

Sexually Transmitted Infections Revisited

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Prevention

- Prevention of sexually transmitted infections requires patient education particularly for those at risk.
- One must identify those who have sexually transmitted infections.
- Proper diagnosis and treatment are essential.

Prevention

- Immunization against vaccine-preventable sexually transmitted infections is necessary (Centers for Disease Control, 2002).
- Abstinence is the most effective method of preventing disease spread.
- Abstinence means refraining from sexual intercourse whether oral, vaginal or anal.

Prevention

- Having a mutually monogamous relationship with an uninfected partner is a safe approach to sexual activity.

Children and Adolescents

- The occurrence of a sexually transmitted infection in a child involves the physician, the clinical laboratory and child protection authorities.
- In general adolescents can consent to medical evaluation and treatment of sexually transmitted infections.

United States Preventive Services Task Force

- There are 850,000 to 950,000 people in the United States with human immunodeficiency virus infection.
- One fourth of these may not know that they have the infection.
- The incidence rate of human immunodeficiency virus is 40,000 new infections each year and has been constant during the last decade.

United States Preventive Services Task Force

- Recommendations in July, 2005 are to screen all adolescents and adults who are at increased risk for human immunodeficiency virus infection.
- Screening of pregnant women results in better outcome of initiation of highly active antiretroviral therapy (HAART).
- The same applies to adolescents and adults at greater risk for the infection.

United States Preventive Services Task Force

- The current recommendations for use of antiretroviral therapy during pregnancy does not harm the fetus.
- Efavirenz use is an exception to this.

Clinic Visit

- Clinic visits for sexually transmitted infections may accomplish the following:
- Testing for other sexually transmitted infections
- Risk-reduction counseling
- Hepatitis vaccination
- Screening for the occurrence of intimate partner violence
- Screening for cervical cancer
- Contraception
- Substance abuse counseling

Risk and Occurrence

- Chlamydia and gonorrhea are highest among females ages fifteen and nineteen.
- Young adults have high risk for human papilloma virus infection.
- Some men who have sex with men (MSM) have a greater risk for contracting human immunodeficiency virus infection and other sexually transmitted infections.

Men Who Have Sex with Men (MSM)

- Men who have sex with men tend to practice safe sex more now than in the past.
- There are rising rates of syphilis, antibiotic-resistant gonorrhea and chlamydia in this group (Erbelding, 2005).
- Rising rates of the latter conditions are particularly present in those with human immunodeficiency virus infection (CDC, 2002).

Men Who Have Sex With Men (MSM)

- The following tests are advisable annually for men who have sex with men:
- HIV serology if not previously positive
- Syphilis serology
- Urethral culture or nucleic acid amplification test for gonorrhea (Centers for Disease Control, 2002).

Men Who Have Sex With Men Annual Tests

- Urethral or urine test culture or nucleic acid amplification for chlamydia in men with oral-genital exposure
- Pharyngeal culture for gonorrhea in men with oral-genital exposure
- Rectal gonorrhea and chlamydia culture in men having receptive anal intercourse

Condoms

- Male latex condoms have the lowest breakage or slippage rates.
- One should use a new condom with each act of sexual intercourse.
- Those allergic to latex can use the non-latex polyurethane condom.
- One must handle the condom carefully and not damage it with fingernails, teeth, jewelry in the mouth or other sharp objects.

Condoms

- One should put on a condom as soon as erection occurs and before any genital contact.
- Upon withdrawal one should hold the condom at the base of the penis to avoid slippage. Also one should remove the condom while the penis is still erect.

Spermicides

- Condoms with spermicide lubrication have an association with urinary tract infection in young women.
- Condoms with nonoxynol-9 spermicide lubrication have a shorter shelf-life than those without it.
- If the expiration date of the condom has not passed, one can still use condoms lubricated with spermicides (CDC, 2002).

Spermicides

- Lubricating a condom with nonoxynol-9 does not provide any better protection against the spread of human immunodeficiency virus than do condoms not lubricated with it.

Spermicides

- One should not use nonoxynol-9 spermicides as a rectal lubricant as it may damage the rectal mucosa and therefore increase the risk of human immunodeficiency virus infection.
- Overuse of spermicides with nonoxynol-9 can increase the risk of transmission of human immunodeficiency virus as the substance may cause genital lesions.

Spermicides

- One should not rely on spermicides, sponges or diaphragms to prevent the transmission of human immunodeficiency virus infection to the male or to the female.
- Use of vaginal spermicides with nonoxynol-9 is not effective in the prevention of transmission of human immunodeficiency virus, chlamydia or cervical gonorrhoea.

