



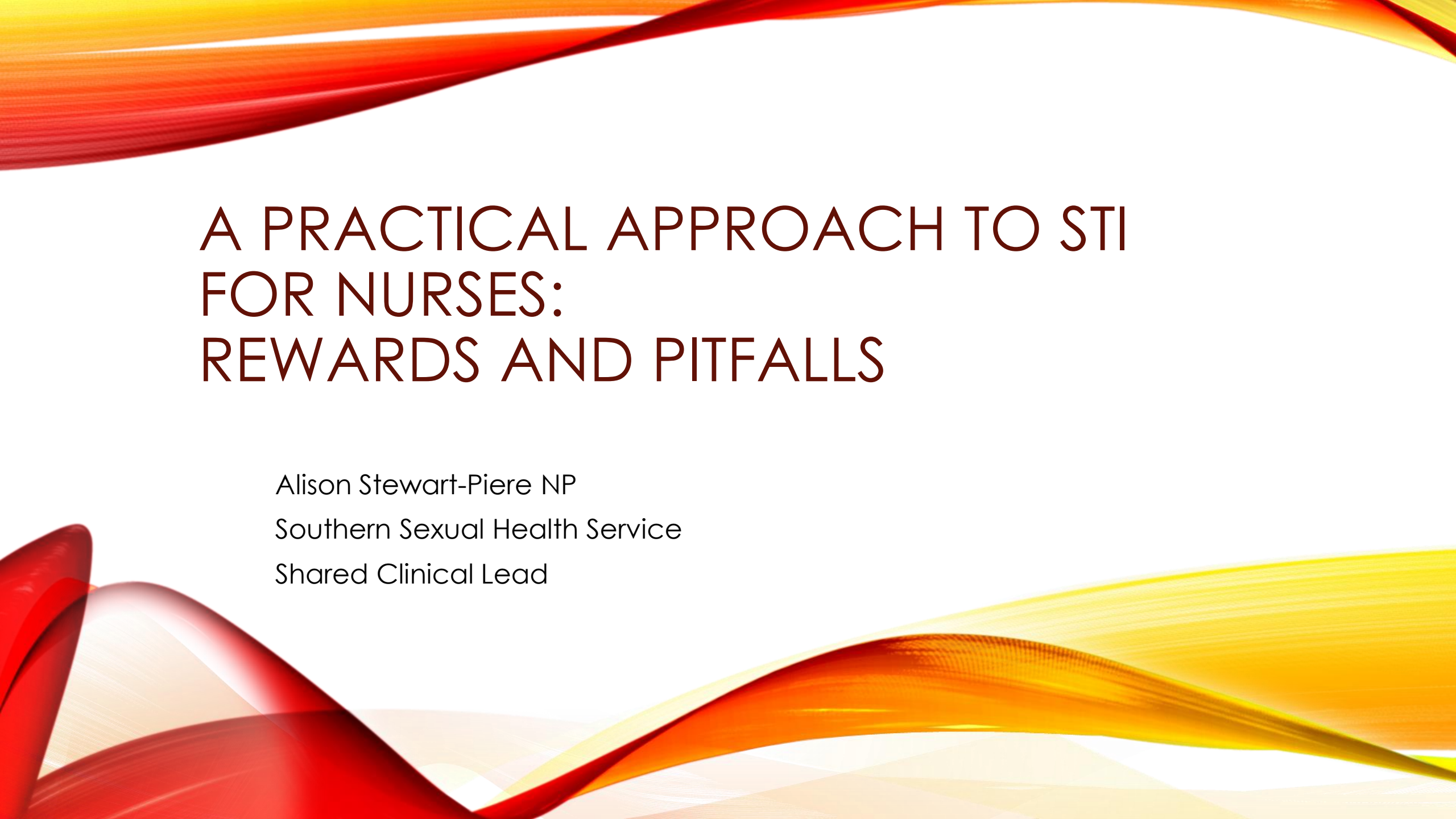
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Saturday, August 10, 2019

(Room 1)

15:15 - 15:45 A Practical Approach to STIs for Nurses: Rewards and Pitfalls



A PRACTICAL APPROACH TO STI FOR NURSES: REWARDS AND PITFALLS

Alison Stewart-Piere NP
Southern Sexual Health Service
Shared Clinical Lead



Patients expect their clinician to ask them about sex

A common response from Health Professionals is:
“I don’t want to embarrass my patient by asking about sex.”

