Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

STI prevention

Overview

- Sexually transmitted infections (STIs) are better prevented than treated
- Methods of prevention include:
    - Vaccines
    - Barrier methods (condoms, dental dams)
    - Pharmacological prophylaxis (either pre- or post-exposure)
    - Prompt diagnosis and treatment of STI cases to break the chain of transmission.
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- A combination of strategies, tailored to the individual, should be used

Vaccines

Currently, the following vaccines for viral STIs are available:

- Human papillomavirus (HPV) vaccine (Gardasil 9)
    - Funded up to age 27 years
    - Should be routinely offered unless vaccination course complete
    - May also have benefit in older patients depending on risk factors (unfunded)
- Hepatitis B vaccine: limited indications for funding
- Hepatitis A vaccine for those engaging in oral-anal sex (rimming) (unfunded indication)

Barrier methods

- Condoms are the most frequently used barrier method
- Their efficacy is best estimated at 91% risk reduction for HIV, and at 50% risk reduction for bacterial STIs:
    - Some STIs (e.g. HPV, herpes simplex virus [HSV]) can be efficiently transmitted through skin-to-skin contact without penetrative sex
    - Other STIs (gonorrhoea, syphilis) can be efficiently transmitted through oral sex, during which condoms are much less frequently used
- In Aotearoa New Zealand, a range of condoms (size, thickness) are funded, up to a maximum of 60 per script
- Non-latex condoms and lubricant are not currently funded and must be purchased by users
- Other barrier methods are available on the market but not funded:
    - Internal (vaginal) condoms
    - Dental dams for protection during oral sex and oral-anal sex (rimming)

Pharmacological prophylaxis

- In the last decade, HIV pharmacological prophylaxis has become a cornerstone of HIV prevention for people who are considered to be at high risk for HIV acquisition
- Pre-exposure prophylaxis (PrEP) is funded in Aotearoa New Zealand for people who meet the PHARMAC criteria
- Post-exposure prophylaxis (PEP) is available for people who present within 72 hours after a single **high-risk** exposure. Eligibility criteria for funded PEP are very limited
- PEP may still be recommended in high-risk situations that do not meet the criteria for funding, however the patient would be required to self-fund (cost approximately $80-100). PEP is available through sexual health services or emergency departments – refer to local pathways and guidelines

Prompt diagnosis and treatment

- Prompt diagnosis and treatment of STIs, as well as efficient contact tracing, helps to break the chain of transmission
- Treatment as Prevention (TasP), or Test-and-Treat, has become a key factor in pharmacological HIV prevention
- People living with HIV who achieve and maintain an undetectable viral load on treatment for more than 6 months, and continue taking treatment as prescribed, are unable to pass on HIV sexually. This is known as U=U (undetectable = untransmittable)
- Frequent testing of those at risk, prompt access to HIV care and treatment, and support to achieve and maintain an undetectable viral load, are essential HIV prevention activities

Auditable outcomes

- All patients aged under 27 years are offered HPV vaccination
- Condoms are offered to all patients presenting for STI screening
- Testing for STIs (including HIV and syphilis) is offered at least annually to those aged 15-29 years, and men who have sex with men
- The availability of PrEP and PEP is discussed with all eligible people

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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