

Week 3 National STD Curriculum



Chamberlain University

NR 566: Advanced Pharmacology for Care of the Family

Assignment Date

## TANIC SELF ASSESSMENT

### TIGER-based Assessment of Nursing Informatics Competencies

#### CHLAMYDIA

- Chlamydia is the most common reportable bacterial sexually transmitted infection in the United States, with approximately 1.75 million cases reported in 2018.
- The peak incidence of chlamydia infections in the United States occurs in females aged 15 to 24 years.
- *Chlamydia trachomatis* causes a wide range of clinical manifestations, including cervicitis, urethritis, pelvic inflammatory disease, infertility, pelvic pain, and perihepatitis in women, and urethritis and epididymitis in men. Other manifestations in men and women may include conjunctivitis, oropharyngeal infection, proctitis/proctocolitis, and reactive arthritis.
- Infants born to mothers with untreated *C. trachomatis* infection may develop conjunctivitis, trachoma, pneumonia, and urogenital infection.
- Screening for chlamydia in asymptomatic persons significantly reduces the incidence of chlamydia-associated complications and is recommended in all sexually active women younger than age 25, as well as in other persons at high risk of infection.
- In most circumstances, the preferred diagnostic method for chlamydial infection is with a *C. trachomatis* NAAT, which is FDA cleared for chlamydia testing on (1) male and female urine samples, (2) male and female rectal and throat samples, (3) clinician-collected endocervical, vaginal, and male urethral samples, and (4) self-collected vaginal swabs if obtained in a clinical setting.
- Standard treatment for genital chlamydial infections in nonpregnant females and all males is with single-dose azithromycin or a 7-day course of twice-daily doxycycline.
- Persons who are diagnosed with chlamydia should receive counseling about the nature of infection, transmission, and risk reduction, and their sex partners should be referred for treatment; expedited partner therapy should be considered where permitted.
- Treatment: Azithromycin

#### GONORRHEA

### SCREENING FOR GONOCOCCAL INFECTION

Routine screening for gonococcal infection in women is recommended in order to decrease morbidity as well as to reduce the burden of disease in the community.<sup>[8]</sup> Urethral infections caused by *N. gonorrhoeae* among men usually produce symptoms that cause them to seek curative treatment soon enough to prevent sequelae, but transmission to others may occur in this interim. Among women, gonococcal infections are commonly asymptomatic until complications (such as pelvic inflammatory disease with resultant risk for infertility and ectopic pregnancy) have occurred. The following summarizes *N. gonorrhoeae* screening recommendations issued by the CDC and the U.S. Preventive Services Task Force (USPSTF) for different patient populations:<sup>[8,26]</sup>

- **Sexually Active Women Who Have Sex with Men:** The CDC and the USPSTF recommend (1) annual screening for *N. gonorrhoeae* in all sexually active women younger than 25 years of age, and (2) annual screening for *N. gonorrhoeae* in sexually active women age 25 years and older if they are considered to have increased risk for gonococcal infection.<sup>[8,26]</sup> The most important identified risk factors for gonococcal infection include a new sex partner, multiple sex partners, a sex partner with concurrent partners, or a sex partner with a sexually transmitted infection; additional factors that indicate risk of gonococcal infection include inconsistent condom use in persons not in a mutually monogamous relationship, exchange of sex for money or drugs, one or more previous sexually transmitted infections, or a coexistent sexually transmitted infection. Women diagnosed with *N. gonorrhoeae* infection should have repeat testing approximately 3 months after completing treatment.
- **Women Who Have Sex with Women:** The CDC recommends gonococcal screening for women who have sex with women should occur according to the current screening guidelines for sexually active women who have sex with men.<sup>[27]</sup>
- **Women Who are Pregnant:** The CDC recommends screening for *N. gonorrhoeae* should be performed at the first prenatal visit for (1) women younger than age 25 and (2) women age 25 years and older who are at increased risk for gonorrhea (e.g. women with a new sex partner, a sex partner who has a sexually transmitted infection, more than one sex partner, or a sex partner with concurrent partners).<sup>[27]</sup> Additional factors associated with increased risk of gonococcal infection include inconsistent condom use in persons not in a mutually monogamous relationship, exchange of sex for money or drugs, and previous or coexisting sexually transmitted infections. A repeat test for gonococcal infection should be performed during the third trimester for those at continued risk. Pregnant women diagnosed with *N. gonorrhoeae* infection should have repeat testing approximately 3 months after completing treatment<sup>[27]</sup>
- **Men Who Have Sex Only with Women:** Routine screening for gonococcal infection is not recommended by either the CDC or the USPSTF for men who have sex only with women.<sup>[8,26]</sup>
- **Men Who Have Sex with Men:** The CDC recommends screening for gonococcal infection in men who have sex with men at least annually, regardless of a history of condom use during sexual contact; the sites tested should correspond with sites involved in sexual activity with other men during the prior year (e.g. urethral testing if insertive intercourse, rectal testing if receptive anal intercourse, and pharyngeal