

# Handbook on Sexually Transmitted Infections (STIs) syndromic management

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# Introduction

Sexually transmitted infections (STIs) are a major cause of acute illness, infertility, long-term disability and death, with adverse medical and psychological consequences for adult and pediatric population. The purpose of this booklet is to standardize case definitions of sexually transmitted diseases in the Maldives for strengthening of the STI surveillance system.

This hand book provides information on STI case definitions, symptoms of various STI syndromes, syndromic flow charts, to assist the health care providers (Doctors, Community Health Workers and VCT counselors) to identify the symptoms and refer/manage STIs appropriately and adequately.

# Sexually Transmitted Infections - Case definitions

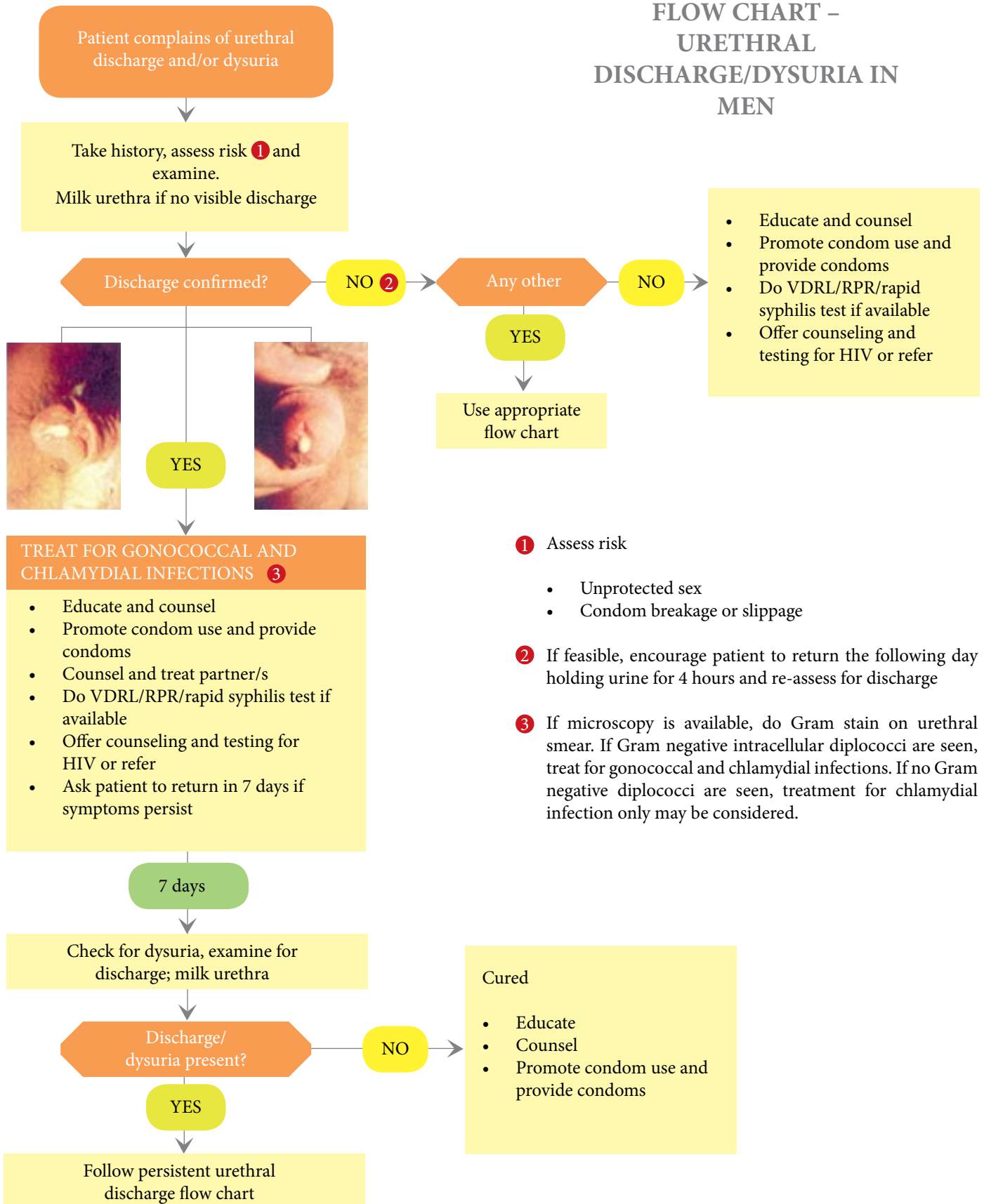
Syndrome		Criteria for diagnosis
1	Urethral Discharge syndrome	Urethral discharge in man (with or without dysuria) seen at the urethral meatus, with or without milking or expressing urethra
2	Vaginal discharge syndrome	An abnormal vaginal discharge with change in quantity, consistency, color or odour (with or without vulval burning and itching)
3	Genital Ulcer	An ulcer (visible break in the skin) on penis, scrotum or rectum in men, and in women on labia, vagina, cervix and rectum.
4	Lower abdominal pain in women	Pain in the lower half of the abdomen. If accompanied by abnormal vaginal discharge, marked pelvic tenderness and cervical motion tenderness with or without fever, it is suggestive of pelvic inflammatory disease.
5	Syndrome of acute scrotal swelling	Acute onset unilateral testicular pain and swelling, often with tenderness of the epididymis and vas deferens.
6	Syndrome of inguinal swelling	History of swelling and pain in the inguinal region with painful swollen inguinal lymph nodes without genital ulcer
7	Syndrome of neonatal conjunctivitis	Unilateral or bilateral conjunctivitis in a new-born (within four weeks of delivery).

