State of the Science: Screening Guidelines for Sexually Transmitted Infections

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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 $\leq 25$
  ▫ For women $\geq 25$, based on risk factors

• **Gonorrhea**: targeted screening for sexually active women $\leq 25$ 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 then necessary based on national prevalence rates

15-24 age group
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

You are here
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)
EPT by state (CDC, 2014)
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
   - “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 STIs
   - “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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