

PROCEDURAL ASPECTS

European guideline for the organization of a consultation for sexually transmitted diseases

P C van Voorst Vader¹ and K W Radcliffe²

¹University Hospital, Groningen, The Netherlands and

²Whittall Street Clinic, Birmingham, UK

Note

This guideline needs to be read in conjunction with the other European guidelines on specific infections and syndromes.

PERSONNEL

A consultation for sexually transmitted diseases (STD) may involve the following staff.

- Administrative
- Nursing
- Medical—various disciplines, including: gynaecology, urology, general practice/family medicine, as well as dermato-venereology/genitourinary medicine. Also, in cases of alleged sexual assault, physicians qualified/experienced in forensic medicine may need to be involved for legal reasons
- Laboratory
- Other personnel responsible for contact tracing/partner notification and health promotion interventions.

ORGANIZATIONAL CONSIDERATIONS

The following issues need to be addressed:

- Obtaining and recording patient-specific information to allow the case to be tracked through the clinic system and to ensure results of investigations can be reliably linked to the correct person, e.g. name, date of birth, contact details (address, telephone number), usual medical practitioner. Exact details will depend on the organization of the individual clinic as well as the national healthcare system
- Financial—care (including any prescribed medications) may be: completely free, subsidized or recoverable from private insurance.

This will obviously depend on the national healthcare system.

ETHICAL CONSIDERATIONS

The following issues need to be addressed:

- Confidentiality is very important to persons consulting about suspected STD. Clinics should have clear policies on confidentiality, which are understood by all staff. Patients should be aware of any limits to confidentiality. This will vary between different countries depending on: the requirements of the healthcare system; the legal system; and the agreed professional ethical standards
- Examination, investigation and management of such persons should only be undertaken with the informed consent of the individual concerned. This will necessitate giving the person information on the likely benefits and risks in an appropriate form. If this is not feasible, e.g. children, mental incapacity, then interventions should only be carried out if they will be to the direct benefit of that person.

Note

Ethical considerations such as these will inevitably be affected by different countries' legal systems, professional ethical standards and cultural norms. However, many European countries are also signatories to the Council of Europe's Convention on Human Rights and Biomedicine, which guarantees patients' rights to informed consent (Articles 5 and 6), and privacy (Article 10), while recognizing that it may sometimes be necessary to restrict these rights, 'in the interests of public safety, for the prevention of crime, for the protection of public health or for the protection of the rights and freedoms of others' (Article 26)¹.

HISTORY

To include:

- Physical symptoms
- Previous diagnoses of STD

Correspondence to: Dr P C van Voorst Vader, University Hospital, Groningen, The Netherlands
E-mail: p.c.van.voorst.vader@derm.azg.nl

- Sexual history, to include: details of recent sexual partnerships, types of sexual contact engaged in, whether barriers were used consistently and reliably
- Symptoms and diagnoses in sexual partner(s)
- Past general medical history
- Current medications (including recent use of antimicrobials)
- Known allergies to medications
- Specific risk factors for the acquisition of HIV and hepatitis B virus infections
- Additionally in females: obstetric, menstrual, contraceptive and, if relevant, cervical cytological screening history.

INDICATIONS FOR CARRYING OUT STD EXAMINATION AND SCREENING

- Diagnosis of any STD, including: anogenital warts, genital/perigenital molluscum contagiosum, scabies, pediculosis pubis, HIV infection, hepatitis B virus infection
- Risk behaviour for STD-acquisition, especially unprotected penetrative sexual intercourse with: recent new sexual partner, multiple sexual partners, partner(s) believed to have had concurrent sexual relationship(s), partner recently diagnosed as having STD, partner reporting symptoms suggestive of STD (see below)
- Involvement in commercial sex work (prostitution), either as a worker or as a client
- Alleged sexual abuse or assault
- Symptoms or physical signs suggestive of possible STD:
 - In females:
 - Upper genital tract symptoms suggesting possible pelvic infection: pelvic pain, abnormal menstruation, dyspareunia,
 - Vaginal discharge
 - In males:
 - Urethral discharge
 - Dysuria
 - Circinate balanitis
 - Testicular pain
 - In both sexes:
 - Genital ulceration
 - Rectal pain or discharge (associated with a history of receptive anal intercourse)
 - Mono/pauci-articular arthritis
 - Conjunctivitis
- Sexual contact with person with any of the above symptoms/syndromes
- Planned instrumentation of the cervix in females, especially induced abortion, also consider prior to insertion of intra-uterine device, or planned *in vitro* fertilization.

