

# Sexual Health

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Sexual Health Physician

# Outline

- Sexual History taking
- Epidemiology
- Cases
  - Infections, testing and treatment
- Questions

# Starting the conversation

- When the patient comes with an unrelated matter
- A suggestion
  - “We are now doing Sexual health testing for all sexually active young people- does this apply to you?”
  - “My computer tells me you are due for an STI check, we are doing this on sexually active people now- would you like to discuss this?”

# Taking Sexual History

- Try not to presume anything
- Start general and then focus on sexual history
- Ask permission to do this.
- Eg. "I am going to ask you a few general questions and then focus on your sexual history- is that OK?"
  - What questions to ask?
  - How to ask them?
- Interpreters - sometimes phone ones are better as the person is not in the room (sometimes not)
- CALD - ask if okay for questions/examination; just as you would someone from your own culture

# General Qu

- Allergies, medications, Vaccinations (hep A & B)
- Past history
- Past history of STIs
- Past history of testing for STIs
- Pap tests for females
- Pregnancy/contraception
- Drugs- alcohol, IVDU- other risks of BBV- body piercing, tattoos

# Sexual history

- Last sex- when, who (CSP, RSP), gender, protection
- Number partners last 3/12, 12/12
  - (who, gender, protection)
- Overseas
- Other reason for high risk
  
