

# **STIs –Presentation & Management in Primary Care**

**Dr Richard Ma**

**General Practitioner, London**

**NIHR Clinical Research Fellow, Imperial College  
London**

 **@Richard\_GP**

 **@GP\_SexualHealth**

# Objectives

- Know when and how to assess for STI risks sensitively
- Know when to offer STI and HIV tests
- Recognise when STIs and HIV can be part of differential diagnosis
- Manage some common STIs

# **Why is it important?**

- **It's stigmatising & embarrassing!**
- **Morbidity and complications**
  - **PID and sub-fertility**
  - **Epididymo-orchitis**
  - **Neonatal infections/ congenital syphilis**
  - **Reiter's (uveitis + arthritis + urethritis)**
  - **Dementia**
  - **Psychological and relationship difficulties**
- **Mortality**
  - **HIV**
- **Communicable disease**
  - **Horizontal and vertical transmission**

# Why are STIs so successful?

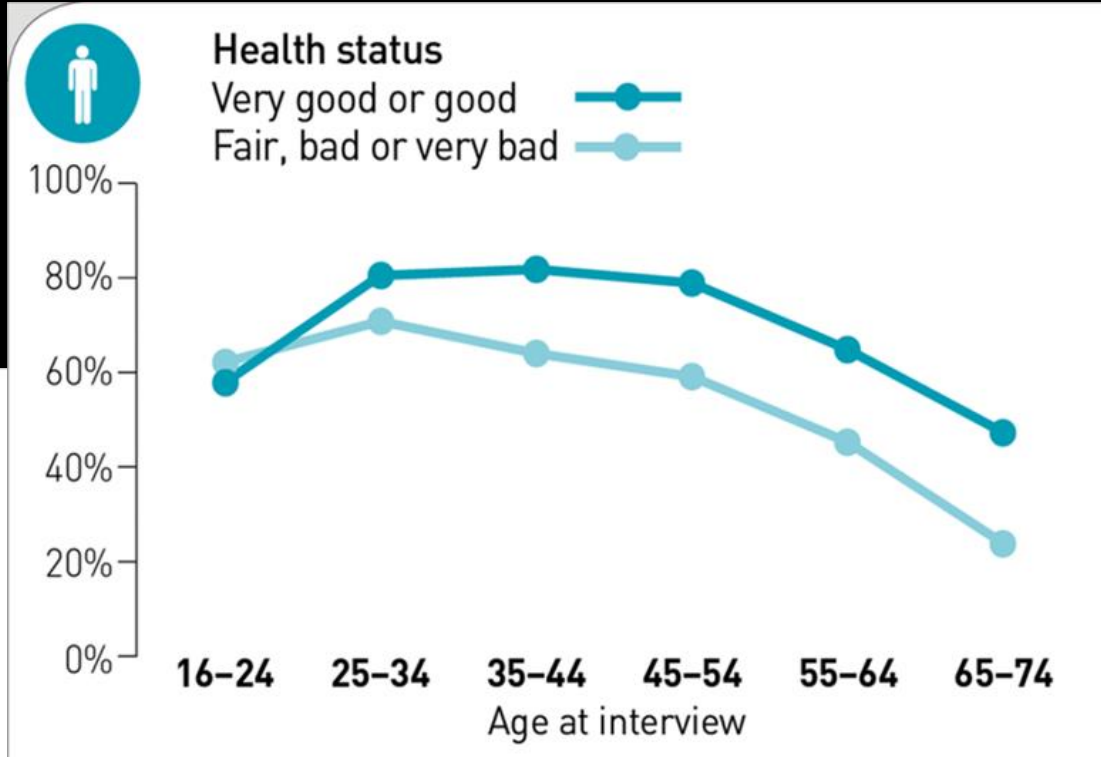
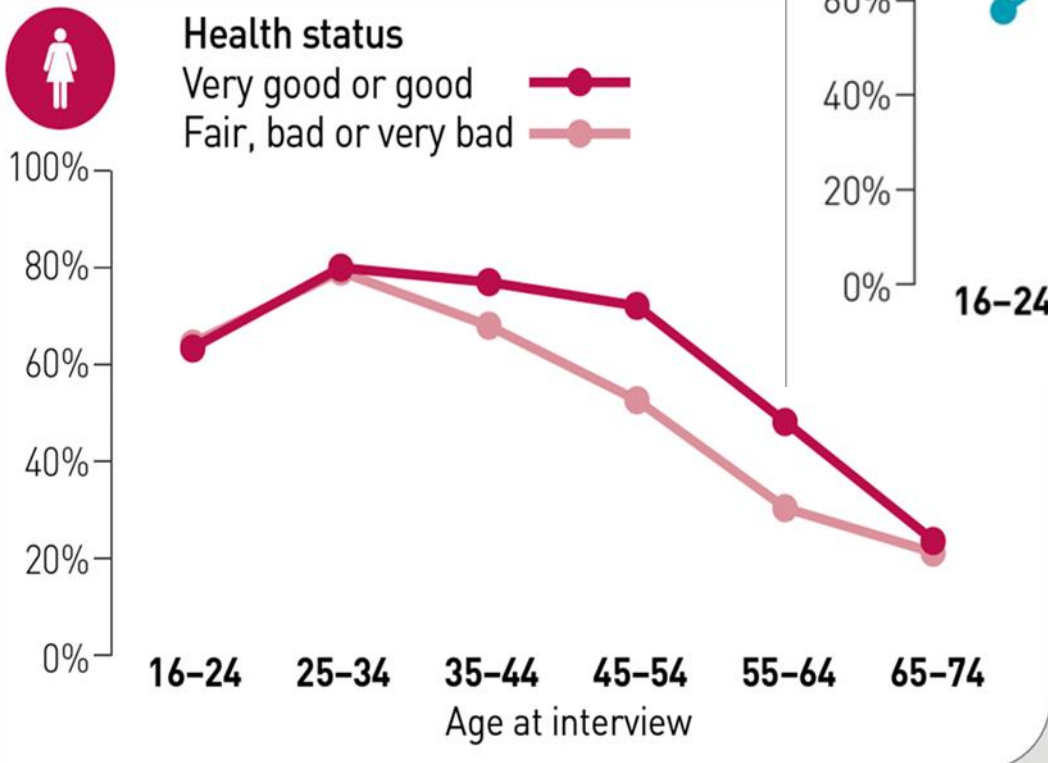
- Poor survival in vitro
- Inefficient transmission
- Requires close and sustained contact
  
- Latency
- Resistance
- Human sexual behaviour – NATSAL  
[www.natsal.ac.uk](http://www.natsal.ac.uk)

# **NATSAL National Survey of Sexual Attitudes & Lifestyle [www.natsal.ac.uk](http://www.natsal.ac.uk)**

**The British sex survey Prime Minister Margaret Thatcher tried to ban**

# Who is doing it?

People are having sex regardless of health status (% reporting sexual activity past 4w)



# Who are they doing it with?

Average (mean) number of opposite-sex partners, lifetime (people aged 16-44)