# Symptoms of various important STI syndromes

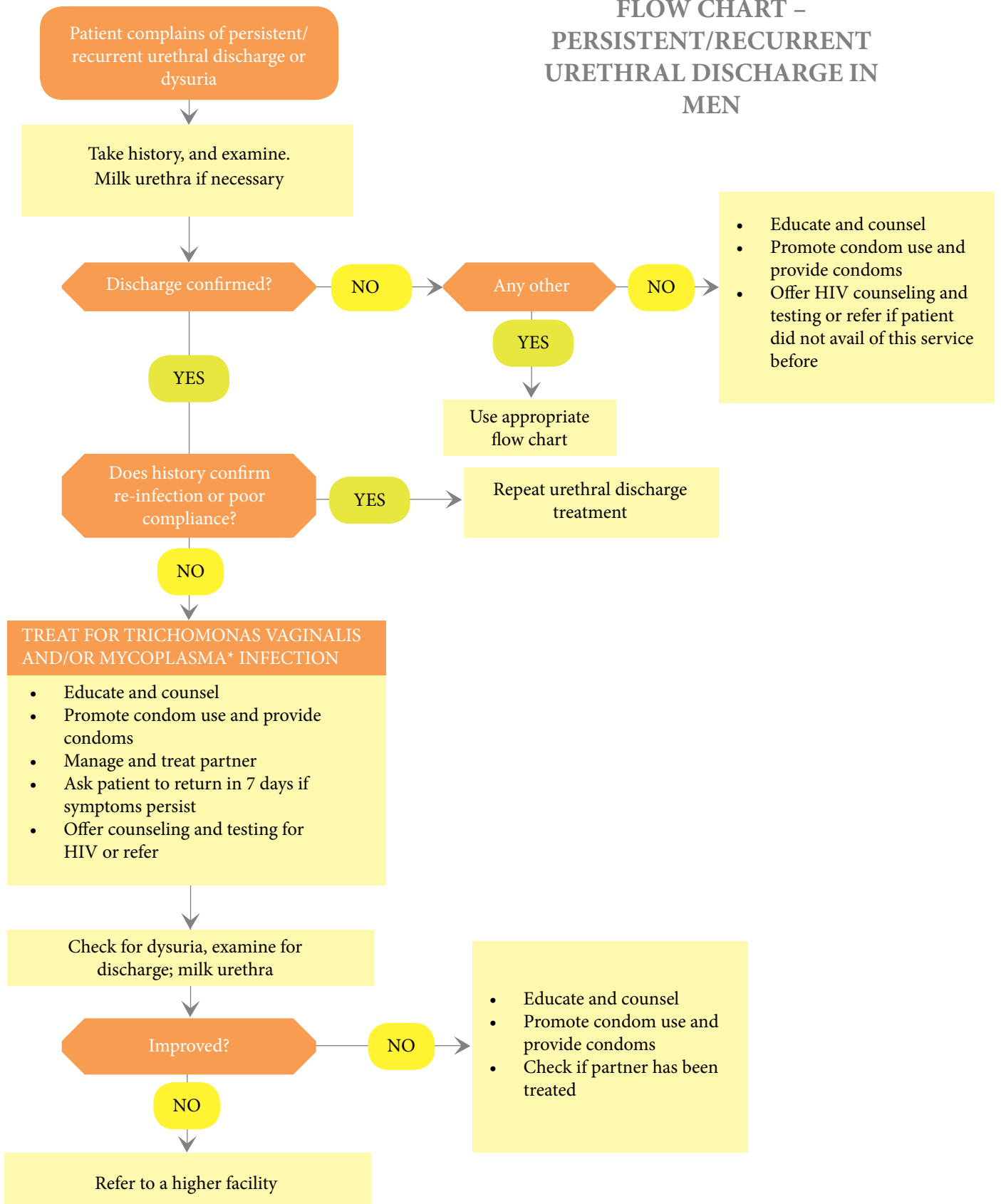
	Syndrome	Symptoms	Most common causes
1	Urethral Discharge syndrome	<ul style="list-style-type: none"> <li>• Urethral discharge</li> <li>• Dysuria</li> <li>• Frequent urination</li> </ul>	<ul style="list-style-type: none"> <li>• Gonorrhoea</li> <li>• Chlamydia</li> </ul>
2	Vaginal discharge syndrome	<ul style="list-style-type: none"> <li>• Unusual vaginal discharge</li> <li>• Vaginal itching</li> <li>• Dysuria (pain during urination)</li> <li>• Dyspareunia (pain during sexual intercourse)</li> </ul>	VAGINITIS <ul style="list-style-type: none"> <li>• Trichomoniasis</li> <li>• Candidiasis</li> <li>• Bacterial Vaginosis</li> </ul> CERVICITIS <ul style="list-style-type: none"> <li>• Gonorrhoea</li> <li>• Chlamydia</li> </ul>
3	Genital Ulcer	<ul style="list-style-type: none"> <li>• Genital sore</li> </ul>	<ul style="list-style-type: none"> <li>• Syphilis</li> <li>• Chancroid</li> <li>• Genital Herpes</li> </ul>
4	Lower abdominal pain in women	<ul style="list-style-type: none"> <li>• Lower abdominal pain</li> <li>• Dyspareunia</li> </ul>	<ul style="list-style-type: none"> <li>• Gonorrhoea</li> <li>• Chlamydia</li> <li>• Mixed anaerobes</li> </ul>
5	Syndrome of acute scrotal swelling	<ul style="list-style-type: none"> <li>• Scrotal Pain and Swelling</li> </ul>	<ul style="list-style-type: none"> <li>• Gonorrhoea</li> <li>• Chlamydia</li> </ul>
6	Syndrome of inguinal swelling	<ul style="list-style-type: none"> <li>• Painful enlarged inguinal lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>• Lympho Granuloma Venereum (LGV)</li> <li>• Chancroid</li> </ul>
7	Ano rectal discharge and or proctitis	<ul style="list-style-type: none"> <li>• Perianal pain</li> <li>• Mucopurulent anal discharge</li> <li>• Anorectal bleeding</li> <li>• Constipation</li> <li>• Sensation of rectal fullness or of incomplete defaecation</li> <li>• Tenesmus</li> <li>• Anal discomfort</li> </ul>	<ul style="list-style-type: none"> <li>• HSV</li> <li>• Gonorrhoea</li> <li>• Chlamydia</li> <li>• Mycoplasma</li> </ul>
8	Syndrome of neonatal conjunctivitis	<ul style="list-style-type: none"> <li>• Swollen eyelids</li> <li>• Eye discharge</li> <li>• Baby cannot open eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Gonorrhoea</li> <li>• Chlamydia</li> </ul>

