

Sexual Health

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Sexual Health Physician

Coming up.....

- “I want a STD check up- for everything!”
- Why do we do these tests and not others
- Some tricky cases...the legal, the ethical and the little bit awkward!

Asymptomatic Heterosexual Male

- Recommend yearly under 25
- Chlamydia testing- urine specimen

- If he wants bloods then
 - Hepatitis B with the view to vaccinate
 - Syphilis
 - HIV

Asymptomatic female

- Recommend yearly under 25
- Chlamydia- urine, vaginal (either physician or self taken or Cervical (if looking at the cervix
- (Pap test two yearly 18 to 70)
- They she wants bloods
 - Hepatitis B with the view to vaccinate
 - Syphilis
 - HIV
 - Rubella

Asymptomatic MSM

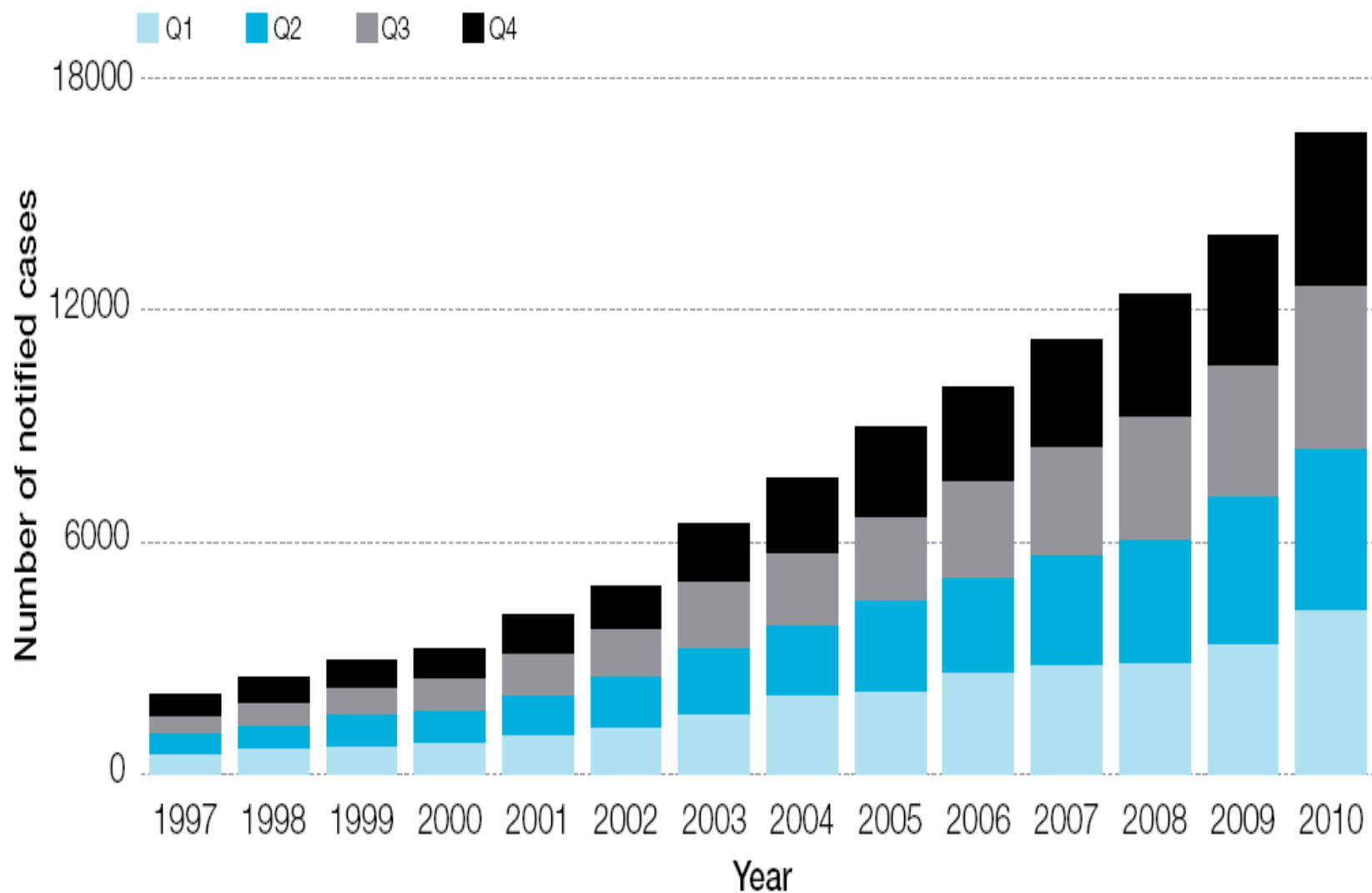
- Recommend 6 to 12 monthly
- Chlamydia- urine and anus
- Gonorrhoea- throat and anus
- Bloods
 - HIV
 - Syphilis
 - Hepatitis B with the view to vaccinate

