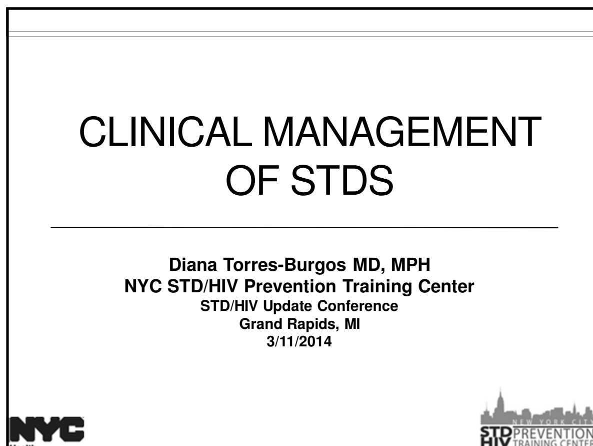
CLINICAL MANAGEMENT
OF STDS
Diana Torres-Burgos MD, MPH
NYC STD/HIV Prevention Training Center
STD/HIV Update Conference
Grand Rapids, MI
3/11/2014
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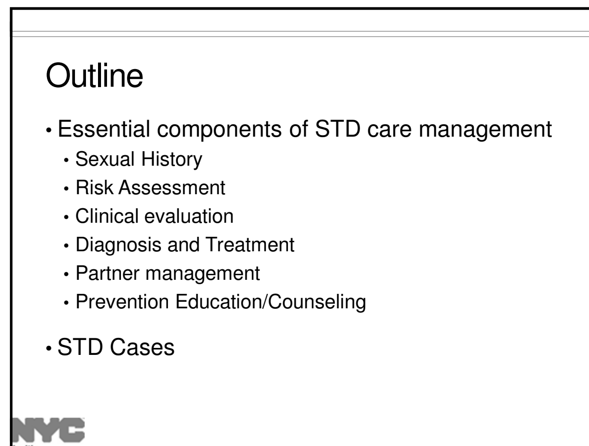
STD HIV PREVENTION TRAINING CENTER


Outline
• Essential components of STD care management
• Sexual History
• Risk Assessment
• Clinical evaluation
• Diagnosis and Treatment
• Partner management
• Prevention Education/Counseling
• STD Cases
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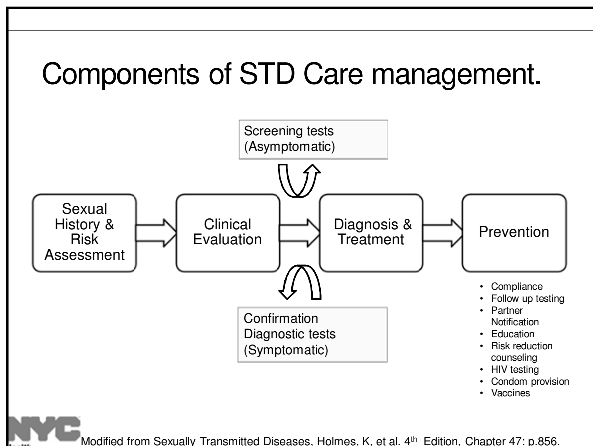
Components of STD Care management.
Screening tests (Asymptomatic)
Sexual History & Risk Assessment
Clinical Evaluation
Diagnosis & Treatment
Prevention
Confirmation Diagnostic tests (Symptomatic)
• Compliance
• Follow up testing
• Partner Notification
• Education
• Risk reduction counseling
• HIV testing
• Condom provision
• Vaccines
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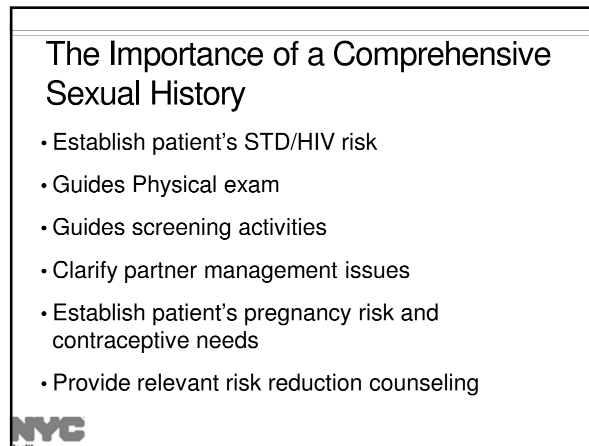
Modified from Sexually Transmitted Diseases, Holmes, K, et al. 4th Edition, Chapter 47: p.856.