8.6

**Natsal-1**  
1990-1991

3.7

12.6

**Natsal-2**  
1999-2001

6.5

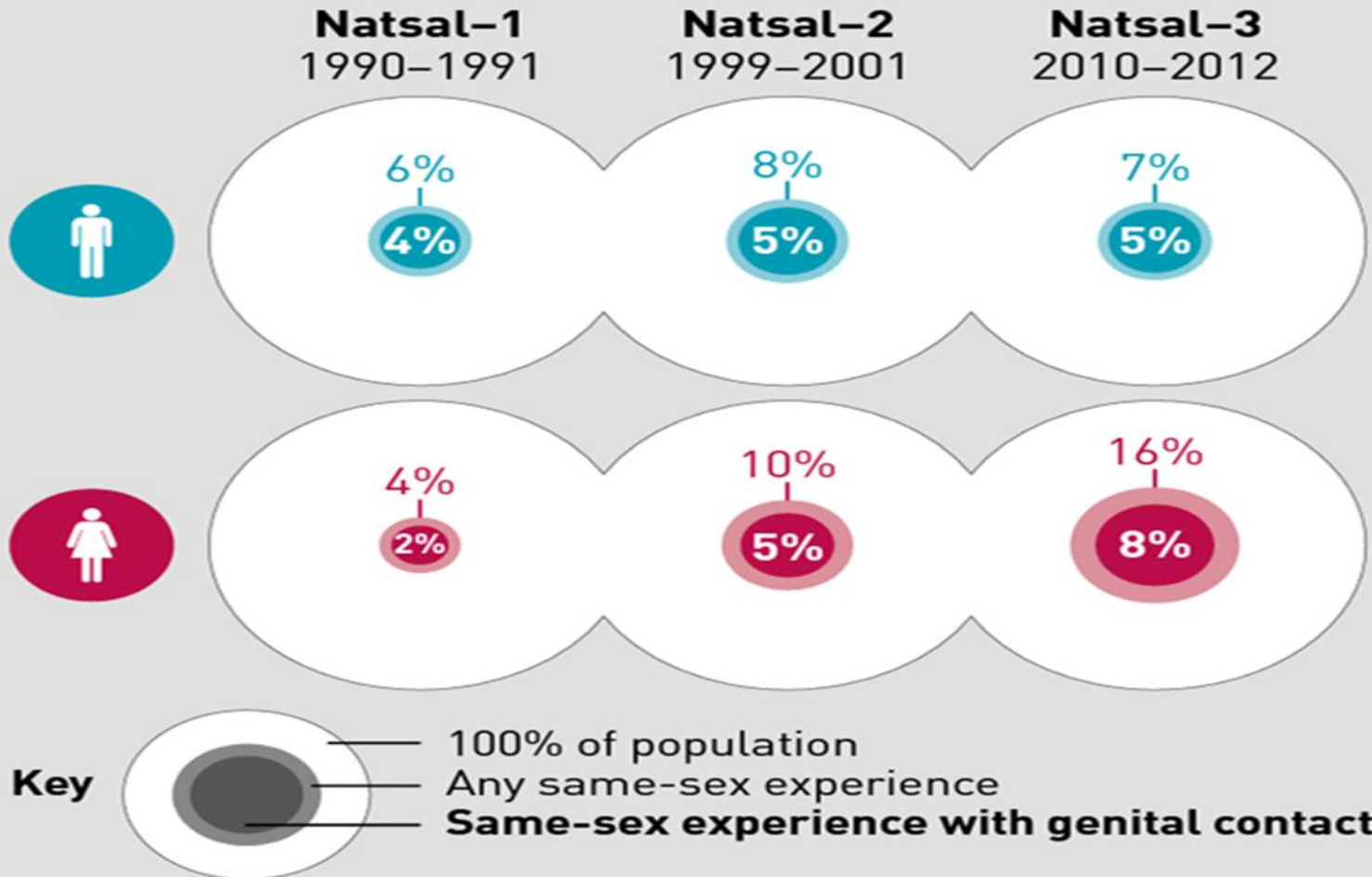
11.7

**Natsal-3**  
2010-2012

7.7

# Who are they doing it with?

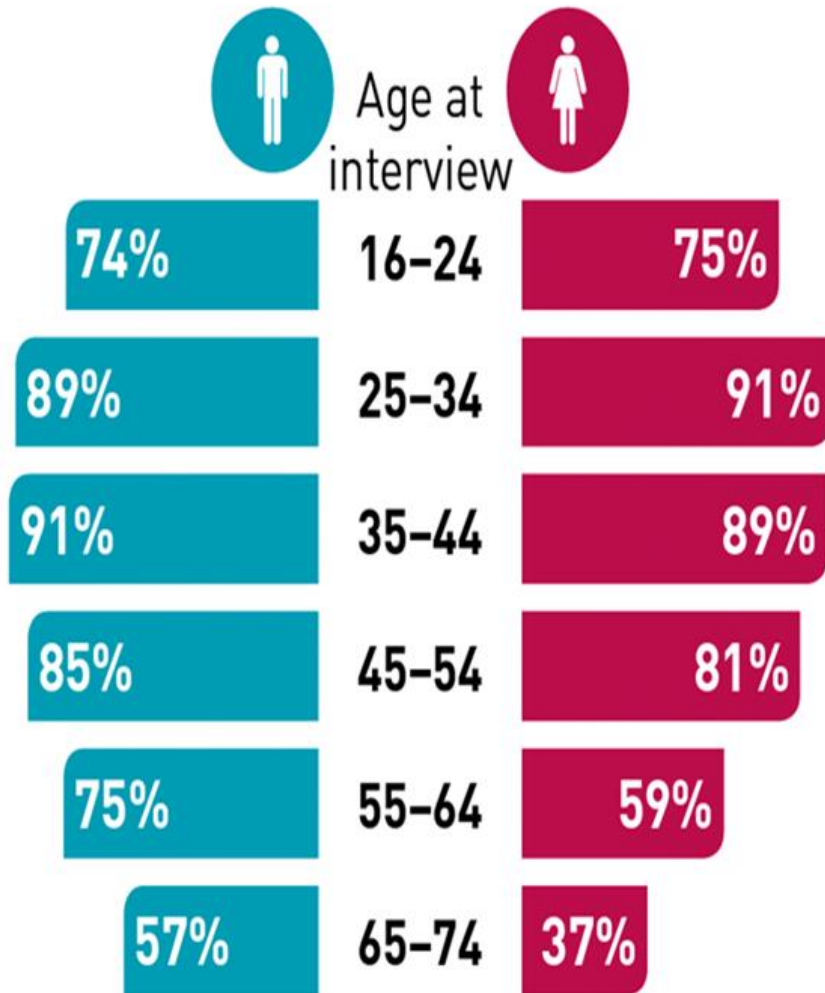
Percentage of the population who have ever had same-sex experience (people aged 16–44)