# Syndromic management flow charts – in following pages

## FLOW CHART – URETHRAL DISCHARGE/DYSURIA IN MEN

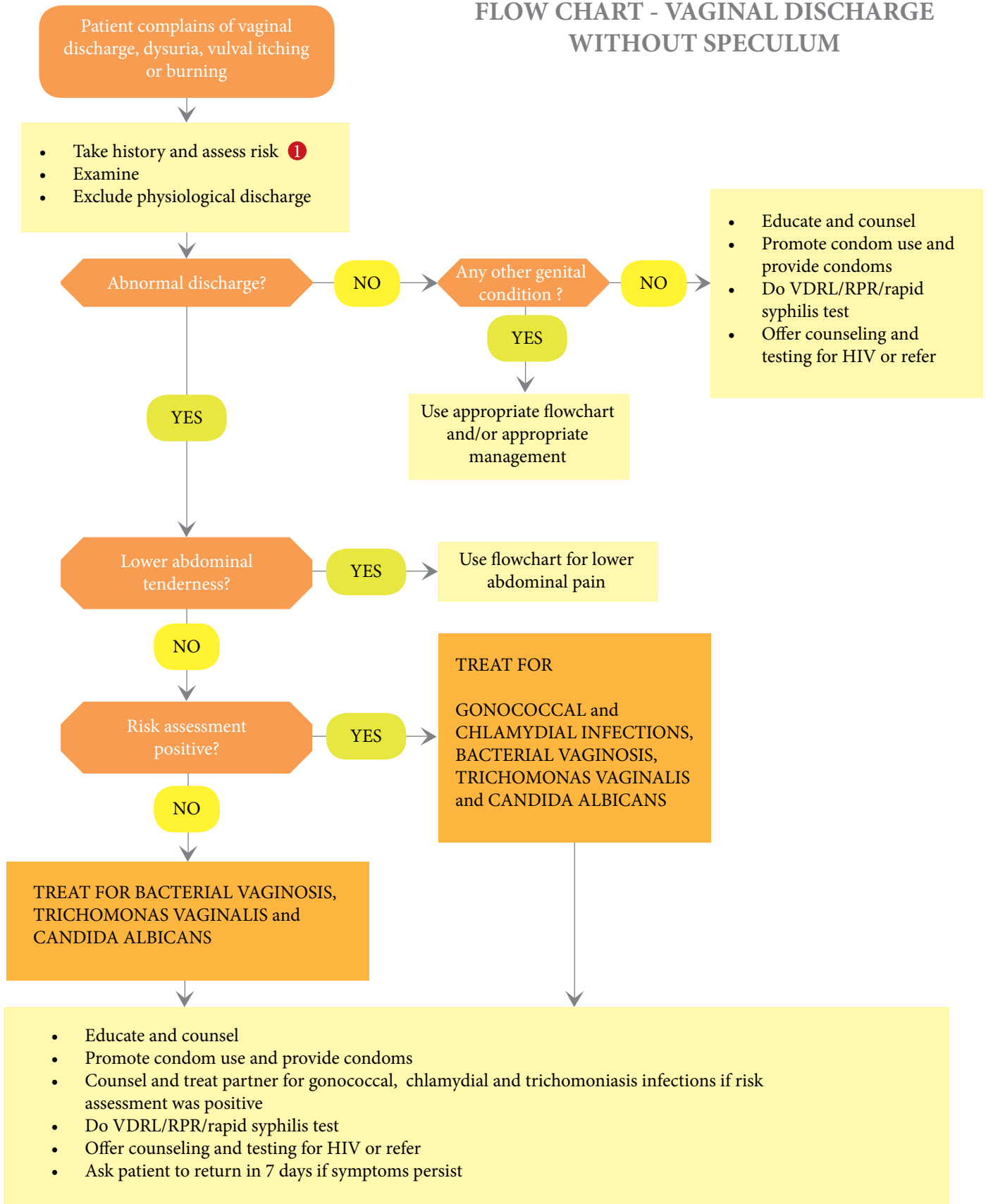


## FLOW CHART – PERSISTENT/RECURRENT URETHRAL DISCHARGE IN MEN



\* Add treatment for mycoplasma infection depending on the local situation

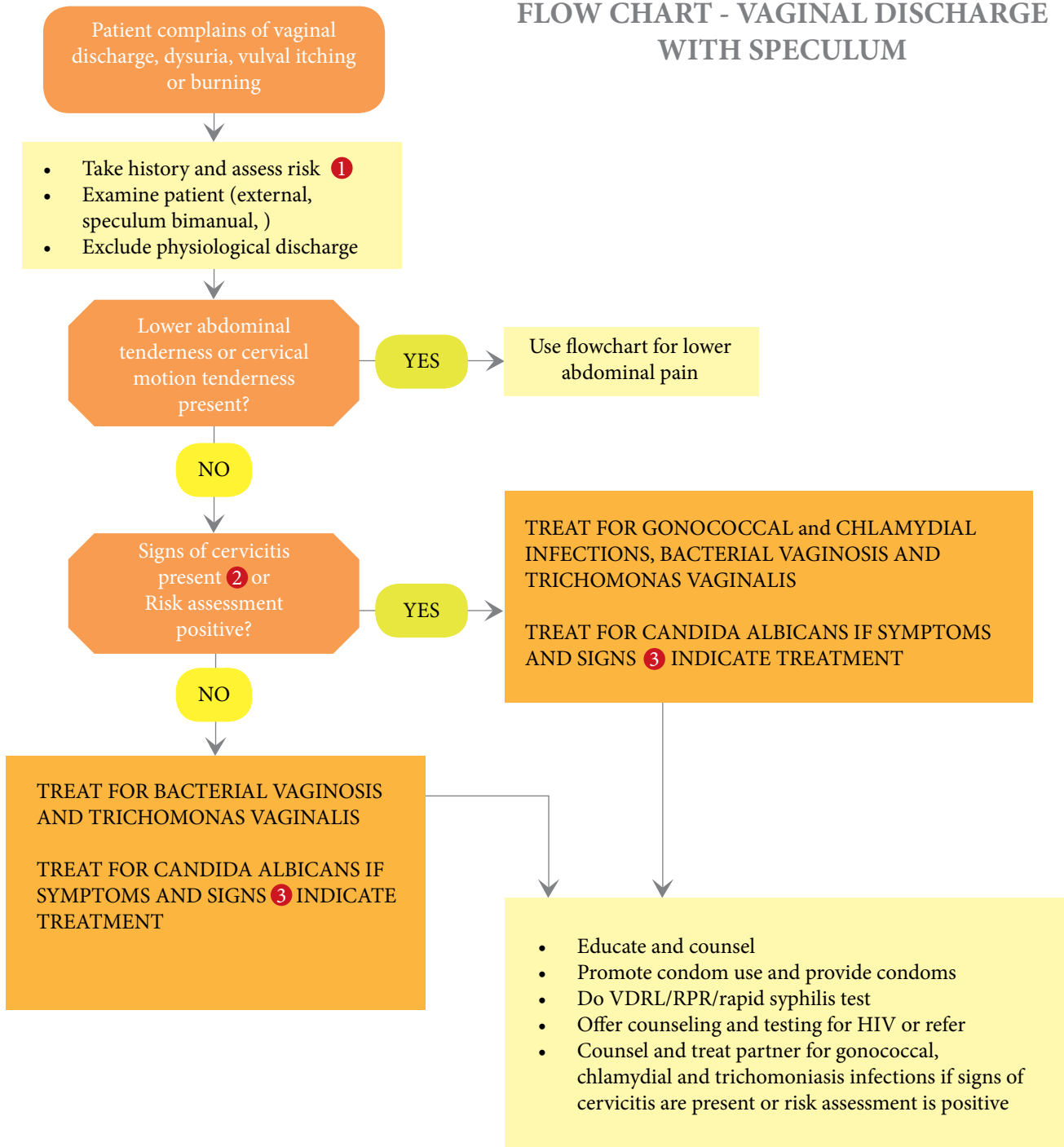
## FLOW CHART - VAGINAL DISCHARGE WITHOUT SPECULUM



**1** Risk factors such as multiple