



SEXUALLY TRANSMITTED INFECTIONS

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March 2015

Introduction

Sexually transmitted infections (STI) cause significant morbidity and mortality in South Africa each year. Control of STI is a key intervention in the fight against HIV/AIDS and is one of the key areas of focus for the national strategic plan. Prevalent STIs include *Chlamydia trachomatis*, Herpes simplex, *Neisseria gonorrhoea*, hepatitis B, human immunodeficiency virus (HIV), human papillomavirus (HPV) and syphilis (*Treponema pallidum*).

Recommendations for Screening

Any sexually active person may be exposed to an STI and request to be screened. The Centers for Disease Control (CDC) recommends the following:¹

- All adults and adolescents from ages 13 to 64 should be tested at least once for HIV.
- Annual chlamydia screening of all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Annual gonorrhoea screening for all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection.
- Syphilis, HIV, chlamydia and hepatitis B screening for all pregnant women, and gonorrhoea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed.
- Screening at least once a year for syphilis, chlamydia, and gonorrhoea for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STI (i.e. at 3-to-6 month intervals).
- Anyone who has unsafe sex or shares injection drug equipment should get tested for HIV at least once a year. Sexually active gay and bisexual men may benefit from more frequent testing (e.g. every 3 to 6 months).

Urethritis

Urethritis, as characterized by urethral inflammation, can result from infectious and noninfectious conditions. Symptoms, if present, include discharge of mucoid, mucopurulent or purulent material, dysuria, or urethral pruritis. Asymptomatic infections are common. Although *N. gonorrhoeae* and *C. trachomatis* are well established as clinically important infectious causes of urethritis, *Mycoplasma genitalium/hominis*, *Ureaplasma urealyticum/parvum* and *Trichomonas vaginalis* have also been associated with urethritis.

Lancet STI screening

Lancet Laboratories offers the following:

- A **Sexual Health screen** for our “walking well” patients:
 - Urine (or urethral/vaginal swab) for detection of *Neisseria gonorrhoea*, *Chlamydia trachomatis* and Herpes simplex Virus 1 & 2 by molecular testing (PCR). If blisters or ulcers are present on the genitalia, a dry swab of a lesion is recommended for the HSV PCR.
 - Serum for HIV, hepatitis B surface antigen and syphilis serology.
- A **urethritis panel**:
 - Urine (or urethral/vaginal swab) for detection of *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Mycoplasma hominis*, *Mycoplasma genitalium*, *Ureaplasma urealyticum*, *Ureaplasma parvum* and *Trichomonas vaginalis* by molecular testing (PCR).
- **Human papilloma virus (HPV) testing**:
 - A liquid-based cytology (LBC) specimen can be used for both high-risk HPV genotyping and cytology.

Treatment Guidelines at a glance

Herpes simplex

Primary: Acyclovir 400 mg orally three times a day for 7–10 days OR Valacyclovir 1 g orally twice a day for 7–10 days OR Famciclovir 250 mg orally three times a day for 7–10 days

Recurrent: Acyclovir 800mg orally three times a day for 2 days OR Acyclovir 400mg orally three times a day for 5 days OR Valacyclovir 500mg orally twice a day for 3 days OR Valacyclovir 1g orally once a day for 5 days OR Famciclovir 1g twice a day for 1 day.

Suppressive: Acyclovir 400 mg orally twice a day OR Valacyclovir 1 g orally once a day OR Famciclovir 250 mg orally twice a day

Mycoplasma genitalium

1g Azithromycin stat or Moxifloxacin 400 mg for 7 days

Syphilis

Acute: Benzathine penicillin G 2.4 million units IMI as a single dose

Early Latent Syphilis:

Benzathine penicillin G 2.4 million units IM in a single dose

Late Latent Syphilis or Latent Syphilis of Unknown Duration:

Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

Gonorrhoea

Ceftriaxone 250 mg IM in a single dose

OR (if not an option)

Cefixime 400 mg orally in a single dose

OR

Single-dose injectible cephalosporin regimen

PLUS

Azithromycin 1g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

Chlamydia trachomatis

Azithromycin 1 g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

References

1. CDC STD and HIV Screening Recommendations. Available at <http://www.cdc.gov/std/prevention/screeningreccs.htm>, accessed 13 March 2015
2. Sexually Transmitted Infections - An Overview of Issues on STI Management and Control in South Africa. Available at <http://www.hst.org.za/publications/sexually-transmitted-infections-overview-issues-sti-management-and-control-south-africa>, accessed 13 March 2015.

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