PHYSICAL EXAMINATION

To include:

- Examination of anogenital area in males and females
- Speculum examination in females
- Bi-manual pelvic examination in females if upper genital tract symptoms (see earlier)²
- Proctoscopy in males and females if indicated by symptoms or sexual history
- Extend to other systems if necessary as indicated by symptoms.

LABORATORY INVESTIGATIONS

Routinely in all patients for:

- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*
- Syphilis
- HIV infection.

When indicated by symptoms, sexual history or physical examination, for:

- Bacterial vaginosis
- *Candida albicans*
- *Trichomonas vaginalis*
- Ano-genital herpes
- Scabies
- Pediculosis pubis
- Chancroid
- Lymphogranuloma venereum
- Granuloma inguinale
- Hepatitis B virus infection.

Notes

Decisions on which investigations to perform should also be informed by:

- Local epidemiological data
- The clinical setting.

DIAGNOSIS AND PREVENTION

- Wherever feasible this should preferably be based upon the results of laboratory investigations for the following reasons:
 - *Asymptomatic infections* are common and can only be excluded by appropriate laboratory investigations
 - *Diagnosis*: to increase the reliability of the diagnosis which may have serious implications for the patient and their sexual partners(s) and/or children
 - *Therapy*: to allow more appropriate therapy, especially where antimicrobial resistance testing can be performed
 - *Follow-up*: to decide whether follow-up testing may be indicated (so-called 'tests of cure')

— *Epidemiology*: to allow greater accuracy in the notification of infections, and in the return of epidemiological data to public health agencies.

- It may be possible to give a microbiologically-confirmed diagnosis at the initial consultation by the utilization of microscopy or other 'near-patient' technologies
- If tests have poor positive or negative predictive values then patients should be made aware of the limitations of any results
- Patients should receive an appropriate and adequate explanation of their diagnosis and be given the opportunity to ask questions
- Explanation should be reinforced wherever possible by the giving of high-quality written information
- Diagnosis of an STD represents an opportunity to deliver health-promotion advice to reduce the likelihood of repeat infection with STD in the future.

TREATMENT

- Should be given at the initial consultation when:
 - A diagnosis can be made at that visit
 - Epidemiological treatment is indicated as a result of a diagnosis in a sexual partner
- Where feasible, single-dose therapy administered in the clinic under the supervision of staff maximizes compliance
- Patients should be advised of the need to avoid unprotected sexual intercourse as long as there is a real possibility of transmitting infection or becoming reinfected
- Special care is required in female patients who are known to be pregnant or breastfeeding,

and in those in whom pregnancy cannot confidently be excluded.

PARTNER NOTIFICATION

- Should be considered in all cases of confirmed STD
- Identifying which partners need to be contacted will depend on what is known of the probable incubation period and the sexual history
- Notification may be done by healthcare staff or by the index patient
- Must conform to the legal and professional ethical frameworks of the individual country.

FOLLOW UP

- Should be considered in all cases
- May be done in various ways, e.g. return visit, telephone call
- May be indicated for the following reasons:
 - To inform the patient of the results of laboratory investigations
 - To assess compliance with therapy
 - To enquire about the possible side-effects of therapy
 - To assess the results of therapy, including the need to perform 'tests-of-cure'
 - To follow-up on partner notification
 - To reinforce health promotion messages.

References

- 1 *Convention for the Protection of Human Rights and the Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine*. Oviedo: Council of Europe, 1997
- 2 Schachter J, Schafer MA, Young M, Ott M. Routine pelvic examinations in asymptomatic young women. *N Engl J Med* 1996;335:1847–8