

A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO
STI AND HIV/AIDS: ESSENTIALS FOR BEST PRACTICE – A HOLISTIC APPROACH

Selection of readings made by A/Prof Goh Lee Gan

Reading 1 - ABC Strategy in Primary Prevention of STIs

Genius SJ, Genius SK. Primary prevention of sexually transmitted disease: applying the ABC strategy. *Postgrad Med J*. 2005 May;81(955):299-301.

URL: <http://pmj.bmj.com/cgi/content/full/81/955/299> (free full text)

Department of Obstetrics and Gynaecology, University of Alberta, Canada. sgenius@ualberta.ca

ABSTRACT

Escalating rates of sexually transmitted disease (STD) in many areas of the world necessitate a re-evaluation of current public health STD preventive programmes. Pervasive long term sequelae for many STD afflicted people and the emerging threat, caused by the HIV/AIDS pandemic, to some national infrastructures, suggests that ongoing initiatives focusing primarily on risk reduction through barrier protection have not met their desired objective. Recent strategies to promote non-coital sexual involvement as a means of achieving STD reduction fail to address the transmission of infection that may occur through alternative non-intercourse sexual activities. The demonstrated success of the innovative, comprehensive ABC strategy shows that while risk reduction and treatment of existing infection remain important, the promotion of optimal health may be achieved more effectively through broad based comprehensive and adaptable programmes that include an emphasis on risk avoidance through delayed sexual debut and partner reduction.

Reading 2 - Global Control of STIs

Low N, Broutet N, Adu-Sarkodie Y, Barton P, Hossain M, Hawkes S.

Global control of sexually transmitted infections. *Lancet*. 2006 Dec 2;368(9551):2001-16.

URL: [http://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(06\)69482-8](http://linkinghub.elsevier.com/retrieve/pii/S0140-6736(06)69482-8) (Payment for full text required)

Department of Social and Preventive Medicine, University of Bern, Bern, Switzerland. low@ispm.unibe.ch

ABSTRACT

Sexually transmitted infections other than HIV are important global health issues. They have, however, been neglected as a public-health priority and control efforts continue to fail. Sexually transmitted infections, by their nature, affect individuals, who are part of partnerships and larger sexual networks, and in turn populations. We propose a framework of individual, partnership, and population levels for examining the effects of sexually transmitted infections and interventions to control them. At the individual level we have a range of effective diagnostic tests, treatments, and vaccines. These options are unavailable or inaccessible in many resource-poor settings, where syndromic management remains the core intervention for individual case management. At the partnership level, partner notification and antenatal syphilis screening have the potential to prevent infection and re-infection. Interventions delivered to whole populations, or groups in whom the risks of infection and onward transmission are very high, have the greatest potential effect. Improvements to the infrastructure of treatment services can reduce the incidence of syphilis and gonorrhoea or urethritis. Strong evidence for the effectiveness of most other interventions on population-level outcomes is, however, scarce. Effective action requires a multifaceted approach including better basic epidemiological and surveillance data, high quality evidence about effectiveness of individual interventions

and programmes, better methods to get effective interventions onto the policy agenda, and better advocacy and more commitment to get them implemented properly. We must not allow stigma, prejudice, and moral opposition to obstruct the goals of infectious disease control.

Reading 3 - STI – Common Myths

Chuh AA, Wong WC, Lee A. Sexually transmitted infections - ten common myths. Aust Fam Physician. 2006 Mar;35(3):127-9.

URL: <http://www.racgp.org.au/afp/200603/3605> (free full text)

Department of Community and Family Medicine, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong. achuh@iohk.com

ABSTRACT

BACKGROUND: The management of sexually transmitted infections serves as a good example of how medical practitioners should offer continuous and 'whole person' care to patients and their contacts.

OBJECTIVE: This article discusses 10 myths commonly held by patients with sexually transmitted infections consulting their general practitioners.

DISCUSSION: We stress the importance of risk assessment, patient education, pre- and post-test counselling, assessment of associated diseases, contact tracing, and modification of health related behaviour in managing patients with sexually transmitted infections.

Reading 4 - Adolescent Sexuality and HIV Risk

Ng CJ, Kamal SF. Bridging the gap between adolescent sexuality and HIV risk: the urban Malaysian perspective. Singapore Med J. 2006 Jun;47(6):482-90.

