Updates in STI Detection and Treatment

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Continuing Education Disclosure

- This speaker does not have any financial relationships with commercial entities to disclose.

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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Objectives

At the end of this session, participants will be able to:

1. Recognize, diagnose, and choose appropriate treatment for common bacterial sexually transmitted infections (STIs)
2. Share barriers to, facilitators of, and lessons learned from the field regarding improvements in STI screening, testing and treatment

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STI Treatment Guidelines
2021 RECOMMENDATIONS NOW AVAILABLE
STI Treatment Guidelines Update
CDC's Sexually Transmitted Infections (STI) Treatment Guidelines, 2021 provides current evidence-based prevention, diagnostic and treatment recommendations that replace the 2015 guidance. The recommendations are intended to be a source for clinical guidance. Healthcare providers should always assess patients based on their clinical circumstances and local burden.
2021 Mobile App in Development
Learn how to use the interim, mobile-friendly solution.
BROWSE GUIDELINES ONLINE
View the full STI Treatment Guidelines.
PROVIDER RESOURCES
Access print-friendly versions of the wall chart, pocket guide, and guidelines.
NATIONAL NETWORK OF STD PREVENTION TRAINING CENTERS
Explore STD trainings, technical assistance, clinical consultation services, and more.
RECOMMENDATIONS FOR PROVIDING QUALITY STD CLINICAL SERVICES
Learn about recommendations and tools to help healthcare settings improve STD care services.
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https://www.cdc.gov/std/treatment-guidelines/default.htm

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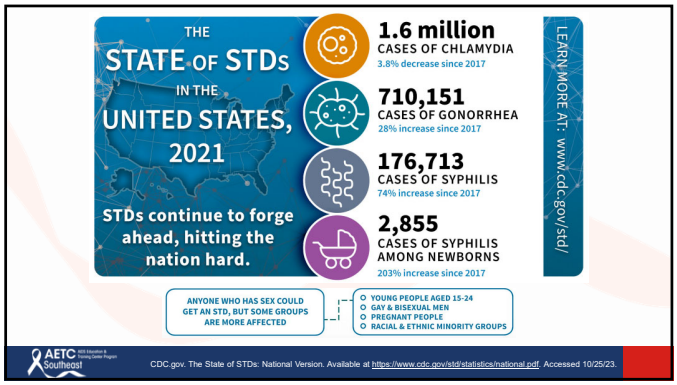
THE STATE OF STDs IN THE UNITED STATES, 2021
STDs continue to forge ahead, hitting the nation hard.
1.6 million
CASES OF CHLAMYDIA
3.8% decrease since 2017
710,151
CASES OF GONORRHEA
28% increase since 2017
176,713
CASES OF SYPHILIS
74% increase since 2017
2,855
CASES OF SYPHILIS AMONG NEWBORNS
203% increase since 2017
LEARN MORE AT: www.cdc.gov/std/
ANYONE WHO HAS SEX COULD GET AN STD, BUT SOME GROUPS ARE MORE AFFECTED
YOUNG PEOPLE AGED 15-24
GAY & BISEXUAL MEN
PREGNANT PEOPLE
RACIAL & ETHNIC MINORITY GROUPS
AETC Southeast
CDC.gov. The State of STDs: National Version. Available at https://www.cdc.gov/std/statistics/national.pdf. Accessed 10/25/23.

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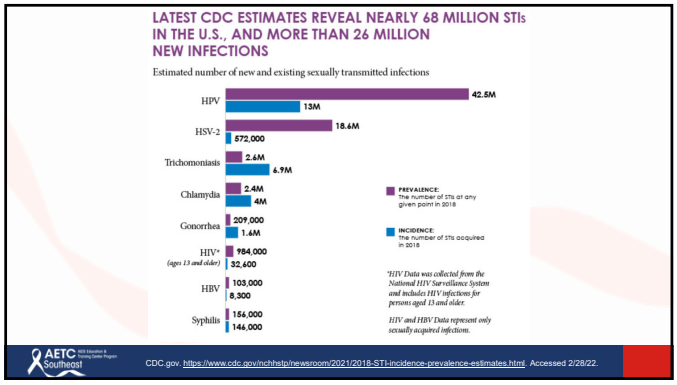
LATEST CDC ESTIMATES REVEAL NEARLY 68 MILLION STIs IN THE U.S., AND MORE THAN 26 MILLION NEW INFECTIONS
Estimated number of new and existing sexually transmitted infections
HPV 42.5M 13M
HSV-2 18.6M 572,000
Trichomoniasis 2.4M 6.9M
Chlamydia 2.4M 4M
Gonorrhea 209,000 1.6M
HIV* (ages 13 and older) 984,000 32,600
HBV 103,000 8,300
Syphilis 154,000 146,000
PREVALENCE: The number of STIs at any given point in 2018
INCIDENCE: The number of STIs acquired in 2018
*HIV Data was collected from the National HIV Surveillance System and includes HIV infections for persons aged 13 and older.
HIV and HBV Data represent only sexually acquired infections.
AETC Southeast
CDC.gov. https://www.cdc.gov/nchhstp/newsroom/2021/2018-STI-incidence-prevalence-estimates.html. Accessed 2/28/22.