Asymptomatic Female Sex Worker

- Bloods three monthly
 - HIV
 - Syphilis
 - Hepatitis B with the view to vaccinate
- Monthly swabs *currently*
 - Chlamydia, Gonorrhoea, Trichomonas- vaginal/cervical
 - Gonorrhoea- throat
 - Gonorrhoea and Chlamydia if Anal sex

They only need a speculum once every six months

Figure 12: Notified cases of chlamydia by quarter, Victoria, 1997-2010



Chlamydia

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

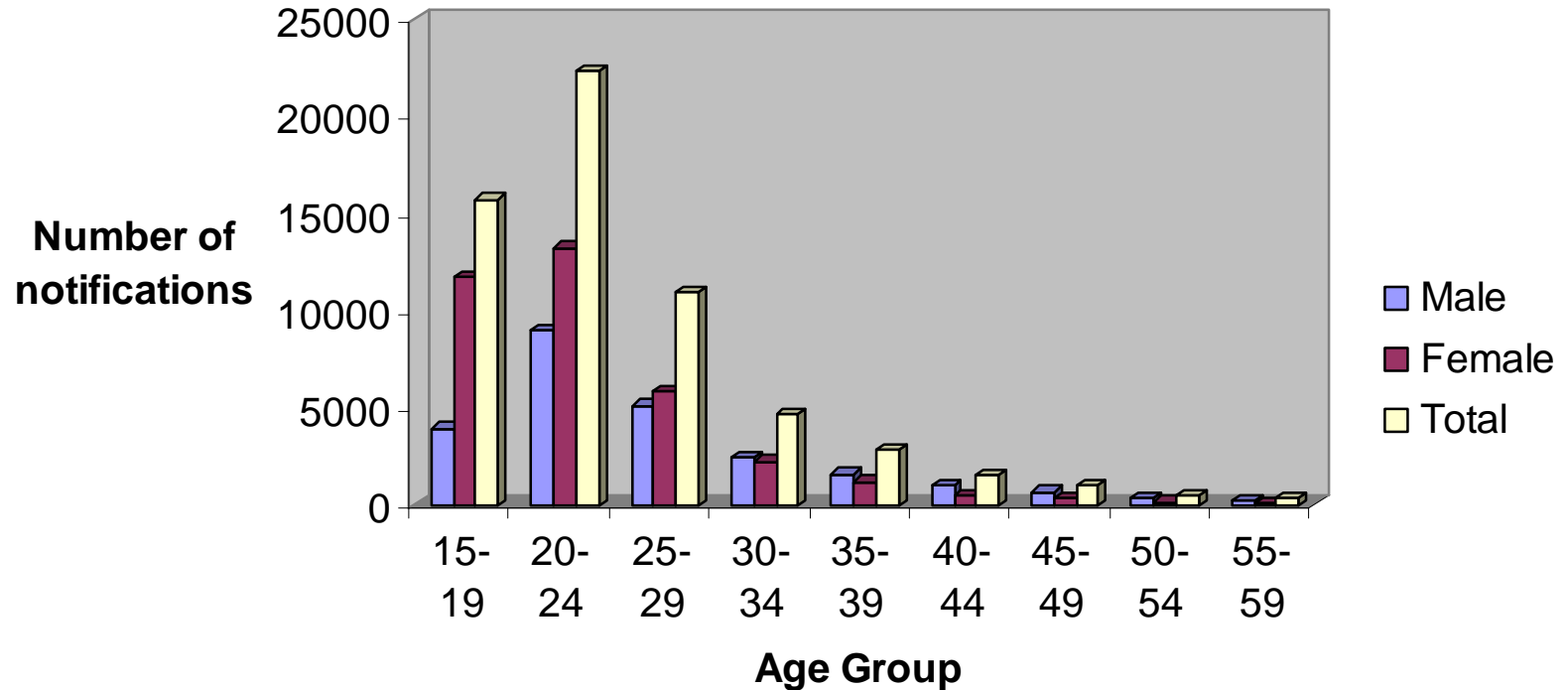
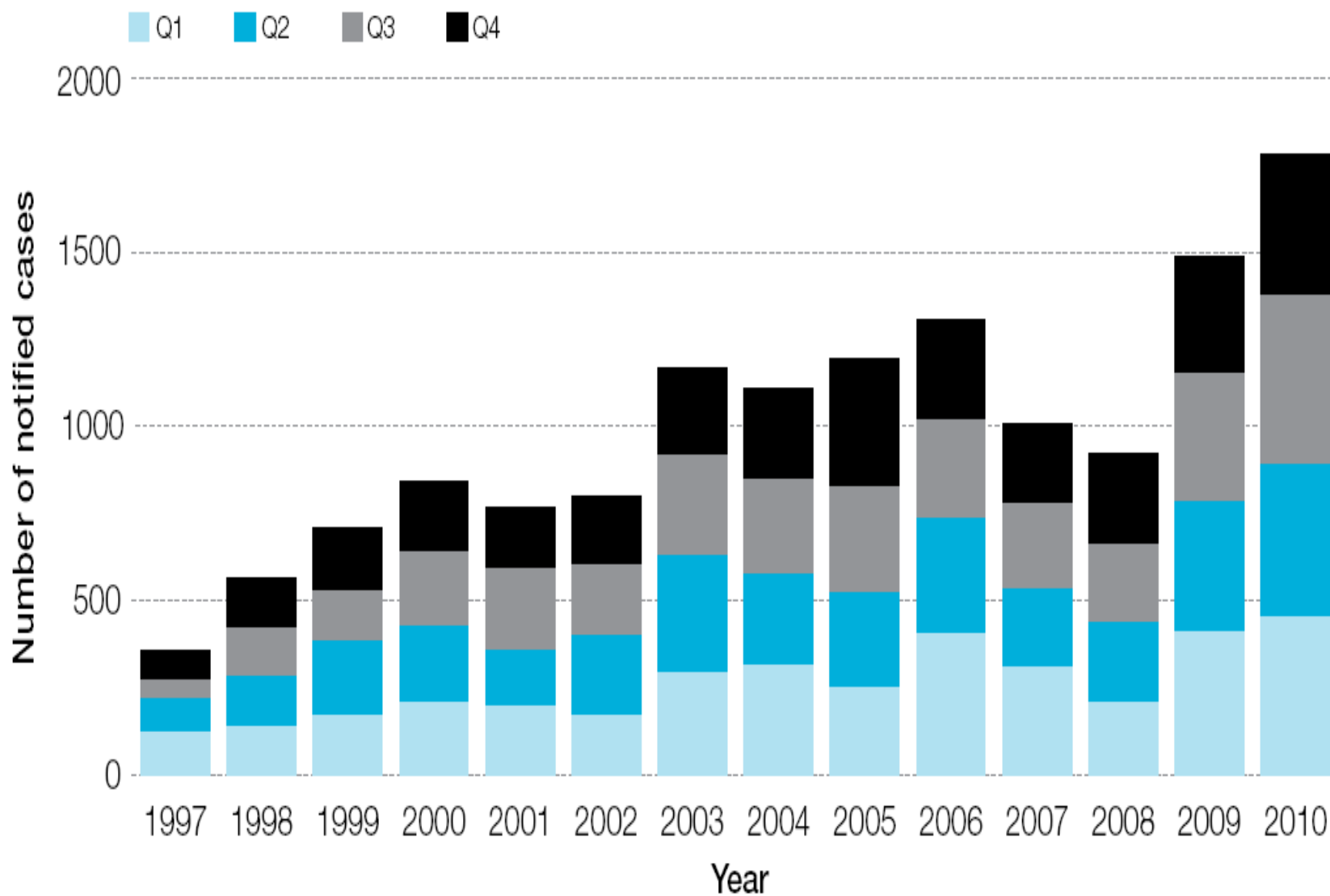


