

STIs - Revisited



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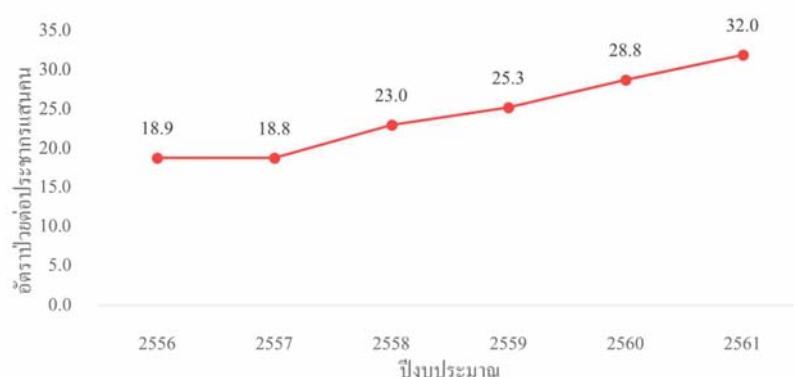
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29/09/62

อัตราป่วยโรคติดต่อทางเพศสัมพันธ์ 5 โรคหลัก ประเทศไทย ปีงบประมาณ 2556 -2561

แนวโน้มเพิ่มขึ้น

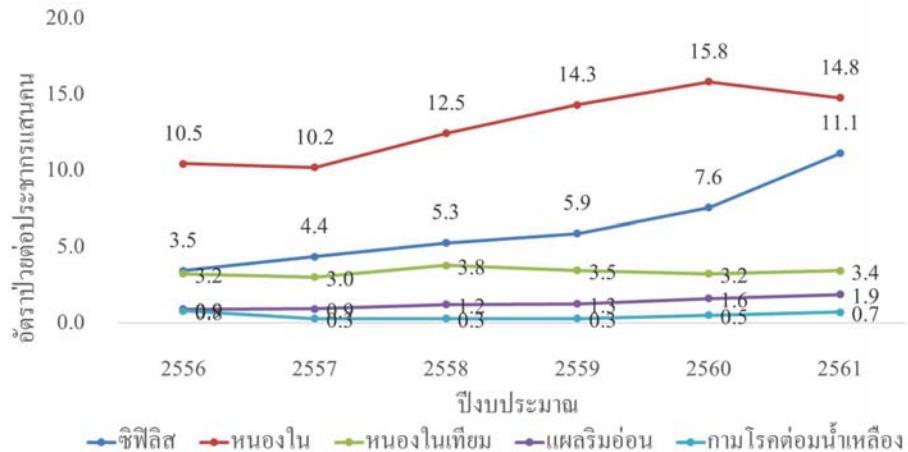


ที่มา: วิเคราะห์จากข้อมูล 506 สำนักงำນbadวิทยา ปรับปรุงข้อมูล ณ วันที่ 15 กุมภาพันธ์ 2562

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**อัตราป่วยโรคติดต่อทางเพศสัมพันธ์ ประเทศไทย
ปีงบประมาณ 2557 - 2561 จำแนกรายโรค**

