



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

STDs in HIV Primary Care

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Case #1

- 29 yo MSM, Stage 1 HIV, presents for routine care
- Not on ARVs (CD4 930/36% VL 2780)
- c/o some moodiness, request to restart SSRI
- c/o GERD-like symptoms

- PMH:
 - HIV – dx'd 3 years ago
 - Primary/Secondary syphilis – 1.5 years prior
 - Gonorrhea – 5 months prior

Case #1: History

- ROS: negative other than HPI
- SOCHX: Pt sexually active with one partner x 12 months. Tops and bottoms. Reports using condoms 100% (including for oral sex). Employed at bathhouse, previously a butler at Japanese consulate. Occ etoh, MJ. No IVDU, no meth, no tobacco.

Case #1: Exam

- T: 36.4 Pulse: 72 Blood Pressure: 99 / 58 Respirations: 16
- GEN: wdown man in nad
- HEENT: eomi, anicteric, L tonsil enlarged +4, no exudates or erythema
- CV: rrr no m/r/g
- LUNGS: CTAB, nl wob
- ABD: active BTs, soft, NT, no hsm
- SKIN: no rash, + tattoos

Case #1: Assessment and Plan

- Besides SSRI and PPI, what would you do for him today?
- STD Screening -- > at all exposed sites

CDC Screening Guidelines 2010: MSM

- Urine NAAT for GC/CT if insertive intercourse
- Rectal NAAT for GC/CT if receptive intercourse
- Pharyngeal NAAT for GC if oral sex
- Syphilis serology

HIGH RISK MSM

- Multiple (>10 in last year) or anonymous partners
- Patient or sex partners use meth or poppers
- Recent bacterial STD
- Unprotected anal intercourse

- **HIGH RISK: test every 3-6 months**

Case #1

- 2 days later...
- Results return:
 - Pharyngeal GC +
 - Rectal GC +
- Now what do you do?

2012 Updated CDC STD Treatment Guidelines

Uncomplicated gonorrhea infection

- **Ceftriaxone** 250 mg IM x 1

PLUS:

- **Azithromycin** 1 g PO x 1 (Preferred)

OR,

- **Doxycycline** 100 mg PO BID x 7 days

*If ceftriaxone not available, can use cefixime 400mg with azithro or doxy, except with pharyngeal gonorrhea and/or MSM

Test of cure at 7-10 days post-treatment if not treated with ceftriaxone containing regimen

Case #1 Follow- up

- Public Health Reporting

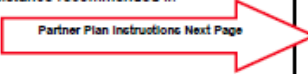
<http://www.kingcounty.gov/healthservices/health/communicable/providers/reporting.aspx>

- Treatment of partners
- Rescreening in 3 months

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

Report STDs within 3 work days (WAC 246-101-101/301) by faxing page 1 of this report to 206-744-5622