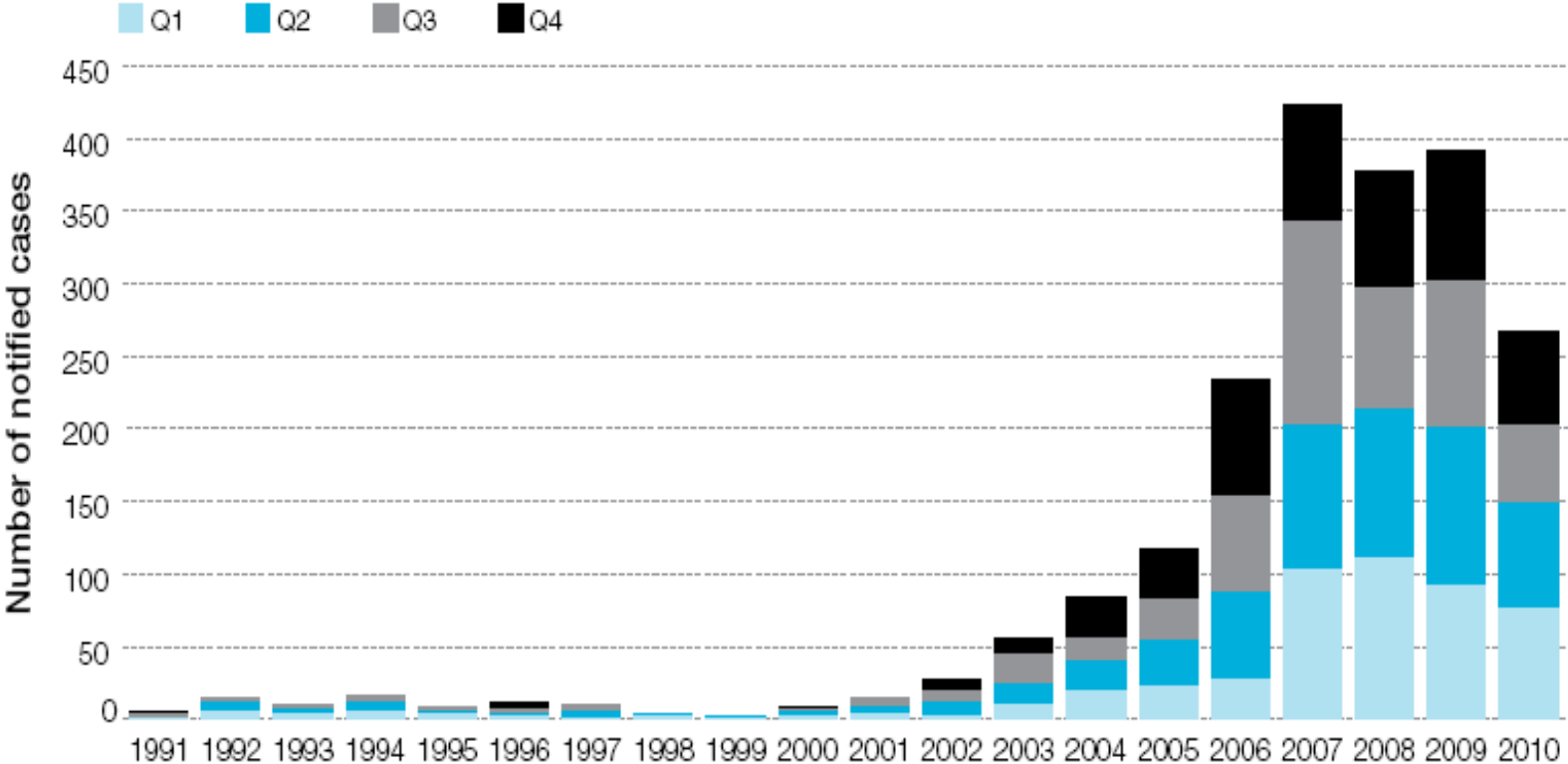
Figure 13: Notified cases of gonorrhoea by quarter, Victoria, 1997–2010



