Sexually Transmitted Infections, syndromic diagnosis, treatment and follow-up

1. URETHRAL DISCHARGE
   Patient complains of urethral discharge dysuria.
   - Take history and examine. Milk urethra, if necessary.
   - Discharge confirmed?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Any other genital disease?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review, if symptoms persist.
   - Treatment for gonococcal infection:
     - Cefixime 400mg single oral dose.
     - Azithromycin 1 g single oral dose.
   - Treatment for chlamydia infection:
     - Ciprofloxacin 500mg x 4/day x 14 days.
   - Treatment for syphilis:
     - Benzathine penicillin G 2.4 million IU deep IM single dose.
     - For both LGV and chancroid:
     - Erythromycin 500mg x 4/day x 14 days.

2. ABNORMAL VAGINAL DISCHARGE
   Patient complains of vaginal discharge, vulval itching or burning.
   - Take history and examine.
   - Abnormal discharge present or vulval symptoms?
     - Use appropriate flowchart for additional treatment.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Lower abdominal tenderness?
     - Use appropriate flowchart for lower abdominal pain.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review in 7 days or earlier, if not healed or improved earlier.
   - Any other vaginal discharge?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Any other illnesses?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     5. Review in 7 days, if not healed or improved earlier.

3. GENITAL ULCERS
   Patient complains of a genital ulcer or sore.
   - Take history and examine.
   - Ulcers, Sore or Ulcer present?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Lowest abdominal tenderness?
     - Use appropriate flowchart for lower abdominal pain.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review in 7 days, if not healed or improved earlier.
   - Any other ulcer(s) present?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Swelling/ pain confirmed?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Refer for surgical and gynaecological opinion and resuscitatory measures if necessary.
   - Patient complaints of tenderness?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Ulcers present?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     5. Review in 7 days if not healed or improved earlier.

4. INGUINAL BUBO
   Patient complains of inguinal bubo.
   - Take history and examine.
   - Bilateral or unilateral swollen bubo(s) present?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Manage and treat partner.
     5. Review if symptoms persist.
   - Any other genital disease?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Refer for surgical and gynaecological opinion and resuscitatory measures if necessary.
   - Lower abdominal pain?
     - Use appropriate flowchart for lower abdominal pain.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Abdominal guarding and/or rebound tenderness?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Refer if necessary.
   - Abnormal discharge present or vulval symptoms?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review in 7 days, if not healed or improved earlier.

5. SCROTAL SWELLING
   Patient complains of scrotal swelling/pain.
   - Take history and examine.
   - Scrotal swelling confirmed?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Any testicular mass?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Testis rotated, elevated or subcutaneous?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Refer for surgical opinion.
   - Refer urgently for surgical opinion.

6. LOWER ABDOMINAL PAIN
   Patient complains of lower abdominal pain.
   - Take history and conduct abdominal and vaginal examination.
   - Any of the following present?
     - Absence of fever.
     - Any vaginal discharge.
     - Abnormal discharge present or vulval symptoms.
     - Abdominal guarding and/or rebound tenderness.
     - Abnormal vaginal discharge (Ophthalmia neonatorum).
   - Lower abdominal tenderness?
     - Use appropriate flowchart for lower abdominal pain.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Abdominal mass?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Review if symptoms persist.
   - Any other disease(s)?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Any vaginal discharge?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
   - Any history of the following present?
     - Pregnancy.
     - Recent delivery, abortion or miscarriage.
     - Abdominal pain unless unrelated to menstruation.
     - Abnormal vaginal bleeding.
     - Reduction in abdominal tenderness.
     - Absence of fever.
     - Any vaginal discharge.
   - Set up IV line and apply resuscitative measures if necessary.
   - Refer for surgical and gynaecological opinion and assessment.

7. NEONATAL CONJUNCTIVITIS
   (Ophthalmalmia neonatorum)
   Neonate with eye discharge.
   - Take history and examine.
   - Bilateral or unilateral eyelids and purulent discharge?
     - Use appropriate flowchart.
     1. Counsel on risk reduction.
     2. Promote and provide condoms.
     4. Manage and treat partner.
     5. Review in 7 days and continue flowchart if improving or referral if worse.
   - Condoms

Steps for STI prevention and management

Give all patients:
1. All treatments in the appropriate treatment box.
2. Instructions on taking medication and follow-up.
3. Education and counseling.