# IN THE NAME OF GOD

# Sexually transmitted disease Counseling

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# Sexually transmitted disease

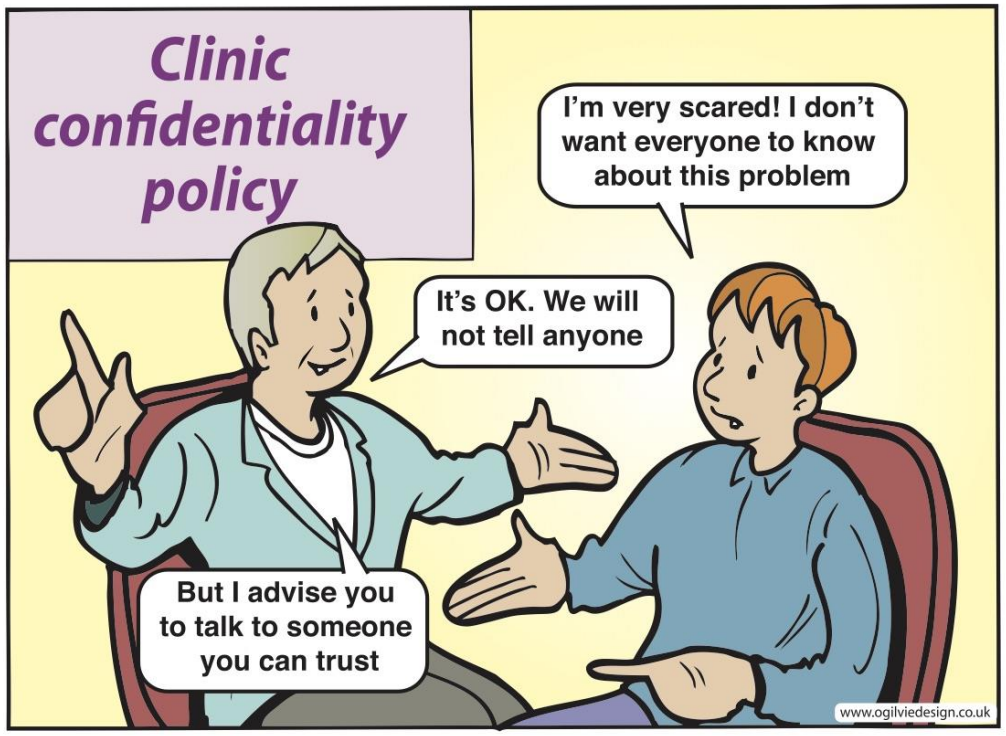
- (STD) or (STIs) are infections caused by bacteria, viruses & parasites transmitted through sexual contact, including vaginal, anal & oral sex.
- Most cases are asymptomatic
- Physicians and other health care providers have a crucial role in preventing and treating STIs.
- This report updates Sexually Transmitted Diseases Treatment Guidelines, 2015 and should be regarded as a source of clinical guidance rather than prescriptive standard

# Five major Prevention and control of STIs' strategies

- 1. Accurate risk assessment and education and counseling of persons at risk regarding ways to avoid STIs through changes in sexual behaviors and use of recommended prevention services
- 2. Pre-exposure vaccination for vaccine-preventable STIs
- 3. Identification of persons with an asymptomatic infection and persons with symptoms associated with an STI
- 4. Effective diagnosis, treatment, counseling, and follow- up of persons who are infected with an STI
- 5. Evaluation, treatment, and counseling of sex partners of persons who are infected with an STI

# Sexually transmitted disease Counseling

- Effective techniques for facilitating rapport with patients include:
- **using open-ended questions:**
- **understandable, nonjudgmental language**
- **normalizing language**
-
- The **“Five P’s”** approach to obtaining a sexual history is one strategy for eliciting information about the key areas of interest



# STI and HIV Infection Risk Assessment

**BOX 1. The Five P's approach for health care providers obtaining sexual histories: partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and pregnancy intention**

**1. Partners**

- "Are you currently having sex of any kind?"
- "What is the gender(s) of your partner(s)?"

**2. Practices**

- "To understand any risks for sexually transmitted infections (STIs), I need to ask more specific questions about the kind of sex you have had recently."
- "What kind of sexual contact do you have or have you had?"
  - "Do you have vaginal sex, meaning 'penis in vagina' sex?"
  - "Do you have anal sex, meaning 'penis in rectum/anus' sex?"
  - "Do you have oral sex, meaning 'mouth on penis/vagina'?"

**3. Protection from STIs**

- "Do you and your partner(s) discuss prevention of STIs and human immunodeficiency virus (HIV)?"
- "Do you and your partner(s) discuss getting tested?"
- For condoms:
  - "What protection methods do you use? In what situations do you use condoms?"

**4. Past history of STIs**

- "Have you ever been tested for STIs and HIV?"
- "Have you ever been diagnosed with an STI in the past?"
- "Have any of your partners had an STI?"

**Additional questions for identifying HIV and viral hepatitis risk:**

- "Have you or any of your partner(s) ever injected drugs?"
- "Is there anything about your sexual health that you have questions about?"

**5. Pregnancy intention**

- "Do you think you would like to have (more) children in the future?"
- "How important is it to you to prevent pregnancy (until then)?"
- "Are you or your partner using contraception or practicing any form of birth control?"
- "Would you like to talk about ways to prevent pregnancy?"

# STI and HIV Infection Prevention Counseling

- Encourage risk reduction by offering prevention counseling
- Counseling has to be in a nonjudgmental and empathetic manner appropriate to the patient's culture, language, sex and gender identity, sexual orientation, age, and developmental level.
- Provide brief prevention messages and those delivered through video or in a group session can be more accessible for the client.