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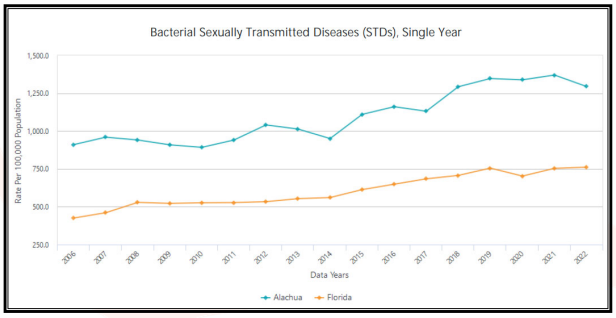

Florida Department of Health. FL Health Charts. Available at https://www.flhealthcharts.gov. Accessed 10/25/23.

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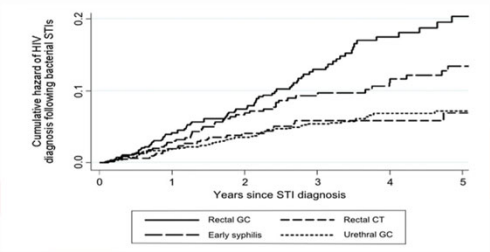
Cumulative Hazard: HIV Diagnosis Following an STI



Katz DA, et al. Sex Transm Dis. 2016 Apr; 43(4): 249–254.

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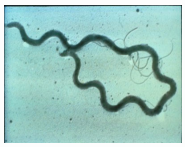
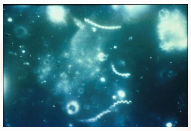
Syphilis: *Treponema pallidum*

- Long, thin spirochete
- Cannot culture
- Diagnose by serology
- Dark field microscopy
- Transmission
  1. Direct contact with lesions
  2. Blood transfer
  3. Perinatal (mother to child) transmission



Electron photomicrograph, 36,000 x.



Darkfield photomicrograph

Source: CDC/NCHSTP/Division of STD Prevention, STD Clinical Slides

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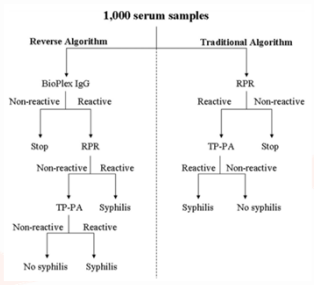
Reverse vs Traditional Syphilis Diagnostic Algorithm



Binnicker MJ, et al. J Clin Microbiol. 2012 Jan; 50(1): 148–150.

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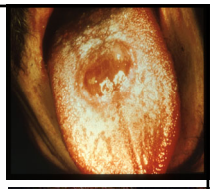
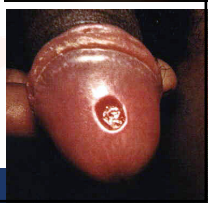
Primary Syphilis

- Chancre
  - At site of exposure, can have multiple
  - Progresses from macule to papule to ulcer
  - Typically painless, indurated, and has a clean base
  - Highly infectious
  - Heals spontaneously within 3 to 6 weeks
- Lymphadenopathy: classically rubbery, painless, bilateral
- Syphilis blood testing may be **negative** in primary syphilis





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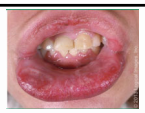
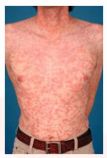
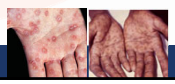
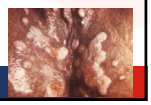
Secondary Syphilis

- Occurs several weeks after the primary chancre appears
  - Primary and secondary stages may overlap
- Clinical Manifestations:
  - Rash (75%–100%)
  - Lymphadenopathy (50%–86%)
  - Malaise
  - Mucous patches (6%–30%)
  - Condyloma lata (10%–20%)
- Serologic titers are **usually highest** in this stage.









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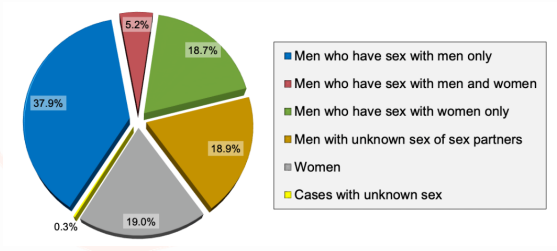
Primary and Secondary Syphilis - United States, 2020



CDC.gov. Sexually Transmitted Disease Surveillance 2020. April 2022.

