

Improvement of STI Diagnostic

Questionnaire

- **Country:**

- Germany
- Poland
- Austria
- Slovakia
- Italy
- Slovenia

- **Type of service:**

- Public STD clinic/ infectious diseases dept/ gynaecology/ urology
- Private STD clinic / private practitioner
- NGO
- Other _____



1. Chlamydia infection

Available tests for *Chlamydia Trachomatis*:

- **Culture:**
 - ✓ sensitivity 40-85%
 - ✓ highly specific
 - ✓ only for invasive sample (cervical, urethral)

- **DFA (Direct fluorescent antibody):**
 - ✓ sensitivity 50-90%
 - ✓ suitable for invasive and non invasive samples (urine)
 - ✓ time consuming

- **Enzyme Immunoassays**
 - ✓ sensitivity 20-85%
 - ✓ rapid and automatable, low price
 - ✓ only for invasive samples

- **RNA-DNA hybridization**
 - ✓ sensitivity 70-85%
 - ✓ rapid and automatable
 - ✓ only for invasive samples

- **Nucleic acid amplification test**
 - ✓ sensitivity 70-90%
 - ✓ high specificity
 - ✓ testing of large number is practicable
 - ✓ invasive and non invasive samples (urine, vulvovaginal)
 - ✓ expensive

- **Serology as screening test**

Low specificity

1.2 Screening

➤ Do you perform screening test for Chlamydia Trachomatis in the following categories of patients?

Women ≤ 25 years, sexually active¹

Yes No If yes when? Once a year Less than once a year

Women > 25 years, with new or > 1 sex partner²

Yes No If yes when? Once a year Less than once a year

Pregnant women > 25 years old³

Yes No If yes when? At 1st visit At 1st visit and 3d trimester

Pregnant women < 25 years⁴

Yes No If yes when? At 1st visit At 1st visit and 3d trimester

Pregnant women with new or > 1 sex partner⁵

Yes No If yes when? At 1st visit At 1st visit and 3d trimester

Women with treated chlamydial infection⁶

Yes No

¹ Recommended once a year

² Id

³ Recommended at 1st visit

⁴ Recommended at 1st visit and 3d trimester

⁵ Id

⁶ Re-screening women several month following treatment may be an effective strategy for detecting re infection and preventing morbidity in some populations, e.g. adolescents (European Guidelines)



➤ **Which tests are used in the previous categories of patients?**

Please indicate the sample and the test used. (If you don't know which kind of test is performed, please ask the laboratory). More than one answer is possible.

Sample	Test Used				
	Culture	Direct Fluorescence Antibody	Enzyme Immunoassays	RNA – DNA hybridization	Nucleic acid amplification test
<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ **Which tests are used for these other categories of patients?**

For each category of patient: please indicate if the test is performed (Tested: yes/no) the sample and the test used. (If you don't know which kind of test is performed, please ask the laboratory). More than one answer is possible.

Target	Sample	Test Used				
		Culture	Direct Fluorescence Antibody	Enzyme Immunoassays	RNA – DNA hybridization	Nucleic acid amplification test
Sex partner of persons with chlamydial infection	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually active MSM ⁷	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Anal swab ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ Do you use serology for **screening** of Chlamydia.T.?

⁷ Urethral or urine test (culture or NAA) in men with oral-genital exposure are recommended annually. Also rectal gonorrhoea and Chlamydia culture for men who have had receptive anal intercourse. (CDC guidelines)

⁸ For anal and pharyngeal swabs, culture or DFA must be used other test are not recommended (CDC)



Yes In which case? _____
 No

1.2 Symptomatic patient

➤ Which tests are used in your service for diagnosis of Chlamydia in the following categories of symptomatic patients?