partners and partner with symptoms are frequently associated with cervicitis



## FLOW CHART - VAGINAL DISCHARGE WITH SPECULUM

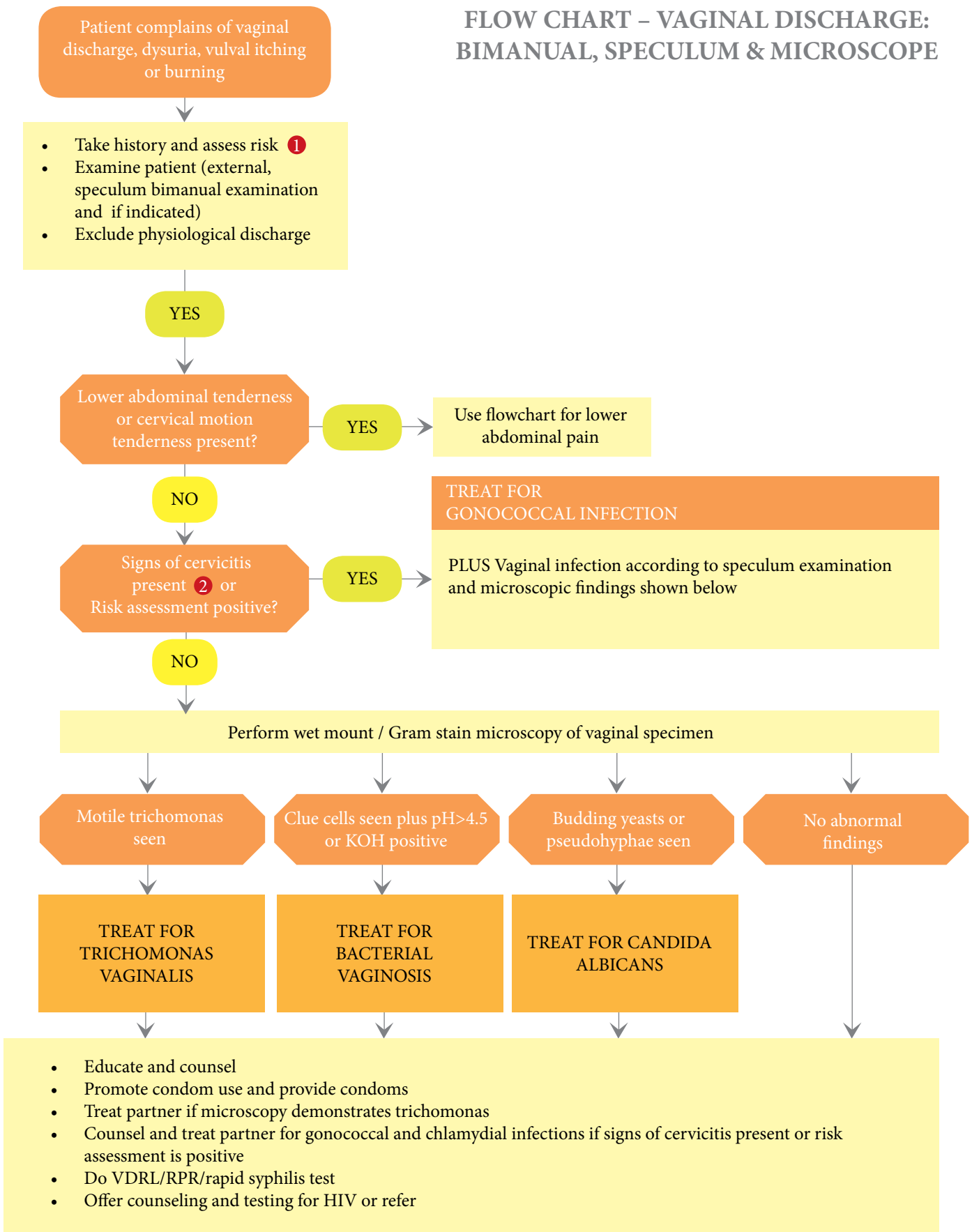


① Risk factors such as multiple partners and partner with symptoms are frequently associated with cervicitis

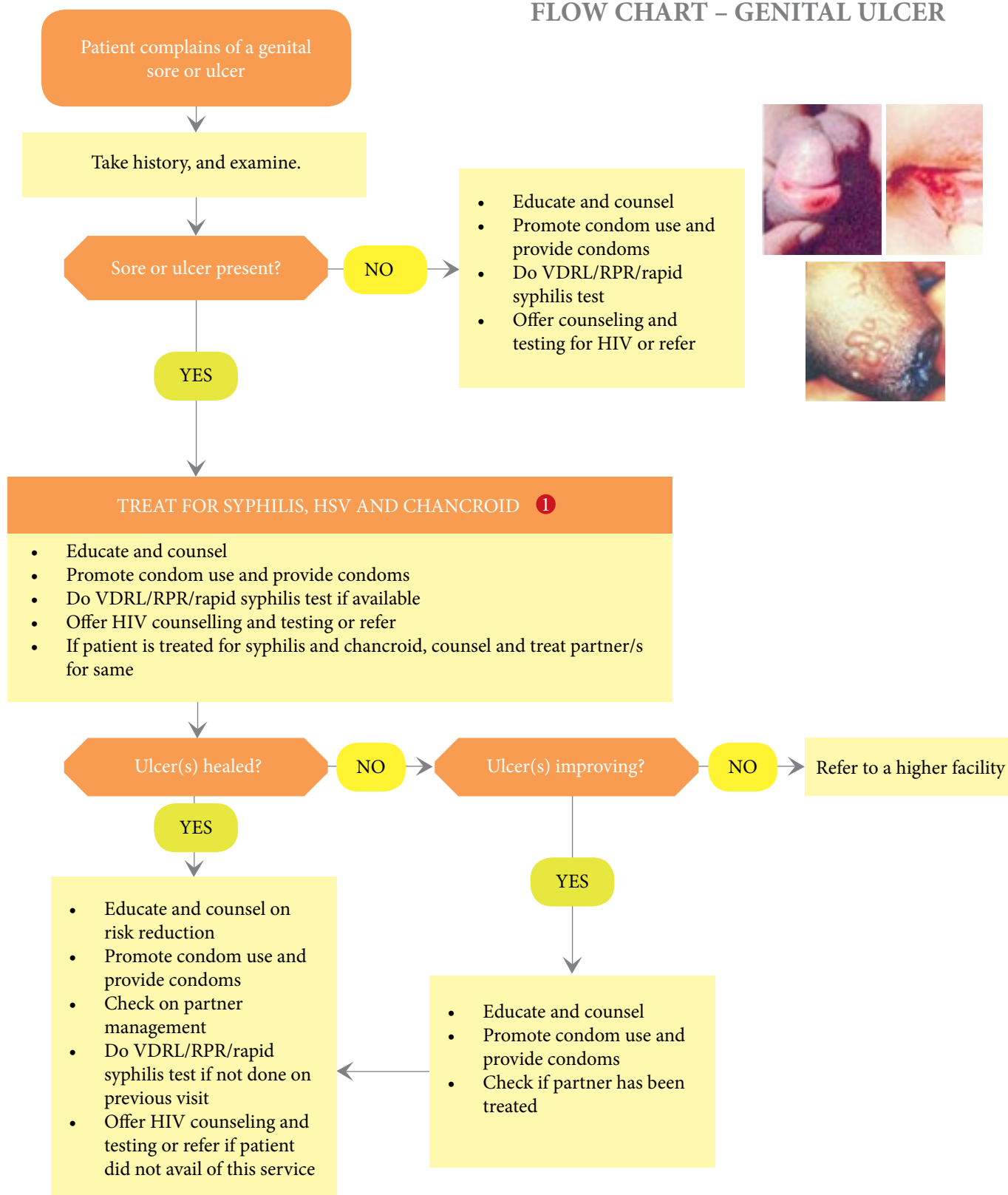
② Signs of cervicitis- cervical mucopus/ erosion,easily induced cervical bleeding/erosion easily induced

