Common Sexually Transmitted Diseases

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• “I used to think VD stood for Valentine’s Day…."
  • Sally Struthers  circa 1970’s
STDs

- 19 million STDs each year
- \( \frac{1}{2} \) of these occur in young adults - 88% HPV, trichomoniasis, chlamydia
- Costs 15.9 billion dollars a year
Most Common

- HPV
- Chlamydia
- HSV
- Trichomoniasis
26% of teens 14 – 19 have a STD – irrespective of sexual history

18% of these had HPV

Very common, does not last, easily spread and acquired, if you look you will find it

50% of sexually active teens has an STD
HPV

- 70% of sexually active adults have AB to HPV
  Spread by non sexual contact
  Handling genitals
  petting
HPV

- External Genital Warts
  Visual diagnosis – 80% accurate
  Not difficult
  HPV subtype 6 and 11 – 90% of all genital warts are caused by these subtypes
  Gardasil – hope to see a reduction in genital warts
  Can get ext genital warts at any mucous membrane site - Anus, urethra
  R/T anal / oral cancers?
HPV

- External genital warts treatment
  - Office applied
    - Cryotherapy - liquid Nitrogen or cryoprobe
    - Podophyllin resin
    - TCA or BCA
    - Excise

- Patient applied
  - Podofilox gel
  - Aldara – stimulates the immune system
Condom Use

- Studies
  - Women with CIN on colpo had 50% increase in regression of disease after 2 years
  - Men with external genital warts had faster regression
  - College age women becoming sexually active had 70% reduction in acquisition of HPV
Gardasil

- HPV 6, 11, 16, 18
- Cross protection with other high risk subtypes
- Approved down to age 9 - 26
- Recommended at ages 11-12
- Cervical Cancer rate 5-10 per 100,000
- Approved for boys in US
- No data to support immunizing men yet – anal cancer
- Cervarix  HPV 16 and 18
Gardasil Safety - JAMA 2009

- Study of VAERS from June 2006 - Dec 2008
- Adverse events equal to other vaccines except for vasovagal syncope and venous thromboembolic events
- Syncope – monitor 15 after administration
- Venous thromboembolic events - had other risk factors
Chlamydia

- Pediatric problem
- Sexual networks
- Immature cervix
- Limited symptoms
- PID – 40% of untreated Chlamydia
- Higher incidence in African Americans
Who has Chlamydia?

- 14 of females in managed care plans
- 2.8 – 14.5 of females in family planning clinics
- 9.5% of female Army recruits
- 9.7% freshman college students
- 9.7% to 14.3% general emergency dept patients
- 6.9% of homeless youths

www.health.state.pa.us
Chlamydia

- **Recommended Regimens**

  Azithromycin 1 g orally in a single dose
  or
  Doxycycline 100 mg orally twice a day for 7 days
Bacterial STDs

• Screen
  Asymptomatic - will not present with symptoms
  Young sexually active women need to be screened

• Treat

• Treat Partner
  Expedited treatment
  From CDC – standard of care
  Does not say how to do it
  Refer for treatment
  Double rx
  On line options
  Can treat partner in Pa – not Ohio check CDC site for your state

• Rescreen 3-4 months later
  10 – 20% reoccurrence rate
  Sexual networks
  Behavior does not change
Genital HSV Infections

- One out of every 6 adults have genital HSV
- First outbreak can be asymptomatic
- No routine AB testing for the general public
Genital HSV Infections

- Visualization/ History – suspicion
  - Consider fixed drug reaction, staph/strep, autoimmune affliction – look at all mucous membranes

- Follow with a confirmatory test
  - Culture
  - NAAT
  - Serology
Genital HSV Infections

- **First Clinical Episode of Genital Herpes Recommended Regimens**

  - **Acyclovir** 400 mg orally three times a day for 7–10 days
    - OR
  - **Acyclovir** 200 mg orally five times a day for 7–10 days
    - OR
  - **Famciclovir** 250 mg orally three times a day for 7–10 days
    - OR
  - **Valacyclovir** 1 g orally twice a day for 7–10 days

* Treatment might be extended if healing is incomplete after 10 days of therapy.
Genital HSV Infections

- Suppressive Therapy for Recurrent Genital Herpes Recommended Regimens

  Acyclovir 400 mg orally twice a day
  OR
  Famciclovir 250 mg orally twice a day
  OR
  Valacyclovir 500 mg orally once a day
  OR
  Valacyclovir 1 g orally once a day
Genital HSV Infections

- Episodic Therapy for Recurrent Genital Herpes Recommended Regimens

  - **Acyclovir** 400 mg orally three times a day for 5 days
    OR
  - **Acyclovir** 800 mg orally twice a day for 5 days
    OR
  - **Acyclovir** 800 mg orally three times a day for 2 days
    OR
  - **Famciclovir** 125 mg orally twice daily for 5 days
    OR
  - **Famciclovir** 1000 mg orally twice daily for 1 day
    OR
  - **Valacyclovir** 500 mg orally twice a day for 3 days
    OR
  - **Valacyclovir** 1 g orally once a day for 5 days
Trichomoniasis

- 7.4 million new cases each year
- Parasite
- ? Harm
  - May increase HIV transmission and acquisition
  - Pregnant women
    - Screened and treated – increased rate of premature delivery
Trichomoniasis

- **Recommended Regimens**

  - **Metronidazole** 2 g orally in a single dose
    
    - OR
    
    - **Tinidazole** 2 g orally in a single dose

- **Alternative Regimen**

  - **Metronidazole** 500 mg orally twice a day for 7 days
Let chocolate be the only thing he gives you.

Get screened for Chlamydia.

Chlamydia Awareness Day
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