

# Position paper on sexually transmitted diseases

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## 1. Introduction

Sexually transmitted diseases (STDs) are mainly transmitted during sexual intercourse and include over 30 pathogens. Eight of these are cited by the World Health Organization (WHO) as the main culprits in global incidence of STDs. Four of them are curable: syphilis, gonorrhoea, chlamydia and trichomoniasis. Four are not curable: Hepatitis B virus (HBV), Herpes simplex virus (HSV), Human immunodeficiency virus (HIV), and Human papillomavirus (HPV). Although sexually transmitted diseases are not limited to any one population group, some groups are more likely than others to become infected and develop an STD. Despite all the progress and numerous international and regional strategies to combat them, the WHO currently counts more than 1 million STDs every day.

## 2. Contexts

The often asymptomatic nature of STDs is an obstacle to their early treatment. In this context, primary prevention (condoms, vaccination, PrEP), secondary prevention (screening tests) and sex education are important tools for interrupting transmission chains and preventing the development of complications.

In Switzerland, the cost of a pack of condoms is not insignificant, and PrEP is not reimbursed by health insurers. Inequalities regarding the access to comprehensive sexuality education (see SSC position paper), the cost of mandatory insurance (premium, deductible, and co-pay), and regarding the resources invested in STD testing centers are also responsible for intercantonal differences in access to resources for the fight against STDs. In addition, the stigmatization of certain vulnerable groups or those at higher risk of contracting STDs is a barrier to their access to healthcare and requires special attention from healthcare professionals. Despite the progress made and the strategies put in place, STDs continue to have a serious impact on sexual, reproductive and mental health.

Therefore, swimsa recognizes the need for improvement in the area of STDs and makes the following demands:

### The swimsa asks that...

1. ... access to prevention, especially to condoms, PrEP and STD testing, is accessible and affordable for all people living in Switzerland.
2. ... healthcare providers are educated about STDs and their bio-psycho-social implications and provide attentive, non-judgmental and non-stigmatizing care to people who have been tested for or have contracted an STD.
3. ... the resources and information provided for prevention and sex education be expanded to include STDs other than HIV/AIDS.

4. ... information and education about STDs be accessible to the entire Swiss population to eliminate taboos, discrimination, and psychological stigma and to promote the use of testing and care facilities.
5. ... new means of combating STDs, including vaccines, preventive and non-preventive treatments, and screening tests, be evaluated and adopted when the level of scientific evidence is sufficient.
6. ... research into the specific needs of the Swiss population with regard to STDs and the means to prevent or cure them be supported by the healthcare system.

### 3. Call to Action

#### Die swimsa encourages ...

##### *...Health Students and Student Councils...*

- ... to increase their knowledge about STDs, including their bio-psycho-social impact and treatment.
- ... to work against discriminatory attitudes towards people who are at higher risk of contracting STDs (e.g. sex workers, men who have sex with men, migrants).
- ... to promote education about STDs and their issues at universities and colleges.
- ... to establish and conduct campaigns or events (conferences, roundtables, workshops ...) that raise awareness among peers and the general population about STDs and their impact on sexual, reproductive, and mental health.
- ... to participate in research on an STD-related topic.
- ... to take personal responsibility for improving health by providing attentive, non-judgmental, and non-stigmatizing care to people who have tested positive or contracted an STD.

##### *...universities and colleges, as well as medical schools....*

- ... to provide a safe and secure environment for all students regardless of their STD status.
- ... to provide medical students with comprehensive education on STDs, including epidemiological (incidence, prevalence, risk groups, etc.), biological (pathogenesis, modes of transmission, symptoms, prevention, treatment, etc.), and psychosocial (psychological distress, stigma, discrimination, etc.) aspects, as well as advice on dealing with sexual health issues.
- ... to provide sources of information on STDs, including sexual health counseling and testing options that are readily available to students (e.g., through the institution's website).
- ... to distribute condoms at student events and parties and annual vouchers for STD testing to students and, if not possible, to those in need.
- ... to organize or sponsor an annual STD awareness event for all students at their institution, emphasizing the importance of consistent prevention and early identification of behaviors that pose a risk of infection.
- ... to promote STD research through "academic awards."

