

# STI NEWS

[www.unitysexualhealth.co.uk](http://www.unitysexualhealth.co.uk)

THE WORLD'S FAVOURITE PRESENTATION

- Since 2017

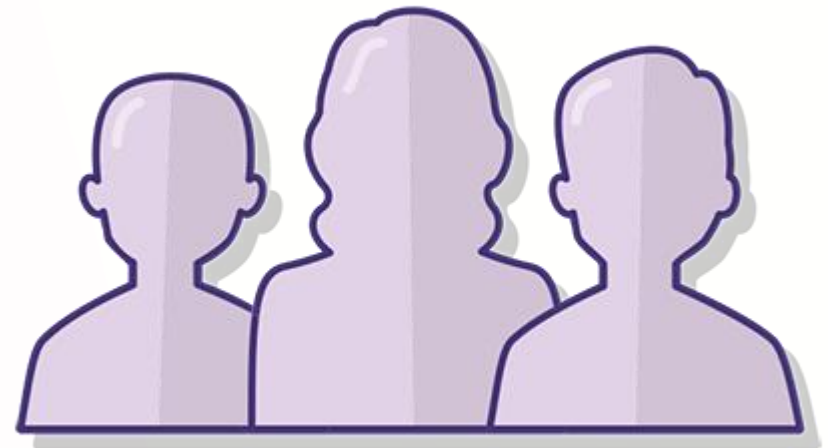
## Sexual health update

### Presented by:

Dr Megan Crofts

Consultant in Genitourinary medicine

[Megan.crofts@uhbw.nhs.uk](mailto:Megan.crofts@uhbw.nhs.uk)



Be Informed.  
Be Safe.  
Be In Control.

## ***Headlines from the year***



**Syphilis  
HIV**

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### **Resistant and recalcitrant infections**

- **Gonorrhoea**
- **Trichomonas**
- **Candida**
- **Bacterial vaginosis**

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### **New resources**

- **UKSHA Shigella alerts**
- **Practical guidance for Primary Care to optimise HIV testing and re-engagement of people living with HIV**

# *Syphilis*

## Continues to surprise!

Has presented as

- Visual impairment (Patients in 60s and 70s)
- Inflammatory bowel disease
- Unilateral hearing loss
- Intrauterine death
- Antenatal asymptomatic
- Dementia
- Suspected sarcoidosis
- New, unusual headaches
- Rash affecting chest, hands and feet

## When to think about syphilis?

- Ulcers
- Rash
- Fever, headaches, adenopathy
- Neurological symptoms
- Patchy alopecia



## ***HIV***

- PrEP now fully available on the NHS
- PrEP is up to 100% effective at preventing HIV acquisition.
- Unity has registered over 800 people for PrEP.
- Can be taken daily or event-based.



## **Monitoring on PrEP**

- All patients are offered 3-monthly prescriptions
- **Every 3 months** offered full STI screening incl HIV testing
- (depending on risk **Every 3-12 months** factors) renal function check

## **Other HIV news**

All patients from primary care will be advised to have HIV tests when requesting:

- EBV or CMV serology
- “Glandular fever” tests
- Viral hepatitis screens

Date today 10/05/2022

## Gonorrhoea

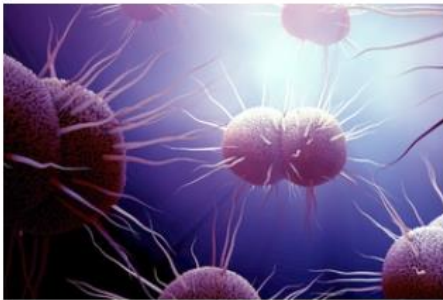
Press release

### More cases of antibiotic resistant gonorrhoea identified in England

Three new cases of antibiotic-resistant *Neisseria gonorrhoeae*, the bacteria which causes gonorrhoea, have been confirmed in England.

From: [UK Health Security Agency](#)

Published 7 February 2022



These cases are in addition to [the case announced in December 2021](#).

