STIS 101

Christopher B. Hurt, MD, FIDSA 2023 Update



AETC Program – National Resources

- National Coordinating Resource Center serves as the central web-based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program director, and a calendar of trainings and other events. Learn more: https://aidsetc.org/
- National Clinician Consultation Center provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc.ucsf.edu
- National HIV Curriculum provides ongoing, up-to-date HIV training and information for health professionals through a free, web-based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

Disclosures

- This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30535 as part of an award totaling \$4.2m. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit: https://www.hrsa.gov
- Funding for this presentation was made possible by cooperative agreement U1OHA30535 from the Health Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.



Christopher B. Hurt, MD, FIDSA Associate Professor of Medicine

Associate Chief for Clinical Operations, UNC Division of ID Director, North Carolina HIV Training & Education Center Site PI, Ryan White HIV/AIDS Program Part D, UNC ID Clinic

Institute for Global Health & Infectious Diseases University of North Carolina at Chapel Hill School of Medicine

Dr. Hurt is supported by the Health Resources and Services Administration (HRSA-17-039, U1OHA30535), the National Institute on Drug Abuse (UH3DA044823), and the National Institute of Allergy and Infectious Diseases (P30Al50410, R61Al174285, UM1Al069423, UM1Al068619).

The views expressed are not necessarily those of HRSA or the NIH.

Objectives

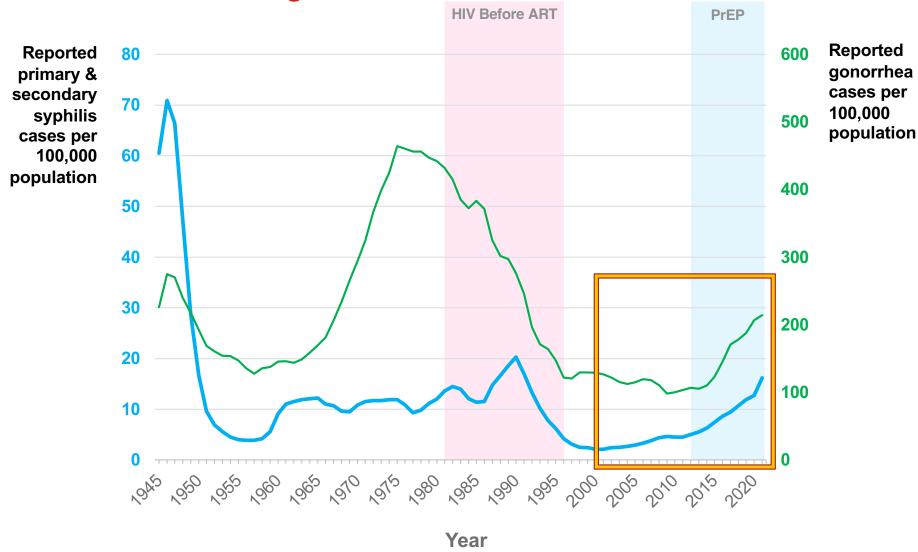
- Describe STI trends in the United States.
- Explain the signs and symptoms of major
 STIs in terms that clients can understand.
- Explain the clinical and laboratory diagnosis of syphilis and a rationale for annual testing.

