

State of the Science: Screening Guidelines for Sexually Transmitted Infections

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Learning with Purpose

Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

Served on Women's Health Advisory Board for Actavis Pharma for which I received travel and financial consideration. Actavis Pharma had no role in the development of this presentation.

STIs: What we know

- Major public health concern
- Significant cause of morbidity
- Adolescents and young adults between the ages of 15-25 bear the greatest disease burden
- Annual costs in U.S. exceed 15 billion
- Many viral STIs, including HPV and HSV are not reportable so actual disease estimates are difficult

High STI rates: Contributing factors

- **Access to health care**
- **Health care disparities**
- **Political factors**
- **Secrecy and stigma**
- **Substance abuse**
- **Mental illness**
- **Partner concurrency**



Best practices for comprehensive care

- **CDC outlines 5 strategies:**
 1. Education/counseling
 2. Identification/screening/treatment of asymptomatic individuals
 3. Diagnosis/treatment/counseling of infected individuals
 4. Partner identification and management
 5. Pre-exposure vaccination for vaccine-preventable STIs (hepatitis B, HPV)

Current screening guidelines

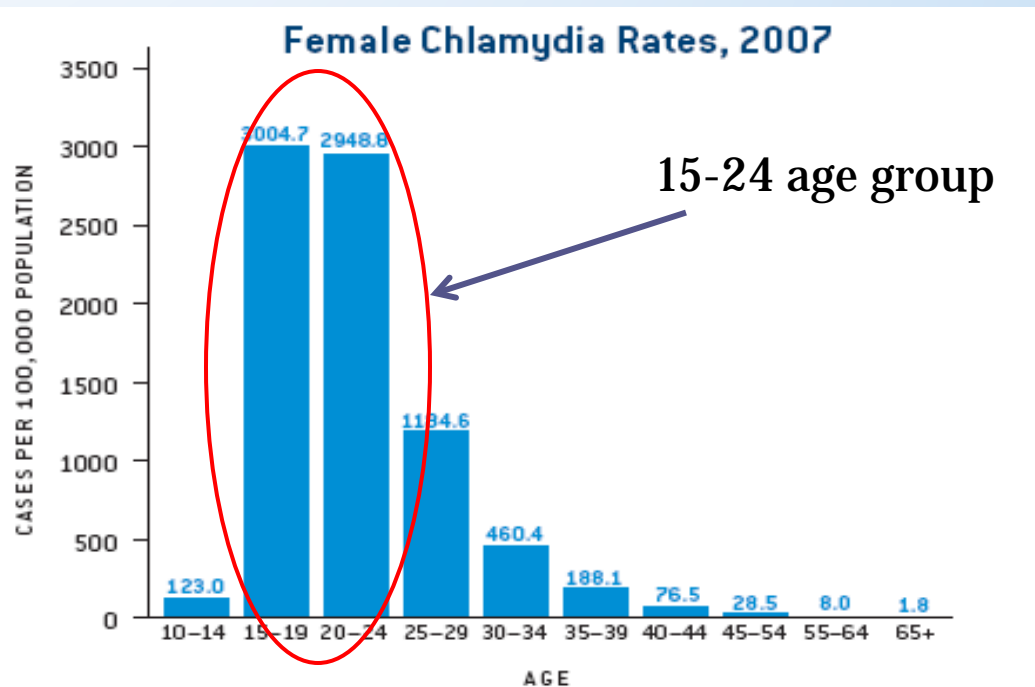
- **Chlamydia:** annual screening of all sexually active women ≤ 25
 - For women ≥ 25 , based on risk factors
- **Gonorrhea:** targeted screening for sexually active women ≤ 25 and for those at risk
 - What are risk factors?
 - New sexual partner, multiple partners, history of previous STIs or current STI, inconsistent condom use, commercial sex work, drug abuse
 - All women who are pregnant should be screened for gonorrhea and chlamydia at first visit

Retesting for chlamydia and gonorrhea

- **Past infection strong predictor of repeat infection especially among young women**
 - **Untreated partner primary source of reinfection**
- **Individuals with a + chlamydia and/or gonorrhea test should be retested in 3 months**
 - **For women, repeat infections raise PID and infertility risk**

How are we doing?