③ Vulval oedema/curd-like discharge, vulval erythema and excoriations

## FLOW CHART – VAGINAL DISCHARGE: BIMANUAL, SPECULUM & MICROSCOPE



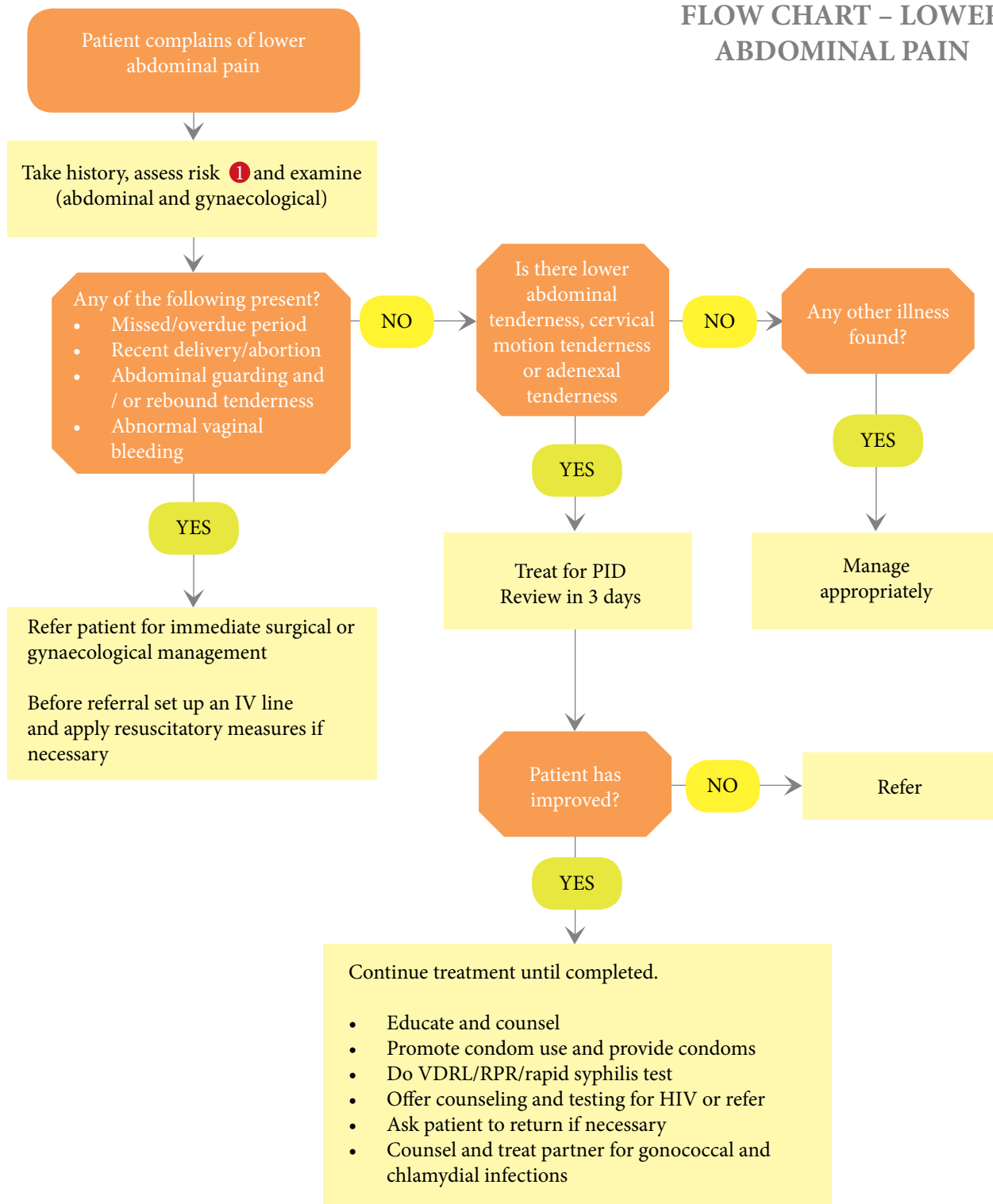
## FLOW CHART – GENITAL ULCER



① Treat for chancroid where it is prevalent

If history of recurrent episodes of ulcer/s present, consider HSV suppressive therapy if > 6 recurrence/ year