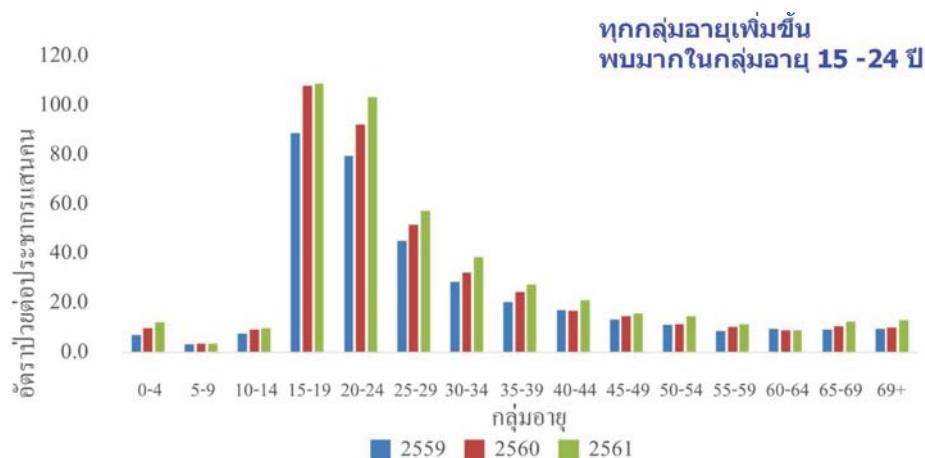


ที่มา: วิเคราะห์จากข้อมูล 506 สำนักงานสาธารณสุข ปรับปรุงข้อมูล ณ วันที่ 15 กุมภาพันธ์ 2562

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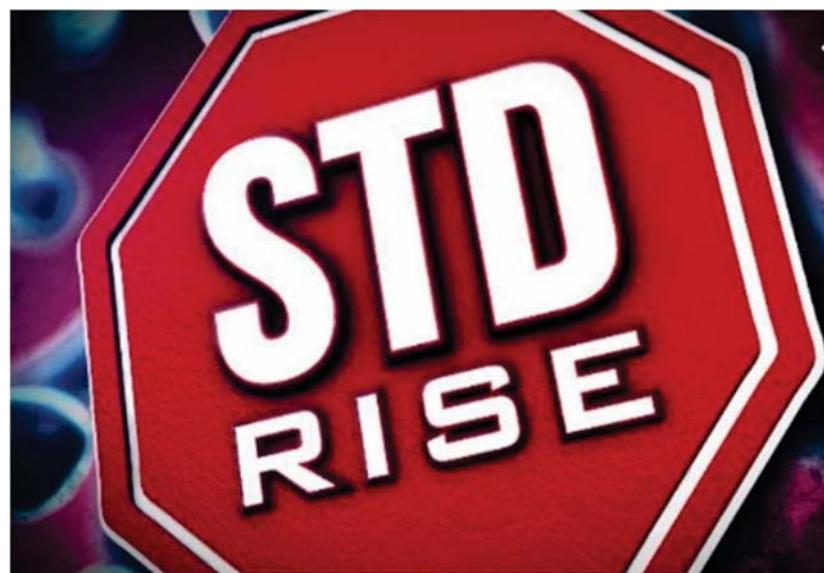
**อัตราป่วยเฉพาะกลุ่มอายุโรคติดต่อทางเพศสัมพันธ์ 5 โรคหลัก
ประเทศไทย ปีงบประมาณ 2559 - 2561**



ที่มา: วิเคราะห์จากข้อมูล 506 สำนักงานสาธารณสุข ปรับปรุงข้อมูล ณ วันที่ 15 กุมภาพันธ์ 2562

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Gonorrhea

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Health care on NBCNEWS.com

Untreatable gonorrhea spreading worldwide

HOME ON AIR LISTEN PLAYLIST VIPS PHOTOS EVENTS EXTRAS

New 'Superbug' Strain of Gonorrhea Resists Antibiotics

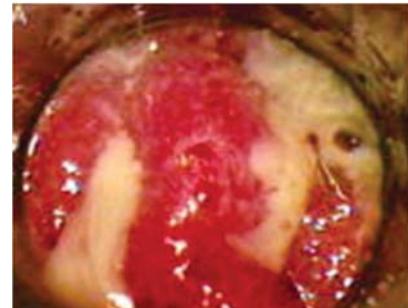
By: Amory Gritta | July 12, 2011

Untreatable Gonorrhea a Global Threat

Sex Bug Becoming Resistant to Last Known Treatment, WHO Warns

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Characteristics of verified gonorrhoea treatment failures with ceftriaxone (250–1000 mg × 1) and causing gonococcal strain