Gonorrhoea

- Over 90% are male- majority of these MSM

Figure 14: Notified cases of infectious syphilis, by quarter, Victoria, 1991–2010



Qtr4	3	0	1	1	0	4	0	1	0	2	2	8	11	28	34	80	81	80	90	64
Qtr3	2	3	3	5	3	4	5	0	0	1	6	8	20	16	29	67	140	83	100	54
Qtr2	1	7	3	5	2	1	4	1	2	4	5	10	14	21	31	59	99	103	109	73
Qtr1	0	5	4	6	3	2	1	2	0	2	3	2	10	19	23	28	103	111	92	76

Year (and quarter) of notification

HIV

- Notification of HIV remains fairly steady and these are mainly MSM- 80%
- Of the heterosexuals they are mainly from exposure to partners from high prevalence countries or are from a HPC themselves.

Case 1

- Jodie is 15 and comes in with her mum for the pill?
- how do we go about this?

Case 1

- I would do some of the consultation without mum- tell her this first thing
- Sexual history- how do we ask 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

Sexual history

- Last sex- when, who (CSP, RSP), gender, protection, type of sex(V,O,A)
- 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!

Case 1

- Chlamydia testing
- ?Pregnancy testing
- ?Pap testing
- Pill medically fit- has she thought of other options
- ? Emergency contraception

Case 2

- Jodie tells her best friend Susie that you are nice so Susie comes in for the pill. Her mum doesn't come. Jodie is 14.