## FLOW CHART – LOWER ABDOMINAL PAIN

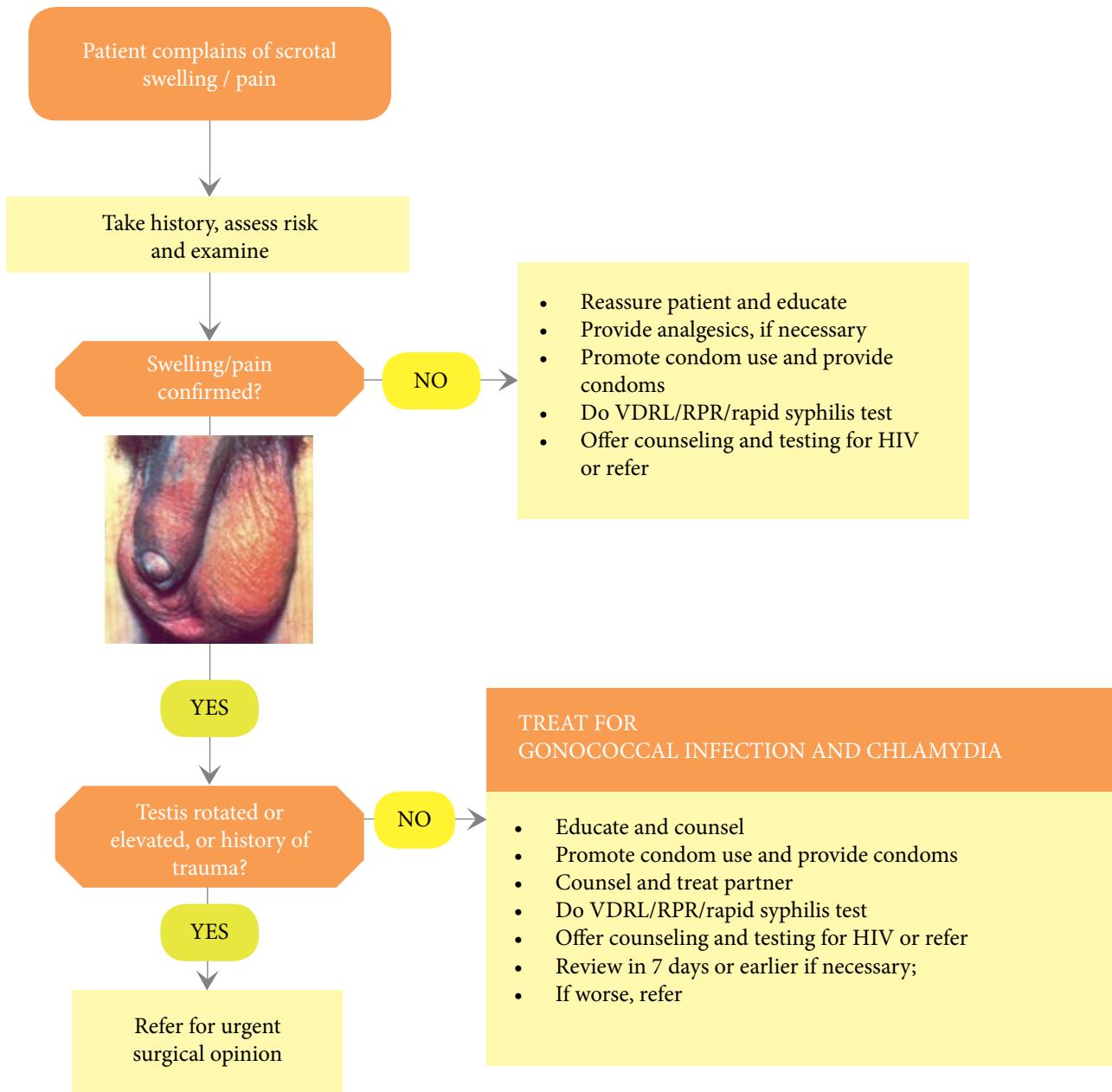


① Risk factors such as multiple partners and partner with symptoms are frequently associated with cervicitis

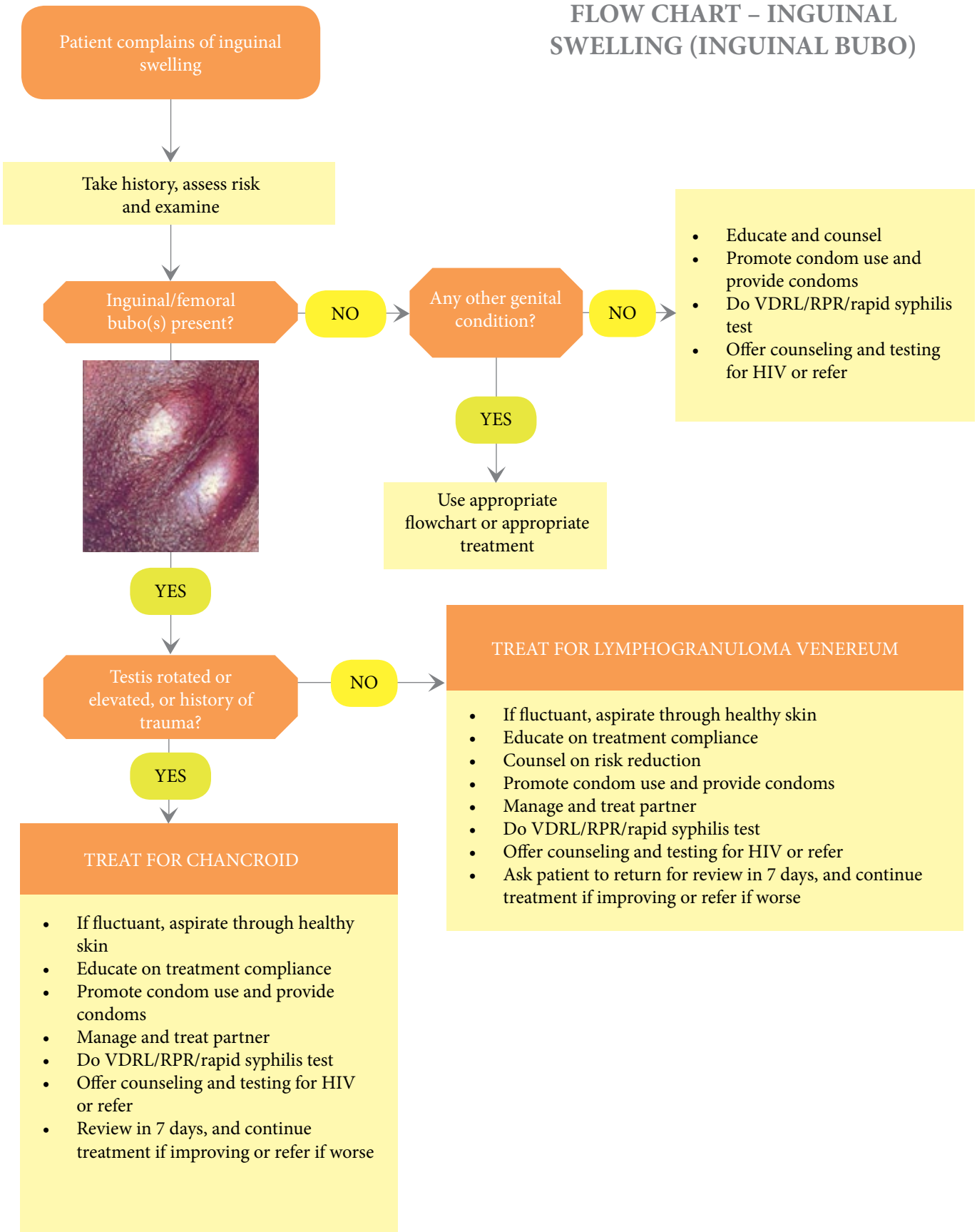
Patients with acute PID should be referred for hospitalization when:

- Having severe illness, nausea and vomiting and/or high fever (38 degrees) ,
- The patient is pregnant
- The patient is unable to follow or tolerate outpatient regimen
- The patient has failed to respond to outpatient therapy or
- There are clinical signs of tubo-ovarian abscess or pelvic peritonitis