PATIENT INFORMATION							
LAST NAME		FIRST NAME, MID INITIAL		EMAIL ADDRESS			
ADDRESS		CITY/TOWN	STATE	ZIP			
TELEPHONE ()		DATE OF DIAGNOSIS MO DAY YR		REASON FOR STD EXAM (check one) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam – No Symptoms <input type="checkbox"/> Exposed to Infection			
DATE OF BIRTH MO DAY YR		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER OF SEX PARTNERS <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown				
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		RACE (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			HIV TESTED at VISIT? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Positive *If newly HIV positive, complete and submit the HIV/AIDS case report.		
DIAGNOSIS – DISEASE							
DIAGNOSIS - v only one <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Other Complications: _____		GONORRHEA (lab confirmed) SITE(S) - v all that apply <input type="checkbox"/> Cervix <input type="checkbox"/> Vagina <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		TREATMENT - v all prescribed <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cefixime <input type="checkbox"/> Doxycycline <input type="checkbox"/> Azithromycin <input type="checkbox"/> Levofloxacin* <input type="checkbox"/> Ciprofloxacin* <input type="checkbox"/> Cefpodoxime* <input type="checkbox"/> Other: _____ DATE RX: _____ *Not recommended		SYPHILIS <input type="checkbox"/> Primary (Chancre, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early Latent (<1 yr) <input type="checkbox"/> Late Latent (>1 yr) <input type="checkbox"/> Late Symptomatic <input type="checkbox"/> Congenital Neurosyphilis <input type="checkbox"/> Yes <input type="checkbox"/> No DATE TESTED: _____ RX GIVEN: _____ DATE RX: _____	
DIAGNOSIS - v only one <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other Complications: _____		CHLAMYDIA TRACHOMATIS (lab confirmed) SITE(S) - v all that apply <input type="checkbox"/> Cervix <input type="checkbox"/> Vagina <input type="checkbox"/> Rectum <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Urine <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		TREATMENT - v all prescribed <input type="checkbox"/> Azithromycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Other: _____ DATE RX: _____		HERPES SIMPLEX <input type="checkbox"/> Genital (Initial Infection only) <input type="checkbox"/> Neonatal Laboratory Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum	
PARTNER MANAGEMENT PLAN v Select method of ensuring partner treatment							
<p>1. <input type="checkbox"/> Provider will ensure all partners treated (FREE medications available). Indicate number to be treated (_____)</p> <p>2. <input type="checkbox"/> All partners have been treated. Indicate number treated (_____)</p> <p>3. <input type="checkbox"/> Health Department to assume responsibility for partner treatment. <i>Health Department assistance recommended if:</i></p> <ul style="list-style-type: none"> • Patient has had 2 or more sex partners in the last 60 days, or • Patient does not think he/she will have sex again with sex partners from the last 60 days, or • Patient is unable or unwilling to contact one or more partner, or • Patient is a man who has sex with other men. <p>Note: You can provide partner treatment for one or more partners (free meds available) even if you would like Public Health assistance if providing partner treatment, indicate number of partners treated (_____).</p>							
REPORTING CLINIC INFORMATION							
DATE		DIAGNOSING CLINICIAN					
FACILITY NAME		PERSON COMPLETING FORM					
ADDRESS		TELEPHONE					
CITY	STATE	FAX #					



Case #1: Summary

- HIV+ MSM should undergo routine STD screening at all exposed sites, at least annually and as frequently as q3 months based on risk
- Gonorrhea treatment for MSM is ceftriaxone + azithromycin
- Report to Public Health and ensure sex partners are treated

Case #2

- 38 yo Latino MSM Stage 2 HIV well-controlled, presents w new rash
- Rash x 3 days on arms; no f/c/ns
- + L cerv LAD x 2 days
- No URI symptoms, no sick contacts
- No genital or rectal sores
- Last syphilis serology 6 months prior

Case #2: Social History

- Sexually active with 3 men since last STD Screen
- Mostly bottoms, but is versatile.
- Inconsistent condom use – partners don't want it.
- Occ etoh, no drugs.

Case #2: Exam

T: 36.6 Pulse: 70 Blood Pressure: 101 / 63 Respirations: 14 O2 Sat:

GEN: wdown man in nad

HEENT: anicteric, no op lesions, tonsils 2+, no exudates, no erythema

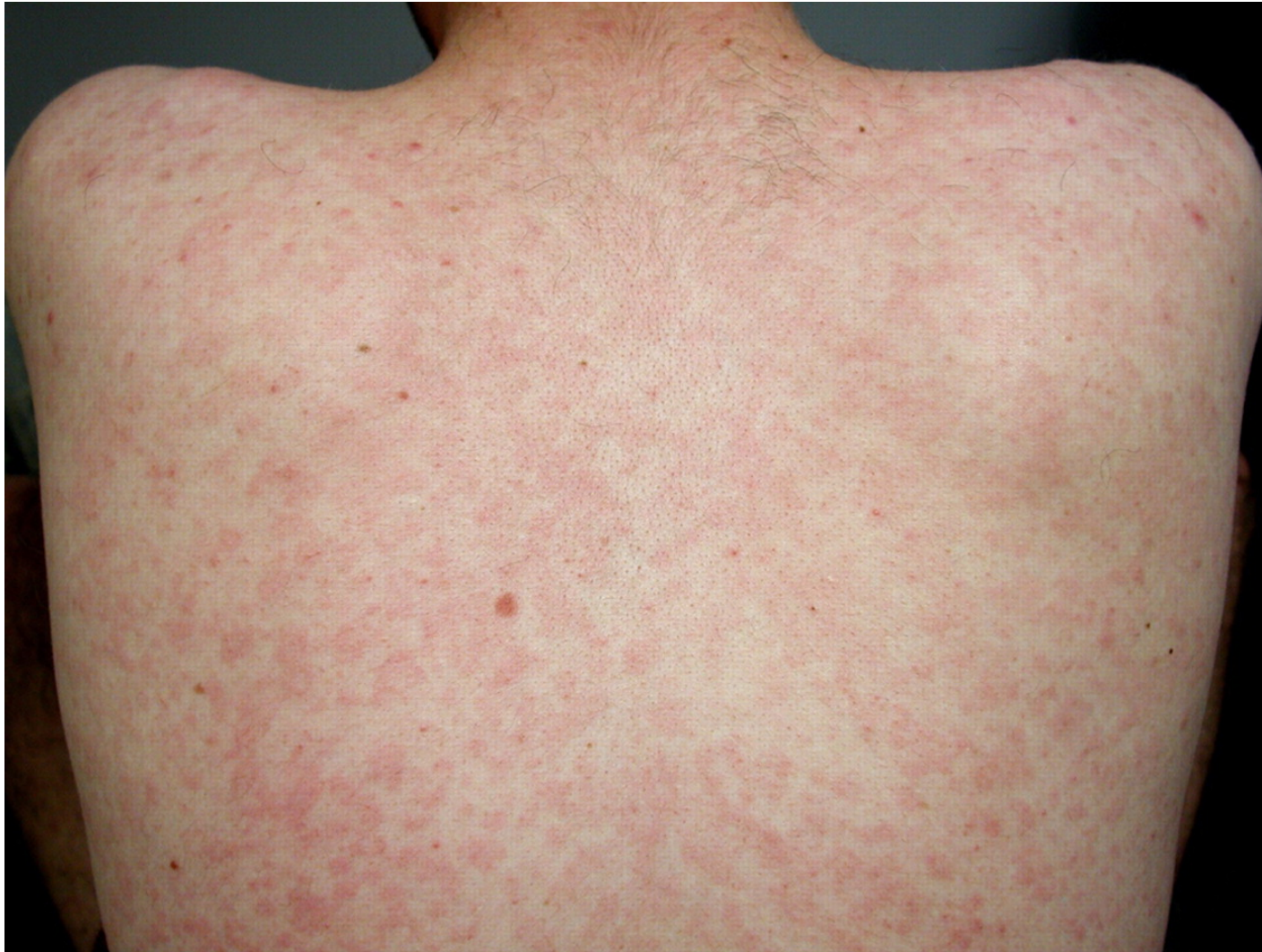
NECK: 1x1 cm LN L ant cervical chain

SKIN: faint pink macular rash over trunk, back, arms; one macular lesion on R palm and several on L sole, a few on R sole

GENITALS: no exudates, no lesions, no inguinal lad

RECTUM with anoscopy: no external lesions, no obvious hemorrhoid or chancre

Case #2: Images



Case #2: Images



Case #2: Images



Secondary Syphilis Presentations

- Rash*** (macular, maculopapular, pustular)
- Generalized or localized lymphadenopathy
- Systemic symptoms: fevers, malaise, anorexia
- Mucous patches or apthous ulcers
- Alopecia
- Pharyngitis
- Arthralgias

Another Rash



Alopecia



Mucous patches



Photo courtesy of Shireesha Dhanireddy, MD

Condyloma lata



Photo courtesy of Shireesha Dhanireddy, MD

Case #2: Assessment and Plan

- Dx: Secondary Syphilis
 - Based on symptoms and time from last RPR
- Work-up:
 - Screen for symptoms of neurosyphilis
 - RPR quantitative
 - GC/CT testing at all exposed sites
- Tx: 2.4 million units benzathine penicillin IM
- DO NOT NEED TO WAIT FOR RPR TO RETURN TO TREAT!

Case #2: Follow-up

- RPR quant at 1, 2, 3, 6, 9, 12, and 24 months
 - 2 dilution (4-fold) decline in 6 months
- Public health reporting
- Sex partner treatment (you or public health)
- Repeat GC/CT testing q 3months x 1 year