

Written assignment 1 – Nursing

Name: Milly Shennan

Student number: 220167227

Unit Code: HSNS367

Unit coordinator: Peter Redona

Due date: 15/9/19

Word count: 2035

Sexually transmitted infections (STI's) are infectious diseases most frequently acquired through sexual contact (Jarrell & Rolley, 2015). STI's can be categorised into either bacterial or viral. The following essay aims to explore a case study involving a 24-year-old male, Justin, who is at risk of developing a number of STI's, in particular herpes. Relevant assessments required to diagnose and manage this condition are discussed along with the role of the sexual health team in Justin's care. Patient education will be addressed with the purpose of determining control measures to reduce the risk of STI's and related complications.

### Relevant assessments required

Justin presents to the health clinic with a concern of blisters on his penis. After obtaining a health history, it is discovered that Justin regularly participates in unsafe sex practices. Justin voices feelings of being unwell for the past few days and has been experiencing aches and malaise. The initial physical assessment performed on Justin was acquiring his baseline observations, all of which were within normal SAGO chart limits. Normal heart sounds and clear lungs were identified on this healthy, fit young man however slightly enlarged glands were visible on his groin. The physical assessment on Justin also found three open and inflamed lesions on the shaft of his penis with the largest being 1.5cm in diameter. No further lesions were located in any other parts of Justin's body. Jarrell & Rolley, (2015) state that during the primary stage of genital herpes, the patient may have small, vesicular lesions on the penis and can contain large quantities of infectious viral particles. Based on this, Justin's lesions are swabbed as part of his assessment for a herpes culture.

Laboratory testing methods are routinely used to make a clinical diagnosis of genital herpes (Yarbrough & Burnham, 2016). Justin undergoes a blood test that is able to detect antibodies

in herpes simplex virus (HSV) type 1 and 2. The cause of HSV derives from two different strains. HSV type 1 (HSV-1) causes infection above the waist and is mainly transmitted through oral contact. HSV type 2 (HSV-2) is a sexually transmitted infection that causes infection in the genital tract and below the waist (World Health Organisation [WHO], 2017). Both strains can cause an infection on the mouth or genitalia (Jarrell & Rolley, 2015). Based on Justin's history of frequent, unprotected sex and oral sex, his blood test results displayed positive tissue culture for HSV-1. HSV-1 is a highly contagious sexually transmitted infection, which is common and increasing among young men and women who participate in sexual intercourse with men (WHO, 2017). Justin would have obtained HSV-1 through either oral contact via sores, salvia or surfaces in or around the mouth or through oral-genital contact to cause genital herpes (Queensland Health, 2019).

At Justin's follow-up appointment, treatment for his HSV-1 infection will begin immediately, as early treatment decreases the transmission and duration of the symptoms. Despite there being no cure for genital herpes, Justin's infection can be managed through the use of antiviral drug therapy and self-care measures (Cernik, 2008). Acyclovir, Valaciclovir and Famciclovir are antiviral drugs used to inhibit herpetic viral replication. They also assist with reducing the severity and frequency of symptoms (Jarrell & Rolley, 2015). Justin is prescribed acyclovir 200mg every 4 hours for 10 days to decrease the amount of virus present and reduce the likelihood of future herpes and transmission between partners (Queensland Health, 2019).

### Sexual Health Team

Collaboration between general practitioners (GP), registered nurses (RN) and other multidisciplinary teams can enhance sexual health care delivery. 80% of herpes cases are not

recognised by clinicians and are underdiagnosed according to the Australian Herpes Management Forum (AHMF) (Jarrell & Rolley, 2015).

Management of Justin's herpes should be guided by a multidisciplinary team involving GP's, nurse practitioners and specialist counsellors. The initial step for the sexual health team in Justin's case is to identify and prioritise his problems. These may include his risk of infection due to his limited education on how HSV-1 is transmitted, how to maintain genital hygiene and failure to use precautionary actions (Jarrell & Rolley, 2015). The sexual health team play an important role in planning Justin's health goals in order to maximise his outcome. In Justin's case, a main goal for him will be to demonstrate an adequate understanding of how herpes is transmitted and the risk it poses. Justin must also complete his full treatment and attend any necessary follow-up appointments. It is crucial that Justin is educated by the sexual health team on the importance of notifying any current or past sexual partners about his infection. This then allows them to get testing done and access any necessary treatment to prevent the infection from spreading. Justin must also cease sexual intercourse until his HSV-1 is resolved and demonstrate that he will engage in safe sex in the future (Jarrell & Rolley, 2015).