Country, year	Ceftriaxone Therapy	Ceftriaxone MIC (mg/L)	fT_{MIC} , hours ^a	MLST/NG-MAST	Site of failure	Final successful treatment
Australia (n = 2), 2007 [31]	250 mg × 1	0.016–0.03 (Agar dilution)	41.4–50.3	ND/ST5, ST2740		Ceftriaxone 500 mg × 1/ Ceftriaxone 1 g × 1
Japan (n = 1), 2009 [30]	1 g × 1	4.0 ^b (Etest, XDR)	0	ST7363/ST4220		None ^c
Sweden (n = 1), 2010 [34]	250 mg × 1 and 500 mg × 1	0.125–0.25 ^b (Etest)	15.6–32.8	ST1901/ST2958		Ceftriaxone 1 g × 1
Australia (n = 1), 2010 [32]	500 mg × 1	0.03–0.06 (Agar dilution)	41.3–49.9	ND/ST1407, ST4950 (genogroup 1407)		Azithromycin 2 g × 1
Slovenia (n = 1), 2011 [35]	250 mg × 1	0.125 ^b (Etest)	24.3	ST1901/ST1407 (genogroup 1407)		Ceftriaxone 250 mg × 1 plus azithromycin 1 g × 1
Australia (n = 2), 2011 [33]	500 mg × 1	0.03–0.06 (Agar dilution)	41.3–49.9	ST1901/ST225, new variant of ST225		Ceftriaxone 1 g × 1 plus azithromycin 2 g × 1 or Ceftriaxone 1 g × 1
Sweden (n = 3), 2013–2014 [35]	500 mg × 1	0.064–0.125 ^b (Etest)	32.8–41.3	ST1901/ST3149, ST3149, ST4706 (genogroup 1407)		Ceftriaxone 1 g × 1

^aSimulation of time of free ceftriaxone above MIC (fT_{MIC}) based on mean pharmacokinetic parameter values. Data from Chisholm et al. [52]^bGenetic cephalosporin resistance determinants (*penA*, *mtrR*, *penB*) elucidated [3, 5–8]^cThe infection was considered to have resolved spontaneously within 3 monthsMIC minimum inhibitory concentration, MLST multilocus sequence typing, NG-MAST *Neisseria gonorrhoeae* multi-antigen sequence typing, ND not determined, ST sequence type, XDR extensively drug-resistant [9][BMC Infect Dis.](#) 2015; 15: 364.**Table 1.** Failure of Dual Antimicrobial Therapy in a Patient with Gonorrhea.^a

Day, Symptoms, and Test Results	Ceftriaxone MIC (mg/liter) ^b	Azithromycin	Multilocus Sequence Type	Multiantigen Sequence Type	PBP2	<i>mtrR</i> ^c	<i>penB</i> ^d	23S rRNA ^e	Treatment
Day 1, urethral discharge and dysuria									
Positive: <i>N. gonorrhoeae</i> culture (urethra) and <i>N. gonorrhoeae</i> PCR (urine and pharynx)	NA	NA	NA	NA	NA	NA	NA	NA	One dose of ceftriaxone 500 mg intramuscularly plus azithromycin 1 g orally
Negative: <i>Chlamydia trachomatis</i> PCR (urine and pharynx)	NA	NA	NA	NA	NA	NA	NA	NA	
Day 15, no symptoms									
Positive: <i>N. gonorrhoeae</i> PCR (pharynx)	NA	NA	ST1901	ST12133	PBP2 X	Adenine deletion	KD	WT	None
Negative: <i>N. gonorrhoeae</i> PCR (urine)	NA	NA	NA	NA	NA	NA	NA	NA	
Day 79, no symptoms									
Positive: <i>N. gonorrhoeae</i> PCR (pharynx)	NA	NA	ST1901	ST12133	PBP2 X	Adenine deletion	KD	WT	None
Negative: <i>N. gonorrhoeae</i> PCR (urine)	NA	NA	NA	NA	NA	NA	NA	NA	
Day 98, no symptoms									
Positive: <i>N. gonorrhoeae</i> culture (pharynx) and <i>N. gonorrhoeae</i> PCR (pharynx)	0.25, resistant	1, resistant	ST1901	ST12133	PBP2 X	Adenine deletion	KD	WT	One dose ceftriaxone 1 g intramuscularly plus azithromycin 2 g orally
Negative: <i>N. gonorrhoeae</i> PCR (urine)	NA	NA	NA	NA	NA	NA	NA	NA	
Day 112, no symptoms									
Negative: <i>N. gonorrhoeae</i> PCR (pharynx)	NA	NA	NA	NA	NA	NA	NA	NA	None