The Importance of a Comprehensive Sexual History
• Establish patient's STD/HIV risk
• Guides Physical exam
• Guides screening activities
• Clarify partner management issues
• Establish patient's pregnancy risk and contraceptive needs
• Provide relevant risk reduction counseling
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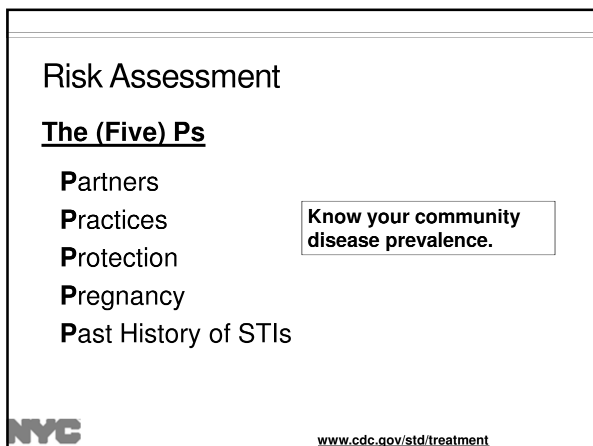
Risk Assessment
The (Five) Ps
Partners
Practices
Protection
Pregnancy
Past History of STIs
Know your community disease prevalence.
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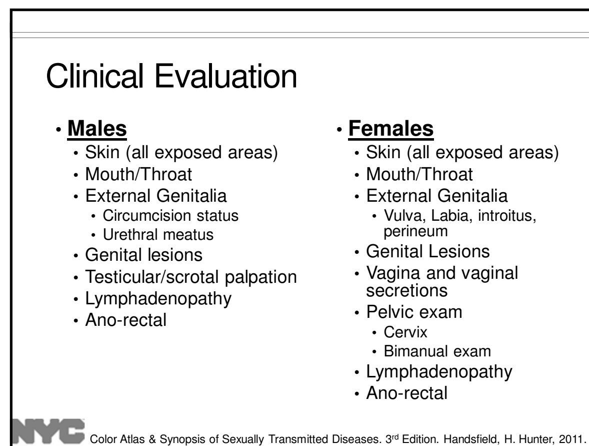
www.cdc.gov/std/treatment