It is much easier for you to ask than it is for the patient to bring
it up

**The relationship development possible through good
communication is the one of the most rewarding aspects of
Nursing**



To Assume
Is to make an
ASS out of **U** and **Me**



WHAT ASSUMPTIONS DO YOU MAKE?

- Heterosexuality?
- Monogamy?
- Gender identity?
- Sexual activity in the elderly?

These are all common pitfalls that have the potential for poor health outcomes.

CASE STUDY 1

Mr and Mrs Brown, married for 25 years, present to Sexual Health saying:

“We have just returned from an overseas holiday, We had a Very Good Time and now we would like a STI check.”

If only everyone was so up front

Swinging is a common, mutually acceptable behaviour, in a lot of couples.

How many people in your practice might be swingers?

How are you helping them to keep themselves safe?

CASE STUDY 2

- Ms Smith, age 43, In stable heterosexual relationship of 4 years
- Diabetic, C/o lethargy, Malaise, generalised lymphadenopathy for 6 months
- Has been investigated with multiple blood tests and FNA of lymph node – nothing definitive found
- Presents to sexual health asking for Syphilis test
- Has been seen previously for a few STI tests and once 8 months ago with a painless genital lesion. Was negative for Chlamydia and Gonorrhoea at those visits.
- Now tests positive syphilis and gonorrhoea
- Text for sex group, multiple anonymous partners



CASE STUDY 3

- 64 year old woman, widowed 2 years ago
- Being assessed in Psychgeriatrics for
- Requests a syphilis test
- Is on an online dating site and has had approx 25 partners in past year, age range 25 – 70.
- Sexually assaulted by one of those partners
- Told carer, who said, “Don’t be disgusting.”



CASE STUDY 4

- 70 year old woman, married for 45 years, presents in a wheel chair, requesting syphilis test
- Marriage has not been sexual for 20 years
- Negotiated with partner that she could find other sexual partners but please be home in the evenings.
- Online dating site, +ve syphilis

CASE STUDY 5

- 58 yr old man, recently separated from wife of 30 years, has 4 children
- Requesting STI check
- How will you test?
- Has “come out” as a gay man
- Has discovered Grindr
- Multiple partners, condoms sometimes



CASE STUDY 6

- 29 yr old female
 - Presenting for STI check
 - Has not had cervical screening
 - Is not on contraception
-
- Was assigned male gender at birth
 - Has had gender reassignment surgery
-
- What do you advise for long term health screening?
 - Will need breast and prostate screening