- ?contactable

# The Tricky Ones!

Sexual Assault questions

Domestic violence

Drugs questions

Types of sex questions

Gender of partners

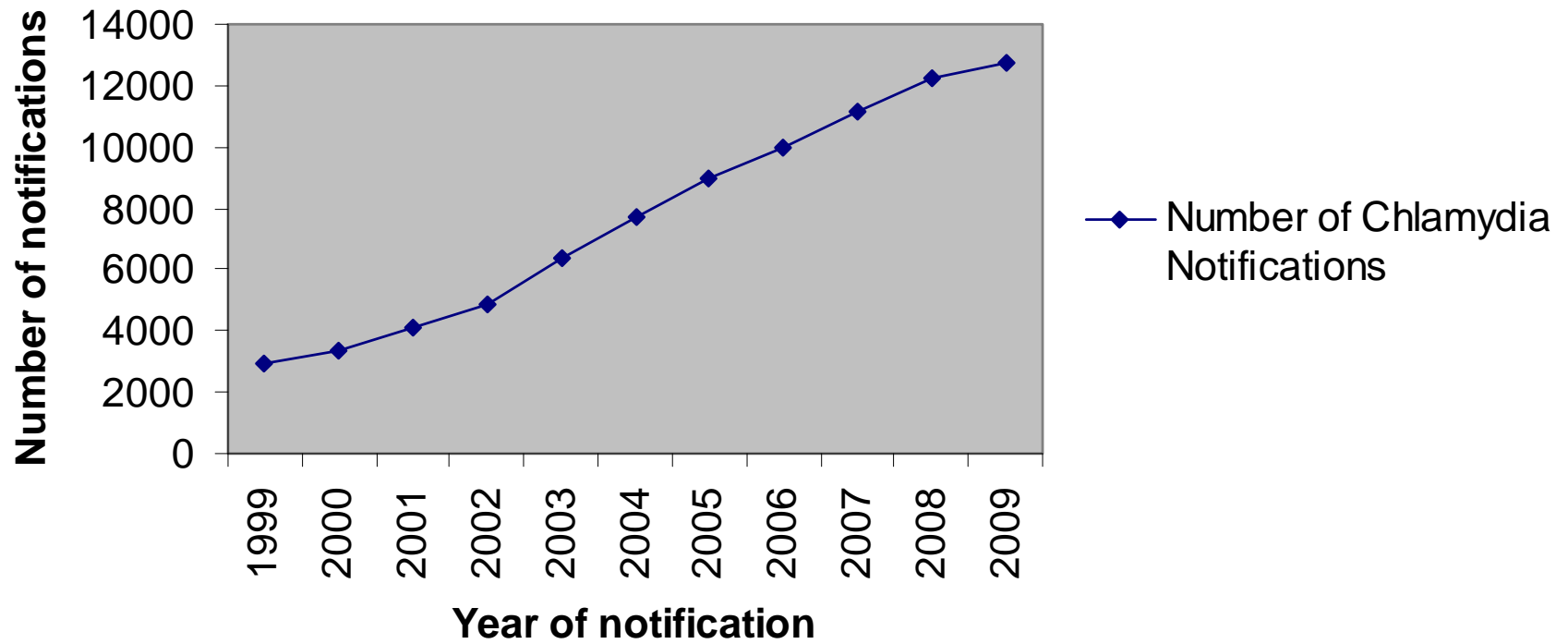
Long term client

Adolescent with their parents!

- Consent from a minor
  - Lets talk about that at the end

# Chlamydia- we are not winning the battle

## Number of Chlamydia Notifications in Victoria 1999 - 2009

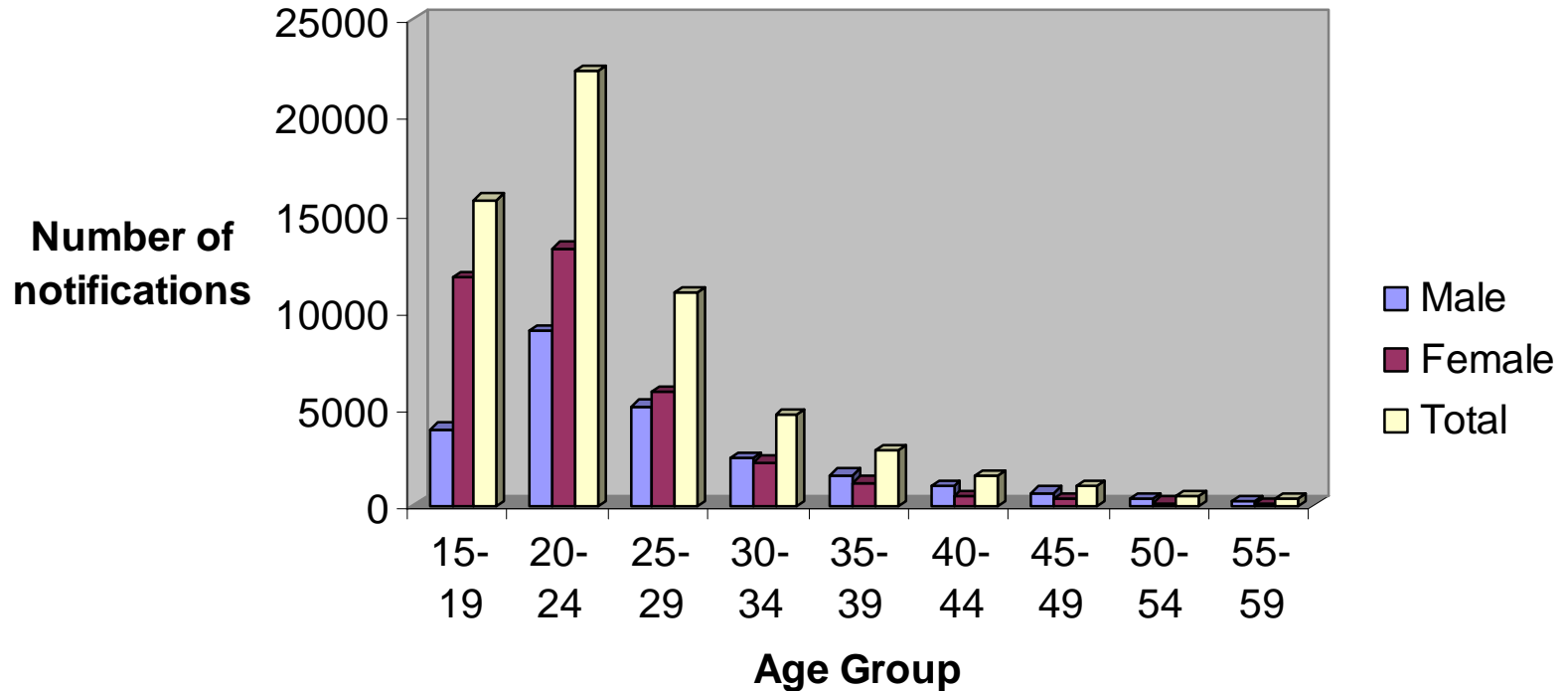


Source: Communicable Diseases Network Australia.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Nationally+notifiable+diseases+%28NNDSS%29-2>