Vaginal Contraceptive Sponges

- Vaginal contraceptive sponge does not protect against transmission of *Trichomonas*, chlamydia or cervical gonorrhea.

Female Condom

- The female condom is a lubricated polyurethane sheath with a ring on each end.
- It is effective as a mechanical barrier to viruses including human immunodeficiency virus.
- It can reduce the risk of transmission of sexually transmitted infections.

Lubricants

- One should use only water-based lubricants during sexual contact.
- One should avoid mineral oil, body oils, shaving cream, whipped cream, petroleum jelly, shortening or cooking oils.
- The latter substances may damage the condom.

Nonbarrier Contraception

- Women who use nonbarrier contraceptive methods such as oral birth control, hormone injections, tubal ligation, hysterectomy and other approaches must still use condoms in order to prevent the transmission of human immunodeficiency virus.

Interactive Counseling

- One obtains results from interactive counseling when one uses a nonjudgmental approach.
- One should consider the patient's age, culture, sexual orientation, sex, and language.

Partner Notification

- Partner notification will reduce the spread of sexually transmitted infections.
- Physicians must comply with state health department reporting requirements.

Partner Notification

- Health care providers can encourage their patients to inform their partners of a sexually transmitted infection and to suggest that the partner go for treatment.

Health Department Reporting

- Health department reporting requirements may vary with each state, and one must keep apprised of the regulations.
- Clinical laboratories may report certain sexually transmitted infections to the local and state health department.
- In all states of the United States syphilis, gonorrhea, chlamydia and acquired immunodeficiency virus infection are reportable.

Health Department Reporting

- Women with positive hepatitis B surface antigen should enter health department case management (CDC, 2002).
- Vaccines are available for hepatitis A and hepatitis B but not for hepatitis C.

Health Department Reporting

- Health departments have staffing shortages because of the rising prevalence of human immunodeficiency virus infection and because of bioterrorism threats.
- Many health departments no longer notify partners of those with sexually transmitted infections unless it is a case of syphilis or human immunodeficiency virus (Erbelding, 2005).

Health Department Reporting

- Partners of those with chlamydia or gonorrhea may be asymptomatic.
- Gonorrhea prevalence rates have declined, but it is still endemic in many poor communities (Erbelding, 2005).

Partner Packets

- Providing antibiotics for the patient to give to the partner without the physician actually examining the partner poses concerns with medical practice statutes (Erbelding, 2005).
- Insurance companies may not cover prescriptions for the patient's partner (Erbelding, 2005).

Pregnant Women

- Pregnant women and their partners should have counseling and interviews concerning sexually transmitted infections.
- At the first prenatal visit the physician should offer voluntary human immunodeficiency virus testing.

Pregnancy

- Screening of sexually transmitted infection will depend upon prevalence of disease, severity of disease, individual state laws and cost issues.

First Prenatal Visit Testing

- The recommendations for screening sexually transmitted infections on the first prenatal visit include:
- Hepatitis B surface antigen
- *Chlamydia trachomatis*
- Serologic test for syphilis
- Test for *Neisseria gonorrhoea* in areas with high prevalence of that infection or in women who are at greater risk.

First Prenatal Visit Testing

- Hepatitis C antibodies or anti-HCV in women who use intravenous drugs, who have a prior history of organ transplantation, previous blood transfusion or repeated exposure to blood products.
- Routine testing for bacterial vaginosis is not necessary; however, asymptomatic females with a high risk of preterm labor should have testing on the first prenatal visit.
- Women who have not had a PAP smear within the last year should have one at this time.

Pregnant Women

- For women who have multiple sexual partners or whose partners have human immunodeficiency virus infection a repeat test for the virus is indicated during the third trimester of pregnancy.
- Third trimester human immunodeficiency virus testing is advisable in women who use illegal drugs.

Pregnancy

- Women with sexually transmitted infections during pregnancy should have repeat test for HIV during the third trimester of pregnancy.

Syphilis and Pregnancy

- Pregnant women with a positive syphilis test must receive immediate treatment and follow up testing during the third trimester.
- Delivery of a stillborn infant is always an indication to perform a serologic test for syphilis on the mother.

Genital Herpes and Pregnancy

- Cesarean section is not necessary in women with genital herpes when the genital lesions are not active at delivery.
- If there are no third trimester lesions, herpes simplex virus culture testing is not necessary.

Genital Warts and Pregnancy

- Genital warts are not an indication for cesarean section.

Trichomonas vaginalis

- Asymptomatic pregnant women do not require routine screening for *Trichomonas vaginalis* during pregnancy.

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