URL: <http://www.sma.org.sg/smj/4710/4710a9.pdf> (free full text)

Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur 50603, Malaysia. ngcj@um.edu.my

ABSTRACT

INTRODUCTION: This study aimed to qualitatively explore adolescents' sexuality and their relation to human immunodeficiency virus (HIV) risk in Malaysia.

METHODS: This study was conducted in 2002 among 16 male and female private college students aged between 18 and 22 years old, all of whom were sexually active. Semi-structured individual interviews were carried out.

RESULTS: There were definite differences in gender roles in terms of how adolescents perceived sex, selection of sex partners and communication with their partners. Definitions of stable and casual relationships differed between males and females. Most participants were concerned about pregnancy rather than sexually transmitted diseases or HIV infection when they interpreted safe sex. Reasons for not practising safe sex include trust between sex partners, complacency, low perception of risk, and negative attitudes towards condom use.

CONCLUSION: These findings were closer to those observed in the developed countries. The findings from this study will serve as a guide to plan for local adolescent health education. It can also serve as a basis for more in-depth quantitative and qualitative research on adolescent sexuality.

Reading 5 - STIs in Older Men

Tan HH, Wong ML, Chan RK. An epidemiological and knowledge, attitudes, beliefs and practices study of sexually transmitted infections in older men. : Singapore Med J. 2006 Oct;47(10):886-91.

URL: <http://www.sma.org.sg/smj/4710/4710a9.pdf> (free full text)

National Skin Centre, 1 Mandalay Road, Singapore 308205. hhtan@nsc.gov.sg

ABSTRACT

INTRODUCTION: This study was conducted to determine the disease patterns of sexually transmitted infections (STI) in older men, as well as to gather information on their knowledge, attitudes, beliefs and sexual practices.

METHODS: A prospective study was carried out from January to June 2005 in men aged 50 years or older who attended the Department of STI Control clinic.

RESULTS: There were 104 men enrolled. The majority (92.3 percent) were Chinese, and 62.5 percent were aged between 50 and 59 years, 25.9 percent between 60 and 69 years, and 11.5 percent aged 70 years or older. The patients were predominantly heterosexual, and had fairly low levels of education—85.6 percent of the patients had received primary or secondary school level of education. Majority (79.8 percent) of the men had been sexually active in the preceding six months, and 37.3 percent had paid sex during that time. 29.8 percent of men reported having taken drugs such as sildenafil (Viagra, Pfizer, New York, NY, USA) or similar drugs such as vardenafil (Levitra, Bayer, Wuppertal, Germany) or tadalafil (Cialis, Eli Lilly, Indianapolis, IN, USA). 56.7 percent of the men had active infections, with non-gonococcal urethritis (15.4 percent), genital warts (12.5 percent) and gonorrhoea (10.6 percent) being the commonest. Generally, condom usage was accepted as an effective way to prevent transmission of STI. However, many of the men surveyed felt that condom usage reduced their sexual pleasure, and 38.5 percent felt that condoms were inconvenient. There were also areas of human immunodeficiency virus (HIV) knowledge that were lacking. Most patients listed the media as their main source of knowledge about STI and HIV.

CONCLUSION: Older males attending the clinic remain at significant risk of STI and targeted educational efforts are warranted.

Reading 6 - HIV Assays in HIV Seroconversion Illness

Shields M. HIV seroconversion illness - latest HIV assays may still be negative. Aust Fam Physician. 2006 Jul;35(7):523-5.

URL: <http://www.racgp.org.au/afp/200607/8270> (free fulltext)

Sexual Health and HIV Medicine, Darlinghurst, New South Wales. mdshields@hotmail.com

ABSTRACT

Human immunodeficiency virus (HIV) seroconversion illness occurs in up to 80% of patients who newly acquire the virus. It is hoped that the new fourth generation HIV assay will have improved sensitivity for diagnosis. This article describes the case of a patient who presented with typical symptoms of HIV seroconversion illness but who had a negative initial test with the new assay. Current management of HIV seroconversion illness is also outlined.

Reading 7 - Herpes simplex Virus Serology

Sheary B, Dayan L. Herpes simplex virus serology in an asymptomatic patient. Aust Fam Physician. 2005 Dec;34(12):1043-6.