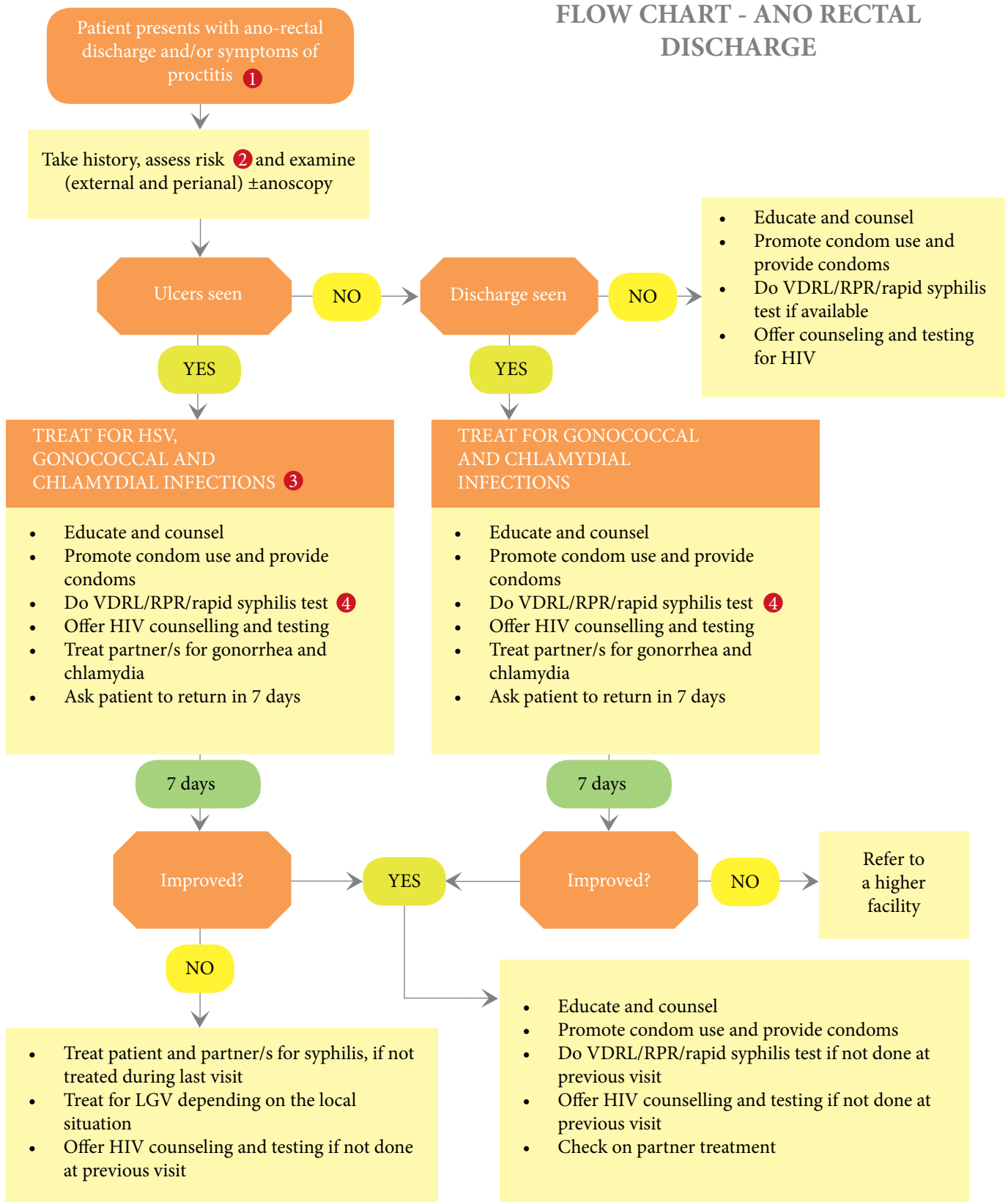
## FLOW CHART – SCROTAL SWELLING



## FLOW CHART – INGUINAL SWELLING (INGUINAL BUBO)



## FLOW CHART - ANO RECTAL DISCHARGE

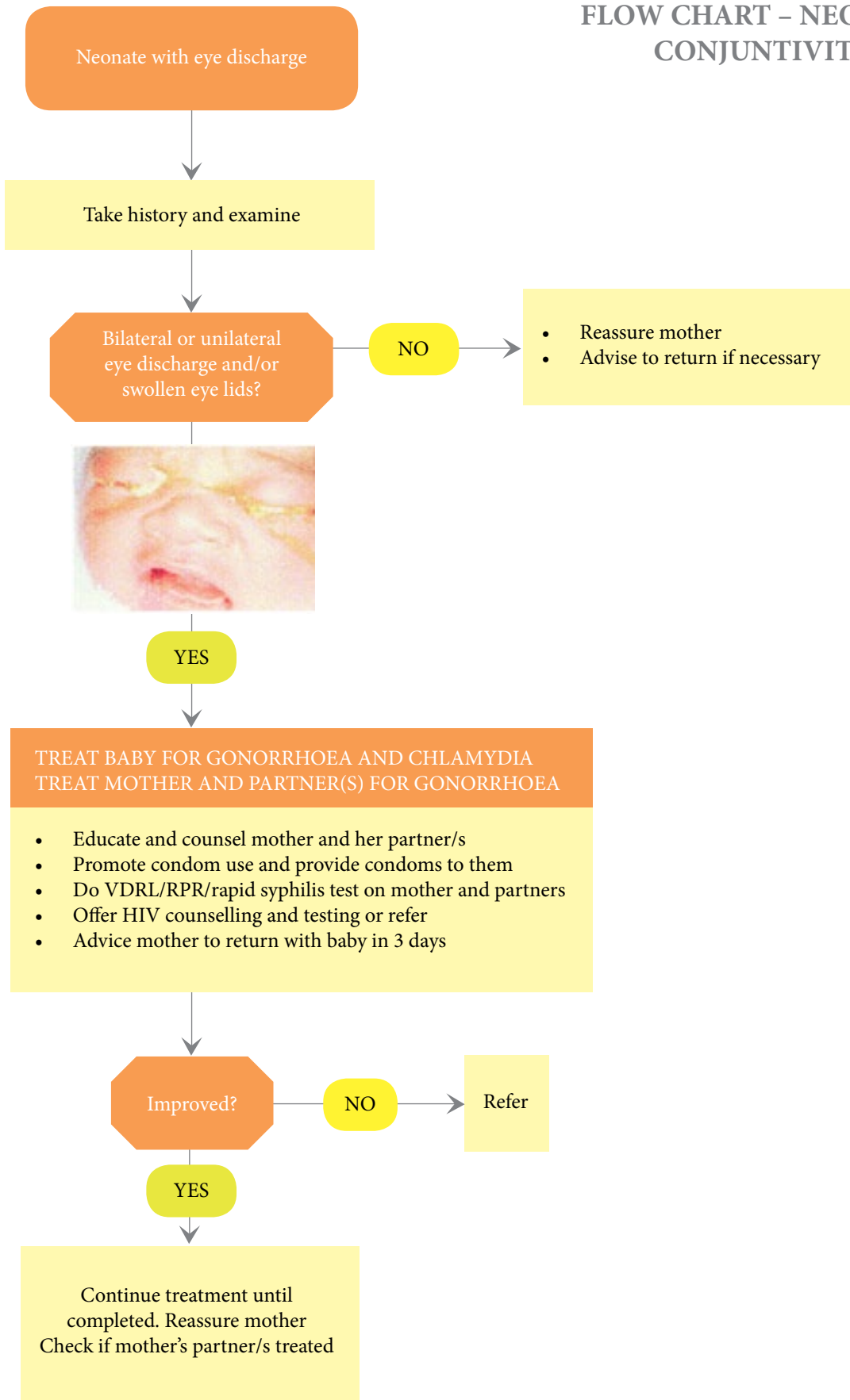


**1** Symptoms of proctitis - perianal pain, mucopurulent anal discharge, anorectal bleeding, constipation, sensation of rectal fullness or of incomplete defaecation, tnesmus, discomfort

