Sex, Drugs and...

The Unsexy Truth about STIs and BBIs in Peel

Dr. Connie Chen
Medical Director Peel Healthy Sexuality Clinic
STI Risk and Testing

- Why should we be testing?
- Who should we be testing?
- How should we be testing?
- Barriers to testing
Why Test?

- Ontario*:
  - 36373 cases chlamydia in 2011 (272/100000)
  - Toronto 320-646/100000
  - Peel Region 270-320/100000

- Ongoing rise in STIs

- Multidrug resistant GC
  - 4199 cases in Ontario 2011

- Co-infections

- New Age of global village: travel

- Culture

- Sexual Practices

*OAHPP July 2012 Surveillance Report
### Comparing Infectious Diseases 2012 in Ontario Jan-Jul

#### STI
- 21766 Chlamydia
- 3 Ophthalmia neonatorum
- 2431 Gonorrhea
- 55 Hepatitis B
- 493 HIV
- 400 Infectious syphilis
- 2396 Hepatitis C

#### Other Infections
- 3842 Influenza
- 5 West Nile Virus
  - 56 in 2011
- 328 TB
- 1 Tetanus
- 117 Malaria
- 470 Pertussis
- 49 Lyme

*OAHPP Sept 2012 Surveillance Report*
Who Should We Test: Asymptomatic:

- Sexually Active <25 yrs
  - Young women at increase susceptibility
- MSM
- New partner/multiple partners in past year
- Past history of STI
- ETOH/drug use
- Sexual contact with person with known STI
Who Should We Test: Asymptomatic:

- Pregnancy
- Serial monogamy
- Sex trade workers (and clients)/ ‘survival sex’/ homelessness
- Risky behaviour (bathhouse, anonymous, internet, travel)
- Sexual assault
- Immigrants/travelers from countries with epidemic STIs
Risk Assessment: CDC 5 “P”s

- **Partners**
  - Gender, number past 2 mos, 12 mos, ?possible your partners having sex with others during your relationship

- **Prevention of Pregnancy**
  - What are you doing to prevent pregnancy

- **Protection from STIs**
  - What do you do to prevent STIs or HIV

- **Practices**
  - Vaginal/anal/oral, condoms with each practice, why not, when used

- **Past history of STIs**
  - Any past history, partner with history of STI, any IDU use self/partner, ?exchange sex for money/drugs self/partner
Risk Assessment:

- Are you having sex?
- Number of partners past 3-6 months
  - Regular/casual partner
  - Casual type of hookup
  - ETOH/drug influence?
  - Recent travel?
- Male/Female/Both
- Vaginal/Oral/Anal sex?
- Barrier protection? For any/all of above
- Have you ever had an STI?
- Drug use?
Review: Clinic Based Interventions to Increase Screening in MSM

- 1809 studies reviewed for comparison GC/CHL/Syphilis screening
- 8 fit into inclusion criteria
- 4 demonstrated significant increases in screening rates of GC/CHL
  - Computer alert EMR, introduction STI screening guidelines in clinic, text reminder for retesting
- Another 4 demonstrated increase screening in syphilis with 2 of the studies increased asymptomatic detection
  - Regular syphilis screening with HIV testing, EMR alert, alert screening after syphilis treatment

Sexual Health Unit, School of Population Health, University of Melbourne, Melbourne, VIC, Australia
Sex Transm Dis. 2012 May;39(5):382-7
STI Testing:

- GC/Chlamydia
  - NAAT
  - Cultures
  - Sites

- Syphilis
  - Staging
  - Serology interpretation
  - CMIA screen
    - RPR
    - TPPA
    - FTA-Abs

- HIV
  - Serology
    - HIV Ag/Ab combo screen
  - POC
STI Testing:

- Hepatitis B
  - Endemic country
  - MSM
  - No previous vaccination
  - Pregnancy

- Hepatitis C
  - Received blood product prior to
  - Tattoo risk
  - IDU current/past
  - CDC recommendation: 1945-1965
  - Co-infection HIV
STI Testing:

- HSV
  - Culture
  - Type specific serology
    - Asymptomatic HSV infection
    - Discordant couples
    - Implications in treatment/suppressive therapy

- HPV
  - HPV-DNA testing
  - HPV vaccine
# NAAT Testing: BD Probe Tec

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<thead>
<tr>
<th></th>
<th>Sensitivity</th>
<th>%</th>
<th>Specificity</th>
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OPHL Labstract Feb 2007
### NAAT Testing: Gen-probe Aptima

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<td>Cambodia, India, Indonesia, Pakistan, Sri Lanka</td>
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<td>Middle East</td>
<td>Saudi Arabia</td>
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<tr>
<td>Western Pacific</td>
<td>Papua New Guinea, Solomon Islands, Vatuavu</td>
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Lab Testing Information:

- Lifelabs

- Gamma Dynacare

- CML Healthcare

- OPHL
Barriers to Testing:

- Patients may not tell us their risk factors
- Patients may think you already do STI testing at their regular visit
- Keeping up to date on current guidelines/treatment
- Lab tests not easily available or difficult to collect
- Certain tests carry stigma
- Don’t see the patient as ‘at risk’
- Takes too much time
Case Studies:

• Case 1
  • 23yo female seen in HS clinic requesting STI testing, specifically syphilis testing. Preschool teacher, heterosexual with 2 partners in past 2 months. Vaginal sex only, 1 partner with protection, other long term casual partner x 1-2 years no protection consistently condoms 50%. No prior history of STI. Has been feeling unwell x 4 weeks, tired all time, bloating, joint pains, ‘migraines’, malodourous vaginal discharge, and diffuse rash, started with some blisters on hands and feet. Had already been to emergency, walk-in clinic and family physician office. Upset that no one has done syphilis testing.
Case Studies:

- Case 1
  - Friend of hers who knows her long term casual partner saw her and told her to have syphilis testing. Her casual partner has been sleeping around without protection, travels extensively for his work which is in the film industry.
  
  - She’s been told she likely has Fifth’s disease and testing not done.
  
  - Her syphilis serology returns with positive test showing 1:32 dilution. Diagnosis: Secondary syphilis.
Case Studies:

• Case 2:
  • 45 yo male MSM who provides oral sex and receives anal sex. Tested in Toronto for GC and chlamydia, oral and anal, with positive oral chlamydia. His partners are all casual partners he’s met over the internet on Craigslist and other sites. Coming in to HS clinic for advice. 3 casual partners in past 3 months. 3rd partner, only information he has is email address.
  • This partner is married 35yo male with 2 children who advertised on Craigslist for same sex partners. Hookup was every other week for the past 6 months with partner asking if patient would be interested in threesome. No requests for exclusivity. Partner had asked patient early in relationship if patient was clear of infection.
Case Studies:

- Case 2:
  - Issues of partner notification
  - Patient very concerned re: own safety as worried partner would be very angry
  - Patient worried about partner’s marital status and if wife could also be infected