

# National STD Curriculum

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Last Updated: September 14, 2023

National STD Curriculum www.std.uw.edu

# National STD Curriculum (NSTDC)

- Brief orientation to the National STD Curriculum (NSTDC)
- NSTDC Podcast
- Mpox Clinical Guide
- Learning Groups
- Summary





## www.std.uw.edu

The *National STD Curriculum* integrates the 2021 CDC STD Treatment Guidelines into a free, up-to-date, educational website. The site addresses the epidemiology, clinical manifestations, diagnosis, treatment, and prevention of STDs and STIs.

- Seven Self-Study or Quick Reference Lessons
- 20+ Question Bank Topics with 180+ interactive board-review style questions
- Podcast series on innovative and significant topics
- Innovative group learning tool to assign units and track members' progress
- 30+ FREE CME credits, MOC Points, CNE and CE contact hours, and 14+ pharmacology CE for advanced practice nurses

This curriculum is funded by the U.S. Centers for Disease Control and Prevention (CDC). The project is led by the Infectious Diseases Education & Assessment (IDEA) Program and the University of Washington STD Prevention Training Center, a National Network of STD Prevention Training Centers (NNPTC) regional center.



# **NSTDC Site Orientation**



#### 🎇 National STD Curriculum

Sign In or Register



#### **National STD Curriculum Updates**

- NEW illustrated Mpox Clinical Guide reviews life cycle, manifestations, diagnosis, four treatment options, and prevention
- Seven 2nd Edition lessons and twenty-five question bank topics offer new CME, CME+MOC, CNE, and CE
- 2nd Edition content includes new recommendations in the CDC 2021 STI Treatment Guidelines
- Podcast series explores significant issues including testing for gonorrhea and antimicrobial resistance, HSV, and syphilis.

#### **STD & STI 2nd Edition Lessons**



Chlamydia Chlamydial Infections Quick Reference > Rapidly access info about Chlamydia Self-Study 2nd Edition CNE/CME Track progress and receive CE credit Question Bank CNE/CME Interactive board-review style questions with CE credit

Gonococcal Infections



Self-Study 2nd Edition CNE/CME Track progress and receive CE credit Question Bank CNE/CME Interactive board-review style questions with CE credit

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Interactive board-review style questions with CE credit

# **Dual Functionality**



## Self-Study (Modular)

- Sequential (Step-by-Step)
- Flexible modular options
- Certificate program
- Sign in required
- Ideal for courses & trainings

**Registered Learners (HPATs)** 

## **Quick Reference**

- Highly organized interface
- Quick search
- On demand topics
- No sign in required
- Ideal for staying updated

## All Learners





### **Registered Learners (HPATs)**

available!

module.

time.

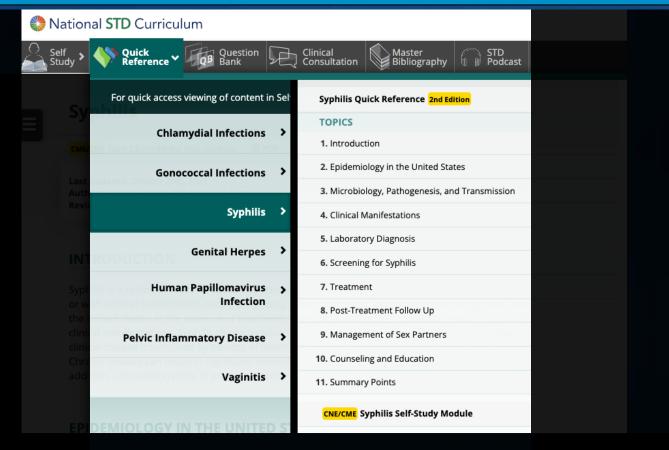
## Self-Study Modules

	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6	Lesson 7
	Chlamydial Infections	Gonococcal Infections	Syphilis	Genital Herpes	Human Papillomavirus Infection	Pelvic Inflammatory Disease	Vaginitis
Topic 1	✓	✓	<b>~</b>		✓		
Topic 2	✓	✓	✓		✓		
Торіс З	✓	✓	✓		×		
Topic 4	✓	✓			×		
Topic 5	×	✓	<b>~</b>		×		
Topic 6	×				×		
Topic 7	✓				✓		
Topic 8	✓		<b>~</b>		✓		
Topic 9	✓		<b>~</b>		✓		
Topic 10	✓				✓		
Topic 11	✓						
Lesson Quiz					✓		