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Case

- Pam is a 62 year old woman who presents for evaluation due to 40 pound weight loss in the last 6 months.
- Multiple male sex partners with no condom use
- New onset hearing loss in both ears

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Case Follow-up

- Upper endoscopy identified candida esophagitis
- HIV Ag/Ab test positive with viral load 2 million and CD4 63
- Syphilis antibody strong positive, RPR 1:1 (never previously known to have syphilis)
- CSF WBC 1 RBC 1 protein 23 glucose 68 VDRL non reactive
- Diagnosed with HIV and otic syphilis
- Treated with IV penicillin G x 14 days with resolution of hearing loss
- Started on antiretroviral medications and now with undetectable HIV viral load and CD4 350

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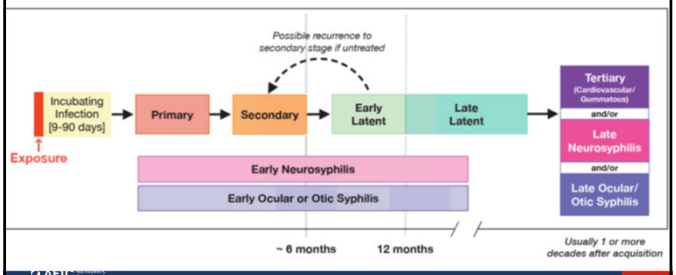
Syphilis Staging:



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01_08-20_syphilis_poster_14x8.pdf (targethiv.org)

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Screening Questions for Neurosyphilis (Including Ocular and Otosyphilis)

Questions		
Symptoms of Otosyphilis		
1) Have you recently had new trouble hearing?	☐ Yes – refer to ENT	☐ No
2) Do you have ringing in your ears?	☐ Yes – refer to ENT	☐ No
Symptoms of Ocular syphilis		
3) Have you recently had a change in vision?	☐ Yes – refer to ophthalmology	☐ No
4) Do you see flashing lights?	☐ Yes – refer to ophthalmology	☐ No
5) Do you see spots that move or float by in your vision?	☐ Yes – refer to ophthalmology	☐ No
6) Have you had any blurring of your vision?		
Symptoms of neurosyphilis		
7) Are you having headaches?	☐ Yes	☐ No
8) Have you recently been confused?	☐ Yes	☐ No
9) Has your memory recently gotten worse?	☐ Yes	☐ No
10)Do you have trouble concentrating?	☐ Yes	☐ No
11)Do you feel that your personality has recently changed?	☐ Yes	☐ No
12)Are you having a new problem walking?	☐ Yes	☐ No
13)Do you have weakness or numbness in your legs?	☐ Yes	☐ No

Medical providers should consider evaluation and treatment for neurosyphilis in persons with new persistent headaches rated as moderate or greater; new change in vision, including loss, blurring, seeing spots or flashing lights; new change in hearing, including loss, muffling or tinnitus; new and persistent change in personality, memory or judgment; new numbness in both legs; or new gait incoordination.

HIV / STD Program
January 21, 2015

Public Health Seattle & King County

AETC Southeast

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Syphilis Treatment:

	Recommended Rx	Dose/Route	Alternatives
• Primary, secondary, or early latent <1 year	benzathine penicillin G	2.4 million units IM in a single dose	doxycline 100mg 2x/day for 14 days OR tetracycline 500mg orally 4x/day for 14 days
• Latent >1 year, latent of unknown duration	benzathine penicillin G	2.4 million units IM in 3 doses each at 1 week intervals (7.2 million units total)	doxycline 100mg 2x/day for 28 days OR tetracycline 500mg orally 4x/day for 28 days
• Pregnancy	See complete CDC guidelines.		
• Neurosyphilis	aqueous crystalline penicillin G	18-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days	procaine penicillin G 2.4 MU IM 1x daily PLUS probenecid 500 mg orally 4x/day, both for 10-14 days
• Congenital syphilis	See complete CDC guidelines.		
• Children: Primary, secondary, or early latent <1year	benzathine penicillin G	50,000 units/kg IM in a single dose (maximum 2.4 million units)	
• Children: Latent >1 year, or unknown duration Latent	benzathine penicillin G	50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units)	

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01_08-20_syphilis_poster_14x8.pdf (targethiv.org)

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Syphilis Follow-up

HIV Negative	HIV Positive
▪ Primary and secondary syphilis ▪ Clinical and serologic evaluation at **6 & 12** months after treatment ▪ Latent Syphilis ▪ Clinical and serologic evaluation at **6, 12, and 24** months	▪ Primary and secondary syphilis ▪ Clinical and serologic evaluation at **3, 6, 9, 12 and 24** months after treatment ▪ Latent syphilis ▪ Clinical and serologic evaluation at **6, 12, 18, and 24** months

