



being tested

a guide

Screening

HIV

Gonorrhoea

Chlamydia

Syphilis

HPV - Warts

Genital Herpes

Hepatitis B

Check Up

This booklet is intended to give you an idea of what to expect when you attend for a screening or diagnostic examination.

Complete and total confidentiality is of utmost concern.


To ensure this, your tests are identified with first name, initial of surname and a PIN number. You will need this number to obtain your test results. Write it down in a safe place or put it in your mobile phone.

Everybody is entitled to have a chaperone present for any consultation, examination or procedure, or part thereof. Please do not hesitate to ask for a chaperone to be present when you are being examined. On the other hand if you prefer complete privacy during the examination that is perfectly in order, and there will be a staff member in the adjoining room.

screening for infection

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risks



People take risks, sometimes planned – usually by mistake, often without realising it. Alcohol is a great helper.

An unplanned sexual encounter can be a risk – for pregnancy and infection. Not realised in the heat of the moment, but a common cause of anxiety the next day. Usually the anxiety is groundless if the encounter was protected with a condom, but most people prefer to be checked to be sure, especially if other partners are involved.

Most people do not realise that sexually transmitted infections are usually carried completely silently, without any signs or symptoms. But they could show up in their partner(s), and even future children, and that could take a long time.

The only way to be sure that one is free from infection is to attend a doctor who will arrange a number of screening tests to ensure that no infection is silently present.

This booklet provides advice and explanation of the various tests that are taken either to exclude or diagnose a sexually transmitted infection.

It is natural to be reticent, or even embarrassed, about giving a full sexual history and having a genital examination. This is expected by an experienced physician, who overcomes it with a combination of straight questions and a thorough examination, and the easing of anxiety which is brought about by this approach.

DO NOT TAKE ANY ANTIBIOTICS BEFORE THE EXAMINATION

– otherwise the tests will be compromised, and will only function as a ‘test of cure’.

Men should not pass urine for at least an hour before the examination. Otherwise secretions will be washed out and the tests will be less reliable. These are infections shared by two or more people – we need to make definitive diagnosis whenever possible. We like to see and treat all partners so that the infection is controlled and eliminated, and people can return to a normal life, free from anxiety, and enjoy quality sex.

screening tests

The tests involve a blood sample and examination of the genitalia; secretions are **analysed for traces of infection**. For a woman this is a good time to have a cervical smear.

Some of the samples will be tested on the spot and results will be available at the time of consultation. Others are sent to special laboratories and results are usually available within a week. In an emergency they can be “fast tracked”.

It is important to understand what tests are being carried out, and their limitations, so one can have the **best benefit** from the examination.

blood tests



A blood sample is tested for **ANTIBODIES** to a number of sexually transmitted infections. These antibodies are made by your own body and are used as a specific signal of exposure to infection by a particular microorganism. For most of the STI's it takes three months for the body to reliably make the antibodies, so you frequently have to be tested twice, first soon after the encounter, and then again three months later.

The infections that are screened for in the blood are:

1. Syphilis

Essential to test for as it is so easily treated. Used to be rare in the Western world, but has now staged a resurgence. Lethal long-term consequences if undetected and not treated. Some people may show results indicating a new infection which requires treatment, others may show signs of old previously treated infections.

2. Hepatitis B

Hepatitis B virus infects the liver. Some people will have already been exposed to Hepatitis B, and will have cleared the infection. This is shown up in the tests. These people are not infectious. A few people will have active Hepatitis B infection; this is very infectious, and the infection can progress to cause liver disease. The virus is not only passed by penetrative sex but can be transmitted with more superficial contact, such as kissing. A vaccine is available .

3. Immunity to Hepatitis A and Hepatitis B

Opportunity may be taken to assess one's immunity, and to recommend vaccination if required. A vaccine that combines both is available. Single or combination vaccines are available as required.

4. Hepatitis C

This virus is most usually transmitted by blood or sharing needles and is not normally sexually transmitted. It is not routinely screened for in STI clinics.

