ZANZIBAR REVOLUTIONARY GOVERNMENT

MINISTRY OF HEALTH

Zanzibar Integrated HIV, Tuberculosis and Leprosy Programme

SEXUALLYTRANSMITTEDAND REPRODUCTIVETRACTINFECTIONS

AMANUAL FORSERVICEPROVIDERS

October 2016

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ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARS	Anorectal Syndrome
ARV	Anti-Retroviral Drug
BCC	Behavioral Change Communication
BV	Bacteria vaginosis
CT	Chlamydia Trachomatis
CSF	Cerebralspinal Fluid
CTC	Care and Treatment Clinic
DDM	District Data Manager
DHMT	District Health Management Team
EC	Emergency Contraception
FGM	Female Genital Mutilation
FP	Family Planning
FSW	Female Sex Worker
GRN	Goods Received Note
GUD	Genital Ulcer Disease
HIMS	Health Information Management System
HIV	Human Immunodeficiency Virus
H/W	Health Worker
HCP	Health Care Provider
HPV	Human Papilloma Virus
HTA	High Transmission Areas
IB	Inguino Bubo
IDC	Infectious Disease Centre
IEC	Information, Education and Communication
IUCD	Intrauterine Contraceptive Device
LGV	Lymphogranuloma venereum
MOH	Ministry of Health
MSD	Medical Store Department
MSM	Men who have sex with other men
NC	Neonatal Conjuctivitis
NG	Neisserial gonorrhoeae

PAP	Papanicolaou
PEP	Post Exposure Prophylaxis
PID	Pelvic Inflammatory Disease
PITC	Provider Initiated Testing and Counseling
PMTCT	Prevention Mother to Child Transmission
PSS	Painful Scrotal Swelling
PWID	People Who Inject Drugs
RHS	Reproductive Health Services
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
TC	Trichomonas vaginalis
TCA	Trichloacetic acid
UDS	Urethral Discharge Syndrome
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VDS	Vaginal Discharge Syndrome
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZIHTLP	Zanzibar Integrated HIV, Tuberculosis, and Leprosy Programme

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FOREWORD

The slow progress made in the control of Sexually Transmitted Infections in Zanzibar and their high burden in particular populations necessitated the review of the national guideline for management. Young people and the key population including men who have sex with men, female sex workers, and people who use illicit drugs,harbor the largest share of the burden of such ailments. In 2014, 35% of the STI cases in Zanzibar were within the age of 14 – 25 years. In Pemba, HIV prevalence was 8.8% among people who inject drugs (PWIDs), 5.0% among men who have sex with men (MSM), and 18.8% among female sex workers (FSWs) in 2012. In Unguja, such prevalence in 2012 were 11.3% among PWID; 2.6 among MSM; and 19.3% among FSWs. Syphilis was prevalent in 0.8% of the PWID and 3.1% among sampled FSWs in Unguja in 2012 according to the indicator behavior survey in 2014. Such unprecedented burdens that are concentrated among young people and the key populations call for renewed efforts to prevent escalation and scale back the burden in Zanzibar.

The newly developedmanual for service providers incorporates the new evidence to improve preventive, curative, and promotive efforts by the ministry. This manual will assist health workers of all cadres and other stakeholders to gain the necessary knowledge, skills, and ability to address STIs challenges in Zanzibar.

This work involved a consultative process that involved a number of experts in the Ministry of Health, Zanzibar Integrated HIV, Tuberculosis and Leprosy Program, various international and national organizations, different groups, and experts from Muhimbili University of Health and Allied Sciences. It is my hope that, this manual for service providers will be useful in the process ofcontrolling STIs and RTIs in Zanzibar. It is my hope that, this manual will be used by all health workers and partners in care and management of STIs/RTIs in Zanzibar to equip them with necessary skills and knowledge that will ultimately address the burden of such diseases, increase prevention efforts and in the end, improve health and wellbeing of all people in Zanzibar.

Hon. MahamoudThabit Kombo

Minister for Health

The Revolutionary Government of Zanzibar

INTRODUCTION

This manual for service providers is intended to be one of the tools for enabling trainees to acquire appropriate knowledge and skills in the management of STIs/RTIs using the Aetiological and Syndromic Approaches.

Lack of National Guidelines for the management of sexually transmitted infections (STIs) and reproductive tract infections (RTIs) in Zanzibar and the high burden of these infections among young people and key populations necessitated the need to develop these guidelines.

Rationale for the manual for service providers

The Ministry of Health and Social Welfare, Zanzibar has recently developed the guidelines for the management of STIs and RTIs.The guidelines are adapted from current World Health Organization (WHO) guidelines on the management of STIs and RTIs. The guidelines are also comprehensive including all populations particularly key populations. Everyone including key populations should not be left behind in the activities for the control of STIs and RTIs.

AimandPurposeofthemanualforserviceproviders

Theaim of this manual is to enable service providers to implement effectively and efficiently the new comprehensive packageofSTI/RTImanagement.

Thepurposeistostandardizethemanagementof STIs/RTIsinthecountry.

- Thetrainerswillusethismanualinorientingthemselvesbefore,during,andafterconductingthetraining.
- Thetraineeswilluseitasareferencematerialduringandaftertraining inthe managementofSTIs/RTIs.
- Thesupervisorwilluseitasastandardtooltomeasuretheextentof successofimplementation.
- Serviceproviders willuse it as an immediate resource/reference materialintheclinicalsettings.

GoalandObjectivesofthemanual for service providers

Thegoalisto enabletheserviceproviders to plan,conduct,monitorandevaluatetheSTI/RTIservicesinaccordancewithNationalSTIs/RTIs guidelines.

GeneralObjectives

TheSTIs/RTIs serviceprovidersshouldbeableto;

- Establishandmaintainpositiveinter-personalrelationshipwithclients inneedofSTI/RTIservices
- ProvideconduciveenvironmentforSTI/RTImanagement
- ManageclientswithSTIs/RTIsusingaetiologic and syndromicmanagement approaches
- Createauser-friendlyenvironmentwherebymarginalizedgroups including key populationscan seekforSTI/RTIinformationandservices
- IntegrateSTI/RTIserviceswithinthegeneralhealthcareservices.
- MobilizethecommunityforSTI/RTIpreventionandbehaviorchange
- Recognizethestrategies ofthenationalSTI/RTIandHIV/AIDSprogramme
- IntegrateSTIs/RTIsintoregularreproductivehealthservices

- Manageeffectivelylogisticsformedicines, laboratory reagentsand STI/RTIrelatedsupplies
- Manage effectively STI/RTIcomplicationsrelatedtopregnancy, abortionandthepostpartumperiodandpostsexualviolence.

RESPONSIBILITIESANDTASKSOFTHESTI/RTISERVICE PROVIDER

TheSTI/RTIServiceProviderwilldothefollowing:

RESPONSIBILITY1:

Establish andmaintain interpersonalcommunicationensuring positive relationshipwiththeClient,CommunityandCo-workers.

TASKS:

1. Establishandmaintainprovider/providerandclient/provider relationship.
2. Establish andmaintainservices that promotethe client'sandCommunity'srightsduringservicedelivery.

RESPONSIBILITY2:

PromotingSTI/RTIeducationto individuals,couples,groupsand community.

TASKS:

1.Planning,conductingand evaluationSTI/RTIeducationalsessionfor targetgroupsspecifiedinthenationalguidelinesformanagement of STI/RTIservicedeliveryandtraining.

Thetaskinvolvesthefollowing:

- Promotinghealthcareseekingbehaviorinwomenandmen.
- Promotingsexualreproductivehealthamongadolescents, youths and key populations.
- ConductingsessionsonpreventionofSTIs/RTIs.
- Promotingantepartum,Partumandpost-partumcare.

RESPONSIBILITY3:

Counselingindividuals, couplesandgroupsfor andduringSTI/RTI Services

TASKS:

1. Usingcounselingskillsto:
   - Preventre-infectionandspreadtoothers
   - Ensurecompliancetotreatment.
   - Identifyandnotifysexualcontacts.
   - Promote safer sex practices including condom use amonggroupsat high risk i.e. adolescents, youth, commercial sex workers and other key populations
2. Counselandrefercasesthatcannotbemanagedatthelevel.

3. Counselandmanagesurvivorsofrape.

RESPONSIBILITY4: ManagingSTI/RTIClients

TASKS

1. Takingproperhistory.
2. Performingthoroughphysicalexamination.
3. Makingaccuratedecision
4. Takingproperaction.
5. Conductfollow-uptodeterminedrugcompliance,treatmentoutcome andpartnernotification.
6. In case of treatment failure, refer for further appropriate management. e.g. changeto third line treatment, laboratoryinvestigationor upper level of service delivery.
7. Establish linkage of STI/RTI Management of adolescents and youths with other Reproductive Health Services (RHS).
8. Offer PITC to a client.
9. Providing health educationonSTIs/RTIsusingBehavioralChangeCommunication(BCC),IECmaterials.
10. Promotingandteachingonpropercondomuseandnegotiation.

RESPONSIBILITY5:

Organizing theSTI/RTI clinicto offerquality,accessibleandequitable services.

TASKS

1. Establish conduciveenvironmentforyouthfriendlyservices.

2. OrganizetheSTI/RTIclinicinawaythatenhancesacceptanceand continuityoftheservices.

3. Ensureavailabilityofmedicines,medicalsuppliesandequipmentfor useintheSTIs/RTIsatthefacility.

4. Preventingnosocomialinfectionsin health serviceproviders and clients.

5.MaintainingrecordsaccordingtotheHealthManagementInformationSystem(HMIS)

6.CompilingandusingdataforthequalityofSTI/RTIservice.

RESPONSIBILITY6:

Mobilizing Individuals,Couples,GroupsandcommunityforSTI/RTI PreventionandBehaviorChange.

TASKS

1.Conductingadvocacyactivities.

2.Promoteheath-seekingbehavioramongthecommunity.

3.ScreenpregnantwomenforSTIs/RTIsandHIV/AIDS.

4.PromoterelevantIECmaterialsandutilizethemappropriately.

5.AdvocateforVoluntaryCounselingandTestingforHIV/AIDS

6. Promotetheuseofcondomsandotherservicesamongindividuals, couples,youthandadolescents.

RESPONSIBILITY7:

RecognizetheSTI/RTImanagementstrategies

TASKS

1.ApplyNationalSTI/RTIandHIV/AIDSPreventionstrategiesduring serviceprovision.

2.AdheretoNationalSTI/RTItreatmentguidelines.

3.OfferPITC

4.Sensitizethecommunitytoactivelyparticipateinhome-basedcare

5.Participateintheimplementationof STI/RTIresearchactivities.

RESPONSIBILITY8:

Manageeffectivelylogisticsformedicine,laboratoryreagentsand other relatedsupplies

TASKS

1.Establishmonthlyrequirements

2. Ordermedicineandothermedicalsuppliesandequipmentfor STIs/RTIs timelymaintain inventory/recordsaccordingtoHealthManagement InformationSystem(HMIS).

Chapter 1: Introduction to STIs/RTIs

TheImportanceofSTI/RTIonpublichealth

SexuallyTransmittedInfectionsandReproductiveTractInfections(STIs/RTIs) remainapublichealthproblem of majorsignificanceinmanycountriesof theworld.The burden is particularly high in sub-Sahara African countries, with an increasing rate of new infections especially of HIV/AIDS. Similar trend is evident for STIs/RTIs. WHO estimates that over 357 million episodes of curable and many more incurable STIs occur each year worldwide. In Zanzibar, the magnitude of STIs/RTIs is low in the general population. However, the infections are concentrated to the specific population segments. In Pemba, HIV prevalence was 8.8% among PWID, 5.0% among MSM, and 18.8% among FSWs in 2012. In Unguja, such prevalence was 11.3% among PWID, 2.6 among MSM, and 19.3% among FSWs in 2012. Such key populations were also reported to have higher prevalence of STIs. For example, syphilis was prevalent in 0.8% of the PWID and 3.1% among sampled FSWs in Unguja in 2012.

Failuretodiagnose andtreatSTIs/RTIsatanearlystage mayresultintoseriouscomplications andconsequencesincludinginfertility,foetalwastage,ectopicpregnancy, anogenitalcancer,prematuredelivery,as wellasneonataland infant infections.PropermanagementofSTIs/RTIsalsoreducesmaternaland infantmortality.STIsarealsoknowntoenhancethespreadofHIVinfection incommunities.STIs/RTIsalsohavenegative socio-economic impactthat includean increasein the costforhealthservice,relationship/marriageproblems etc.

Toreduce theburdenofSTIs/RTIs,effortsareneeded inbothhealthcare facilitiesandinthecommunity.Effectivepreventionandcasemanagement practicedbyhealthcareproviderscanreducetheSTI/RTIburden inseveral ways.Forexample,effectivetreatmentreduces STI transmissioninthe community;safeandappropriateclinicalproceduresmeanfeweriatrogenic infections.Communityeducationandoutreachareimportanttopromote preventionofinfectionand useofhealthcareservicesand thus further reducingdiseasetransmissionwithinthecommunity.

Information on STIs/ RTIs

Definitions

Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact. Of the eight most common STIs, four are currently curable. They are chlamydia, gonorrhoea, syphilis, and trichomoniasis. The other four are viral infections and are incurable: hepatitis B, herpes, HIV, and human papillomavirus (HPV). Symptoms or disease due to the incurable viral infections can be reduced or modified through effective treatment.

Reproductive Tract Infections (RTIs) affect the genital tract. Both women and men are at risk of such infections. Some RTIs for example syphilis and gonorrhoea overlap with the STIs group as they are also sexually transmitted--many are not. Other modes of transmission for RTIs include infections from endogenous organisms and iatrogenically through medical procedures.

FactorsthatfacilitateSTI/RTItransmissioninthecommunity

There aremanyfactors whichfacilitateSTI/RTItransmission in the communityincluding:

- Riskysexualbehaviorssuchas:havingmultiplepartners ornot practicingsafesex
- Socio-economicfactorssuchastransactionalsexorlackofinformation onSTIs/RTIs
- Cultural factorssuch as societalritualsofcleansing orwidow inheritance.

- Biologically,adolescents/youthareatmostriskbecause ofimmature sexualorgans andfemalesaremorelikelytobeinfectedcomparedto menbecauseoftheiranatomicalmakeup.
- Warandpoliticalinstabilityinthecountrycreatemobilityandmigration thatadverselyinfluencechangesinsexualbehavior
- Iatrogenicinfectionsaremorecommonwheretherearemany STIs, andwherehealthcareprovidersdonothavethetrainingorsupplies toperformproceduressafely,Post-partumandpost-abortalinfections aremorecommonwheresafeservicesandfollowupcarearenot available.
- Endogenousyeast infection and bacterial vaginosisare common worldwideandareinfluenced byenvironmental,hygienic,hormonal andotherfactors.

RelationshipbetweenSTI/RTIandHIV/AIDS

ThereasonthatSTI/RTIandHIV/AIDSarerelatedisthatthesediseaseshave manythingsincommon.Forexample,

- HIVandSTIs/RTIssharethesamemajormodes oftransmissionroute suchasunprotectedpenetrativesexandmothertochild transmission
- ThesameriskbehaviorpredisposetoinfectionofHIVandSTIs/RTIs
- HavingSTIs/RTIsincreasestheriskofacquiringandtransmittingHIVinfection.
- EffectivetreatmentofSTIs/RTIsdecreasestheamountofHIVinthe genitalsecretionsandmakesHIVtransmissionlesslikely.
- BeingHIVinfectedcanchangetheclinicalpresentationandtreatment outcomeoftheSTIs/RTIs

HowdopeopleacquireSTIs/RTIs?

TherearebasicallyfivemodesofSTI/RTItransmission

- Endogenousinfection:causativeorganismsarefoundinthevagina. Itisusually not transmitted frompersontopersonbutimmune-compromising factorscancauseovergrowthwhichmayleadto symptoms.Forexample,yeastinfection,bacterialvaginosis.
- Sexuallytransmittedinfections:usuallycaused byunprotected sexual contactwithinfectedperson.Forexample,gonorrhoea.Chlamydia, syphilis, HIVinfection,scabies,trichomoniasis,genitalwarts
- Iatrogenicinfections:causingorganismsmaybefoundinsideoroutside thebodysuchasSTIinthevaginaorcontaminatedmedicalprocedures orinstruments.Forexample,Pelvic inflammatory diseasefollowing abortionortrans-cervicalprocedures.
- Verticaltransmission: from mother to child during pregnancye.g., congenital syphilis,HIVinfection, during deliveryorbreast feeding. e.g.,Neonatalconjunctivitis(NC),HIVinfection.
- Throughbloodtransfusionand/oritsproductsinthiscaseorganismsare foundinthebloodorbloodproducts.Anycontactwithinfectedblood orbloodproductsmaycausethespreadofdisease.Forexample,HIV infection,syphilis,hepatitisBandhepatitisC.

WhatistheclinicalpresentationofSTIs/RTIs?

SomeSTIs/RTIsareasymptomaticwhileothersaresymptomatic.

Commonsymptoms ofSTIs/RTIs arepainfulmicturition, abnormal vaginal discharge, urethraldischarge, genitalulcerations, genitalitching,swellingofinguinallymphnodes,scrotalswelling,lowerabdominalpain,andpainduringsexualact.

It isimportanttonoteherethat anumberofindividualscanbeinfected withoutsymptoms.Thisappliestobothwomenandmen.

Itisimportanttonotethatinfectedbutasymptomaticindividualscanalso infecttheirsexualpartner(s).

CanSTIs/RTIsbeprevented?

MostofSTIs/RTIsand theircomplicationsarepreventable.Communities withgoodaccesstoeffectivepreventionandtreatmentserviceshavelower ratesofSTI/RTI.

Commonapproaches withinreproductivehealthservicesinclude: abstinence,fidelity,correctandconsistentuseofcondom,earlytreatment, medicinecompliance,screeningandtreatingofasymptomaticcases.

Importantinformationon HIV/AIDS Definitions

Manypeople are confusedabout the differencebetween HIVandAIDS. Therefore,itis veryimportantthatasaserviceprovideryouareableto explainthedifferencetoyourpatients.

HIVinfectionisthestateofbeinginfectedbytheHumanImmunoDeficiency Virus(HIV)type1or2withoutsymptomsandsignswhereas AIDSisthe stateofbeingHIVinfectedwithpresentationofsymptomsandsigns.

TobeinfectedwithHIVvirusmeansthat:

- Youhavevirusinyourbody
- Youcanalwayspassthevirustoothers
- YoucanlookhealthyandfeelwelluntilyoubecomesickwithAIDSand thatmighttakeyears

HowdopeopleacquireHIV?

ModeoftransmissionofHIVinfectionisthroughunprotectedpenetrative sexualintercourse,vertical transmission(mothertochild),contactwithinfectedbloodand/oritsproducts, donated organs or bone grafts and tissues, and contaminated injecting equipment.Transmission of HIV through body fluids other than blood and genital secretions such as CSF (cerebrospinal fluid), pleural fluid, amniotic fluids etc. are also possible. However, unless blood is visibly present, saliva, sputum, sweat, tears, feces, nasal secretions, urine, and vomitus carry a very low risk of transmission of HIV.