Please be aware this presentation includes some graphic images

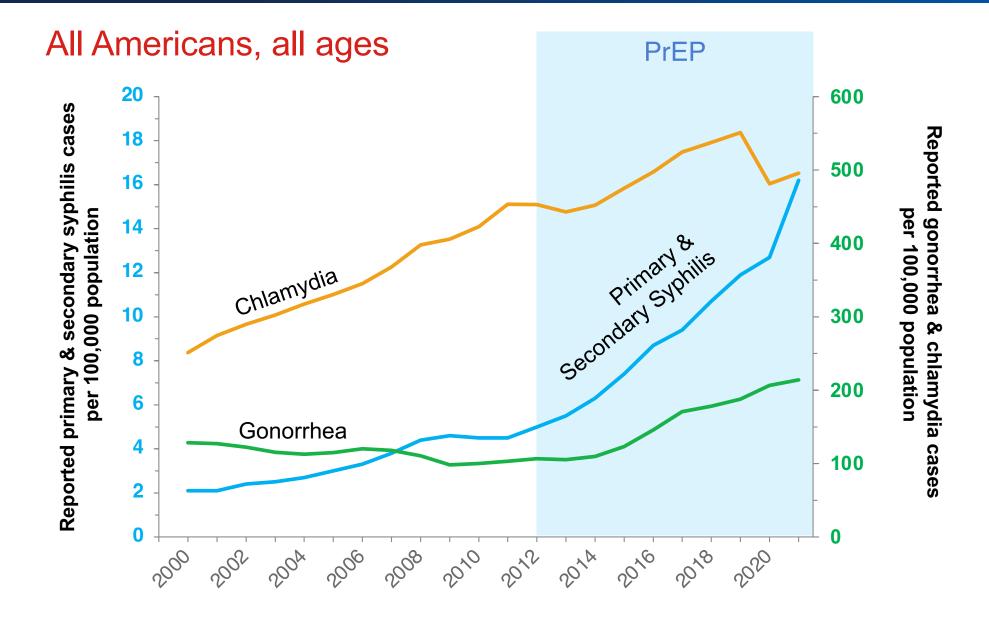


STI rates in the United States, 1941-2021

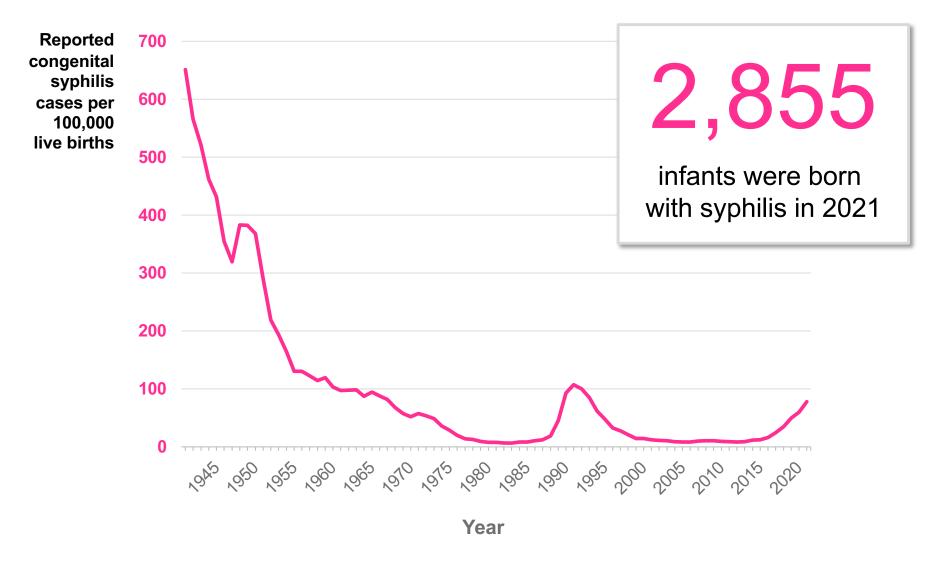




STI rates in the United States, 2000-2021

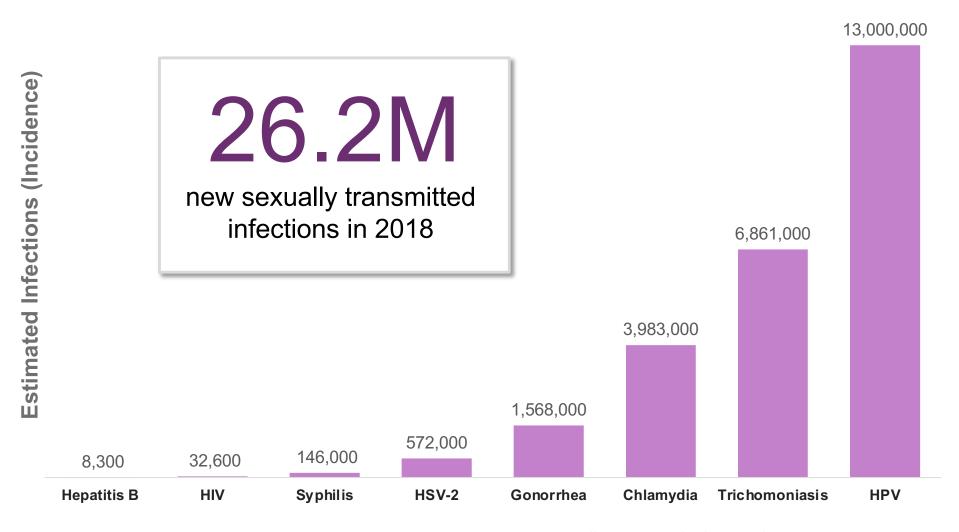


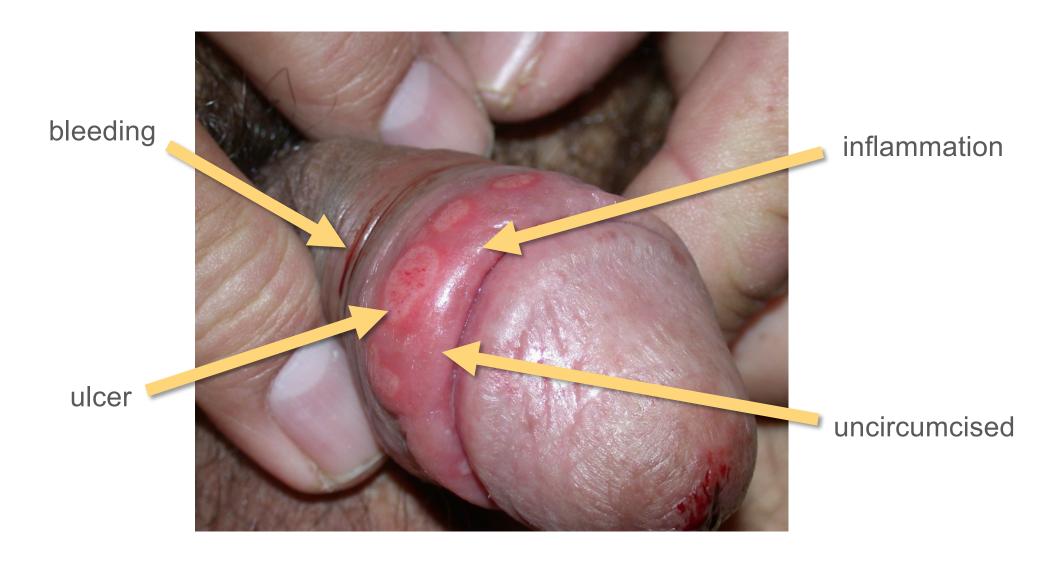
Congenital syphilis rates in the US, 1941-2021



Putting different STIs in perspective...