# Primary Prevention Methods

- **Pre-Exposure Vaccination:** HBV, HPV

  People who are in a long-term, mutually monogamous relationship are not likely to get a new HPV infection
- **Condoms:** Risk Reduction
- **Cervical Diaphragms:** is not effective
- **Male circumcision:** reduces the risk for HIV infection and certain STIs(HPV, HSV-2) among heterosexual men.
- **Pre-Exposure and Post- Exposure Prophylaxis**: doxycycline 100 (STIs), 200 (chlamydia and syphilis)
- HIV antiretroviral therapy (ART) for the infected partner decreased the risk for transmission to the uninfected partner by 96%.
- **Abstinence and Reduction of Number of Sex Partners:**

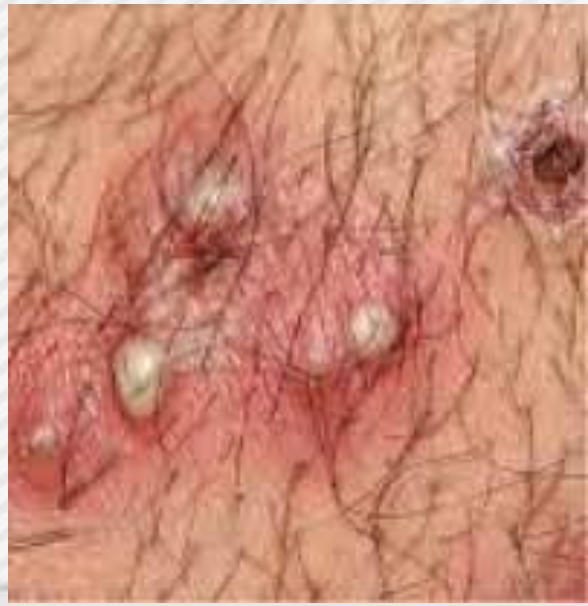
# Harm-Reduction Strategy

- Expedited partner therapy (EPT)

- Retesting After Treatment to Detect Repeat Infections

# Chancroid

- A definitive diagnosis of chancroid requires identifying H. ducreyi on culture
- Criteria for detecting the presence of all of the following factors
- 1)the patient has one or more painful genital ulcers;
- 2) the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid;
- 3) the patient has no evidence of T. pallidum infection by serological test
- 4) HSV-1 or HSV-2 culture are negative.

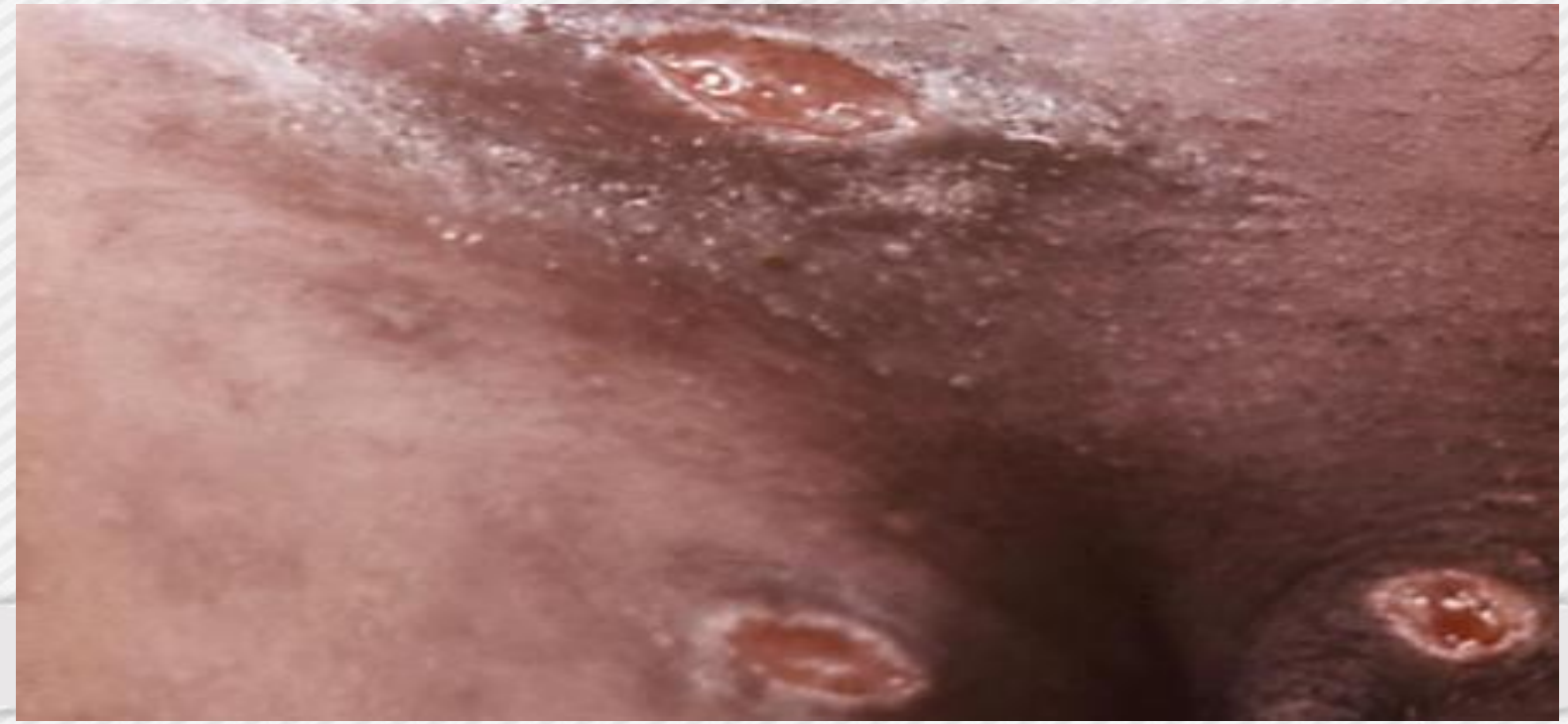


- **Treatment:**

| Recommended Regimens for Chancroid |
| --- |
| **Azithromycin** 1 g orally in a single dose |
| *or* |
| **Ceftriaxone** 250 mg IM in a single dose |
| *or* |
| **Ciprofloxacin** 500 mg orally 2 times/day for 3 days |
| *or* |
| **Erythromycin base** 500 mg orally 3 times/day for 7 days |