*...Hospitals and Other Care Facilities...*

- ... to provide free condoms in hospitals and other sexual health institutions.
- ...to negotiate prices for STD testing with the hospital laboratory to make it affordable for patients.
- ...to identify and refer people who need psychological support and/or who can benefit from care in local associations for specific populations (LGBTQIA+ community, sex workers, help for victims of sexual abuse ...).
- ... to continually educate themselves on evidence-based STD guidelines, especially on optimal testing and proper antibiotic use.
- ... to provide awareness training for health care workers to ensure good knowledge of STDs and care that is free of prejudice and stigma.
- ... to display prevention and information posters on the various STDs in the affected hospital departments and/or during international days or weeks....

*...the health care system (including the federal government, the Federal Office of Public Health and the cantons)...*

- ... to continue efforts to collect data on the prevalence and incidence of STDs by improving the monitoring of risk behaviors (e.g., by extending the BerDa and SwissPrEPared models to all STD screening consultations).
- ... to provide true financial access (e.g., reimbursement through basic insurance, without deductibles or co-payments, similar to cantonal HPV vaccination programs) to ensure equitable access to HIV and STI prevention (condoms, PrEP) and testing.
- ... to promote an annual STD awareness day with prevention information and targeted free STD testing.
- ... to raise awareness of STD transmission and prevention in addition to HIV by expanding the definition of "safer sex" and establishing clear prevention recommendations.
- ... to develop programs to destigmatize the general concept of STDs and reduce the psychological barrier to testing.
- ... to demand a clear statement of the ordinance of the Federal Department of Home Affairs (FDHA) on the benefits of the compulsory health insurance (KLV) on the conditions for the assumption of costs for STD testing.
- ... to promote the intercantonal harmonization of prevention programs and the financing of STD control.
- ... to accept the reimbursement of PrEP (in the form of Truvada® and/or its generics) for people at high risk of HIV infection.
- ... to provide access to and reimbursement for new methods of STD control for the general population when scientific research demonstrates a positive risk-benefit ratio.

**The swimsa is committed ...:**

- ... to contribute to the development of comprehensive education on STDs for future health professionals in Switzerland, covering both bio-psycho-social aspects and sexual care counseling.

- ... to build an attentive, non-judgmental healthcare system that combats discrimination against groups at increased risk of STDs and people with STDs.
- ... to encourage students to get involved and create campaigns or events to raise awareness among their peers and the general population about STDs and their impact on sexual, reproductive, and mental health.
- ... to make prospective physicians and medical staff aware of their responsibility to educate the general population and de-taboo the issue of STDs.

## 4. Main Text

### Background information

Sexually transmitted diseases (STDs) are infectious diseases that can be transmitted during sexual intercourse (oral, vaginal and anal). In addition, they can also be transmitted through non-sexual routes of infection, such as blood products, bodily secretions, or mother-to-child transmission (during pregnancy or childbirth). Sexually transmitted diseases include over 30 pathogens. Eight of these are identified by the World Health Organization (WHO) as the main contributors to the global incidence of STDs. Four of these infections are curable: syphilis, gonorrhea, chlamydia and trichomoniasis. Four other infections are viral in nature and are not curable: Hepatitis B virus (HBV), herpes simplex virus (HSV), human immunodeficiency virus (HIV), and human papillomavirus (HPV). Their treatment is symptomatic or disease-modifying. However, advances have allowed the development of preventive measures through vaccination against HPV and HBV or prophylaxis before and after exposure to HIV (1).

### Worldwide figures

According to the WHO, more than 1 million STDs are transmitted worldwide every day (2). Each year, 376 million new infections in people aged 15-49 years are due to the four curable infections: Chlamydia (127 million), gonorrhea (86 million), syphilis (6 million), or trichomoniasis (156 million)(3). In 2020, 37.7 million people worldwide were living with HIV, 1.5 million people were newly infected, and 680,000 people died from AIDS-related illnesses (4).

### Figures in Switzerland

For the third consecutive year since 1980 (the beginning of the HIV epidemic), fewer than 500 new HIV cases were reported to the FOPH in 2019. This figure, which has been decreasing since 2002, reflects Switzerland's success in achieving the target set by the United Nations (90-90-90) (5).

This decrease in cases can be explained by several factors :

1. Increase in the number of screening examinations, especially among people who are particularly at risk.
2. Earlier start of treatment.
3. Since 2016, the Federal Commission on Sexually Transmitted Infections has recommended oral HIV chemoprophylaxis (PrEP) for HIV-negative people at high risk of infection. In addition, its use has increased since 2020 thanks to a national research project (SwissPrEPared) that made possible a delivery at very advantageous prices.

