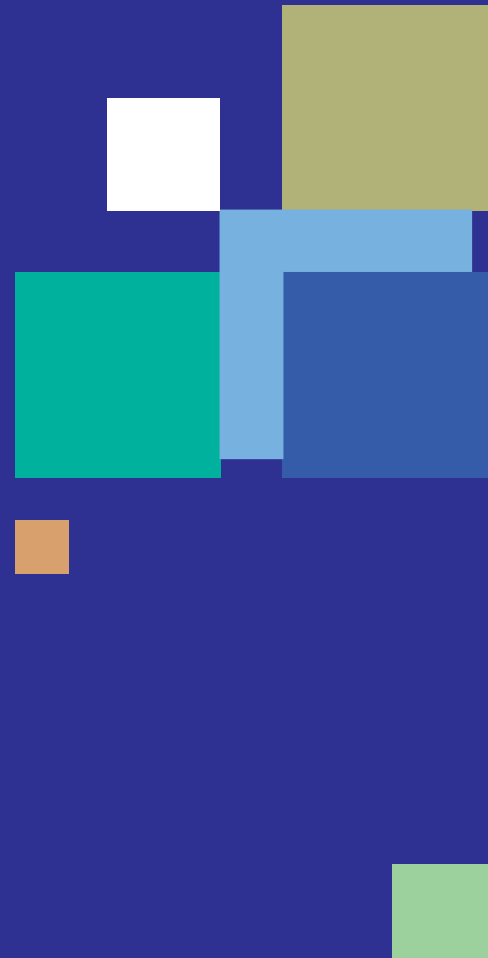


Flow-Charts on the Management of Sexually Transmitted Infections



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Essential components of syndromic management of STI patients presenting to clinics of Family Planning Association

History taking

Patients presenting with problems related to sexual / genital area problems tend to be reluctant to talk freely and are guarded when giving a history. Adopt a friendly, non judgmental attitude and ask open ended questions to open a dialogue. Assure them of confidentiality of identity and information provided. Questions on their history, risk assessment, previous treatments, drug allergies should be asked.

Physical examination

This is an important step to help you to arrive at a probable diagnosis and prevent you from making an incorrect diagnosis based on patient's history alone. Privacy should be ensured while examining the patient.

Laboratory investigations (if available)

The syndromic management of STI is based on the presumption that the laboratory facilities are not available and that treatment should be provided at patient's first contact with health services. If facilities are available for tests such as VDRL/rapid syphilis test do the tests. Do not withhold treatment just because laboratory facilities are not available or test results are awaited

Diagnosis

After considering the patients' medical history and the physical examination is complete, use the appropriate flow chart for guidance.

Management including Treatment

Treat according to the schedules given in the flow chart. Refer patients to STD clinics /Surgical and gynecological clinics when indicated. If a diagnosis of primary syphilis is suspected it is preferable to refer the patient to a STD clinic or hospital OPD since injection benzathine penicillin is the recommended therapy. In the event herpes genitalis infection is diagnosed after management according to the flow chart it is preferable to refer the patient to a STD clinic or a Consultant Venereologist for in depth counseling and follow up.