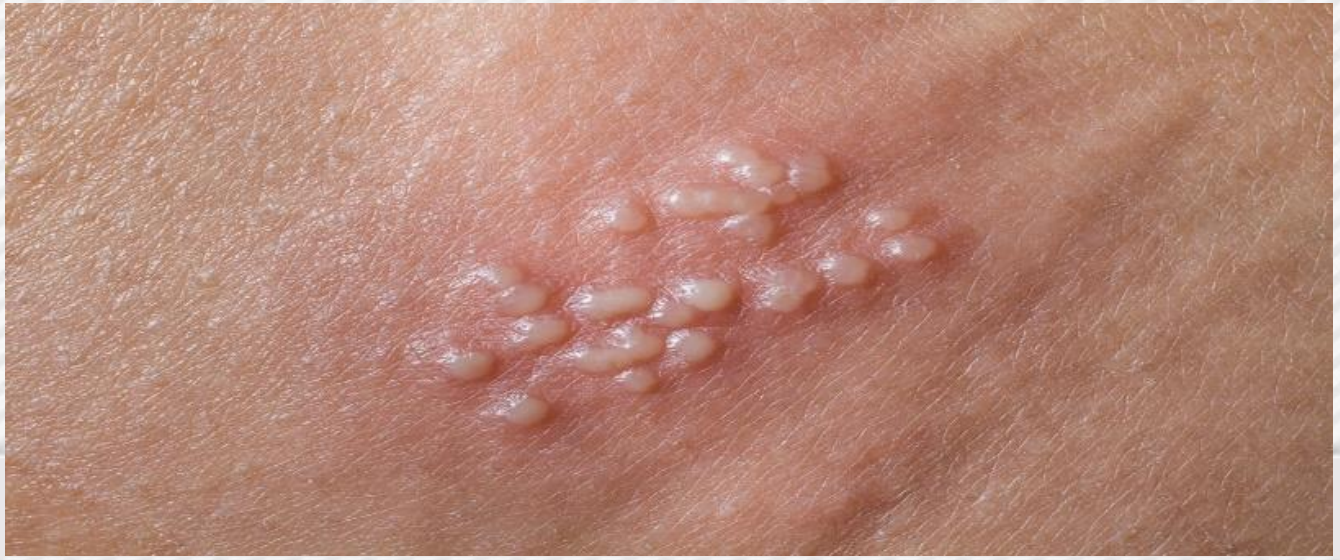
# Chancroid

- **Follow-Up**
  Patients should be reexamined 3–7 days after therapy initiation.
- If treatment is successful, ulcers usually improve symptomatically within 3-7 days
- If no clinical improvement, consider whether the diagnosis is correct, another STI is present, the patient has HIV infection, the treatment was not used as instructed, or the H. ducreyi strain causing the infection is resistant to the prescribed antimicrobial.
- **Sex Partners**
- **Pregnancy**



# Genital herpes

- is a chronic, lifelong viral infection.
- most genital herpes infections are asymptomatic, self-limited, recurrent, painful, and vesicular or ulcerative lesions
- Clinical diagnosis of genital herpes can be difficult
- Recurrences and subclinical shedding are much more frequent for HSV-2 genital herpes infection than HSV-1
- HSV-2 increases the risk for acquiring HIV twofold to threefold
- higher risk for infection (especially for persons with ≥10 lifetime sex partners, persons with HIV infection)



# Genital herpes

- **Genital Herpes Management:**

Antiviral medication : Acyclovir 400 mg, Famciclovir 200 mg  3/day for 7-10 days; Valacyclovir 500mg 2/day for 3 days

- **Prevention**

Consistent and correct condom use

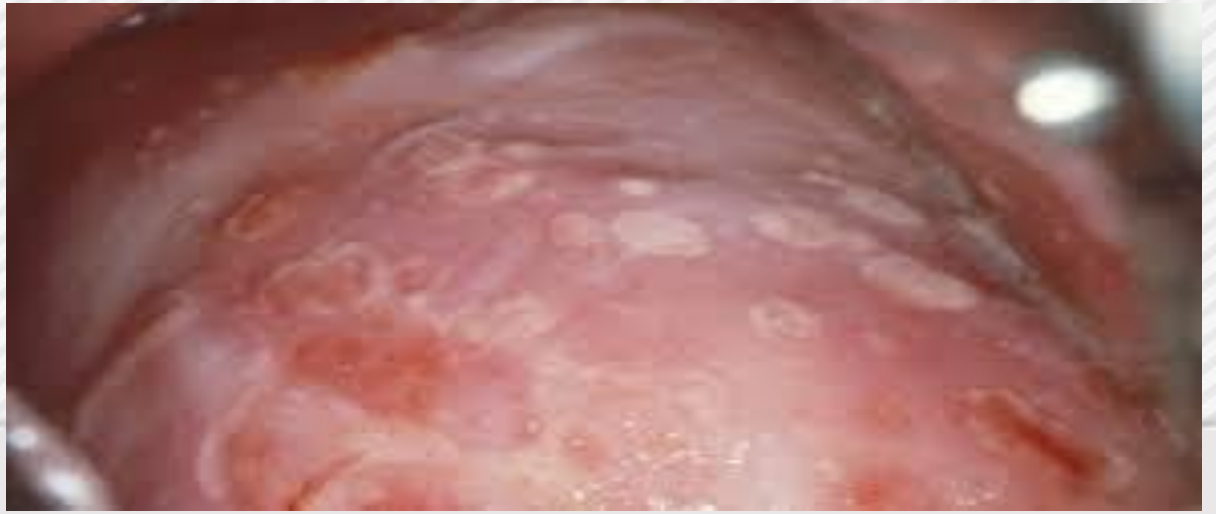
abstaining from sexual activity with uninfected partners when lesions or symptoms are present.

