

Priority Topic:

SEXUALLY TRANSMITTED INFECTIONS

Key Features:

I just really wish I had known about these Public Health Agency of Canada guidelines when I was a resident. These guidelines cover most of what you are expected to know on this topic:

Canadian guidelines on sexually transmitted infections (Primary care and STIs):

<http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-2-eng.php>

Make sure you know how to diagnose and treat the following:

- ♦ **Chlamydia**
- ♦ **Gonorrhea**
- ♦ **Syphilis**
- ♦ **Human papilloma virus**
(make sure you know at least 4 treatment modalities for genital warts)
- ♦ **Genital herpes**
- ♦ **Trichomonas**
- ♦ **HIV**
- ♦ **Hepatitis B**

**** Remember that Zika Virus is considered a sexually transmitted infection!**

1. In a patient who is **sexually active** or **considering sexual activity**, take advantage of opportunities to advise her or him about **prevention, screening,** and **complications** of sexually transmitted diseases (STIs).

What you should study:

- ✓ **Behavioural counselling for STIs AFP 2015**
- ✓ **Sexual Health Provider Guide**
- ✓ **Zika Virus: common questions and answers AAFP 2017**
- ✓ **Prevention du VPH MduQ 2016**
- ✓ **Genital Herpes - A review AAFP 2016**
- ✓ **La prophylaxie preexposition MduQ 2016**
- ✓ **Syphilis infectieuse MduQ 2016**

2. In a patient with symptoms that are **atypical or non-specific** for STIs (e.g., dysuria, recurrent vaginal infections):
 - a) **Consider STIs** in the differential diagnosis.
 - b) **Investigate** appropriately.

What you should study:

- ✓ **PHAC Laboratory diagnosis of STIs**

3. In **high-risk patients** who are **asymptomatic** for STIs, **screen and advise** them about preventive measures.

What you should study:

- ✓ ITSS à rechercher selon les facteurs de risque Quebec Guidelines 2017
This document is a table that tells you which infections to screen for in which patients
- ✓ PHAC STI risk factors and epidemiology

4. In **high-risk patients** who are **symptomatic** for STIs, **provide treatment** before confirmation by laboratory results.

What you should study:

- ✓ Management of Genital Warts AAFP 2014
- ✓ Chlamydia AAFP 2012
- ✓ Gonococcal Infections AAFP 2012
- ✓ Chlamydia trachomatis et Neisseria gonorrhoea MduQ 2016
- ✓ Syphilis AAFP 2012
- ✓ Epididymitis - an Overview AAFP 2016
- ✓ PHAC Management of Specific Infections

5. In a patient [requesting](#) STI testing:
- a) Identify the [reason\(s\)](#) for requesting testing.
 - b) Assess the patient's [risk](#).
 - c) Provide [counselling](#) appropriate to the risk (i.e., human immunodeficiency virus [HIV] infection risk, non-HIV risk).

What you should study:

✓ [PHAC Primary Care and STIs](#)

6. In a patient with a [confirmed STI](#), initiate:
- treatment of [partner\(s\)](#).
 - [contact tracing](#) through a public health or community agency.

What you should study:

✓ [PHAC Reporting and Partner Notification](#)

7. Use [appropriate techniques](#) for collecting specimens.

What you should study:

✓ [Prélèvements et analyses recommandés - dépistage ITSS Quebec 2017](#)

****This is a GREAT summary table that tells you according to who the patient is, which tests are recommended for each infection. It's a little easier to sift through than the PHAC website.**

✓ [La serologie du herpes simplex MduQ 2016](#)

✓ [PHAC Laboratory diagnosis of STIs](#)

8. Given a clinical scenario that is strongly suspicious for an STI and a negative test result, **do not exclude the diagnosis of an STI** (i.e., because of sensitivity and specificity problems or other test limitations).