PathogenesisofHIV/AIDS

PathogenesisofHIV/AIDSfollowsapattern whereHIVstartsbyinfecting lymphocytescalledT-helperlymphocytesorCD4+cells(CD4+Cellsassist inmaintaining normalbodyimmunity).MultiplicationofHIVinCD4+cells killsthem.When manyCD4+are killedthe body immunity decreases. Decreased bodyimmunityresultsintobeing vulnerable toopportunistic infectionsandcancers(AIDS).

WhatistheclinicalpresentationofHIV/AIDS?

Mostofthe symptoms andsigns ofHIV/AIDSencounteredare dueto opportunisticinfections. Youasaserviceprovideryouneed toknowthe mostcommon symptomsandsigns, andstagesoftheprogression ofHIV infection.Itwillhelp youtoguideand adviseyourpatientseffectively. Symptomsandsignssuchasfever,coughofmorethanonemonthduration andusuallypersistent, dysphagia, odynophagia,weight loss, diarrhea, generalizedlymphadenopathy,skin rush,generalizedpruritis,altered mentalstatusor on-and-offsevereheadachesarecommon.Otherpossible causesoftheabovesymptomsandsignsshouldberuledout.

WhatarethеavailablеtoolsforDiagnosisofHIV/AIDS?

Thediagnosis ofHIVinfection ismainlybased on laboratory tests.The teststhatarecurrentlyavailableinTanzaniaincludevariousformsofELISA, westernblotandrapidtestssuchasDetermine,SD-BiolineandUnigold.

CanHIV/AIDSbeprevented?

Prevention andcontrolmeasures ofHIV/AIDSincludeabstinence,fidelity, correct andconsistentcondomuse,voluntarycounselingandtesting, PITC,screeningofbloodbeforetransfusion,preventionofmothertochild transmission,propermanagementandcontrolofSTIs/RTIsandadheringto standardprecautionsofinfectioncontrol.

National HIV/AIDS PolicyAndSTI/RTIGuidelinesAndStrategies

NationalHIV/AIDSpolicy

Thenational policyon HIV/AIDSwhich waslaunchedinOctober 2001, putemphasisonpreventionofthetransmissionofHIV/AIDS.Amongthe specificobjectivesofthepolicyare:

- Creatingandsustaininganincreasedawarenessof HIV/AIDSthrough
- Targetedadvocacy,information,educationandcommunicationforbehaviorchange
- Promoting safersexpractices e.g.useofcondoms,non-penetrative sex,faithfulnesstopartnersandabstinence.
- Prevention andmanagementofSTIs/RTIsparticularlyearlydiagnosis, treatment,prevention andcontrolbecause oftheirroleinfacilitating HIV/AIDStransmission.
- Preventionofmothertochildtransmission

NationalSTI/RTIguidelines

Thereareanumber ofguidelines(nationalandinternational) developed oradaptedbythe MinistryofHealth, Zanzibarto guide the implementationofSTI/RTIstrategies.Amongthecurrentguidelinesare:

- Ministry of Health (MOH), Zanzibar revolutionary government(2016), National guidelinesformanagement of sexually transmittedandreproductivetractinfections.
- WHO (2016)Guidelines for the Treatment of Chlamydia trachomatis
- WHO (2016) Guidelines for the Treatment of Treponema pallidum (syphilis)
- WHO(2011)Managementofsexuallytransmitted infections, Regional guidelines
- WHO(2003)Guidelinesforthe managementofsexuallytransmitted infections

STI/RTIinterventionstrategies

ForeffectivemanagementandcontrolofSTI/RTIinterventionsnational strategies aredirectedtowards:

- Trainingofserviceproviders
- EffectiveprimarypreventionofSTIs/RTIs
- PromotionofappropriateSTI/RTIcareseekingbehavior
- Effectivecasemanagement
- Contactmanagement
- RoutinepreventionofNeonatalconjunctivitis
- Availabilityandaffordabilityofdrugs
- STI/RTIcasefindingandscreening
- Interventions targeting Key Populations
- Monitoringandevaluation

YourroleasaserviceproviderinreducingtheburdenofSTIs/RTIs

Thereareanumber ofchallengestoprovidingeffectiveSTI/RTIservicesto thepeople whoneed them.Asignificantproportionofpeople withSTIs/ RTIsdonotseektreatment becausetheyareasymptomaticorhavemild symptoms. Otherswhohavesymptomsmayprefertotreatthemselves or seektreatmentatpharmacies orfromtraditionalhealers.Eventhose who cometoaclinicmaynotbeproperlydiagnosedandtreated.lntheend, onlyasmallproportionofpeople withSTIs/RTIsmaybecuredandavoid re-infection.Serviceproviders haveamajorroleinrespondingtothese challenges.

Manyof these challenges can beaddressedbymakingthemostof opportunities topromoteprevention,improvehealthcare-seeking behavior,anddetectandmanageexistinginfections.Otherrolesofservice providershavebeenoutlinedintheNationalGuidelineformanagementof STIs/RTIs chapteronepage24 - 25.

Chapter 2: Detection (Diagnosis) of STIs/RTIs

GeneralscreeningforSTIs/RTIs

Asignificant proportionof womenandmenwithSTIs/RTIs,donothavesymptoms.Eventhose with mildsymptoms maynotcomplainwhentheycomeforothercareservices. Asymptomaticinfectionsmayequallycausecomplicationsassymptomatic ones.

It is therole oftheserviceprovidertoutilizeeveryopportunityto screenpatients/clientsforSTIs/RTIsbothclinicallyand/orbylaboratory investigationwhentheycomeforotherservices.

Whatyouneedtoremember ondetectionofSTIs/RTIs

Detecting asymptomaticinfectionisimportanttoanindividualaswellas communitysinceitinterruptstransmission.

- Healthcareprovider shouldhaveadequateskillsandknowledge on commonsignsandsymptoms ofSTIs/RTIs.
- All STI/RTIpatientsshouldbeencouragedtotakeanHIVtest.
- ProviderInitiatedTestingandCounselingshouldbeencouraged
- Symptom suspicionand earlycareseeking behaviorshould be promoted.
- Screening clients,who come for Reproductive Health Services such as pregnant women, is an effective strategy for prevention of STIs/RTIs such as congenital syphilis.
- Speculum examination is essential and should be performed carefully to detect any sign and Papanicolaou smear should betakentodetect earlycervicalcancer.

Whatarethechallenges?

Thereareseveralbarriers inthe detectionand control ofSTIs/RTIsina community:Firstly,notallwhoareinfected seekforcareandsomeare asymptomatic.Secondly,those who seek forcarenot allareproperly managedorgetcuredandfinally,partnernotificationandmanagementis anothersnag.Barriercascadesandsomestrategies fordetectingSTIs/RTIs inpatientswhocomeforotherserviceshavebeensummariesinfigure2.1 andtables2.1and2.2oftheNationalGuidelinesformanagementofSTIs/ RTIschapter2onpage26 -28.

Whatyouneedtorememberonchallenges

Itisimportanttorememberthatsomeissuesmay comeupwhenscreening orpresumptivelytreatingforSTIs/RTIs.

- Clients whocometoclinicorhealthfacilityforotherreasonsmaynot bepreparedtohearthattheymayhaveSTI/RTI
- Theseclientsmaybemoreupsetiftheyaretoldthattheyhaveto informtheirsexualpartners
- Such situations must be handled carefully to avoid losing patients' trust and damaging the reputation of the facility

- Thefactthat noscreeningtestis100%accurateclientsshouldbegiven clearexplanationandthepossibilityoferror
- Allthe time healthproviders should avoid labelingproblems assexuallytransmittedwhenitisuncertainbecause ofthestigma.

ScreeningforspecificSTIs/RTIsandHIVinfections

RecommendationsforscreeninginspecificSTIs/RTIsandHIVincluding indicationsforscreeningand theavailabletoolshavebeen adequately discussedintheNationalGuidelinesformanagementofSTIs/RTIschapter2onpages28 to34.

Screening of STIs/RTIs among the key populations

Key populations comprise a group of individuals who are important in the fight against STIs/RTIs including HIV. Due to an alarming high prevalence of HIV and other STIs/RTIs among these individuals, diagnosis of such infections among them should be an important undertaking. To effect this, when attending a client from such groups for other health needs:

- Screening of STIs/RTIs should be offered routinely as part of the comprehensive care for STIs/RTIs including HIV.
- Take note that, in some groups, infection sites can be different from the rest of population depending on sexual practices they practice. Such sites may include the anus, oral cavity, fingers, and the pharynx.
- Find out the level of knowledge the client has on different STIs/RTIs aspects including but not limited to types of STIs/RTIs, signs and symptoms of different STIs/RTIs, treatment options, opportunities for treatment, opportunities for HIV counseling and testing, risk factors, and prevention mechanisms.
- Establish the sexual status of the client with respect to number of current sexual partners, types of sex involved, and types of other risky behaviors the client is involved.
- Inquire about history and/or current symptoms of STIs/RTIs and whether received treatment of the most recent episode
- Establish condom use status of the client. In this regards, enquire about intimate partner violence if present.
- For female clients from these groups, provide cervical cancer screening program as per cervical cancer screening program guideline.
- Help the client plan for prevention mechanisms.

One of the strategies in STI/RTI/HIV screening is adoption ofProvider Initiated Testing and Counseling (PITC). PITC components aim at providing correct information, encouraging every client to be tested, assisting a decision making and testing for any client who comes for other health services.

Whataserviceprovidershould observe

Standardprecautions duringscreening

Laboratoryscreeninginvolveshandlingofblood and other bodyfluids. Standardprecautionsshouldbeobserved atalltimeswhendealing with invasiveproceduressuch asdrawingblood.Allbodyfluidsshouldbe consideredinfectious.

Precautions areaimedatprotectingtheserviceproviderandclient.They alsoaimatprotectingagainstnosocomialinfections.

Standardprecautionsinclude:

Safehandlingofspecimen

- Explainto theclientwhatistobedonetogaincooperationandtrustof client
- Disposablespecimencollectingmaterialsshouldbeused
- Avoidneedle stickinjuries
- Capinfectedfluidsbeforecentrifuging
- Disinfectionshouldbecarriedoutusingappropriatedisinfectantsuch as0.5%hypochlorite
- Antiseptic recommendedforskindecontaminationis70%alcohol(methanol)
- Alldisposableitemsshouldbeburntorincinerated(wherepossible)

LaboratorytestingforSyphilisscreening

Therearetwomajorcategoriesofserologicaltesting forsyphilis namely; Non-TreponemalandTreponemaltests.Procedures forlaboratorytesting arediscussed inNationalGuidelinesforManagementofSTI/RTIandthe Nationalguidelinechapter3onpage18andTrainersGuideonPITC.

Rememberthat:

- Indicationsforscreening insomeconditions suchascervicalcancer screeningdependonavailabilityofresources
- Pre-testingcounselingshouldalwaysbedonebyawelltrainedservice provider
- Alllaboratory investigations should be doneby atrained health personnel
- RPRtestsmayremainpositiveforabout sixmonths tooneyeareven aftersuccessfultreatment,thusresultsmustalwaysberecorded
- Treponemalspecifictestsremainpositivefortherestofone'slife
- Serum/plasmashouldbetestedon the same dayand haemolysedbloodshouldneverbeused
- Clientsshould preferably beinformedabout thetestresultsonthe sameday.
- For positivesyphilisresulttreatmentshouldbegivenonthe same day

HIVcounselingandtestingapproaches

- Provider–InitiatedHIVtestingandCounseling(PITC)
  Healthcarepractitioners willhavetheroleofinitiatingHIVtesting and counseling forallpatientsattendinghealth carefacilitiesinordertomakespecificclinical decisionsthatrequireknowledgeof thepatient'sHIVstatus

- ClientInitiatedVoluntaryCounselingandtesting(VCT)
  ThisisaClient–initiatedVoluntaryHIVCounselingandTesting

- Community-Based HIV Testing and Counseling

This service has multiple approaches such as home-based testing, mobile outreach (including in working places, schools etc) and multi-disease campaigns. It should be implemented in addition of PITC.

- Couple HIV Testing and Counseling (CHTC)
  It is for people who are or are planning to be in a sexual relationship. Services should be offered to married and cohabiting couples, premarital couples, polygamous unions and any other partnerships.

- MandatoryHIVscreening
  ThisreferstoroutinescreeningforHIVandotherbloodborneviruses ofallbloodforbloodtransfusionortransferofbodilyfluidsorparts

- HIVTestinginmedicalresearchandsurveillance
  In Tanzaniathisisperformedaccording tospecificguidelines and regulationsapproved by theappropriatescientificand review boards.

PITCconcepts

PITCrefers to HIV testing and counseling whichisrecommendedby health care providerstopersons attendinghealth care facilitiesasa standardcomponentofmedicalcare. Themajorpurposeofsuchtesting andcounseling istoenable specificclinicaldecisionstobemadeand/or specificmedicalservicestobeofferedthat willnot bepossible without knowledge oftheperson'sHIVstatus.

PITCalsoaimstoidentifyunrecognized orunsuspected HIVinfectionin persons attendinghealth facilities.Healthcareproviders maytherefore recommendHIVtestingandcounselingtopatientsin somesettingseven iftheydonothaveobviousHIV-relatedsymptomsorsigns.Suchpatients mayneverthelesshaveHIVandmaybenefitfromknowingtheirHIV-positive statusinordertoreceivespecificpreventive and/or therapeuticservices. Insuchcircumstances HIVtestingandcounselingisrecommendedbythe healthcareprovideraspartofapackageofservicesprovidedtoallpatients duringallclinicalinteractionsinahealthfacility.

Itisemphasizedthat, theprinciplesofinformedconsent,counseling,and confidentialitymustbeobserved.Persnsretaintherighttodeclinethe HIVtestwithoutbeingdenied anyservicestowhichtheyareentitledtoat thehealthfacility.

RationaleforPITC

- IntegratingHIVtestinginto serviceprovisionforallpatientsto normalizeasotherchronicdisease.
- MajorityofpeopleinTanzaniadonotknowtheirstatus.PITCincreases theindividual'saccesstoHIVtestinghencenumberofindividualsthat knowtheirstatus.
- People tend to preferbeingtested withinthe context ofaregular health servicevisit.AvisittoaspecializedfacilityjustforanHIVtest canbetimeconsuming,inconvenientandstigmatizing.
- PITCtakeslesstimeitfocuses moreonpost–test counselingand referraltoappropriateservices.

- RatesofHIVinfectionarehigheramongTBandotherpatients,withsigns andsymptomsofHIVandAIDS,thanamongthegeneralpopulation.It isthereforeimportanttotestthesegroupsofpatientsforHIV.

ImportanceofPITCinTanzania

- HIVcounselingandtestinginTanzaniadoneinthepasthasoccurred atVCTsitesonly.
- Thenumber ofpeopleinTanzaniawhohavebeen evertested andknow theirHIVstatushasincreased from 2 million ever tested in 2007 to 20 million ever tested by November 2013.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS)and WHOpointoutthecriticalneedforincreasingthenumber ofpeople whohavereceived HIVcounseling andtesting andknow theirstatus,and areabletoaccesscare,treatment,prevention, and supportservices.
- InTanzania,thenational policycallsforrecommendingHIVtesting to everypersonwho comes to ahealthfacility,regardlessofhis or hermalady.

SimilaritiesanddifferencesbetweenVCTandPITC

BothVCTandPITC:

- Arevoluntary
- Requiretheconsentoftheclient/patient
- Testforthebenefitoftheclient/patient
- Requirethattheresultbegiventotheclient/patient
- Arepreferablydoneusinga rapidtestwitha samedayresult

HoweverVCTandPITChavet h e followingdifferences:

	VCT	PITC
Setting	Standalone Mobile Healthfacilities	Healthfacilities
Clients/ Patients	ComeforHIVtest ExpecttogettestedforHIV Morelikelyasymptomatic	Comeforotherservices NotexpectingHIVtest Symptomatic
Initiatedby	Client	Provider
Providers	Trainedcounselors,notnecessarilyaHCP	HCPtrainedtoprovidecounseling
Results	Anonymous	Linked
Aim	PreventingHIVtransmissionthrough riskassessment,riskreduction plan	Forappropriatemanagement, referralforHIVcare,and treatment

Pre-test Counseling	Clientcentred LongdiscussionaboutneedforHIVtesting ExplorewhethertheywishtobetestedforHIV Discusstheresultswithnegativesandpositivesclientsbecauseofthefocusonprevention	Counsellorcentred Limiteddiscussionabout needforHIVtesting ProviderrecommendingHIVtesttopatients Focusonthosewhotestpositivewithemphasisontheirmedicalcare
Duration	Long:1-2hrs	Short:20-30 min

PITCsteps

Pre-testinformationinPITC

DuringthePITCpre-testinformationsession,theprovidershallexplainto theperson(s)thefollowing:

- ThereasonswhyHIVtestingandcounselingisbeingrecommended
- TheclinicalandpreventionbenefitsofHIVtesting
- Theservicesthat areavailableinthe caseofeitheranHIV-negative oranHIV-positive testresult,includingavailabilityofantiretroviral treatment
- Thatthetestresultwillbetreatedconfidentially
- Thatthepatient hastherighttodeclinethetest.
- ThatdecliningaHIVtestwillnotaffectthepatient'saccesstoservices thatdonotdependuponknowledgeofHIVstatus
- IntheeventofanHIV-positivetestresult,encouragementofdisclosure tootherpersonswhomaybeatriskofexposuretoHIV
- Thatthepatienthasanopportunitytoaskthehealthcarepractitioners questions

