

Symptomatic Sexually Transmitted Infection Screening

SYMPTOMATIC

	Symptoms	Recommended Diagnostic Testing	Clinical and Therapeutic Considerations
Female	<ul style="list-style-type: none"> Vaginal itching Vaginal discharge Painful urination Increased urinary urgency Pelvic pain Pain with sexual intercourse Vaginal bleeding Genital warts Genital lesion/ulcer Pharyngitis 	Vaginal examination: <ol style="list-style-type: none"> Observe vaginal anatomy Gram stain for bacterial vaginosis Vaginal swabs for PCR assay: <ul style="list-style-type: none"> Gonorrhea Chlamydia Vaginal swabs for Affirm DNA <ul style="list-style-type: none"> Trichomoniasis HIV test Syphilis (RPR screen/ titer) Urinalysis Pregnancy Test Oropharyngeal (OP) Culture swab for GC when indicated 	Promptly begin empiric treatment of Chlamydia and Gonorrhea before lab results return Vaginal exam will allow visualization of vaginal anatomy Vaginal or cervical swab may be necessary for specific test kits
		Unable to perform vaginal examination: <ol style="list-style-type: none"> Urinalysis Urine for PCR assay: <ul style="list-style-type: none"> Gonorrhea Chlamydia HIV test Syphilis (RPR screen/titer) Pregnancy Test OP Culture for GC when indicated 	Promptly begin empiric treatment of Chlamydia and Gonorrhea before lab results return
Male	<ul style="list-style-type: none"> Penile discharge Painful urination Increased urgency Pelvic pain Swollen/tender testicles Pain with sexual intercourse Genital warts Genital lesion/ulcer Pharyngitis 	<ol style="list-style-type: none"> Urinalysis Urine for PCR assay: <ul style="list-style-type: none"> Gonorrhea Chlamydia HIV test Syphilis (RPR screen/ titer) OP Culture Swab or Rectal culture swab for GC when indicated 	Promptly begin empiric treatment of Chlamydia and Gonorrhea before lab results return *HCV RNA screen for MSM who have engaged in condomless anal intercourse.

TREATMENT (DISCUSS TREATMENT OF PREGNANT WOMEN WITH ID AND OB/GYN)

Gonorrhea Chlamydia	Ceftriaxone 250 mg IM AND Azithromycin 1 gm PO x 1 dose OR doxycycline 100 mg PO Q12H for 7 days <u>Penicillin Allergy (anaphylaxis):</u> Consult ID
HIV or Syphilis	Consult Infectious Diseases
Bacterial vaginosis	Metronidazole gel 0.75%, one full applicator (5gm) intravaginally once daily at bedtime for 5 days <u>Alternatives:</u> Metronidazole 500 mg PO Q12H OR clindamycin 300 mg PO Q12H for 7 days
Trichomonas vaginalis	Metronidazole 2 gm PO x 1 dose OR metronidazole 500 mg PO Q12H for 7 days

DNA= deoxyribonucleic acid; GC= gonococcus; H= hours; HCV= hepatitis C virus; HIV= human immunodeficiency virus; ID= infectious diseases; IM= intramuscular; MSM= men who have sex with men; OB/GYN= obstetrics/gynecology; OP= Oropharyngeal; PCR= Polymerase chain reaction; PO= by mouth; Q= every; RNA= ribonucleic acid; RPR= rapid plasma reagin; STI= sexually transmitted infection.

Asymptomatic Sexually Transmitted Infection Screening

ASYMPTOMATIC

	Population	Screening Recommendations	Frequency	Clinical and Therapeutic Considerations
Female	Age ≤ 25	Urine PCR for Chlamydia Urine PCR for Gonorrhea HIV test Cervical Screening	Annually Annually At least once No later than age 21	Cervical screening should be performed 3 years after initiating sexual activity or no later than age 21 *Consider Syphilis RPR/titer in women with condomless sex with multiple sex partners or known partner with syphilis
	Age > 25	No routine screening for STIs Screen according to risk		Consider minimum of annual screening if high risk* patient
	Pregnant	Urine PCR for Chlamydia Urine PCR for Gonorrhea HIV test Hepatitis B S Ag, S Ab, C Ab Hepatitis C Ab Syphilis RPR/titer	First trimester First trimester First trimester First trimester First trimester First trimester	Repeat Screening (all pathogens) in 3 rd trimester and at birth if patient is high risk*
	HIV-positive	Urine PCR for Chlamydia Urine PCR for Gonorrhea* Syphilis RPR/titer Trichomoniasis Hepatitis B S Ag, S Ab, C Ab Hepatitis C Ab	Annually Annually Annually Annually Baseline Yearly if high risk*	*Consider rectal and pharyngeal culture swabs for GC if exposed May repeat screening every 3-6 months, as indicated by risk

EPT= expedited partner treatment; Hepatitis B C Ab= Hepatitis B Core Antibody; Hepatitis B S Ab= Hepatitis B Surface Antibody; Hepatitis B S Ag= Hepatitis B Surface Antigen; Hepatitis C Ab= Hepatitis C Antibody; HIV= human immunodeficiency virus; MSM= Men who have sex with men; PCR= polymerase chain reaction; RPR= rapid plasma reagin; STI= sexually transmitted infection

Test of Cure/ Retest Post Diagnosis and Treatment of Gonorrhea or Chlamydia

- Retest all patients after 3 months for reinfection (if 3 months not possible, within 1 year).
- Retest all pregnant patients a minimum of >/=3 weeks after completion of therapy.
- If suspect treatment failure, reinfection, or failure due to alternative regimen then repeat testing at a minimum of >/= 3weeks after completion of therapy.
- For pharyngeal gonorrhea– get test of cure on all patients after 14 days. Culture and susceptibilities preferred.

