PRINCIPLES OF STI MANAGEMENT

INFORMATION EXTRACTED FROM
DSC STI MANAGEMENT GUIDELINES, 2013

1. TAKING A HISTORY

It is easier to start history taking with questions relating to the medical complaint. For male patients, presenting symptoms are urethral discharge, dysuria, ano-genital sores, rashes or growths. Female symptoms include vaginal discharge, dysuria, anogenital ulcers, rashes or growths. Throat and rectal infections are usually asymptomatic.

The sexual history of a patient with or suspected to have a STI/HIV should include information on:
- Recent sexual exposures – usually the last and second last partner, spouse, casual or regular partner, or sex worker, gender, whether local or overseas
- Type of sexual exposure - vaginal, anal or oral
- Use of condoms – for vaginal, anal, oral sex
- Use of other contraceptives
- Previous STI

It should be noted that a reliable history is only possible in a setting of privacy, confidentiality and if the healthcare provider has a non-judgmental attitude.

Other relevant medical information should include:
- Prior treatment, including traditional medications
- Self-medication
- Drug allergies
- Menstrual, gynaecologic and obstetric history in females

After an accurate history is obtained you will be able to ascertain the patient's risk of contracting a STI/HIV and to order the relevant laboratory investigations.

2. PHYSICAL EXAMINATION

The anogenital and inguinal regions should be exposed and carefully examined in good lighting. Males can be examined lying on the examination couch (preferred) or standing up. Females should be examined in the lithotomy position. Proctoscopic examination should be performed on males and females who practice anal intercourse. If indicated, a general examination should be performed when there is the suspicion of syphilis, Reiter's disease, disseminated gonococcal infection and HIV infection.

3. LABORATORY INVESTIGATIONS

The correct use of laboratory tests in STI includes:
- Obtaining adequate specimens for direct smears, cultures and other detection methods e.g. molecular detection.
- Ordering the appropriate blood tests.
- Proper storage and transport of the specimens.
- Accurate interpretation of the test results.

Tests of little or doubtful value should not be performed; these include serology tests for chlamydia and gonorrhoea, and non type specific serological tests for herpes simplex virus. There are increasing examples of point-of-care rapid tests for HIV, syphilis, chlamydia and gonorrhoea. While convenient they need to be used only when their performance has been adequately evaluated. Rapid tests for HIV and syphilis are generally accurate; those for chlamydia and gonorrhoea are not as accurate.

4. MAKING A DIAGNOSIS

Accurate diagnosis is based on:
- A good history
- A thorough physical examination and
- Performing appropriate laboratory tests

History and physical examination are often the basis of reaching a diagnosis in primary healthcare settings like general practitioners' clinics. Making an aetiological diagnosis is usually possible in referral centres and hospitals with adequate laboratory backup.

It must be remembered that clinical syndromes (e.g. urethritis and genital ulcer disease) may be polymicrobial in aetiology. All patients with a STI should be screened for other infections; in particular they should be offered tests for syphilis and HIV infection.

5. TREATMENT

Treatment regimens must be efficacious, safe, easy to comply with, affordable, preferably given in a single dose, easily administered; and it should be provided as far as possible on the patient's first visit.

Treatment is thus often based on clinical diagnosis only e.g. urethral discharge, vaginal discharge, and genital ulcers. It is often not possible to have an aetiological diagnosis at the first visit. In these situations it is important to ensure that the medications used are effective against all the major pathogens that may be causes of the syndrome. Wherever possible an aetiological diagnosis should be confirmed by laboratory tests. Approaches to making a clinical diagnosis are provided in annexes III, IV and V.

6. COUNSELLING

Prevention of disease transmission
All patients should be informed of the diagnosis, nature of treatment and expected outcome, the need to comply with and complete the treatment, reporting of side effects, and avoidance of sex until cured. In some cases follow-up for tests-of-cure may be necessary.

Prevention of further infection
Counselling skills which include respect for privacy, compassion and a non-judgemental

attitude are essential for effective delivery of prevention messages.