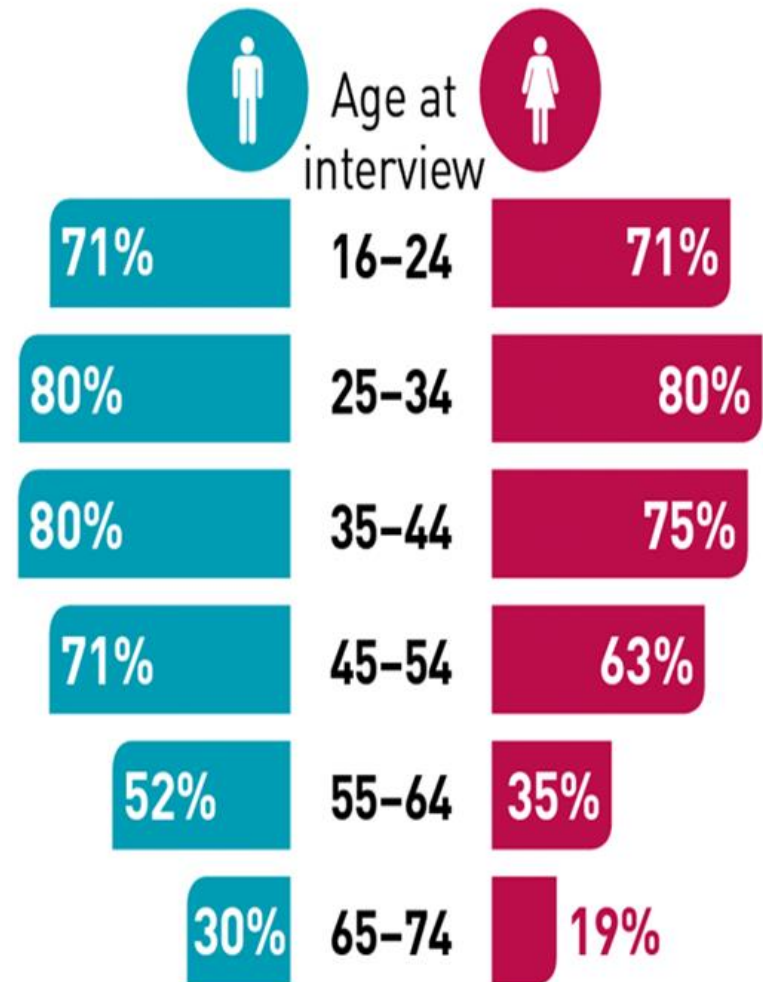


# What are they doing?

## Vaginal sex

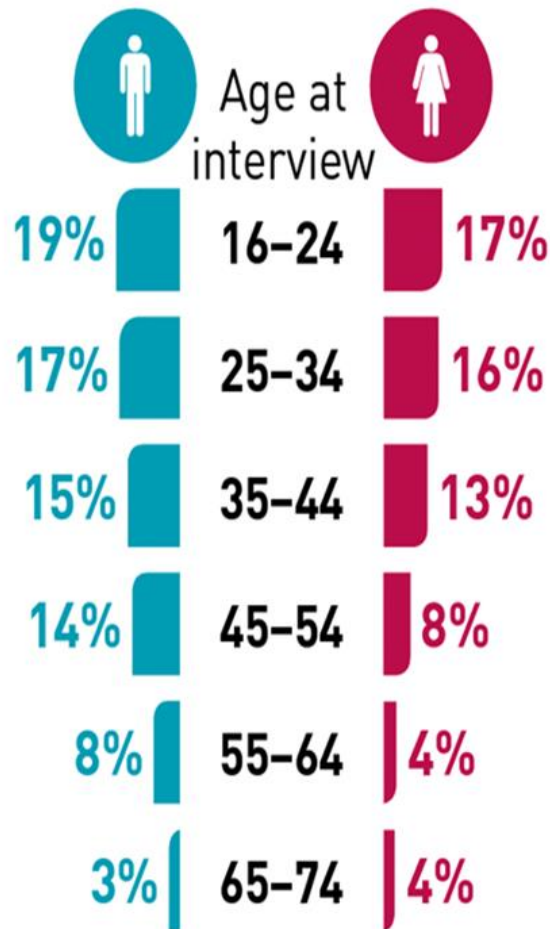


## Given/received oral sex

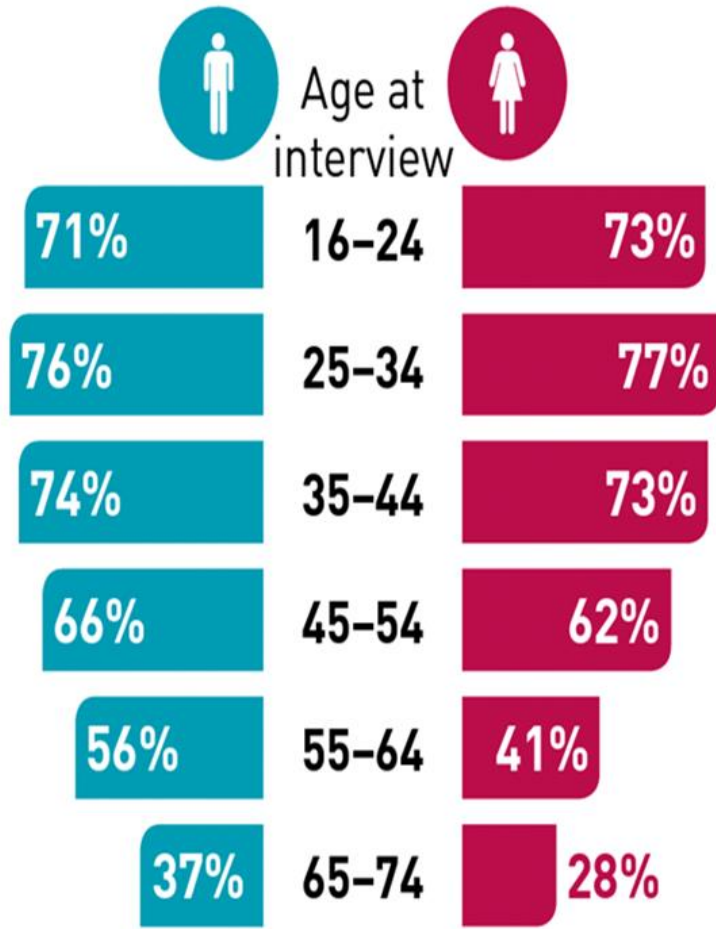


# What are they doing?

## Anal sex

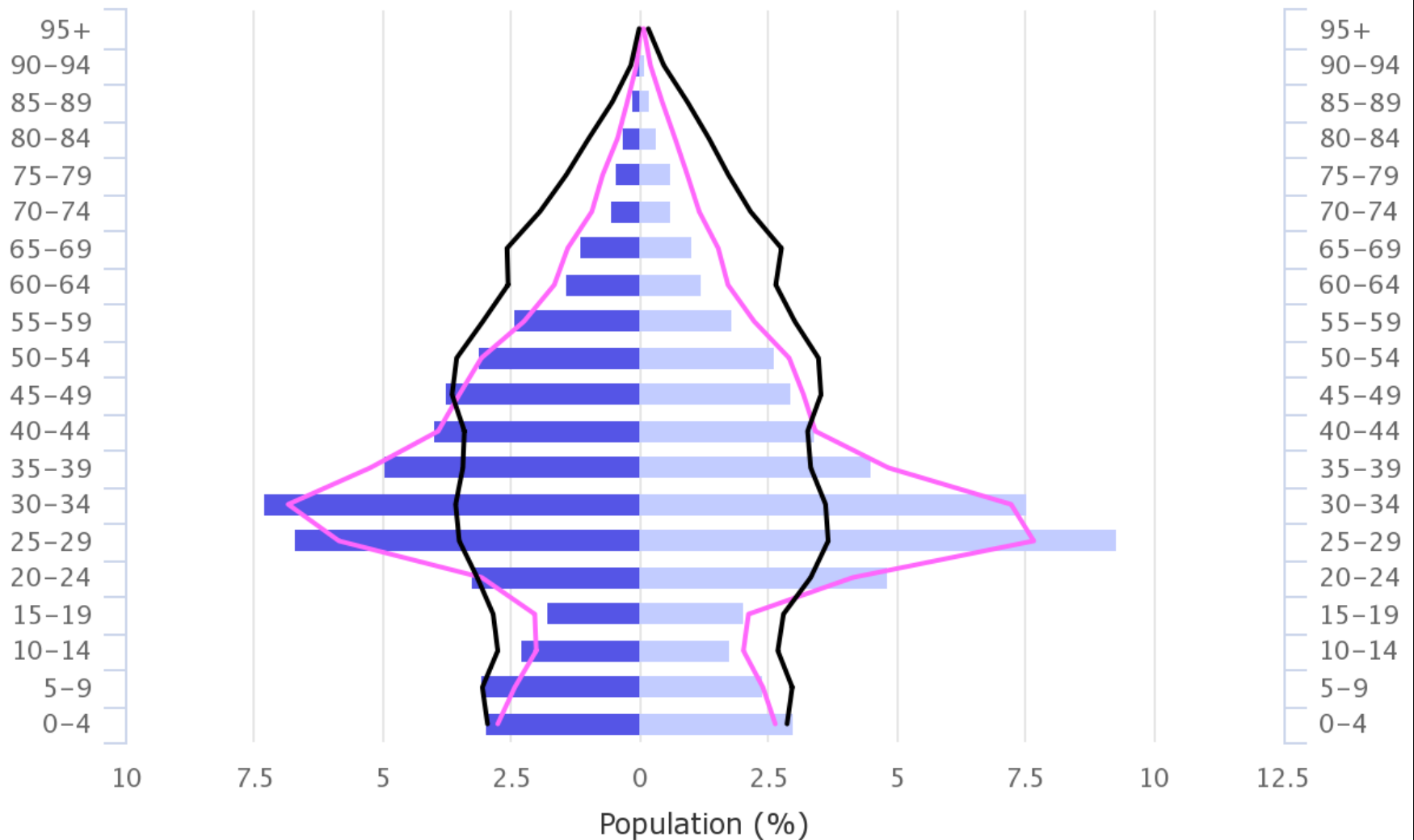


## Other genital contact



<https://fingertips.phe.org.uk/>

Age Distribution 2016 for NHS Islington CCG (F83664 - The Village Practice)





# **CASE STUDIES**

# Bob

**50 years old, married**

**Frequency**

**Discomfort passing  
urine**

**Going to Marbella**

**No urethral discharge,  
nocturia, urgency,  
