

What Happens to Patients during the Year following Treatment for Sexually Transmitted Infections? How Well Does Antibiotic Treatment Work?

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The full report is titled “High Incidence of New Sexually Transmitted Infections in the Year following a Sexually Transmitted Infection: A Case for Rescreening.” It is in the 17 October 2006 issue of *Annals of Internal Medicine* (volume 145, pages 564-572). The authors are T.A. Peterman, L.H. Tian, C.A. Metcalf, C.L. Satterwhite, C.K. Malotte, N. DeAugustine, S.M. Paul, H. Cross, C.A. Rietmeijer, and J.M. Douglas Jr., for the RESPECT-2 Study Group

What is the problem and what is known about it so far?

Modern antibiotic treatment for 3 common sexually transmitted infections (*Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Trichomonas vaginalis*) is so effective that the Centers for Disease Control and Prevention (CDC) no longer recommends that patients return to the clinic following treatment for tests to confirm that the infection has been cured. However, the CDC does suggest that women who have been treated for *C. trachomatis* return in 3 months to test for reinfection. Doctors don't know whether women who have been treated for *N. gonorrhoeae* and *T. vaginalis* should also be advised to return for tests for reinfection. In addition, men often receive diagnoses of 2 of these infections (*N. gonorrhoeae* and *C. trachomatis*), and doctors are uncertain whether they too should return for reexamination.

Why did the researchers do this particular study?

To find out how frequently reinfection occurred in the year following treatment.

Who was studied?

2419 people (1236 women and 1183 men) who attended 1 of 3 public sexually transmitted disease clinics (but were HIV-negative) and who were taking part in a large study of HIV prevention counseling (the RESPECT-2 study).

How was the study done?

After the initial examination, participants returned every 3 months over the next year. They were paid \$25 to \$50 for each visit they attended. During each visit, the researchers tested for reinfection. They also asked the participants about symptoms and sexual activity since the last visit. They asked specific questions about new sexual partners and having sex with more than 1 partner.

What did the researchers find?

During the 12 months of the study, 319 (26%) women and 174 (15%) men had at least 1 new infection. Black participants were at higher risk than other groups for any infection. The strongest predictor of reinfection was having been infected at the start of the study. Participants were twice as likely to develop a new infection if they had a new sexual partner or if they had more than 1 partner. New infections were not always caused by the same organism as those found at the start of the study. The risk for picking up a new infection remained high throughout the entire year of follow-up. Many of the participants who developed new infections had no symptoms and were unaware that they were infected again until they were told of the test results.

What are the limitations of the study?

Because all of the participants were recruited from sexually transmitted disease clinics, they may not be representative of all groups of people.

What are the implications of the study?

Although antibiotic treatment is effective in curing each attack of sexually transmitted infection, reinfection is common. Periodic reexamination of treated individuals and alterations in lifestyle may be needed to control spread of infection within the community.

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