Clinical Evaluation
• Males
• Skin (all exposed areas)
• Mouth/Throat
• External Genitalia
• Circumcision status
• Urethral meatus
• Genital lesions
• Testicular/scrotal palpation
• Lymphadenopathy
• Ano-rectal
• Females
• Skin (all exposed areas)
• Mouth/Throat
• External Genitalia
• Vulva, Labia, introitus, perineum
• Genital Lesions
• Vagina and vaginal secretions
• Pelvic exam
• Cervix
• Bimanual exam
• Lymphadenopathy
• Ano-rectal
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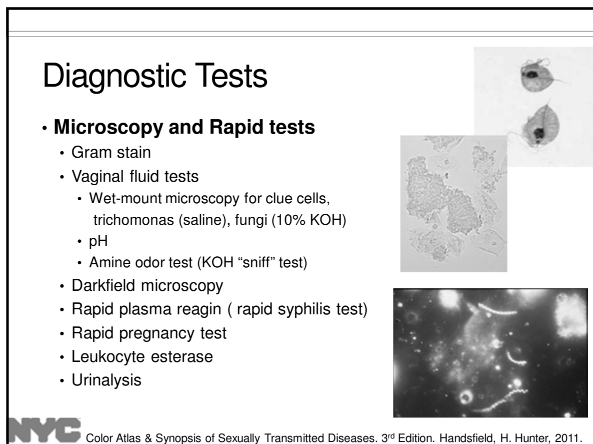
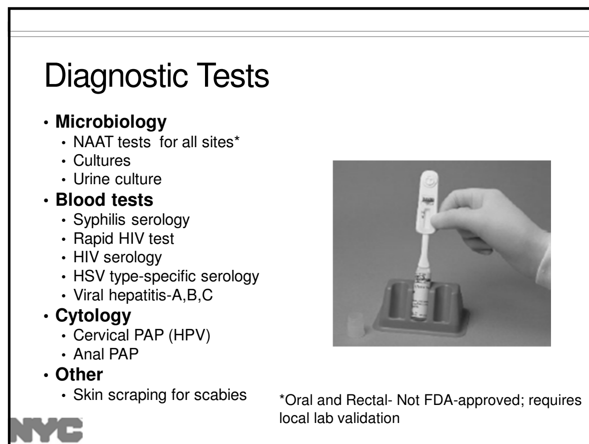
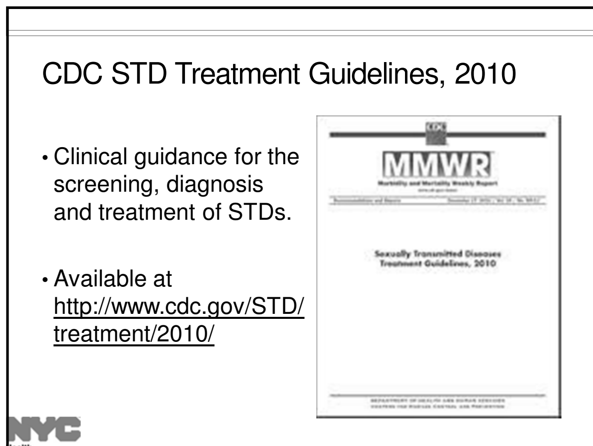
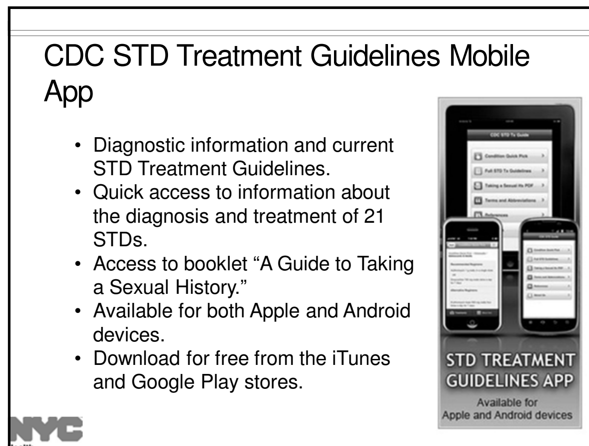
Color Atlas & Synopsis of Sexually Transmitted Diseases. 3rd Edition. Handsfield, H. Hunter, 2011.









Follow up

Follow up:

- Patients treated for uncomplicated GC/CT infections do not need a test of cure.
- TOC in 1 week if alternate treatment regime used – GC.
- Retest 3 months after treatment - GC/CT.
- Monitor RPR post treatment (6,12 mos.), more frequently if at high risk.
- HIV test

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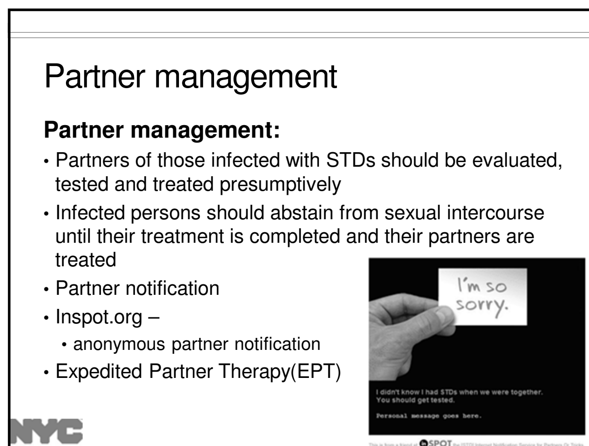


Prevention Education/Counseling

Nature of infection
- Commonly asymptomatic in men and women.
- In women, increased risk of upper reproductive tract complications and squealea from STDs with re-infections

Transmission issues
- Effective treatment reduces HIV transmission and acquisition with certain STDs
- Abstaining from sex until partner treated prevents re-infection

Risk reduction counseling
- Discuss prevention strategies (abstinence, monogamy, condoms, limit number of sex partners, etc.).
- Vaccine preventable STDs – Hep A, Hep B, HPV

STD CASES

Case Questions

- *What questions should be asked?*
- *What do you expect to find?*
- *What tests should you order?*
- *What treatment is recommended?*
- *What follow up is required?*

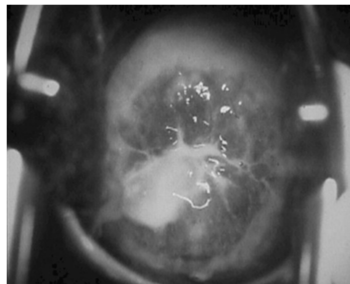
Case 1

A 17 year-old female presents with increased vaginal discharge and intermittent burning with urination x 10 day. Discharge is whitish to yellow with no odor. She denies abdominal pain.