Gonorrhoea diagnostic rate / 100,000 for England

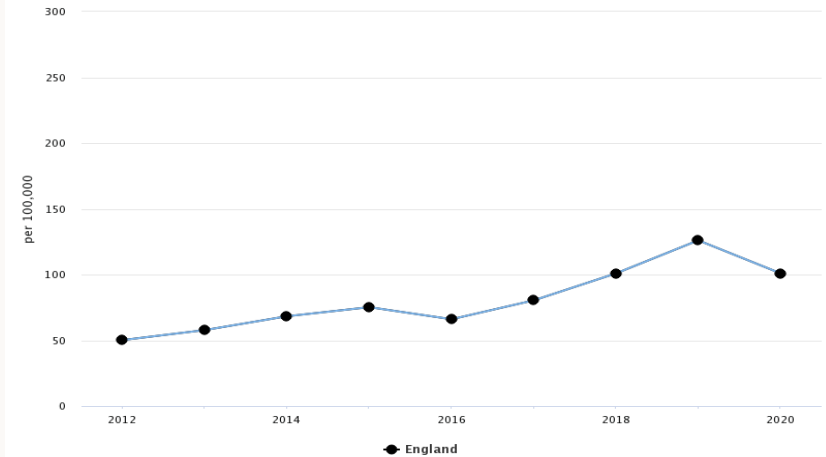
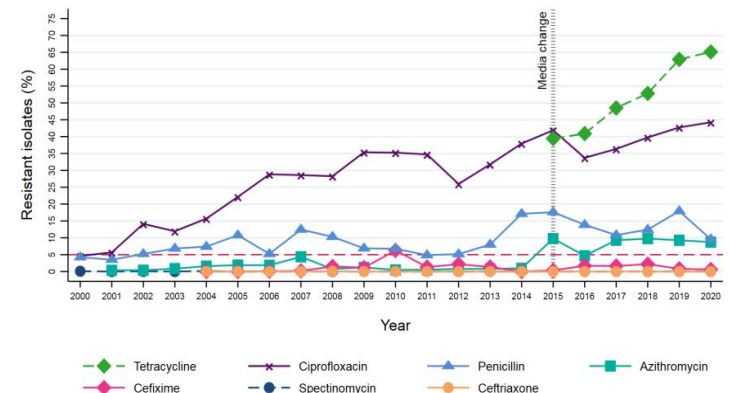
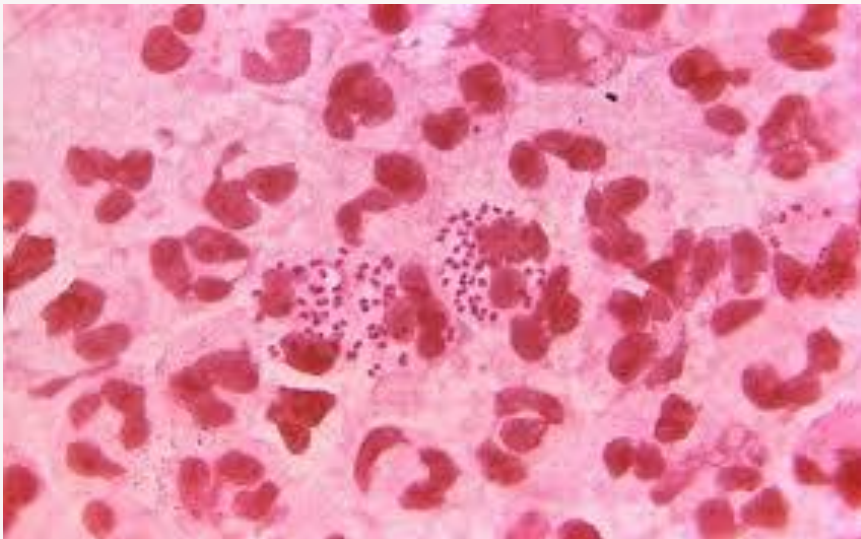