HIVtestingalgorithminTanzania

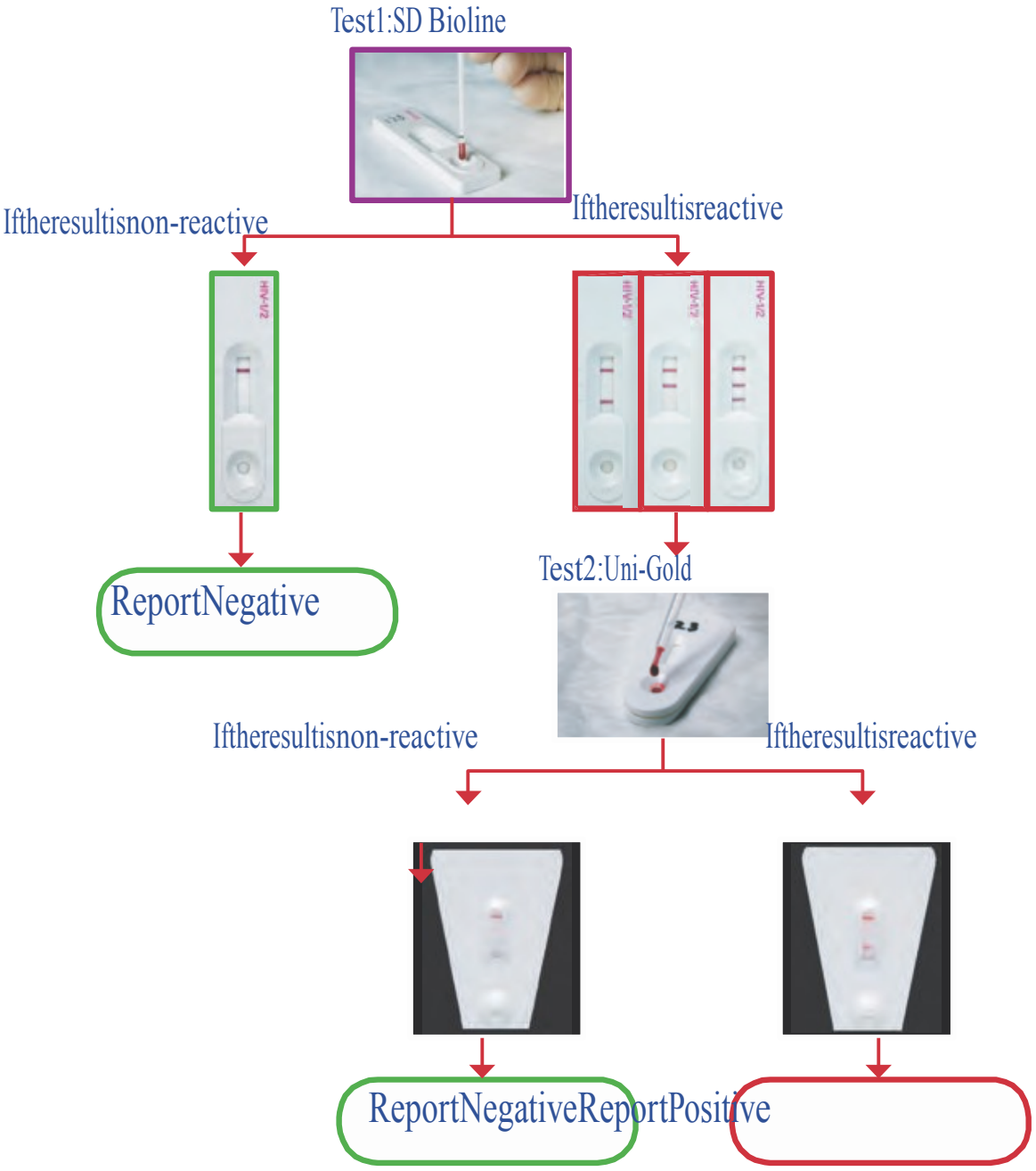
HIVtestinginTanzaniaisdoneaccordingthenationaltestingalgorithmand isbased onserialtesting.Atestingalgorithmreferstothecombinationof testsandthesequenceofuseinHIVtestingtoprovidemaximumsensitivity andspecificity.

With'serialtesting'abloodsampleistakenandtested usingthe"first"test. Iftheresultisnon-reactive,thetestresultisgiventotheclientasHIVnegative. Ifthetestresultisreactive, theblood sample istested usinga"second" differentHIVtest.Ifthesecondtestisalsoreactive,theresultisgiventothe clientasHIVpositive.Ifthesecondtestisnegative,(firsttestispositiveand secondtestisnegative),a"third"test(alsocalledatie-breaker)isused.The finaltestresultofthesampleisdeterminedbytheresultofthetie-breaker.

Inasituation where there isno tiebreakerforrapid testing,discordant samplesshouldbereferredtothelaboratoryforELISAtesting.

Health carepractitioners shallfollow theMOHapprovedtesting algorithm.

Figure1:NationalHIVRapidTestingAlgorithm(2015)



Post- testcounseling

During thepost-testcounselingsession,healthcarepractitioners should:

- Assesspatient'sreadinesstoreceiveHIVtestresults
- Communicate HIVtestresultssimplyandclearlyandgivethepatient timetoconsidertheresults
- DispelanyfalsebeliefsregardinginvulnerabilityorimmunitytoHIV
- Explainhowtoremain negativeand/orhowtoprevent re-infection(condoms)
- Discussprevention, disclosureandoptionsforpartnerreferraltoHIVtestingandcounselingservices
- Arrangereferralforadditionalcounselingandsupport

Posttestcounselingfornegativepatients

- Explainabout thewindowperiod andthe importanceofrepeatingthe testwithin3months
- BasicadviceonmethodstopreventHIVtransmission
- Provisionofmaleandfemalecondomsandguidanceontheiruse.

Post- testcounselingforpositivepatients

Individualswhose testresultisHIV-positive,thehealthcareprovider shallprovidethefollowinginformation:

- Informthepatientoftheresultsimplyandclearly,andgivethepatient timetoconsiderit
- Ensurethatthepatient understandstheresult
- Allow thepatienttoaskquestions
- Helpthepatient copewithemotions arisingfromthetestresult
- Discussanyimmediateconcernsandassistthepatienttodetermine who,inher/hissocialnetwork,maybeavailableandacceptabletooffer immediate support.
- Describefollow-upservicesthatareavailableinthehealthfacilityand inthe community,withspecialattentiontothe availabletreatment, PMTCT,andcareandsupportservices
- ProvideinformationonhowtopreventtransmissionofHIV,including provisionofmaleandfemalecondomsandguidanceontheiruse
- Provide informationon other relevant preventivehealthmeasures suchasgoodnutrition,useofco-trimoxazoleand, inmalariousareas, insecticide-treatedbednets
- Discusspossibledisclosureofhis/herresult,whenandhowthismay happenandtowhom
- Encourageandofferreferralfortestingandcounselingofpartnersand children.
- Assessthe riskofviolenceorsuicideanddiscusspossible stepsto ensurethephysicalsafetyofpatients,particularly women whoare diagnosedHIV-positive.

- Arrangeforfollow-upvisitsorreferralsfortreatment,care,counseling, supportandotherservicesasappropriate(e.g.tuberculosisscreening andtreatment,prophylaxisforopportunisticinfections,STItreatment, familyplanning,antenatalcare)

EthicalandlegalissuesinPITC

Testingandcounselingservicesareverysensitive.Healthcare providersare expectedtobeawareofthebelowmentionedethicalandlegalimplications whileprovidingtheseservices.Thisisnecessaryduetosensitivenatureof HIVandAIDSassociatedstigmaandvulnerabilityofclients.

Informedconsent

- Alwaysobtaininformedconsentoftheclient(nocoercion)
- Verbalconsentisadequate(writtenconsentnotprerequisite)

Privacyandconfidentiality

- Allrecordsshould bekeptconfidentialoutofreachofunauthorized person
- Ensurespaceprovidesforprivacy

Sharedconfidentiality

- OnlyclientwillallowdisclosureofHIVresultstoathirdparty
- Healthprovidersmayaccesstheresultsforpurposesofprovidingcare totheclient

Accesstoservices

- ClientwhodeclinestoundergoHIVtestingshouldnotbedeniedother services
- ProvideorrefertheclienttoappropriateservicesafterHIVresults

Children<1

- Consentprovidedbyparents/legalguardians
- Ifmarriedand/orsexuallyactivemaygiveownconsent

Mentallychallenged

- Getconsentfromparent/legalguardian

Chapter 3: STIs/RTIs education, counseling, contact referral and management

HealthEducation

Whatishealtheducation?

HealthEducationistheprovisionofessentialinformationrelatedhealthto individualsorgroupstopromotehealthandhealthbehavior.

Howtodeliverhealthmessagestothepublic

HealtheducationonSTIs/RTIscanbedonealongsideotherhealtheducation activitiesinthecommunity oratafacilitybyusingavailableopportunities andvariousmedia.UseofrelevantInformation,Education,Communication (IEC) andBehaviorChangeCommunication(BBC)materialsproducedand distributedbytheMOHSWandother reputableorganizationsarehighly recommended.

Serviceprovidersarealsoencouragedto use other public meetingsto deliverthisimportantmessageonSTIs/RTIs.Useoflocalandreligious leadersandotherinfluentialpeopleislikelytobeeffective.Disseminationof localSTI/RTIprevalencedataobtainedfromclinicandprovidingleafletson consequencesofSTIs/RTIs onthepersoncanalsobeusedforadvocacy.

HealthEducationonvarioushealthrelatedissuesisaroutineactivitydone atahealthfacilityeitheringroupsoronindividualbasis.

WhatthepublicneedstoknowaboutSTIs/RTIs

Thepublicshouldbeeducatedonthefollowing:

- Definition, cause, mode of transmission, symptomsand signsofSTIs/RTIs, theircomplicationsandimportanceofseekingearlyand appropriatetreatment
- AdverseoutcomeofSTIs/RTIsparticularlyinpregnancy
- PresenceofasymptomaticSTIs/RTIsand theirconsequencesparticularly inPregnancy
- Availabilityofservicesandimportanceofearlyscreeningandtreatment ofSTIs/RTIsinreducingHIVtransmission
- TheroleofmeninSTI/RTIcontrolandutilizationofservices.
- Importanceofpartnermanagement

Whattoobservewhenplanningforhealtheducation

Thefollowingshouldbeobservedwhen preparingforhealth education sessions:

- Preparethesessioninadvance
- Thecontentiswhatyouwanttheaudiencetohear
- MainpointsshouldbestressedIEC/BCCmaterials,whichrelatetothe sessionhavetobepreparedinadvance
- Haveaclear understandingofthe contentand howto makethe presentationunderstood

- Thepresentationisgiveninanattractiveandenjoyablemanner
- Rehearsethepresentationandmakesurethereisenoughtimeforthe contenttobecovered

Howtomakeagoodpresentation

Greettheaudience,introduceyourselfandyourtopicandobjectives

- Presentcontentfactuallyandclearly
- Maintain anengagement withthe audience.Forexample make presentationwhilestanding,maintain eye contact so thatclients/audiencemaintaintheirinterest
- Makesureyourvoiceisaudible
- Givetime toaudiencetoaskquestions,clarifyandsummarize

Counseling

Whatiscounseling?

Counselingisa(Confidential)dialogue betweenacounselorandaclient aimedathelpingtheclientcopewithadifficultsituationthroughinformed decision- m a k i n g .

Counselingisnot:

- Givingadvice
- Tellingsomeonewhattodo
- Interrogatingsomeone
- Findingsolutionstosomeone'sproblem

Basicskillsofcounseling

- Relationshipbuilding
- Exploration
- Understanding
- Actionplan

Factorsthatpromotesuccessfulcounseling

- Privacyandconfidentiality
- Empathyasanabilitytoentersomeoneelse'sworldasif itwasyours
- Willingnesstohelp
- Accuracyofinformation

- Respect
- Useofunderstandablelanguage
- Useofvisualaids
- Useofgoodlisteningskillsthroughouttheprocess

Whatyouneedtorememberwhendoingcounseling

- Thereisnodirectanswerincounseling
- Donotbejudgmentaltowardstheclient
- Theclientandnotthecounsellormakethefinaldecision
- Itisnotadvisabletocounselyourrelative,afriendorsomeonewhois veryclosetoyou.Insuchasituationrefertheclienttoyourcolleague
- Donotgiveresultstoanyotherpersonotherthantheclient

Counselinginspecialsituation(Couplecounseling)

- Counseling aman and awoman togethermayneed empowering themwithadditionalnegotiationskills.
- Theproviderneedstoassesstheindividual'ssituation,coachhim/her onappropriatenegotiationskills,offertomeetwithpartner andoffer continuedfollow-upsupport.

Differencesbetweencounselingandheltheducation

Counseling

- Confidential
- Usuallyonetooneorcouple
- Evolvesstrongemotions inbothClientandcounselor
- Focused,specificandgoaltargeted informationused to change attitudes
- Issue–oriented
- Basedonneedsofclient

Heltheducation

- Notusuallyconfidential
- Smallorlargegroupsofpeople
- Emotionallyneutral
- Generalized
- Contentoriented

- Basedonpublichealthneeds

ContactNotification,ReferralandManagement

Contactnotification,referraland managementinSTI/RTIcontrol involvethe processofcounseling STI/RTIclients(indexcase)tonotifyandrefer his/hersexualcontact(s)tothefacilityformanagement.

Whatisindexcase?

ThefirstSTIclientreportedformanagement

Whatiscontactcase?

Sexualpartner/sreferredtotheclinicbytheindexclientformanagement

Purposeofcontactmanagement

Thepurposeofnotifyingandtreatingsexualpartner(s)istobreakthechain oftransmissionandpreventpossibleeventualre-infections.

Itistherefore importanttoincludeallcontactsthattheclient mighthave hadsexualcontactwithduringthepastthreemonths.

Whatarethestepsforcontactnotificationandreferral?

- The service provider counselsthe client who has anSTI/RTIand providestreatment.Areferralcard(orslip)knownasTAARIFAMUHIMU (important notice)isgiventothe indexcaserequestingcontacts to report tothe mentionedfacility/clinic.Thereferralcardcontains the registrationnumberoftheindexcaseonlyandnot thename

- TheclientwhohasanSTI/RTIinformsthecontactbyhandlingthemthe referralslipandexplainingtheimportanceforthepartnertoattend thementionedfacilityorclinic.

- Thecontactpresentsthereferralcardtothefacilityservice providerfor appropriatecare

Howtomanagethecontact?

- Contact withSTI/RTIsyndromeistreatedaccordingtothefound syndromeandoftheindexcase
- Contactwithoutsignsorsymptomsistreatedtoequivalentsyndrome of theindexcase(epidemiologicaltreatment)
- Theservice providershouldshow appreciationtothecontactfor respondingpositivelytotherequesttoattendtheclinicandexplain/ counselonthereasonforthenotice
- Duringcounselingthecontactsshouldbeaskedandeducatedonthe importanceoftreatingotherpartners
- Othercontact managementmeasuresarediscussed intheNationalGuidelineformanagementofSTIs/RTIschapter3onpage44

- Beforedischargingtheclient,healtheducationisprovided.Contacts withanSTI/RTIsyndromeareregardedascontactindexcases. They shouldthereforebeaskedtorefertheirownfurthercontacts

Chapter 4: Preventing STIs/RTIs and their complications

Introduction

Theprovision ofSTI/RTI clinicalcareatthe variouslevelsofthehealth caredeliverysysteminTanzaniaoffersaunique opportunityto deliver preventionmessagesandinterventions.Peopleinneed ofcarewhohave establishedatrustrelationship withahealth careprovideraremotivated andarelikelytoacceptttheneedforbehaviorchangeandadoptpractices necessarytostopfurthertransmissionofSTIs/RTIs.

AcomprehensiveapproachtomanagementofSTIs/RTIsincludesprevention ofsexuallytransmitted,iatrogenicandendogenousinfections.

ImportantpointstonoteinSTI/RTIprevention

- SinceSTIs/RTIsareknown asbeing co-factors forHIVtransmission.Health care provider shouldensure provisionof quality STI/RTI servicesinall health facilitiesthrough both aetiological andsyndromicapproach.Training, provisionofadequatesuppliesandsupportivesupervisionshouldbe undertaken
- Condom, both maleandfemales,constituteaneffectiveprotection measureagainst many STI/RTI andHIV infection transmission. Easy accesstocondoms forthose whoneedthem withinthehealthcare settingshouldbeensured andscaledup.All health care staff should provide education on consistent and proper condom use.
- SomeSTIs/RTIs are transmittedby contaminatedbloode.g.HIV infectionandsyphilis.Aneffectiveandwellfunctioningnationalblood transfusion servicesincluding screening ofbloodbeforetransfusion willensuretheregularavailabilityofadequateamountosafebloodin alltransfusioncentres.
- Sexworkersandtheir clients, homosexuals and drug usershave disproportionatelyhighprevalence ofSTIs/RTIsandHIVcompared to generalpopulation.Increasingaccessto servicesand interventions forthesegroupswillreducetransmission ofSTIs/RTIsandHIVamong thesegroupsandinthegeneralpopulation.
- TheprioritythealthsectorinterventionforvulnerablegroupsincludingyouthsmenandpregnantwomenincludetheexpansionofyouthfriendlyservicesandoutreachservicesformenandintegrationofSTIs/RTIsintoreproductiveandchildhealthservices.Iftheseprogrammesarewellimplementedtheycanreduceriskoftransmission.
- VoluntaryCounselingandTestingaswellasProviderInitiativeTesting andCounselinghavebeenshowntobeeffectiveininfluencingchange insexualbehaviorandpractices.Theyalsoneedtobeaccessibleand userfriendly.
- Minimalinfectioncontrol measuresand adherencetostandardprecautionsforpreventionofinfectionduringinvasiveproceduresand duringchildbirthcanhelptopreventmanyiatrogenicRTIs.
- Sexworkersandtheirclients,homosexualsanddrugusershave disproportionatelyhighprevalenceofSTIs/RTIsandHIVcompared to generalpopulation.Increasingaccesstoservicesandinterventions forthesegroupswillreducetransmissionofSTIs/RTIsandHIVamong thesegroupsandinthegeneralpopulation.

- Thepriorityhealthsectorinterventionforvulnerablegroupsincluding youths,menandpregnantwomen,includetheexpansionofyouth friendlyservicesandoutreachservicesformenandintegrationofSTIs/ RTIsintoreproductiveandchildhealthservices.Ifthesepro grammesarewellimplementedtheycanreduceriskoftransmission.
- VoluntaryCounselingandTestingaswellasProviderInitiativeTesting andCounselinghavebeenshowntobeeffectiveininfluencingchange insexualbehaviorandpractices.Theyalsoneedtobeaccessibleand userfriendly.
- Minimal infectioncontrol measures andadherencetostandard precautionsforpreventionofinfectionduringinvasiveproceduresand duringchildbirthcanhelptopreventmanyiatrogenicRTIs.

Chapter 5: Promoting Prevention of STIs/RTIs and use of services

PromotionofSTI/RTIpreventionand theuseofservicesremaintobe amongthetopagendaofhealthcareprovidersinordertoensurewide utilizationoftheservicesbythepeopleinneed.However,ithasbeennoted thatprovidingSTI/RTIservicesdoesnotmeanthattheywill beusedbyall particularlythepoor, key populations and othervulnerablegroups.

Whatarethebarriers?

UtilizationofSTI/RTIservicesinTanzaniaisaffectedbyanumberoffactors suchas;

- Unskilledhealthcareproviders
- De-motivatedhealthcareproviders
- Negativeattitudeofhealthcareproviders,Lackofequipment,medicineandsupplies,Inabilitytomeetthe cost
- Lackofawareness
- Lackofcommunityinvolvementandsupport
- Unfriendlyclinic/facilitysettingse.g.openinghours,lackofprivacy
- InadequateSTI/RTIservicesforspecialgroupse.g.youthfriendly services
- StigmaattachedtoSTI/RTIservices

Forfurtherinformationonbarriers inutilizationofSTI/RTIservicesrefertochapter5onpage59and60of theNationalGuidelineforManagementofSTIs/RTIs.