Despite these encouraging results, prevention efforts should not be neglected. All the more so, given that some STDs are on the rise.

In 2019, there were 1046 new syphilis cases, with the number of cases increasing until 2016 and the trend stabilizing thereafter (5).

An increase in cases of gonorrhoea and chlamydia has also been observed. In 2019, 3907 and 12 374 new cases were diagnosed, respectively. This increase can be explained by several factors. First, laboratory analyses have improved. This is because tests now react to multiple pathogens rather than just one. As a result, the tests can diagnose asymptomatic infections that previously went undetected (5). Second, this increase can also be explained by the screening campaigns conducted by the FOPH. Both have had a very positive impact on the transmission chain of STIs: as infected individuals are treated more quickly, the transmission chain is shortened (5). However, the increase in reported cases may also reflect an actual increase in cases in the population (5).

### **Health effects of STDs**

HIV infection is known for the serious illnesses it can cause if left untreated: Tuberculosis, cryptococcal meningitis, bacterial infections, and even cancers such as Kaposi's sarcoma and lymphoma (6). Morbidity and mortality associated with other STDs is high. While some STDs such as herpes simplex virus, gonorrhoea, and syphilis increase the risk of HIV infection two- to threefold, others are favored by HIV infection (7). HPV infections affect more than 290 million women worldwide and are the leading cause of cervical cancer, killing more than 264,000 women each year (2). Regardless of gender, HPV is also responsible for cancers affecting the anal region, mouth, and throat (8). Hepatitis B virus, which causes chronic infection of the liver, can also lead to death from cirrhosis or hepatocellular carcinoma (9). Chlamydial and gonococcal infections are important causes of pelvic inflammatory disease, ectopic pregnancy, miscarriage, and infertility in women (1). Finally, transmission of certain STDs (herpes, syphilis, chlamydia, gonorrhoea) from mother to child during pregnancy or at birth can have numerous effects on the newborn (low birth weight, prematurity, sepsis, pneumonia, neonatal conjunctivitis, congenital malformations) and even lead to death (stillbirth, death of the newborn) (7). Syphilis is responsible for more than 300,000 maternal and neonatal deaths each year and also increases the risk of HIV transmission from mother to child (2, 10).

### **Stigma and impact of STDs on mental health.**

Stigma and impact of STDs on mental health.

Stigma can be defined as a process whereby a person or group is discriminated against and marginalized because of one or more harmful characteristics attributed to them (11). The consequences of stigma for people with sexually transmitted diseases are great and affect their well-being and use of health services. They are more likely to engage in risky behaviors, delay visiting a health and testing center, not communicate with their partners or doctors, which can lead to increased spread of STDs (12).

Furthermore, the stigmatization of people with STDs has a significant impact on their health, both physically and psychologically. It is undeniable that STDs have a strong impact on the mental health of those affected and vice versa, although this has not been adequately researched. It is well known that the diagnosis of an STD can be a traumatic and shameful experience that contributes to the fear of notifying sexual partners (13). Mental health problems,

in turn, promote risky sexual behavior and are associated with higher rates of sexually transmitted infections (14).

Finally, these discriminatory processes particularly affect vulnerable groups such as adolescents/young adults or sexual minorities, exacerbating the barriers that prevent them from accessing appropriate care (12, 15).

### **Prevention, treatment and access, barriers in Switzerland.**

In the fight against STDs, measures can be taken at several levels. Primary prevention minimizes the risk of becoming infected with an STD. The known means are: Condoms, vaccines against hepatitis B and HPV, and pre-exposure prophylaxis (PrEP) against HIV. Secondary prevention is done through testing and is especially important because STDs are often asymptomatic. It therefore allows for early detection and treatment in the absence of symptoms and reduces the risk of transmission. Finally, tertiary prevention refers to all means, including treatment, used to reduce the risk of complications. Treatment usually cures or controls the infection, as in the case of HIV, herpes, and hepatitis B (2). Limitations regarding access to these preventive agents are mainly financial in nature.

#### Primary prevention

Contrary to our French neighbors, compulsory health insurance in Switzerland only partially covers the costs of primary STD prevention (16). Thus, while vaccinations against hepatitis B and HPV are reimbursed, condoms (42 cents to several francs per condom) and PrEP (from 40.- for 30 tablets) (17, 18 19), which represent a considerable budget in the prevention of STDs, are not.

