

## Summary of relevant WHO recommendations for action and research on Sexually Transmitted Infections (excluding HIV)

### 1) Definition of Sexually Transmitted Infections

*Sexually transmitted infections (STIs):* STIs are caused by more than thirty different bacteria, viruses and parasites and are spread predominantly by sexual contact, including vaginal, anal and oral sex. Some STIs may be spread by skin-to-skin sexual contact and may also be spread through non-sexual means. A person can have an STI without experiencing symptoms. A number of STIs can be transmitted from mother to child during pregnancy and childbirth.

### 2) Rationale and epidemiology

*A number of STIs, which result in mortality, morbidity and a compromised quality of life, can be prevented, detected and treated.* Cervical cancer from human papillomavirus (HPV), an STI, is responsible for an estimated 530,000 cases of cervical cancer per year and 264,000 cervical cancer deaths each year (WHO, 2017b). Cervical cancer is the second most common cancer in women living in low-and middle-income countries (WHO, 2017a). Almost all women and men become infected with HPV shortly after initiating sexual activity. It is estimated that there are 357 million new cases of four curable sexually transmitted infections among people aged 15 to 49 years: Chlamydia trachomatis; Neisseria gonorrhoea; syphilis and trichomonas vaginalis (WHO, 2016e). Syphilis in pregnancy leads to over 300,000 fetal and neonatal deaths each year (WHO, 2016e). STIs are associated with a several fold-increased risk of transmitting or acquiring HIV (WHO, 2017a). Untreated syphilis in pregnant adolescents living with HIV can result in an increased risk of vertical transmission of syphilis and HIV to the infant (WHO, 2017a). STIs such as gonorrhoea and chlamydia may contribute to infertility. Finally, STIs can be painful and can severely compromise quality of life (WHO, 2016e).

### 3) Relevant WHO guidelines

The following four guidelines provide recommendations for treating specific STI for both adults and adolescents, including adolescents living with HIV.

a) WHO. *WHO Guidelines for the Treatment of Treponema Pallidum (Syphilis)*. 2016a.

<http://www.who.int/reproductivehealth/publications/rtis/syphilis-treatment-guidelines/en/>

b) WHO. *WHO Guidelines for the Treatment of Genital Herpes Simplex Virus*. 2016b.

<http://www.who.int/reproductivehealth/publications/rtis/genital-HSV-treatment-guidelines/en/>

c) WHO. *WHO Guidelines for the Treatment of Chlamydia Trachomatis*. 2016c.

<http://www.who.int/reproductivehealth/publications/rtis/chlamydia-treatment-guidelines/en/>

d) WHO. *WHO Guidelines for the Treatment of Neisseria gonorrhoea*. 2016d.

<http://www.who.int/reproductivehealth/publications/rtis/gonorrhoea-treatment-guidelines/en/>

e) WHO. *Comprehensive cervical cancer control: A guide to essential practice, second edition*. 2014a.

<http://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-guide/en/>

These guidelines recommend HPV vaccinations for girls ages 9 to 13 (or the age range referred to in national guidelines) prior to sexual activity.

Additionally, these guidelines recommend:

- Outreach strategies to reach and engage young girls who would most benefit from vaccination.
- Communication strategies on HPV vaccines, including the safety of vaccines; plus information that all women should have cervical cancer screening starting at age 30 even if the girl has received the HPV vaccine.
- Training for providers, with tips for counseling, to discuss sexuality in a non-judgmental way and how to discuss HPV while protecting patient privacy and confidentiality plus providing informed choice and informed consent.
- Types of vaccines and dosing schedules for HPV vaccination, including adolescents living with HIV.
- The need to provide information plus condoms for men and boys, which gives some but not complete protection against HPV transmission.
- Voluntary medical male circumcision where relevant.

f) WHO. 2015 *Brief Sexuality-related communication: Recommendations for a public health approach*. These guidelines, which are not adolescent specific, recommend brief sexuality communication in primary health services by health providers to prevent STIs among adults and adolescents.

g) WHO. *Consolidated guideline on sexual and reproductive health and rights of women living with HIV. 2017a*. Available from: [http://www.who.int/reproductivehealth/publications/gender\\_rights/srhr-women-hiv/en/](http://www.who.int/reproductivehealth/publications/gender_rights/srhr-women-hiv/en/)

These guidelines, which are specific neither to adolescents nor to STIs but relevant for adolescents living with HIV, recommend how to address STIs for those living with HIV.

#### **4) What are specific adolescent issues?**

*Do not require third party authorization.* WHO recommends that sexual and reproductive health services be provided for adolescent girls without mandatory parental and guardian authorization/notification (WHO, 2017a).

*Provide adolescent-friendly information and services.* Implement adolescent friendly health services. Sexuality education should be provided (WHO, 2014a), with information for adolescents appropriate for their developmental stage (WHO, 2017a). HPV vaccination strategies offer valuable opportunities for integration with school and primary care health services (WHO, 2014a). Girls should not be asked about sexual activity prior to administration of the HPV vaccine (WHO, 2014a).

*Provide screening and treatment for adolescents living with HIV.* Adolescents living with HIV who have initiated sexual activity should be screened for cervical pre-cancer and cancer, with informed choice and informed consent, with rescreening three years following the first screening. Early treatment for genital ulcers, especially with herpes antiretroviral treatment, for the purpose of lowering pain is

recommended, but with adequate explanation to the adolescent to avoid false expectation of a cure (WHO, 2017).

**5) In addition to the WHO guidelines, three key documents to inform work on STIs and adolescents**

a) WHO. Global health sector strategy on sexually transmitted infections 2016-2021, towards ending STIs. 2016e Jun. Available from: <http://apps.who.int/iris/bitstream/10665/246296/1/WHO-RHR-16.09-eng.pdf?ua=1>

b) WHO. 2017b. Human papillomavirus vaccines: WHO position paper, May 2017. Weekly epidemiological record. 2017b. No. 19 241-268.

c) PATH, LSHTM. HPV vaccine lessons learnt project overview. 2015 Oct. [http://www.rho.org/files/PATH-LSHTM\\_HPVacLL\\_overview\\_2015.pdf](http://www.rho.org/files/PATH-LSHTM_HPVacLL_overview_2015.pdf)