Estimated Incidence of STIs in the US, 2018





Comprehensive STI screening...

If not already done in prior 12 months*

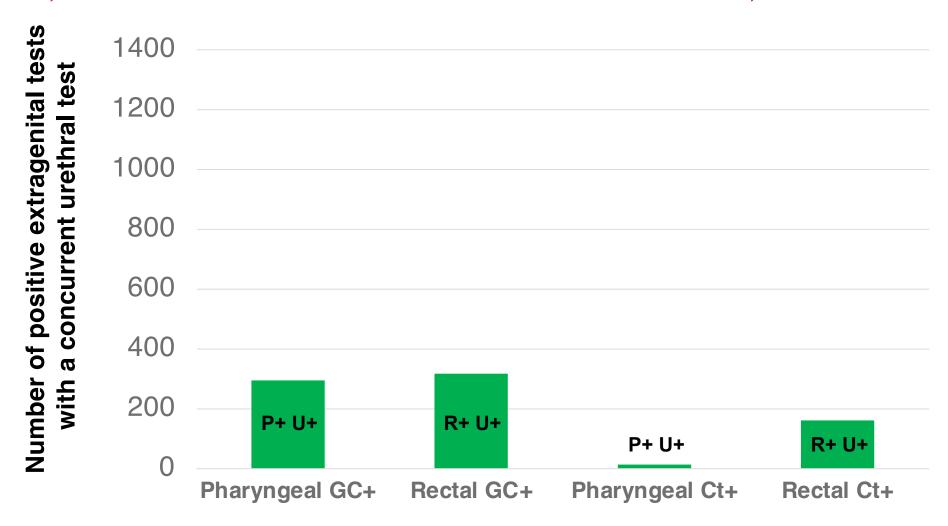
- ✓ RPR for syphilis
- ✓ Gonorrhea and chlamydia
 - Nucleic acid tests preferred
 - Extragenital sites too!

* As often as every 3 months, in certain populations



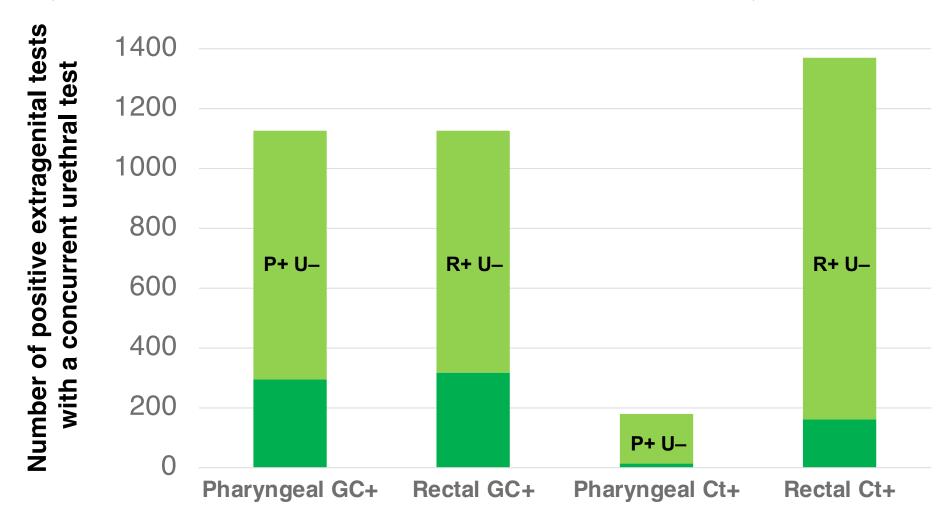
Extragenital sites may harbor "silent" STIs