URL: <http://www.racgp.org.au/afp/200512/5765> (free full text)

bsheary@hotmail.com

ABSTRACT

BACKGROUND: Genital herpes is one of the most common sexually transmitted infections. While genital herpes can present with self limiting genital lesions, most people with genital herpes simplex virus (HSV) infection are asymptomatic or have unrecognised infection. Use of type specific serology for HSV antibodies can identify these individuals.

OBJECTIVE: This article discusses the role and use of HSV serology in asymptomatic patients, including pre- and post-test counselling and interpreting results.

DISCUSSION: The indications for HSV serology in an asymptomatic patient are limited. Patients tested for HSV antibodies require careful assessment and counselling. Identifying asymptomatic genital herpes should ideally only be done in cases where there may be clinical benefit. Limitations of type specific HSV serology need to be considered when interpreting the results in low risk patients.

Reading 8 - Cervical Screening and HPV

Sheary B, Dayan L. Cervical screening and human papillomavirus. Aust Fam Physician. 2005 Jul;34(7):578-80.

URL: <http://www.racgp.org.au/afp/200507/4960> (free full text)

Scone, New South Wales, Australia. bsheary@sconemedical.com

ABSTRACT

BACKGROUND: Cervical screening in Australia has been successful in reducing the incidence and mortality of cervical cancer. Human papilloma virus (HPV) is a common sexually transmitted infection and an integral agent in the development of cervical cancer.

OBJECTIVE: This article discusses cervical screening, HPV infection and counselling women with low grade abnormalities on cervical cytology.

DISCUSSION: For most women, detectable HPV infection is transient and subclinical. While HPV is a precursor to cervical cancer, this is a rare outcome of HPV infection. Minor abnormalities on cervical cytology reflecting acute HPV infection are common. Women with low grade Pap test abnormalities require reassurance and education about the prevalence and natural history of HPV.

Reading 9 - Neisseria Gonorrhoeae Infections

Miller KE. Diagnosis and treatment of Neisseria gonorrhoeae infections. *Am Fam Physician*. 2006 May 15;73(10):1779-84.

URL: <http://www.aafp.org/afp/20060515/1779.html> (free fulltext)

Department of Family Medicine, University of Tennessee College of Medicine, Chattanooga Unit, Chattanooga, Tennessee 37403, USA. karl.miller@erlangers.org

ABSTRACT

The most common site of Neisseria gonorrhoeae infection is the urogenital tract. Men with this infection may experience dysuria with penile discharge, and women may have mild vaginal mucopurulent discharge, severe pelvic pain, or no symptoms. Other N. gonorrhoeae infections include anorectal, conjunctival, pharyngeal, and ovarian/uterine. Infections that occur in the neonatal period may cause ophthalmia neonatorum. If left untreated, N. gonorrhoeae infections can disseminate to other areas of the body, which commonly causes synovium and skin infections. Disseminated gonococcal infection presents as a few skin lesions that are limited to the extremities. These lesions start as papules and progress into bullae, petechiae, and necrotic lesions. The most commonly infected joints include wrists, ankles, and the joints of the hands and feet. Urogenital N. gonorrhoeae infections can be diagnosed using culture or nonculture (e.g., the nucleic acid amplification test) techniques. When multiple sites are potentially infected, culture is the only approved diagnostic test. Treatments for uncomplicated urogenital, anorectal, or pharyngeal gonococcal infections include cephalosporins and fluoroquinolones. Fluoroquinolones should not be used in patients who live in or may have contracted gonorrhea in Asia, the Pacific islands, or California, or in men who have sex with men. Gonorrhea infection should prompt physicians to test for other sexually transmitted diseases, including human immunodeficiency virus.

Reading 10 - Sexually Transmitted Proctitis

Hamlyn E, Taylor C. Sexually transmitted proctitis. *Postgrad Med J*. 2006 Nov;82(973):733-6.

URL: <http://pmj.bmj.com/cgi/content/full/82/973/733> (payment for full text required)

Department of Sexual Health and HIV Medicine, Caldecot Centre, King's College Hospital, Denmark Hill, London SE5 9RS, UK. elizabeth.hamlyn@kingsch.nhs.uk

ABSTRACT

Sexually transmitted infections such as chlamydia, gonorrhoea, herpes simplex virus and syphilis commonly present with rectal symptoms. Recent outbreaks of lymphogranuloma venereum among homosexual men throughout Europe highlight the need to consider sexually transmitted infections in the differential diagnosis of proctitis. This article examines the causative organisms, clinical features, diagnosis and treatment of sexually transmitted proctitis.