Note: Gonorrhea/Chlamydial PCR <3 weeks from completion of therapy are not recommended due to presence of non-viable organisms and false-positive results.

STIs: Partner Treatment

- Any recent sexual partner who has had contact with the infected patient within 60 days of their diagnosis should be considered for treatment.
- Discuss treatment of partners or questions regarding Expedited Partner Treatment (EPT) with the Infectious Disease Service.
- EPT should not be employed with MSMs (these patients should be referred for comprehensive STI testing first).

*Definition of High Risk

Those who have a new sex partner, >1 sex partner, a sex partner with concurrent partners, a sex partner who has a STI, inconsistent condom use in persons not in mutually monogamous relationships, illicit drug use, exchange of sex with drugs, recent sex contact outside the US.

Asymptomatic Sexually Transmitted Infection Screening

ASYMPTOMATIC				
	Population	Screening Recommendations	Frequency	Clinical and Therapeutic Considerations
Male	Heterosexual men	No routine screening for STIs. Screen according to *risk. Note: All 'Babyboomers' (Patients born from 1945 through 1965) should be screened for HCV		
	Men who have sex with men (MSM) <u>OR</u> *high risk heterosexual men	Urine PCR for Chlamydia Urine PCR for Gonorrhea HIV test Hepatitis B S Ag, S Ab, C Ab Hepatitis C Ab Syphilis (RPR screen/ titer) Genital exam for evidence of ulcers or lesions concerning for HSV	Annually Annually Annually Baseline Annually Annually Baseline	Consider GC/Chl culture, rectal and pharyngeal swabs High risk defined as: - New or multiple sex partners - Inconsistent condom use - Commercial sex work - Drug use May repeat screening every 3-6 months, as indicated by risk
	HIV-positive men	Urine PCR for Chlamydia Urine PCR for Gonorrhea Syphilis (RPR screen/ titer) Hepatitis B S Ag, S Ab, C Ab Hepatitis C Ab Genital exam for evidence of ulcers or lesions concerning for HSV	Annually Annually Annually Baseline Annually Baseline	Consider GC/Chl culture, rectal and pharyngeal swabs May repeat screening every 3-6 months, as indicated by risk

GC/Chl= gonorrhea/chlamydia; HCV= Hepatitis C virus; Hepatitis B C Ab= Hepatitis B Core Antibody; Hepatitis B S Ab= Hepatitis B Surface Antibody; Hepatitis B S Ag= Hepatitis B Surface Antigen; Hepatitis C Ab= Hepatitis C Core Antibody; HIV= human immunodeficiency virus; HSV= Herpes simplex virus; MSM= Men who have sex with men; PCR= polymerase chain reaction; RPR= rapid plasma regain; STI = sexually transmitted infection.

***Definition of High Risk**

Those who have a new sex partner, >1 sex partner, a sex partner with concurrent partners, a sex partner who has a STI , inconsistent condom use in persons not in mutually monogamous relationships, illicit drug use, exchange of sex with drugs, recent sex contact outside the US.

References:

1. "Sexually Transmitted Diseases Treatment Guidelines, 2015." Centers for Disease Control and Prevention. Department of Health and Human Services, 17 Dec. 2010. URL: <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>.
2. "Primary, Secondary, and Early Latent Syphilis Surveillance 2007-2011." Division of Infectious Disease & Epidemiology. Rhode Island Department of Health, 2011. URL: <http://www.health.ri.gov/data/diseases/Syphilis.pdf>.
3. "California Sexually Transmitted Disease (STD) Screening Recommendations 2010". California Department Of Public Health, June. 2011. URL: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-Recommendations.pdf>

Asymptomatic Sexually Transmitted Infection Screening

HIV testing		
Population	Frequency	Special Considerations
All women age 13-64	Baseline	Consider frequent testing if high risk*
All women who seek STI screening	At time of STI	Consider PREP if HIV+ partner (Consult ID)
All pregnant women	First Trimester	Third trimester and at birth if high risk
All men age 13-64	Baseline	Consider frequent testing if high risk*
MSM	Annually (minimum)	Q3-6 months if higher risk activity (Consider PREP and consult ID)
All men who seek STI screening	At time of STI	Consider PREP if HIV+ partner (consult ID)

HIV= human immunodeficiency virus; ID= infectious diseases; MSM= Men who have sex with men; PREP= pre-exposure prophylaxis; Q= every; RPR= rapid plasma regain; STI= sexually transmitted infection.

***Definition of High Risk**

Those who have a new sex partner, >1 sex partner, a sex partner with concurrent partners, a sex partner who has a STI, inconsistent condom use in persons not in mutually monogamous relationships, illicit drug use, exchange of sex with drugs, recent sex contact outside the US.

References:

1. "Sexually Transmitted Diseases Treatment Guidelines, 2015." Centers for Disease Control and Prevention. Department of Health and Human Services, 17 Dec. 2010. URL: <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>.
2. "Primary, Secondary, and Early Latent Syphilis Surveillance 2007-2011." Division of Infectious Disease & Epidemiology. Rhode Island Department of Health, 2011. URL: <http://www.health.ri.gov/data/diseases/Syphilis.pdf>.
3. "California Sexually Transmitted Disease (STD) Screening Recommendations 2010". California Department Of Public Health, June. 2011. URL: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-Recommendations.pdf>