Thanks to a national research project (SwissPrEPared) that offers PrEP at very affordable prices and collects data on its use, PrEP use has increased since 2020. This 2019 project (19) is a response to dissatisfaction expressed by several people with the cost of PrEP, the lack of medical support for its prescription, and the shortcomings of medical staff in this regard (20). The results of the European survey "Flash ! PrEP in Europe" survey also highlighted a lack of awareness and a lack of reimbursement as major barriers to PrEP use (21).

#### Secondary and tertiary prevention

In Switzerland, financial access to health care is governed by the KVG - the Federal Health Insurance Act (in German: Bundesgesetz über die Krankenversicherung). Its deductible, ownership share and monthly premium system assumes that a person in good health with a high deductible (e.g. 2500.-) and few doctor visits will pay the full cost of preventive examinations and treatments. This is a typical situation for young adults between the ages of 19 and 25 (22). A Big 5 test-the classic panel for screening for HIV, chlamydia, gonorrhea, syphilis, and hepatitis-costs between about 100 and 300 Swiss francs, depending on the age of the person tested and the center. Under certain conditions, it can be reimbursed by basic insurance, but anonymity cannot be maintained (23). It should be noted that the conditions found online are not very clear and sometimes it is even mentioned that the screening is not reimbursed by health insurances (24).



### **Current strategies (global and national)**

In 2016, the World Health Organization (WHO) recognized that STDs posed "a threat to public health" (25) and has thus adopted a strategy to dramatically reduce the number of new STD cases. The WHO is developing "the Global Health Sector Strategy for Sexually Transmitted Diseases in parallel with global health sector strategy projects for HIV and viral hepatitis" (25). These three projects share the same goals: "universal health coverage, continuity of health services, and the public health approach" and are part of the 2030 Agenda for Sustainable Development (25). Thus, the WHO establishes criteria for STD treatment and prevention, "strengthens surveillance and monitoring systems," and "guides the global research agenda on STDs" (1).

However, the organization also acknowledges that there are many obstacles in reaching these goals. Structural inequalities and the marginalization of different populations have led to inadequate STD surveillance and unequal access to health services. Discrimination and stigma against people affected by STDs prevent quality sexuality education. Treatment of STDs is also increasingly complicated, for example, due to the emergence of treatment-resistant gonococci (26).

In Switzerland, the Federal Office of Public Health (FOPH) is responsible for national health policy, including STDs (25). As part of its mandate, it coordinates and manages the National Program HIV and Other Sexually Transmitted Infections (NPHS), whose main goal is to reduce the transmission of HIV and other STDs by working in three axes of intervention (28). It is also responsible for publishing an annual bulletin summarizing statistics on new AIDS cases, HIV infections, and reportable STDs (syphilis, gonorrhoea, chlamydia) (29). The FOPH is advised by the Federal Commission for Questions Concerning Sexually Transmitted Infections (EKSI), an extra-parliamentary commission composed of 15 experts in the field of STDs and sexual health to assist the federal government and the cantons in combating STDs (30).

Switzerland is also committed to the 90-90-90 strategy of the UNAIDS organization, which means that 90% of those infected with HIV will be diagnosed, that 90% of those diagnosed will receive antiretroviral treatment, and that 90% of those receiving treatment will receive optimal treatment. Switzerland has already exceeded all of these targets, probably since 2012 (5).

#### NPHS Strategy

Axis 1 addresses all people living in Switzerland and focuses on their knowledge of HIV and/or other STDs and the need to protect themselves in case of risky contacts. Axis 2 is aimed at people subject to an increased risk of HIV infection and/or other STDs. In particular, it targets men who have sex with men (MSM), migrants from countries with high HIV prevalence, intravenous drug users (IDUs), sex workers, and people in prison. Axis 3 targets infected individuals to ensure rapid treatment and prevent infection of sexual partners (28).

#### Targeted screening strategy

Targeted screening can be a very effective method of prevention and reducing health care costs. Screening recommendations should be evaluated in relation to individual STDs, their



prevalence in specific populations (e.g., adolescents and young people, MSM, etc.), and their impact on specific individuals (e.g., pregnant women, people living with HIV/AIDS, etc.) (31).

