

FROM THE MEDICAL CHAIR

GP's Role in Management of STIs

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Sexually-Transmitted Infections (STIs) are treated by several groups of clinicians in Singapore, which include dermatovenerologists, general practitioners (GPs), ID physicians and ObGyn specialists. Primary care doctors are often the first contact point for individuals who feel they have STI or may have been exposed to an STI. In 2006, primary care doctors notified 35.5% of gonorrhoea cases, 39.8% of infectious syphilis, 21.2% of non-infectious syphilis, 17.1% of genital herpes, 16.9% of NGU. The incidence of STIs and HIV infection continue to increase. In 2006, the top four STIs notified in descending order were gonorrhoea (2,420), non-gonococcal urethritis (NGU) (1,852), syphilis (1,589) and Chlamydia trachomatis infection (1349). In addition, 1,245 cases of genital warts and 1,152 cases of genital herpes were recorded.

GPs play a very important part not only in managing patients with infections, but also in STI and HIV prevention and control programmes. This role begins with accurate history taking, including a sexual history and risk behaviour assessment. Physical examination of the anogenital region, and where indicated a general examination, will give a good indication of the problem at hand. History and physical examination will determine which laboratory tests to order. GPs need to keep abreast of advances in laboratory tests and to refrain from ordering tests that are out of date, inaccurate and of little use. New diagnostic techniques include the use of rapid HIV test kits, including those that test oral fluids, in addition to blood and serum. Rapid HIV test kits are accurate and reliable, they eliminate the long and tortuous one-week wait that was previously endured by clients. Rapid tests kits have also been marketed for syphilis and trichomoniasis, and kits are being developed for gonorrhoea and chlamydia infections.

Laboratory tests that are misleading and useless include blood tests for gonorrhoea and chlamydia infection, and herpes simplex serology tests. Resist the temptation to order these useless tests, they can give false results and lead to broken marriages. The only herpes serology tests that are recommended are those based on glycoprotein-G TSST technology, and as far as we know DSC (Department of STI Control) Clinic in Kelantan Lane is the only laboratory in Singapore that uses this test.

GPs should also keep abreast of current recommended treatment regimes for STI, eg fluoroquinolones must be used to treat gonorrhoea in view of the high prevalence of resistant strains. Attending doctors must also remember to routinely offer screening tests for syphilis, HIV infection and where indicated Hepatitis B to all patients with an STI. They should also provide STI, HIV and prevention counselling to patients with STIs. Contact tracing and treatment of sexual partners will help to prevent disease transmission and onset of complications. Notification of STIs will enable closer monitoring of the trends and patterns of infection in the country.

DSC together with COFM NUS recently conducted a study on STI management practices among primary care physicians in Singapore. Preliminary data indicated a reasonable level of knowledge and competence, particularly among doctors who had received STI training and those with a shorter working career. However, there was room for improvement for contact tracing and disease notification practices. The full report will be released shortly.