Whatneedstobedone?

ItisimportanttoremovethebarriersthatpreventpeoplefromusingSTI/ RTIservicesby:

- TrainingofhealthserviceprovidersinSTIs/RTIs andcustomercare
- IntegratingSTI/RTIservicesintoroutinefacility/clinicservices
- IntroducingmobileandoutreachSTI/RTIservicesforspecial/vulnerable groups
- AdequateaccesstocorrectinformationonSTIs/RTIs
- Addressingclinic/facilitydeliverybarrierssuchasopeninghours, availabilityofmedicines
- Gendersensitiveservices
- Affordableservices
- Communityparticipationandownership
- Healthworkersneedtobetargetedwithmeasurestoreducestigma anddiscriminationwithinthehealthservicedeliverysetting particularly among key populations.
- Healthworkersneedalsotobeappropriatelyinformedandsensitized ontheissuessurroundingSTIs/RTIssothattheycantransferthis knowledgeand measurestoreducestigmawithinthegeneral population

Cancommunityparticipationhelp?

Communitycanpromotepreventionandutilizationof STI/RTIservices throughthefollowing:

- Advocacythroughcommunityforums
- Promotionofpeereducation
- Supportingandparticipatingoutreachservices
- Referringclientstotheservices

Comprehensive STI Control Services for Key Vulnerable Populations

Barriers to control of STIs in key vulnerable populations include poor access to effective prevention and care, as well as difficult social conditions that reduce ability to insist on preventive services such as condom use.

Services should be convenient, private and confidential. Outreach should be organized to reach key vulnerable populations who do not have easy access to services. Peer education is key to supporting key vulnerable populations in demanding safer conditions.

Health workers should support legal and social efforts to reduce harassment and facilitate provision of preventive and curative services as a public health benefit.

NB.Issuesrelatedtoreachinggroupsthatdonotnormallyusereproductive healthservicesincludingadolescent/youth, key populationsandothervulnerablegroupshave beenextensivelydiscussedintheNationalGuidelinesformanagementofSTI/ RTIserviceschapter5onPage62to68.

Chapter 6: Integrating STI/RTI services into routine reproductive health services

WhyintegratingSTI/RTIservicesintoroutineRHservices?

Why Peoplewhoaresupposedtobenefitfromreproductivehealthservicesform agreaterpartofthecountrypopulation.TheRHservicesareintendedto caterforbothmenandwomenfromchildhoodtoadulthood.Yet,formany yearsroutineRHserviceshavenotbeenaddressingSTI/RTImanagement adequately.

Thereasonsforintegratingtheservicesinclude:

- PreventionofSTIs/RTIsandtheircomplicationsrequireacommon approachwithinreproductivehealthservicesbecause,theclinical appearanceofdifferentSTIs/RTIs overlapsespeciallyinwomen.
- InreproductivehealthsettingssuchasantenatalandfamilyplanningclinicsnonsexuallytransmittedInfections(RTIs)areusuallycommoner thanSTIs.
- FailuretodiagnoseandtreatSTIs/RTIsatearlystageofpregnancymay resultintoadverseoutcomesincludingfoetalwastage,premature delivery
- Otherseriouscomplicationsareinfertility,ectopicpregnancyaswell asneonatal infections(Neonatalconjunctivitis,neonatalpneumonia, congenitalsyphilis).
- ReproductivehealthservicesprovideanopportunityforassessingdiagnosingandtreatingSTIs/RTIs
- IntegratingSTIs/RTIsintoroutinereproductivehealthservicesisan innovativeapproachthatusesspecialskillstoreachmoreclientswho needthem.

STI/RTIassessmentduringFamilyPlanningvisits

Whatserviceprovidersneedtoremember?

- WomenattendingFamilyPlanningclinichaveusuallycomeforfamily planningmethodsandnotforSTIs/RTIs.Theymaynotbepreparedto hearthattheyhaveanSTI/RTI
- IntroducingthetopicofSTIs/RTIsshouldbedonewithgreatercare.
- Ifthetopicisbroughttooearly,thewomanmayfeelthatherfamily planningneedshavebeenignoredandifbroughttoolate,thechoice ofmethodmayneedtobereconsidered.
- Serviceprovidershoulduseappropriatecommunicationskillswhen introducingthetopicofSTIs/RTIs.
- Openendedandpersonalizedquestionssuchas"pleasetellmewhat yourconcernsareinrelationtoinfectionthatarespreadbysex"canyield betterresultsthanclosedquestionsrequiring'YESorNO"answer.
- DonotloosethisopportunityforSTI/RTIscreening,educationand counseling,andprovidingappropriatetreatment
- STI/RTIpreventionandconcernsshouldbediscussedwithallfamily planningclientsateachvisit.Dualprotectionagainstpregnancyand STIs/RTIsshouldbepromotedateveryopportunity.

Whatyouneedtodowhentheclientvisitsthefacility

Stepone:Discussthemethod

- Contraceptiveneeds
- STIprotectionneeds
- Optionsofmethods
- Helpclientselectmethod

Steptwo:AssessforSTIs/RTIs

- Findoutif yourclienthasaSTI/RTI
- AssesstheneedforSTI/RTIscreeningandtreatment
- Assessmedicaleligibilityforthepreferredmethod

Stepthree:Providethemethod

- Counselthe clientaspercounselingguidelines
- Demonstrateuseofcondom
- ConsiderSTI/RTIriskforthepreferredcontraceptivemethod

NB. ProceduresforintegratingSTIs/RTIsinroutineFPservicesandprovisionof dualprotectionandemergencycontraceptionareadequatelydiscussedinthe NationalguidelinesformanagementofSTIs/RTIschapter6onpage70to79.

STI/RTIassessmentinpregnancy,childbirthand thepostpartumperiod

WhySTI/RTIassessmentinpregnancyandchildbirth?

STI/RTIpreventionandmanagementareimportantduringpregnancy,childbirthandthepostpartumperiodduetheseriousnessoftheassociated complications.Forexample,uppergenitaltractinfectionsmayleadto spontaneousabortionorpretermruptureofmembranes.Complications ofuntreatedSTIs/RTIsfollowingdeliverymaybelife threatening.Service providermustutilizeantenatalclinicvisittodetectandtreatSTIs/RTIs.

Whatyouneedtodo

Atfirstantenatalvisit

- DetectandmanageSTIs/RTIs
- Offersyphilistestingandtreatment
- Screenforbacterialvaginosisandtrichomoniasis
- ProvidePITCforHIV
- Discussplansfordeliveryandpostpartumcare

Duringfollowupantenatal visit

- AssessforsymptomsofSTIs/RTIs inthemselvesandtheirpartners
- Repeatsyphilistestingif theinitialtestwasnegative
- IfthemotherisHIVpositivemanageorreferaccordingtoPMCTCprotocols
- Reviewbirth plans, optionsforinfantfeedingandpostpartum contraception
- InsistonSTI/RTIpreventionandcondomuse

Duringlabouranddelivery

- LookforsignsofSTIs/RTIs
- CarefullymanagerupturedmembranesusingasepticprocedureS
- Incasegenitalherpesand/ orwartsissuspectedrefertohospitalfor caesareansection.
- Observestandardprecautionsagainstinfectionthroughoutthe processoflabouranddelivery
- Provideprophylaxisagainstneonatalconjunctivitis
- Observebabyforsignsofsyphilisandtreat
- Treatforsyphilisinbabiesborntosyphilispositivemothersevenif the motherwastreated

Duringpostpartumperiod

- AssessforSTI/RTIandprovidetreatmentduringthefollow-upvisits

ManagementofSTI/RTIcomplicationsrelatedtopregnancy,abortionandthepostpartumperiod

Infectionsinpregnancy, followingmiscarriage, inducedabortionorinthe postpartumcanbelifethreatening.Theymustbemanagedaggressively, efficientlyandwithoutdelays.Seriouscomplicationsincludeendometritis andsepticabortionsincaseofinducedabortionandendometritisand puerperalsepsisincaseofpostpartuminfections.

Managementofinfectionsinearlypregnancy

Infectionsinearlypregnancyusually leadtoabortions,therefore;

- Performrapidassessmenttoruleoutearlysignsofabortion
- Provideantibioticsintramuscularlyorintravenously (IMorIV)
- Performsafeevacuationoftheuterinecontentif possible
- Refertoappropriatehospitalforfurthermanagement

Managementofinfectionsduringruptureofmembranes

- Assessfortheexistenceofinfections
- ProvideantibioticsI.VorIMtoavoidunnecessaryvaginalexamination
- Manageaccordingtoappropriateflowchartchapter9onpage99of theNationalguideline
- Refertoappropriatefacilityforfurthermanagement

Managementofinfectionsfollowingchildbirth

Infectionsfollowingchildbirthareassociatedwithpostpartum

endometritisandpuerperalsepsis.Thehealthcareprovidershoulddothe following:

- AssessforSTIs/RTIs
- ProvideantibioticsIMorIV
- Manageaccordingtoflowchartchapter9onpage100intheNational guideline
- Referimmediatelytoappropriatefacility

Thefollowingtablesshowvariousregimensfortheabove- mentioned infections

Treatment table 6.1: Antibiotic regimens for treatment of infection following miscarriage, induced abortion or delivery (septic abortion, postpartum, endometritis)

OPTION 1	OPTION 2	OPTION 3	OPTION 4
Commonly available, least expensive. Give all 3 drugs	Choose one drug from each box (=3 drugs)	Give both drugs	Choose one drug from each box (=3 drugs)
Ampicilin 2g intravenously or intramusculary. then 1g every 6 hours	**Ceftriaxone** 250mg by intravenously or intramuscular injection, every 8 hours	**Clindamycin** 900mg by intravenous injection, every 8 hours	**Cefixime** 400mg orally single dose, or spectinomycin 1g by intamuscular injection, 4 times a day
Gentamicin 80mg intravenously or intramuscularly every 12 hours	**Doxycycline** 100mg orally or intravenous injection, twice a day, or tetracycline 500mg orally 4 times a day	**Gentamicin** 1.5mg/kg of body weight by intavenous injection every 12 hours	**Doxycline** 100mg orally or by intravenous injection twice a day, or **tetracycline**, 500mg orally, 4 times a day
metronidazole[a] 500mg orally or intravenous infusion every 8 hours	**metronidazole**[a] 400-500mg orally or by intravenous injection, twice a day, or chloramphenicol 500mg orally or Intravenous injection, 4 times aday		**metronidazole**[a] 400-500mg orally or by intravenous injection, twice a day, or chloromphenicol 500 mg orally or by Intravenous injection, 4 times a day

- Patients taking metronidazole should be counseled to avoid alcohol.
- The use of quinolones should take into consideration the patterns of *Neisseria gonorrhoeae* resistance

Treatment table 6.2: Antibiotic regimens for treatment of infectious complications with viable pregnancy(chorioamnionitis, rupture of membranes)

OPTION 1- Safest for fetus when there are no signs of maternal infection	OPTION 2- Best coverage when maternal signs of infection (fever, foul smelling discharge) are present
Oral/intramuscular combination that is safe in pregnancy. Choose one from each box (=3 drugs)	Commonly available. least expensive. Give all 3 drugs until delivery. If woman delivers vaginally discontinue all antibiotic after delivery. If delivery is by Caesarean section, continue antibiotics until she is fever free for 48 hours
Cefixime400mg orally as a single dose, or **cefriaxone**125-250mg by intramuscular injection	**Ampicilin 2g intravenously** or intramuscularly, then 1g every 6 hours
Erythromycin[a]500mg orally 4 times aday for 7 days, or azithromycin 1g orally as a single dose	**Gentamicin** 80mg intramuscularly every 12 hours
Metronidazole[b]2g orally as a single dose	**Metronidazole**[b]500mg orally or by intravenous infusion every 8 hours

- Erythromycin estolate is contraindicated in pregnancy because of drug-related hepatotoxicity; only erythromycin base or erythromycin ethylsuccinate should be used.
- Patients taking metronidazole should be counseled to avoid alcohol.

Treatment table 6.3. Recommended treatment for vaginal infection in pregnancy

Therapy for **bacterial vaginosis** and trichomoniasis PLUS Therapy for **yeast infection** if curd-like white discharge, vulvo-vaginal redness and itching are present			
Coverage	**First choice** Choose one from BV/TV box below, or one from each box if yeast infection is suspected	**Effective substitutes**	**If woman is pregnant or breastfeeding** Choose one from BV/TV box below, or one from each box if yeast infection is suspected
Bacterial Vaginosis	**Metronidazole** 2g orally in asingle dose, or **metronidazole** 400 or 500 mg orally twice a day for 7 days	**Clindamycin** cream 2%, one full applicator (5g) intravaginally at bed time for 7days, or **clindamycin** 300 mg orally twice a day for 7days	Preferably after first trimester **Metronidazole** 200 or 250 mg orally 3 times a dayfor 7 days, or **metronidazole** gel 0.75%, one full applicator (5g) intravaginally **t**wice a dayfor 5 days, or **clindamycin** 300 mg orally twice a day for 7 days
Trichomo-niasis		**Tinidazole**a 2g orally in a single dose, or **tinidazole**500mg orally twice a day for 5 days	
Candida albicans (yeast)	**Miconazole** 200 mg vaginal suppository, one aday for 3 days, or **clotrimazole**100mg vaginal tablet, two tablets a day for 3 days, or **fluconazole**150mg oral tablet, in a single dose	**Nystatin** 100,000 unitvaginal tablet, onea day for 14 days	**Miconazole** 200 mg vaginal suppository, one a day for 3 days, or **clotrimazole**b 100mg vaginal tablet, two tablets a day for3 days, or **nystatin**100,000 unit vaginal tablet, one a day for 14days.

Patients taking metronidazole or tinidazole should be cautioned to avoid alcohol. Use of metronidazole is not recommended in the first trimester of pregnancy.

Vaginal tablets/pessaries preferably be applied during the night (before sleeping)

- Single-dose clotrimazole (500 mg) available in some places is also effective for yeast infection

Chapter 7: Management of STIs/RTIs

Whatyouneedtoknow?

ThisreferstomanagementofSTIs/RTIsinpeople with or without symptoms.Usually peopleseekforcarebecause they havesymptoms.

Asymptomissomethingthatthepatientnotices,whileasignissomething observedbythehealthcareprovider.

Fourclinicalsituationsarecommon:

- Apersoncomestotheclinicwithaspontaneouscomplaintof STI/RTIsymptoms
- A patient admitstosymptomswhenaskedby thehealthcareprovider(elicitedsymptoms).
- ThehealthcareproviderdetectssignsofSTIs/RTIswhenexaminga patient forotherreasons
- Apersoncomestotheclinicasacontactto STI/RTIindexcasewithor withoutsymptoms andsigns.

Whataserviceproviderneedtonote

- Healthcareproviders shouldbeabletorecognizeSTI/RTIsymptoms andsignsinthesedifferentclinicalsituations.
- Theyshouldknowwhenitispossibletotellthedifferencebetween STIsandnon-sexuallytransmittedconditions.Women withgenital tractsymptomsmaybeconcernedaboutSTIeventhoughmost symptomaticRTIsinwomenarenotsexuallytransmitted.
- Providersandpatients shouldalsounderstandthatSTIs/RTIsareoften asymptomatic,andthattheabsenceofsymptomsdoesnotnecessarily excludeinfection.ScreeningforasymptomaticSTI/RTIshouldbedone wherepossible.

STIs/RTIscanbemanagedthroughthefollowing approaches:

Aetiological laboratory approach: A client is treated for a specific causative agent based on the laboratory results. This approach is possible in only a few health facilities which are equipped with diagnostics to conduct investigations.

Aetiological clinical approach: A client is treated for a suspected causative agent based on the clinical assessment.

Syndromic approach: A client is treated for causative agents based on the identification of syndromes (symptoms and signs). This is the recommended approach for health facilities which cannot employ a laboratory approach.

NB1: Advantagesanddisadvantagesofeachapproacharediscussedfullyin theNationalGuidelineforSTI/RTImanagementchapter8onpage91.

NB2: Syndromicmanagementapproachentailstheserviceprovidertofollow laiddownstepsin aflowchartwhichguideshimorherinmakingrational

managementdecision.Theseflowchartsaresometimesknownastreatment algorithms,treatmentprotocolsortreatmentdecisiontree.

Stepsinusingtheflowcharts:

- Startbyaskingthepatientforhis/hersymptoms
- Findtheappropriateflowchartasstated intheclinicalproblembox with"PatientComplaintsof…"
- Theclinicalproblemboxusuallyleadstoanactionbox,whichasksyou totakethehistoryandorexaminethepatient.
- Next,movetothedecisionbox.Aftertakingthehistoryandexamining thepatient youshouldhavethenecessaryinformationtochooseYes orNoaccurately.
- Dependingonyourchoice,theremaybefurtherdecisionandaction boxes.

NB. Itisessentialtocarryoutspeculumandbimanual examination whenattendingfemaleclientandtheprocedureinvolvedis illustratedbelow.Howeverforhistorytakingandotherphysicalexamination refertoAnnex1onpages121to125intheNationalGuidelineformanagement ofSTIs/RTIs.

Procedureforspeculumexamination

- Besurethespeculumhasbeenproperlydisinfectedorsterilizedbefore youuseit.Wetthespeculumwithcleanwarmwateroralubricant, if available,beforeinsertingit.(refertoAnnex2onpages129to131in NationalGuidelineformanagementofSTIs/RTIs)
- Insertthefirstfingerofyourglovedhandintheopeningofthevagina (someclinicians usethetipofthespeculuminsteadofafingerforthis step).Asyouputyourfingerin, pushgentlydownwardonthemuscle surroundingthevagina.Proceedslowly,waitingforthewomantorelax hermuscles.
- Withtheotherhand,holdthespeculumbladestogetherbetweenthe pointingfingerandthemiddlefinger.Turnthebladessidewaysandslip themintothevagina.Becarefulnottopressontheurethraorclitoris becausetheseareasareverysensitive.Whenthespeculumishalfway in,turnit sothehandleisdown.Note:onsomeexaminationcouches, thereisnotenoughroomtoinsertthespeculumhandledown—in thiscase,turnithandleup.
- Gentlyopenthebladesalittleandlookforthecervix.Movethe speculumslowlyandgentlyuntilyoucanseethecervixbetweenthe blades.Tightenthescrew(orotherwiselockonthespeculum)soitwill stayinplace.
- Checkthecervix,whichshouldlookpink,roundandsmooth.Theremay besmallyellowishcysts,areasofrednessaroundtheopening(cervical os)oraclearmucoiddischarge;thesearenormalfindings.Lookfor signsofcervicalinfectionbycheckingforyellowishdischargeoreasy bleedingwhenthecervixistouchedwithaswab.Noteanyabnormal growthsorsores.
- Noticeifthecervicalosisopenorclosed,andwhetherthereisany dischargeorbleeding.Ifyouareexaminingthewomanbecausesheis bleedingfromthevaginaafterbirth,inducedabortionormiscarriage, look fortissuecomingfromtheopeningofthecervix.