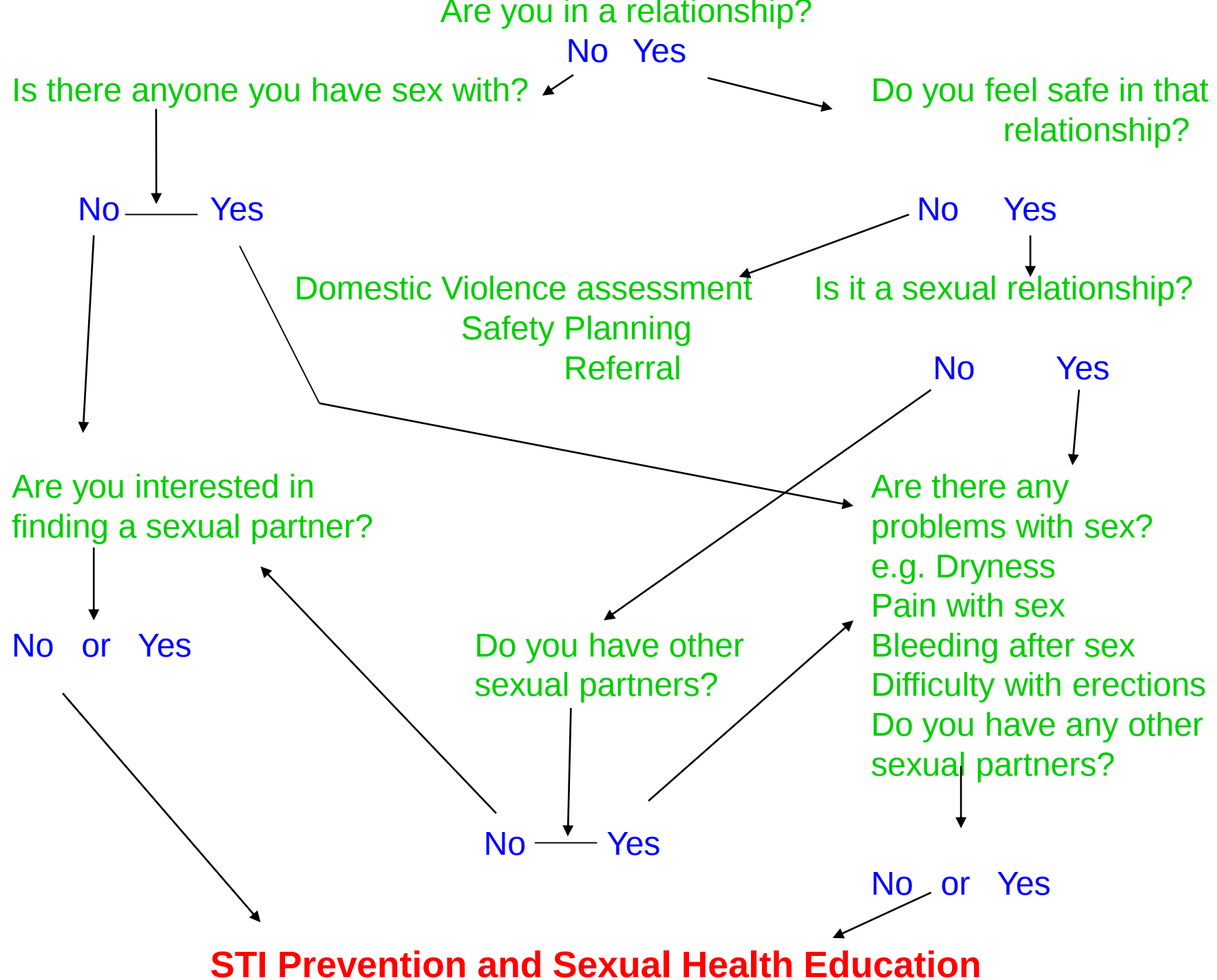
CASE STUDY 7

- 26 yr old woman
 - Requesting emergency contraception
 - Not using contraception
 - Doesn't need it as is in a same sex relationship
 - Never had a smear
-
- What's going on?



ROUTINE CERVICAL SCREENING

- An excellent opportunity to assess risks.
 - STI
 - Relationship safety
 - Sexual problems
- Be aware of risk for false positive results.
- Are you going to create a problem by doing an unnecessary test?



HOW TO TEST

- Self obtained vaginal swabs are better than clinician obtained
- Vaginal swabs are a better test than first pass urine for people with a vagina
- First pass urine for people with a penis – after no PU for 30 minutes.
- Anal and throat swabs for MSM and transgender people, and people at high risk eg sex workers – Patients can do their own anal and throat swabs.
- Examination recommended if symptoms,
 - eg. abdo pain, post coital bleeding, breakthrough bleeding, urethral discharge, testicular pain.
- Bloods for Syphilis and HIV, (and Hep C if identified risk)

GENDER AND ETHNIC DISPARITIES

- Annual Chlamydia and gonorrhoea testing rates for the 15 – 29 year age group in 2017 were:

 <10% of Males, 21-34% of females
- Female Chlamydia and Gonorrhoea infections are highest in Maori and Pacific Island Women ages 15 – 29.
- Heterosexual syphilis infections highest in Maori women of reproductive age, (highest incidence in ages 25 – 29).

CHLAMYDIA

- In NZ
 - **1 in 3 females**
and
 - **1 in 5 males**will contract Chlamydia at least once by the age of 38
- **82%** of Chlamydia cases are in the 15 – 29 yr age group
- Almost **1 in 5** Chlamydia positive people will be reinfected within the following 6 months after treatment.

An antibiotic-resistant strain of 'super gonorrhoea' is spreading around the globe

[Jeremy Berke](#) , Business Insider US
May 18, 2018

Two Australian men and one British man contracted the sexually transmitted infection in Southeast Asia, likely after engaging in unprotected sex, according to the [European Centre for Disease Control](#) (ECDC). The "super gonorrhoea" strain, a bug called *Neisseria gonorrhoeae*, is highly difficult to treat given its resistance to the antibiotics that are often used to treat the infection.



