Sexual Health – STI and HIV Where to start

1) Have you diagnosed an STI/HIV?

• Refer: Gonorrhoea, Syphilis, HIV - 'You do the test, we'll do the rest'. Proctitis (usually in MSM) - send to us

*Ask us: uncommon STI: Trichomonas vaginalis, Mycoplasma genitalium, Lymphogranuloma venereum

*Primary care: Chlamydia, genital warts, scabies, pubic lice: usually managed in GP

•Remember: Salmonella, Shigella, Hepatitis Acan be sexually transmitted in MSM – test for other STIs

See 'What to refer and how' for what to do Individual clinical pathways for GP management Or ask us – see 'What to refer and how'

There is no evidence-based STI/BBV risk assessment tool so this is empirically based on local epidemiology

We welcome feedback on Chalmers Clinical Pathways We are happy to provide updates on STI and HIV management for practice/group PLT sessions

Contact: Daniel.Clutterbuck@nhs.net

2) Are there genital

symptoms/possible STI symptoms?

- Urethral discharge/testicular pain in men
- Vaginal discharge/abnormal bleeding/pelvic pain in women
- Genital skin abnormalities/itch
- Genital ulcer, lumps and bumps
- Proctitis, rash, systemic symptoms

3) Should I test for STI?

Decision should be based on RISK assessment rather than symptoms.

- Most STIs are asymptomatic
- Patient request? usually yes
- Vaginal discharge? only if at high risk/recurrent or persistent
- MSM?- usually yes
- Opportunistically? only if high risk

Take a sexual history: Partner change, gender, geographical origin, condom use See 12 tips on sexual history taking / how to test in Resources Assess risk factors:

HIGH: MSM/ sex with non-UK partners/ multiple condomless partners/sex with drugs or alcohol/ use of dating Apps

MEDIUM: >1 partner in the last year/never tested/under 25 years LOW: Same partner> 1 year or since last tested/100% condom use Examine: Follow clinical pathways for individual conditions

High

Med

Low

Always do STI/BBV tests

ALL can be done in GP Repeat as frequently as 3 monthly in highest risk

See 'Testing for STIs' for which tests to do Think about PrEP and Hepatitis vaccination Do STI /BBV tests once Repeat gonorrhoea/ chlamydia tests if new partner in <25s Consider STI /BBV tests once No need to repeat. May be appropriate to reassure only