- Toremovethespeculum,gentlypullittowardsyouuntilthebladesare clearofthecervix.Thenbringthebladestogetherandgentlypullback, turningthespeculumgentlytolookatthewallsofthevagina.
- Besuretodisinfectyourspeculumaftereachexamination.

SignstolookforduringspeculumExamination

SignstolookforduringspeculumExamination
Vaginaldischargeandrednessofthevaginalwallsarecommonsigns ofvaginitis.Whenthedischargeiswhiteandcurd-like,yeastinfection islikely.
Ulcers,soresorblisters.
Ifthecervixbleedseasilywhentouchedorthedischargeappears mucopurulentwithdiscoloration,cervicalinfectionislikely.
Ifyouareexaminingthewomanafterbirth,inducedabortionor miscarriage,lookforbleedingfromthevaginaortissuefragments andcheckwhetherthecervixisnormal
Tumoursorotherabnormal-lookingtissueonthecervix.

Howtofeelthereproductivepartsinsidetheabdomen:Bimanualexamination

- Testforcervicalmotiontenderness.Putthepointingfingerofyour glovedhandinthewoman'svagina.Asyouputyourfingerin,push gentlydownwardonthemusclessurrounding thevagina.Whenthe musclesrelax,putthemiddlefingerintoo.Turnthepalmofyourhand up.
- Feeltheopeningofherwomb(cervix)toseeifitisfirmandround.
- Thenputonefingeroneithersideofthecervixandmovethecervix gentlywhilewatchingthewoman'sfacial expression.Itshouldmove easilywithoutcausingpain.Ifitdoescausepain(youmayseeher grimace),thissignis calledcervicalmotiontenderness,andshemay haveaninfectionofthewomb,tubesorovaries.Ifhercervixfeelssoft, shemaybepregnant.
- Feelthewombbygentlypushingonherlowerabdomenwithyour outsidehand. Thismovestheinsideparts(womb,tubesandovaries) closertoyourinsidehand.Thewombmaybetippedforwardor backward.Ifyoudonotfeelitinfrontofthecervix,gentlylifttthecervix andfeelaroundit forthebodyofthewomb.Ifyoufeelitunderthe cervix, itispointedback.
- Whenyoufindthewomb,feelforitssizeandshape.Dothisbymoving yourinsidefingerstothesidesofthecervix,andthen"walk"your outsidefingersaroundthewomb.Itshouldfeelfirm,smoothand smallerthanalemon.
  - Ifthewombfeelssoftandlarge,sheisprobablypregnant.

  - Ifitfeelslumpyandhard,shemayhaveafibroidorothergrowth.
  - Ifithurtswhenyoutouchit,shemayhaveaninfectioninside.
  - Ifitdoesnotmovefreely,shecouldhavescarsfromanold infection.

- Feelthetubesandovaries.Ifthesearenormal,theywillbehardto feel.Ifyoufeelanylumpsthatarebiggerthananalmondorthatcause severepain,shecouldhaveaninfectionorotheremergency.Ifshe hasapainfullump,andherperiodislate,shecouldhaveanectopic pregnancyandneedsmedicalhelprightaway.

- Moveyourfingerandfeelalongtheinsideofthevagina.Makesure therearenounusuallumps,tearsorsores.

- Havethewomancoughorpushdownasifshewerepassingstool.
- Watchtoseeifsomethingbulgesoutofthevagina.Ifitdoes,shecould haveafallenwomborfallenbladder(prolapse).

- Whenyouarefinished,disposegloveappropriately.Washyourhands wellwithsoapandwater.

Signstonoteduringbimanualexamination

SIGNSTOLOOKFORWHENDOINGA BIMANUALEXAMINATION
Lowerabdominaltendernesswhenpressingdownovertheuterus withtheoutsidehand.
Cervicalmotiontenderness(oftenevidentfromfacialexpression) on glovedhandinthevagina.Uterineoradnexaltendernesswhen pressingtheoutsideandinsidehandstogetherovertheuterus (centre)andadnexa(eachsideofuterus)
Anyabnormalgrowthorhardnesstothetouch.

Aetiological approach

Recommended treatment for gonococcal infections

Genital and anorectal gonococcal infections

These recommendations apply to adults, adolescents (10–19 years of age), people living with HIV, and key populations, including sex workers, men who have sex with men (MSM) and transgender persons. Local treatment resistance data should determine the choice of drugs. In settings where data are not available, however, dual treatment should be applied over single treatment in infected individuals.

Dual therapy

- Ceftriaxone 250 mg intramuscular (IM) as a single dose PLUS azithromycin 1 g orally as a single dose
- Cefixime 400 mg orally as a single dose PLUS azithromycin 1 g orally as a single dose

Single therapy (one of the following, based on recent local resistance data confirming susceptibility to

the antimicrobial)

- Ceftriaxone 250 mg IM as a single dose
- Cefixime 400 mg orally as a single dose
- Spectinomycin 2 g IM as a single dose

Oropharyngeal gonococcal infections

Dual therapy (one of the following)

Ceftriaxone 250 mg IM as a single dose PLUS azithromycin 1 g orally as a single dose
Cefixime 400 mg orally as a single dose PLUS azithromycin 1 g orally as a single dose

Single therapy (based on recent local resistance data confirming susceptibility to the antimicrobial)

Ceftriaxone 250 mg IM as single dose.

Retreatment of gonococcal infections after treatment failure

If reinfection is suspected, re-treat with a recommended regimen, reinforce sexual abstinence or condom use, and provide partner treatment.

- If treatment failure occurred after treatment with a regimen not recommended, re-treat with a recommended regimen.
- If treatment failure occurred and resistance data are available, re-treat according to susceptibility.
- If treatment failure occurred after treatment with a recommended single therapy, re-treat with recommended dual therapy.
- If treatment failure occurred after a recommended dual therapy, re-treat with one of the following dual therapies:
  - Ceftriaxone 500 mg IM as a single dose PLUS azithromycin 2 g orally as a single dose
  - Cefixime 800 mg orally as a single dose PLUS azithromycin 2 g orally as a single dose
  - Gentamicin 240 mg IM as a single dose PLUS azithromycin 2 g orally as a single dose
  - Spectinomycin 2 g IM as a single dose (if not an oropharyngeal infection) PLUS azithromycin

Ophthalmianeonatorum

One of the following treatments

Ceftriaxone 50 mg/kg (maximum 150 mg) IM as a single dose
Kanamycin 25 mg /kg (maximum 75 mg) IM as a single dose
Spectinomycin 25 mg/kg (maximum 75 mg) IM as a single dose.

Recommended treatment for chlamydial infections
Uncomplicated genital chlamydia

These recommendations apply to adults, adolescents (10–19 years of age), people living with HIV, and key populations, including sex workers, men who have sex with men (MSM) and transgender persons.

One of the following options:

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

or one of these alternatives:

- Tetracycline 500 mg orally four times a day for 7 days
- Erythromycin 500 mg orally twice a day for 7 days

- Ofloxacin 200–400 mg orally twice a day for 7 days.

Anorectal Chlamydial infection

Use of doxycycline 100 mg orally twice daily for 7 days over azithromycin 1 g orally single dose.

Chlamydial infection in pregnant women

Recommendations: For genital chlamidia in pregnancy, the guidelines strongly recommend using

a. Azithromycin
b. In its absence, the other options can be amoxicillin or erythromycin.

Dosages:

• Azithromycin 1 g orally as a single dose

• Amoxicillin 500 mg orally three times a day for 7 days

• Erythromycin 500 mg orally twice a day for 7 days.

Lymphogranuloma venereum (LGV)

In adults and adolescents with LGV, the guideline suggests using doxycycline 100 mg orally twice daily for 21 days. In its absence, you may consider azithromycin 1 g orally, weekly for 3 weeks.

Ophthalmianeonatorum

In neonates with chlamydial conjunctivitis, the guideline recommends using oral azithromycin 20 mg/kg/day orally, one dose daily for 3 days. In its absence, consider the use of erythromycin 50 mg/kg/day orally, in four divided doses daily for 14 days.

For all neonates, the guideline recommends topical ocular prophylaxis for the prevention of gonococcal and chlamydial ophthalmianeonatorum.

For ocular prophylaxis, the guideline suggests one of the following options for topical application to both eyes immediately after birth:

- Tetracycline hydrochloride 1% eye ointment
- Erythromycin 0.5% eye ointment
- Povidone iodine 2.5% solution (water-based)
- Silver nitrate 1% solution
- Chloramphenicol 1% eye ointment.

Treatment of treponema pallidum (syphilis)

These recommendations apply to adults, adolescents (10–19 years of age), people living with HIV, and key populations, including sex workers, men who have sex with men (MSM) and transgender persons.

Early syphilis

These include primary, secondary and early latent syphilis of not more than two years' duration)

Recommendations

- In adults and adolescents with early syphilis, the guideline strongly recommends benzathine penicillin G 2.4 million units once intramuscularly as a treatment of choice
- In adults and adolescents with early syphilis, the guideline conditionally suggests using procaine penicillin G 1.2 million units 10–14 days intramuscularly in absence of the first choice.

- When benzathine or procaine penicillin cannot be used (e.g. due to penicillin allergy) or are not available (e.g. due to stock-outs), the guideline conditionally suggests using doxycycline 100 mg twice daily orally for 14 days or ceftriaxone 1 g intramuscularly once daily for 10–14 days.
- In pregnant women with early syphilis, the guideline strongly recommends benzathine penicillin G 2.4 million units once intramuscularly as the treatment of choice.
- In pregnant women with early syphilis, the guideline conditionally suggests using procaine penicillin 1.2 million units intramuscularly once daily for 10 days in absence of the first choice.

Late syphilis

This include infection of more than two years' duration without evidence of treponemal infection

Recommendations

- In adults and adolescents with late syphilis or unknown stage of syphilis, the guideline strongly recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks. The interval between consecutive doses of benzathine penicillin should not exceed 14 days.
- In absence of the first choice, the guideline conditionally suggests procaine penicillin 1.2 million units once daily for 20 days.
- When benzathine or procaine penicillin cannot be used (e.g. due to penicillin allergy where penicillin desensitization is not possible) or are not available (e.g. due to stock-outs), the guideline conditionally suggests using doxycycline 100 mg twice daily orally for 30 days.
- Doxycycline should not be used in pregnant women (see recommendations 7 and 8 for pregnant women).
- In pregnant women with late syphilis or unknown stage of syphilis, the guideline strongly recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks as the first treatment. The interval between consecutive doses of benzathine penicillin should not exceed 14 days.
- In absence of the first choice, in pregnant women with late syphilis or unknown stage of syphilis, the guideline suggest the use of procaine penicillin 1.2 million units intramuscularly once daily for 20 days.
- When benzathine or procaine penicillin cannot be used (e.g. due to penicillin allergy where penicillin desensitization is not possible) or are not available (e.g. due to stock-outs), the guidelines conditionally suggests using, with caution, erythromycin 500 mg orally four times daily for 30 days.

Syphilitic chancre of the coronal sulcus

Syphilitic chancre is usually painless, hence could be missed by patient

Congenital syphilis

In infants with confirmed congenital syphilis or infants who are clinically normal, but their mothers had untreated syphilis, inadequately treated syphilis (including treatment within 30 days of delivery) or syphilis that was treated with non-penicillin regimens, the guideline conditionally suggests aqueous benzyl penicillin or procaine penicillin.

Dosages:

- Aqueous benzyl penicillin 100 000–150 000 U/kg/day intravenously for 10–15 days
- Procaine penicillin 50 000 U/kg/day single dose intramuscularly for 10–15 days

In infants who are clinically normal and whose mothers had syphilis that was adequately treated with no signs of reinfection, the guideline suggests close monitoring of the infants.

Treatment of Trichomoniasis vaginalis

Single dose treatment with nitroimidazole class drugs (metronidazole 2 g oral, for example) of the woman and her partner. Once infection has been confirmed, and reinfection has been excluded, then treatment with metronidazole, 500 mg twice a day for 7 days, or 2 g once a day for 3-5 days, will cure most women (partners of these women should be treated with the same dose).

Restrict the treatment of trichomoniasis in pregnant women to those who show symptoms of infection and are over 30 weeks of gestation.

ManagementofcommonSTIsyndromes

Urethraldischargesyndrome(UDS)

Definition

Itisthepresenceofabnormalsecretionsindistalportionofurethrainmales.

Commonsignsandsymptomsinclude:

Urethral discharge,burningsensation orpainfulmicturition,itchyurethraand increasedfrequencyofmicturition.

Aetiologies

Common organismsresponsibleare Neisseria gonorrhoeae, Chlamydia trachomatisandTrichomonasvarginalis.

Commoncomplicationsinclude:
Orchitis, epidydimitis, urethral stricture and infertility

Urethra discharge in a male patient

Management

Takehistory

Properphysicalexamination

- Ask theclienttomilkurethraif necessary
- Treataccordingtoflowchart
- Educateontheimportanceofdrugcompliance
- Providehealtheducationandcounselingonriskreduction
- Recordnumberofcontactsandinitiatecontactreferral
- Promoteandprovidecondoms
- OfferPITC
- Advisetoreturnafter7daysforfollowuporasneedarise

Preventiveandcontrolmeasures

- Abstinence
- Fidelity
- Correctandconsistentuseofcondoms
- ScreeningforSTI/RTI
- Healtheducation
- Counseling
- Drugcompliance
- Partnernotification,referralandmanagement

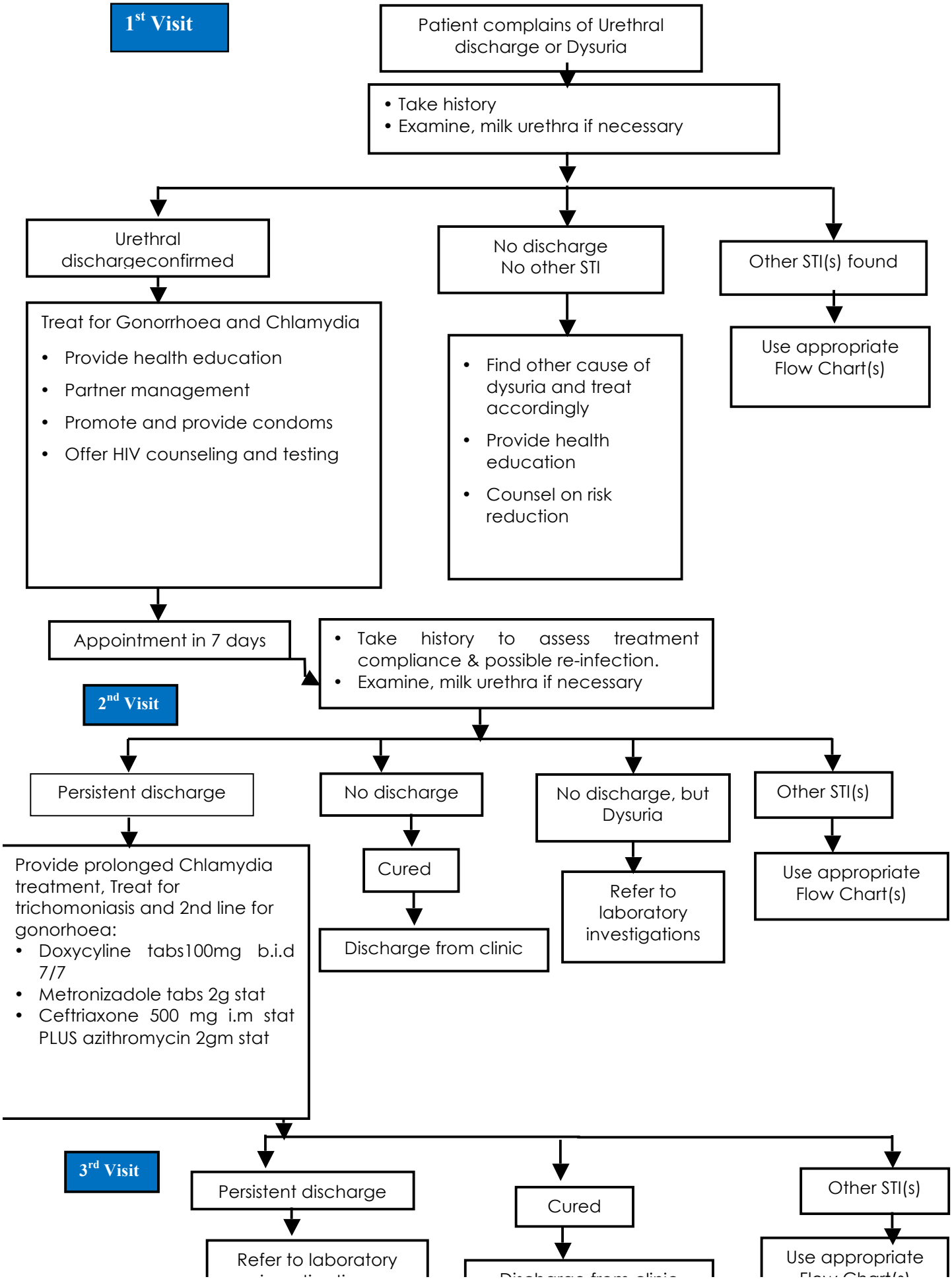
To treat for gonococcal infection, use

Cefixime, 400 mg orally, as a single dose **OR Ceftriaxone,** 250 mg by intramuscular injection as a single dose **PLUS**

To treat for chlamydial infection, use

Doxycycline, 100 mg orally twice daily for 7 days **OR Azithromycin,** 1 g orally, as a single dose

Flow Chart 1: Management of urethral discharge syndrome (UDS)



VaginalDischargeSyndrome(VDS)

Definition

Itisachangeofcolor,odor,andamountofvaginalsecretionsusually accompaniedwithsymptomsandsigns.

Commonsymptomsandsigns include:

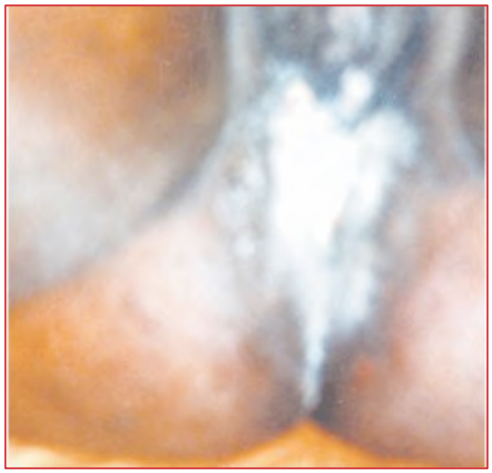
Abnormalvaginaldischarge, burningor painfulmicturition,itchyvulva, increased frequencyandurgencyof micturitionand painfulcoitus

Aetiologies

CommonorganismsresponsibleareNeisseriagonorrhoeae, Chlamydiatrachomatis, Trichomonasvaginalis, Candidaalbicansand Bacteria vaginosis

Commoncomplicationsinclude:

Endometritis,salpingitis,oophoritis, andectopicpregnancy.