21,994 MSM seen @ 42 STD Surveillance Network clinics, 2011-12



Extragenital sites may harbor "silent" STIs

21,994 MSM seen @ 42 STD Surveillance Network clinics, 2011-12

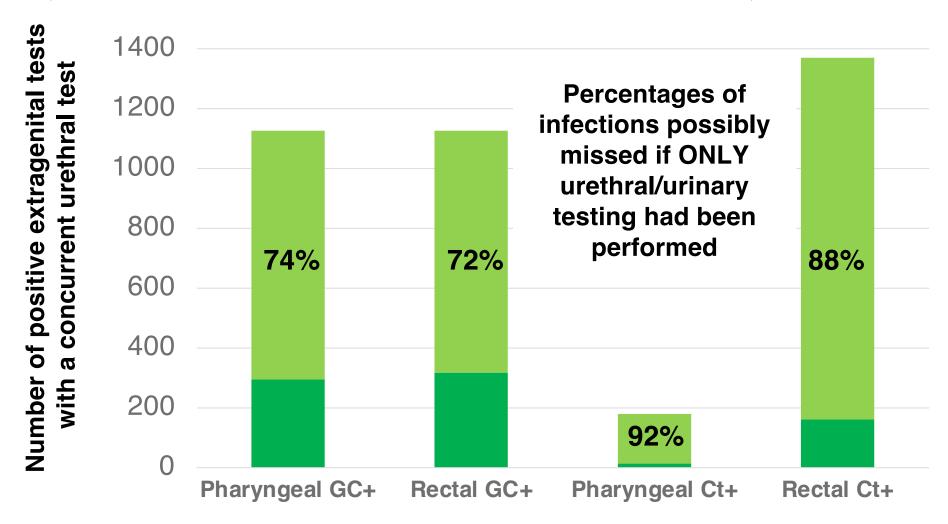


Negative concurrent urethral test

Positive concurrent urethral test

Extragenital sites may harbor "silent" STIs

21,994 MSM seen @ 42 STD Surveillance Network clinics, 2011-12



Negative concurrent urethral test

Positive concurrent urethral test

Genital warts

Caused by	Can infect	Burden	Curable?
A virus	Any lining of	In 2018	Sort of
Llumon	the body	13M	
Human papillomavirus (HPV)	(skin or mucosa)	cases in US	
(III V)		Equates to	
		3,978	
		cases for every 100,000 Americans (in 2018)	

Genital warts





Cauliflower-like, raised, fleshy warts from **HPV**



Chlamydia

Caused by	Can infect	Burden	Curable?
A bacteria Chlamydia trachomatis (abbreviated CT) Attachment and entry	Can Intect Cervix (cervicitis) Urethra (urethritis) Throat (pharyngitis) Rectum (proctitis)	In 2018 4M cases in US Equates to 1223 cases for every	Yes Doxycycline 100mg PO BID for 7 days
Elementary body (EB) Inclusion		100,000 Americans	

Chlamydia





Clear-to-cloudy discharge from chlamydia

Penis: Harryman L & Horner P. Medicine (UK). 2010. 38(5), 249-254

Cervix: https://accessmedicine.mhmedical.com/content.aspx?bookid=2547§ionid=206784522

Gonorrhea

Caused by	Can infect	Burden	Curable?
A bacteria	Cervix	In 2018	Yes
Neisseria gonorrhoeae (also called GC)	(cervicitis) Urethra (urethritis) Throat (pharyngitis) Rectum (proctitis) Joints (arthritis) Tendons (tenosynovitis)	1.6M cases in US Equates to 489 cases for every 100,000 Americans	Ceftriaxone 500mg IM once

Gonorrhea





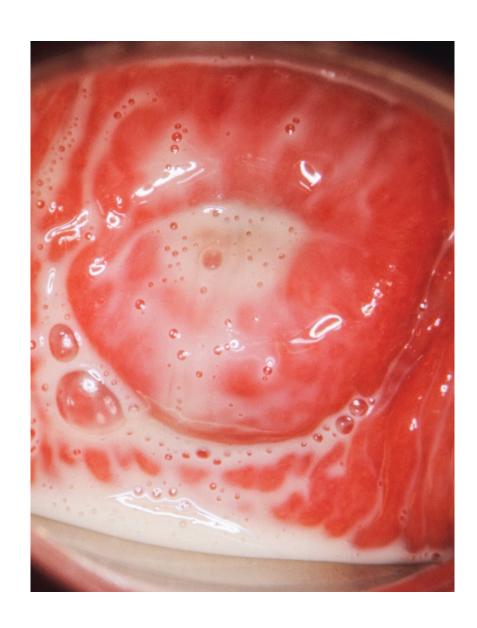
Yellow-green (purulent) discharge from gonorrhea

