# 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.
- 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 <u>HIV</u>, and at 50% risk reduction for bacterial STIs:
  - Some STIs (e.g. <u>HPV</u>, <u>herpes</u> 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, <u>HIV</u> pharmacological prophylaxis has become a cornerstone of HIV prevention for people who are considered to be at high risk for <u>HIV</u> acquisition
- Pre-exposure prophylaxis (<u>PrEP</u>) 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 <u>contact tracing</u>, 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 <u>HIV</u> 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 <u>HIV</u> 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).

**Developed by:** the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) ABN 48 264 545 457 | CFN 17788

Funded by: The Australian Government Department of Health

**Disclaimer:** Whilst the Australian Department of Health provides financial assistance to ASHM, the material contained in this resource produced by ASHM should not be taken to represent the views of the Australian Department of Health. The content of this resource is the sole responsibility of ASHM. <a href="https://www.ashm.org.au">www.ashm.org.au</a>