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Sexually transmissible infections

Old enemies and a new friend

■ **History is repeating itself. Syphilis largely disappeared from the radar of general practitioners following a precipitous fall with the onset of the human immunodeficiency virus (HIV) epidemic in the early 1980s; however, infection rates are once again rising dramatically, both in Australia and in other parts of the developed world.¹ In fact, the rate of diagnosis of infectious syphilis more than doubled from 3.1 per 100 000 in 2004 to 6.6 per 100 000 in 2007. These increases occurred in New South Wales, Victoria and Queensland, and were almost completely confined to men who have sex with men (MSM).²**

And once again, syphilis is proving to be 'the great imitator', as Melanie Bissessor and Marcus Chen demonstrate in their article, 'Syphilis, the great mimicker, is back' in this sexual health themed issue of *Australian Family Physician*. They have emphasised the importance of having a high index of suspicion when confronted with a lesion, nodule, fissure, ulcer or rash in MSM, and of ordering the appropriate tests to confirm a diagnosis of syphilis. But even asymptomatic MSM, particularly those who are HIV positive or who have a large number of sexual partners, should be offered frequent screening for syphilis, as infection often goes unrecognised.

Chlamydia is another sexually transmissible infection on the rise and was the most frequently reported infection notified in Australia in 2007. Increasing rates of diagnosis were reported in all states and territories, and were greatest in those aged 15–29 years, which accounted for almost 80% of the annual number of infections.² The female-to-male ratio in those aged 20–29 years was 1.4:1, but this more than doubled in those aged 15–19 years to 3.4:1.² These figures should serve to reinforce the importance of opportunistic screening for chlamydia in sexually active females under the age of 25 years on an annual basis.³

But how do we raise the often delicate topic of sexual health in an asymptomatic patient? A 'refresher' on taking a sexual history, particularly issues facing young people, is just one of the topics covered in the 7th edition of the *National management guidelines for sexually transmissible infections*, produced by the Sexual Health Society of Victoria and launched in December 2008.⁴ The guidelines have been updated following research conducted by La Trobe University and with feedback from GPs. The 7th edition is now more user friendly, with a focus on symptomatic

presentation. Chapters are enhanced with flow charts and include photos of common genital 'lumps and bumps' – normal variants are shown in order to assist diagnosis, particularly for GPs who may not address sexual health issues in their practice every day. The foldout front and back covers contain quick reference tables on specimen selection for testing, and the treatment of common sexual health issues.

Of particular note, the updated treatment guidelines recommend that ciprofloxacin no longer be used as a first line agent for the treatment of gonococcal urethritis, as resistance to both the penicillin and quinolone groups of antibiotics has reached a historical high.⁵ Quinolone resistance is common where infection has been acquired overseas (particularly in southeast Asia), and in MSM. The updated guidelines recommend treatment with ceftriaxone 500 mg intramuscularly as a single dose.⁴

The guidelines have been endorsed by the Australasian Chapter of Sexual Health Medicine (AChSHM), The Royal Australian College of General Practitioners, Australian Society for HIV Medicine, Australian Sexual Health & HIV Nurses Association, and the Victorian Department of Human Services. This represents endorsements from a range of organisations involved in the sexual health care of Australians.

The guidelines are available from the AChSHM (www.racp.edu.au), Melbourne Sexual Health Centre (www.mshc.org.au) and the Department of Health and Ageing (www.health.gov.au/sexual-health/) websites.

Conflict of interest: the authors are on the SHSOV guideline committee but receive no monetary gain from sales of the book.

References

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