unity Sexual Health

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# A-Z of STIs (Sort of…!)

## Case-based discussions

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In partnership with:

bpas British Pregnancy Advisory Service
brook
The Eddystone Trust HIV and Sexual Health Services
Marie Stopes UK Children by choice, not chance
North Bristol NHS Trust
Terrence Higgins Trust
Weston Area Health NHS Trust

# Case 1- Amira

Amira is 27 years old and presents with a 3/7 history of bilateral lower abdominal pain and has noticed an increase in her vaginal discharge. She also reports vaginal spotting for the past 2/7. She had an IUD fitted 3 months ago

- What else would you want to know from Amira's history?

- What investigations/ examinations would you undertake?

# Amira

- Examination findings
  - **Cervix NAD**
  - **Threads not visualized**
  - **Bimanual – cervical excitation, bilateral adnexal tenderness, uterine tenderness**
  - **PT negative**

- Differential diagnosis?

# Amira

- You decide to treat Amira for PID – What treatment regime and advice would you give her?

- Amira asks if her IUD could have caused this and whether it needs to be removed. What advice would you give her and when would you advise removal?

- After 1 week of Rx Amiras symptoms are improving and she receives her NAAT result which is negative for CT/GC. She calls to ask if this means she can stop her abx and if the fact her swabs are negative means she didn’t have PID. What would you advise her?

# Amira

- If on initial assessment Amira had bilateral pain and spotting and a positive pregnancy test – what management would you have advised?

- Amira wishes to know what the long term risks are of PID and if there is anything she can do to prevent PID in the future?

# PID Key points

- Usually as a result of infection ascending from endocervix
- CT commonest identified cause – 14 - 35%
- Gardnerella vaginalis, anaerobes and other common vaginal organisms implicated also M.Gen – causative
- Pathogen negative PID is common
- IUD insertion – increased risk of PID but only for the 4-6 weeks after insertion

- Symptoms
  - **Lower abdo pain – usually bilat**
  - **Abnormal vaginal d/c – often purulent**
  - **Deep dyspareunia**
  - **PBC/IMB/HMB**

- Signs
  - **Lower abdo tender – usually bilat**
  - **Adnexal tenderness**
  - **Cervical motion excitation**
  - **Fever**

# PID Key points

- Pus on microscopy – good negative predictive value 95% but poor positive predicative value – 17%

- “Consider PID and offer empirical abx Rx in any sexually active woman who has recent onset, lower abdo pain associated with local tenderness on bimanual, in whom pregnancy has been excluded and no other cause for the pain has been identified”.

- PID risk highest for those under 25, not using condoms and new sexual partner

# Case 2- Michael

Michael, 32, is on your telephone list. He tells you he has had a 2-day history of penile discharge, which is yellow and sticky and he is having to wrap his penis in toilet paper. He has been married for 3 years to Michelle.

- What else do you need to ask?
- What is your care plan? - discuss investigations, other care that may be required, management plan

He discloses that he has male partners outside of his marriage.

- How does his disclosure of male partners alter your care plan? What else do you need to think about?
- Would you care plan have been different with a rectal discharge?

# Gonorrhoea Key points

- Tested for by NAAT testing- swab or urine samples are accepte
- Think about testing all possibly-exposed sites incl. cervix, urethra, pharynx and rectum
  - And occasionally eyes!
- Testing all possible sites is really important
- MC&S culture tests are vital for antibiotic stewardship
- First line treatment = Ceftriaxone 1g stat IM
- Partner notification required
- Test of cure at 2 weeks

# Men-who-have-sex-with men (MSM) – Key points

- MSM= men who have sex with men
  - Will have differing sexual identities (gay, bi, straight)
- At higher risk of all STIs
- Focus of health prevention
  - Vaccinations: Hep A, Hep B and HPV (up to age 45 years)
  - PrEP/PEPSE
  - Condom use
  - Drug and alcohol services- PRISM at BDP