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Follow-up:

If persistent symptoms, or persistent titer elevation (less than 4 fold decline)

- Retest for HIV if HIV negative initially
- Consider lumbar puncture
- Re-treat with benzathine penicillin G 2.4 million units IM once weekly for 3 weeks

Dilutions of Non-specific Tests (RPR/VDRL)

1 : 1024
1 : 512
1 : 256
1 : 128
1 : 64
1 : 32
1 : 16
1 : 8
1 : 4
1 : 2
1 : 1

2 dilution or "4 fold" decline

1 dilution or "2 fold" decline

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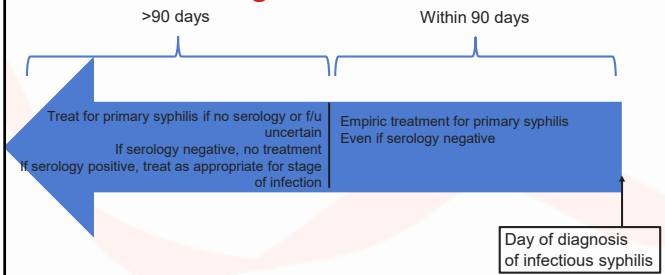
Treating Sexual Partners



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CONGENITAL SYPHILIS

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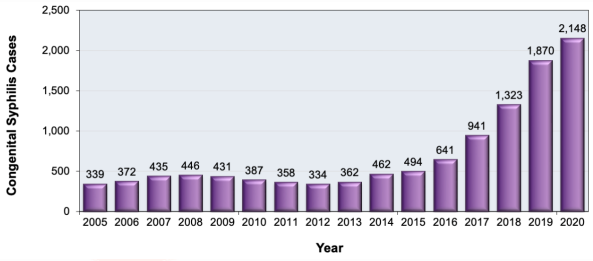
Congenital Syphilis – Reported Cases by Year of Birth, United States, 2005-2020



CDC.gov. *Sexually Transmitted Disease Surveillance 2020*. April 2022.

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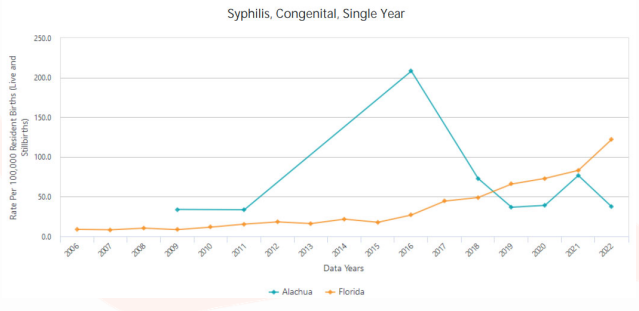

Florida DOH. Flhealthcharts.gov. Accessed 10/25/23.

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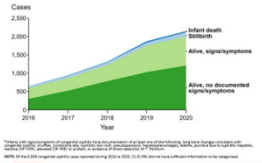
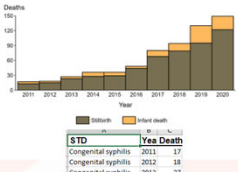
Deaths Due to Congenital Syphilis are Increasing

Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms* of Infection, United States, 2016–2020



Congenital Syphilis — Reported Stillbirths and Infant Deaths, United States, 2011–2020



STD	Yea	Death
Congenital syphilis	2011	17
Congenital syphilis	2012	18
Congenital syphilis	2013	27
Congenital syphilis	2014	36
Congenital syphilis	2015	36
Congenital syphilis	2016	48
Congenital syphilis	2017	80
Congenital syphilis	2018	94
Congenital syphilis	2019	130
Congenital syphilis	2020	149
Congenital syphilis	2021	166

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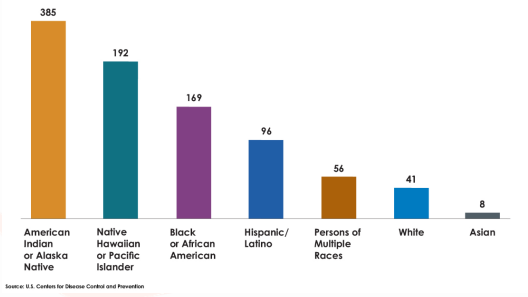
Congenital Syphilis: Reported rates among people by race/ethnicity



Source: U.S. Centers for Disease Control and Prevention

CDC.gov. https://www.cdc.gov/nchhstp/newsroom/fact-sheets/images/std/2021-stds/2021_STDS_in_the_US_CRASHCR_R1_v01.jpg?_=79784?noicon. Accessed 10/25/23.