GENERALLY... Gonorrhea is green Chlamydia is clear

Trichomoniasis

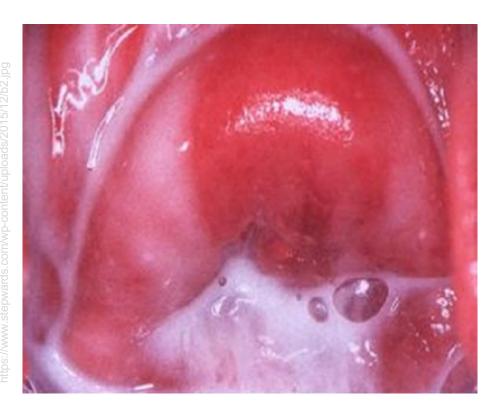
Caused by	Can infect	Burden	Curable?
A free-living parasite	Cervix (cervicitis)	In 2018 6.9M	Yes
Trichomonas vaginalis ("trick")	Urethra (urethritis)	Equates to 2,111 cases for every 100,000 Americans (in 2018)	Metronidazole 500mg PO BID for 7 days - OR - Tinidazole 2000mg PO once

Trichomoniasis



Yellow-green, frothy, fishy-smelling discharge of **trichomoniasis**

Vaginal discharge isn't always an STI



Bacterial vaginosis (BV) is an overgrowth of normal bacteria from sexual activity OR using douches

- gray-white, thin, fishy-smelling
- vulvar / vaginal itching

Curable with metronidazole 500mg
PO BID for 7 days



Yeast infection (candidiasis) is caused by disruption of normal bacteria, usually from antibiotics

- white, thick, curd-like no odor
- vulvar / vaginal itching

Curable with fluconazole 150mg PO once

Genital herpes

Caused by	Can infect	Burden	Curable?
A virus Herpes simplex virus, type 2 (HSV-2)	Any lining of the body (skin or mucosa) Outer lining of the brain (meningitis)	In 2018 572,000 cases in US Equates to 175 cases for every 100,000 Americans (in 2018)	No Outbreaks can be treated with EITHER Acyclovir 400mg PO 3x per day for 7-10 days - OR - Valacyclovir 1000mg BID for 7-10 days

Genital herpes



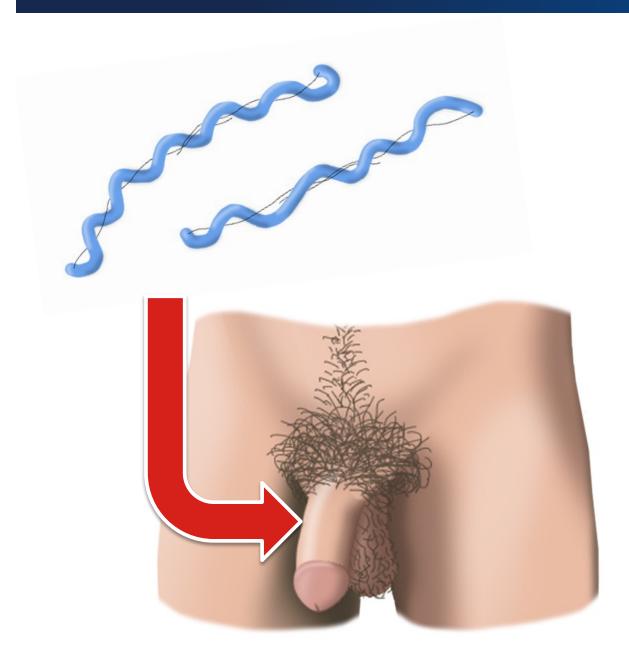


Vesicles or pustules in **clusters** that progress to **painful ulcers** in **genital herpes (principally HSV-2)**

Syphilis

Caused by	Can infect	Burden	Curable?
A bacteria	Any lining of	In 2018	Yes
Treponema pallidum	the body (skin or mucosa) Aorta Brain (& lining) Eye Kidney Liver	146,000 cases in US Equates to 45 cases for every 100,000 Americans	Penicillin 2.4MU IM for 1-3 weeks - OR - Doxycycline 100mg PO BID for 14-28 days

Syphilis is acquired from direct inoculation

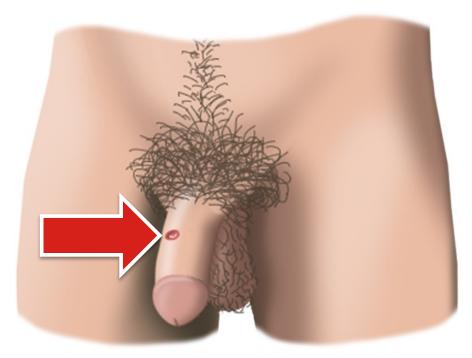


A chancre will form at the inoculation site





- Clean-based, firm, rolled-edge, nontender
- Develops around 21 days after inoculation (3-90d)