The role of the nurse practitioner is to teach and educate Justin on the treatment, management and prevention of HSV-1. As there is no cure available for herpes, Justin's HSV-1 can be managed through a number of ways. The nurse practitioner can suggest to Justin that keeping his infected area as dry as possible and wearing loose non-restrictive underwear can assist with managing his infection (Snow, 2011). The nurse practitioner may also suggest the use of anaesthetic gels to aid in reducing pain. It is vital the nurse practitioner informs Justin to monitor the skin when using the creams as to not irritate the genital area (Snow, 2011).

Whilst the lesions are still present, Justin must aim to avoid the use of soap on the affected area and instead bathe it with salt water (Snow, 2011).

The nurse practitioner's role in the health clinic is to explain and interpret to Justin the treatment measures of HSV-1 such as the purpose and possible side effects of the prescribed drug (Jarrell & Rolley, 2015). It is also vital they express the need for follow-up care. The nurse practitioner and GP play an important role in ensuring Justin is aware of the importance of completing his prescribed regime of medication and is informed on the complications that can arise from non-adherence (Sauerbrei, 2016). Justin must be aware that his use of aciclovir will not cure the disease but can lessen the pain and decrease the severity and duration of the outbreak (Snow, 2011). The healthcare team will require Justin to return to the health clinic for a repeat culture of the infected site to conclude the effectiveness of the aciclovir (Jarrell & Rolley, 2015). It must also be explained to Justin that symptoms of genital herpes may come and go however, the virus will stay in his body even after all signs of infection have gone away (SA Health, 2012).

Specialist counselling is a critical aspect in the management of Justin's HSV. Justin must come to terms with the fact that his condition is not curable and repeated infections may occur (Jarrell & Rolley, 2015). The diagnosis of genital herpes brings a variety of emotions to Justin such as guilt, shame, anger and embarrassment. This can disrupt not only Justin's physical health but also his emotional, sexual and social life. Specialist counselling services provide support and a willingness to listen to any of Justin's issues or concerns (Jarrell & Rolley, 2015). Engaging in these counselling services will assist Justin in making fully informed decisions about his treatment along, safe sexual practices and preventing future reoccurrences (Jarrell & Rolley, 2015).

## Education Needs

Educating patient's is the most effective method for combatting the spread of herpes. Pearce (2018) mention's that it is imperative that we educate adolescent patients on the risks and how to prevent contracting HSV. Justin is a young, male university student. This automatically places him in an exposed and high-risk environment for another outbreak of HSV-1 or HSV-2 unless educated on preventative measures he can participate in.

Justin must be educated on precautions to take, such as voiding and washing his genitalia after sexual intercourse to rid organisms and decrease the occurrence of infection (Jarrell & Rolley, 2015). Justin must also ensure he is practicing safe sex by wearing a condom, being monogamous and asking potential partners about their sexual history (Queensland Health, 2019). The consistent and correct use of condoms can assist in spreading genital herpes however, condoms only provide partial protection as HSV can be found in areas not covered by the condom (WHO, 2017).

The objective of educational interventions is to reduce the HSV transmission and to raise awareness amongst those at risk. The more knowledgeable Justin is on his infection, the greater chance he is going to take extra precautions when engaging in sexual intercourse. Justin should be educated on HSV-1 infection, its variability in recurrence and strategies to decrease transmission risk (Patel, 2004). Strategies to limit transmission risk by promoting condom use and limiting the number of sexual partners is another promotional measure. Healthcare providers, teams and services should provide regular, current and relevant information to their clients and inform them on where they can access further information (Patel, 2004). In Justin's case, he is amongst the participants of a high-risk group and therefore health education and personal hygiene should be directed towards this group, along

with expressing the importance of reducing the transfer of infectious material (Health Vic, 2018).

The low level of accurate knowledge amongst the general public and especially younger generations regarding genital herpes is a major barrier to effective implementation of educational interventions (Patel, 2004). Examples of these educational strategies include ways of transmission, risk reduction strategies and therapeutic options. Justin is a university student who is amongst a group of people who regularly engage in sexual behaviours resulting in them becoming a high risk of contracting HSV and other sexually transmitted diseases. Often with these university students, there is no link between knowledge and behaviour. Based on this lack of knowledge, mass campaigns and educational awareness strategies may be required (Patel, 2004). The aim of these strategies is to target the young adults who have the highest rate of acquiring HSV.