All patients should be counselled on the methods of reducing their risk of acquiring a STI/ HIV in future, including abstinence, reducing the number of sexual partners (especially concurrency) and avoiding sexual contact with persons who have multiple sexual partners.

They should be instructed on the correct and consistent use of condoms for vaginal, anal and oral sex. The following recommendations ensure the proper use of male condoms:
• Use a new condom with each sex act (e.g., oral, vaginal, and anal).
• Carefully handle the condom to avoid damaging it with fingernails, teeth, or other sharp objects.
• Put the condom on after the penis is erect and before any genital, oral, or anal contact with the partner.
• Use only water-based or silicone based lubricants with latex condoms. Oil-based lubricants (e.g. vaseline, massage oils, body lotions and creams) can weaken latex.
• Ensure adequate lubrication during vaginal and anal sex, which might require the use of exogenous water-based lubricants.
• To prevent the condom from slipping off, hold the condom firmly against the base of the penis during withdrawal, and withdraw while the penis is still erect.

They should be advised to seek medical attention if they feel that they have been exposed to an infection e.g. if the condom broke or slipped off.

They should not self-medicate or seek treatment from unqualified persons.

Repeaters (patients with multiple episodes of STI) should receive intensive counselling on strategies to reduce risk.

7. NOTIFICATION OF INFECTIONS

Certain STI are notifiable in Singapore. Reporting of STI and HIV/AIDS allows for accurate monitoring of disease trends; and is needed for monitoring and evaluating the National STI and AIDS control programmes.

Except for HIV/AIDS, there is no need to include the name, identity card number or address of the patient when notifying a STI; only demographic data (age, gender, ethnicity, nationality) for epidemiologic analysis is required. Notification of STIs is not meant for case detection or contact tracing. As such patient privacy and confidentiality is maintained.

Gonorrhoea, Chlamydia infection, syphilis (infectious, non-infectious and congenital), NGU, anogenital herpes (first episode and recurrent) should be notified to the DSC Clinic by fax (6299 4335) using form MD 131 or electronically https://www.cdlens.moh.gov.sg/cdlens/ within 72 hours of diagnosis.

HIV infection and AIDS should be notified to NPHU by fax (6254 1616) using form MD 131 or electronically - https://www.cdlens.moh.gov.sg/cdlens/ within 72 hours of diagnosis.

Viral Hepatitis (A, B, C) infections should be notified to CDD, MOH by fax (6734 8287 or 67319368) using form MD131 or electronically - https://www.cdlens.moh.gov.sg/cdlens/ within 72 hours of diagnosis.

8. PARTNER NOTIFICATION / CONTACT TRACING

The public health objectives of partner notification are – to interrupt the transmission of the STI, identify populations at risk, reduce the incidence of infection; individual's objectives are – to identify people who may benefit from treatment and counselling, provide individual counselling, and to prevent complications.

Partner notification can be undertaken either by the health care worker (provider referral) using telephone, letter or home visit; by the patient (patient referral); or a combination of the two (conditional referral). Maintaining the confidentiality of the index patient is paramount to successful contact tracing.

Patient delivered partner therapy (PDPT) refers to the practice of providing antibiotic treatment to the index patient to give to their partners is becoming popular in some places, and may become a strategy to control STIs in future.

9. CHEMOPROPHYLAXIS

Blind treatment of a STI in asymptomatic persons must be avoided. There is no universally effective antimicrobial. Furthermore chemoprophylaxis may suppress but not cure a STI. This may lead to complications, promote development of resistant strains of microbes, give a false sense of security to the patient and lead to onward transmission of infection.

10. EPIDEMIOLOGIC TREATMENT

Treatment of sexual contacts of patients (with a confirmed STI) without first obtaining laboratory confirmation may be indicated in situations where the risks of complications are high (e.g. in pregnancy), or when the follow-up of the contact may not be guaranteed or possible. Recommended treatment regimes must be used in these situations.