# Chlamydia

## Number of Chlamydia notifications in Australia 2009 by Age Group and Gender



# Case 1

- Maddie- A young woman comes to you for her pap smear. She is 18 and has been told she needs one. What do you want to know about her?

- Basic sexually history
  - She has had one sexual partner- male. They first had sex about 7 months ago.
  - She is not using any contraception- they use condoms “most” of the time.
- What do you want to do for Maddie?

- She is not due for a pap yet
- Does she need emergency contraception
- She would be best to be on contraception
- She is in the right age group for Chlamydia testing
- Does she need other STI testing?
- Her boyfriend should be tested too!

# Chlamydia testing

- Urine- male or females
  - First pass (should not have voided for an hour)
  - If interested in using VCS- Uri-swabs and bulk billing
- Swabs- female- vaginal -flocked swab for VCS and cervical -DNA Cervical sampler from VCS
  - Other wise the usual PCR testing methods of your lab

- Maddie's Chlamydia is positive. What is your management?
- What is Maddie's boyfriend's management?
- Do they need a test of cure?

# Chlamydia management

## Treatment of Chlamydia<sup>1</sup>

- Azithromycin 1g single dose (oral)

*Other regimens include :*

- Doxycycline 100mg for 7 days (oral) OR
- Roxithromycin 300mg once daily for 10 days (oral) OR (150mg BD for 10 days)

## Treatment of Chlamydia in Pregnancy :

- Azithromycin 1g single dose

## Case 2

- Maddie's friend Melissa comes to see you as Maddie reported you being so nice.
- She started having sex with her new boyfriend a few of weeks ago and now she feels a bit unwell. She has notice some increasing discharge from her vagina and also has some dragging pain in her lower abdomen?

## Case 2

- What do you need to exclude?

# Case 2

- Pregnancy
- Ectopic
- PID

## Case 2

- Melissa has had an Implanon in for 12 months and is not pregnant. She has not been using Condoms with her new partner.
- What examination and testing do you do for Melissa?

- Temperature
- Exam Melissa using a speculum. Take swabs
  - Cervical- m/c/s and Chlamydia PCR
  - Vaginal-m/c/s
- PV exam
  - Test for cervical excitation and tenderness with bimanual over the adnexi

You can also do FBE & ESR, U/S – no increased blood flow to the adnexi excludes PID. Only true way to diagnose PID is at laparoscopy

- Will you wait for the results before you treat?

# Treat on suspicion of PID

## Outpatient treatment of STI related Pelvic Inflammatory Disease (PID)\*

- Azithromycin 1g stat (oral)
- **plus** Doxycycline 100mg BD for 14 days (oral)
- **plus** Metronidazole 400mg BD for 14 days (oral)

**offer** Candida prophylaxis

- **plus** if Gonorrhoea is suspected or proven Ceftriaxone 500mg (IM) stat
- contact tracing of partner/s is recommended.
  - ✓ Partners should be counselled, appropriately tested and presumptively treated with Azithromycin 1g stat (oral)

\* If really unwell she may need admission

## Case 3

- You are really getting a reputation now!  
Maddie's next door neighbour Gary comes to see you for a check up. He is 20 and has sex with men.
- What history do you want to take from him and why?
- What testing do you take from him as a general check?