Hover & Bertke (2017) express that there is a social stigma surrounding HSV that generally restricts teens and young adults from discussing HSV and sexual health. Breaking through this social stigma is crucial for decreasing the prevalence of genital herpes and other STI's in young adults and adolescence. In Justin's case, this can be executed through providing preventative health education and awareness about HSV by utilising modern, culturally appropriate and relevant methods within his university (Hover & Bertke, 2017). Examples of these include interactive web-based programs that provide learning opportunities for genital herpes and other STI's and educational lectures run by a GP or nurse practitioner on the signs, symptoms, ways of transmission, management and prevention on genital herpes. In Justin's university setting, students may prefer and feel more comfortable around a young instructor or educator proving the sexual education. It may also be of benefit to have sexual

health education taught later in high school as it is when students are more sexually active. It is important to identify the ways in which young adults prefer to learn about genital herpes as it will lead to enhanced education. Hover & Bertke (2017) mention the importance of identifying the gaps of general knowledge surrounding HSV and introducing innovative methods to better provide accurate and relevant sexual health information.

In Australia, it is estimated that three quarters of adults are infected with HSV-1, hence the importance for education (Queensland Health, 2019). Through developing educational interactive strategies, realistic scenarios, open discussion forums and continuous education for young adults like Justin, it will provide him with the information necessary for a well-rounded, educational view on sexual health (Hover & Bertke, 2017).

Genital Herpes is an important public health disease in Australia that has the ability to cause substantial morbidity if it goes undiagnosed or treated. Relevant assessments required to diagnose Justin's HSV were examined along with the role of the sexual health team looking after Justin's care and educational information he may need. Although there is not a cure, medication can relieve symptoms for Justin and an active participation in safe sex practices will allow for a manageable lifestyle for him.

## Reference list

Cernik, C. (2008). The Treatment of Herpes Simplex Infections<subtitle>An Evidence-Based Review</subtitle>. *Archives Of Internal Medicine*, 168(11), 1137. doi: 10.1001/archinte.168.11.1137

Health Vic (2018). *Herpes simplex infections*. Retrieved from: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/herpes>

Hover, S., & Bertke, A. (2017). Herpes simplex virus 1 and 2 educational assessment of young adults in rural southwest Virginia. *PLOS ONE*, 12(6), e0179969. doi: 10.1371/journal.pone.0179969

Jarrell, K., & Rolley, J. (2015). Sexually transmitted infections. In Brown, D., Edwards, H., Seaton, L., Buckley, T., Lewis, S., Ruff Dirkson, S., Mclean Heitemper, M & Bucher, L. (Eds.), *Lewis's medical-Surgical Nursing: Nursing management* (pp. 1298-1314). Chatswood, Australia: Elsevier.

Patel, R. (2004) *Educational interventions and the prevention of herpes simplex virus transmission*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/15319085>

Pearce, S. (2018) *Educate your adolescence patients about herpes*. Retrieved from: <https://www.mdedge.com/infectiousdisease/article/175675/infectious-diseases/educate-your-adolescent-patients-about-herpes>

Queensland Health (2019) *Genital Herpes*. Retrieved from: <http://conditions.health.qld.gov.au/HealthCondition/condition/14/188/62/genital-herpes>

SA Health. (2012). *Genital herpes - including symptoms, treatment and prevention*. Retrieved from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+conditions+prevention+and+treatment/infectious+diseases/genital+herpes/genital+herpes+-+including+symptoms+treatment+and+prevention>

Sauerbrei, A. (2016). Optimal management of genital herpes: current perspectives. *Infection And Drug Resistance*, 129. doi: 10.2147/ldr.s96164

Snow, M. (2011). What you need to know about genital herpes. *Nursing*, 41(7), 58. doi: 10.1097/01.nurse.0000398758.27016.98

World Health Organisation (2017). *Herpes simplex virus*. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/herpes-simplex-virus>

Yarbrough, M., & Burnham, C. (2016). The ABCs of STIs: An Update on Sexually Transmitted Infections. *Clinical Chemistry*, 62(6), 811-823. doi: 10.1373/clinchem.2015.240234