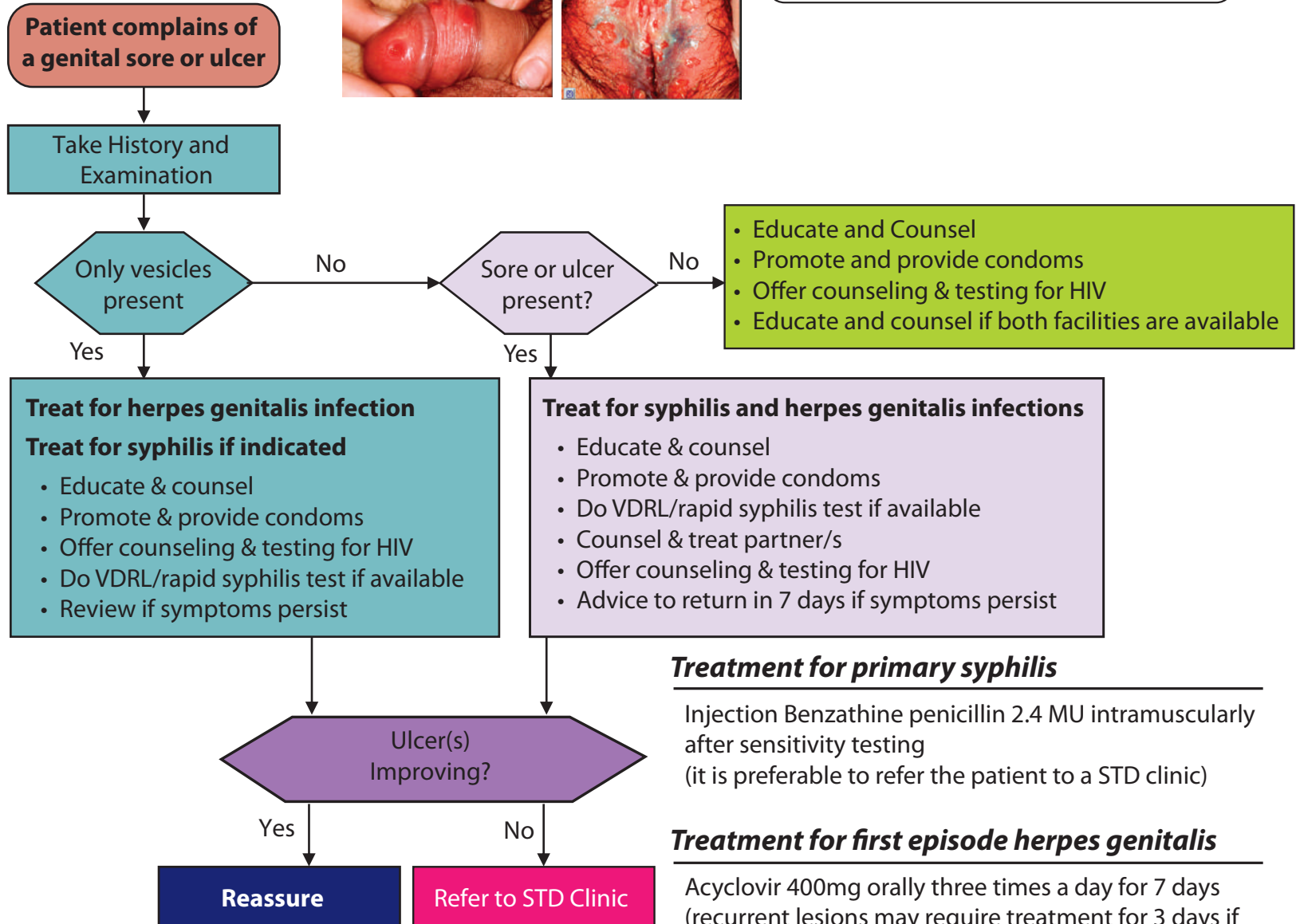
Counselling & education

Educate the patient regarding the present STI, the association between STI and HIV and that the same risk behaviors can lead to acquisition of these two conditions. Educate patient on methods of risk reduction through safer sexual practices. Discuss condom use and demonstrate how to use a condom correctly on a dildo or other suitable object. Discuss the importance of partner treatment.

Partner notification & treatment

The patient should be encouraged to bring the partner/s to you for evaluation and treatment. Partner notification should be done in a voluntary and non-coercive manner. Treat the partner as indicated in the flow charts.