- **Pregnancy:** Near the time of delivery: The risk for transmission to the neonate is high (30%–50%)

- **Delivery:**

Asemptomatic:  NVD

recurrent genital herpetic lesions: C/S



# Chlamydial Infections

- ≤25 years
- Asymptomatic both men and women.
- PID, ectopic pregnancy, and infertility
- **Diagnosis:** for women: vaginal or cervical swabs or first-void urine
- For men:by testing first-void urine or a urethral swab
  - **Treatment:**
  - **Doxycycline 100 po, 2/day-7 days ; Azithrimycin 1g single dose; levofloxacin 500 mg/1 for 7 days**
- **pregnant women:** prevents transmission to neonates during birth.
- azithromycin is safe, Doxycycline is contraindicated (2,3 Trimesters)

| Recommended Regimen for Chlamydial Infection Among Adolescents and Adults |
| --- |
| **Doxycycline** 100 mg orally 2 times/day for 7 days |

| Alternative Regimens |
| --- |
| **Azithromycin** 1 g orally in a single dose<br>*or*<br>**Levofloxacin** 500 mg orally once daily for 7 days |

| Recommended Regimen for Chlamydial Infection During Pregnancy |
| --- |
| **Azithromycin** 1 g orally in a single dose |

| Alternative Regimen |
| --- |
| **Amoxicillin** 500 mg orally 3 times/day for 7 days |

# Chlamydial Infections

- **partners** :can prevent reinfection and infection of other partners.
- Sex partners should be referred for evaluation, testing, and treatment if they had sexual contact **with the partner during the 60 days preceding** the patient's onset of symptoms or chlamydia diagnosis.
- To minimize transmission to partners:  abstain from sexual intercourse for 7 days after single-dose or until completion of a 7-day regimen
- Persons who receive a diagnosis of chlamydia should be tested for HIV, gonorrhea, and syphilis

# Gonococcal Infections

- **Men**: Urethral infections
- **Women**: commonly asymptomatic , PID: infertility or ectopic pregnancy
- **Annual screening** : all sexually active women aged <25 years, and high risk other (aged ≥25 years : a new sex partner, multipartner, or partner with STI), sex-workers
- Screening For other low Risk is not recommended
- **Diagnosis:** culture : endocervical (women) or urethral (men) swab specimens

# Gonococcal Infections

- **Treatment:** is complicated because of resistance to antimicrobials
- Ceftriaxone 500 mg, IM(<150kg). 1g for >150kg(Alternative: Genta 240 mg, Im, single dose. Azithro 2g, po, single dose. cefexim 800 mg po, single dose)
- Gonorrhea+Chalmydia :treatment for Gonorrhea + Doxy 100mg 2 /day for 7 days.
- abstain from sexual activity for 7 days after treatment

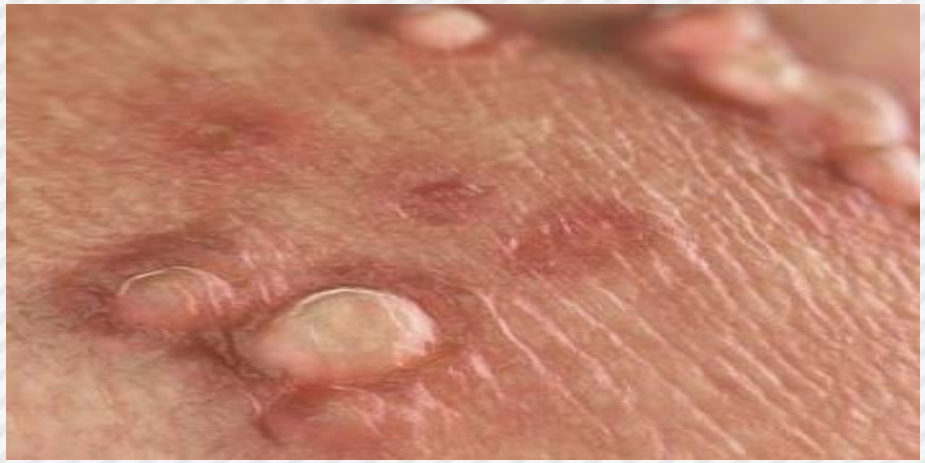
| Recommended Regimen for Uncomplicated Gonococcal Infection of the Cervix, Urethra, or Rectum Among Adults and Adolescents |
|---|
| **Ceftriaxone** 500 mg* IM in a single dose for persons weighing <150 kg |
| If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days. |
| * For persons weighing ≥150 kg, 1 g ceftriaxone should be administered. |