[N Engl J Med.](#) 2016 Jun 23;374(25):2504–6

First verified dual treatment failure (Dec 2014)

- Day 1 : Urethral discharge and dysuria (Rx)

Positive *N. gonorrhoeae* culture (**urethra**)

Positive *N. gonorrhoeae* PCR (**urine and pharynx**)

- Day 15 : No symptom

Positive *N. gonorrhoeae* PCR (**pharynx**)

Negative *N. gonorrhoeae* PCR (urine)

- Day 79 : No symptom

Positive *N. gonorrhoeae* PCR (**pharynx**)

Negative *N. gonorrhoeae* PCR (urine)

- Day 98 : No symptom (Rx Ceftriaxone 1 g and Azithromycin 2 g)

Positive *N. gonorrhoeae* culture and PCR (**pharynx**)

Negative *N. gonorrhoeae* PCR (urine)

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First reported ceftriaxone-resistant, highlevel azithromycin resistant *N. gonorrhoeae* (Feb 2018)

- Day 1 : Urethral discharge and dysuria

(Rx Ceftriaxone 1 g and Doxycycline 7 days)

Positive *N. gonorrhoeae* culture and AST (**urethra**)

Positive *N. gonorrhoeae* PCR (**urine**)

- Day 13 : No symptom

Negative *N. gonorrhoeae* PCR (urine)

Positive *N. gonorrhoeae* culture (**pharynx**)

- Day 20 : No symptom

(Rx Ertapenam IV for 3 days)

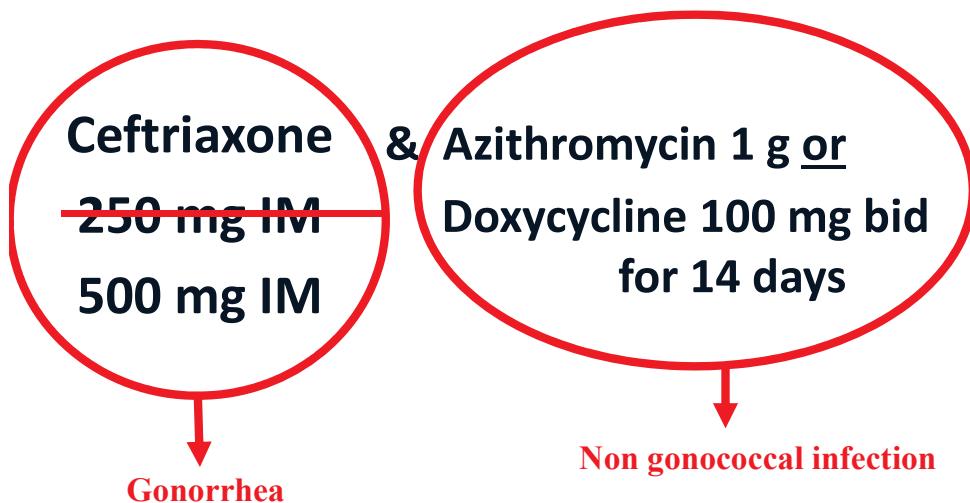
- Day 41 : No symptom

Negative *N. gonorrhoeae* culture and PCR (urine and pharynx)

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Uncomplicated urogenital, anorectal and pharyngeal gonorrhea



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Uncomplicated urogenital, anorectal and pharyngeal gonorrhea

Second Line Drug

- Cefixime 400 mg plus Azithromycin 1 g
- Spectinomycin (not suitable for pharyngeal gonorrhea)

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Allergic to Ceftriaxone

- Gentamicin 160 mg -240 mg plus Azithromycin 2 g
- Gemifloxacin 320 mg plus Azithromycin 2 g

CDC STD Treatment Guidelines 2015

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The New Medication - Zoliflodacin

- Zoliflodacin is a new antibiotic that inhibits DNA biosynthesis.
- Zoliflodacin (also known as AZD0914 or ETX0914) is an investigational spiropyrimidinetrione antimicrobial agent.
- Inhibit microbial biosynthesis by arresting the cleaved covalent gyrase complex and the formation of fused circular DNA required for biosynthesis

n engl j med 379;19

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The New Medication - Zoliflodacin

- Phase 2 trial was evaluated for the treatment of uncomplicated gonorrhea

n engl j med 379;19

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Table 2. Microbiologic Cure Rates at Test-of-Cure Visit — Micro-ITT and Per-Protocol Populations.