# Case 3- Donald

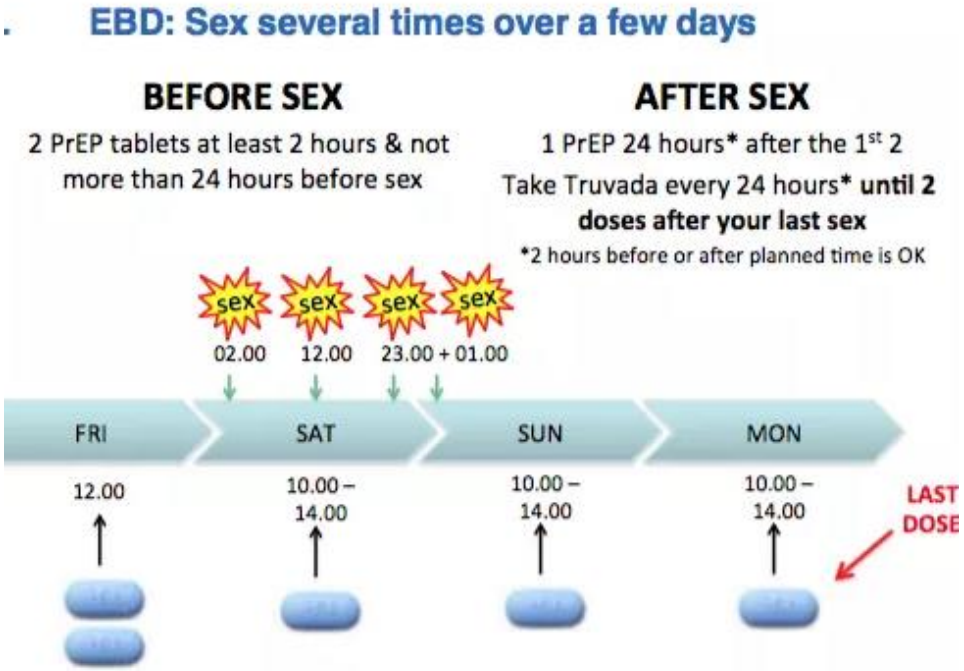
45 year old Donald is on your telephone list. He is requesting a “kidney test”. He discloses he is wishing to start PrEP and has bought some from an online pharmacy but has read that he should have his kidneys checked first.

- What is PrEP?
- Who is eligible to take PrEP?
- How can people access PrEP?
- What are the potential side effects and how common are they?
- What do you do with Donald?

# PrEP Key Points

What is PrEP?

- **PrEP is Pre-Exposure Prophylaxis**
  - **Taken by HIV negative people to prevent HIV acquisition**
- **Combination of 2 drugs – tenofovir and emtricitabine**
- **Can be taken in 2 ways**
  - **Daily or Event based**
    - Double dose taken 2-24 hours before sex then 1 tablet every 24 hours until 2 taken AFTER sex occurred.



# PrEP Key Points

## Why do people take PrEP?

**…Because it works very well in preventing HIV**

**...when people take it!**

| Study | Results announced | Population | Number of participants | PrEP agent | Reduction in infections |
|---|---|---|---|---|---|
| CAPRISA 004 | 2010 | Women, 18-40 years, South Africa | 889 | Tenofovir vaginal gel (intermittent dosing) | 39% |
| iPrEx | 2010 | MSM and transgender women, international | 2499 | *Truvada* pill | 44% |
| FEM-PrEP | 2011 | Women, 18-35 years, Africa | 1950 | *Truvada* pill | 0% |
| Partners PrEP | 2011 | HIV-serodiscordant couples, Kenya and Uganda | 4758 | *Truvada* pill or tenofovir pill | 75% on *Truvada*; 67% on tenofovir |
| TDF-2 | 2011 | Heterosexual men and women, 18-35 years, Botswana | 1200 | *Truvada* pill | 63% |
| VOICE | 2012 | Women, 18-45 years, Africa | 5029 | Tenofovir vaginal gel, tenofovir pill, or *Truvada* pill | 0% |
| Bangkok tenofovir study | 2013 | Men and women who inject drugs, Thailand | 2413 | Tenofovir pill | 49% |
| FACTS 001 | 2015 | Women, 18-30 years, South Africa | 2059 | Tenofovir vaginal gel (intermittent dosing) | 0% |
| IPERGAY | 2015 | MSM and transgender women, France and Canada | 400 | *Truvada* pill (intermittent dosing) | 86% |
| PROUD | 2015 | MSM and transgender women, England | 544 | *Truvada* pill | 86% |

**Note:** *Truvada* pills contain two drugs, tenofovir and emtricitabine.

# PrEP Key Points

Who needs PrEP?

…People at high risk of acquiring HIV…

- HIV negative
- Don't always use a condom for penetrative sex
  - **A recent STI (especially a rectal infection)?**
  - **Recent need for PEPSE?**
  - **Using Chems?**
  - **HIV positive partner not adhering to their treatment?**

# PrEP Key Points

## What do I do (in primary care)?

- Identify those who might be taking PrEP/would benefit from PrEP
- Chat to them about it (they might know MUCH more than you!)
- Refer them to Unity for further discussion
  - Give iBase leaflet (https://i-base.info/guides/prep)
  - Unity offer monitoring (recommended 3-monthly)
- Unity will do baseline screening incl:
  - STI screen
  - U&E
  - Urine dip for proteinuria
  - And ensure all other sexual health promotion is discussed e.g. vaccines
- Monitoring
  - 3 monthly STI screen
  - Annual U&E

# Questions?!