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LANCET LABORATORIES Eswatini

Newsletter

SEXUALLY TRANSMITTED INFECTIONS

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Introduction:

- Sexually transmitted infections (STI) cause significant morbidity and mortality.
- Control of **STI**, is a key intervention in the fight against **HIV/AIDS** and is one of the key areas of focus for the national strategic plan.
- Prevalent STI's include: Chlamydia Trachomatis, Herpes simplex, Neisseria Gonorrhea, Hepatitis B, Human Immunodeficiency Virus (HIV), Human Papillomavirus (HPV) and Syphilis (Treponema pallidum).

Recommendations for Screening:

Any sexually active person may be exposed to an STI and request to be screened. The Centers for Disease Control **(CDC)** recommends the following:

- All adults and adolescents ages from 13 - 64 should be tested for HIV at least once a year.
- Annual Chlamydia screening of all sexually active women younger than 25 years, as well as older women with risk.
- Factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Annual Gonorrhea screening for all sexually active women younger than 25 years, as well as older women with risk
- factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Syphilis, HIV, Chlamydia and Hepatitis B screening for all pregnant women, and Gonorrhea screening for at-risk.
- Pregnant women starting early in pregnancy, with repeat testing as needed.
- Screening at least once a year for Syphilis, Chlamydia, and Gonorrhea for all sexually active gay, bisexual, and other men who have sex with men (MSM).
- MSM who have multiple or anonymous partners should be screened more frequently for STI's. (i.e.3- 6-month intervals).
- Anyone who has unsafe sex or shares injection drug equipment should test for HIV at least once a year.
- Sexually active gay and bisexual men may benefit from more frequent testing. (e.g. every 3 to 6 months).

Urethritis:

- Urethritis, as characterized by urethral inflammation, can result from infectious and noninfectious conditions.
- Symptoms, if present, include discharge of mucoid, mucopurulent or purulent material, dysuria, or urethral pruritis.
- Asymptomatic infections are common. Although N. gonorrhoeae and C. trachomatis are well established as clinically important infectious causes of urethritis, Mycoplasma genitalium/hominis, Ureaplasma urealyticum/parvum and Trichomonas vaginalis have also been associated with urethritis.

References:

1.CDC STD and HIV Screening Recommendations.
Available at:
http://www.cdc.gov/std/prevention/screeningreccs.htm,

2. Sexually Transmitted Infections - An Overview of Issues on STI Management and Control.
Available at
http://www.hst.org.za/publications/sexually-transmitted-infections-overview-issues-sti-management-and-control,

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OUR STI SCREENING

We offer the following:

A Sexual Health screen for our "walking well" patients:

Urine (or urethral/vaginal swab) for detection of Neisseria gonorrhea, Chlamydia trachomatis and Herpes simplex Virus 1 & 2 by molecular testing (PCR).
If blisters or ulcers are present on the genitalia, a dry swab of a lesion is recommended for the HSV PCR.
Serum for HIV, hepatitis B surface antigen and syphilis serology.

A Urethritis panel:

Urine (or urethral/vaginal swab) for detection of Chlamydia trachomatis, Neisseria gonorrhea, Mycoplasma hominis, Mycoplasma genitalium, Ureaplasma urealyticum, Ureaplasma parvum and Trichomonas vaginalis by molecular testing (PCR).

Human papilloma virus (HPV) testing:

A liquid-based cytology (LBC) specimen can be used for both high-risk HPV genotyping and cytology.

Treatment Guidelines at a glance

1 Herpes simplex

Primary: Acyclovir 400 mg orally three times a day for 7–10 days OR Valacyclovir 1 g orally twice a day for 7–10 days
OR
Famciclovir 250 mg orally three times a day for 7–10 days

Recurrent: Acyclovir 800mg orally three times a day for 2 days OR Acyclovir 400mg orally three times a day for 5 days OR Valacyclovir 500mg orally twice a day for 3 days OR Valacyclovir 1g orally once a day for 5 days OR Famciclovir 1g twice a day for 1 day.

Suppressive: Acyclovir 400 mg orally twice a day OR Valacyclovir 1 g orally once a day OR Famciclovir 250 mg orally twice a day

2 Mycoplasma genitalium

1g Azithromycin stat or Moxifloxacin 400 mg for 7 days

3 Gonorrhoea

Ceftriaxone 250 mg IM in a single dose
OR (if not an option)
Cefixime 400 mg orally in a single dose
OR
Single-dose injectible cephalosporin regimen
PLUS
Azithromycin 1g orally in a single dose
OR
Doxycycline 100 mg orally twice a day for 7 days

4 Syphilis

Acute: Benzathine penicillin G 2.4 million units IMI as a single dose.

Early Latent Syphilis:
Benzathine penicillin G 2.4 million units IM in a single dose
Late Latent Syphilis or Latent Syphilis of Unknown

Duration:
Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

5 Chlamydia trachomatis

Azithromycin 1 g orally in a single dose
OR
Doxycycline 100 mg orally twice a day for 7 days

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