Population, Site, and Treatment	Confirmed Infections	Cures	Microbiologic
			% (95% CI)
Micro-ITT			
Urethra or cervix			
Zoliflodacin, 2 g	57	55	96 (88–100)
Zoliflodacin, 3 g	56	54	96 (88–100)
Ceftriaxone, 500 mg	28	28	100 (88–100)
Rectum			
Zoliflodacin, 2 g	5	5	100 (48–100)
Zoliflodacin, 3 g	7	7	100 (59–100)
Ceftriaxone 500 mg	3	3	100 (29–100)
Pharynx			
Zoliflodacin, 2 g	8	4	50 (16–84)
Zoliflodacin, 3 g	11	9	82 (48–98)
Ceftriaxone, 500 mg	4	4	100 (40–100)
Per protocol			
Urethra or cervix			
Zoliflodacin, 2 g	49	48	98 (89–100)
Zoliflodacin, 3 g	47	47	100 (92–100)
Ceftriaxone, 500 mg	21	21	100 (84–100)
Rectum			
Zoliflodacin, 2 g	4	4	100 (40–100)
Zoliflodacin, 3 g	6	6	100 (54–100)
Ceftriaxone, 500 mg	3	3	100 (29–100)
Pharynx			
Zoliflodacin, 2 g	6	4	67 (22–96)
Zoliflodacin, 3 g	9	7	78 (40–97)
Ceftriaxone, 500 mg	4	4	100 (40–100)

n engl j med 379;19

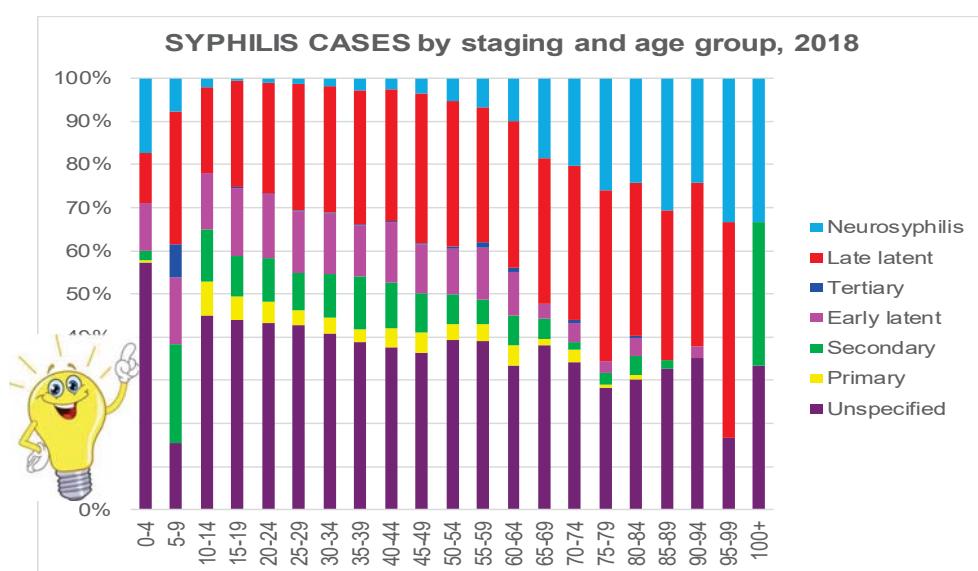
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Stage of Syphilis Infection

- Primary syphilis
- Secondary syphilis
- Latent syphilis
 - Early latent syphilis
 - Late latent syphilis
- Tertiary syphilis

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Diagnostic tests

- Demonstration of spirochetes
- Serology
 - Non-treponemal test (NTT) : VDRL, RPR
 - Treponemal test: TPHA, TPPA, FTA-ABS, CIA,EIA

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Screening test(s) for syphilis?