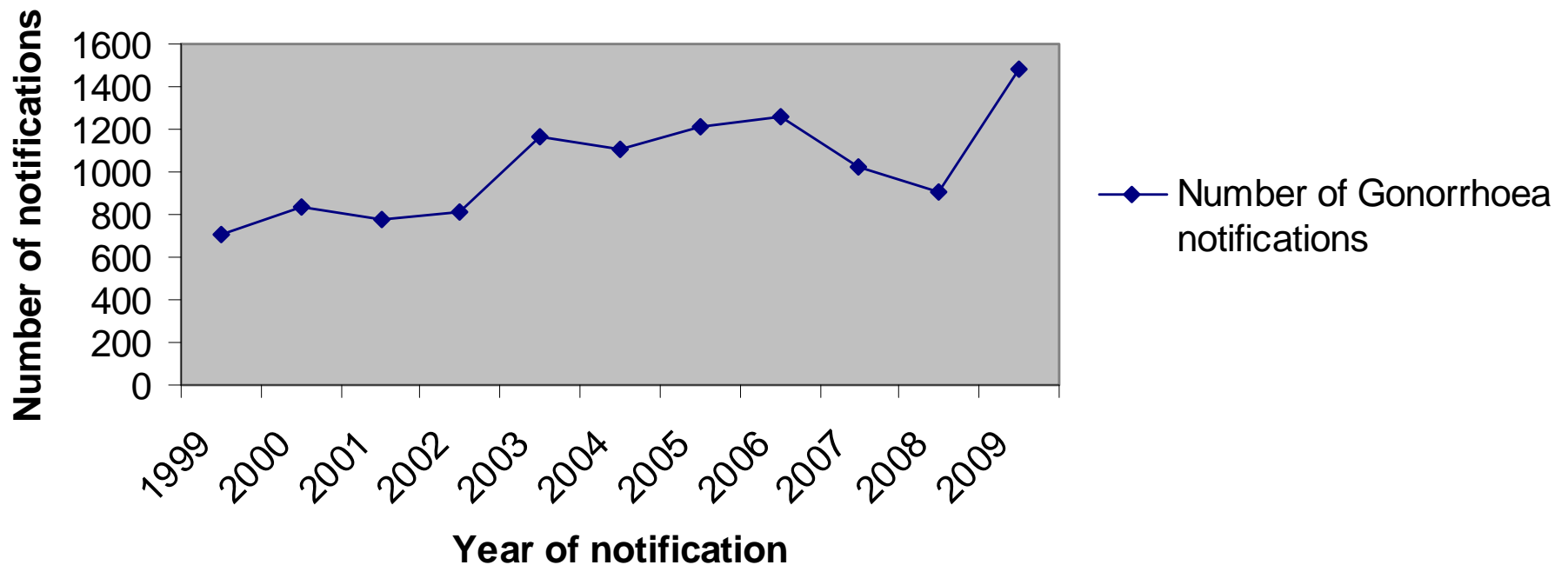
- General check for MSM- 6 to 12 monthly; activity dependant
  - Throat- m/c/s for Gono
  - Urine- Chlamydia
  - Rectal- Chlamydia & Gono
  - Bloods- HIV, Syphilis & check Hep B status- vaccinate if necessary. (No need to check every time.)

## Case 3

- So guess what?..... Gary has Gono in the throat
- Gono in the throat is asymptomatic
- It is relatively common to have in the rectum asymptotically but less common in the urethra asymptotically

# Gonorrhoea- we thought we were winning the battle but....

## Number of Gonorrhoea notifications in Victoria 1999 - 2009



Source: Communicable Diseases Network Australia.

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Nationally+notifiable+diseases+%28NNDSS%29-2>

## Case 3

- How do we manage Gary?

# Treatment of Gonorrhoea

- Ceftriaxone 500mg IMI single dose (dissolved in 2ml of 1% lignocaine)
  - Ciprofloxacin is no longer recommended due to high rates of resistance

## Case 4

Gary had oral sex with Bob and look what happened!

How will you test this?