Figure 3. Percentage of *N. gonorrhoeae* isolates in the GRASP sentinel surveillance system that were resistant to selected antimicrobials, England and Wales, 2000 to 2020†



# ***Gonorrhoea***

- NAATs in Bristol test for Chlamydia and Gonorrhoea
- All cases of gonorrhoea should have a NAAT and culture from any “exposed” site



## **1<sup>st</sup> line treatment**

Ceftriaxone 1g IM stat with lidocaine

## **2<sup>nd</sup> line**

Ciprofloxacin or  
Cefixime plus azithromycin 2g stat

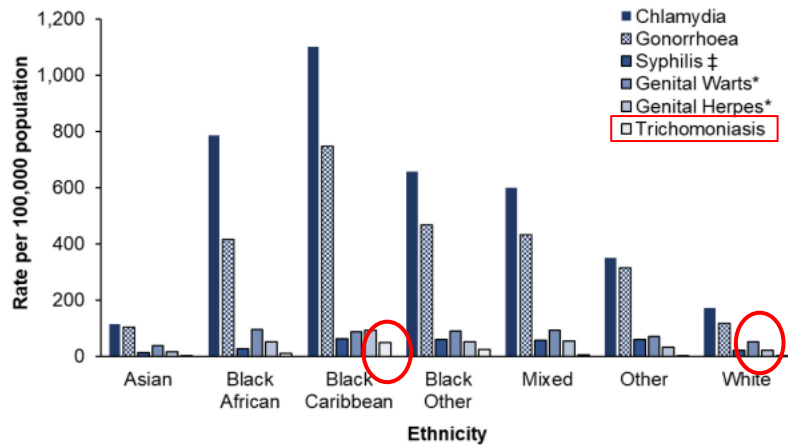
## **Test of cure**

2 weeks after treatment

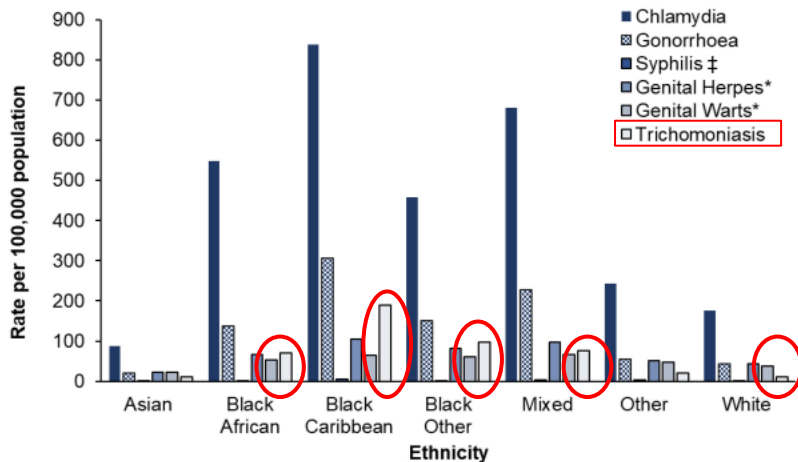
## Trichomonas

Figure 4. Rates of selected sexually transmitted infection (STI) diagnoses among England residents accessing sexual health services by ethnicity and STI, 2020, England