Management of Genital ulcer



Treatment for primary syphilis

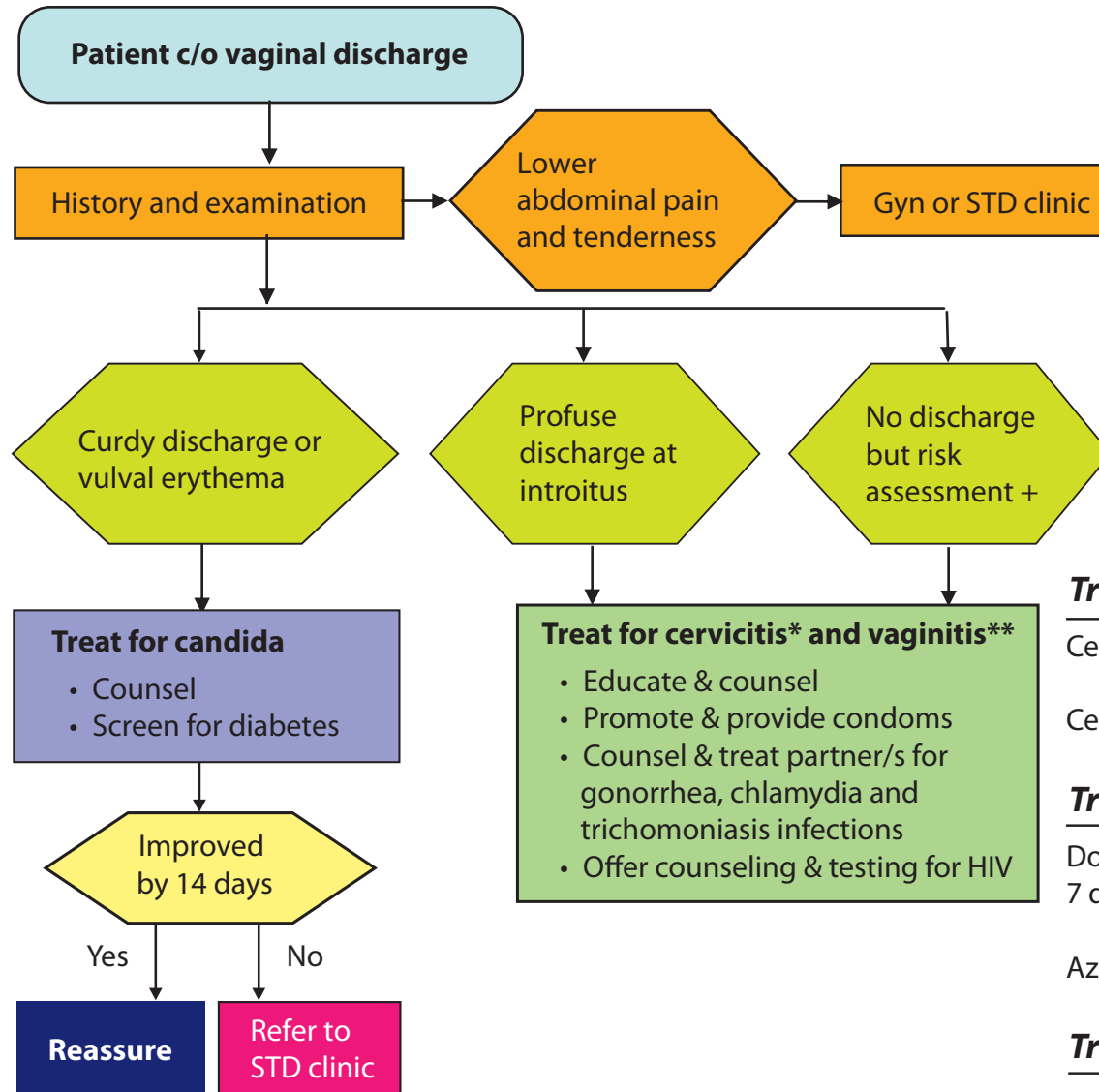
Injection Benzathine penicillin 2.4 MU intramuscularly after sensitivity testing
 (it is preferable to refer the patient to a STD clinic)

Treatment for first episode herpes genitalis

Acyclovir 400mg orally three times a day for 7 days
 (recurrent lesions may require treatment for 3 days if lesions are severe)

Management of Vaginal Discharge

(speculum examination is not available)



Risk assessment

1. Partner symptomatic
2. New sexual partner
3. Multiple sexual partners
4. Partner returning after a long stay away
5. Unprotected sex with non-regular or commercial partner