Vaginaldischarge

Management

- Takehistory
- Properphysicalexaminationincludingspeculum
- Treataccordingtoappropriateflow
- Educateonimportanceofdrugcompliance
- Providehealtheducation
- Counselonriskreduction
- Recordnumberofcontactsandinitiatecontactreferral
- Promoteandprovidecondom
- OfferPITC
- Advisetoreturnafter7daysorastheneedarises

Preventiveandcontrolmeasures

- Abstinence
- Fidelity
- Correctandconsistentuseofcondom
- ScreeningforSTI/RTI
- Healtheducation
- Counseling
- Drugcompliance
- Partner notification, referral and management

To treat for cervicitis (due to NG and CT), use

Cefixime, 400 mg orally, as a single dose **OR Ceftriaxone,** 250 mg by intramuscular injection, as a single dose

PLUS
Doxycycline, 100 mg orally, twice daily for 7 days **OR Azithromycin,** 1 g orally, as a single dose **OR Erythromycin,** 500 mg orally, 4 times daily for 7 days

To treat for vaginitis (BV, TV), use

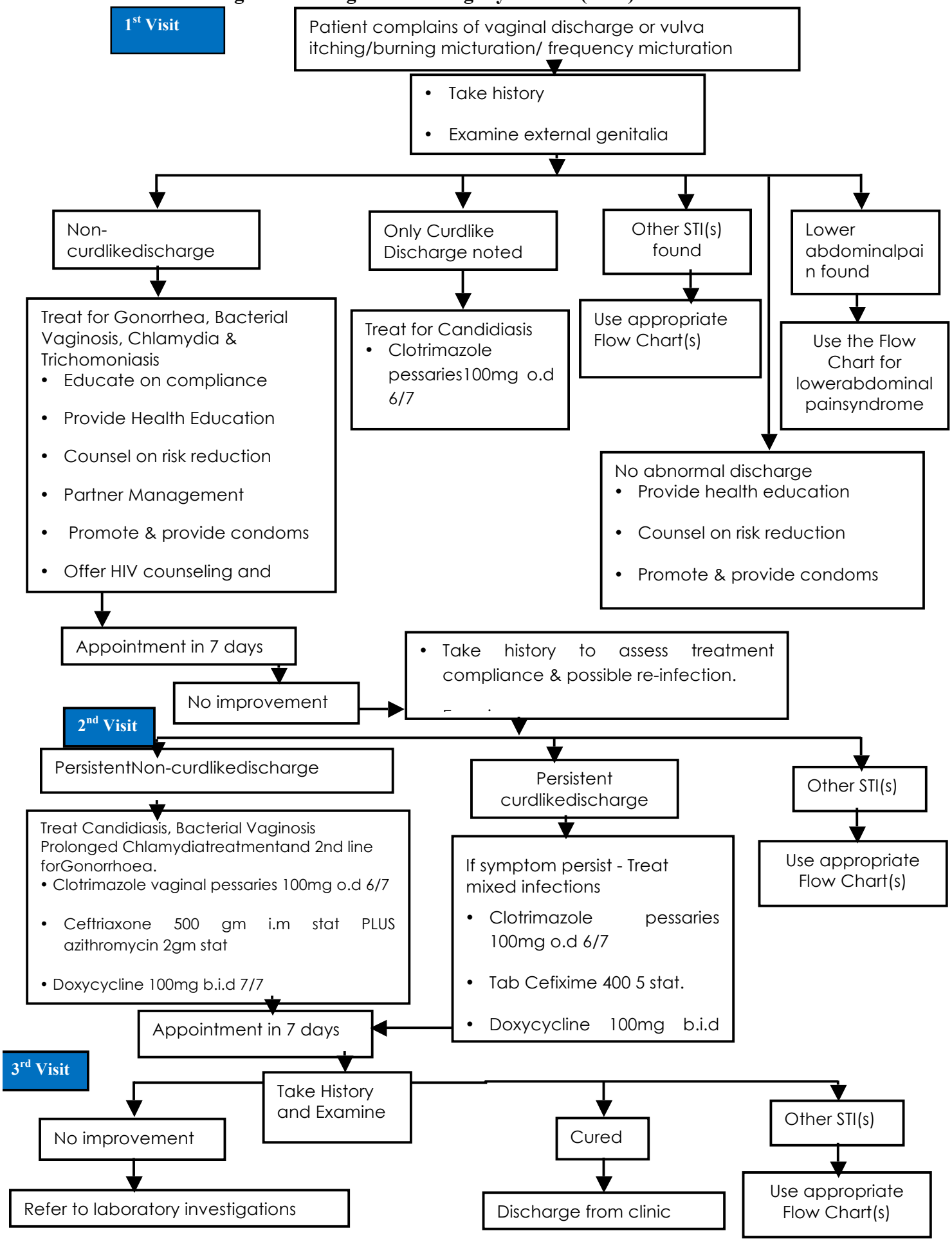
Metronidazole, 400 mg orally twice daily for 7 days **OR Tinidazole**, 500 mg orally twice daily for 5 days

Note

- Doxycyclines are contraindicated in pregnancy.
- Patients taking metronidazole should be cautioned to avoid alcohol for the duration of treatment and for at least 48 hours afterwards.
- Although metronidazole has previously not been recommended for use in the first trimester of pregnancy, studies and meta-analyses have not demonstrated a consistent association between metronidazole use during pregnancy and teratogenic or mutagenic effects in newborns.

Note
1. Do not give Metronidazole in 1st trimester of pregnancy:
2. Do not give Doxycycline or Ciprofloxacin in pregnancy or to lactating mother:substitute with Erythromycin 500 mg t.i.d 7/7 and Ceftriaxone 250 mg i.m. stat

Flow chart 2: Management of vaginal Discharge syndrome (VDS)



Pelvicinflammatorydisease(PID)or lowerabdominalpainsyndrome

Definition

ltisaninflammationoftheuterusand/orfallopiantubes,ovariesandpelvic peritoneum

Commonsymptomsandsignsinclude:

Lowerabdominalpainsandtenderness,painfulmicturition,painfulcoitus, abnormalvaginaldischarge,menometrorrhagia, feverandsometimes nauseaandvomiting

Aetiology

Common aetiologies of PID are *Neisseria gonorrhoeae*, *Chlamydia trachomatis and Anaerobic bacteria*

Commoncomplicationsinclude:

Infertility,ectopicpregnancy,chroniclowerabdominalpains,dysmenorrheal andpelvicabscess

Management

- Takehistory
- ProperphysicalExamination
- Treataccordingtoappropriateflowchart
- Educateonimportanceofdrugcompliance
- Providehealtheducation
- Counselonriskreduction
- Recordnumberofcontactsandinitiatecontactreferral
- OfferPITC
- Advisetoreturnafter3daysorastheneedarise

Preventiveandcontrolmeasures

- Abstinence
- Fidelity
- EarlytreatmentofVDS
- ScreeningforVDS
- Correctandconsistentuseofcondom
- Asepticteehniqueinpelvicexaminationandinvasiveprocedure

To treat for gonococcal infection, use

Ceftriaxone, 250 mg by intramuscular injection, as a single dose **OR Cefoxitin,** 2 g by intramuscular injection, as a single dose**PLUS**

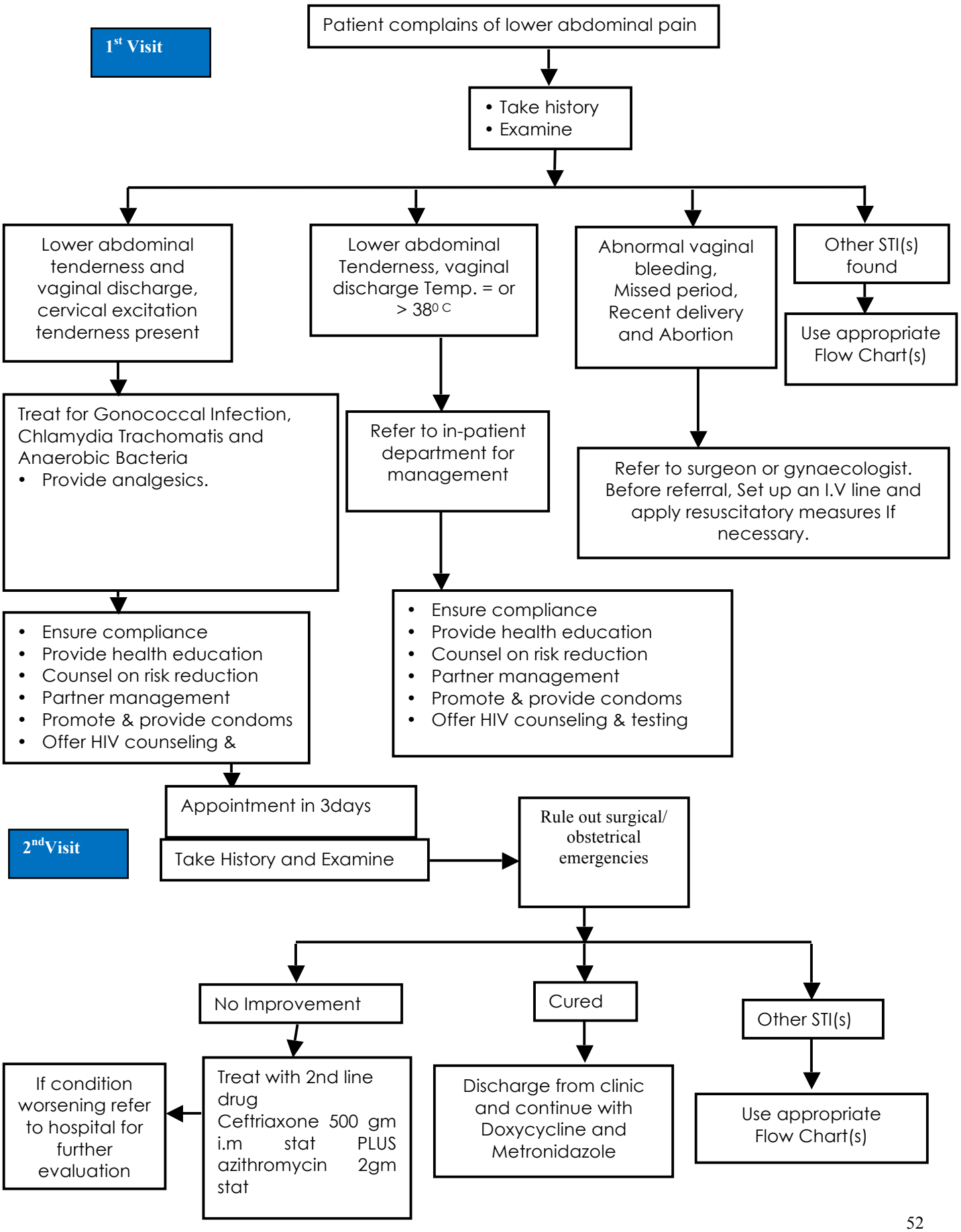
To treat for chlamydial infection, use

Doxycycline, 100 mg orally, twice daily for 14 days **OR Erythromycin,** 500 mg orally, 4 times a day for 14 days **PLUS**

To treat for anaerobic infection, use

Metronidazole, 400 mg orally twice daily for 14 days

Chart 3: Management of Pelvic inflammatory disease (PID)



In-patient treatment of PID

All patients with PID who have fever of body temperature = or > 38^0C should be admitted for closer care. The recommended in-patient treatment options for PID are as follows:

Regimen 1:

- Cefixime 400mg or spectinomycin 1g by intramuscular injection,4 times daily

PLUS

- Doxycycline 100 mg orally or by intravenous injection, twice daily, or tetracycline 500mgorally, 4 times daily

PLUS

- Metronidazole, 400-500mg orally or by intravenous injection, twice daily.

Regimen 2:

- Inj Ceftriaxone, 1 gmby intramuscular injection, once daily

PLUS

- Doxycycline, 100mg orally or by intravenous injection, twice daily or tetracycline 500mg orally 4 times daily.

PLUS

- Metronidazole, 400-500mg orally or by intravenous injection, twice daily.

Regimen 3:

- Clindamycin, 900 mg by intravenous injection, every 8 hours

NOTE

a. For all three regimens, therapy should be continued until at least two days after the patient has improved and should then be followed by either doxycycline, 100mg orally, twice daily for 14 days, or tetracycline, 500mg orally, 4 times daily, for 14 days.

b. Patients taking metronidazole should be cautioned to avoid alcohol.

c. Tetracyclines are contraindicated in pregnancy.

d. Gentamycin, 1.5 mg/kg by intravenous injection, every 8 hours

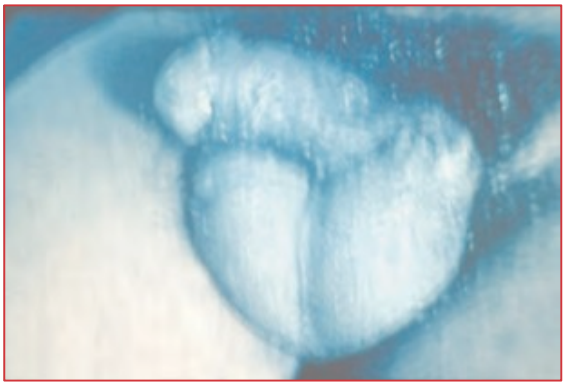
Painfulscrotalswelling(PSS)

Definition

Itisaninflammationoftheepididymisandtestisoftenaccompaniedwith scrotalpain.

Commonsymptomsandsigns include:

Scrotalpain,swelling,tenderness,and fever.



LeftScrotalSwelling

Aetiology

Commonorganismsresponsibleare NeisseriagonorrhoeaandChlamydiatrachomatis.

Commoncomplicationsinclude:

Infertilityandscrotalabscess

Management

- Takehistory
- ProperphysicalExamination
- Treataccordingtoappropriateflowchart
- Educateonimportanceofdrugcompliance
- Providehealtheducation
- Counselonriskreduction
- Recordnumberofcontactsandinitiatecontactreferral
- Promoteandprovidecondoms
- OfferPITC
- Advisetoreturnafter7daysforfollowuporasneedarises

Preventiveandcontrolmeasures

- Abstinence
- Fidelity
- Correctandconsistentuseofcondom
- ScreeningforUDS
- Earlytreatmentofurethraldischarge

To treat for gonococcal infection, use

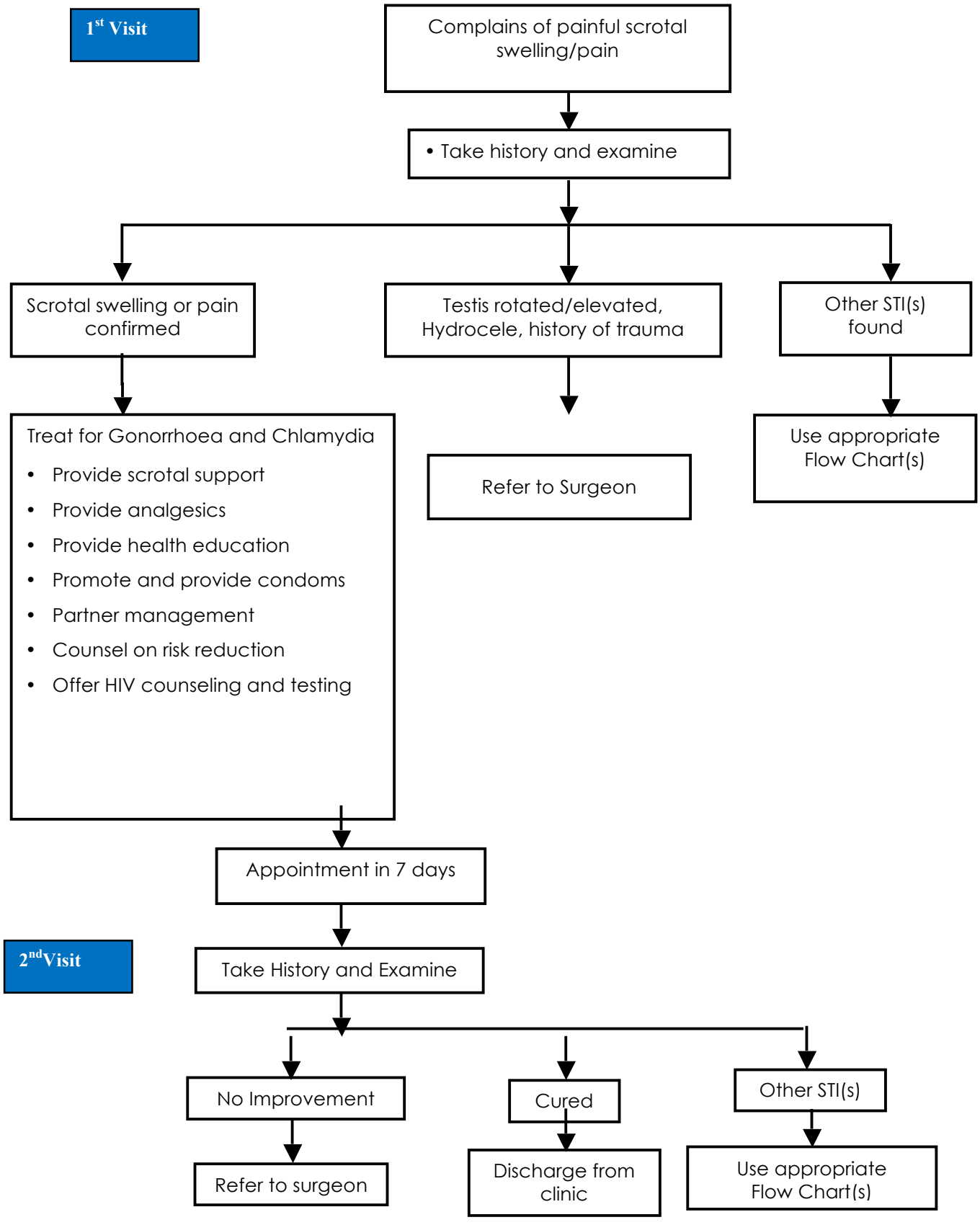
Ceftriaxone, 250 mg by intramuscular injection as a single dose **PLUS**

To treat for chlamydial infection, use

Doxycycline, 100 mg orally, twice daily for 10 days

Supportive therapy: bed rest, antipyretics and analgesics, and scrotal support until local inflammation and fever subside.

FlowChart4:ManagementofPpainfulScrotalSwelling(PSS)



Anorectal syndrome (ARS)

Definition:

It may present as an ulcer, proctitis and rectal discharge.