Certificate of Completion for Non-CE



## Quick Reference



## All Visitors/Learners

## **Quick Reference**



Ε

NSTDC

#### Syphilis

Self Study

CME/CNE Earn CE credit for this module 🛛 🖷 PDF 🛛 🖾 Share

Last Updated: June 13th, 2022 Authors: David H. Spach, MD, Meena S. Ramchandani, MD Reviewer: Khalil G. Ghanem, MD, PhD

Quick Reference Question Bank

#### INTRODUCTION

Syphilis is a systemic infection caused by *Treponema pallidum*, a spirochete bacterium that is transmitted primarily through sexual activity or with vertical transmission during pregnancy. Cases of syphilis, including congenital syphilis, have risen substantially in recent years in the United States. In the absence of treatment, persons who acquire *T. pallidum* remain chronically infected and can develop an array of clinical manifestations. Syphilis characteristically progresses in stages (primary, secondary, latent, and tertiary), with episodes of active clinical disease interrupted by periods of latent infection; neurologic manifestations can occur at any of these stages (Figure 1).<sup>[1,2]</sup> Chronic disease can result in significant morbidity, potentially affecting nearly every organ system, and rarely, can result in death. In addition, untreated syphilis in pregnant women can lead to fetal demise and devastating congenital infection for the neonate.

Clinical Consultation Master Bibliography STD Podcast

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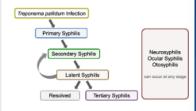


Figure 1. Natural History and Clinical Staging of Syphilis

#### EPIDEMIOLOGY IN THE UNITED STATES

#### 2020 SYPHILIS SURVEILLANCE DATA

Although surveillance reporting of syphilis cases includes data for multiple syphilis stages, the reported cases for primary and secondary syphilis most accurately represent new infections. During the past 80 years in the United States, the incidence of syphilis has fluctuated (Figure 2).<sup>[3]</sup> Since the year 2000, the reported number of syphilis cases in the United States has dramatically increased, peaking at 133,945 reported cases (of all stages) in 2020 (Figure 3).<sup>[3]</sup> In 2020, a total of 41,655 cases of primary and secondary syphilis were reported, which represents a 75% increase from 2015 and the highest reported number of cases since 1992.<sup>[3]</sup> In recent years, there reported cases of syphilis in women have increased, in conjunction with a sharp increase in the number of cases of congenital syphilis.<sup>[3]</sup> The following summarizes several key epidemiologic features for syphilis as

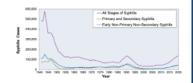


Figure 2. Syphilis Cases, United States, 1941-

Q

## **Question Bank**

#### 🌕 National STD Curriculum



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A 29-year-old man is diagnosed with rectal *Neisseria gonorrhoeae* infection on a routine screening nucleic acid amplification test (NAAT). He has no symptom. The rectal NAAT is negative for *Chlamydia trachomatis*. In addition, pharyngeal swabs and urine NAATs are negative for gonorrhea and chlamydia. He weighs 73 kg and has no antibiotic allergies.

What regimen should be used to treat this rectal N. gonorrhoeae infection?