PISSING FIRE

Perhaps it's time to get that burning sensation checked out.



CONTACT TRACING & NOTIFICATION

+ve Gonorrhoea or Chlamydia

All sexual partners for the previous 3 months need to be contacted, treated empirically and offered STI testing.

Chlamydia is laboratory notifiable

Gonorrhoea and Syphilis need to be notified by diagnosing clinician via ESR

INFECTIONS IN INFANTS <1 YEAR OF AGE

Chlamydia

- 83 cases in 2014
- 79 cases in 2015
- 61 cases in 2016

Gonorrhoea

- 1 case in 2014
- 4 cases in 2015
- 4 cases in 2016

HPV

- Very common skin infection
- **Is often a persistent infection – can cause Sx at any age without reinfection**
- Visible warts usually resolve with treatment
- Harder to clear visible warts in smokers
- Treatment does not clear the virus
- Risk of acquisition is life long

GARDASIL 9

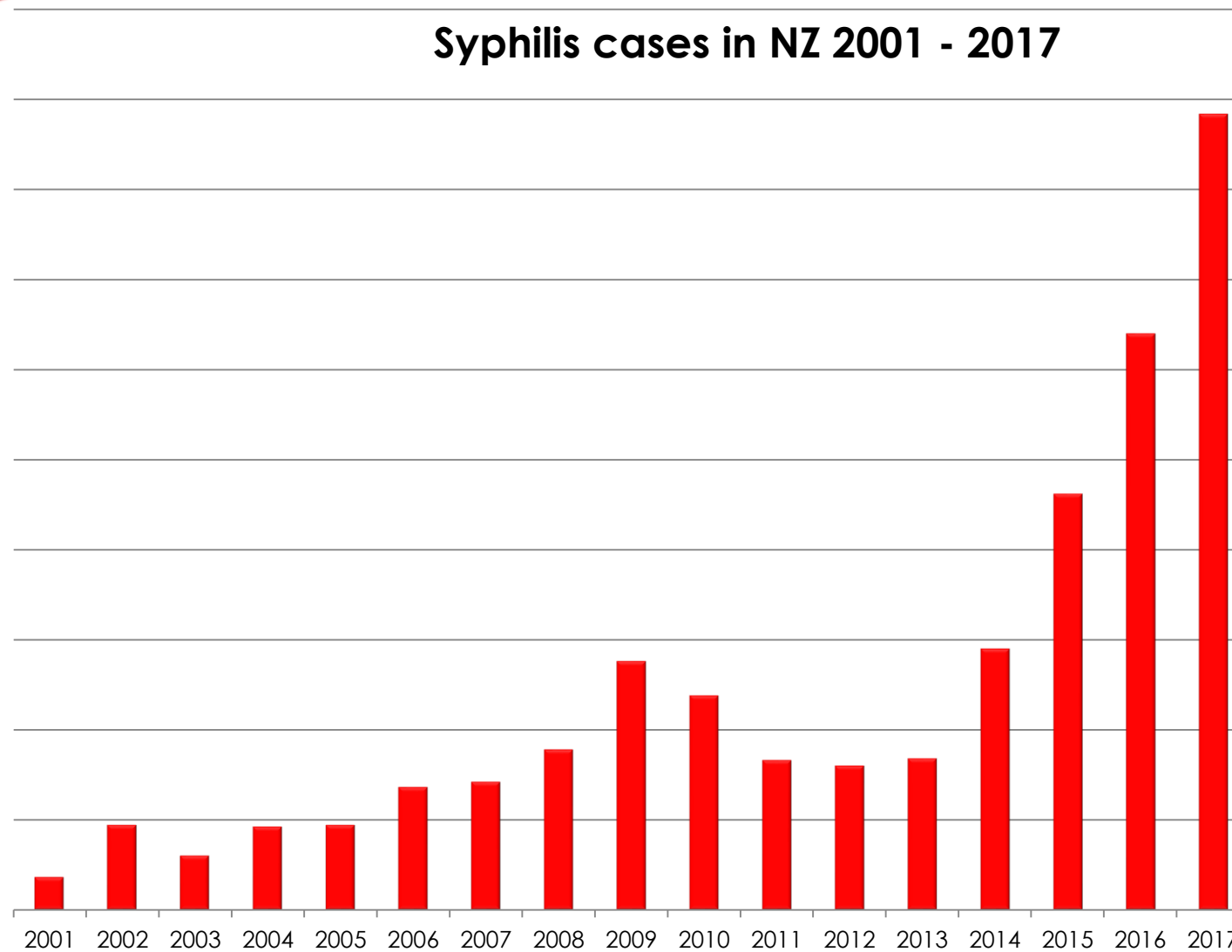
- Gardasil 9 targets HPV viruses responsible for
 - 90% of cervical cancer
 - 69% vaginal and vulval cancers
 - 63% penile cancers
 - 83% of anal cancers
 - 94% of oropharyngeal cancers
 - 90% genital warts
- Women still need cervical screening
- Studies now demonstrating excellent outcomes when people are vaccinated after treatment of HPV related lesions (eg SIL)
- So **continue to offer vaccination** to people up to age 45, **especially** those with Hx CIN, VIN, VAIN or AIN
- If any genital SIL detected, ensure to examine all other areas closely as there is increased risk of lesions in other areas