She states that she has been using a condom with her new male partner of 2 weeks.

Case 1

Physical exam:
Mild yellowish discharge and easily-induced cervical bleeding.



Labs:
- pH = 3.5
- KOH whiff test - negative

Case 1

How would you manage this patient?

a) Treat with Azithromycin 1g PO x 1
b) Treat with Azithromycin 1g PO x 1 and Ceftriaxone 250mg IM x 1
c) Tell her to abstain from sex and to call you in 3 days for test results
d) Treat with Azithromycin 1g PO x 1, Ceftriaxone 250 IM x 1 and Metronidazole 500mg BID x 7 days

Cervicitis - Management

Treatment Options:

- **Treat presumptively for Ct:**
  - Young (<25), new or multiple sex partners, hx of unprotected sex
  - If follow-up is uncertain
- **Treat presumptively for GC and Ct:**
  - If risk factors as above and/or high local prevalence (>5%)
- **Await results of diagnostic tests:**
  - Low-risk, good follow-up, sensitive tests used (NAATs)

Case 2

Alternate scenario for Case 1:

Physical exam reveals mild yellowish discharge from the os and easily-induced cervical bleeding. Cervical motion tenderness is equivocal—patient says, "that's a little uncomfortable"--but she winces when you examine the R adnexa. You do not palpate any masses, and there is no rebound or guarding on abdominal exam.

Case 2

How would you manage this patient?

a) **Send her to the Emergency Room**
b) **Treat her with Ceftriaxone 250mg IM x 1, Doxycycline 100mg BID x 14 days and Metronidazole 500mg PO BID x 14 days, and tell her to return to clinic if she does not tolerate the medications at home**
c) **Tell her to abstain from sex and to call you in 3 days for her test results**
d) **Treat with Ceftriaxone, Doxycycline and Metronidazole and give her an appointment to see you in 3 days.**

PID Diagnosis

Minimum Criteria:

- Cervical motion tenderness OR uterine tenderness OR adnexal tenderness
- No single historical, physical or lab finding is both sensitive and specific for diagnosis of acute PID

Additional Criteria:

- Temp > 38.3 C (101 F)
- Abnormal discharge; abundant WBCs on wet mount
- Elevated ESR/C-reactive protein
- + GC/Ct laboratory test

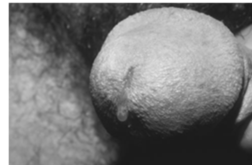
Case 3

A 26 year-old male presents with a 1-week history of intermittent burning with urination. He also describes an "itchy" feeling inside of his penis. He denies urethral discharge.

He has had a steady girlfriend for the past 6 months, with whom he does not use condoms, and 3 "1 night stands" with women over the past 3 months.

Case 3

Physical exam reveals a mucoid discharge from the urethra, no penile lesions and a normal testicular exam.



Source: Seattle STD/HIV Prevention Training Center at the University of Washington/UW HSCER Slide Bank

You treat empirically with Doxycycline 100mg BID x 7 days.

Case 3

The patient returns 2 weeks later with persistent dysuria and discharge. Ct and GC urine NAATs from the last visit were *negative.* Physical exam is unchanged.

He states that he completed the course of doxycycline, and that his girlfriend was treated as well. He did not know how to contact the other 3 partners. He has not had sex with anyone other than his girlfriend since being treated.

Case 3

How would you manage this patient?

a) Treat with another course of Doxycycline
b) Treat with Azithromycin 1g PO x 1
c) Treat with Metronidazole 2g PO x 1 plus Azithromycin 1g PO x 1
d) Refer to a urologist

Recurrent and Persistent Urethritis

<u>Differential Diagnosis</u>:

- Re-exposure to untreated partner
- Incomplete treatment
- Persistent infection:
  - *Mycoplasma*
  - *Ureaplasma*
  - Trichomoniasis
- Non-infectious causes: chronic prostatitis(referral to Urology)

Case 4

A 30 year-old male presents with a 2-day history of greenish urethral discharge and burning with urination. 5 days ago, he had unprotected receptive oral intercourse and receptive and insertive anal intercourse with a condom.

