

PROTECTED LEARNING TIME (PLT)
SEXUAL HEALTH UPDATE

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ST4 GUM

OVERVIEW

- 5-10 minute quiz
- 20-25 minute update on:
 - Chlamydia
 - Gonorrhoea
 - Mycoplasma
 - PID
 - Recent outbreaks
 - HIV prevention

CHLAMYDIA (2018 UPDATE)

- 1st line treatment:
Doxycycline 100mg po bd for 7 days
- For those who are pregnant or intolerant/
allergic to tetracyclines, treatment is now:
“Extended Azithromycin” i.e. Azithromycin 1g
stat, followed by 500mg po od for 2 days

CHLAMYDIA (2018 UPDATE)

- Reason for change in the guideline:
 1. Co-infection rates between Chlamydia and Mycoplasma genitalium (MGen) is 3-15%
 2. MGen had high levels of macrolide resistance (estimated ~40%)
 3. Doxycycline is more effective at clearing rectal Chlamydia infection

GONORRHOEA (2019 UPDATE)

- 1st line treatment now:
Ceftriaxone 1g IM stat
- If sensitivities are known prior to treatment and quinolone sensitive:
Ciprofloxacin 500mg po stat

GONORRHOEA (2019 UPDATE)

1. Ceftriaxone resistance is very low
 - However, there has been an increase in the MIC to treat Gonorrhoea (hence, the higher dose)
2. Gonorrhoea Azithromycin resistance is high (9.2%)
 - Plus, there is a clinical need to decrease its use due to fears of accelerating resistance in MGen and syphilis
3. Ciprofloxacin resistance in the UK is high (36.4% in 2017)
 - However, using alternative antibiotics **where appropriate** may delay the emergence of ceftriaxone resistance

GONORRHOEA (2019 UPDATE)

- Additional points:
 - All cases of Gonorrhoea should be managed GUM
 - A culture for antibiotic sensitivities is always sent prior to starting treatment
 - All sites of sexual activity should be tested
 - Test of cure is a vital part of preventing resistance
 - Consider epidemiological treatment only in those presenting within 14 days of a confirmed contact

MYCOPLASMA (2018 UPDATE)

- *Mycoplasma genitalium*
 - *Not Mycoplasma hominis or Mycoplasma pneumoniae*
- Testing recommended in:
 - Non-gonococcal urethritis
 - PID
- Testing considered in:
 - Cervicitis/ epididymitis/ proctitis

MYCOPLASMA (2018 UPDATE)

- Expensive test and different pathways exist, if concerned then refer the patient to GUM
- If a contact of MGen, only current partners are tested and treated- refer to GUM
- Treatment of contacts is based upon the index patient's treatment (due to resistance)

MYCOPLASMA (2018 UPDATE)

- **Treatment depends on clinical picture and resistance, patients should be managed within GUM**

- Doxycycline 100mg po bd 7-14 days
- Azithromycin 1g po stat, followed by 500mg po for 2 days
- Doxycycline plus extended Azithromycin
- Moxifloxacin
- Pristinamycin

PID (2019 UPDATE)

- 1st line treatment:
 - **Ceftriaxone 1g IM stat** + Doxycycline 100mg po bd for 14 days + Metronidazole 400mg po bd for 14 days
- 2nd line treatment:
 - Ofloxacin 400mg po bd for 14 days + Metronidazole 400mg po bd for 14 days
- Other (MGen +ve, to be managed by GUM):
 - Moxifloxacin 400mg po od for 14 days

PID (2019 UPDATE)

- Ofloxacin and Moxifloxacin should be avoided in patients who are at high risk of gonococcal PID because of high levels of quinolone resistance
- If on a quinolone based treatment and found to be Gonorrhoea positive, refer to GUM for further management

SYPHILIS

Table 1: Percentage change in new STI diagnoses: Yorkshire and Humber residents.
Data sources: GUMCAD, CTAD

Diagnoses	2017	% change 2013-2017	% change 2016-2017
New STIs	37,447	-8%	2%
Syphilis	406	103%	12%
Gonorrhoea	2,869	43%	16%
Chlamydia	22,026	3%	5%
Genital Herpes	2,511	-9%	-2%
Genital Warts	4,901	-28%	-11%

SECONDARY SYPHILIS

- The rash may look like:
 - Pityriasis rosea
 - Drug eruptions
 - Psoriasis
 - Lichen planus
 - Scabies
- Mucuous patches may look like:
 - Thrush
 - Herpes
 - Aphthous ulcers
- Malaise, sore throat, generalised adenopathy, hepatitis, and rash may be confused with glandular fever



HIV PREVENTION

PrEP = Pre- exposure prophylaxis

PEP = Post- exposure prophylaxis

PrEP

Protect yourself from HIV every day

PrEP is a daily pill that can protect HIV-negative people if taken every day.

PEP

Prevent HIV after exposure

PEP is an emergency medicine that can stop HIV infection if taken right after being exposed.

HIV PREVENTION

Undetectable= Untransmittable

- **People who are living with HIV who have an undetectable viral load while on treatment (ART) can not pass on HIV**
- For this to apply they must:
 - Take ART every day
 - Have an undetectable viral load for at least six months
 - Continue to take medications without missing doses
- The evidence for U=U comes from studies with both gay and straight couples, and for all types of sex

<http://i-base.info/wp-content/uploads/2018/09/A5-factsheet-UU.pdf>

THANK YOU

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