dribbling, loin pain, frank  
haematuria**

**Other questions?**

**Next step T or F**

**A. Urinalysis**

**B. PSA**

**C. IPSS**

**D. MSU**

**E. PR examination**

**F. STI tests (urine/swabs?)**

**G. Treat for chlamydia**



# Alicia

27 years old “Lumps in vagina”

Married 6 months

2 other long term partners

No STI checks

Differentials?

A. Folliculitis

B. Bartholin's cyst

C. Molluscum

D. Genital warts

What do you do next?



# Ebrahim

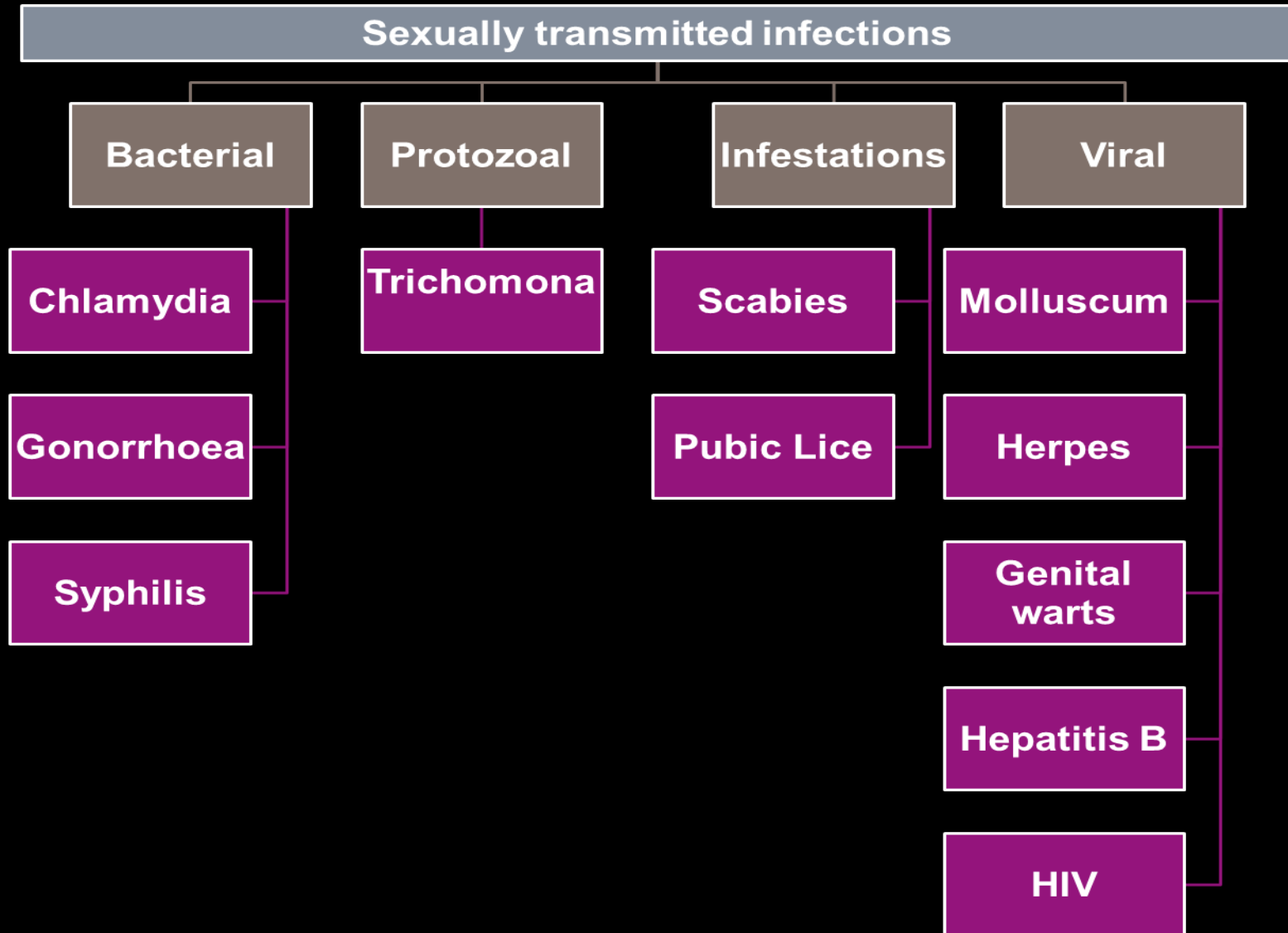
**23 year old PhD student  
Returned from South Africa  
Temp 38.3, rash, sore throat  
Jaundiced**



