

STI Management in HIV-Co-infected Individuals

Infection	Screening Test & Best Sample	Screening Frequency	Management (if different from non-HIV infected individuals)
Gonorrhea	<ul style="list-style-type: none"> • NAAT • Male: first catch urine • MSM: first catch urine, AND rectal & pharyngeal swabs (self or clinician collected) • Female: vaginal swab (self or clinician collected) 	<ul style="list-style-type: none"> • At least annually • Every 3-6 months in those at risk 	No different (remember test-of-reinfection at 3 months, in those with prior positive test)
Chlamydia	<ul style="list-style-type: none"> • Same as gonorrhea, EXCEPT • MSM: pharyngeal screening for chlamydia not recommended 	<ul style="list-style-type: none"> • Same as gonorrhea 	No different (remember test-of-reinfection at 3 months, in those with prior positive test)
Syphilis	<ul style="list-style-type: none"> • Non-treponemal OR treponemal test • Sample: serum 	<ul style="list-style-type: none"> • At least annually • Every 3-6 months in those at risk 	<ul style="list-style-type: none"> • Treatment no different, but less evidence for <i>non</i>-penicillin-based regimens • Followup different: <ul style="list-style-type: none"> ✓ Titers 3, 6, 9, 12, and 24 months after primary and secondary syphilis ✓ Titers 6, 12, 18, and 24 months after latent syphilis
Trichomoniasis	<ul style="list-style-type: none"> • NAAT preferred • Female: vaginal swab (self-collected or clinician collected) 	<ul style="list-style-type: none"> • Women at least annually 	<ul style="list-style-type: none"> • Remember test-of-reinfection at 3 months, in those with prior positive test • Metronidazole 500 mg PO bid x 1 week preferred (not the 2 g PO x 1 dose)
HPV www.aidsinfo.nih.gov	<ul style="list-style-type: none"> • Female: Pap smear only, within 1 year of sexual debut up through age 29 years; ≥30 years: Pap OR Pap and HPV co-testing 	<ul style="list-style-type: none"> • 21-<30 years: annually until 3 consecutive normal Paps, then q3years • ≥30 years: as above for those <30 years, OR if Pap and HPV co-test both normal, can go to q3years 	<ul style="list-style-type: none"> • Treatment no different • Squamous cell carcinomas arising in or resembling anogenital warts might occur more frequently among immunosuppressed persons, so have lower threshold for biopsy for confirmation of diagnosis for suspicious cases
HSV	Consider serology	?	<ul style="list-style-type: none"> • First episode: no different • Recurrent: treat longer, usually at higher doses • Suppression: treat using higher doses

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