

## Common STD's

Not previously covered in CNA

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Syphilis- systemic, highly infectious, short survival outside of body.



- 3rd. Most common reported STD in US
- Incubation- 10-90 days, aver. 20-30
- Can progress to blindness, mental illness, paralysis, heart disease, death.
- Transmitted by primary & secondary lesions through intact or abraded skin.
- Almost exclusively direct sexual contact.
- Can be passed transplacentally.
- **Primary Stage**
- Chancre- raised oval ulcer, firm border, painless, mouth, genitalia, anus.
- Regional lymphadenopathy, painless, firm.
- Chancres in women are often not noticed.
- Will heal in 4-6 weeks if untreated.

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## Secondary Stage of Syphilis

- Picture text pg. 117, spirochetes.
- Develops in 6-8 wks.
- Generalized rash, non-pruritic on palms, soles.
- Generalized lymphadenopathy, nontender
- sore throat, gray mucous patches in mouth.
- General flulike symptoms.
- Patchy hair loss from eyebrows and scalp.
- Will disappear in 2-6 wks.

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## Latent Stage of Syphilis



- Seroreactive- no other evidence of disease.
- Noninfectious, except by blood transfusion or transplacental.
- Occurs approx. 2yrs after primary
- Approx. 2/3 of infected clients will remain in this stage without causing further problems.

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## Tertiary Stage- irreversible, devastating

- 1/3 of patients. untreated will develop in 1-35 years.
- Chronic bone/joint inflamm.
- heart valvular involvement, aneurysms.
- CNS- mental illness, slurred speech, ataxic gait, paralysis, senility.
- Non-infectious
- **Diagnosis-** scrape lesions, VDRL, FTA-ABS lab tests.

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## Management of Syphilis Nursing Care

- IV Penicillin tx. of choice.
- Reinforce teaching.
- Avoid judgmental attitude.
- Standard precautions.

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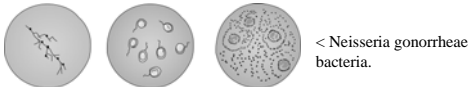
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## Gonorrhea

- See textbook page 118, caused by gram-negative diplococcus.
- ~~Local infection- common~~, urethra, rectum, pharynx, conjunctiva
- Systemic- bacteremia, polyarthrits, dermatitis, endocarditis, meningitis, more common in women than men.
- Still prevalent, under-reported, 15-29 year olds.
- Incubation period 3-8 days, sometimes longer, dies out of body
- Transmitted by direct sexual contact.
- No lasting immunity prevents reinfection.
- Disseminated gonococcal infection- most serious, septic arth.



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## Diagnosis, treatment, Nursing Care for Gonorrhea

- Diagnosis- H/P, exam, smear, culture of discharge.
- Treatment for uncomplicated- Rocephin single im dose, po single dose of cefixime, ciprofloxacin, ofloxacin, ( followed by oral doxycycline for 7 days, co-infection with Chlamydia common).
- Tx. For disseminated- hospitalized, IV ceftriaxone.
- Nursing Care- Reinforce teaching, standard precautions.

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## Symptoms, diagnosis, Nursing care of Gonorrhea

- Women- 80% asymptomatic carriers, cervical erythema, heavy, yellow-green, purulent discharge, abnormal menses, dysuria, and urinary frequency. Most common complication- PID can cause infertility.
- Men- symptoms earlier, purulent discharge, dysuria, frequency. Most common complication- epididymitis and prostatitis.
- Either sex may have conjunctivitis or pharyngitis

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## Chlamydial Infections nation's most common bacterial STD

- Causative organism, Chlamydia trachomatis- a non-motile, gram-negative bacterium, incubation 7-21 days
- Transmitted by sexual contact, doesn't cross placenta.
- Newborn can acquire conjunctivitis and pneumonia while passing through the vagina of an infected mother
- Known as the "great sterilizer" in both sexes.
- Serious systemic complication more common in males consists of urethritis, polyarthrititis, and conjunctivitis.
- Symptoms-yellow, purulent discharge, urethritis, dysuria, frequency, proctitis, pharyngitis.

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## Diagnosis, Treatment, Nursing Care

- **Diagnosis**- because of few or no manifestations, difficult, often missed.
- Manifestations indistinguishable from gonorrhea.
- Recommended that tests/tx for both be done.
- No definitive test for fast, accurate, dx. Chlamydia.
- DFA, ELISA tests done on urogenital secretions, used for screening of high risk asymptomatic clients.
- **Treatment**- Doxycycline po X7days, or 1 dose of Zithromax.
- **Nursing Care**- reinforce teaching, should avoid iron, dairy products, and antacids for tx. to be most effective. Approach in non-judgmental manner.

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## HIV Human Immunodeficiency virus Infection

The virus mutates rapidly  
we know there is

HIV I- with 2 major subtypes, M and O

M viruses have 10 subtypes-  
A,B,C,D,E,F,G,H,I,J

HIV II- probably mutating as we speak

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### Etiology and risk of HIV

- HIV I- distributed worldwide- predominately US, Euro
- **HIV II- predominantly west African nations**
- HCW- risk is low only .3% when standard precautions are followed.
- Risk ^ when deep injury occurs, visible blood on device, device was in artery or vein, the patient recently died of AIDS.
- Accidental needle-stick exposure greatest hazard.
- High risk exposures- combination antiretroviral tx. X4wks. Post
- Pregnant women tx. w antiretroviral meds. = 68% reduction
- Transmitted through breast milk.

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### Symptoms and diagnosis of HIV

- **Symptoms**
- Primary infection- initial period 50-70% of people fever, fatigue, lymphadenopathy, nausea, vomiting, headache, rash on torso and arms, oral ulcers, pharyngitis, diarrhea, hepatomegaly, myalgia, arthralgia, anemia, thrombocytopenia, and leukopenia.
- Most people aren't diagnosed during primary infection
- Initiating therapy during primary may prevent HIV.
- **Diagnosis-** antibodies develop after 3months
- EIA blood test for HIV antibodies- if + then Western blot blood test is performed.
- Influenza vaccination can produce false positives.

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### Treatment and Nursing Care

- **Treatment:**
- Antiretroviral therapy
- Vaccines are currently being tested
- Prophylaxis for Opportunistic Infection- Pneumocystis carinii pneumonia, Mycobacterium avium-intracellulare, if PPD test positive then 12 months Tx., pneumococcal and influenza vaccines, antimicrobials for diarrhea.
- **Nursing Care:** good oral care, pace care, skin care, pain management, TCDB, enc. Fluids/nourishment, HOB^, reinforce teaching, report s/s of opportunistic infections, possibly reverse isolation.

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