 Spontaneously resolves in 3-6 weeks

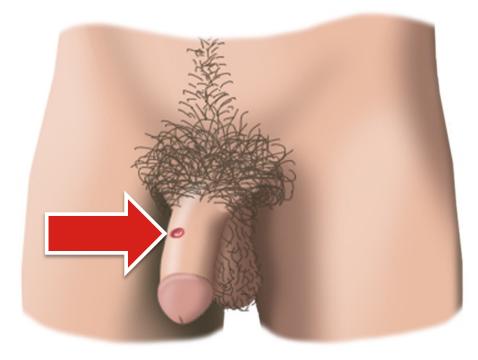
"Syphilis." Kang S, et al. Fitzpatrick's Dermatology, 9e; 2019. https://stiatlas.org/ "Vulvar chancre"

A chancre will form at the inoculation site



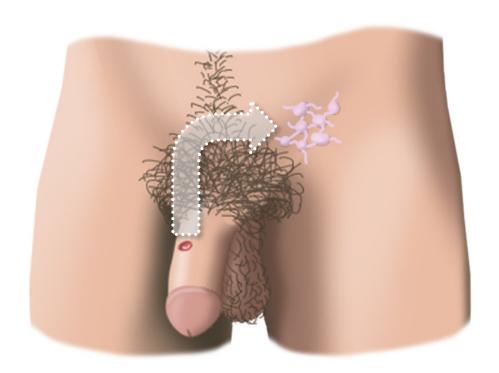


- Clean-based, firm, rolled-edge, nontender
- Develops around 21 days after inoculation (3-90d)

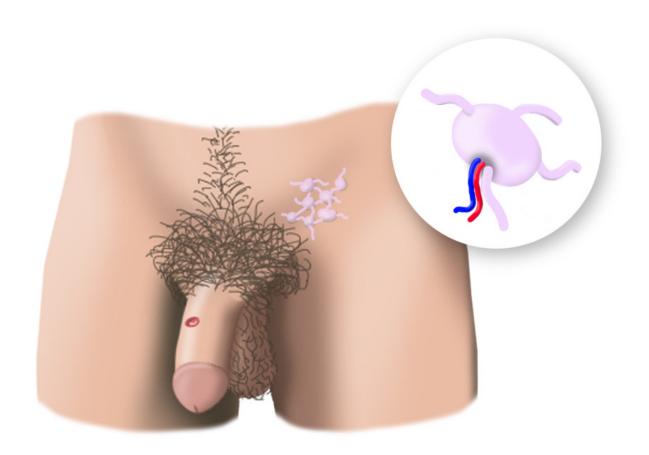


 Spontaneously resolves in 3-6 weeks

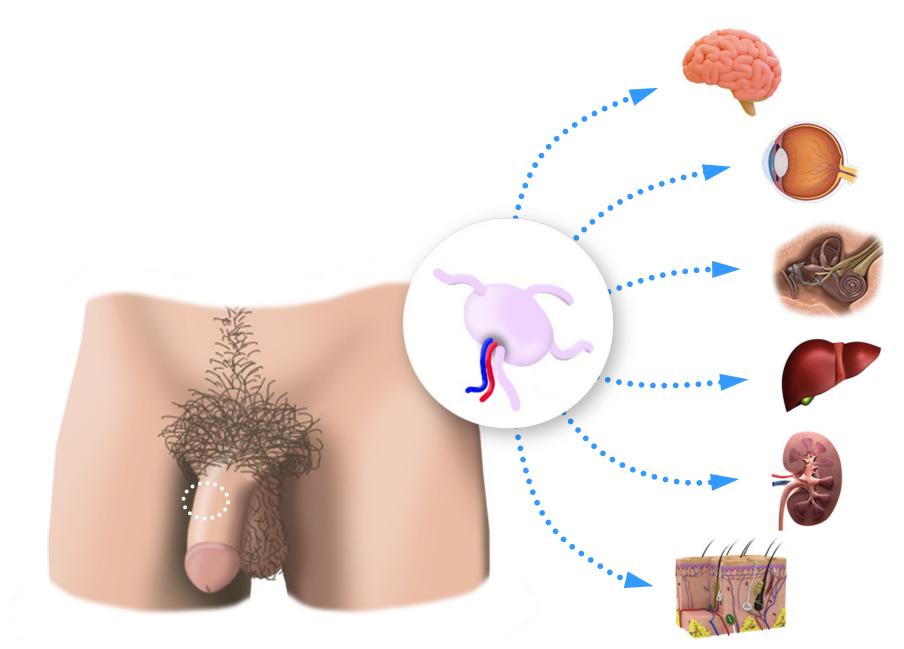
Infection spreads to draining lymph nodes