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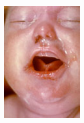
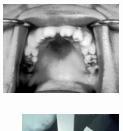
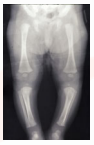
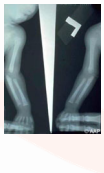
Congenital Syphilis

- 60-90% of infants asymptomatic
- Symptoms:
  - Rash
  - Transaminitis/jaundice
  - Snuffles (develop 1st week of life – contains organisms)
  - Liver/spleen enlargement
  - Periostitis
  - Frontal bossing
  - High palate
  - Hearing loss
  - Saddle nose
  - Hutchinson's teeth
  - Mulberry molar
  - Low platelets
  - In utero death
  - Large placenta









Images from RedBook 2021

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Vertical Transmission of Syphilis

- **Risk**
  - Can occur at any stage of maternal infection
  - Highest risk: primary or secondary syphilis during pregnancy
- **Prevention**
  - Early detection of unrecognized syphilis in the mother
  - Detection of new infections throughout pregnancy
  - Maternal treatment at least 4 weeks prior to delivery

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Case

- 36 yo woman presents at 18w6d gestation for her initial visit to OBGYN for care for pregnancy. She was referred to the high risk OB clinic due to chronic hypertension and obesity. This is her first pregnancy. She reports a prior history of gonorrhea.
- Patient with no symptoms other than lack of menses and weight gain
- Exam with no abnormal physical findings
- Baseline labs are obtained
  - HIV negative
  - Urogenital gonorrhea and chlamydia negative

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Syphilis Testing

Component	Ref Range & Units	5 mo ago
T. PALLIDUM AB, EIA	Negative	Positive ↑
Comment: Antibodies to T. pallidum (the agent causing syphilis) were detected in the specimen, strongly suggesting recent or past T. pallidum infection. Testing therefore progressed to the non-treponemal RPR assay.		
RPR	Non-Reactive	Reactive ↑
Comment: This result confirms the detection of T. pallidum antibody, and indicates current or past T. pallidum infection. Changes in RPR titers can be used to monitor the effectiveness of drug therapy.		
RPR Titer		Reactive 1:1 ↑

- No prior syphilis testing results available

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What are possible explanations for this result?

1. Syphilis, s/p effective treatment
2. Syphilis, s/p inadequate treatment
3. False positive
4. Syphilis, never treated
5. All of the above

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Treatment Recommendations for Syphilis in Pregnant Patients by Syphilis Stage

Stage of Infection	CDC 2021 Recommended Treatment Regimen
Incubating Infection Primary Secondary Early Latent	Benzathine penicillin G 2.4 million units IM x 1 • *No alternatives exist for **pregnant patients** with documented penicillin allergy*
Late Latent or Latent of Unknown Duration	Benzathine penicillin G 2.4 million units IM every 7 days x 3 weeks (7.2 million units total)* • *No alternatives exist for **pregnant patients** with documented penicillin allergy*
Neurosyphilis or Ocular/Otic Syphilis	Aqueous crystalline penicillin G 18-24 million units/day, administered as 3-4 million units IV every 4 hours, or by CI for 10-14 days • Alternative regimen Procaine penicillin G 2.4 mu IM daily for 10-14 days PLUS Probenecid 500 mg orally 4 times daily for 10-14 days

*7 days between doses optimal, if > 9 days between doses, restart treatment

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Treatment of Syphilis **in Pregnancy**

- Some **experts recommend an extra dose** of penicillin G benzathine 1 week after first dose in event of primary, secondary or early latent disease
  - Evidence of efficacy
  - Pharmacokinetic data of altered penicillin levels in pregnant people
  - Has not been evaluated in randomized controlled trials
- **KEY POINT:** if asymptomatic patient with suspected latent syphilis was previously treated, **but receipt of appropriate regimen cannot be verified**, provide full 3-dose penicillin regimen recommended for late latent syphilis

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Syphilis in Pregnancy

- Typically treat in outpatient setting, with counseling about potential side effects and when to contact provider
  - Jarisch-Herxheimer reaction
    - Preterm labor, fetal distress
  - Seek OB attention immediately if develop fever, contractions or decreased fetal movement after treatment
- Sonographic fetal evaluation should be done if syphilis is diagnosed in 2nd half of pregnancy (don't delay treatment)

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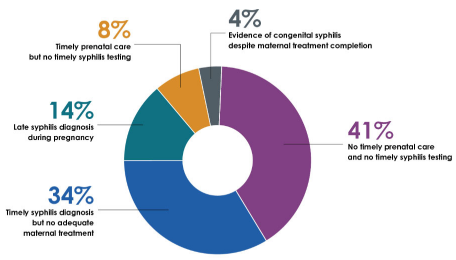
MISSED OPPORTUNITES FOR PREVENTING CONGENTIAL SYPHILIS IN 2021



Percentages may not total 100 due to rounding.
Source: U.S. Centers for Disease Control and Prevention

CDC.gov. https://www.cdc.gov/nchhstp/newsroom/fact-sheets/images/std/2021-stds/2021_STDS_in_the_US_GRAPHIC11_R1_v01.jpg?_=80160?noicon. Accessed 10/25/23.