# Gonococcal Infections

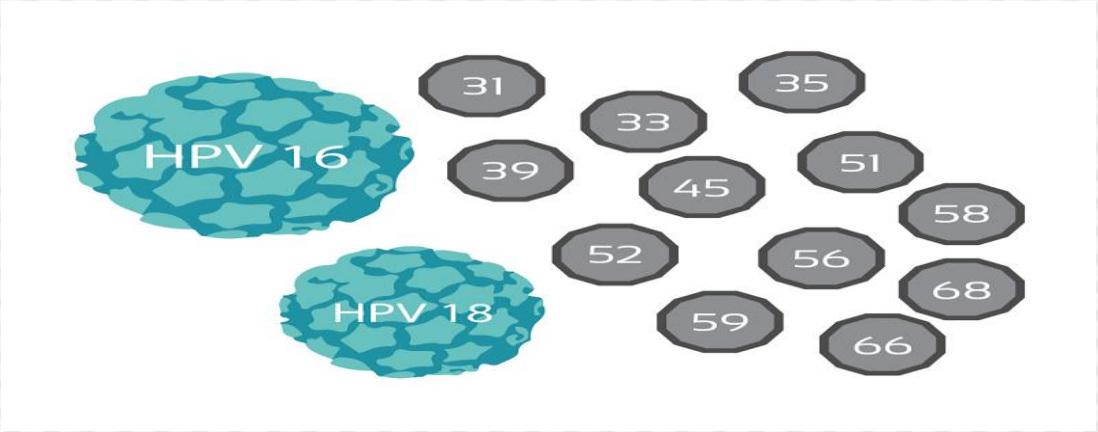
- Sex Partner: Recent sex partners (**sexual contact <60 days preceding onset of symptoms or gonorrhea diagnosis**) should be evaluated, tested, and presumptive treatment(cefixime 800 mg as a single dose )
- **Pregnancy:** ceftriaxone 500 mg in a single IM dose plus treatment for chlamydia
- **All Pregnant women with gonorrhea should be re-screened 3 months after treatment.**
- **Neonates:** Prenatal screening and treatment of pregnant women
- Oint. Erythromycin, if Unavailable(ceftriaxone 25–50 mg/kg body weight IV or IM)

# Human Papillomavirus Infections

- ویروس های کم خطر: انواع ۶ و ۱۱ عامل وارت آنوژنیتال و پاپیلوماتوز تنفسی عود کننده



- ویروس های پرخطر: ۱۶ و ۱۸ عامل ضایعات کانسری و پره کانسروس سرویکس، ولو، واژن، آنال و اوروفارنکس




# نکات مهم در مورد پیشگیری HPV

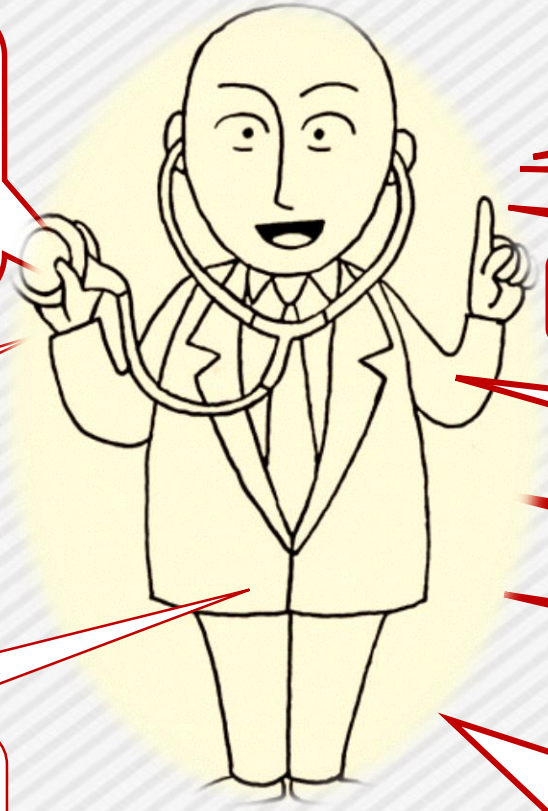
- مطمئن ترین روش پیشگیری پرهیز از فعالیت جنسی
- استفاده از کاندوم
- **عامل خطر: پارتنر متعدد، رابطه جنسی زودهنگام، و سیگار، الکل وقلیان**
- ابتلا به یک نوع آن احتمال ابتلا به انواع دیگر را از بین نمی برد
- **درمان سریع و موثر عفونت ژنیتال و سرویکس**
- واکسن برای کودکان و بزرگسالان ۲۶- ۹ سال
- قبل از تزریق واکسن نیاز به انجام پاپ اسمیر و یا تست تشخیصی HPV **وجود ندارد**

# نکات مهم در انتقال HPV

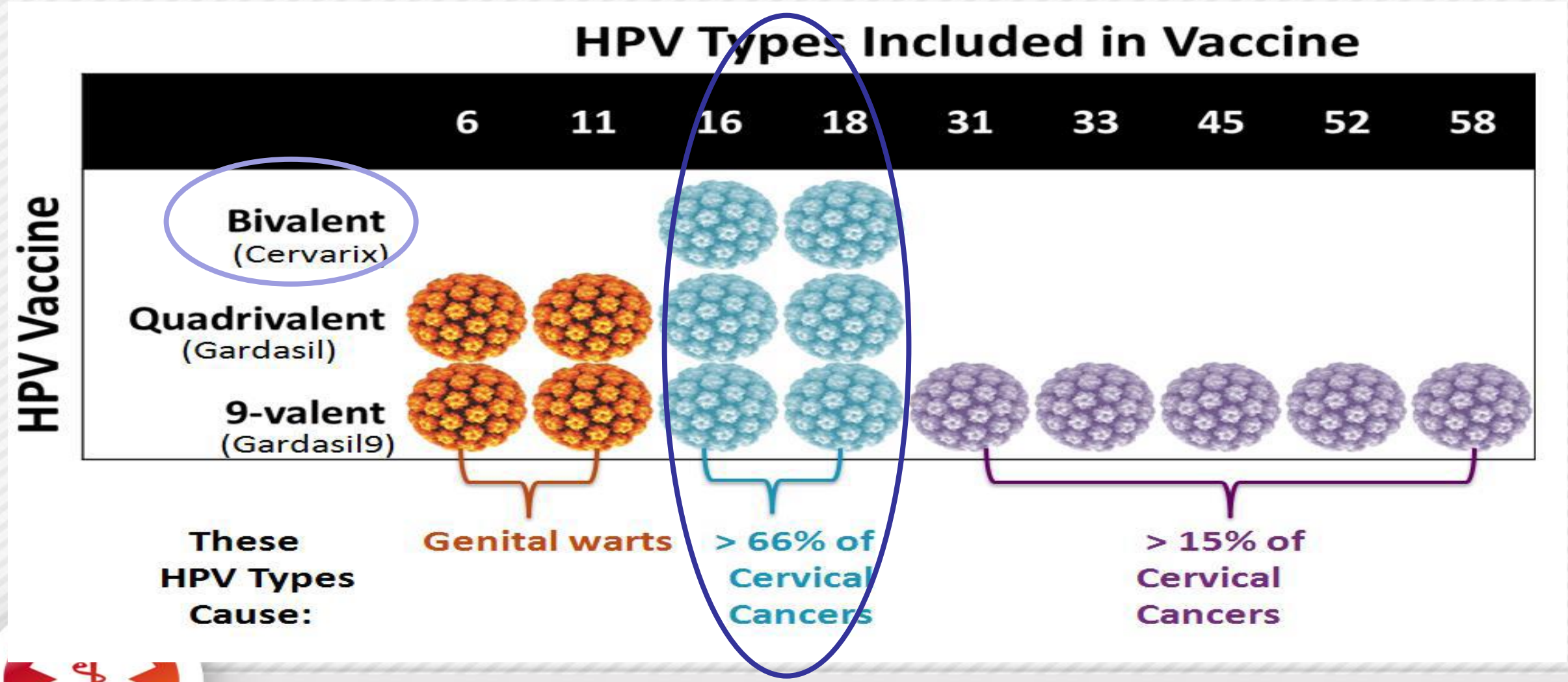
**منتقل نمی شود:** بوسیدن و آغوش حوله یا حمام ، شنا در استخر توالت فرنگی، لیوان وسایل غذا خوری، و خون