**What do you consider?**

- 1. Viral URTI**
  - 2. Glandular Fever**
  - 3. Malaria**
  - 4. URTI**
  - 5. Hepatitis A**
  - 6. Hepatitis B**
  - 7. HIV**
- A. He has returned from a country where HIV is prevalent**
  - B. His symptoms might be explained by HIV infection**
  - C. He may have had sexual risks during this stay there**
  - D. If he has a regular sexual partner, they may be at risk too**
  - E. HIV testing is inappropriate because he needs urgent assessment for malaria**

# Sorting out STIs





# Chlamydia

- *Chlamydia trachomatis*
- Intracellular bacteria
- Asymptomatic in 80% ♀ & 50% ♂
- Urethral discharge
- Abnormal vaginal bleeding or discharge
- Testicular pain
- Urethritis, dysuria, “cystitis”
- Men – First Catch Urine (FCU) 65-100%
- Women – vulvovaginal swab 90-95%
- Throat swab/rectal swabs – check with laboratory
- Doxycycline 100BD 7/7
- Azithromycin 1g stat
- Erythromycin 500BD 10-14/7
- Ofloxacin 200mg BD or 400mg OD 7 days
- Partner notification



# Gonorrhoea

- *Neisseria gonorrhoea*
- Urethral/ vaginal discharge, dysuria
- Test – NAAT as for chlamydia
- Rectal & pharyngeal infections can be asymptomatic
- Ceftriaxone 500mg IM + Azithromycin 1g stat
- Cefixime 400mg po stat

# Genital Warts

## CLINICAL DIAGNOSIS

- HPV types 6 & 11
- Genital warts do not cause cervical cancer (types 16 & 18)
- Perianal lesions common both sexes
- Pearly penile papules DO NOT TREAT

## Treatment

- Cryotherapy (clearance/recur 44-75%/ 21-42%)
- Podophyllotoxin cream (43-70%/ 6-55%)
- Imiquimod cream (35-68%/ 6-26%)
- Scissors excision (89-100%/ 19-29%)

# **Molluscum**

## **Clinical diagnosis**

- **Pox virus**
- **Usually STI in adults**
- **Central umbilication**
- **Care if appears on face in adults (immunocompromise)**
  
- **Expectant treatment**
- **Cryotherapy**
- **Podophyllotoxin /imiquimod creams**

# **HIV Testing**

- **How would you approach HIV testing?**
- **What could be the barriers?**
- **What phrases would you use?**
  
- **What will you include in your discussion?**

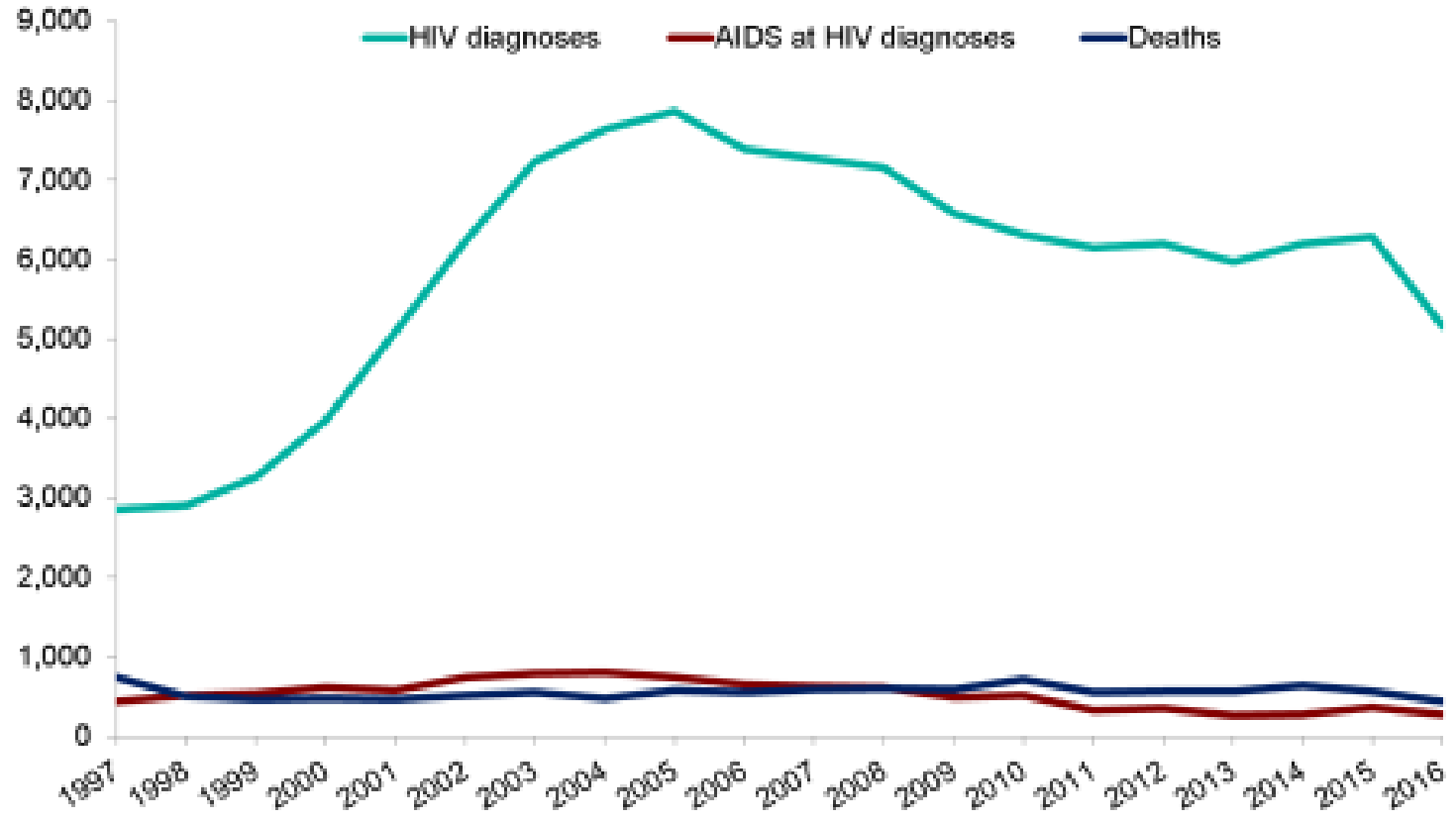
# HIV Testing

- HIV screening cost-effective where diagnosed prevalence is  $>2/1000$  adults
- 4<sup>th</sup> generation serology /point of care detect HIV 4 weeks after exposure
- NICE Guidance Black Africans and Men who have sex with men (MSM)
- Some patients may not disclose that they have put themselves at risk of HIV infection in the past

