



Pioneer Scheme Day-release programme

Wednesday 13th June 2018

House 2, GPPC

Sexual Health Update

With Sam King, Sexual health advisor at Sandyford

Sam King has been involved since the set up Sandyford services in 2000. He presented a teaching session to the fellows and informal discussion around Sandyford services.

Services and Referrals

Sandyford Triage number 0141 211 8130

- Changed around 3 years ago from walk-in to capture more of the complex patients and prevent the long waits during walk-in triage.
- Triaged for urgent care within 48 hours or routine scheduled care (up to 6 weeks, longer for procedures such as routine IUD)
- Patients can still walk-in but discouraged from doing this as still require to be triaged
- Complex clinic for recurrent BV, thrush, vaginal discharge, herpes

STIs

NAAT testing for Chlamydia and Gonorrhoea

Women – Vulvo-vaginal swab recommended. Urine if V-V swab not acceptable but less reliable

Men – First void urine (1hr since last passed)

Also consider if appropriate – eye swab, rectal swab, throat swab

- Chlamydia Trachomatis

Key facts – most common bacterial STI in UK. More prevalent in under 25yr olds. Avoid opportunistic testing during smears unless clinical concern. 80% women and 50% Men asymptomatic. More robust data available to suggest there are less long term complications of asymptomatic Chlamydia.

Management

- 1g Azithromycin
- If pregnant needs TOC 6+ 36 weeks after treatment

- Advise no sexual intercourse until 7 days after patient and current partner (s) are fully treated
- SIGN guideline advise Test and Treat partners same day
- Verbal follow up 2-4 weeks post treatment recommended

- Neisseria Gonorrhoeae

Key facts – More common in Men (2.9:1 ratio). 37% male diagnoses from rectal swab. Remember can be spread mucosally – ask about oral, vaginal, rectal intercourse and sharing sex toys. Generally no symptoms if oral/anal infection. Typical penile discharge is green purulent with dysuria.

Management

- Emerging antibiotic resistance becoming a significant problem. Decreased susceptibility to Azithromycin.
- Refer to Sandyford
- Ceftriazone 500mg IM stat
- Co-treatment with Azithromycin 1g stat for all cases (irrespective of Chlamydia result)
- Test of cure for all cases
- Partner notification

- HSV

Key facts – triggers UV light i.e. holidays, smoking and links with stress

Management

- Take a swab for typing
- Aciclovir dosages – 1st episode 400mg TDS for 5 days; 2nd episode 800mg TDS for 2days; Suppressive therapy 400mg BD 6-12 months
- Analgesia and salt water bathing
- Tell partners as asymptomatic shedding – subclinical shedding 1-2 years

- Genital warts

Key facts – MSM HPV offered at Sandyford. 80-85% of anal cancers, 30-70% oro-pharyngeal cancers and 50% penile cancers are associated with HPV infection. Gardasil 1x IM: on day of attendance then 1 month and 4months

- Syphilis (Treponema pallidum)

Key facts – several outbreaks across UK in last 20 years. Spikes of incidence after both world wars, contraceptive pill introduced and then dipped when HIV discovered. Recent rise in heterosexual cases. Overall 89% Male, 11% Female. Median age 32years old. 81% of cases presumed acquired in Scotland. 17% also HIV positive.

Management

- IM Benzathine Penicillin (1 dose in primary, secondary or early latent phases; 3 doses in late latent stage)

- Partner notification (3 months – lifetime)
 - Follow up test up to 1 year for infectious syphilis
 - Important to document successful treatment (for future testing)
- HIV

Key facts – 8748 cases reported in Scotland ever. Almost 84% people with HIV are attending HIV clinics for care and treatment. Sharp rise since December 2014 in new diagnoses in GGC

Testing

- Current test can detect presence of HIV at 4 weeks after infection (p24 Ag)
- Guidelines recommend repeat test at 8 weeks for those assessed as carrying a high risk of infection (BASHH)
- Dry spot Testing if unable to obtain/carry out serology

Management

- PEP and PrEP (Truvada brand name, combination of 2 oral antiretroviral drugs: Tenofovir disoproxil fumarate and emtricitabine)
- PrEP – pre-exposure PEP – available to current sexual partners of people who are HIV positive and with a detectable viral load. MSM and transgender women with a documented bacterial rectal STI in the last 12 months or reporting condomless penetrative anal sex with 2 or more partners in the last 12 months and likely to do again in the next 3 months. Individuals at an equivalent high risk of HIV acquisition, as agreed with another specialist clinician – for example high risk needle sharing
- TaSP (Treatment as prevention) – decrease the risk of transmission

In London at 56 Dean Street they found HIV diagnoses fell by 90% in 3 years after the introduction of HIV interventions

In Glasgow the Steve Retson Project runs evening clinics Monday to Thursday for PrEP appointments and can be accessed by self referral

Other areas of discussion

Sayana Press – self-administered contraception for 18-50 year olds. Patients cannot access this in primary care yet. Required to watch training video and clinician administers first injection and provided instruction, second injection patient administers under nurse supervision and then can administer at home.

Useful Resources

Sandyford STI and BBV Failsafe and support service for 0141 211 8639

<https://www.bashh.org/guidelines>

Herpes Viruses Association Helpline for patients 0845 123 2305

<http://www.steveretsonproject.org.uk/>

<http://www.sandyford.org/professionals/clinical-guidance/>