**منتقل می شود:** رابطه جنسی واژینال و آنال، اورال، حین زایمان از مادر به جنین

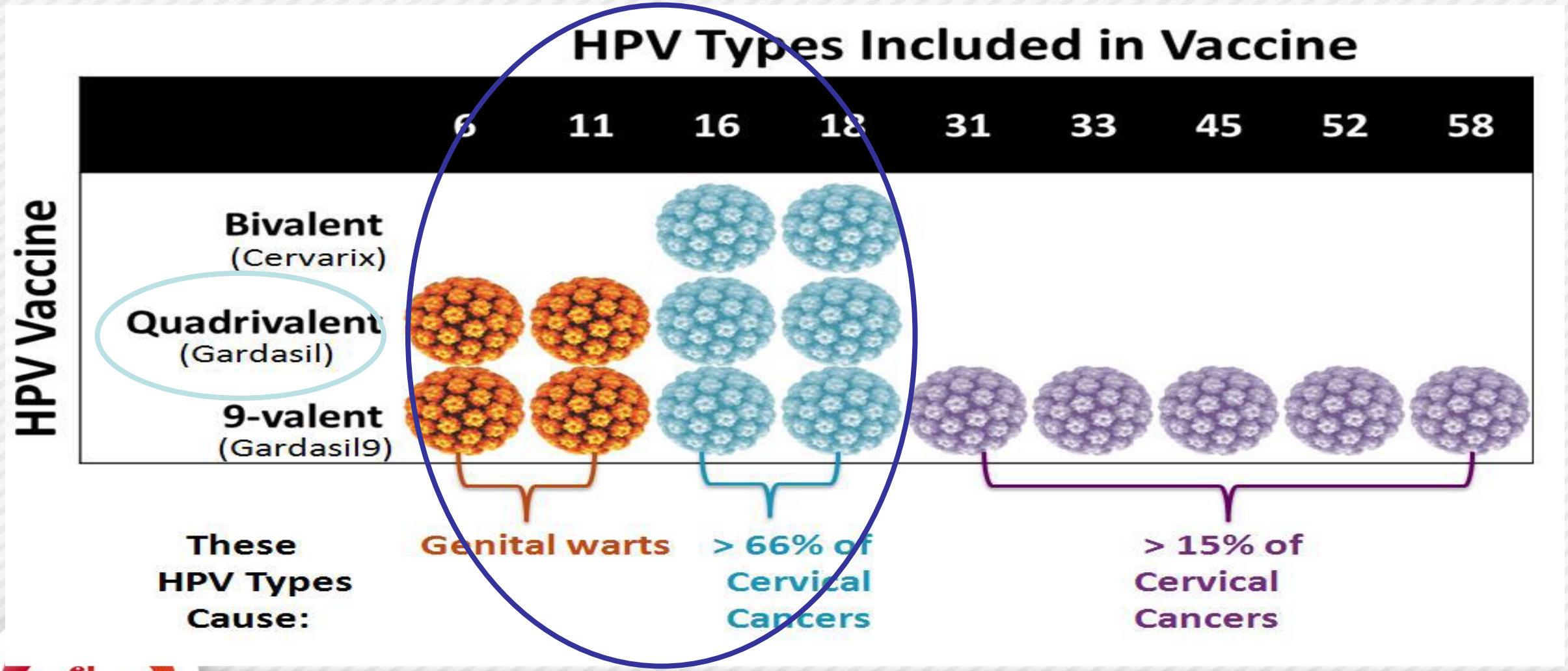
**منتقل می شود:** امکان انتقال ویروس از طریق تجهیزات پزشکی وجود دارد.