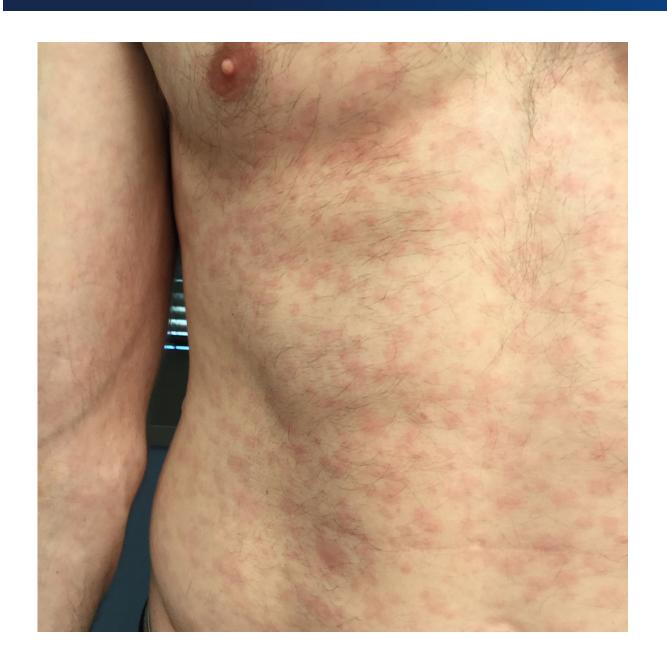


After *T.pallidum* reaches lymph nodes...



...infection becomes widely disseminated





The rash of secondary syphilis is generally diffuse, doesn't blanch, and doesn't itch

("roseola syphilitica")

Develops 2-8 weeks after chancre appears

Spontaneously resolves, variable timing (days-weeks)



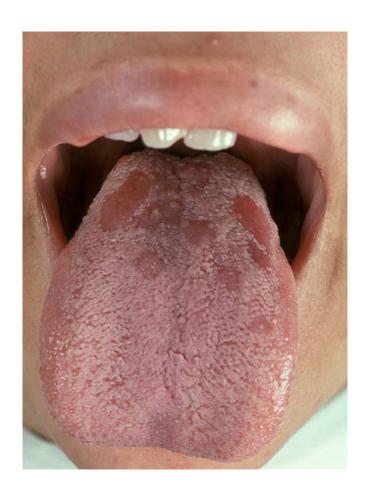


Painless, scaly, hyperpigmented palm and sole ("volar") lesions of **secondary syphilis**

"Biett collarette" →
(white ring of scale)
may be a clue
for secondary syphilis



Top 2: Badri T, Ben Jennet S. N Engl J Med. 2011 Jan 6;364(1):71 Bottom R: http://www.scielo.br/pdf/rsbmt/v52/1678-9849-rsbmt-52-e20180475.pdf





Gray-white "pseudomembrane" with painful loss of papillae ("mowed meadow" pattern) are **mucous patches** of **secondary syphilis**

Left: https://cdn.hivguidelines.org/wp-content/uploads/20160817134702/Syphilis-Figure-10B.jpg

Right: https://www.cdc.gov/std/syphilis/images/IMG_20150603_152037793.jpg

Reference: López-Sánchez C, Flores-Climente V. Sex Transm Dis. 2019 Dec;46(12):819





Whitish, flat, warty or plaque-like lesions are condyloma lata of secondary syphilis



Top L: Courtesy of Brian Bramson, MD

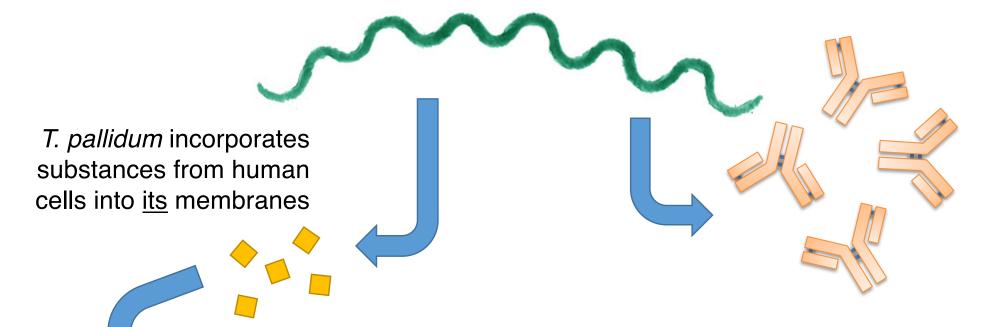
Top R: https://accessmedicine.mhmedical.com/MediaLibrary.aspx?termId=33927

Bottom R: Carbone PN, et al. Head Neck Pathol. 2016 Jun;10(2):206-8



Patchy loss of hair can be a sign of **secondary syphilis**

Diagnosing syphilis



Non-treponemal antibodies that can bind those human substances will rise and fall related to growth & spread of *T. pallidum* in tissues

Rapid plasma reagin (RPR)

Toluidine red unheated serum test (TRUST)

Venereal Disease Research Laboratory (VDRL)

Treponemal antibodies are generated against surface proteins of *T. pallidum* itself