#### Strategies to overcome the cost barrier

Switzerland, has several centers listed on the [lovelife.ch](http://lovelife.ch) website that offer anonymous testing at low prices, including youth and social tariffs (23, 32) to remove the financial barrier preventing access to testing. AIDS Relief Switzerland runs campaigns such as #Securion in November and STARMAN in May in collaboration with sexual health and testing centers, where testing is offered at very low prices. Free HIV testing is also offered on days such as the World AIDS Day in Lausanne or at Pride events in Geneva or Zurich (33). Organizing such events has been shown to increase the number of people who get tested. Its free or reduced price was often the argument put forward by participants (34). These programs also provide an opportunity for dialogue and education of the population (35).

#### Strategy for Safer sex

The FOPH also participates in the LOVE-LIFE campaign ([lovelife.ch](http://lovelife.ch)), with the aim of informing the population about the risks of HIV and STDs and different ways to prevent them. Thanks to the close collaboration with "Aids-Hilfe Schweiz" and "Sexual Health", the campaign continues to evolve: it maintains and updates a national list of counseling and testing centers, as well as a list of "safer sex rules", including the "safer sex check"(36).

Currently, there are 2 safer sex rules :

1. Vaginal or anal penetration only with a condom.
2. And because everyone likes it their way, do your Safer Sex Check on [lovelife.ch](http://lovelife.ch) (36).

It should be noted that STD transmission is not limited to vaginal and anal sex. They can also be transmitted through oral sex or contact with contaminated surfaces such as fingers or sex toys, semen, vaginal secretions, and blood (37).

#### Strategy for sexuality education

Education and communication about sexually transmitted infections are two factors that have the potential to reduce stigma and indirectly reduce the spread of infections by promoting testing (15). Therefore, it is important to address the stigma associated with STDs in STD programs with appropriate sex education, such as comprehensive sexuality education (CSE).

CSE is an approach that addresses sexuality by incorporating cognitive, affective, physical, and social dimensions (14). To prevent STDs, CSE emphasizes the need to inform young people about all available contraceptive methods without neglecting the dual protective role of male and female condoms against pregnancy and STDs (14). It is also necessary to supplement this information with an explanation of how to use them and where to obtain them. The availability of preexposure prophylaxis against HIV should be addressed, especially for those at risk of acquiring HIV (14). As noted by the Vaudois Grand Council in its 2018 report regarding the thematic commission on public health, "HIV should not be separated from other STDs, as they

are not independent of each other" (34). Since some STDs increase the risk of HIV infection, information about all STDs (mentioned by the WHO) should have the same importance in order to avoid a lack of knowledge in the population, which is essential.

As for the vectors of this program, schools are the most important (because of their safe environment and the large number of audiences), combined with actions in the community (38). In addition, the Internet is beginning to play an important role in access to information, and many young people feel more comfortable learning about sexual health online. Be aware of the risks of misinformation (38). For more details on CSE, see the swimsa policy paper adopted in November 2020.

### **FOPH recommendations**

With regard to screening and counseling services, (39):

- the FOPH permits the sale of self-tests for personal use in the context of early detection of HIV.(40)
- the FOPH supports the Voluntary Counselling and Testing Service (VCT).
- the FOPH introduces a complementary approach known as provider initiated counselling and testing (PICT). PICT has three goals described here: "PICT recommendations should enable clinicians to (a) not overlook primary HIV infection, (b) suspect advanced HIV infection when symptoms or clinical presentation are unclear, and (c) conduct a preventive counseling interview with the patient and offer HIV testing if they believe the patient has engaged in risky sexual behavior." (39)
- the FOPH has developed an electronic tool, BerDa (counseling and data, in German: Beratung und Daten), that is available to counseling and testing centers. The aim is to support the management of individuals requesting screening using a questionnaire to assess risky behavior. The latter makes it possible to target counseling according to the results of the questionnaire and to collect anonymous statistical data to improve and target the prevention of risk behaviors in the population. (41)
- the FOPH recommends the use of the "Safer Test Check" tool (36).

At the international level, Switzerland is involved in the global fight against HIV/AIDS (42):

- sharing scientific knowledge and progress on HIV/AIDS and other STDs at international conferences.
- responding to UNAIDS studies on the epidemiological situation of HIV/AIDS.
- The implementation of the necessary means to fulfill its international obligations.

Through the Epidemic Law (EpG, in German: Epidemegesetz) - Communicable Diseases Legislation (43):

- The Confederation develops and coordinates national programs, with the participation of the cantons, to achieve the objectives in the fight against sexually transmitted diseases, including HIV/AIDS.
- The basis of the National Program HIV and other Sexually Transmitted Infections (NPHS) is based on the EpG (28).

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