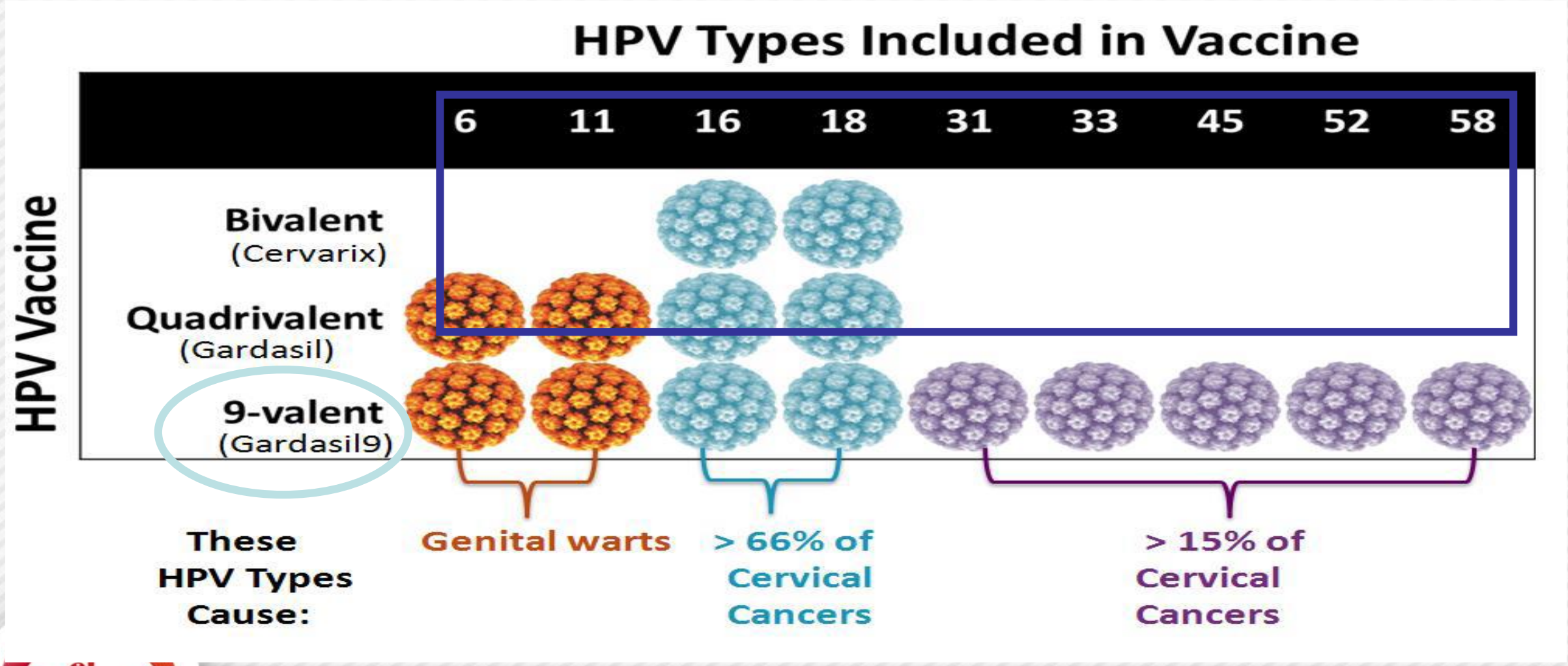
# Cervarix



# Gardasil -4



# Gardasil -9



# Treatment of wart

- **Imiquimod** 5% cream, once at bedtime, 3 times/week for <16 weeks
- Imiquimod 3.75% cream, once at bedtime every night for <8 weeks
- **Side effect:** redness, irritation, induration, ulceration or erosion, vesicles, and hypopigmentation might occur
- **Podofilox** (podophyllotoxin): 2 times/day for 3 days, followed by 4 days of no therapy, can repeat for up to four cycles . Side effect: Mild to moderate pain or local irritation
- **Sinecatechins**: 15% ointment : 3 times/day but should not be continued for >16 weeks
- side effects: erythema, pruritus or burning, pain, ulceration, edema, induration, and vesicular rash

- **Cryotherapy:** Pain during and after, followed by necrosis and sometimes blistering, is common
- **Trichloroacetic acid (TCA) and bichloroacetic acid (BCA)** :can be repeated weekly

- **Pregnancy**

# نکات مهم در مورد درمان HPV

زنان مبتلا به وارت آنوژنیتال بیشتر از سایر زنان به آزمایش پاپ اسمیر نیاز ندارند.

درمان های موجود باعث حذف وارت ها شوند، اما ویروسHPV ، و خطر کانسر سرویکس را از بین نمی برند

انواع HPV عامل وارت های آنو ژنیتال ، حتی بدون علائم قابل مشاهده، می توانند به فرد دیگری منتقل شوند

ویروس HPV درمان قطعی ندارد و فقط علائم آن برطرف می شوند.

احتمال عود مجدد و برگشت وارت ها وجود دارد بخصوص در ۳ ماهه اول بعد از درمان

در صورت عدم درمان، می تواند از بین برود، کوچک و یا بزرگ شود

زمان اکتساب HPV را نمی توان به طور قطعی تعیین کرد. وارت های آنوژنیتال می توانند ماه ها یا سال ها پس از آلودگی به HPVایجاد شود.

پرهیز از رابطه جنسی تا برداشتن و حذف وارت ها، انتقال آن را کاهش می دهد

# نکات مهم در مورد مشاوره کانسر سرویکس

کانسر سرویکس را می توان با پاپ اسمیر(شروع از ۲۱ سالگی) و آزمایش HPV پیشگیری کرد

آزمایش سیتولوژی Co-testing برای افراد بالای ۳۰ سال تا ۶۵ سال استفاده می شود

مثبت بودن تست HPV به معنای ابتلای فرد به کانسر نیست.

تست HPV ممکن است سال‌ها پس از قرار گرفتن در معرض اولیه، به دلیل فعال شدن مجدد عفونت‌های نهفته، مثبت شوند.