- Ceftriaxone 250 mg IM in a single dose
- Ciprofloxacin 500 mg orally as a single dose plus doxycycline 100 mg orally twice daily for 7 days
- O Cefixime 400 mg orally once daily for 7 days plus azithromycin 1 gram orally in a single dose
- Ceftriaxone 500 mg IM in a single dose



#### **Question Bank**

#### Question Bank Topics 2nd Edition

- Bacterial Vaginosis
- Candidiasis Vulvovaginal
- Cervicitis
- Chancroid
- Chlamydial Infections
- Epididymitis
- Gonococcal Infections
- Granuloma Inguinale (Donovanosis)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes Genital
- HIV Infection
- Lymphogranuloma venereum (LGV)
- Mycoplasma genitalium
- Pediculosis Pubis
- Proctitis, Proctocolitis, and Enteritis
- Scabies
- Syphilis
- Trichomoniasis
- Urethritis

### Registered Learners (HPATs)

# Image: State of the state

A 29-year-old man is diagnosed with rectal Neisseria gonorrhoeae infection on a routine screening nucleic acid amplification test (NAAT). He has no symptom. The rectal NAAT is negative for *Chlamydia* trachomatis. In addition, pharyngeal swabs and urine NAATs are negative for gonorrhea and chlamydia. He weighs 73 kg and has no antibiotic allergies.

What regimen should be used to treat this rectal N. gonorrhoeae infection?

#### You chose this option correctly:

♂ Ceftriaxone 500 mg IM in a single dose

#### Summary

For nonpregnant persons with uncomplicated gonococcal infections of the cervix, urethra, or rectum, the recommended treatment of gonococcal infections is a single dose of intramuscular certixaone 500 mg with or without oral doxycycline 100 mg twice daily for 7 days, with the doxycycline depending on whether chlamydia infection has been ruled out. Pregnant women and persons who cannot take the course of doxycycline should receive a single dose of azithromycin 1 gram orally instead of the 7day course of doxycycline. It diverses that a single intramuscular dose of certinaxone 500 mg alone would be the recommended treatment. Note that ceftriaxone 1 gram, given as a single intramuscular dose, should be used if the individual weighs T50 kg or more.

Table 1, 2021 STI Treatment Guidelines: Gonococcal Infections
HIDE

Treatment of Uncomplicated Gonococcal Infection of the Cervix, Urethra, or Rectum
HIDE

Recommended Regimen if Chlamydial Infection Excluded
Softmar Infection Excluded

Softmar Infection Excluded
Softmar Infection Excluded

Softmar Infection Excluded
Softmar Infection Excluded

Ceftriatone
Softmar Infection Excluded

Softmar Infection Excluded
Softmar Infection Excluded

Ceftriatone
Softmar Infection Has Not Been Excluded

Ceftriatone
Softmar Infection I

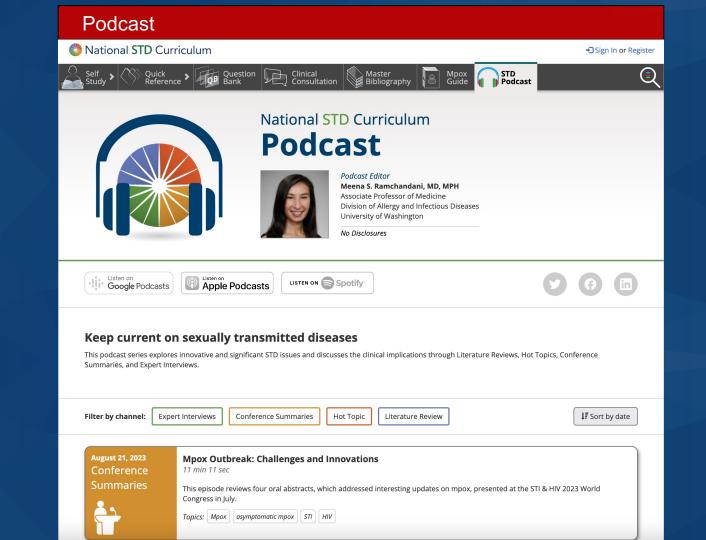
#### Alternative Regimen if Ceftriaxone is Not Available