HERPES

- Painful blisters and sores
- Type 1 – worse initial outbreak fewer recurrences
- Type 2 – not so bad the first time , comes back more often
- Both can cause oral and genital Sx.
- Most infectious when symptoms present – and week either side
- Asymptomatic shedding of virus 5-10%
- Therefore can have a new infection in a long term relationship WITHOUT infidelity



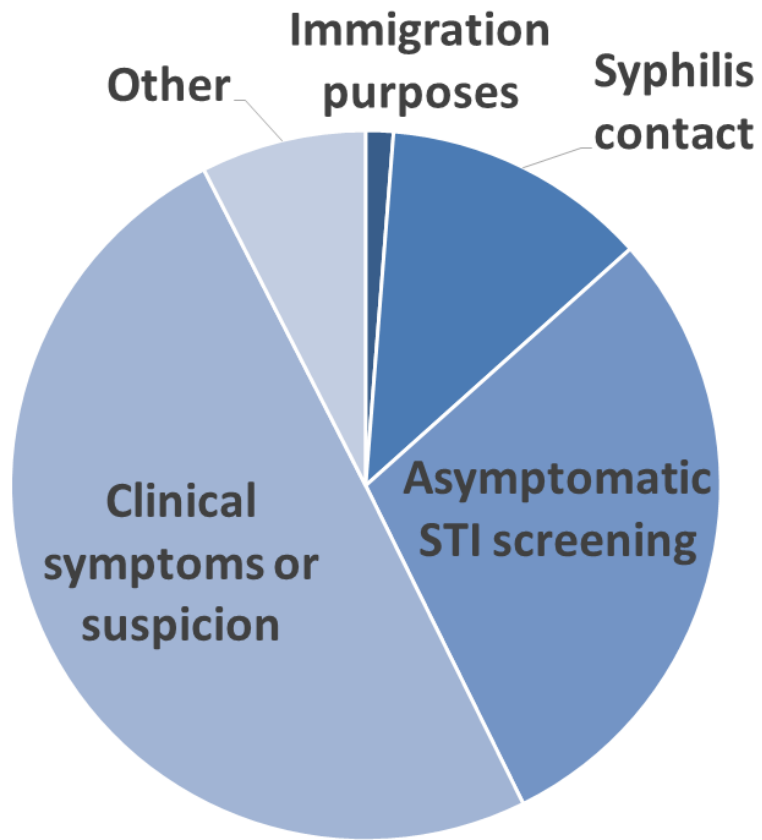
Syphilis cases in NZ 2001 - 2017



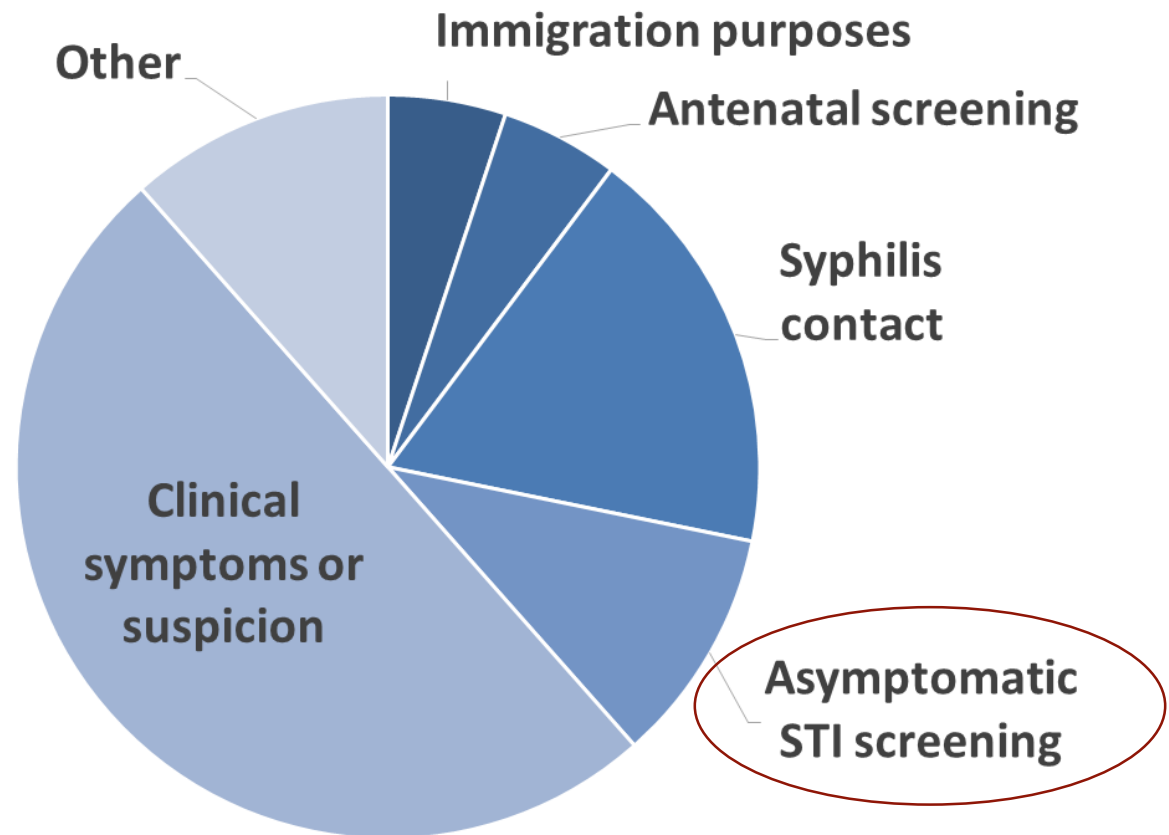
SYPHILIS

- Increasing rapidly world wide since 1990s. Now an epidemic in NZ
- Previously a disease of MSM
- Steady increase in infectious syphilis in heterosexuals in past 4 years
- Increase is most apparent in the **reproductive age groups**.
- Increase in cases of congenital syphilis reported
 - **1 case 2011- 2012**
 - **1 case 2016**
 - **1 case 2017**
 - **4 cases 2017**
 - **5 cases 2018**
- Data suggests under-screening of populations at risk

PRIMARY REASON FOR TESTING, 2016



MSM



Heterosexual Males and Females

PORNOGRAPHY:

- NZ is the 5th biggest user of pornography per capita worldwide
- Pornography is the Primary source of sex education for NZ teens!
- “Teen” is the most used search term for pornography.