5. HIV

HIV is what causes most fear, worry and anxiety today.

It is essential to know what is **being tested** for and what it means before one is tested.

*What is HIV? – It's a **virus**.*

H

stands for **Human**

I

stands for **Immunodeficiency**

What the virus does to you

V

stands for **Virus**

In an infected person the virus multiplies very rapidly and the immune system tries to fight it. It is a very devious virus. It targets a particular group of cells in the immune system, the T4 Lymphocytes — these cells are the most important part of what is known as the 'immune orchestra'.

When the immune system is worn down, and no longer works, the body is left in a state of **'immunodeficiency'**, open to a number of uncommon infections and cancers.

The condition is then called AIDS.

AIDS

What is AIDS?

A	— stands for Acquired The condition is acquired through blood, sex or from mother to child.
ID	— stands for Immunodeficiency Indicates that the immune system is no longer working.
S	— stands for Syndrome A group of medical findings that form a pattern to allow a diagnosis to be made.

AIDS was the first part of HIV infection to be recognised. It was soon apparent that it represented the end stage of the infection.

HIV is the virus that causes the condition.

AIDS is the end stage of that infection.

How long does it take to go on to ‘full blown AIDS’ after infection with HIV?

A long time

Present studies show an average of **10-12 years**, and in some people it can be as long as 15 or even 30 years. A small number of people just seem to carry the virus, and do not progress to AIDS at all.

During this time the person is **quite well**, with little or no sign of the infection – completely active at work, sport, and sexually.

Even when the stage of AIDS is reached, today's treatment offers **a good quality** of life and a prognosis that is better than many cancers. This is improving all the time.

Unless one is tested however, one is **denied the benefits** of treatment, the sense of security of not transmitting the virus to others, and the reassurance of knowing one is not infected.

Current guidelines emphasise the benefit of HIV testing and most clinics now operate an *"opt out"* policy, where a HIV test is part of routine testing, unless one specifically declines to have the test.

the HIV test



A sample of blood is tested for presence of **antibodies to the HIV** virus. This is a very specific and reliable test. It takes up to 3 months for the body to develop the antibodies – the so called ‘window period’.

These 12 weeks have to pass from the time of the risk encounter until you can be sure that you are free from infection.

This causes a lot of anxiety, but is inescapable. A reliable test is dependant on the time it takes for the body to make antibodies to the virus.

In practice, it is a good idea to take a test soon after the risk encounter, to set a baseline and ensure that no infection was present prior; and follow it up with a test 12 weeks later to ensure no infection was acquired.

In this way, one can have an accurate timing of the acquisition of the infection, which is helpful in prognosis and planning treatment.

Do I want to have a HIV test?

It is essential to know the benefits and drawbacks of having a HIV test before it is carried out.

What are the benefits of having a HIV test?

1. To know where you stand – Peace of mind

Obviously finding out that the test is negative and that one has not acquired HIV is an enormous relief. For some, the anxiety caused by the fear of HIV can become overwhelming, and the certainty of a test result, even if positive, can allow resolution of the anxiety and a better quality of life.

2. To Prevent Transmission

If you are HIV positive, definite steps can be taken to **prevent transmission** to your sex partner(s) and future children.

Household contact is not a risk, but toothbrushes, shavers or anything that could be contaminated with blood should not be shared. It is best to inform medical advisers, especially dentists or surgeons. If a HIV positive woman becomes pregnant, appropriate treatment can virtually abolish the risk of transmission to the baby.

3. Treatment

Compared to a decade ago, treatment has revolutionized the prognosis and quality of life for people infected with HIV. We have precise antiviral therapy using a combination of agents at appropriate times during the course of the infection, and antibiotics to prevent infection when the immune system is damaged.

What are the drawbacks of having a HIV test?

1. Finding out

Some people prefer not to know their HIV status, out of fear, not wishing to face reality, or the belief that 'it could not happen to me'.