سیگار کشیدن به پیشرفت CIN کمک می کند

هیچ توصیه ای در مورد اطلاع دادن به پارتنر آینده نمی توان ارائه داد. پارتنر نیاز به آزمایش ندارد

در صورت استفاده صحیح و مداوم، کاندوم ممکن است خطر ابتلا به عفونت HPV کاهش می یابد و ممکن است زمان پاکسازی را در افراد مبتلا به عفونت HPV را کاهش دهد.

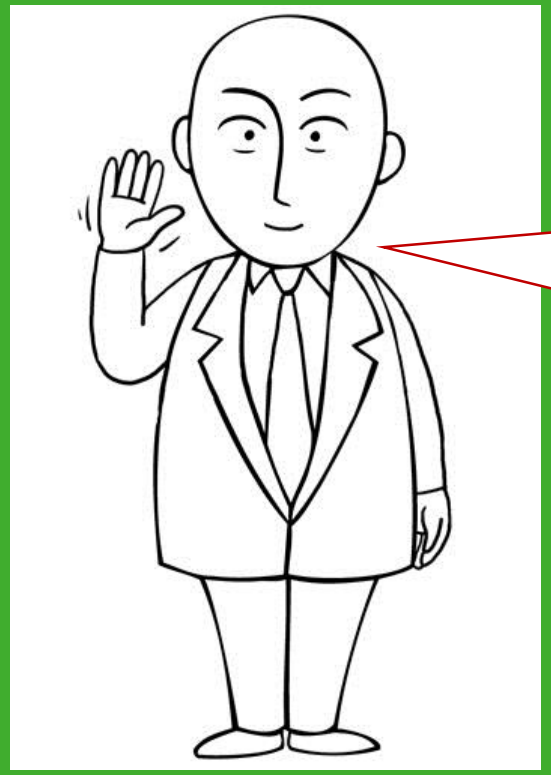

# جدول اسکرینینگ کانسر سرویکس

| | |
|---|---|
| **شروع از ۲۱ سالگی** | |
| **زنان ۲۹-۲۱ ساله** | هر ۳ سال یک بار تست پاپ اسمیرانجام دهند. |
| **زنان ۶۵-۳۰ ساله** | هر ۳ سال تست پاپ اسمیر یا هر ۵ سال یک بار تست پاپ اسمیر همراه با تست HPV |
| | اگر cotest مثبت است و ویروس های تشخیص داده شده از نوع ۱۶ و یا ۱۸، **کولپوسکوپی** خواهند شد |
| | اگر cotest مثبت است و ویروس های تشخیص داده شده انواع دیگر باشند(غیر از نوع ۱۶ و یا ۱۸)، اگر سیتولوژی پاپ اسمیر منفی باشد، تکرار پاپ اسمیر یک سال دیگر صورت می گیرد. |
| | اگر cotest مثبت است و ویروس های تشخیص داده شده انواع دیگر باشند(غیر از نوع ۱۶ و یا ۱۸)، اگر سیتولوژی پاپ اسمیر مثبت باشد، کولپوسکوپی انجام می شود. |
| **زنانی که هیسترکتومی کامل شده اند** | اگر دلیل هیسترکتومی شک به کانسر سرویکس باشد، باید به طور منظم پاپ اسمیر انجام دهند. |
| | اگر دلیل هیسترکتومی آنان به دلایل دیگر باشد، نیازی به پاپ اسمیر ندارند. |
| **در موارد هیسترکتومی که دهانه رحم باقی مانده است** | غربالگری روتین انجام می شود. |
| **بالای ۶۵ سال** | اگر نتایج قبلی پاپ اسمیر طبیعی بوده و در معرض خطر نیستند، نیازی به پاپ اسمیر ندارند. |

# References


- Walensky RP, Houry D, Jernigan DB, Bunnell R, Layden J, Michael F, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021; 70(4): [inclusive page numbers], https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
- International Papillomavirus Society: IPVS. Available at: https://ipvsoc.org/basic-educational-resources/
- CDC | Genital HPV Infection - CDC Fact Sheet.
- Cancer Prevention and Control . Available at: www.cdc.gov/cancer/
- HPV Vaccination. Available at: www.cdc.gov/vaccines/vpd/ hpv/index.html
- WHO | Human papillomavirus (HPV), 2018. Available at: https://www.who.int/immunization/diseases/hpv/en/
- WHO | Implementation of HPV vaccination programmes. Available at: https://www.who.int/immunization/hpv/deliver/en/ 2/2019
- WHO | Essential Training Package for HPV vaccine introduction for countries introducing Cervarix™ 2 dose vial. 2013. Available at: https://www.who.int/immunization/diseases/hpv/cervarix_2dose_vaccine_EN/en/
- HPV | For Clinicians | Vaccination Schedules & Recommendations. Available at: https://www.cdc.gov/hpv/hcp/schedules-recommendations.html
- HPV | Home | Human Papillomavirus | CDC. Available at: https://www.cdc.gov/hpv.
- Workowski KA, Bolan GA. Sexually Transmitted Diseases Treatment Guidelines, 2015]. MMWR Recomm Rep 2015; 64(No. RR-3): 1-140.
- International Papillomavirus Society: IPVS. Available at: https://ipvsoc.org/basic-educational-resources/
- CDC | Genital HPV Infection - CDC Fact Sheet.
- Cancer Prevention and Control . Available at: www.cdc.gov/cancer/
- HPV Vaccination. Available at: www.cdc.gov/vaccines/vpd/ hpv/index.html
- WHO | Human papillomavirus (HPV), 2018. Available at: https://www.who.int/immunization/diseases/hpv/en/
- WHO | Implementation of HPV vaccination programmes. Available at: https://www.who.int/immunization/hpv/deliver/en/
- CDC. 2015 Sexually Transmitted Diseases Treatment Guidelines. Available at: Anogenital Warts. https://www.cdc.gov/std/tg2015/warts.htm
- Image: www.cancer.org

# Questions??



**Thank you**
**for your attention!**