**2** Receptive anal sex during past 6 months, insertive partner has STI, multiple partners, unprotected sex (risk factors need to be validated according to the country setting)

**3** Treat for mycoplasma infection depending on the local situation

## FLOW CHART – NEONATAL CONJUNCTIVITIS





# Drug Regimen chart

Syndrome		Drug Regimen
1	Urethral discharge, Ano rectal discharge, Cervicitis, Scrotal Swelling	Cefixime 400 mg as a single dose OR Ceftriaxone 250mg I/M sigle dose + Doxycycline 100 mg twice daily for 7 days OR Azithromycin 1g Orally as a single dose
2	Vaginitis	Tab. Secnidazole 2gm or *Tab.Metronidazole 2 gm + Tab.Flucanazole 150mg, stat dose
3	Genital Ulcer disease – Non herpetic - Syphilis	Inj.Benzathine penicillin 2.4MU + Tab.Azithromycin 1gm, stat dose
4	Genital Ulcer disease – Non herpetic (if allergic to Penicillin)	Tab.Doxycycline 100mg – 1 bid x 15 days + Tab. Azithromycin 1 gm stat dose
5	Genital Ulcer disease - Herpetic	Tab. Acyclovir 400mg – 1 tid x 7 days
6	Lower Abdominal Pain	Tab.Cefixime 400mg stat dose + Tab Metronidazole 400mg - 1 bid x 14 days + Cap.Doxycycline 100mg - 1 bid x 14 days
7	Inguinal Bubo	Tab. Doxycycline 100mg -1 bid x 21 days + Tab. Azithromycin 1gm stat dose

## \*Points to remember:

1. In the above table the drug dosages are mentioned, the prescribing physician will have to calculate the number of tablets based on the available drug formulation, for example – in treatment of Urethral discharge syndrome, if Tab.Azithromycin is available only in 500mg tablets, then 2 tablets of Tab.Azithromycin are to be given stat dose along with Tab.Cefixime 400mg stat dose; Similarly if Tab.Cefixime is available only in 200mg tablets, then 2 tablets of Tab.Cefixime are to be given as a stat dose along with Tab.Azithromycin 1 gm.
2. Tab.Metronidazole reacts with alcohol and can produce following symptoms, flushing of hands and face, sever headache, shortness of breath or rapid respiration, nausea and/or vomiting, dizziness, extreme fatigue, rapid or irregular heart beat, blurred vision and fainting as a result of reaction with alcohol. Therefore Tab. Metronidazole is not to be given if there is a history of alcohol consumption within 24 hrs. Similarly, after taking Tab.Metronidazole, advise the client to avoid alcohol consumption for 72 hrs to avoid such reaction. The community health worker can educate the clients about these symptoms, if they consume alcohol during treatment with Metronidazole.

# Important considerations in management of all STI/RTI clients

- Educate and counsel all clients and partners on symptoms of STIs, risk of genital cancer, importance of completing the treatment and safe sex practices.
- Treat partner(s) wherever indicated\*.
- Advise sexual abstinence during the course of treatment.
- Provide condoms, educate about correct and consistent use.
- Refer to VCT for HIV testing, testing for Syphilis and Hepatitis B.
- Consider immunisation against Hepatitis B.
- Schedule follow up visit after seven days to ensure treatment compliance as well as to see reports of tests done.
- If symptoms persist, assess whether it is due to treatment failure or re-infection and advise prompt referral to higher centers.

\* Partner notification is an important public health activity by which the partners of those having STIs are traced and offered medical and counseling services.

## **Annexures:**

The STI case recording format and STI case referral format are distributed along with this handbook as annexures. Following informations will be of use when using the formats,

### **STI case recording format:**

1. To be filled by the treating physician.
2. To be kept confidential.
3. This document will provide data base for the monthly consolidation and reporting when STI cases are reported to CCHDC.

### **STI case referral format:**

1. To be filled by Community Health Workers or the VCT counselor or the staff in peripheral health centers when they refer STI clients to treatment facilities.
2. Not to be disclosed to any others other than the health care providers.
3. To be kept in the referral hospitals for recording purposes.

## STI Case referral form

**Health Facility name and Island:**

**Referred by (mention name and designation):**

**Patient Referral no (as per the referral register):**

**Referred to:**

**Sex of the patient:** M/F (please tick)

**Age of the patient:**..... Yrs

**Date:**...../...../.....

**Occupation:**.....

**Pregnancy status (only for female clients):** Yes or No .....

**Duration of presenting symptoms:**.....

**STI Syndrome:** (circle the appropriate syndrome)

1. Urethral discharge syndrome in men
2. Vaginal discharge syndrome
3. Genital ulcer
4. Lower abdominal pain in women (PID)
5. Acute Scrotal swelling
6. Inguinal swelling
7. Neonatal conjunctivitis
8. Ano rectal discharge

**Treatment details:**

**Referral Details:**

**Any other comments**

## STI Case recording format

**Hospital or Health center name:**

**Patient Registration No.**

**Seen by Dr.**.....

**Sex of the patient:** M/F (please tick)

**Age of the patient:**..... Yrs

**Date:**...../...../.....

**Occupation:**.....

**Type of partners** (please tick): (1) regular partner (spouse) (2) non regular partner – commercial sex (3) non regular partner – casual sex (4) Others (please specify).....

**Condom use:** 1. Never 2. Sometimes 3. Always 4. Not applicable

**Previous STI history:** 1. Name of the syndrome..... 2. Treatment details.....

**Pregnancy status** (only for female clients): Yes or No .....

**Duration of presenting symptoms:**.....

**STI Syndrome:** (circle the appropriate syndrome)

1. Urethral discharge syndrome in men
2. Vaginal discharge syndrome
3. Genital ulcer
4. Lower abdominal pain in women (PID)
5. Acute Scrotal swelling
6. Inguinal swelling
7. Ophthalmia neonatorum
8. Ano rectal discharge

**Treatment details:**

**Referral Details:**

**Any other comments:**

**References:**

Guidelines for Sexually Transmitted Infections Surveillance  
UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance  
World Health Organization  
Communicable Disease Surveillance and Response - 2007

Sexually Transmitted and Other Reproductive Tract Infections  
A guide to essential practice  
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Training Modules for the Syndromic management of Sexually Transmitted  
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World Health Organization – 2007

Draft regional STI Management guidelines – WHO SEARO 2011

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