That is their privilege. Nobody should be tested if they do not want to be. It is only by this means that people can feel free to come to a doctor to discuss their problems and anxieties. It is essential for public health that everybody, no matter what their lifestyle or anxieties, should feel secure that **their wishes will be observed** when they seek medical advice. Otherwise, they will fail to contact the one group of helpers that are completely client orientated, who are bound not only to the ancient Hippocratic Oath to help and assist, but also by the guidelines of the Medical Council.

2. What about Life Insurance?

Life Insurance proposal forms enquire whether one has ever had a HIV test or a screen for Sexually Transmitted Diseases. The test is completely confidential. The samples are labelled by a combination of initials and numbers. There is no way that a life insurance company is either informed that these tests have been carried out or can find out if they have been carried out, unless they are so informed by the person who has had the test.

CONFIDENTIALITY

The system has been in operation for several decades and has safeguarded confidentiality throughout this time. Stepping outside the system only draws attention to the specimen and the person having the test.

the examination



The genital area is gently but thoroughly examined for sores, ulcers, warts, discharges and other signs of infection. Specimens are taken from the various sites for examination under a microscope, as well as for culture.

The infections and conditions that are particularly screened for are:

1. Urethritis

Inflammation of the urinary tube. Usually causes a stinging sensation when passing urine, and in a man a discharge may be obvious. In a woman it is usually a simple Urinary Tract Infection, but that can be brought on by sex, the so called "*Honeymoon Cystitis*": so anxiety about infection is understandable. **In the man it is usually an indicator of a Sexually Transmitted Infection**, and any sign or symptom of urethritis such as pain passing urine or a discharge are an indicator to have a full Screening examination. Young men do not normally get Urinary Tract infections or Cystitis!

In men, the urethral secretions are milked up the length of the penis and are transferred with a small loop to a microscopic slide and culture plate.

Urethritis is diagnosed by finding pus cells on microscopic examination of the secretions, and in the urine. It can be caused by a number of “bugs”, or microorganisms. We test for **Neisseria gonorrhoea** and **Chlamydia trachomatis** (see below). But there are several other microorganisms and conditions which can cause Urethritis, for which we have no tests available. We then call the condition **Non-Gonococcal Urethritis**, when it is not caused by gonorrhoea, and sometimes simply **Non-Specific Urethritis**. Fortunately the condition responds very well to standard treatment, even if we do not identify the specific cause

2. Gonorrhoea

Infection with “Neisseria gonorrhoea” causes an acute discharge from the penis, but is usually completely without symptoms in the woman, and often so in men who have sex with men. Many cases are diagnosed on the spot by microscopy, but culture is usually required in the woman and homosexual.

3. Chlamydia Trachomatis

Caused by an “intracellular bacterium”, this infection has a longer incubation period, and produces mild or no symptoms at all in the man, and is characteristically completely silent and without signs and symptoms in the woman. Frequently called *‘the silent epidemic’*. If not recognised it can have profound consequences, especially pelvic infection, infertility, and infection in the new-born.

4. Human Papilloma Virus

Human Papilloma Virus (HPV) is the cause of genital warts (see page 16), There are over 140 types of this virus identified. Some cause warts to grow and may cause specific changes in the cervical smear that indicates infection. Other types are strongly associated with pre-cancer and cancer. Specific tests for the different types of the virus are becoming available in the US and some other countries. Whilst these tests are currently being investigated as a means of providing useful information for screening for the risk of cervical cancer, their use in STI screening is not established beyond personal curiosity. Infection with HPV is so commonplace as to give it little meaning! This virus is usually cleared from the body by the immune system over two years. It is so commonplace that it is almost abnormal NOT to have been exposed to it at some time or other.

5. The Cervical Smear

Part of the routine examination in girls, seeks to find changes in the cells of the cervix which indicates an increased risk to become cancerous. The chance of cancer developing is quite small in low grade changes, but prevention and treatment are available through simple techniques.