### All Learners

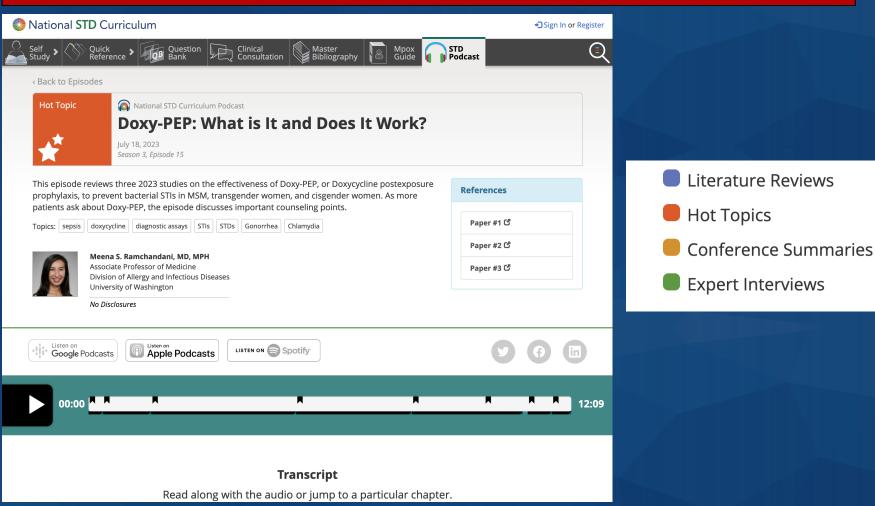


# National STD Curriculum Podcast





## Podcast





# **Mpox Clinical Guide**



## Mpox Clinical Guide

Quick Reference

NSTDC

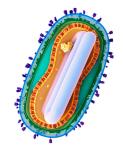
Self Study

## National STD Curriculum

Q<sup>B</sup> Question Bank

For more information visit std.uw.edu

STD Podcast



#### INFORMATION GUIDE

Clinical Consultation

## **Mpox Clinical Guide**

Raaka G. Kumbhakar, MD<sup>1</sup> / Jason E. Zucker, MD<sup>2</sup> / Kevin L. Ard, MD, MPH<sup>3</sup> / William F. Simmons, MD<sup>1</sup> / Chloe Bryson Cahn, MD<sup>1</sup> / David H. Spach, MD<sup>1</sup>

Master Bibliography B Mpox Guide

#### TABLE OF CONTENTS

#### 2 <u>Virus Structure</u>

- 3 Virus Life Cycle
- 4 <u>Clinical Presentation</u>
- 7 Infection Control
- 8 Diagnosis & Testing
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#### **ABOUT THIS INFORMATION GUIDE**

This guide was developed for health care professionals involved in the care of persons with mpox (formerly monkeypox). This guide is produced by the University of Washington Infectious Diseases Education and Assessment Program (IDEA).

#### PERMISSION TO USE THIS GUIDE

LAST UPDATED

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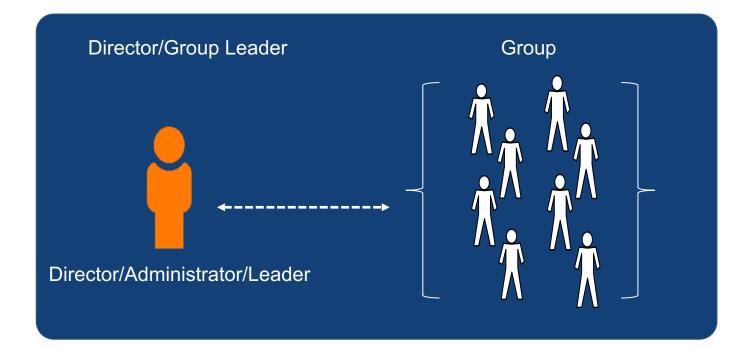