Treatment for gonorrhoea*

Cefixime 400mg orally as a single dose
Or
Ceftriaxone 250mg IM as a single dose

Treatment for chlamydia*

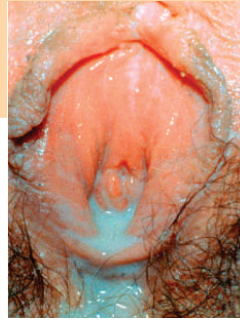
Doxycycline 100mg orally twice a day for 7 days
Or
Azithromycin 1g orally as a single dose

Treatment for trichomoniasis**

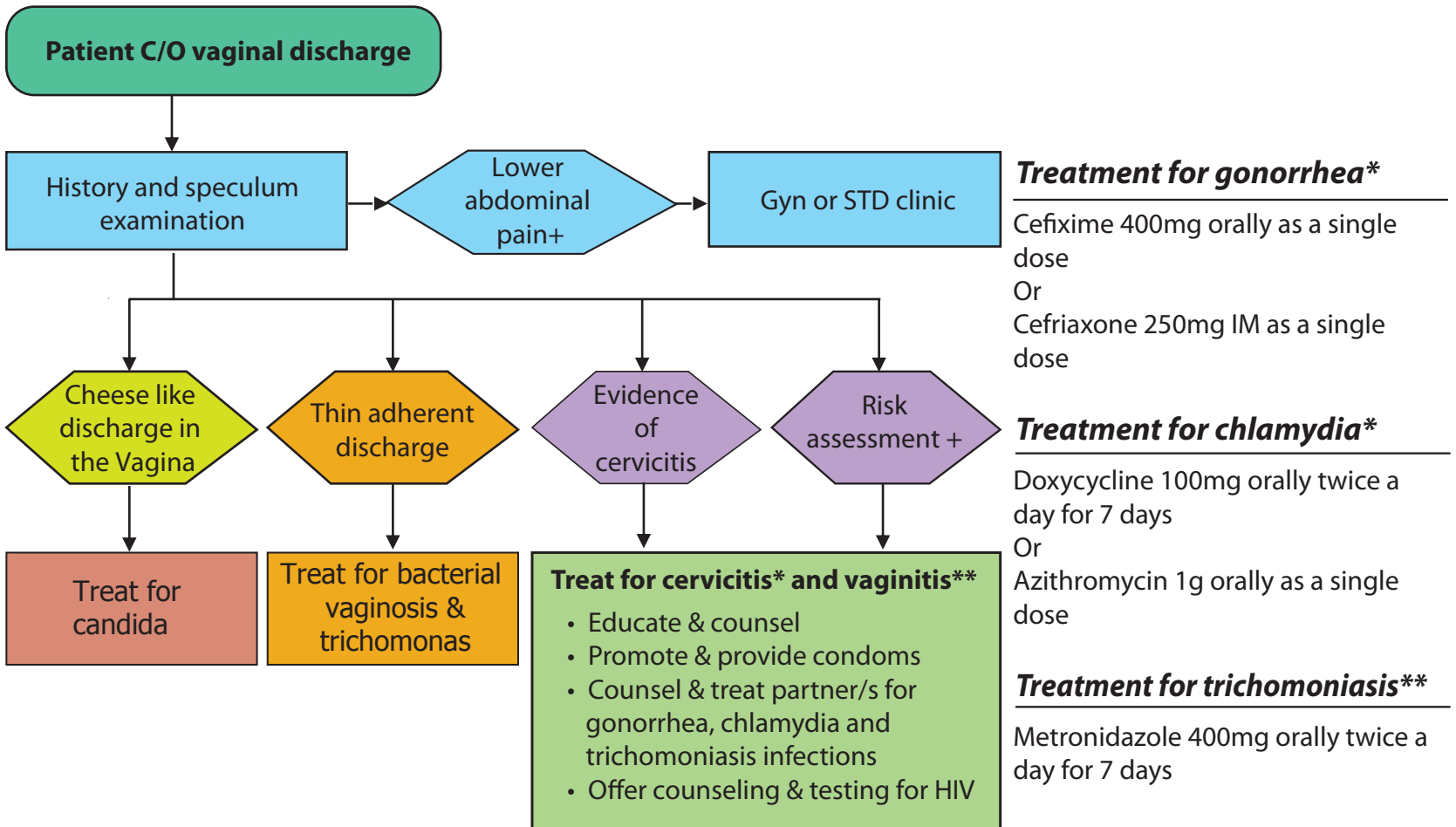
Metronidazole 400mg orally twice a day for 7 days

