Sexually transmitted infections (STIs) remain a public health problem worldwide, with more than 1 million people acquiring an STI every day. In the Philippines, the total number of people with STIs other than human immunodeficiency virus (HIV) infection is not known. Hence, the Philippine Dermatological Society (PDS) has taken the initiative to document STI cases in its institutions since 2011.

Syphilis, human papillomavirus (HPV), herpes simplex virus (HSV) and HIV infections are some of the common STIs in our country. A total of 665 syphilis patients, 2,053 HPV-infected patients and 977 patients with herpes have been seen and treated in PDS institutions throughout the country from 2011 to 2018. The number of HIV cases on the other hand, have already reached 58,181 from January 1984 to August 2018. In August 2018 alone, 1,047 new cases of HIV have been reported to the HIV/AIDS & ART Registry of the Philippines (HARP).

The rates of STI infections like HIV, syphilis, HPV and herpes may be on the rise but clinicians can have a significant impact on this trend. With effective counselling, early and accurate detection, diagnosis and treatment, the threat and burden of STIs can be greatly reduced.

**Keywords:** Sexually transmitted infection, syphilis, human papillomavirus, herpes simplex virus, human immunodeficiency virus, updates

**INTRODUCTION**

Sexually transmitted infections (STIs) remain a public health problem worldwide. According to the World Health Organization (WHO), more than 1 million people acquire an STI every day. Unfortunately, there is currently no available data on the number of STI cases in the Philippines except for HIV. There are also few local journals on STI. Hence in 2011, the Philippine Dermatological Society (PDS) started to document STI cases in all its institutions.

One major barrier to STI prevention and control is the stigma associated with STIs. Stigmatising beliefs and fears of discrimination have been shown to influence decisions to seek STI testing and treatment. STI counselling in primary care can help encourage patients to undergo STI testing, treatment and partner referral. It may also help promote safe sex and reduce risky behavior.

**HIV**

In 2017, the Philippines has registered the fastest-growing HIV/AIDS epidemic in the Asia-Pacific. One thousand forty-seven new cases of HIV have been reported to the HIV/AIDS & ART Registry of the Philippines (HARP) in August 2018 alone. This brings up the total number of reported HIV cases in the Philippines since January 1984 to 58,181.6

The risk of HIV infection may be reduced by abstaining from sex, limiting the number of sexual partners or sticking to a monogamous relationship, using condoms the right way when engaging in sex and avoiding sharing of needles. There is also a newer tool for HIV prevention, which is pre-exposure prophylaxis (PrEP) or the use of a daily antiretroviral medication such as tenofovir-emtricitabine by HIV-negative individuals. PrEP was introduced in the Philippines in 2017 through a pilot project led by experts from the WHO, the Research Institute for Tropical Medicine (RITM) and non-governmental organizations. Two hundred HIV-negative men who have sex with men (MSM) and transgender women were enrolled in the project. Results of this two-year study are set to inform national policies and the possible wider implementation of PrEP in the Philippines.

In HIV-positive individuals, early initiation of antiretroviral therapy (ART) is said to improve their overall health and reduce the risk of HIV transmission. Antiretroviral (ARV) drugs are commercially available but the Department of Health (DOH) also provides free ARV drugs or ART in treatment hubs throughout the country. The number of such treatment facilities has been increased in recent years such as in Central Visayas, where the number has increased from three hospitals to six in this year alone. Despite increased government support and availability of free treatment, only 30,004 people living with HIV (PLHIV) in the Philippines were enrolled in free ART as of July 2018.6 The DOH said that “the low percentage of ART enrollees is due to the stigma and fear of knowing one’s HIV status”.

PhilHealth is in full support of these STI prevention and control measures of DOH. There is a PhilHealth Outpatient HIV/AIDS Treatment (OHAT) package that covers up to P30,000-worth of antiretroviral treatment and laboratory exams, which can be availed of at any accredited HIV treatment facility. PhilHealth also provides hospitalization benefits for PLHIV, which ranges from P11,000 to P20,000 depending on the case.

