

STD - HOW TO GET TESTED

STDs can be **asymptomatic**, and often are, especially at the beginning. Patients may harbor Chlamydia, for example, and don't know it at all. Fortunately, there are screening tests available.

Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease in individuals. They involve blood tests, swabs, samples of tissue (biopsy), and urine tests. The immediate goal of screening for STDs is to identify and treat infected persons before they develop complications and to identify, test, and treat their sex partners to prevent transmission and reinfections. Each condition has a different screening test.

In patients who are **symptomatic** (vaginal discharge, ulcerations or lesions in the genital skin), tests are ordered according to the clinical suspicion. For example, if there is an inflamed cervix, swabs will be obtained for Chlamydia and Gonorrhea. If there are skin lesions compatible with genital warts, a small sample or biopsy may be required, but not always. If there is a painful ulcer, swabs for Herpes are obtained.

ASSESSING RISK IN ASYMPTOMATIC WOMEN

Risk factors for STDs include sexual behavior that increases the risk of exposure to STDs. **High risk** are women who have:

- New sex partner in past 60 days
- Multiple sex partners or sex partner with multiple concurrent sex partners
- No or inconsistent condom use outside a mutually monogamous sexual partnership
- Trading sex for money or drugs
- Sexual contact with sex workers
- Meeting partners on the internet

SCREENING RECOMMENDATIONS IN ASYMPTOMATIC WOMEN

Screening recommendations vary by age, and sexual behavior.

Younger than 25 years — Routinely screen for the following:

- **Chlamydia** genital infection, annually
- **Gonorrhea** genital infection, annually
- **HIV screening**, one time (or with greater frequency for those at high risk of infection)

Additionally, screening for cervical cancer (**PAP SMEAR**, after age 21 or 3 years after the beginning of sexual activity) begins and HPV vaccination, if not already received, is recommended in this age group.

Test for syphilis, trichomonas, Hep B, Hep C only in the high risk group.

25 years and older — Screen women 25 years and older at least once for HIV (if not already performed), with more frequent screening for high risk women. Additionally, screening for cervical cancer continues for all women in this age group, and HPV vaccination, if not already received, is recommended up to age 26.

Screening for other STDs in this age group is reserved for sexually active women with high risk factors. Test for Chlamydia, Gonorrhea, Trichomonas, Syphilis, Hep B and Hep C.

Pregnant women — STDs transmitted in utero can have grave effects on pregnant women, their partners, and their fetuses. Pregnant women are routinely screened at the initial prenatal visit for HIV, Hep B, syphilis, and (if <25 years or with risk factors) chlamydia and gonorrhea

SCREENING METHODS IN WOMEN

Testing for sexually transmitted infections generally involves a blood test and/or self-collection of relevant body fluid specimens.

BLOOD SAMPLES: are required to test for HIV, syphilis, Hep B and Hep C.

VAGINAL SWABS: required for the diagnosis of Chlamydia, Gonorrhea, trichomonas, Bacterial Vaginosis and yeasts infections. The swabs can be collected by the physician or self-collected by the patient.

URINE TEST: it can be used to diagnose Chlamydia and Gonorrhea but it is less accurate than vaginal swabs. In males, it is the best for diagnosing Chlamydia and Gonorrhea, but not in women.

PAP SMEAR: still collected by the physician, although HPV swabs are currently undergoing testing.

MANAGEMENT OF POSITIVE SCREENING TESTS

Treatment of the STI — treatment is available free of charge for Chlamydia and Gonorrhea.

Health department notification — public health agency of Canada is notified by the lab if there is a positive result for Chlamydia, Gonorrhea, syphilis HIV, Hep B and Hep C.

Partner notification — Sex partners should be notified, examined, and treated for the STI identified or suspected in the index patient. In some settings, expedited partner therapy (EPT) has been used for chlamydial and gonorrheal infections. With this system, the patient directly provides their sexual contacts with medications and prescriptions to be filled. EPT does not give the sexual contact a chance to ask questions, or receive counseling or additional STI screening, but does prevent recurrent chlamydial and gonococcal infections.

Rescreening and retesting — Because of high rates of reinfection, individuals who were diagnosed and treated for chlamydia, gonorrhea, and trichomonas should be

retested for the infection. Retesting is performed three months after treatment or at the first follow-up visit thereafter during the year following treatment.

Be smart, be screening, protect yourself!

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