# Case 4

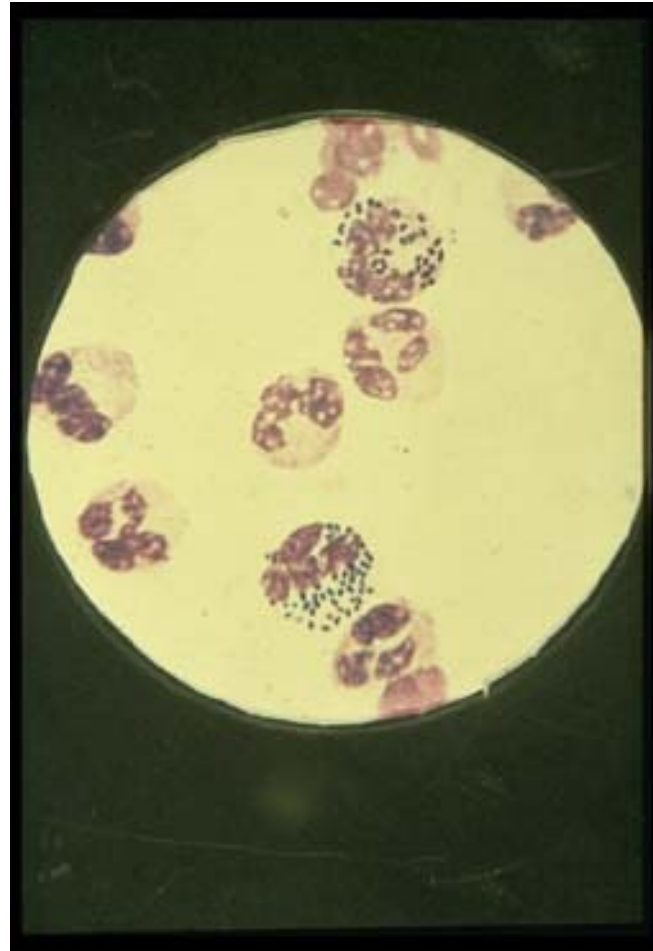
M/C/S

The micro will show gram negative diplococci

If your lab can give you a quick result from the gram stain you can treat with this and await for culture result for confirmation.

You would treat Bob as he is a contact of Gary's

If you did not know of the contact treat on spec for Gono and Chlamydia!