He reports 7 male partners over the past 3 months. Always uses a condom for anal sex, almost never for oral sex.

Case 4

Physical exam:

- Copious, yellow/white urethral discharge.
- No lesions
- Skin, testicular and anal exam normal

What diagnostic tests would you order in this patient?

Case 4

How would you treat this patient?

a) Ciprofloxacin 500mg PO x 1
b) Ceftriaxone 250mg IM x 1
c) Doxycycline 100mg BID x 7 days
d) Tell him to abstain from sex and to call for results in 3 days
e) Ceftriaxone 250mg IM x 1 plus Azithromycin 1g PO x 1

Case 4

What would you tell this patient about his partners?

a) **He should only notify his partner from 5 days ago**

b) **He should tell all partners from the past year to be tested for HIV and other STDs**

c) **He should notify partners from the past 60 days that they should be evaluated and treated for GC**

d) **The health department will be contacting his partners because "We know who they are."**

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Case 5

A 24 year-old male comes to see you because he wants to be "tested for everything." He has had 3 sexual partners over the past 3 months, including 2 males. He practices oral, anal and vaginal sex with his partners. He states that he uses condoms "most of the time."

STD screening reveals:
Rapid HIV EIA: negative
Urine GC/Ct NAAT: negative
Pharyngeal GC culture: negative
Anal GC cultures: positive
Anal Ct NAAT: positive

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Case 5

When he returns for treatment, he describes recent symptoms of intermittent rectal pain, bleeding after bowel movements, and tenesmus.

How would you treat his infection?

a) **Ceftriaxone 250mg IM x 1 plus Azithromycin 1g PO x 1**

b) **Ceftriaxone 250mg IM x 1 plus Doxycycline 100mg BID x 21 days**

c) **Azithromycin 2g PO x 1**

d) **Ceftriaxone 250mg IM x 1 plus Doxycycline 100mg BID x 7 days**

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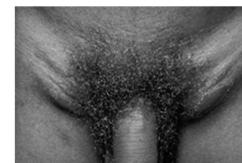
Proctitis

- Inflammation of the rectal mucosa
- Associated with rectal anal intercourse
- Symptoms: rectal pain, tenesmus, constipation, mucopurulent discharge, hematochezia
- Etiology:
  - Neisseria gonorrhea
  - Chlamydia trachomatis (including LGV strains)
  - Trepomena pallidum
  - Herpes simplex virus



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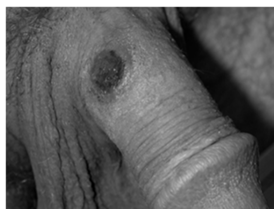
Case 6

Alternate scenario to #5

- Patient returns to your clinic in 4 months. He states he last had sex at a sex party 3 weeks ago with three male partners. Now complaining of a painless lesion on penis x 1 week, no other genital complaints or symptoms.

Physical exam:
- 5x5 round ulcer on shaft
- Bilateral inguinal lymphadenopathy
- Normal perianal exam
- No mouth lesions
- No rash on trunk or palms/soles



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Case 6

- Test results
  - RPR is 1:64, FTA Reactive
  - Anorectal NAAT test is negative for GC and chlamydia.
  - Urine NAATs are negative for GC and chlamydia
  - Herpes cx negative
  - Acute HIV testing was negative
- What are your next steps?

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Case 6

- The patient returns at 3 month intervals for titer checks:
  - **3 months** **RPR 1:16**
  - **6 months** **RPR 1:4**
  - **9 months** **RPR 1:4**
  - **12 months** **RPR 1:2**
  - **15 months** **RPR 1:32**
- How do you interpret these results?
- His female partner is 10 weeks pregnant, next steps?

Response to Therapy by Syphilis Stage

* Primary, Secondary Syphilis
Resolution of symptoms
By 6-12 months- Fall in RPR titer by 2 titers

* Early Latent, Late Latent Syphilis
If RPR titer </= 1:32 -
Fall in RPR titer by 2 titers
within 12-24 months

??? HIV-infected Patients

*Test persons with syphilis for HIV

MMWR. Sexually Transmitted Diseases Treatment Guidelines, 2010. Vol.59/No. RR-12.

THANK YOU!