

Resistance in sexually transmitted infections in the Central university on Technology

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Microbial Resistance in CUT

What is Microbial resistance and how do we contribute to it as health workers

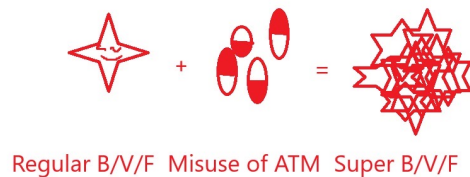
Increase in recurrent sexually transmitted infection

Unorthodox and orthodox method of dealing with recurrent STI

What is Microbial resistance?

Microbial resistance refers to the ability of microorganisms, such as bacteria, viruses, and fungi, to withstand and survive the effects of antimicrobial agents.

These antimicrobial agents including antibiotics, disinfectants, and other control measures such as antivirals and antifungals.



Our Role as Healthcare workers in perpetuating AMR

Misdiagnosis of patients.

Over Prescribing of Antibiotics.

Incorrect collection of proper history.

Poor competence.

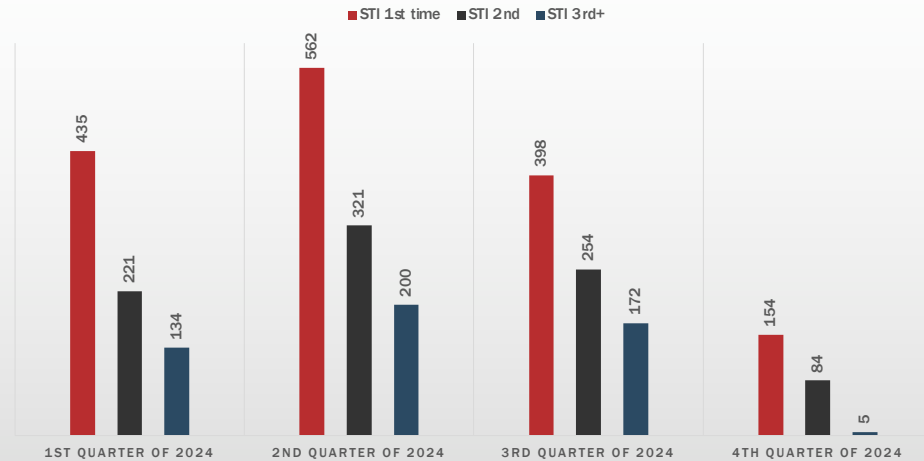
Clinical Picture of STI in campus health looking at The CUT

Monthly the CUT Campus Clinic treats approximately 150 – 200 cases of sexual transmitted infections and disease which include but not limited to, Gonorrhoea, Chlamydia, Syphilis and HIV.

In those cases of the treatable conditions, we are seeing an increased number of students coming back for retreatment of the previous Infection they presented with most of them fall in the age group of 18 -25 years.

Approximately 15% of the students who are treated with Macrolides such as Azithromycin which is one of the first line antibiotics used in treating Sexually transmitted infections will come back presenting with the same symptoms or have progressed to a severe state where they are needed to be referred to the hospital for hospital treatment for their presenting condition.

Statistics of recurring STI in the CUT Campus includes both staff and students.



The Golden Question?

So there are two possible causes of recurring STI in the Central University of technology.

The missing middle. These are the untreated sexual partners that are usually students from other universities or who are individuals that are not students at all.

The overuse of antimicrobials which ultimately results in resistance to that particular antimicrobial because of its abuse.

What was found is that out of 100% of the recurring sexually transmitted infections that were treated we found 68% of the population had their partners treated and 32% didn't.

The Golden Question?

In the 68%, a number of them had been on similar antimicrobials before for other conditions that are not related to STI and the Orthodox treatment does not work on them.

The Orthodox Use of Antimicrobials in STI

The orthodox approach to treating STI or Diseases is a symptomatic/signs/ syndromic approach.

This basically means we treat on the basis of what signs and symptoms are present at that particular stage of the infection.

For example, In the presence of lower abdominal pains we alter the treatment in a certain manner to alleviate those lower abdominal pains.

The Flow Chart as Per STG of PHC

Causative organisms and medicine management for STI syndromes:

ORGANISM	SYNDROME/S	MEDICINE MANAGEMENT
<i>Neisseria gonorrhoeae</i>	VDS, MUS, LAP	ceftriaxone + azithromycin <i>LoE:III²⁶⁹</i>
<i>Chlamydia trachomatis</i>	VDS, MUS, LAP, GUS, Bubo	azithromycin
<i>Trichomonas vaginalis</i>	VDS, LAP	metronidazole
Bacterial vaginosis (overgrowth of <i>Gardnerella vaginalis</i> , lactobacillus, anaerobes etc.)	VDS	metronidazole
<i>Candida albicans</i>	VDS	clotrimazole
<i>Treponema pallidum</i>	GUS	doxycycline/ benzathine benzylpenicillin
<i>Herpes simplex</i>	GUS	aciclovir
<i>Haemophilus ducreyi</i>	GUS, Bubo	azithromycin

The unorthodox use of Antimicrobials in STIs

As most of us who are still in clinical practice there are some instances where you have to improvise for the best treatment of a certain condition.

Thank you