- Estimated that between 25-50% of women ≤ 25 are not screened annually for chlamydia
- Women > 25 are screened more often than necessary based on national prevalence rates

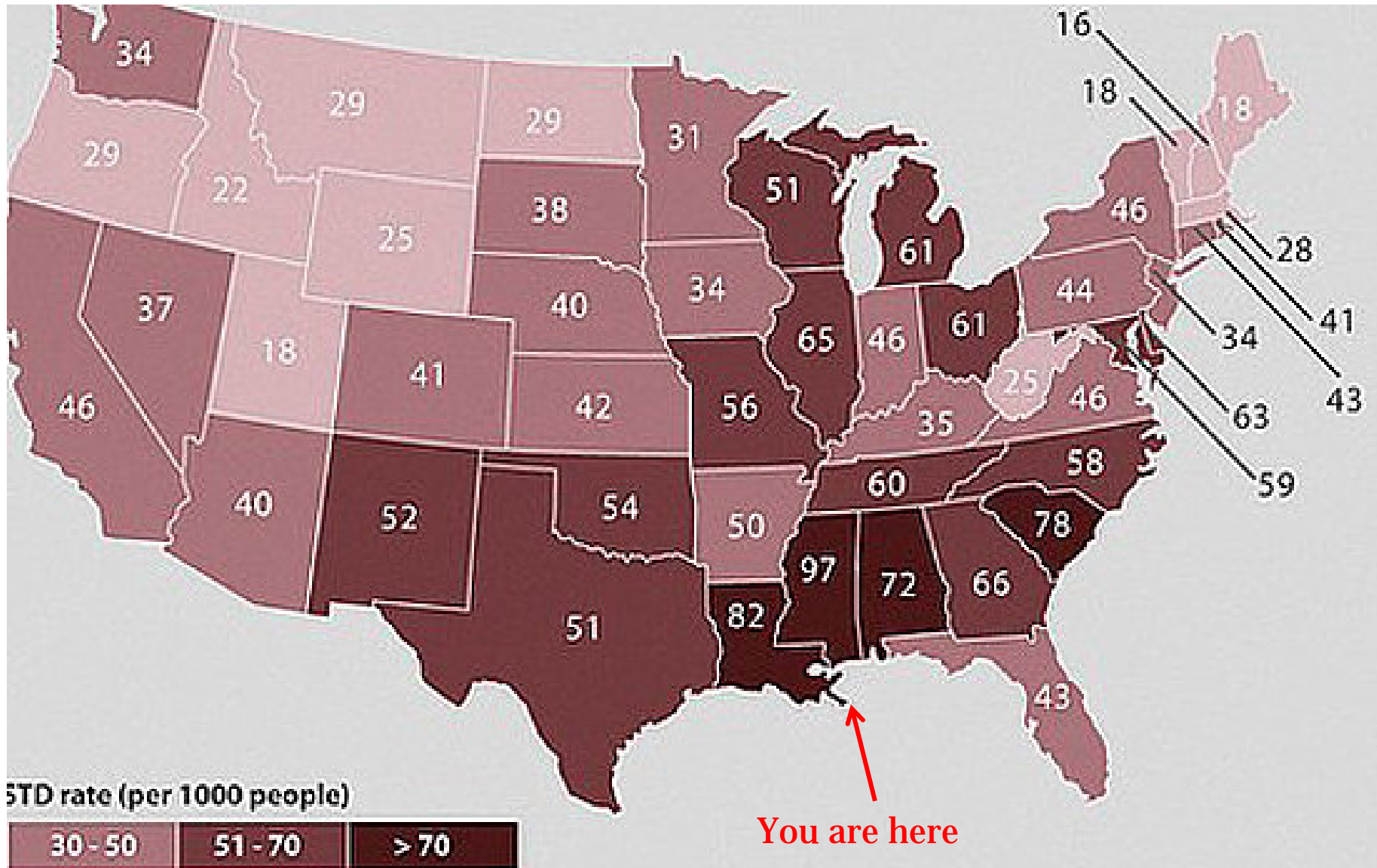


Beyond chlamydia and gonorrhea: Other STIs

- Screening is based on history, patient concern, exam findings and clinical judgment
 - “I want to be tested for everything”
- HIV testing should be offered to all patients seeking STI testing
 - CDC: Incorporate routine screening for HIV in all health care settings
- Vaccinate as primary prevention
- Pap smear screenings per national guidelines