Aetiologies

The most common sexually transmitted pathogens which cause ARS are *Neisseria gonorrhoeae, Chlamydia trachomatis, treponema pallidum and herpes simplex.*

Signs and symtpoms

Proctitis may be acute or chronic. In acute proctitis: pain, tenesmus, mucopurulent anal discharge, anorectal bleeding, constipation, sensation of rectal fullness or of incomplete defecation, perianal pain or discomfort. In chronic proctitis due to LGV: history of mucus-streaking of the stool, constipation and feeling of incomplete defecation.

In patients with gonococcal and chlamydial procotitis, anoscopic examination may reveal the presence of mucopus in the rectum, rectal mucosal oedema and contact bleeding. In patients with syphilis-, herpes- and LGV-related proctitis, rectal ulceration can be seen. Granulomatous inflammatory masses also may be seen in LGV.

Treatment

If anal ulcers are found, patients should be offered treatment for HSV-2 infection, and also for chlamydial infection and gonorrhoea. In the event of anal discharge accompanied with pain, treatment for HSV-2 must be offered. If no pain is present, then chlamydial infection and gonorrhoea should be considered as the potential causes and appropriate treatment offered.

To treat for gonococcal rectal infection, use

Ceftriaxone, 250 mg by intramuscular injection as a single dose **OR Cefixime,** 400 mg orally as a single dose

To treat for chlamydial rectal infection, use

Doxycycline, 100 mg orally, twice daily for 7 days **OR Azithromycin,** 1 g orally in a single dos

To treat for herpetic proctitis, use

Acyclovir, 400 mg orally, 3 times daily for 7 days **OR Acyclovir,** 200 mg orally, 5 times daily for 7 days **OR Valaciclovir,** 1 g orally, twice daily for 7 days **OR Famciclovir,** 250 mg orally, 3 times daily for 7 days

To treat for proctitis due to syphilis, use

Benzathinebenzylpenicillin G, 2.4 million Iu by intramuscular injection as a single dose

OR Azithromycin, 2 g orally as a single dose **OR Azithromycin,** 500 mg daily for 10 days **OR**

Procaine benzylpenicillin, 1.2 million units by intramuscular injection daily for 10 consecutive days

Alternative regimens for penicillin-allergic patients

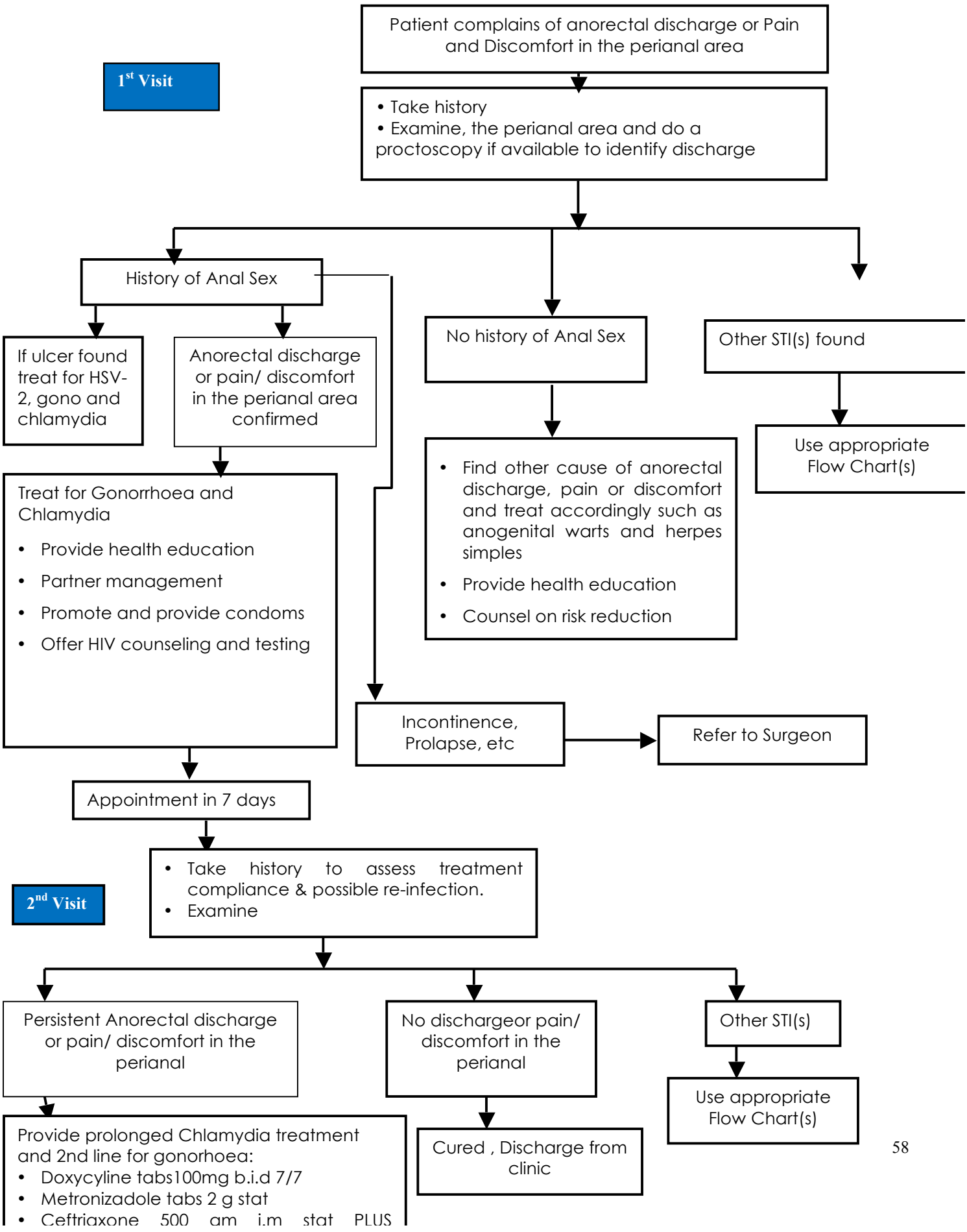
Doxycycline, 100 mg orally, twice daily for 14 days **OR Azithromycin,** 2 g orally as a single dose **OR Azithromycin,** 500 mg daily for 10 days

Alternative regimen for penicillin-allergic pregnant patients

Erythromycin*, 500 mg orally, 4 times daily for 14 days

* Erythromycin base, ethyl succinate or stearate can be given. Erythromycin estolate is contraindicated in pregnancy.

Flow Chart 5: Management of anorectal syndrome (ARS)



Oro-pharyngeal STIs

Definition:

Infections of the mouth and throat

Risk factor: Oral sex

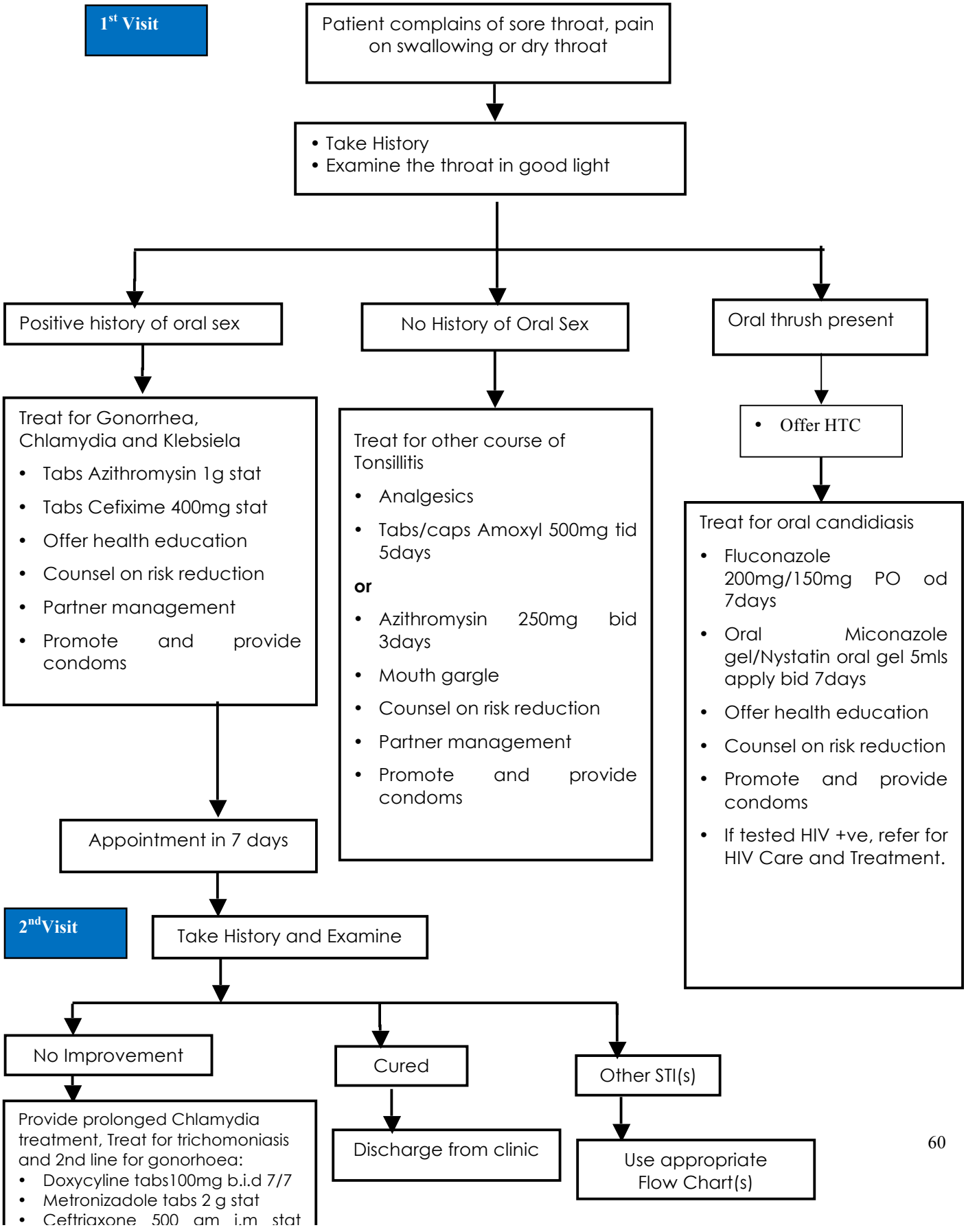
Aetiologies

Human papillomavirus, herpes, gonorrhea, warts.

Treatment for sexually-transmitted Pharyngitis

- Cefixime, 400 mg orally stat (to treat gonococcal infection) PLUS
- Azithromycin, 1 g orally stat (to treat chlamydial infection)

Flow chart 6: Management of oropharyngeal syndrome



Neonatalconjunctivitis(NC)

Definition

Itisaninflammationoftheconjunctiva ofanewbornbaby(lessthanonemonth ofage)

Commonsymptomsandsignsinclude:

Reddishconjunctiva,swelling/oedemaof eyelidsandpurulenteyedischarge

NB. Chlamydialpneumoniaisapossibility.

Neonatal conjunctivitis

Aetiology

CommonorganismsresponsibleareNeisseria gonorrhoeaandChlamydiatrachomatis

Commoncomplicationsinclude:

Blindnessandchlamydialpneumonia

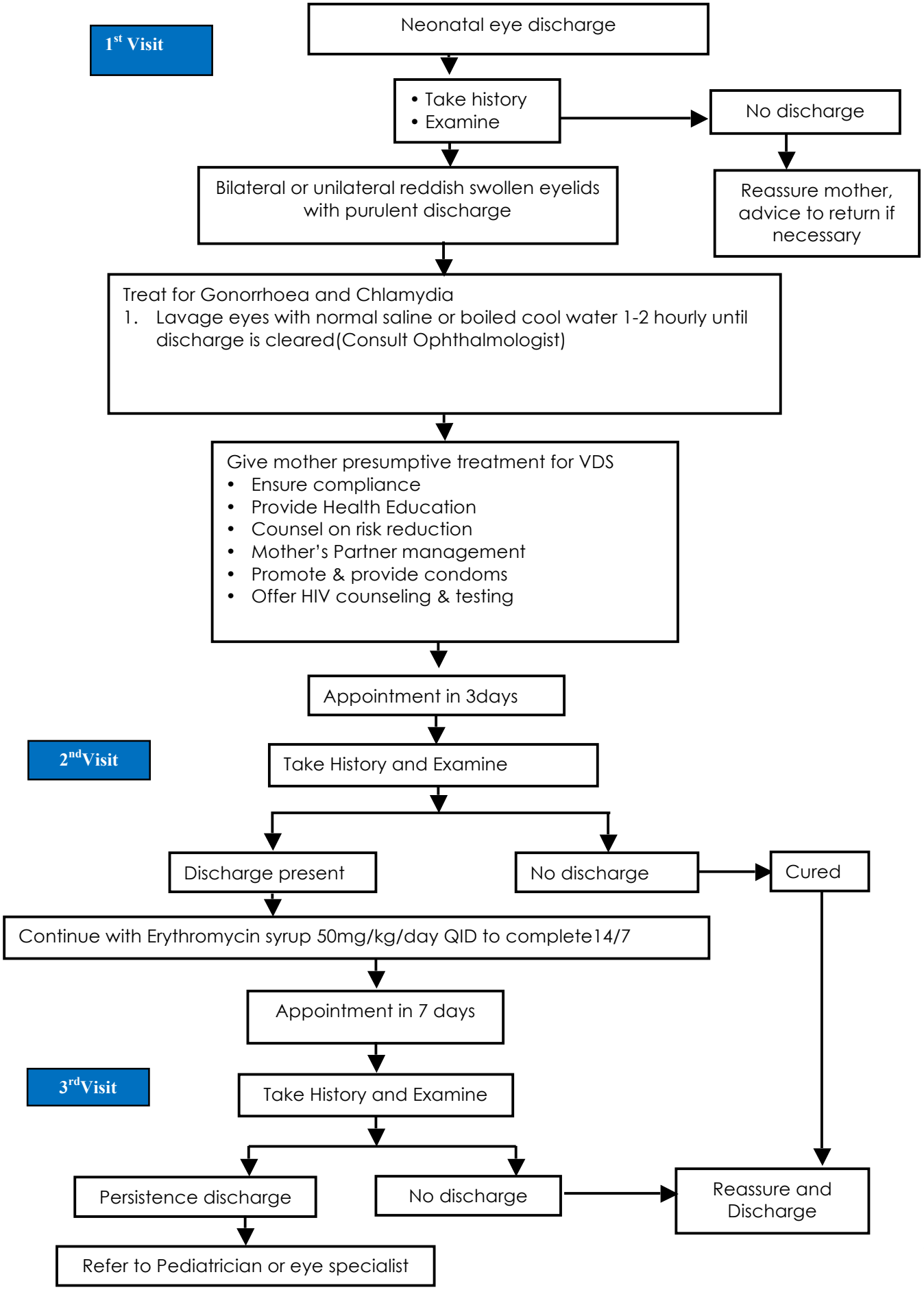
Management

- Takehistoryoftheneonate
- Properphysicalexamination
- Treatneonateaccordingtoappropriateflowchart
- Educatemotherontheimportanceofdrugcompliance
- Initiatecontactreferral(motherandhersexualpartners)
- Providehealtheducation
- Counselthemother
- OfferPITCtothemotherandherpartnerorrefer
- Advisetoreturnafter3daysforfollowuporearlyastheneedarises

Preventiveandcontrolmeasures

- ScreeningofpregnantmothersforVDS
- EarlytreatmentofVDSinpregnantwomen
- Routineeyechemoprophylaxisforallnewbornsimmediatelyafter birthby providing0.1%oftetracyclineeyeointment

FlowChart7:ManagementofNeonatalConjunctivitis(NC)



Genitalulcerdisease(GUD)

Definition

ltisalossofskinormucousmembranecontinuityproducing oneormore lesionsingenitalia

Commonsymptomsinclude:

Genitalulcerationsthatmaybepainful or painlesssometimesaccompaniedwith lymphadenopathy. Someoftheselesionsare purulentanddirty,whileothershaverough edges.Painfulcoitusandpainfulmicturition

Aetiologies

Commonorganismsresponsibleare Treponema pallidum, Haemophilusducreyi, Chlamydia trachomatis, Herpes simplex type 2, Klebsiella granulomas

,

Commoncomplicationsinclude:

Congenitalsyphilis,lnguinalbubo,urethral fistulainmales,phimosisandparaphimosis.

Management

- Takehistory
- Properphysicalexamination
- Treataccordingtoappropriateflow chart
- Educateonimportanceofdrug compliance
- Providehealtheducation
- Recordnumber ofcontactsand initiate contactreferral
- Promoteandprovidecondoms
- OfferPITCorrefer
- Advisetoreturnafter7daysorearlyastheneedarises

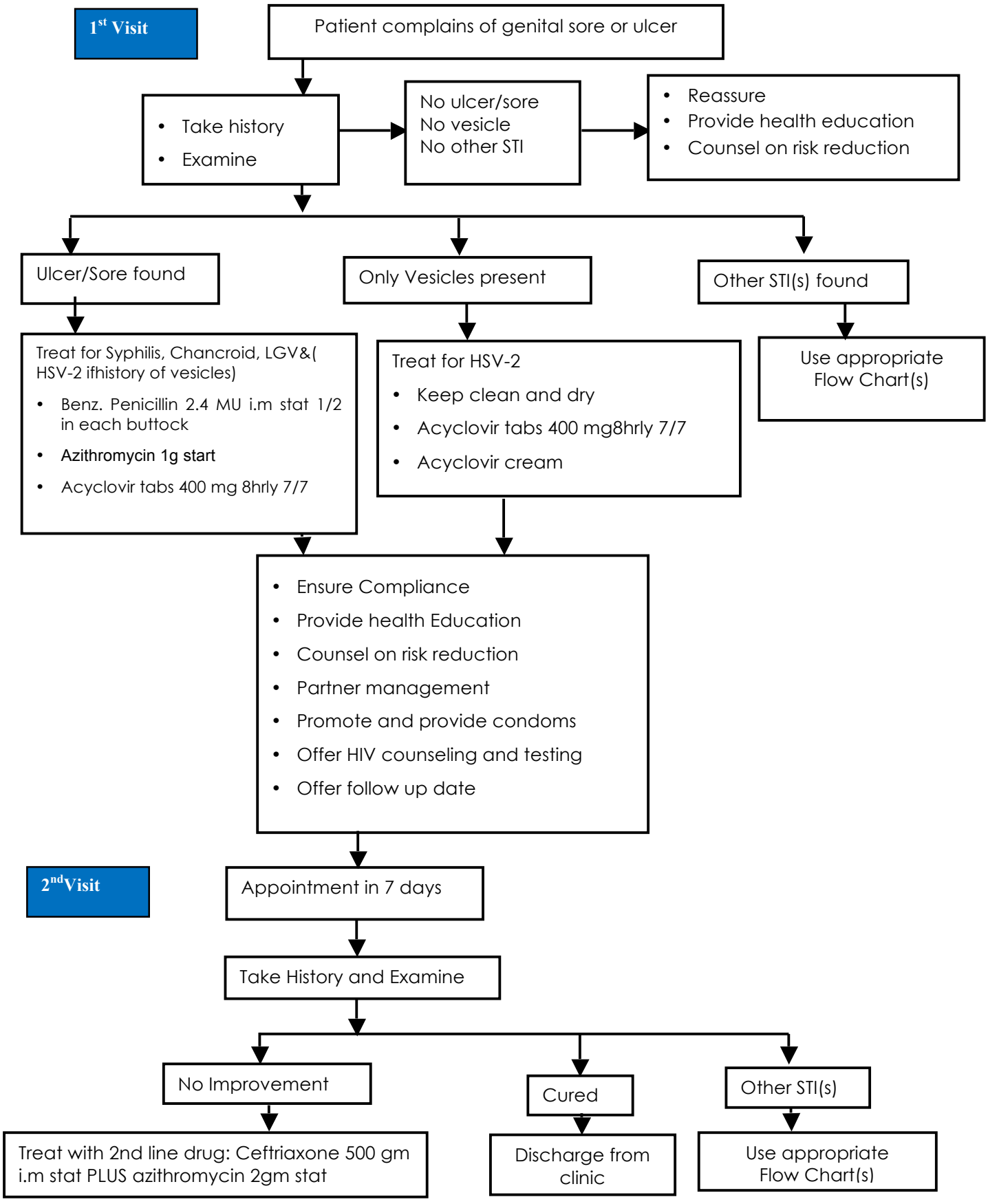
Preventivemeasures

- Abstinence
- Fidelity
- Correctandconsistentuseofcondom
- ScreeningforSTI/RTI
- Medicinecompliance
- Partnernotificationadmanagement
- Healtheducation

Penile ulcer

Multiplegenitalulcersinfemalepati ent

FlowChart8:ManagementofGenitalUlcerDisease(GUD)



- Patients allergic to penicillin substitute with Erythromycin tabs 500mg QID for 15 days
- Do not give Acyclovir during pregnancy and breast feeding.