Management of Vaginal Discharge

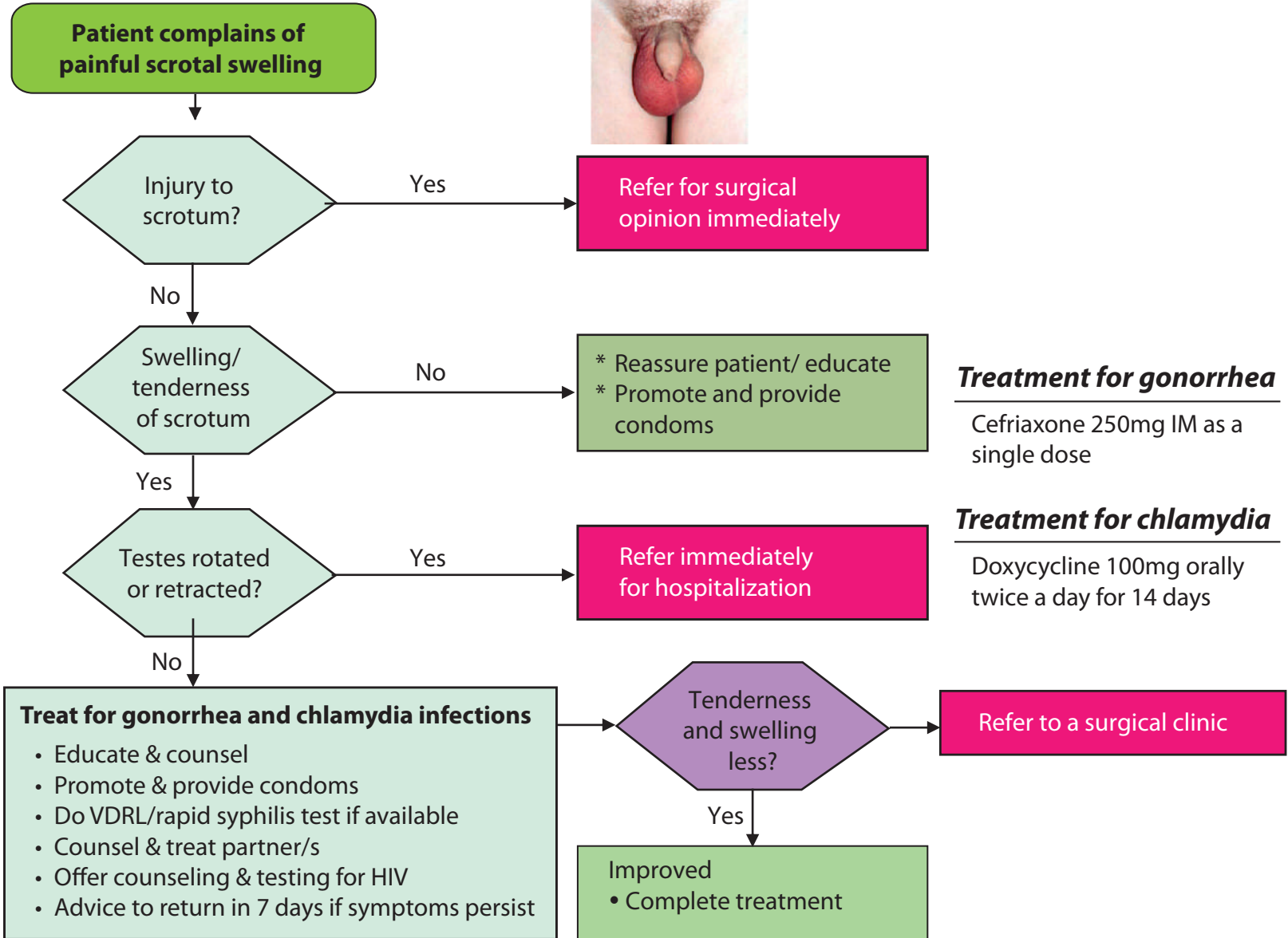
(speculum examination available)



