

5.10 SEXUALLY TRANSMITTED INFECTIONS

RECOMMENDATIONS

Offer testing:

- All sexually active people who are from countries with a HIV rate of >1% (available from: <http://apps.who.int/gho/data/node.main.622?lang-en>) should be offered a full sexual health assessment. A high HIV rate in a country can be taken as an indicator of likely high rates of other STIs as well.

The following sexually transmitted infections should be screened for at a minimum, in sexually active asymptomatic individuals from these countries:

- Serology for HIV
- Syphilis serology
- Urinary nucleic acid amplification test (NAAT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*
- Sexually active people from countries with an HIV rate of ≤1% should be offered sexual health screening as appropriate for their sexual history.
- All people with symptoms of an STI should be offered a clinical assessment, STI testing and treatment

Further information on what is involved in a sexual health assessment can be found at the British Society for Sexual Health and HIV website (<http://www.bashh.org/>).

Offer Vaccine (Human Papilloma Vaccine – HPV)

- Females at 12-13 years of age as part of the national vaccination programme
- HPV vaccine may be given to females aged 9 to 26 years.
- Vaccination with the quadrivalent HPV vaccine should be considered for HIV positive males and females from 9 to 26 years.
- Hepatitis B vaccine should be considered as per section 5.2

Health promotion

- All sexually active people. This should include safer sex and contraceptive advice for both males and females and information for women about cervical screening.

Refer to specialist STI services if more specialist services are required.

Epidemiology

WHO estimates that more than 340 million new cases of curable sexually transmitted infections (STIs), namely syphilis, gonorrhoea, chlamydia and trichomoniasis, occur every year throughout the world in men and women aged 15–49 years, with the largest proportion in the region of south and south-east Asia, followed by sub Saharan Africa, Latin America and the Caribbean. Millions of viral sexually transmitted infections also occur annually, attributable mainly to HIV, human herpes viruses, human papillomaviruses and hepatitis B virus.⁽¹⁾

Rationale for Assessment

- STIs have serious consequences⁽¹⁾
- Many STIs are curable⁽²⁾
- Ongoing transmission is preventable⁽²⁾

Assessment

All sexually active people who are from countries with a HIV rate of >1% (available from: <http://apps.who.int/gho/data/node.main.622?lang-en>) should be offered a full sexual health assessment. A high HIV rate in a country can be taken as an indicator of likely high rates of other STIs as well.

The following sexually transmitted infections should be screened for at a minimum in asymptomatic sexually active individuals from these countries:^(3, 4)

- Serology for HIV
- Syphilis serology
- Urinary nucleic acid amplification test (NAAT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

Sexually active people from countries with an HIV rate of $\leq 1\%$ should be offered sexual health screening as appropriate for their sexual history.

In Ireland, there is universal antenatal screening for syphilis, HBV and HIV.⁽⁵⁾ Refer to specialist STI services if more specialist services are required. A sexual history is an important part of an overall health assessment. STIs may be asymptomatic but may have serious health consequences.

Vaccination

- All females at 12-13 years of age should receive HPV vaccine as part of the national HPV vaccination programme.
- HPV vaccine may be given to females aged 9 to 26 years.
- Vaccination with the quadrivalent HPV vaccine should be considered for HIV positive males and females from 9 to 26 years.

Hepatitis B vaccine should be considered as per section 5.2

Female genital mutilation

It is currently believed that approximately 3,780 women in Ireland have undergone female genital mutilation (FGM).⁽⁶⁾ Complications of FGM include local infection, septicaemia and an increased risk of bloodborne viruses.^(7,8)

A service for women who have undergone FGM has been established by the Irish Family Planning Association. Details are available from: <http://www.ifpa.ie/Hot-Topics/Female-Genital-Mutilation>

References

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- (3) Australian Society for Infectious Diseases. Diagnosis, management and prevention of infections in recently arrived Refugees [Internet]. Sydney. 2009 [cited 2013 December 20th]. Available from: <http://www.asid.net.au/images/Documents/Guidelines/RefugeeGuidelines.pdf>.
- (4) Lazaro, N. RCGP Sex, Drugs, HIV and Viral Hepatitis Group/ British Association for Sexual Health and HIV (BASHH). Sexually Transmitted Infections in Primary Care. 2013: 2nd edition. Available from: <http://www.bashh.org/documents/Sexually%20Transmitted%20Infections%20in%20Primary%20Care%202013.pdf>
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- (8) Female Genital Mutilation and its Management [Internet]. Green-top guideline no. 53. Royal College of Obstetricians and Gynaecologists. 2009. Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/greentop53femalegenitalmutilation.pdf>