Target	Campione	Test Used				
		Culture	Direct Fluorescence Antibody	Enzyme Immunoassays	RNA – DNA hybridization	Nucleic acid amplification test
Women with cervicitis Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with PID <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with acute dysuria /pyuria without bacteriuria <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men with urethritis or epididymitis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men/Woman with pharyngitis <input type="checkbox"/> Yes	<input type="checkbox"/> Pharyngeal swab ⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁹ For anal and pharyngeal swabs, culture or DFA must be used other test are not recommended (CDC)



<input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men/Woman with anorectitis	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> No	<input type="checkbox"/> Anal swab ¹⁰	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>	...					

1.3 Treatment

➤ Which treatment regimen do you use for Chlamydia infection?

More than one option is possible

Drug	Dose	Duration
<input type="checkbox"/> Azithromycin	1g	1 dose
<input type="checkbox"/> Doxycycline	100 mg x 2 daily	14 days
<input type="checkbox"/> Doxycycline	200 mg x 1 daily	14 days
<input type="checkbox"/> Other _____		

➤ Are patients with chlamydial infection screened for other STDs? Which?

More than one option is possible

<input type="checkbox"/> Gonorrhoea
<input type="checkbox"/> HIV
<input type="checkbox"/> HPV
<input type="checkbox"/> Syphilis
<input type="checkbox"/> (other) _____

Question

➤ Do sexual partners of patients with Chlamydia infection receive treatment for Chlamydia?

Yes

¹⁰ Id



No

2. Gonorrhoea

Tests for *Gonorrhoea*:

- Direct Microscopy (gram / methylen blue stain), high sensibility for urethritis in men only
- Culture (recommended if direct is negative or positive without urethritis in men)
- Amplification test (PCR, SDA, TMA)
- Gene probe (DNA / RNA)

2.1 Screening

➤ Which tests are used by your service for **screening** of Gonorrhoea?

Target	Sample	Test Used			
		Direct Microscopy	Culture	Amplification test	Gene probe
Sexual partner of person with STI or PID	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pharyngeal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Anal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient request STI screening / recent new sex partner	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested? <input type="checkbox"/> Yes	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pharyngeal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<input type="checkbox"/> No	<input type="checkbox"/> Anal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pregnant women ¹¹ Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pharyngeal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Anal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexually active MSM ¹² Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pharyngeal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Anal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹¹ Recommended at 1st prenatal visit for women at risk (i.e.new or more than one sex partner) or for women living in an area in which the prevalence of N.Gonorrhoea is high. To be repeated during third trimester for those at continued risk. (CDC guidelines 2002).

¹² Recommended at least annually: urethral culture or NAA for gonorrhoea, pharyngeal culture in men with oral-genital exposure and rectal gonorrhoea culture in men who have had receptive anal intercourse.



2.2 Symptomatic patient

➤ Which tests are used in your service for diagnosis of Gonorrhoea in the following categories of **symptomatic** patients?

Target	Campione	Test Used (metodo)			
		Direct Microscopy	Culture	Amplification test	Gene probe
Men with urethritis or epididymo-orchitis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with cervicitis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with urethritis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urethral swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men/Women with pharyngitis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pharyngeal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Cervical swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men/Women with anorectitis <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Anal swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ For uncomplicated gonorrhoea which treatment do you use?

Drug	Dose	Duration
<input type="checkbox"/> Ceftriaxone	250-500 mg i.m.	1 dose
<input type="checkbox"/> Cefrotaxin	2 g i.m. or i.v.	1 dose
<input type="checkbox"/> Ciproflaxacin	500 mg oral	1 dose
<input type="checkbox"/> (Other) _____	_____	_____
<input type="checkbox"/>		
<input type="checkbox"/>		

Questions

Is the HIV and syphilis test systematically proposed to patients with gonorrhoea? When?

¹³

- Yes (specify) days after treatment
- No

Do patients with Gonorrhoea receive systematically combined therapy for Chlamydia?¹⁴

- Yes No

Do sexual partners receive treatment for Gonorrhoea?

