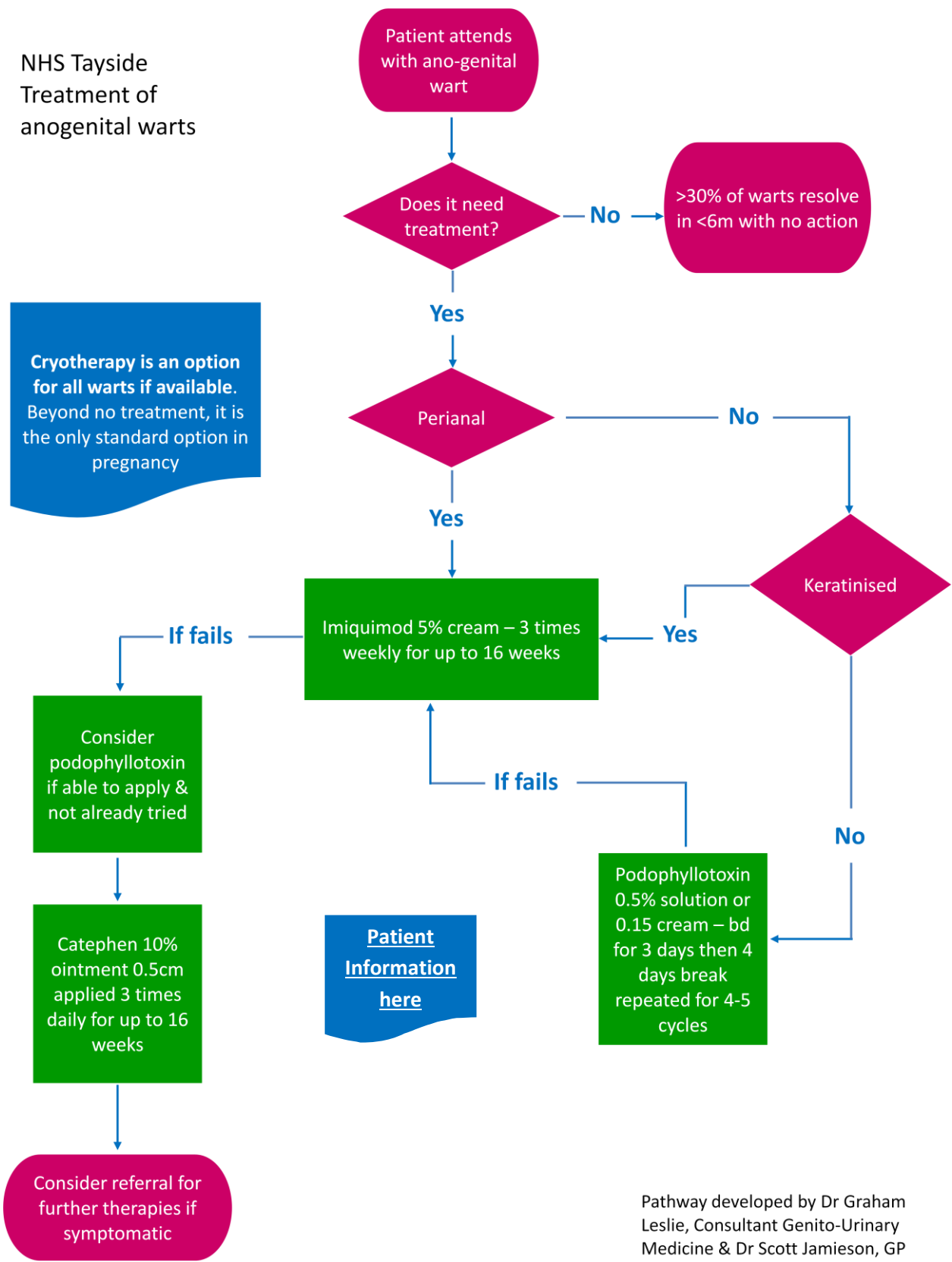
Suppressive treatment – is indicated for those with >6 recurrences per year. Recommended treatment is Aciclovir 400mg twice daily for 12 months followed by treatment interruption. Await more than two recurrences before considering reintroducing suppressive therapy. Consider referral.

All individuals with primary herpes diagnosed in the third trimester should be referred to a GUM consultant and their obstetrician should be informed.