Geography matters

Fantasia APHA 2014



Special populations

- Men who have sex with men (MSM)
- Rates of some STIs on the rise in this group
 - HIV, syphilis, gonorrhea
- Potential contributing factors
 - Trend in viewing HIV as chronic illness rather than fatal disease
 - Rise in methamphetamine and “club drug” (Ecstasy, Molly) use
 - Recreational use of PDE5 inhibitors
 - Change in sex partner networks – internet sites for finding partners

Considerations for the MSM population

- Annual screening recommended for:
 - HIV
 - Syphilis
 - Urethral chlamydia and gonorrhea (insertive intercourse)
 - Rectal chlamydia and gonorrhea (receptive intercourse)
 - Pharyngeal gonorrhea (receptive oral intercourse)
- May test more frequently based on sexual behaviors and risk factors

So why are people not being screened?

- **Provider level issues:**
 - Failure to perform adequate sexual history
 - Linking STI screening to pelvic exam/pap smear for women
 - Bias/lack of training
- **Systems issues:**
 - Lack of access/insurance/providers
 - Stigma
 - Confidentiality

How do we increase evidence-based screening and treatment?

- **Awareness of current guidelines for screening and treatment**
 - **CDC 2010 STD Treatment Guidelines, awaiting updated 2014 guidelines**
- **Remember the partner!**
 - **Consider flexible accommodations for partner treatment: BYOP “Bring Your Own Partner”**
 - Both patient and partner are treated at same visit
- **Expedited Partner Therapy (EPT)**

The importance of taking an accurate sexual history

- **Guides conversations about testing**
- **Helps to estimate risk for specific STIs**
 - **STI testing should be based on risk, not a blanket “one size fits all approach”**
- **Allows for individualized education tailored to specific behaviors**
- **Also acknowledges pregnancy prevention**
 - **50% all pregnancies in U.S. are unplanned**

The 5 P's of taking a sexual history

1. Partners
2. Pregnancy prevention
3. Protection from STIs
4. Practices
5. Past history of STIs

1. Partners

- "Do you have sex with men, women, or both?"
- "In the past 2 months, how many partners have you had sex with?"
- "In the past 12 months, how many partners have you had sex with?"
- "Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?"

2. Prevention of pregnancy

- "What are you doing to prevent pregnancy?"

3. Protection from STDs

- "What do you do to protect yourself from STDs and HIV?"

4. Practices

- "To understand your risks for STDs, I need to understand the kind of sex you have had recently."
- "Have you had vaginal sex, meaning 'penis in vagina sex'?" If yes, "Do you use condoms: never, sometimes, or always?"
- "Have you had anal sex, meaning 'penis in rectum/ anus sex'?" If yes, "Do you use condoms: never, sometimes, or always?"
- "Have you had oral sex, meaning 'mouth on penis/ vagina'?"

For condom answers:

- If "never:" "Why don't you use condoms?"
- If "sometimes:" "In what situations (or with whom) do you not use condoms?"

5. Past history of STDs

- "Have you ever had an STD?"
- "Have any of your partners had an STD?"

Additional questions to identify HIV and viral hepatitis risk include:

- "Have you or any of your partners ever injected drugs?"
- "Have any of your partners exchanged money or drugs for sex?"
- "Is there anything else about your sexual practices that I need to know about?"

Take home messages

- **Enhanced awareness and improved screening important for early identification of STIs**
- **Know your patient population and population-specific risks**
- **Remember the partner**
- **Taking an accurate sexual history is key to understanding specific risks**
- **Nonjudgmental education and counseling**

Resources

CDC STD treatment guidelines

<http://www.cdc.gov/std/treatment/2010/>

National Network of STD/HIV Training Centers

<http://nnptc.org/>

National Prevention Information Network

<https://npin.cdc.gov/>

Thank you!
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