## Case 4

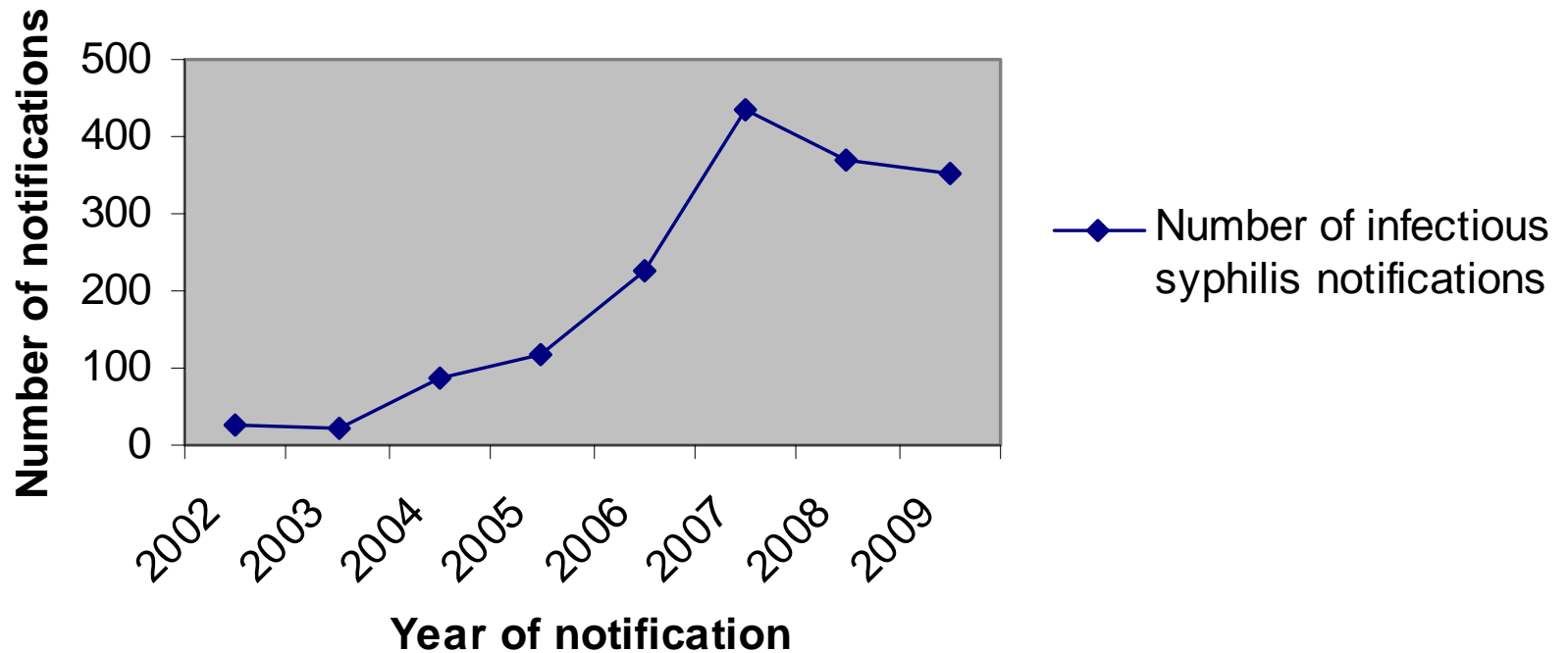
- Bob was so thrilled with your treatment he now comes back for his regular checks.
- Bob has sex in SOPVs in Melbourne on the weekends and occasionally in beats.
- Any comments?

# Case 5

- A man from Africa comes to see you as his immigration results show that he has reactive RPR and TPHA
- His RPR is 1:128
- He arrived in Australia 3 months ago leaving his girlfriend behind to hopefully join him later.
- What does this all mean?

# Syphilis- winning???

**Number of Infectious Syphilis notifications in Victoria  
2002 - 2009**



# Syphilis- the great mimic

- This man has active Syphilis and needs treatment and monitoring (his girlfriend also needs treatment)
- Syphilis can be asymptomatic
- Or .....
- Primary Chancre
- Secondary rash and other systemic symptoms- fever, malaise, nausea, hair loss, condylomata lata

# Treatment

## Treatment of Syphilis<sup>1</sup>

Early (infectious) Syphilis (< 2 years) :

- Benzathine Penicillin 1.8g IMI OR
  - Procaine Penicillin 1g IMI daily for 10days
- \*preferred therapy for HIV positive patients*

If allergic to penicillin :

- Doxycycline 100mg BD for 14 days (NOT in pregnancy or breast feeding)

# If only the TPHA had been reactive

## Treatment of Syphilis continued

### Late Syphilis (> 2 years)

- **Benzathine Penicillin 1.8g IMI weekly X 3 doses**

- Minor

- All persons have the right to confidentiality
- Ask to talk to adolescence alone
- Verify with patient what they want you tell their parents if and when they return to the room.
- Create separate files
- Minors can apply for separate Medicare numbers- but the guardians will be aware of this

- Consent

- To consent the person needs to be able to understand the consequences of treatment and also the consequences of not having the treatment
- The level of understanding needs to increase with the level of complexity of the treatment

- Consent to sex
- Between 10 and 16 sex between two people not more than 2 years apart in age
- Between 16 and 18
  - No sex with teachers, cares or a person in guardianship

These are not legislation but what has been demonstrated in courts of law.

- Mandatory reporting is for persons in a situation of on going harm or abuse
- This is not about reporting criminal activity- ie a 15 year old having sex with a 19 yo (unless you are concerned about on going harm). If she(and it is normally the girls who are younger) is in a consensual relationship then it is best to talk to her about the law and the fact her boyfriend is committing a crime

# Questions