# Learning Groups

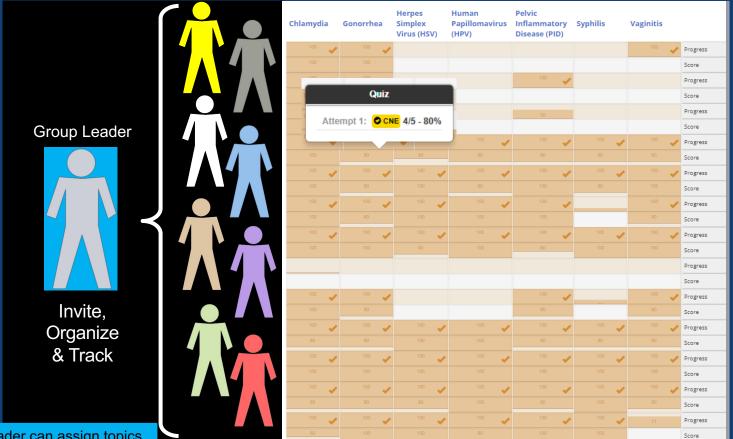


# National STD Curriculum Learning Groups





# NSTDC Groups: Invite, Organize, & Track





Group Leader can assign topics

National STD Curriculum 2nd Edition: Summary of CME Credit, MOC Points, CNE Contact Hours,						
CE Contact Hours, and Pharmacology CE for Advanced Practice Nurses as of 7/19/23						

Lesson	CME/MOC/CNE/CE	Pharmacology CE for APNs	
Chlamydial Infections	1.50	0.00	
Genital Herpes (HSV)	2.00	0.00	
Gonococcal Infections	1.50	0.00	
Human Papillomavirus Infection (HPV)	2.00	0.00	
Pelvic Inflammatory Disease (PID)	1.00	0.00	
Syphilis	2.00	0.00	
Vaginitis	2.00	0.00	
CE Available in Lessons	12.00	0.00	
Question Bank	CME/MOC/CNE/CE	Pharmacology CE for APNs	
Anogenital Warts	1.00	0.00	
Bacterial Vaginosis	0.75	0.00	
Candidiasis Vulvovaginal	1.00	1.00	
Cervicitis	0.50	0.50	
Chancroid	0.50	0.50	
Chlamydial Infections	1.00	1.00	
Epididymitis	1.00	0.00	
Gonococcal Infections	1.50	1.50	
Granuloma Inguinale (Donovanosis)	0.50	0.00	
Hepatitis A	0.75	0.00	
Hepatitis B	1.00	0.00	
Hepatitis C	0.75	0.00	
Herpes Genital	1.50	1.50	
HIV Infection	1.00	1.00	
HPV Infection: Prevention	1.00	0.00	
HPV-Associated Cancers and Precancers	1.00	0.00	
Lymphogranuloma venereum (LGV)	0.50	0.50	
Mycoplasma genitalium	0.50	0.50	
Pediculosis Pubis	0.50	0.50	
Proctitis, Proctocolitis, and Enteritis	0.50	0.00	
Scabies	0.75	0.75	
Sexual Assault and Abuse and STIs	1.00	1.00	
Syphilis	2.50	2.50	
Trichomoniasis	1.00	1.00	
Urethritis	0.50	0.50	
CE Available in Question Bank Topics	22.50	15.25	
Combined CE total as of 7/19/23	34.5	15.25	





## **FREE CE Offered**

IDEA Curricula	CME Credits/MOC Points CNE Contact Hours CE Contact Hours	Pharmacology CE for Advanced Practice Nurses
National HIV Curriculum	91.50	65.50
National STD Curriculum std.uw.edu	34.50 and 34.50 Maintenance of Certification (MOC) Points	15.25
Hepatitis C Online	34.00	18.00
Hepatitis B Online	11.00	7.00

# Acknowledgments

The National STD Curriculum is funded by a cooperative agreement from the Centers for Disease Control and Prevention (CDC-RFA-PS20-2004). This project is led by the University of Washington STD Prevention Training Center and Infectious Diseases Education and Assessment (IDEA) Programs.







The content in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.