- Minor

- All persons have the right to confidentiality
- Ask to talk to adolescence alone
- Verify with patient what they want you tell their parent/s 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 once they reach 14y.o
- The parents or guardians will be sent new cards with the minors name removed unless specifically asked not to do so
- It is also possible for tax purposes that a parent or guardian can request Medicare readouts for all the family members on a card.
 - When over 14y.o the young person must sign a form to say this is ok- refusal may create suspicion anyway!

Minor going on the pill

- Ability to consent
 - Competency
 - HEADSS
 - Understanding the consequences of taking, and not taking the treatment
 - Ask her to repeat back her understanding
 - Some basic questions to understand her organizational skills- how did she get here today? Did she make the appointment her self? Etc

HEADSS- a psychosocial interview

- Home
- Education/Employment
- Activities
- Drugs
- Suicidality/Depression
- Sexuality

Minor going on the pill

- Will she discuss this with her parents/guardian?
- What will happen if they were to find out?
- If not telling parents where will she keep the pill?

- 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
 - The Medical practitioners board of Victoria (now defunct) put a very useful article Consent for Treatment and Confidentiality in Young People

- Consent
- There is no law about this but a rule of thumb is 'normal' intellect persons
 - Between 16 & 18 usually possible to obtain consent
 - Between 14 and 16 would most likely be able consent-care taken
 - Between 12 and 14 seek second opinion and the person may not be able to consent- this will depend on the complexity of the treatment
 - Below 12 seek second opinion consent will be difficult

- Persons with an intellectually disability need special consideration and may require second opinions
- Always ask a young person if their parent or guardian has knowledge of the treatment they are seeking- this may make the consent issue easier as you can get consent with them too.

Case 3

- It gets harder. Susie's little sister comes in she is 13y.o. She tells you she has had sex and is worried she is pregnant.
- What do you need to know?

Legal Sex

- It is illegal to have sex under 12 y.o. (deemed not able to consent to sex)
- Between 12 and 16y.o you can have sex with someone who is two years difference to you in age
- 16 and 17 y.o.s can have sex with most people unless they are your legal guardian/teacher/carer
- 18 you can have sex with whom you like
- Intellectually disable people will be treated in a different way to these above age groups- Carers should not be having sex with persons under their care

- Age of partner?
- Was it consensual?

Mandatory reporting

- Mandatory reporting is for persons in a situation of on going harm or abuse
- If you form a belief that a minor is at on going risk of harm- sexual, emotional, physical abuse or neglect then it is your obligation as a health professional to report this to DHS.

Hmmmm!

- The boy was 18 and it was consensual?
- What now?

Case 4

- Dave has been a patient of yours for years. Dave returned from Tanzania working as a water and sanitation engineer for the Red Cross and wants to be tested for “everything”.
- Dave’s HIV is positive.
- How to conduct this consultation? Where to seek advice?

- MSHC 1800 009903
- Notification Officers
- Shared care with HIV clinic

- www.mshc.org.au

- You tell Dave his results and advise him that he must have protected sex with partners.

Case 5

- Mary comes in she has also been seeing you for a while. She tells you of her new relationship with Dave the gorgeous engineer who has just returned from Tanzania. Everything is moving really quickly and she wants you to do everything she needs to have done before getting pregnant to Dave.
- What do you do?

Case 6

- Your sister comes to see you as she couldn't get into any other doctor in town- besides it is only a few sores on the back of her knee. You look, you gape, there is a lovely cluster of herpetic blisters.
- Why is this possibly awkward?



Herpes

- Dermatomes
- Testing – PCR
- Treatment as for other genital herpes

Initial episode

- Valaciclovir 500mg BD 7 to 10 days

Treatment: recurrences (genital)

- Famciclovir
- 500mg stat; then 250mg 12-hourly for 3 doses (total 1250mg)
- [125mg BD is being discontinued]
- OR
- Valaciclovir 500 mg BD for 5 days (3 days)

Treatment: recurrences (genital)

- Famciclovir
- 1 gram orally stat; repeat 12 hours

Suppression (genital)

- Famciclovir
- 250mg BD
- or
- Valaciclovir
- 500mg-1000 mg daily

Treatment Gonorrhoea

- Ceftriaxone 500mg IM stat
- PLUS
- Azithromycin 1 gram orally stat

Syphilis: treatment

- **Primary or secondary syphilis**
- Benzathine penicillin 1.8g single dose (2x 900mg in lignocaine)
- **Latent syphilis**
- Benzathine penicillin 1.8g x 3 doses weekly
- Avoid alternatives to penicillin