# HIV



## Number of people newly diagnosed with HIV and AIDS, and all-cause deaths among people with HIV in the ART era: United Kingdom, 1997 - 2016



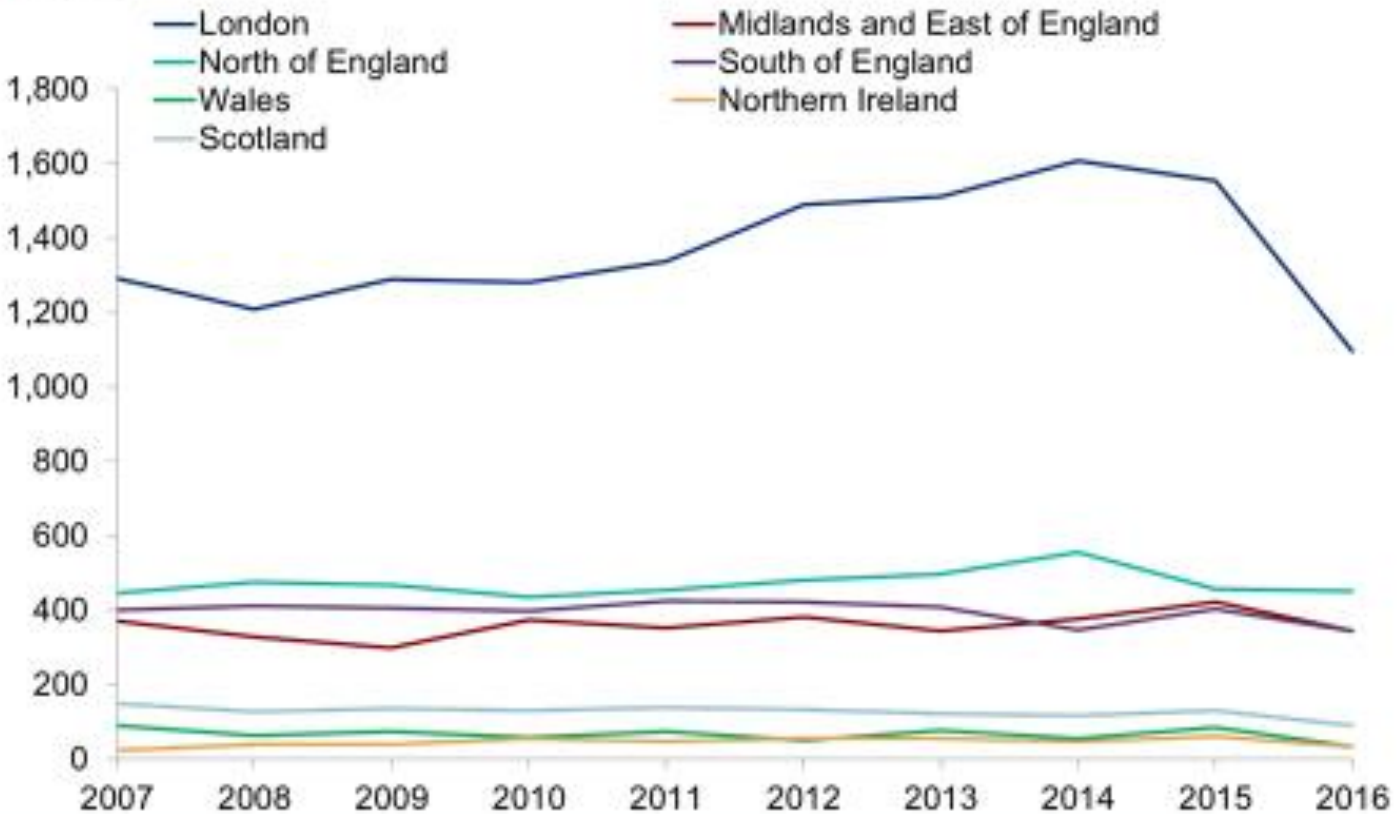
AIDS at HIV diagnoses is within 3 months of HIV diagnoses.

# HIV in MSM



Public Health  
England

## Geographical trends of new HIV diagnosis among gay/bisexual men: United Kingdom, 2007-2016







# The UNAIDS 90:90:90 vision is to eliminate the AIDS epidemic by **2030**

This calls for, by 2020:



**90%** of people living with HIV to be diagnosed




**90%** of those diagnosed to receive treatment




**90%** of those treated to be virally suppressed

In the UK:




**87%**  of those living with HIV are diagnosed



**96%**  of those diagnosed receiving antiretroviral treatment



**94%**  of those treated virally suppressed

# HIV testing


- *You might be describing a common illness caused by viruses such as glandular fever or influenza. However, some rare but important viruses may also be a cause and this includes HIV. I do not want to miss this. I am not sure if you might be at risk of HIV?*
- **I am not sure if you might be at risk of HIV but this is one infection that can affect your immune system and give you these symptoms. May I ask you some questions to check if you could be at risk?**
- ***You have travelled to/ come from/grew up in a county where HIV is quite common. Do you know anyone who has been affected by HIV? Do you know if you been at risk? Have you ever had an HIV test?***

# Two slightly different views ...

## Four ethical issues to consider before offering HIV tests to your patients

12 December 2016


Dr Pallavi Bradshaw advises

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Few could criticise the intention behind England's [proposal to offer HIV testing prevalence areas](#). The plan to put this offered by a GP during a routine appointment raises some ethical and medicolegal issues which should be discussed in advance.

### 1. Broaching the issue of a test will need to be done sensitively

Any GP will be acutely aware of the context of a consultation, in which time the patient may have a problem they have come to seek advice on.

## How GPs should approach HIV testing

22 December 2016


Letter from Dr Richard Ma, north London

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Pulse recently published an article written by a medicolegal advisor to warn GPs to [consider some 'ethical issues' before offering HIV tests to patients](#). While the article might be well-intentioned, framing HIV testing in this way might discourage some primary care professionals from offering HIV testing in some clinically appropriate situations which might, ironically, result in patients being harmed from missed opportunities or late diagnosis of HIV.