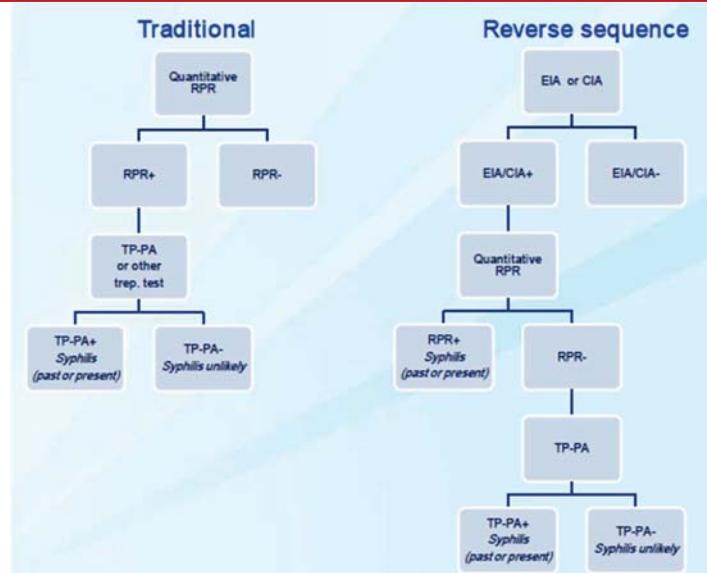
- A. RPR or VDRL
- B. TPHA or TPPA
- C. FTA-ABS
- D. RPR and TPHA

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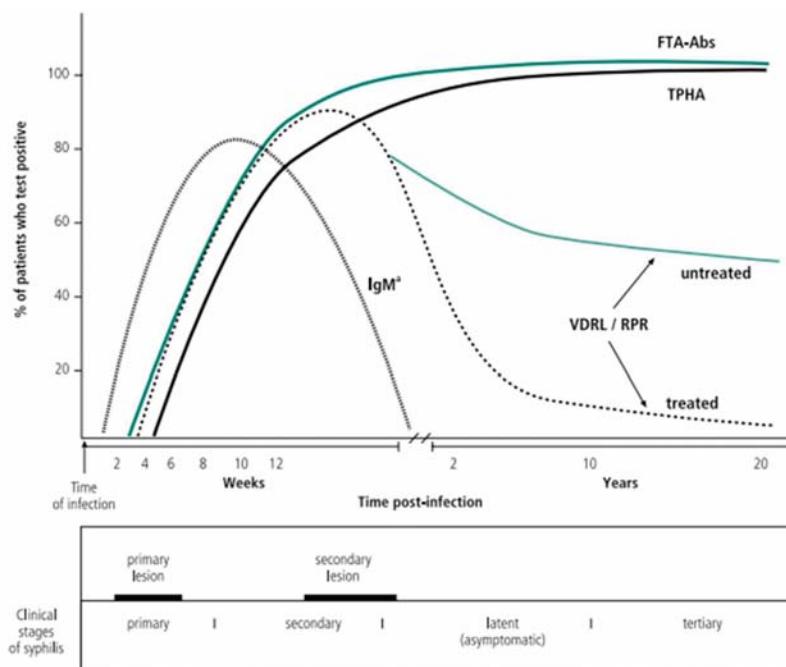
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Syphilis Serologic Screening Algorithms



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² IgM by ELISA or FTA-ABS 195 or immunoblot

WHO 04/09

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Nontreponemal antibodies (VDRL/RPR)