It is reliable in detecting pre-cancer changes, it may show indications of HPV infection, but **the cervical smear is not a reliable test for infection.**

HPV Vaccine

Vaccines are now available which protect against some of the more important types of HPV infection. They are best administered pre-adolescence as they are most effective in preventing infection in those who have never been exposed to HPV. The types of HPV prevented are mainly the types associated with cancer of the cervix. These vaccines offer great promise in preventing cancer of the cervix in the future. They have also been shown to offer cervical cancer protection for those up to the age of 26, who may have only had limited exposure to this virus.

6. Vaginitis

A vaginal discharge or irritation is a very non-specific complaint. Frequently called **“Thrush”** – a name of a bird, which is of little value as a diagnosis, or in choosing proper and specific treatment.

Microscopic examination of the vaginal secretion allows the definite diagnosis of Candida Vaginitis, or Anaerobic Vaginitis, the two commonest causes of vaginal discharge and irritation. Whilst these conditions are not usually sexually transmitted, they frequently present non-specific signs and symptoms that may suggest that a screening examination should be carried out. They may also be found incidentally, and the patient may feel much more comfortable following treatment.

7. Balanitis

Irritation, secretion, spots or sores under the foreskin. A very common complaint. One has to outrule serious conditions such as Syphilis or Herpes. It is really just a sweat rash between two folds of skin. It is usually dealt with by very simple measures.

8. Genital Warts

They are felt as slightly hard raised irregular areas of skin, usually obvious on clinical examination. They frequently occur together with other infections, so a full screen must be carried out. They are caused by the wart virus (HPV, see above), and have a long incubation period. Partners frequently show no signs of infection. Many people carry HPV, but only a few show it, or grow warts. Testing with a weak acid, magnification and a very strong light often shows unapparent infection.

9. Genital Herpes

Genital Herpes is caused by infection with the Herpes Simplex Virus (HSV), either Type I or Type II. Herpes infection is very common, but only a small percentage of those infected show signs or symptoms. It classically causes blisters and sores, but sometimes there are only very non-specific low grade sensations. It is characteristically episodic in nature. If someone is anxious in case of Herpes infection, it is wiser to attend for a screening examination and to be informed and advised about Herpes. In itself, it is a quite minor infection, but can cause fear and anxiety completely out of proportion to its significance, especially if

one is not informed about the treatment available and the steps to be taken to avoid risk of transmission.

Many people seek information about Genital Herpes on the Internet. There are over 650,000 sites related to Genital Herpes, of which 2 -3 offer reliable information. Most sites are commercial, often inducing fear and anxiety, with a resultant "cyberchondria".

The diagnosis is definitively made by culturing the HSV virus. This is best done at the early stage of the infection, when blisters or ulcers are present. Sometimes people have to wait for a recurrent attack to attend for a viral culture to make a definitive diagnosis. If this is your anxiety, please attend the doctor as soon as possible so that a definite diagnosis can be made.

Do not apply or take any medicine in the meantime – otherwise the chances of isolating the virus may be reduced.

Type specific antibody testing is available in special cases which will allow us to find out if you have been exposed to the Herpes virus in the past. This test will not tell where the infection is, but will at least give an indication as to whether it is present or not.

10. Pubic Lice, Scabies and Molluscum Contagiosum

These are some of the other conditions that are sexually transmitted. They occur on or around the genitalia and are an indication to have a full screening test.

11. Skin Conditions

The genitalia are covered with skin which is affected by many of the common skin conditions; Sebaceous Cysts, Superficial Fungal Infections, Psoriasis, Dermatitis, to mention but a few. The moisture of the genital skin may alter their appearance, and require special expertise for diagnosis. Sometimes the skin may become abraded or injured by vigorous activity.

glossary

STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
Antibodies	Small proteins made by the body against something foreign: these are specific to a foreign particle such as bacteria or virus and allow specific tests to be carried out.
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus

Routine test results are usually available after 7-10 days.
Please phone for your results after 3.30 as we do not receive the results until mid afternoon.

If you have gone to the trouble of having the tests
– be sure to contact us for the results.

Never rely on others to contact you!

Your test results

Chlamydia

Gonorrhoea

HIV

Hepatitis B

your test results

Syphilis

Herpes Virus Culture

screening for infection

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