# Genital warts (HPV)

NHS Tayside  
Treatment of  
anogenital warts

**Cryotherapy is an option for all warts if available. Beyond no treatment, it is the only standard option in pregnancy**



Pathway developed by Dr Graham Leslie, Consultant Genito-Urinary Medicine & Dr Scott Jamieson, GP

## When to refer to specialist services

### We can provide the following in our general clinics:

- STI testing – priority given to those in a high risk or vulnerable group
- STI treatment
- Contraception counselling and initial provision– priority given to those in a high risk or vulnerable group
- IUS/IUD insertions or replacements if used for contraception or as part of HRT
- SDI (Nexplanon®) insertions, replacements or removals
- Emergency contraception, including emergency IUD insertion
- Medical aftercare following sexual assault

## Specialist clinics

### GUM complex

A specialist clinic for individuals with the following:

- Atypical genital ulceration
- Genital ulcers in individuals from endemic areas or who have had sex with someone from an endemic area
- Recalcitrant warts
- Recurrent bacterial vaginosis or vulvo-vaginal candida
- Sexually acquired proctitis
- Sexually acquired reactive arthritis

Refer through SCI Gateway/TrakCare to Genito-Urinary Medicine

### HIV Pre-exposure prophylaxis (PrEP)

For individuals wishing to start or continue with PrEP.

Refer through SCI Gateway/TrakCare to Genito-Urinary Medicine

## Complex SRH

A specialist clinic for individuals with the following:

- Complex contraception issues
  - medical problems
  - contraindications
  - side effects
  - bleeding problems on contraception
  - problems finding the right method
  - repeated termination of pregnancies or unplanned pregnancies
  - request for sterilization <30 years
  - diaphragms
  - perimenopausal contraception
- Premenstrual Syndrome

Refer through SCI Gateway/TrakCare to Genito-Urinary Contraception.

Please also refer to the Tayside Contraception Guidelines [www.sexualhealthtayside.org/professionals/guidelines/guidelines-reproductive-health](http://www.sexualhealthtayside.org/professionals/guidelines/guidelines-reproductive-health) for advice, or email **Tay.tsrh@nhs.scot**

## Complex Procedure

- Failed IUD/IUS insertions, replacements or removals lost IUD/ IUS threads (please ensure a TVUSS has been performed recently to confirm presence of device prior to referral)
- Failed or deep implant removals

Refer through SCI Gateway/TrakCare to Genito-Urinary Contraception

## Menopause

Patients with complex menopause problems can be referred to this clinic through SCI Gateway/TrakCare to Genito-Urinary Medicine Menopause, for advice or an appointment if appropriate. Referral criteria are as follows

- premature ovarian insufficiency (under the age of 40)
- persistent side effects with several types and routes of HRT (minimum of three)

- poor symptom control with several types and routes of HRT (minimum of three, at max licensed dose)
- complex medical history and/or contraindications to HRT including PMHx of hormone dependent cancer, after non hormonal treatment options are not suitable, appropriate, acceptable or helpful
- persisting vaginal bleeding problems on several types of HRT (after pathology has been excluded by gynaecology if lasting >3-6/12),
- low sex drive in well oestrogenised women after excluding or addressing non-organic causes (relationship issues, GBV, sexual trauma, body image issues, lack of sex education, unrealistic expectations, medical issues, side effects of medication) and when a therapeutic trial with transdermal testosterone might be indicated.

Please also refer to the Tayside Menopause Guidelines for information and referral criteria:

[www.sexualhealthtayside.org/professionals/guidelines/guidelines-reproductive-health](http://www.sexualhealthtayside.org/professionals/guidelines/guidelines-reproductive-health)

### **Young People Clinic**

Sexual health clinic, Drumhar Health Centre only (age 18 and under, Monday 4-6 pm).

Young people are able to access all standard services

Please phone 01382 425542

### **Sexual problems clinic**

A specialist clinic for individuals with the following:

- Anorgasmia
- Vaginismus/Superficial Dyspareunia
- Lack of sex drive
- Erectile dysfunction (after medical/organic causes excluded and, usually, urology review)
- Early and delayed ejaculation (after medical/organic causes excluded and, usually, urology review)

Refer through SCI Gateway/TrakCare to Genito-Urinary Psychosexual



For referral queries phone **01382 425533**

For any non urgent clinical queries please email **Tay.tsrh@nhs.scot**

Emails are checked by senior doctors and responded to within 48 working hours

## Where our services are

Opening hours can  
be found on our website  
[www.sexualhealthtayside.org](http://www.sexualhealthtayside.org)

- Dundee Sexual Health Clinic  
Level 7 South Block  
Ninewells Hospital  
DUNDEE  
DD1 9SY
- Perth Sexual Health Clinic  
Drumhar Health Centre  
North Methven  
Street  
PERTH  
PH1 5PD
- Angus Sexual Health Clinic  
Abbey Health Centre  
East Abbey Street  
ARBROATH  
DD11 1EN

## Useful resources

TSRH Hormonal contraception guide NHS Tayside Formulary  
[www.taysideformulary.scot.nhs.uk](http://www.taysideformulary.scot.nhs.uk)

## Other useful websites

[www.menonlytayside.org](http://www.menonlytayside.org)  
[www.sexualhealthscotland.co.uk](http://www.sexualhealthscotland.co.uk)  
[www.bashh.org](http://www.bashh.org)  
[www.fsrh.org](http://www.fsrh.org)

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