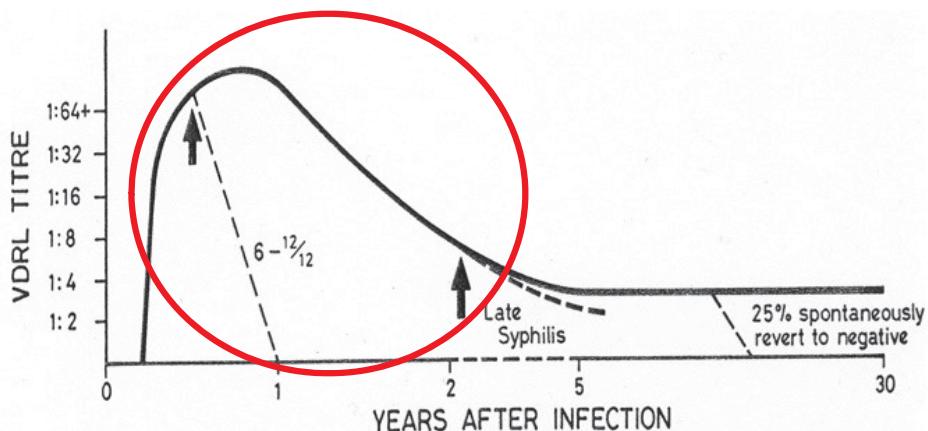
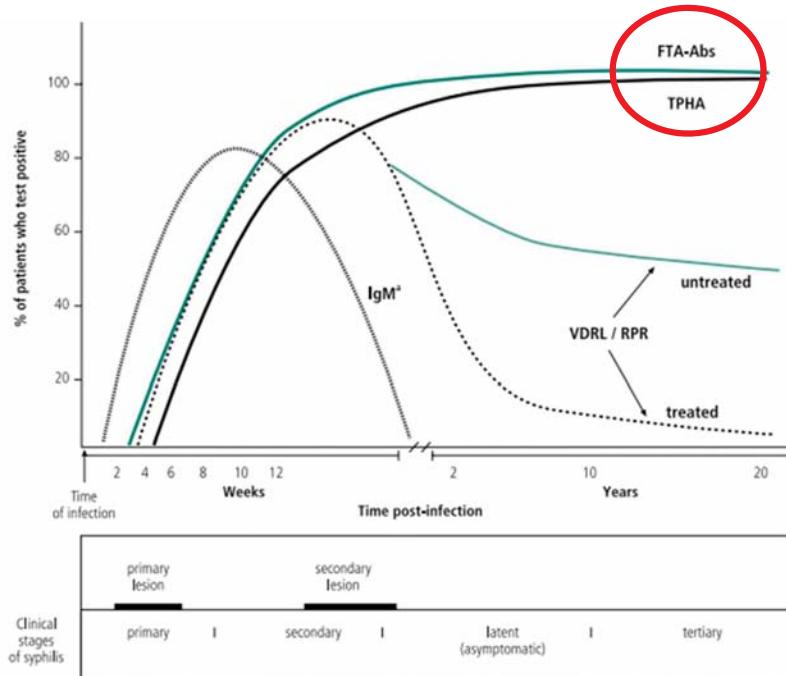


Figure 1. Variation of VDRL (Venereal Disease Research Laboratory test) titer in untreated syphilis. The arrows indicate treatment and the dashed lines show the course after treatment, following infection at time 0. Widespread variation from this simplified generalization may occur.

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²IgM by ELISA or FTA-ABS 195 or immunoblot