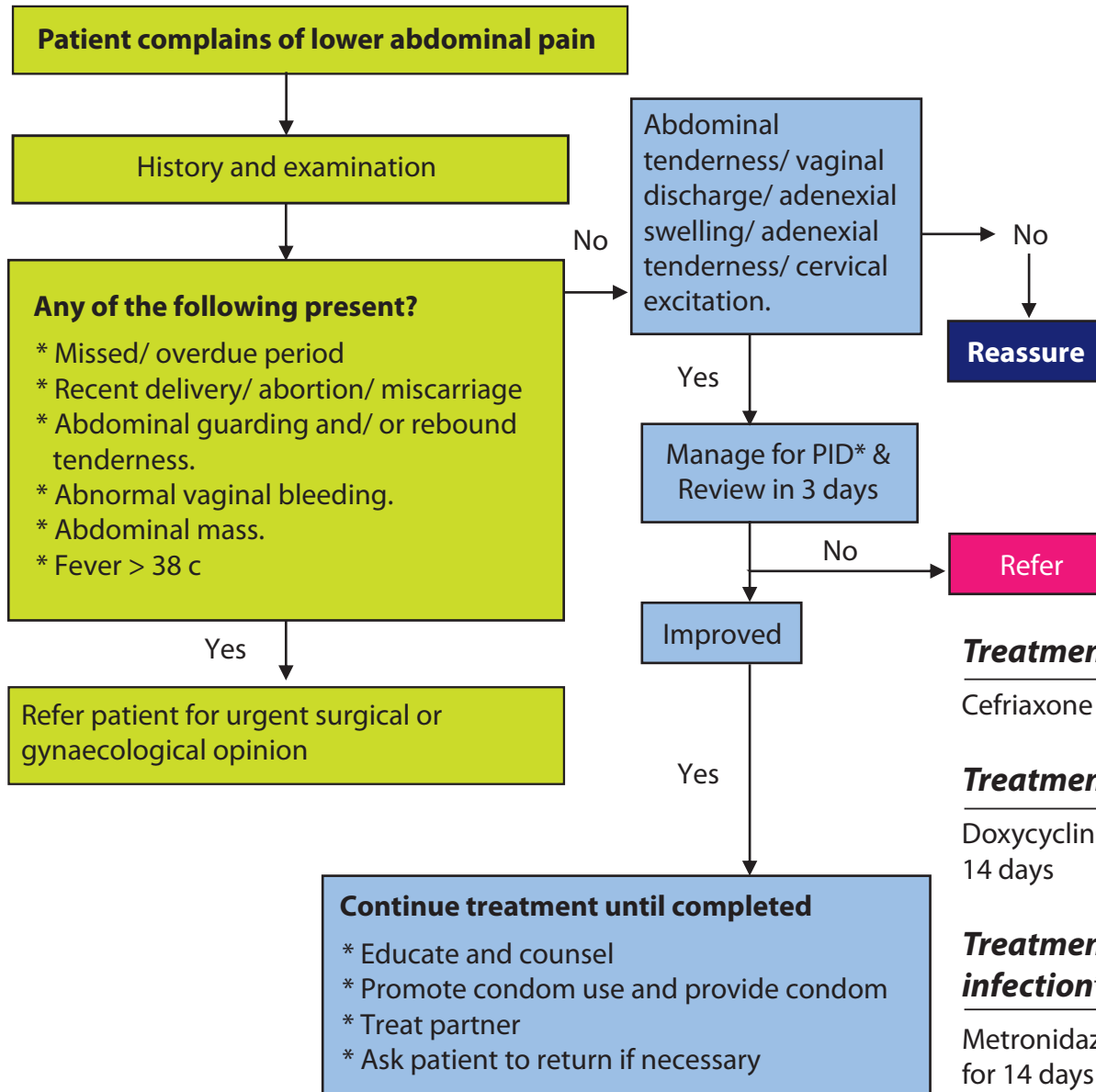
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Management of Scrotal Swelling