- Yes No

Is a clinical¹⁵ and/or laboratory¹⁶ control done after treatment? (*more than one option is possible*)

- No
- Yes, in all cases
- Yes, in case of persistence of symptoms
- Yes, in case of re-exposure to infection
- Yes, in case of resistance to therapy given
- Yes, in case of reassurance of the patient (psychological)
- Yes, in case of non-adherence
- Yes, when stipulated by local practices or local guidelines

¹³ Confirmation tests for HIV and Syphilis after 3 month are recommended for venereal forms of gonorrhoea

¹⁴ Coi-nfection with C. Trachomatis is common in patients with gonorrhoea. Treatment for gonorrhoea should routinely be followed with effective treatment for chlamydial infection or sensitive testing to exclude co-infection (Int.Journal of STD & AIDS)

¹⁵ At least one follow-up evaluation is recommended to confirm compliance with therapy, resolution of symptoms and signs, and partner notification. (European guidelines)

¹⁶ Test of cure is not routinely necessary if antibiotic sensitivity testing is available. Indications for test of cure include: Persistence of symptoms, re-exposure to infection, possible resistance to therapy given, reassurance of the patient (psychological), non-adherence, or when stipulated by local or national practice. (European guidelines)



3. Syphilis

Tests

- Reaginic (cardiolipin / non treponemal tests)
 - VDRL
 - RPR

- Specific / treponemal tests
 - TPHA (haemagglutination assay)
 - MHA-TP (micro-haemagglutination)
 - TPPA (TP particle agglutination)
 - FTA-abs (fluorescent treponemal antibody absorption test)
 - EIA/IgG (treponemal enzyme immunoassay)
 - IgG immunoblot for TP

- Specific anti treponemal IgM antibody test
 - 19S-IgM-FTA abs test
 - IgM immunoblot for TP
 - IgM-antibody (EIA)

➤ Which tests are used for screening and which for confirmation of diagnostic?

More than one answer is possible

SCREENING tests used	
<input type="checkbox"/>	TPHA / MHA-TP / TPPA ¹⁷
<input type="checkbox"/>	EIA/IgG test ¹⁸
<input checked="" type="checkbox"/>	VDRL / RPR ¹⁹

CONFIRMATION tests used	
<input type="checkbox"/>	EIA (if TPHA used in screening)
<input type="checkbox"/>	TPHA (if EIA used in screening)
<input type="checkbox"/>	FTA-abs test
<input checked="" type="checkbox"/>	IgG immunoblot (if suspected false+ ²⁰ TPHA / MHA and/or FTA)

¹⁷ Recommended (European Guidelines)

¹⁸ Id in alternative

¹⁹ Sometimes performed in addition to one of the previous

²⁰ May be seen in autoimmune diseases, HIV infection and pregnancy



➤ Are the following patients **systematically screened** for *Syphilis*?

- **Sexual partner of patient with Syphilis**²¹ : Yes No

Test used: TPHA / MHA-TP / TPPA EIA/IgG test VDRL / RPR

In which moment? At 1st visit
 At 1st month
 At 6th week
 At 2d month
 At 3d month
 After 3d month

- **Patient who requests STI screening/recent new sex partner:** Yes No

Test used: TPHA / MHA-TP / TPPA
 EIA/IgG test
 VDRL / RPR

- **Pregnant women at risk** (living in areas of excess syphilis morbidity, are previously untested , or have positive serology in the 1st trimester)²²: Yes No

Test used: TPHA / MHA-TP / TPPA EIA/IgG test VDRL / RPR

In which moment? At 1st visit
 1st visit + 3d trimester
 1st visit + 3d trimester + at delivery

- **Pregnant women NOT at risk:** Yes No

Test used: TPHA / MHA-TP / TPPA EIA/IgG test VDRL / RPR

In which moment? At 1st visit
 1st visit + 3d trimester
 1st visit + 3d trimester + at delivery

- **Sexually active MSM**²³: Yes No

Test used: TPHA / MHA-TP / TPPA EIA/IgG test VDRL / RPR

In which moment? less than once a year
 once a year
 more than once a year

²¹ Serological tests for syphilis should be performed at the first visit and repeated at 6 weeks and 3 month. (European guidelines)

²² CDC recommends test on all pregnant women at 1st prenatal visit. Patient who are at high risk, are living in areas of excess syphilis morbidity, are previously untested , or have positive serology in the 1st trimester should be screened again early in the 3d trimester (28 weeks) and at delivery

²³ CDC recommends that test should be performed at least annually in sexually active MSM



Questions.