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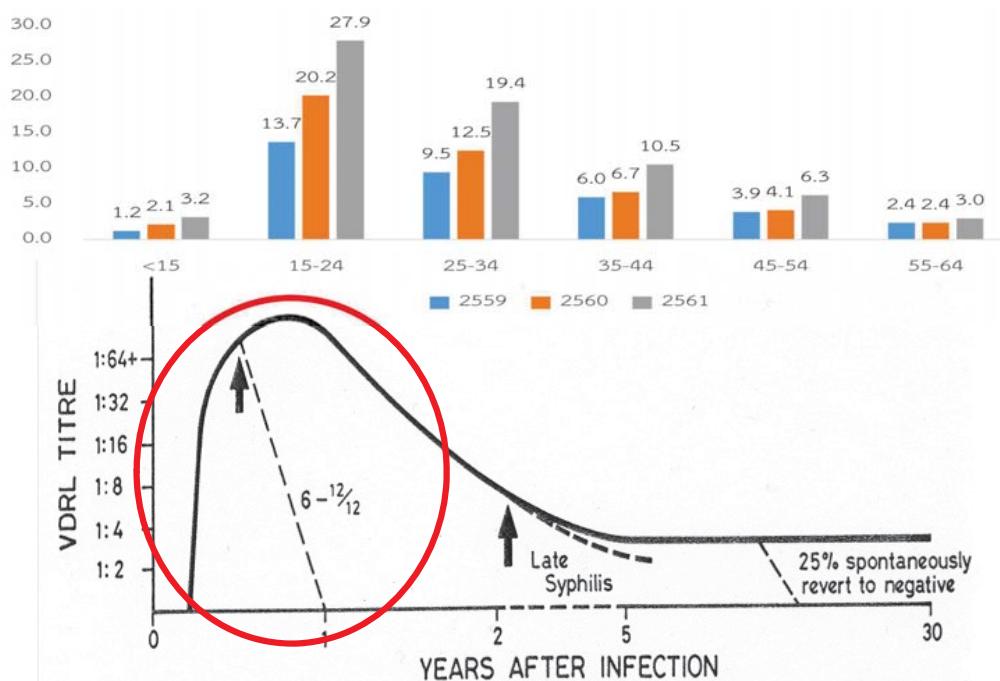


Figure 1. Variation of VDRL (Venereal Disease Research Laboratory test) titer in untreated syphilis. The arrows indicate treatment and the dashed lines show the course after treatment, following infection at time 0. Widespread variation from this simplified generalization may occur.

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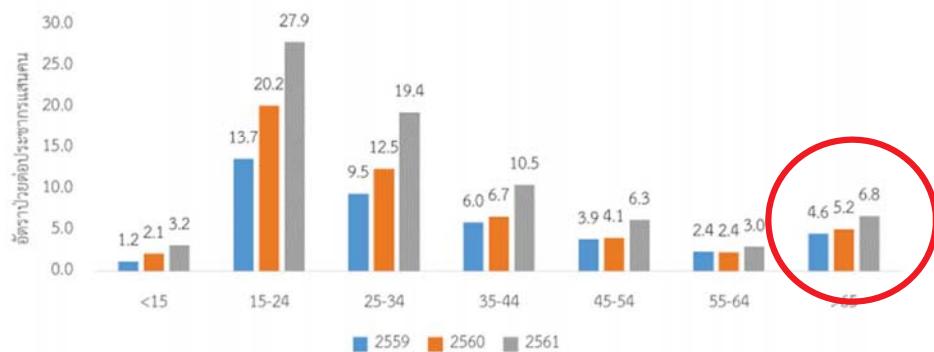
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Table 4. Comparison of the 3 Serodiagnosis Algorithms at Different Stages of Syphilis

Diagnosis	No. of Serum Samples Tested	No. (%) of Serodiagnosis Positive by:		
		Traditional Testing Algorithm	Reverse Testing Algorithm	ECDC Testing Algorithm
Primary	24	18 (75.00)	23 (95.83)	24 (100)
Secondary	365	362 (99.18)	365 (100)	364 (99.73)
Early latent	198	155 (78.28)	198 (100)	195 (98.48)
Late latent	1578	1153 (73.07)	1576 (99.87)	1569 (99.43)
Tertiary	584	396 (67.81)	583 (99.83)	580 (99.31)
Total	2749	2084 (75.8)	2745 (99.85)	2732 (99.38)

Abbreviation: ECDC,European Centre for Disease Prevention and Control.

**อัตราป่วยเฉพาะกลุ่มอายุโรคซิฟิลิส ประเทศไทย
ปีงบประมาณ 2559 -2561**



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Key Messages

Gonorrhea

- The new treatment guideline for gonorrhea
- Treatment failure of gonorrhea should be aware.
- When should we start to do TOC for Thailand?



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Key Messages

Syphilis

- The return of congenital syphilis
- Stage of syphilis should be clearly defined.
- Screening is important.
- Traditional or Reverse algorithm
- Partner notification and treatment should be done as many cases as possible.

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