Government support is not merely limited to treatment but includes HIV testing and screening as well. Accurate HIV diagnostic testing however, can be challenging. The most sensitive and reliable method for testing, which is nucleic acid testing, is expensive and often limited to centralized testing facilities. Outpatient HIV test kits are now commercially-available but the reliability of these may not be high. Another obstacle to early detection is the
seronegative window period or WP, the time between infection and the production of detectable levels of antibodies (seroconversion). WP is estimated to be about 3 months. If an HIV antibody test is done during the WP, the result will be negative even if the person is infected and could transmit the virus to others. Therefore, if an HIV test is negative, a follow-up test should be done after 2-3 months to confirm the results.

Syphilis
Syphilis, an STI caused by the spirochete bacteria Treponema pallidum, is another chronic STI that may cause major complications, if not detected and treated properly. It is also known as the great imitator because its symptoms are often similar to many other diseases. A total of 665 patients have been seen and treated for syphilis in PDS institutions since 2011.

Syphilis patients often seek dermatologic evaluation for signs and symptoms such as chancre (primary stage) or diffuse rash (secondary stage). In the latent stage, the patient has active infection but may be asymptomatic.

Screening for syphilis should be performed when patients show signs or symptoms of the disease or when they are highly at risk from acquiring the infection. Screening may be done through a direct test or a serological test. The direct test is very specific but the serological test is more popular and more routinely performed. However, there are some challenges with the interpretation of results in serological testing such as the possibility of a false negative or a false positive result. False negative results may be due to the prozone effect, prior treatment or the specific stage of infection upon testing (early stage or latent stage may test negative). Prozone effect is the false negative result due to high levels of antibodies to cardiolipin cholesterol lecithin antigen in an infected person. False positive results on the other hand, are attributed to other clinical conditions and other factors like repeated infection and laboratory error.

Treatment of primary or secondary syphilis with penicillin or other antibiotics is necessary to prevent progression into neurosyphilis or the life-threatening tertiary stage and to minimize the risk of HIV acquisition.

HPV
Human papillomavirus (HPV) infection characterized by anogenital and oropharyngeal disease is still very common. According to PDS data, 2,053 patients with HPV infection have been seen in its institutions since 2011. Diagnosis of HPV is mostly clinical but when diagnosis is uncertain, a biopsy may be required.

There is no cure for HPV infection; only reduction of infectivity and removal of visible and symptomatic warts. Treatment may be topical or surgical. Imiquimod and chemical peel are the only widely available topical methods for HPV treatment in the Philippines. These can be quite expensive and based on a systematic review of treatment modalities, most topical methods do not yield a high success rate of clearance and recurrence is common. Among the surgical methods, electrosurgery is most commonly performed locally. It is also the most appropriate as it immediately clears lesions.

Vaccines that protect against initial HPV infection have been developed and proven effective. In fact in some countries, it is now included in their mass vaccination program for young people who are not yet sexually active. HPV vaccination has also been shown to increase natural HPV immunity in people who have been previously infected with HPV.

Genital Herpes
Genital herpes is another STI that is highly prevalent and has a significant impact on sexual health and the risk of HIV acquisition and transmission. It is usually caused by herpes simplex virus-2 (HSV-2) but may also be due to herpes simplex virus-1 (HSV-1). WHO estimated more than 500 million people to be infected with HSV worldwide in 2016.1 In the Philippines, 977 patients have been seen and treated for herpes in PDS institutions since 2011.

Herpes is characterized by frequent viral shedding throughout the genital tract that leads to inflammation. People suspected to have genital herpes should undergo laboratory tests such as PCR analysis to confirm the diagnosis.

Like HPV, HSV infection is incurable. However, interventions that suppress viral shedding may prevent transmission of HSV and the risk of HIV acquisition.14 Treatment also reduces pain, duration of shedding and healing time. Treatment may be episodic or chronic suppressive. Chronic suppressive therapy is usually offered to patients who experience six or more clinical episodes per year or those who experience significant anxiety or distress due to the clinical recurrences.

The rates of STI infections like HIV, syphilis, HPV and herpes may be on the rise but clinicians can have a significant impact on this trend. With effective screening, counselling, early and accurate diagnosis and treatment, the threat and burden of STIs can be greatly reduced.

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