Here are my thoughts on how GPs should approach HIV testing:

1. It is possible to offer testing sensitively. The offer of a test might

# **What will you discuss?**

- **Benefits of HIV testing**
- **What is “positive” or “negative”?**
  - **For people whose first language is not English, a “positive” test result might be interpreted as “good news”**
  - **say “your test result is HIV-positive, this means you have HIV”**
- **If negative, what they can continue to take steps to avoid HIV**
- **HIV treatment is effective and will stop them from getting ill**
- **Prevent onward transmission with effective treatment**
- **People with HIV can have healthy children if their HIV status is known early on in pregnancy**
- **They will have more control over who and when to disclose their status, than if they find out while very ill with HIV infection**

# Treatment as Prevention TasP

It's a fact

**U=U**

Undetectable equals untransmittable



The British HIV Association is proud to support the [#UequalsU](#) consensus statement of the Prevention Access Campaign

## The PARTNER study (2016)

1,000 mixed  
status couples



All HIV+  
partners virally  
suppressed and  
on effective  
treatment

58,000 sex  
acts without a  
condom



**0**  
transmissions of  
**HIV**

Viral suppression from ART prevents HIV transmission ←

There are  
**MANY WAYS**  
to  
**PREVENT**



Do it your way at [doitlondon.org](http://doitlondon.org)

**LONDON DO IT**  
TEST-PROTECT-PREVENT HIV

LONDON HIV PREVENTION PROGRAMME: PROUDLY SUPPORTED BY LONDON BOROUGH

## PRE-EXPOSURE PROPHYLAXIS (PrEP)

HIV prevention among gay men, other men who have sex with men and trans-women in the UK

Data published from the PROUD study shows that the anti-retroviral drug Truvada (containing emtricitabine and tenofovir disoproxil fumarate), used as PrEP reduces the risk of acquiring HIV



**1 in 17** MSM  
aged 15 - 59  
in the UK living  
with HIV

**2800** MSM in UK newly infected  
with HIV in 2013

Protection  
offered against  
HIV by PrEP

**86%**

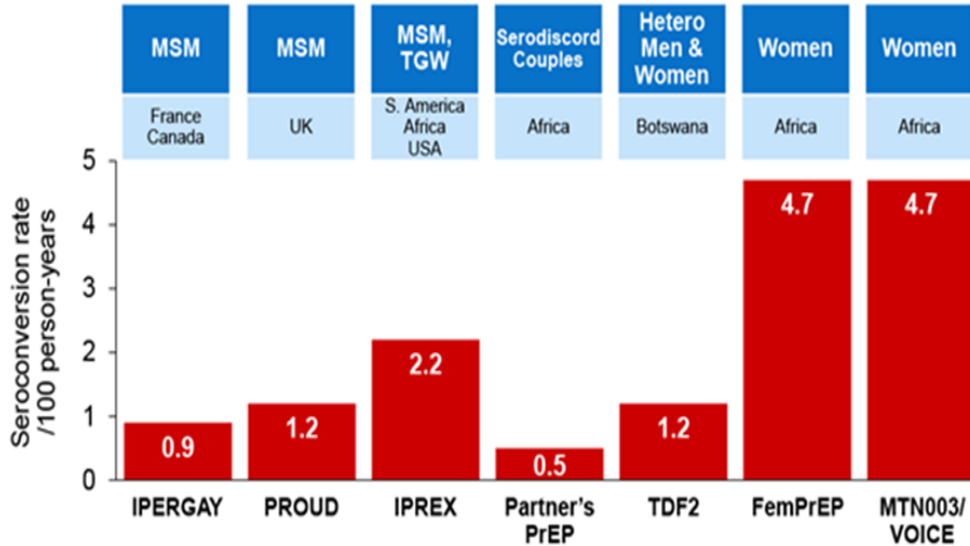
**No significant difference**  
in STIs among MSM on PrEP  
and those not

The PROUD study recruited 545 HIV negative gay men, other MSM and trans-women at 13 sexual health clinics in England between November 2012 and April 2014 ([www.proud.mrc.ac.uk/](http://www.proud.mrc.ac.uk/)). Volunteers were randomised to receive PrEP either immediately or after 12 months of follow-up. By October 2014, there had been a total of 22 HIV infections, 3 in the group randomised to PrEP and 19 in the group randomised to wait for a year. This equates to 1.3 infections per 100 people followed up for a year in the group given PrEP, and 8.9 infections per 100 people followed up for a year in the group who did not receive PrEP.

For the UK HIV situation see 'HIV in the United Kingdom: 2014 Report' available at:  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/401662/2014\\_PHE\\_HIV\\_annual\\_report\\_draft\\_Final\\_07-01-2015.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf)

# Seroconversion Rates in Clinical Studies of FTC/TDF for PrEP

- In the active treatment arms of clinical studies, seroconversion rates varied from 0.5 to 4.7/ per 100 person-years of FTC/TDF exposure



1. Molina, NEJM 2015;373:2237-46;2. McCormack, Lancet 2016;387:53-60;3. Grant, NEJM 2010;363:2587-99; 4. Baeten, NEJM 2012;367:399-410;5. Thippen, NEJM 2012;367:423-34; 6. Peterson, PLoS Clin Trials 2007;2:e27. 7. Marrazzo, NEJM 2015;372:509-18.

## NHS told to give out £5,000-a-year lifestyle drug to prevent HIV – as vital cataract surgery is rationed

# WHAT A SKEWED SENSE OF VALUES

By Sophie Borland and Ben Spencer

THE NHS has been told to prescribe a drug to prevent HIV despite concerns it is expensive and could encourage 'sexual risk taking'.

A High Court judge yesterday ordered health officials to provide the daily PrEP pills at a cost to taxpayers of up to £20million a year.

The drug would be given to up to 10,000 gay men who don't have HIV but are at high risk of being infected through unprotected sex. But critics, including one Aids charity, warn it is a strategy 'fraught with dangers'. They say it could encourage men to have sex with multiple partners without condoms and may even lead to higher HIV rates as it is not 100 per cent effective.

There is also concern that scarce NHS funds are being spent on a preventative medicine at a time when vital cataract surgery and cancer drugs are being rationed. Cataract surgery costs just £800 an eye and enables patients to leave their homes unaided and recognise loved ones' faces.