(a) Male



(b) Female



## Remains the world's most common non-viral STI

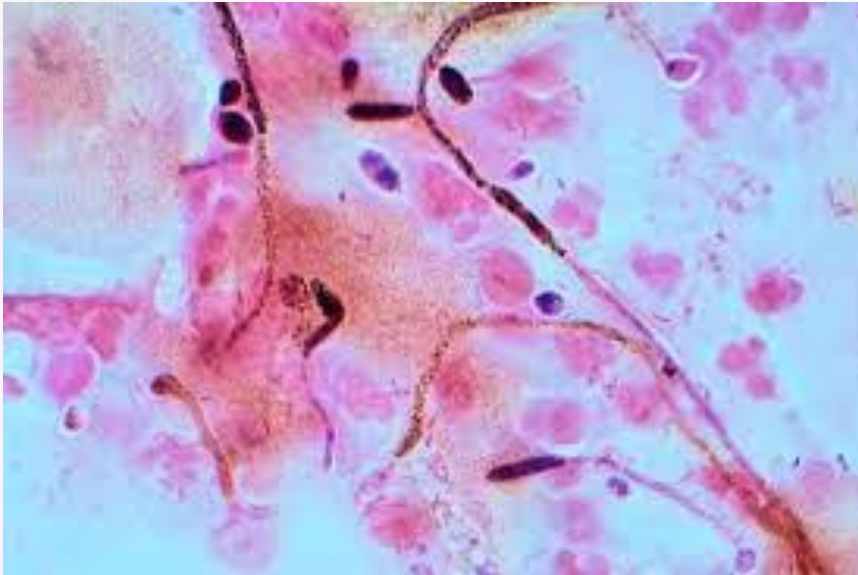
- Relatively uncommon in the UK but Bristol has higher-than-UK-average rates
- In patients attending GP in Bristol
  - 2.7% symptomatic women & 1.7% asymptomatic women had TV

## Treatment

Increase in treatment-resistance seen in Bristol

**1<sup>st</sup> line treatment now:**  
**Metronidazole 400mg TDS for 7 days**

# ***Candida***



## **Common**

- 20-60% females colonised with candida sp.
- Up to 10% will experience recurrent symptoms
- Can be overdiagnosed and symptoms misinterpreted

## **Management**

### **Think about**

- Predisposing factors
- Optimising care for any predisposing factors
- Vulval skin care
- Antifungal therapies

### **1<sup>st</sup> line treatment**

Oral/vaginal azole\* plus topical azole BD for 3 weeks

### **Recurrent/severe**

Oral/vaginal azole\* on days 1,4&7 plus *plus* pessary *plus* topical azole BD for 3 weeks

### **Recurrent**

- Ensure above is done
- Induction + maintenance therapy
  - Oral/vaginal azole\* days 1,4,7
  - Weekly azole (can be twice weekly)

\*Breastfeeding or pregnant- only vaginal Rx



# Bacterial vaginosis

- Up to 50% BV is asymptomatic
- BV is characterized by a fishy-smelling, thin, grey/white homogeneous discharge that is *not* associated with itching or soreness.
- Assessment:
  - Treatments tried
  - Vaginal/vulval practices



## Consider

- STI risk: Especially Trichomonas
- Precipitating factors- Smoking? Douching?
- Is this BV or is this physiological discharge?

## What is “normal” discharge?

- Smell? Colour? Consistency?



<https://www.unitysexualhealth.co.uk/what-is-normal-vaginal-discharge/>

## Treatment

### 1<sup>st</sup> line treatment

Metronidazole 400mg BD for 5-7 days  
**or**  
Topical metronidazole or Clindamycin

### Recurrent

- Consider precipitating factors
- Metronidazole gel twice-weekly for 16/52 **or**  
Intravaginal lactate gel 3/7 after menses **or**  
Oral metronidazole 2g once monthly

## ***Shigella***

- UKHSA has detected a rise in cases of extremely antibiotic-resistant *Shigella sonnei* infections
- Mainly gay, bisexual and other MSM
- 47 cases Sept 2021-Jan 2022  
(compared to 16 cases in 17 previous months)



## **What is Shigella?**

- Gut infection - Very infectious
- Symptoms incl: diarrhoea (bloody), abdominal cramps, fever
- Window period 1-4 days, commonly mistaken for food poisoning

## **Management**

- Most cases will self-resolve
- MSM encouraged to seek advice from GP/sexual health for testing
- Some will require hospitalisation and antibiotics
- Full STI screen
- No sex/swimming/hot tubs/sharing towels for 7 days after symptoms resolve



## Practical guidance for Primary Care to optimise HIV testing and re-engagement of people living with HIV

### Aim of the guidance

This guidance is for primary care professionals interested in increasing HIV testing and re-engagement of people living with HIV lost to follow-up in their practice. It is based on learning from the Elton John AIDS Foundation Zero HIV Social Impact Bond (SIB) Primary Care HIV testing and re-engagement, which was informed by BHIVA/BASHH/BIA HIV testing guidance<sup>1</sup>, NICE Guidance (2016)<sup>2</sup> and previous Primary Care HIV testing initiatives such as the RHIVA study<sup>3</sup>.