Management of Lower Abdominal Pain in the Female



Treatment for gonorrhoea*

Ceftriaxone 250mg IM as a single dose

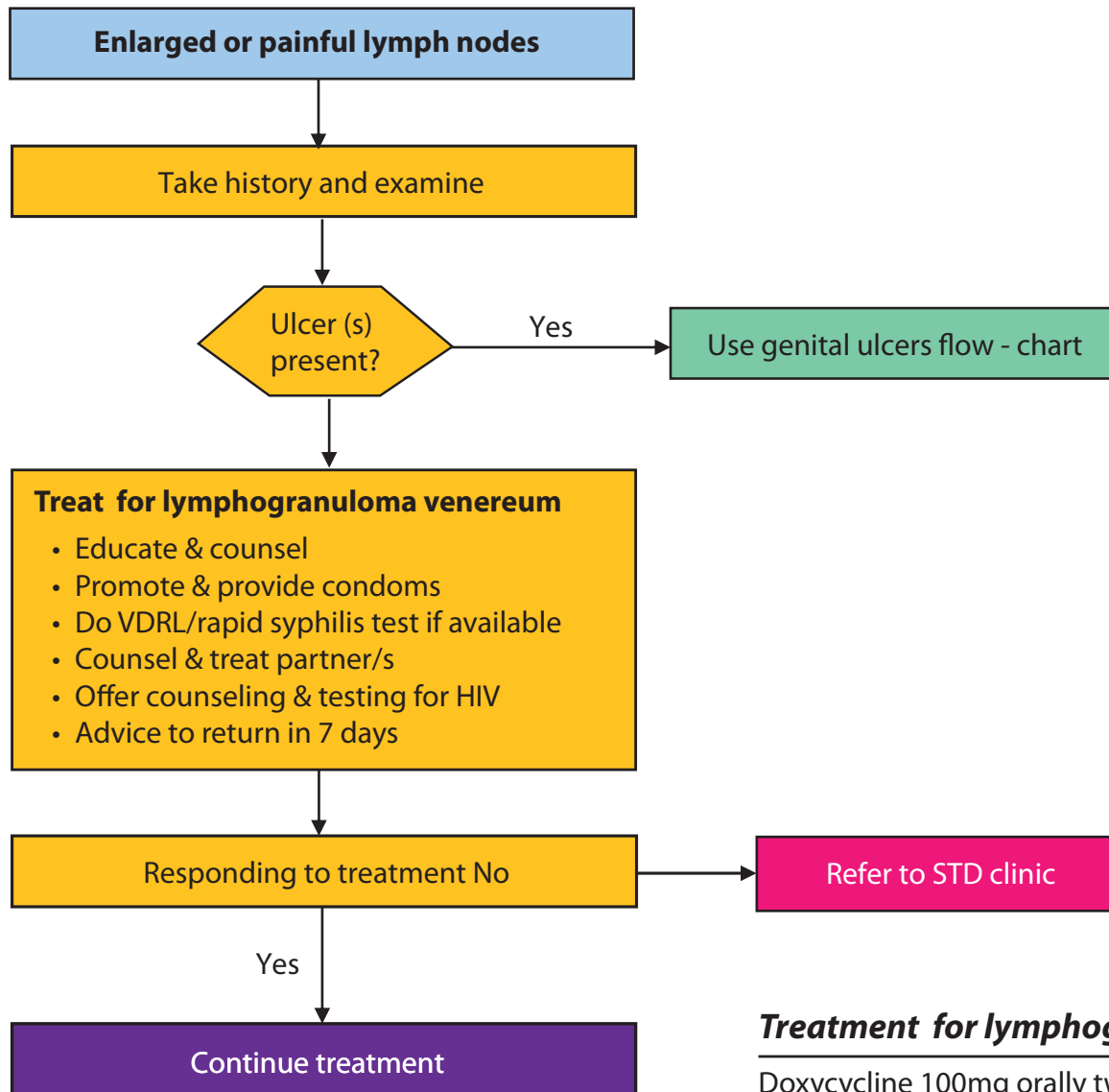
Treatment for chlamydia*

Doxycycline 100mg orally twice a day for 14 days

Treatment for anaerobic mixed infection*

Metronidazole 400mg orally twice a day for 14 days

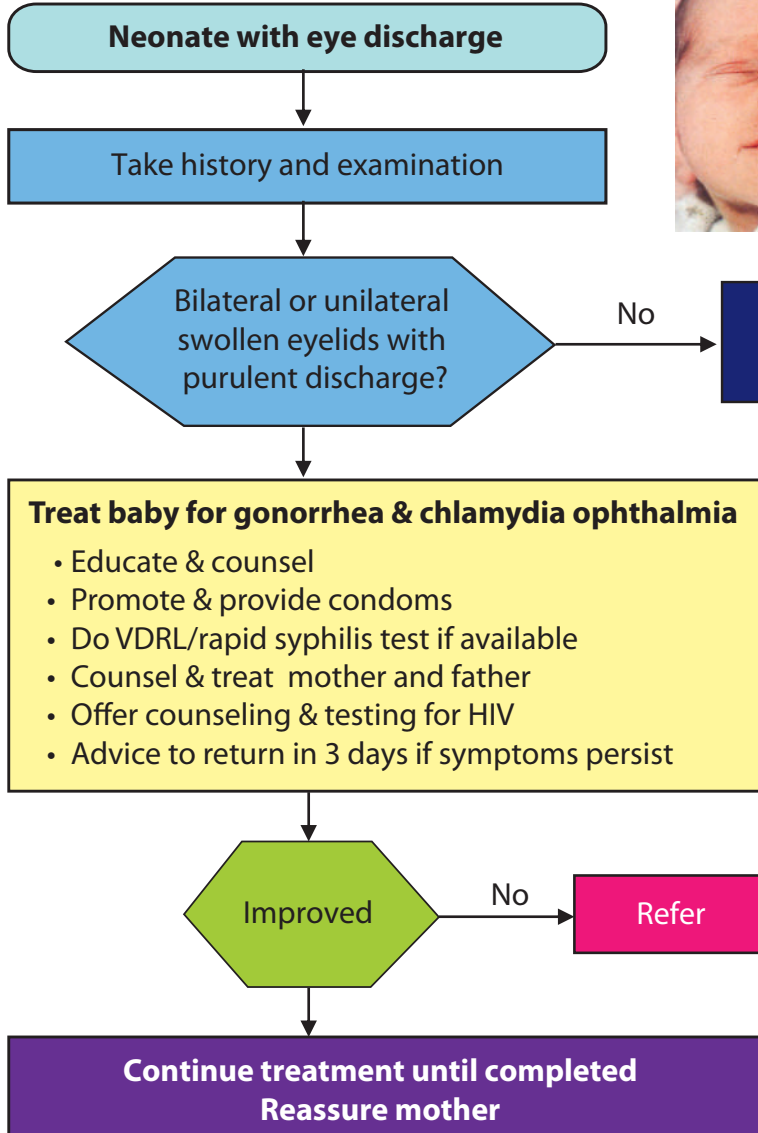
Management of Inguinal bubo Syndrome



Treatment for lymphogranuloma venereum

Doxycycline 100mg orally twice a day for 21 days

Management of Ophthalmia Neonatorum



Treatment for gonococcal ophthalmia:

Ceftriaxone 50mg/kg (maximum 125mg) in a single IM dose

Or

Spectinomycin 25mg/kg (maximum 75mg) in a single IM dose

Treatment for Chlamydia Ophthalmia:

Erythromycin syrup 50mg/kg/day orally four times a day for 14 days

Plus

Clean the baby's eyes with saline, using a clean swab for each eye. Remember to clean from inside to the outside edge of each eye. Wash your hands carefully afterwards.