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Florida law: STI testing in pregnancy

Test as early as possible in each pregnancy

64D-3.042 STD Testing Related to Pregnancy.

(1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

(a) At initial examination related to her current pregnancy; and again,

(b) At 28 to 32 weeks gestation.

(2) Exceptions to the testing outlined in subsection (1), above, are as follows:

(a) A woman, who tested positive for hepatitis B surface antigen (HBsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation.

(b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.

(3) Women who appear at delivery or within 30 days postpartum with:

(a) No record of prenatal care, or

(b) Prenatal care with no record of testing;

(c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible disease, and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.

(4) Emergency Departments of hospitals licensed under Chapter 395, F.S., may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation, to the county health department.

(a) The referral shall be in writing; and,

(b) A copy shall be submitted to the county health department having jurisdiction over the area in which the emergency department is located.

(5) Prior to any testing required by this rule, practitioners shall:

(a) Notify the woman which tests will be conducted;

(b) Inform the woman of her right to refuse any or all tests;

(c) Place a written statement of objection signed by the woman each time she refuses required testing in her medical record specifying which tests were refused. If the woman refuses to sign the statement, the provider shall document the refusal in the medical record. No testing shall occur for the infectious specified in the refusal statement of objection.

(6) Women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive shall be tested as soon as possible at or following delivery.

(7)(a) Specimens shall be submitted to a laboratory certified by the Centers for Medicare and Medicaid Services under the

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Florida Law: STI Testing in Pregnancy

Test as early as possible in each pregnancy

Test again in 3rd trimester

64D-3.042 STD Testing Related to Pregnancy.

(1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

(a) At initial examination related to her current pregnancy; and again,

(b) At 28 to 32 weeks gestation.

(2) Exceptions to the testing outlined in subsection (1), above, are as follows:

(a) A woman, who tested positive for hepatitis B surface antigen (HBsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation.

(b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.

(3) Women who appear at delivery or within 30 days postpartum with:

(a) No record of prenatal care, or

(b) Prenatal care with no record of testing;

(c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.

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(7)(a) Specimens shall be submitted to a laboratory certified by the Centers for Medicare and Medicaid Services under the

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Syphilis Treatment: Current Challenge

- National shortage of Bicillin LA which is treatment of choice for syphilis
- **In absence of pregnancy**, treat with doxycycline
  - Primary, secondary or early latent syphilis
    - Doxycycline 100 mg by mouth twice daily for 14 days
  - Late latent syphilis or syphilis of unknown duration
    - Doxycycline 100 mg by mouth twice daily for 28 days
- People who are pregnant, breastfeeding or allergic to doxycycline can get Bicillin LA from health department

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GONORRHEA & CHLAMYDIA

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Case

- Mr. J is a 32 yo man who comes for his annual visit
- You obtain a sexual health history
  - Partners: male
  - Practices: oral sex and anal receptive and insertive sex
  - Partners: 4 since his last visit with an associated urogenital STI screen
  - HIV/STI Prevention: not on PrEP, inconsistently uses condoms for anal sex, no condom use for oral sex
  - Prior STI: He has had one episode of urogenital gonorrhea at age 25
- He is feeling well

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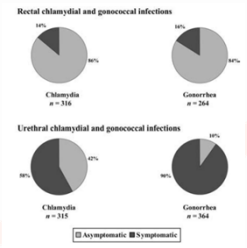
Proportion of Asymptomatic Rectal and Urethral Gonococcal and Chlamydial Infections in MSM, San Francisco



Kent, CK, et al. Clin Infect Dis **2005;41:67–74.**

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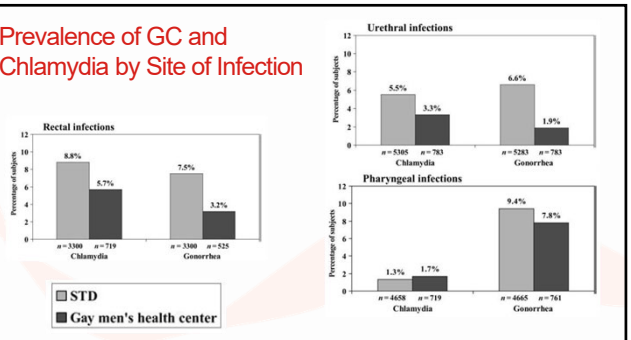
Prevalence of GC and Chlamydia by Site of Infection



Kent, CK, et al. Clin Infect Dis **2005;41:67–74.**

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Mr. J:

- Sexual health history suggests risks for syphilis, gonorrhea and chlamydia
- Recommended mucosal sites to be tested for gonorrhea and chlamydia: throat, rectum and urogenital
- Samples collected
- Client-centered STI prevention counselling performed, condoms offered, discussed HIV pre-exposure prophylaxis (PrEP)
- Test results returned:
  pharyngeal swab positive for gonorrhea

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Pharyngeal Gonorrhea

- < 10% diagnosed are symptomatic
- Most common in MSM
- Most ceftriaxone treatment failures have involved pharyngeal gonorrhea

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Uncomplicated Gonorrhea: Treatment

- **Ceftriaxone (weight based)**
  - < 300 pounds give 500 mg IM x 1
  - >300 pounds give 1 g IM x 1
- Treat for chlamydia if infection has not been excluded
- **Alternative regimens** for urogenital or rectal gonorrhea
  - Gentamicin 240 mg IM + 2g azithromycin orally
  - Cefixime 800 mg PO x 1
- **There are no reliable treatment alternatives for pharyngeal gonorrhea**

CDC.gov. 2021 STI Guidelines Available at https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w

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Follow-up testing:

- **Pharyngeal gonorrhea**: test-of-cure is recommended with culture or NAAT 7-14 days after initial treatment
  - If NAAT is positive, perform confirmatory culture
  - All positive cultures for test of cure should undergo antimicrobial susceptibility
- Due to high **reinfection** rates (7-12%) among persons with previously treated gonorrhea, persons treated for gonorrhea should be retested 3 months after treatment

https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w

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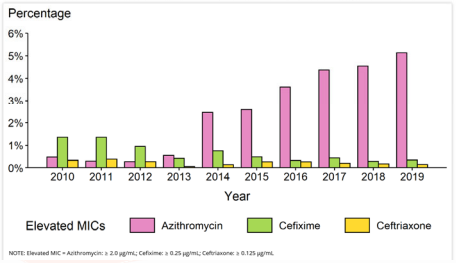
Neisseria gonorrhoeae — Percentage of Isolates with Elevated Minimum Inhibitory Concentrations (MICs) to Azithromycin, Cefixime, and Ceftriaxone, Gonococcal Isolate Surveillance Project (GISP), 2010–2019



https://www.cdc.gov/std/statistics/2019/overview.htm

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Case

- Ms. M is a 23 yo woman presenting for her 6 month follow-up of well controlled HIV. She is taking Biktarvy every day with no medication related side effects.
- She tested negative for STIs 6 months ago. Today, she states she would like to be tested for STIs “to be on the safe side.”
- **What will you do?**

A. Tell her she doesn’t have any STIs as if she did, she would have symptoms
B. Perform a sexual health history and offer STI testing based on this

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Ms. M:

- Sexual Health History
  - Partners: two male, their sexual health unknown to her
  - Practices: Vaginal receptive sex only
  - Prevention of STIs: Not consistently using condoms
  - Past history of STIs: None
  - Prevention of Pregnancy: Nexplanon implant placed last year
- The following tests are obtained based on SHH: self-collected vaginal swab for GC/CL NAAT, syphilis cascade
- NAAT is positive for Chlamydia

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Treatment

- Prevents adverse reproductive health outcomes and further sexual transmission
- **Preferred regimen:**
  Doxycycline 100 mg by mouth twice daily for 7 days
- **Alternative regimens:**
  Azithromycin 1 g by mouth in a single dose (preferred in pregnancy)
  or
  Levofloxacin 500 mg by mouth daily for 7 days
- **Follow-up:** Retest approximately three months after treatment; schedule this follow-up appointment at the time of initial treatment

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Follow-up After Treatment

- **Non-pregnant people** should be rescreened 3 months after treatment
- **Pregnant people** should undergo test of cure to document chlamydial eradication by NAAT 4 weeks after treatment

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Chlamydia & Gonorrhea: Partner Management

- Sex partners should be evaluated, tested and treated if they had sexual contact with the patient during the 60 days preceding the patient's onset of symptoms or diagnosis of chlamydia
- The most recent sex partner should be evaluated and treated even if last sexual contact was > 60 days before symptom onset or diagnosis

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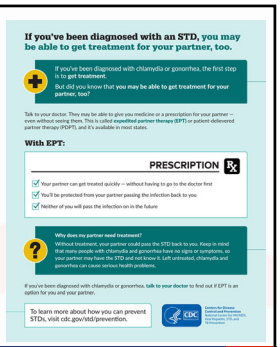
Expedited Partner Therapy (EPT)

- Clinical practice of treating sex partners of persons with diagnosed chlamydia or gonorrhea who are unable or unlikely to seek timely treatment
- Medical providers should offer EPT when the provider cannot ensure that all of a patient's sex partners from prior 60 days will seek treatment



https://www.cdc.gov/std/ept

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Trichomonas Guideline Changes