Is the HIV test proposed systematically to patients with *Syphilis*?

- Yes No

Follow-up after treatment: which test is used in early *Syphilis*?²⁴

- Non treponemal test
 Treponemal test
 No one

Follow-up after treatment: when? (*more than one answer is possible*)

- 1st month (after treatment)
 2d months
 3d months
 4th months
 5th months
 6th months
 9th months
 12th months
 18th months
 24th months

Follow-up after treatment in case of HIV co-infected patient: when? (*more than one answer is possible*)

- 1st month (after treatment)
 2d months
 3d months
 4th months
 5th months
 6th months
 9th months
 12th months
 18th months
 24th months

²⁴ For early syphilis: non treponemal test (VDRL; RPR) should be used: monthly during the first 3 months after treatment then at 6 and 12 months. Follow-up of HI-infected patients: at 1, 2, 3, 6, 9, 12, 18 and 24 months. After treatment of early syphilis the titre of cardiolipin/non treponemal tests should decline by 2 dilution steps within 6 month (1 year for HIV+ patients)



4. HPV – Anogenital Warts

Questions

When you inspect the outer genitals do you use a lens²⁵?

- Yes No

For women with anogenital warts do you systematically perform speculum examination²⁶?

- Yes No

For women with anogenital warts do you systematically perform colposcopy?

- Yes No

In case of cervical lesions, do you perform routine histological assessment (biopsy)²⁷?

- Yes No

Do you perform meatoscopy in men with wart on penis?

- Yes No

In case of anal warts, do you systematically perform anoscopy²⁸?

- Yes No

Do you use acetic acid test for targeted biopsy²⁹?

- Yes No

Do you use acetic acid test for demarcating lesions during surgery?

- Yes No

Do you use another method of diagnosis?

- Yes (indicate which) _____
 No

Do you offer test for other STDs to patients with genital warts?

- Yes (indicate which) _____
 No

²⁵ With a clear and powerful light. Use of a lens is highly recommended to detect small lesions (European guidelines)

²⁶ All women with anogenital warts should have a speculum examination to identify the presence of coexisting vaginal and/or cervical warts (Eu.Guidelines)

²⁷ In contrast to vulvar lesions, routine histological assessment is mandatory whenever cervical lesions are treated, the biopsy being taken under colposcopic guidance. Biopsy is recommended in atypical cases for differential diagnostic purposes or in any cases where the benign nature of a papular or macular lesion is unclear.

²⁸ Anoscopy should be carried out (up to the dentate line) if anal warts are present

²⁹ May be valuable in identifying lesions for targeted biopsy and for demarcating lesions during surgical therapy



➤ Which treatment do you use? (*more than one answer is possible*)

Home therapy (<i>more than one answer is possible</i>)	
<input type="checkbox"/>	Podophyllotoxin (0.15% cream)
<input type="checkbox"/>	Podophyllotoxin (0.5% solution)
<input checked="" type="checkbox"/>	Imiquimod (5% cream)

Clinic / office therapy(<i>more than one answer is possible</i>)	
<input type="checkbox"/>	Electrosurgery
<input type="checkbox"/>	Laser
<input type="checkbox"/>	Curettage
<input type="checkbox"/>	Scissors excision
<input type="checkbox"/>	Cryotherapy
<input checked="" type="checkbox"/>	Trichloroacetic acid