- Considered “Normal” among young people to watch porn
- All levels of pornography are freely available online
- Initial exposure 70% unintentional; 1/3 10yr olds stumbled on hard-core pornography online (The New Norms, IPPR Survey, 2014)
- 100% of boys and 67% girls, 85% of boys and 24% girls watched either weekly or daily (Lim et Al, 2017)
- Average age boys start actively searching online porn sites – **12** (Donevan and Mattebo, 2017)



PORNOGRAPHY IMAGES FOR PREVIOUS GENERATIONS

Proliferation hard core sites ONE CLICK:

Zootube, Omegele, violent-porn.com, brutalteenmovies.com, Pornhub: 'Extreme-violent-brutal-rough' myrapeporn.com, rapeinporn.com, brutalrapeporn.com, teenrape.com, forcedporn.com. brutalviolentsexporn.com, suckmebitch.com



Pornography images now

PROBLEMS?

- Males – Difficulty transitioning to a real partner.
- Erectile dysfunction and inability to reach orgasm in young men when reality doesn't meet expectations.
- +++ Body image problems – ↑ requests for labioplasty
- **Male learning:**
 - Aggression is normal and desirable
 - Coercion is expected
- **Female learning:**
 - Violence is normal
 - Consent is irrelevant
 - No expectation of pleasure

WHAT CAN WE DO?