Once positive, TP-PA is almost always positive for life

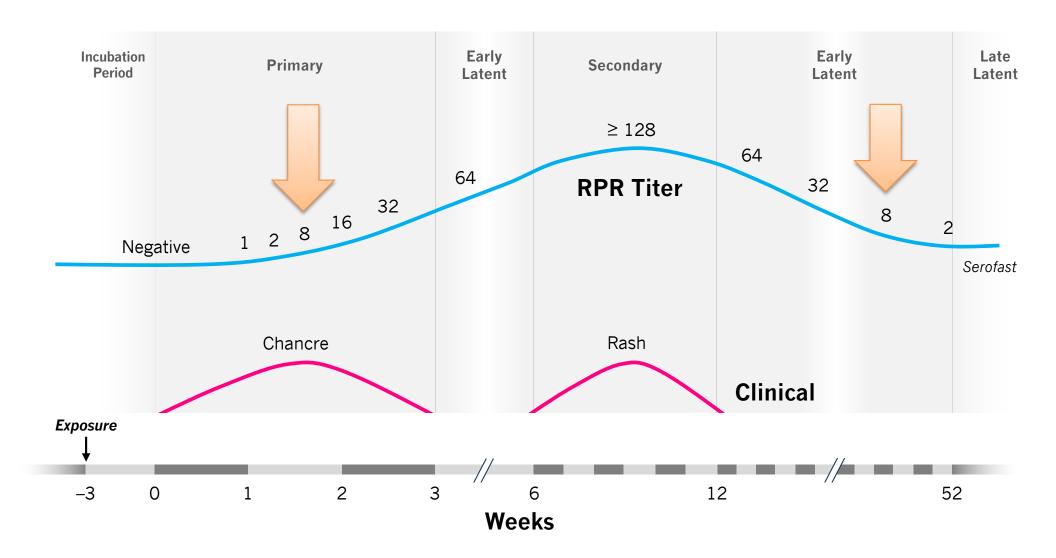
(CONFIRMATORY TEST)

Think of *T.pallidum* like a teeny-tiny drill



RPR asks, "how much dust is there?" but by itself, it cannot tell you if the dust is from drilling or something else Confirmatory tests
(e.g., TP-PA) pretty reliably
tell you if the dust is from
drilling (*T. pallidum*) or not

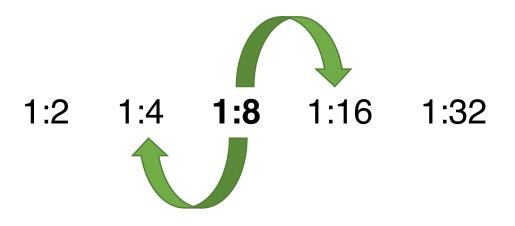
Why do we do annual screening for syphilis?



Using the RPR can be a pain in the butt

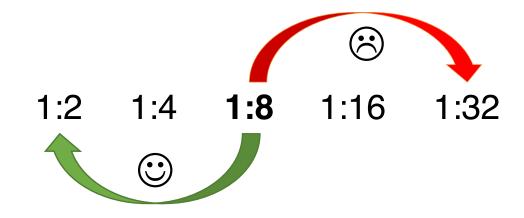
One dilution (two-fold) up or down is within the margin of error

Does NOT generally require intervention



More than one dilution (> two-fold) up or down is **meaningful**

MIGHT need add'l intervention, if it's moving the wrong direction

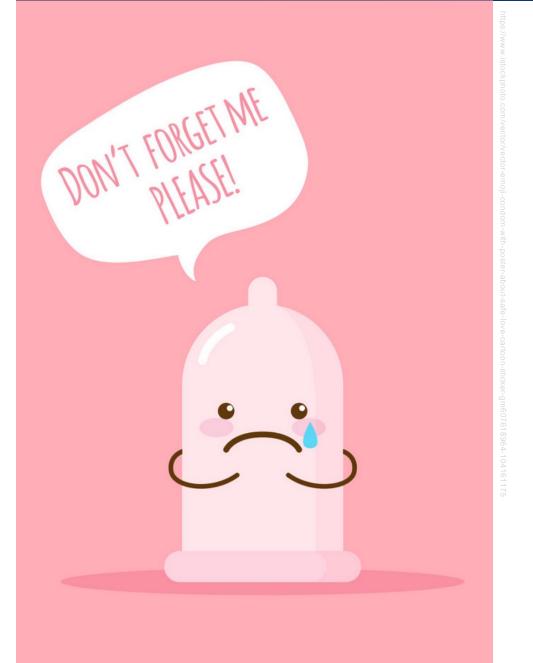


Response = at least 2 dilutions (four-fold) by one year after treatment

The test is positive! Now what?

https://www.cdc.gov/std/treatment-guidelines/





Questions?

Please email me!

Christopher Hurt, MD churt@med.unc.edu