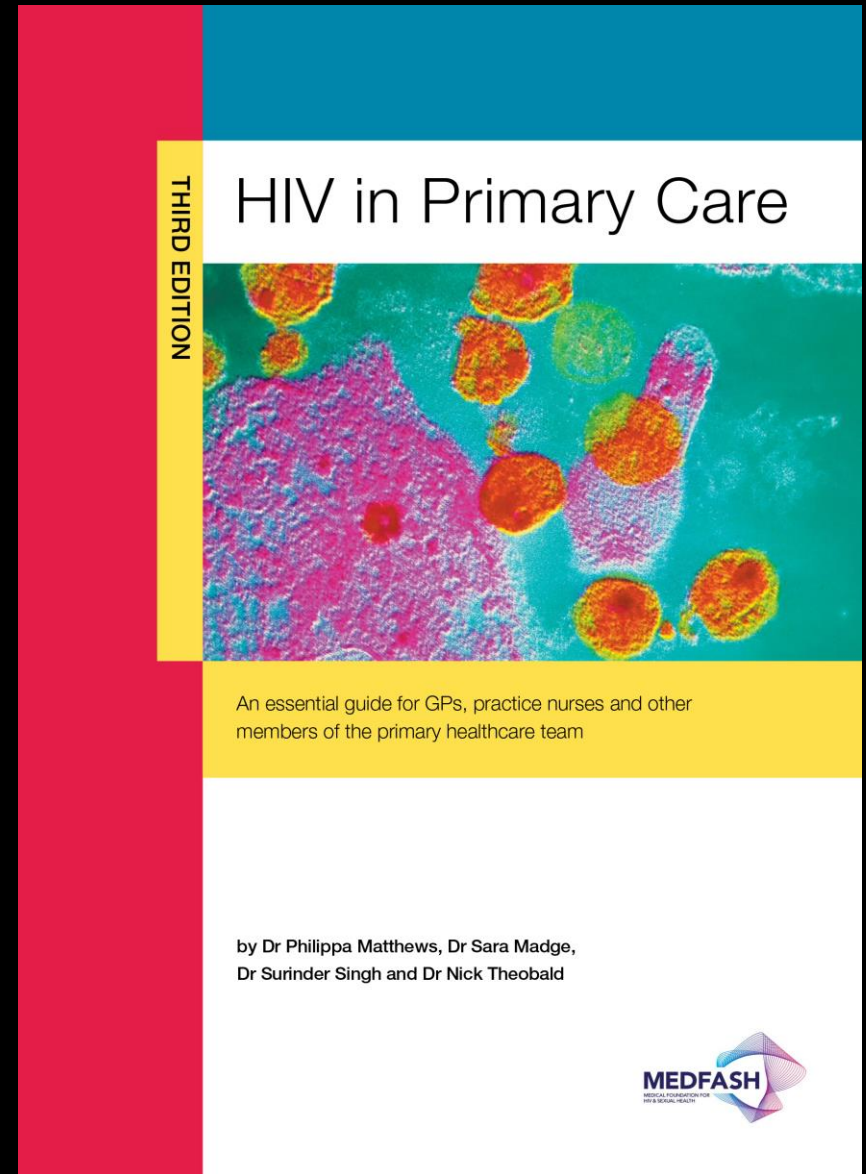
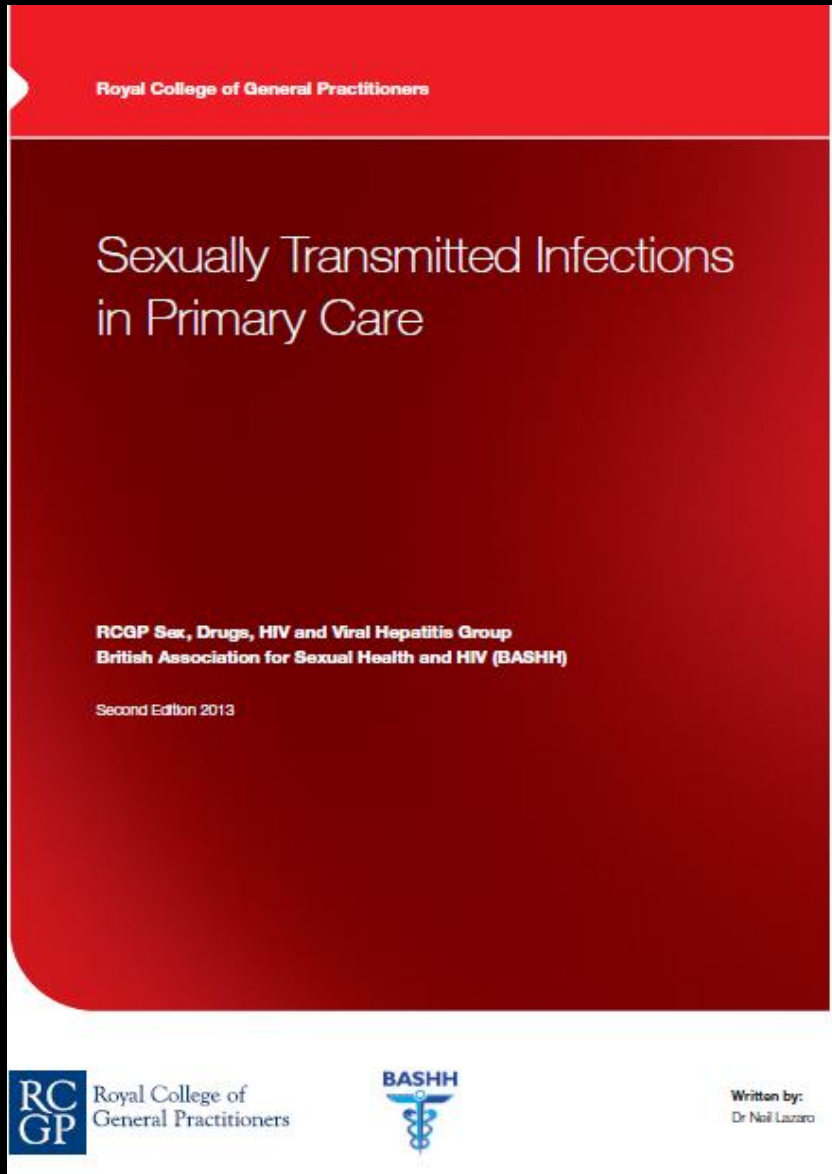
One MP yesterday suggested it would be difficult to justify the cash spent on the HIV drug to a cancer patient who had been denied a life-saving treatment.

And last night NHS England said the ruling would delay a decision on whether it could fund 18 other treatments – includ-



Loner who murdered doctor's daughter obsessed by model lookalike

# Resources







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Celebrating 100 years of Sexual Health Services  
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## LATEST NEWS

 New recommendations for sexual health commissioning must be backed up with adequate funding for services 

 The BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP) 2017 are open for public consultation 

## UPCOMING EVENTS



# Management of SRH Issues

Share this article

## Management Vaginal Discharge Non Genitourinary Medicine Settings

### FSRH Clinical Guidance: Management of Vaginal Discharge in Non-Genitourinary Medicine Settings - February 2012

01 February 2012

Please note, this guidance document has lapsed. Up to date guidance on this topic can be found at: <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/sexually-transmitted-infections-in-primary-care.aspx>

Please read this guidance document in conjunction with any relevant clinical statements for this topic. These can be found by visiting the Clinical Statements section.

## Problematic Bleeding

### FSRH Clinical Guidance: Problematic Bleeding with Hormonal Contraception (July 2015)

01 July 2015

This guidance provides evidence-based recommendations and good practice points for health professionals on the [www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/](http://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/) contraception currently available in the UK. It is



## Women's Health in Primary Care

EDITED BY Anne Connolly and Amanda Britton



# PULSE Learning

## CPD to support GPs through appraisal and revalidation

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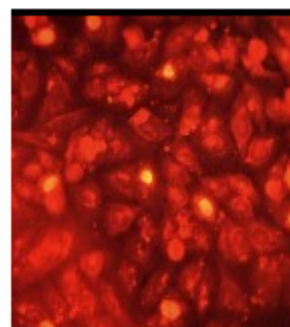
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PREMIUM

Case-Based Learning

## Guideline debrief: sexually transmitted infections

### Module summary

This interactive, case-based learning module uses five primary care case histories to update you on the key points of the 2013 RCGP/BASHH guidance on STIs.

### Learning objectives

To improve your understanding of the 2013 edition of Sexually Transmitted Infections in Primary Care, jointly published by Royal College of General Practitioners (RCGP) and the British Association for Sexual Health and HIV (BASHH). The module will cover:

- Knowing when and how to assess for STI risks
- Key differential diagnoses in common STIs
- Recognising when STIs and HIV can be part of differential diagnosis
- Managing some of the most common STIs in primary care

In this interactive module, you will learn as you work through real-life

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