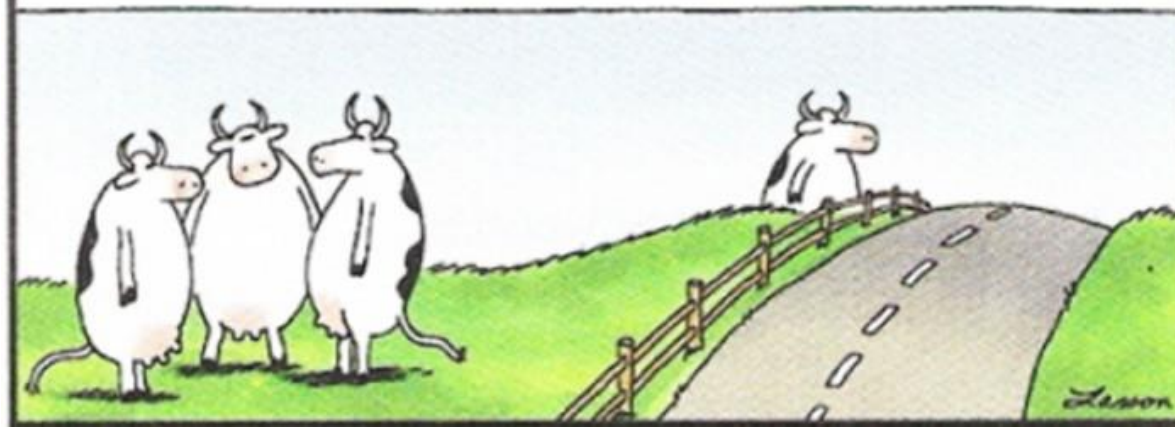
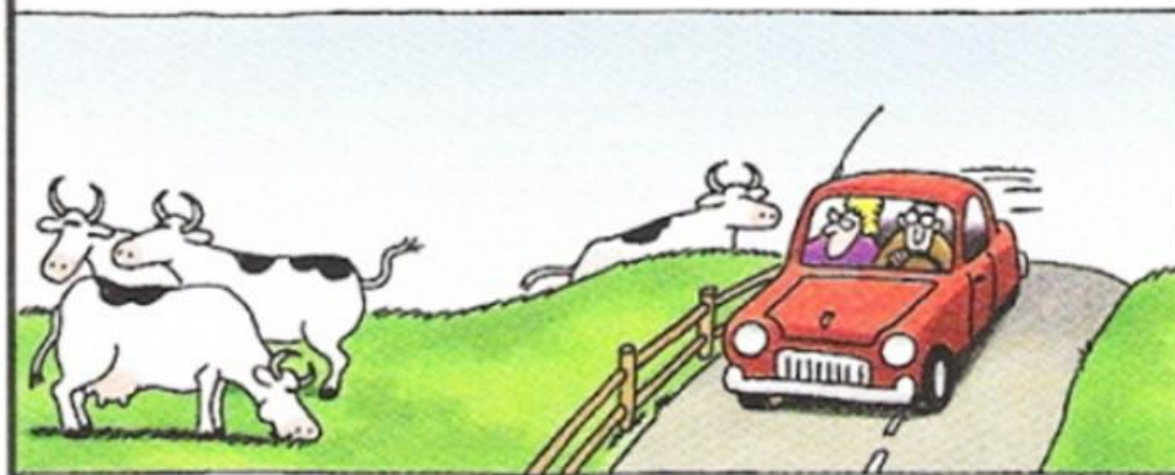
- **Demand Healthy Sex Education from Primary School onwards!**
- Educate ourselves
- Realise that our discomfort with the conversation is allowing the problem to continue.
- If we do nothing, our children will find their own information about sex.
- We have to discuss the separation of fantasy and reality to provide the tools to deal with what our children will see.



Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Make the opportunity to discuss sexual activity with patients,

Especially teenagers



USEFUL RESOURCE WEBSITES

- The Light Project aims to equip youth, their whanau, and professionals to positively navigate the new porn landscape.
- www.thelightproject.co.nz
- www.justthefacts.co.nz
- www.labialibrary.org.au
- www.herpes.org.nz
- www.nzshs.org