- Metronidazole 500 mg BID x 7 days preferred over single dose
- Alcohol abstention no longer recommended by the CDC

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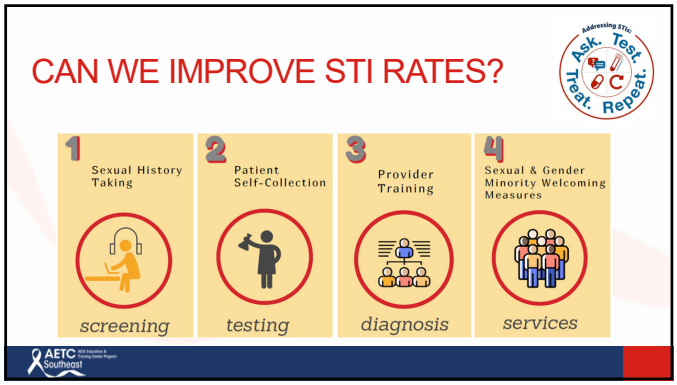
CAN WE IMPROVE STI RATES?
Addressing STIs
Ask. Test. Treat. Repeat.
1
Sexual History Taking
screening
2
Patient Self-Collection
testing
3
Provider Training
diagnosis
4
Sexual & Gender Minority Welcoming Measures
services
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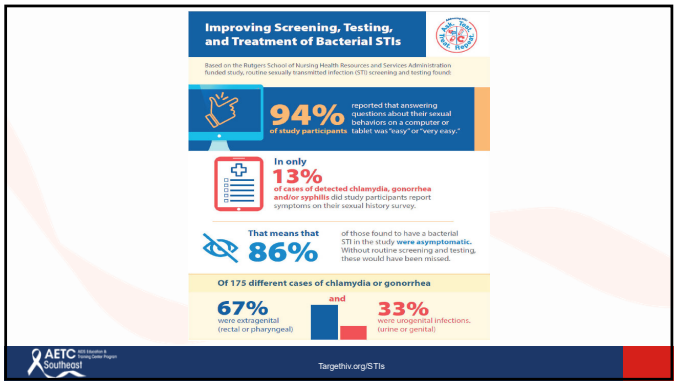
Improving Screening, Testing, and Treatment of Bacterial STIs
Based on the Rutgers School of Nursing Health Resources and Services Administration funded study, routine sexually transmitted infection (STI) screening and testing found:
94%
of study participants
reported that answering questions about their sexual behaviors on a computer or tablet was "easy" or "very easy."
In only
13%
of cases of detected chlamydia, gonorrhea and/or syphilis did study participants report symptoms on their sexual history survey.
That means that
86%
of those found to have a bacterial STI in the study were asymptomatic. Without routine screening and testing, these would have been missed.
Of 175 different cases of chlamydia or gonorrhea
67%
were extragenital (rectal or pharyngeal)
and
33%
were urogenital infections. (urine or genital)
AETC Southeast
Targethiv.org/STIs

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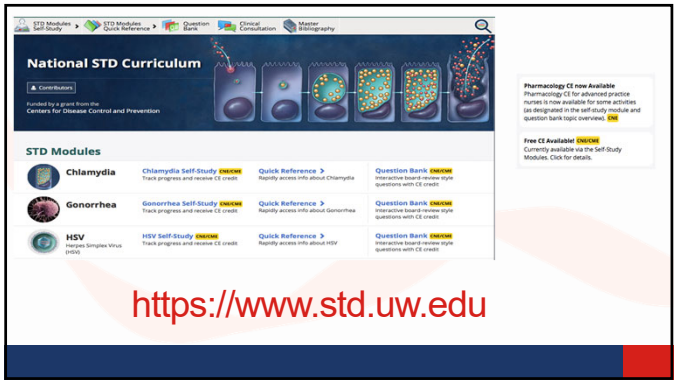
National STD Curriculum
Contributors
Funded by a grant from the Centers for Disease Control and Prevention
STD Modules
Chlamydia
Chlamydia Self-Study
Quick Reference
Question Bank
Gonorrhea
Gonorrhea Self-Study
Quick Reference
Question Bank
HSV
HSV Self-Study
Quick Reference
Question Bank
Pharmacology CE now Available
Free CE Available!
https://www.std.uw.edu

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STD Clinical Consultation Network

No-cost online clinical consultation on the prevention, diagnosis, and treatment of STDs by your Regional PTC Clinical Faculty

www.STDCCN.org

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AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center –** serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: https://aidsetc.org/
- **National Clinical Consultation Center –** provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc/ucsf.edu
- **National HIV Curriculum –** provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

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Addressing STIs: Ask. Test. Treat. Repeat.

Thank You!

This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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