### Top tips from the Elton John AIDS Foundation HIV GP Champion group

Changes require time and energy. You may consider implementing one of these changes at a time and work your way down the list!

- 1. Add HIV test as an opt out/offer everyone an HIV blood test**  
In all routine yearly bloods, NHS health checks and new patient registration. No counselling involved, just informing "we are including HIV in all our MOT/yearly tests" is enough. It can be helpful to attach an explanatory slip to the blood forms (see example in appendix 1).
- 2. Get your team on board**  
Ensure all primary care staff including reception and administrative staff are involved and aware of your HIV testing policies. Offer training and answer questions to help combat HIV stigma.
- 3. Set up electronic reminder alerting**  
Electronic reminder alerts for patients who've never had an HIV test or not for the last year can be very helpful (see EMIS alert in appendix 2).
- 4. Make sure your patients living with HIV are not lost to follow-up**  
Ensure they have at least one hospital review every year. Check that their HIV diagnosis is properly coded and their antiviral medication is recorded as "hospital prescription" on the GP system. This avoids risk of serious drug interactions. (Remember to offer pneumococcal and flu vaccinations.)
- 5. Don't forget other blood borne viruses**  
Screen your population for blood borne viruses, offering simultaneously a test for HIV, Hepatitis B Surface antibody and Hepatitis C serologies. This is particularly indicated for all new patient registrations and NHS checks.
- 6. Code patients' notes who decline an HIV test**  
Almost no one will opt out. Often the ones who do are those who perceive themselves most at risk. Please code "HIV test declined" and, if unable to discuss then, make a note to do so at next opportunity.
- 7. Strengthen collaboration with secondary care HIV clinics and community organisations**  
This contributes to offering cohesive care and support for our patients living with HIV. Good communication will also facilitate detection and reconnection of patients lost to follow-up.
- 8. Help patients living with HIV to disclose their status**  
Research shows that around 8% of patients living with HIV have not disclosed their condition to their GPs due to fear of stigma. By offering an HIV test routinely, and talking about and treating it as any other chronic condition, you will be contributing to reducing stigma.

## Why is this needed?

- Following HIV Commission Report (2021)- English government launches the HIV Action Plan (2021)
- Commits to achieving zero HIV transmissions by 2030
- Number of undiagnosed people living with HIV in UK = 5,150
- As this number decreases, traditional approaches to HIV testing are less productive
- Opt-out testing in GP increases in importance

## What do I do?

Think about the 8 "top tips" in your practice

# Useful resources

- Unity Vaginal discharge video <https://www.unitysexualhealth.co.uk/what-is-normal-vaginal-discharge/>
- This is a vulva: Vaginal discharge gallery <https://www.thisisavulva.com/dischargegallery>
- Fertility UK <https://www.fertilityuk.org/>
- IUSTI Vaginal discharge guideline <https://iusti.org/wp-content/uploads/2019/12/Vagdx2018.pdf>
- Shigella alert from UKSHA <https://www.gov.uk/government/news/rise-in-extremely-drug-resistant-shigella-in-gay-and-bisexual-men>
- Practical guidance for primary care to optimise HIV testing and re-engagement of people living with HIV [https://www.hivpreventionengland.org.uk/wp-content/uploads/2022/02/HPE-EJAF\\_briefing\\_FINAL.pdf](https://www.hivpreventionengland.org.uk/wp-content/uploads/2022/02/HPE-EJAF_briefing_FINAL.pdf)

# Questions?