Inguinalbubo(IB)

Definition

ltisapainfulswellingoftheinguinallymphnodes andusuallywithpus formation.

Commonsymptomsandsignsinclude:

Swellingofinguinallymphnodesoften fluctuant,fever,painandtenderness

Aetiologies

Common organismsresponsibleare Chlamydiatrachomatis andHaemophilusducreyi.

NB: Sometimesinfectionsin thelower limbsmaycauseswellingof inguinallymph nodes.

Commoncomplicationsinclude:

Chroniculcers,fistula/sinusformation,scar formation andgenitalelephantoidswelling.

Rightinguinal buboinamalepatient

Management

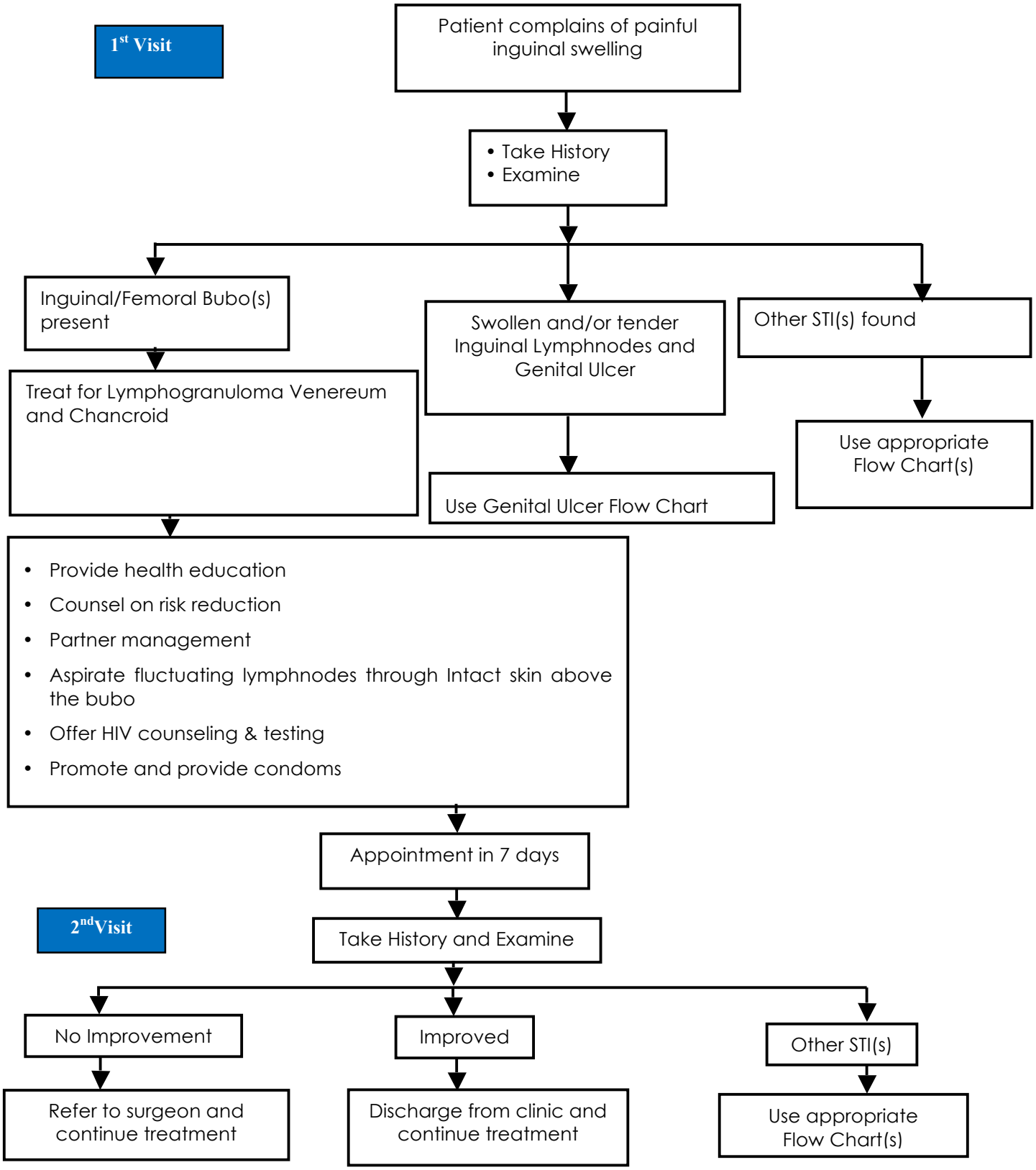
- Takehistory
- Properphysicalexamination
- IftheBubo becomesfluctuantaspirate throughnormalskin
- Treataccordingtoappropriateflowchart.
- Educateontheimportanceofdrug compliance
- Providehealtheducation
- Counsel
- Record numberofcontactsandinitiate contactreferral
- Promoteandprovidecondoms
- OfferPITCorrefer

"Groovesign" oflymphogranuloma venereum

Preventiveandcontrolmeasures

- Abstinence
- Fidelity
- Correctlyandconsistentlyuseofcondom
- Earlytreatment
- Screening
- Partnernotificationandmanagement
- Healtheducation

FlowChart9:ManagementofInguinalBubo(IB)



- **Do not incise the BUBO.**

Management of mixed infections

Mixed STIs	Drug treatment (new episode)
UDS + SSS	Ceftriaxone, 250mg IM stat + Azithromycin, 1 g orally per week for 2 weeks + Metronidazole, 2g orally stat + Supportive therapy: to reduce pain advice bed rest, scrotal elevation with a scrotal support (T-bandage) and analgesics
UDS + Balanitis	Cefixime, 400mg orally stat / Ceftriaxone, 250 mg IM stat + Azithromycin 1 g orally stat / Doxycycline, 100mg orally BID for 7 days + Metronidazole, 2g orally stat + Clotrimazole cream, local application BID for 7 days
UDS + GUD	Cefixime, 400mg orally stat / Ceftriaxone, 250mg IM stat + Acyclovir, 400mg orally TDS for 7days + Benzathine Penicillin*, 2.4 MUIM stat + Azithromycin, 1 g orally stat / Doxycycline*,100mg orally BID for 7 days + Metronidazole, 2 g orally stat
VDS + LAP	Ceftriaxone, 250mg IM stat + Azithromycin, 1g orally per week for 2 weeks+ Metronidazole, 400mg orally BID for 7-14 days. Clotrimazole pessary to be added, if vulvaloedema, itching, excoriations or curd-like discharge present
VDS + GUD (non-pregnant)	Cefixime, 400mg stat / Ceftriaxone, 250mg IM stat + Metronidazole, 2g orally stat + Benzathine Penicillin*, 2.4 MUIM stat+ Azithromycin, 1g orallystat / Doxycycline*, 100mgorally BID for 7 days + Acyclovir, 400mg orally TDS for 7 days. Clotrimazole pessary to be added, if vulvaloedema, itching, excoriations or curd-like discharge present
VDS + GUD (pregnant, breastfeeding)	Cefixime, 400mg stat / Ceftriaxone, 250mg IM stat + Metronidazole, 2g orally stat + Benzathine Penicillin*, 2.4 MU IM stat + Azithromycin 1g orally stat / Erythromycin*, 500mgorally QID for 7 days + Acyclovir, 400mg orally TDS for 7 days. Clotrimazole pessary to be added, if vulvaloedema, itching, excoriations or curd-like discharge present
LAP + GUD	Ceftriaxone, 250mg IM stat + Metronidazole, 400 mg orally BID for 7-14 days + Benzathine Penicillin*, 2.4 MUIM stat+ Azithromycin, 1g orally per week for 2 weeks / Doxycycline*, 100 mg orally BID for 7-14 days + Acyclovir, 400 mg orally TDS for 7 days
SSS + GUD	Ceftriaxone, 250 mg IM stat + Benzathine Penicillin*, 2.4 MU IM stat + Azithromycin, 1g orally per week for 2 weeks/ Doxycycline*, 100 mg orally BID for 7-14 days + Acyclovir, 400 mg orally TDS for 7 days
* In Penicillin-allergic patients: Give Doxycycline (non-pregnant women/men) or Erythromycin (pregnant women) for 14 days instead of 7 days	

Managementofother STI conditions

GenitalWarts

Definition

Painlessgrowthsongenitalskinormucous membranecausedbytheHumanPapilloma Virus(HPV)whichispredominantlysexually transmitted

ClinicalPresentation

- Painlessgrowthsoftenoccurinmoist mucocutaneousareasofgenitaliaand anus(maybefungating)
- Maybehiddenininnerpartsofgenitalia
- e.g.urethra,vaginaoranus

Penilewarts

Genitalwartsin femalepatient

ChemicalTreatment

- PatientappliedPodophyllotoxin0.5%solution/gel

OR

- PatientappliedImiquimod5%cream

OR

- ProviderappliedPodophyllinincompoundtinctureofbenzo in

OR

- Trichloroaceticacid(TCA)80-90%

NB: Forcervicalandvaginalwartskeepspeculumuntilthedrugha sdried out

Physicaltreatment

- Cryotherapywithliquidnitrogen

OR

- Electrosurgery

OR

- Surgicalremoval

Complications

- Cancerofcervix
- Penilecancer

NB:Duringpregnancyitissaferforthebabytobedeliveredbycaes arian section

Balanoposthitis

Definition&Aetiology

- Inflammationinvolvingtheglandspenisandforeskin(prepuce)
- Notsexuallytransmitted–commonlycausedbyCandidaalbicans
- AssociatedwithimmunosuppressionoruncontrolledDiabetes mellitus
- Morecommoninuncircumcisedwithpoorhygiene

Treatment

Advisetowashwithsoapandsafewaterandapply

- Gentianviolet0.5%twicedailyfor7days

OR

- Clotrimazole1%cream,twicedailyfor7days

OR

- Miconazole2%creamtwicedailyfor7days

OR

- Nystatincream,twicedailyfor7days

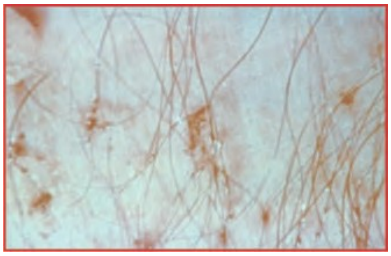
Pediculosis

Definition,AetiologyandClinicalPresentation

- PediculosisisaskininfestationbythelousePhthiruspubistransmitted throughintimatecontacte.g.duringsexualintercourse
- Commonlyaffectsthepubisandrarelytheeyelashes
- Patientpresentwithpruritus
- Typicalliceandeggsseenonpubichairand/oreyelashes

PreventionandTreatment

- Basicpreventioniskeeping personalbodyhygiene
- Treatmentincludes
  - Shavingandwashingwithwater andsoapfollowedbytopical applicationofoneof:Lindane1%lotionorcream,Pyrethrinspluspeperonylbutoxide, Permethrin1%, BBE
  - Washingandironingofclothesandbedlinen



Genital pediculosis showing lice and nits

Scabies

Definition,AetiologyandClinicalPresentation

- Scabiesisaskininfestationcausedbyamite*Sarcoptesscabieiacquired* throughskintoskincontacte.g.duringsexualintercourse
- Closelyassociatedwithpoor hygieneandovercrowding
- Patientpresentwithapruritic erythematousskinrash
- Secondarybacterialinfectionand eczemaarecommon

PreventionandTreatment

- Bodywashingwithsoapandwater followedbyapplicationofoneof:
  - Benzylbenzoateemulsion(BBE)
  - Gammabenzenehexachloride
  - Crotomiton
- Preventionismainlyby:
  - Personalhygiene
  - Environmentalhygieneincongregatesettings
  - Treatmentofsexualcontacts

NB: Furthermanagementofthesecondition*sis*discussedonchapter8onpage115to119inthe STIs/RTIs Nationalguideline

Scabies on the hand

Management of STIs/RTIs among the key populations

Key populations such sex workers, men who have sex with men (MSM), people who inject drugs are at a higher risk of acquiring STIs compared to the general population due to their high risk behaviors. For example, among MSM, STIs' most common symptoms and signs besides genitourinary manifestations include rectal infections. Clinical assessments should also focus on anorectal signs and symptoms of chlamydial infection and gonorrhea.
Management of STIs among key populations is similar as that of the general population. Please see the management of various STIs as outlined above.

Chapter 8: Sexual violence/Abuse

Sexualviolence/abuseposeapublicconcern,asitisassociated withmany riskssuchasunwantedpregnancy,stigma,acquisitionofSTI/RTI/HIVaswell asphysicalandpsychologicaltraumatobothsurvivorsandfamilies.

Sexualabusehappenstobothmalesandfemalesparticularlyinchildren andtheyouth.Theserviceproviderneedstobepreparedtodiagnose symptomsofsexualabuse,providebothmedicalandpsychologicalcare.

Sexualabuseisabroadsubjectbutforthepurposeofmedicalcareandin particulardealingwithSTIs/RTIs/HIVthisdocumentwillfocusmainlyon rape

Definitionofrape

Rapeisdefinedastheuseofphysicaland/oremotionalcoercion,orthreatsto usecoercion,inordertopenetrateachild,adolescent,oradultvaginally,orally, oranallyagainsther/hiswishes.

Typeofrape

Therearemanytypesofrapeincluding

- Acquaintancerape–whenthesurvivorknowsassailant
- Maritalrape–whenonespouseforcestheothertohavesexual intercourse.
- Strangerrape–whentheperson who is attacked does not know the attacker.
- Gangrape–whentwoormorepeople sexuallyassaultanother person.
- Incestrape–whena personisrapedby hisorherownrelative.

Whyisrapeahealthproblem?

Rapecanimpactasurvivor'shealththrough:

- Lacerationandinternalinjuries
- Unwantedpregnancyanditsconsequences(unsafeabortion,bad pregnantoutcome,etc)
- STI/RTIincludingHIV
- Abortion-relatedinjuries
- Gynaecologicalproblems
- Sexualdysfunction
- Psychologicaltrauma
- Rapecanalsocausefear,depressionandsuicide

Whatyouneedtoremember

- Rapeactsaresocommonandfrequentlyhappenbuttheyareseldom reported
- Survivorsofrapemayneedshelterandlegalprotection
- Inmostinstancestheassailantisamemberofimmediatefamilyora relativeorsomeonewellknowntothesurvivor
- Inadditiontomedicalandpsychologicalcare,thesurvivormayneed emergencycontraceptionandSTI/RTI/HIVprophylaxis
- Thefamilymembersmayneedpsychologicalcare

Whatyoushoulddo

- Ensureyourfacilityhasthecapacitytoprovideessentialandbasic servicestothesurvivorsof rapesuchascareforanyinjury,evaluation ofSTI/RTI/HIV,collectionofforensicevidence,evaluationofpregnancy orrefer
- Performinitialassessmentafterobtaininginformedconsent.Thiswill includetakinghistoryanddoingphysicalexamination
- Collectanddocumentforensicevidencesuchasdateandtimeofrape, patientstatement,andresultsofclinicalexamination
- Manageinjuriessustainedintheassaultandprovidecounselingto bothsurvivorsandfamilymembers
- Offeremergencycontraception,presumptivetreatmentforSTIs/RTIs andpostexposureprophylaxisforHIV(PEP)as pertreatmentalgorithm.
- Refertoappropriatehealthfacilityforsubsequentmanagementif necessarye.g.forforensicexaminationorspecializedtreatment
- Arrangeforfollow-upcareofthesurvivorandsignificantothers

Treatment table 8.1 STI presumptive treatment options for adults

	Option 1	Option 2	Option 3
Coverage	All single dose, highlyeffective. Choose onefrom each box (= 3 or4 drugs)[a]	Effective substitutes –possible resistance in some areas, or require multiple dosage	**If patient is pregnant, breastfeeding or under 16 year old** Choose one from each box (= 3 or 4 drugs)[a]
Syphilis	**benzathine penicillin** 2.4 Mega units by IM injection	**doxycycline**[c]100 mg orally twice a day for 14 days (in case of penicillin allergy only)	**benzathine penicillin** 2.4 MU by single IM injection
Gonorrhoea/ Chancroid	**cefixime**400 mg orally as a single dose, or ceftriaxone 125 mg IM	Cefixime 400mg as a single dose, or **spectinomycin**2g by IM	**cefixime**400 mg orally as a single dose,or**ceftriaxone** 1 gm stat IM
Chlamydia/ lymphogranuloma venereum	**azithromycin** 1g orally as single dose	**doxycycline**[c]100 mg orally twice a day for 7 days, or **tetracycline** 500 mg orally 4 times a day for 7 days	**azithromycin** 1g orally as single dose, or **erythromycin** 500 mg orally 4 times a day for 7 days
Trichomoniasis	**metronidazoleb**2 g orally as a single dose	**tinidazole**[e]2 g orally as a single dose	**metronidazole**[b]2g orally as a single dose, or 400–500 mg 3 times a day for 7 days

- Benzathine penicillin can be omitted if treatment includes either azithromycin 1 g or 14 days of

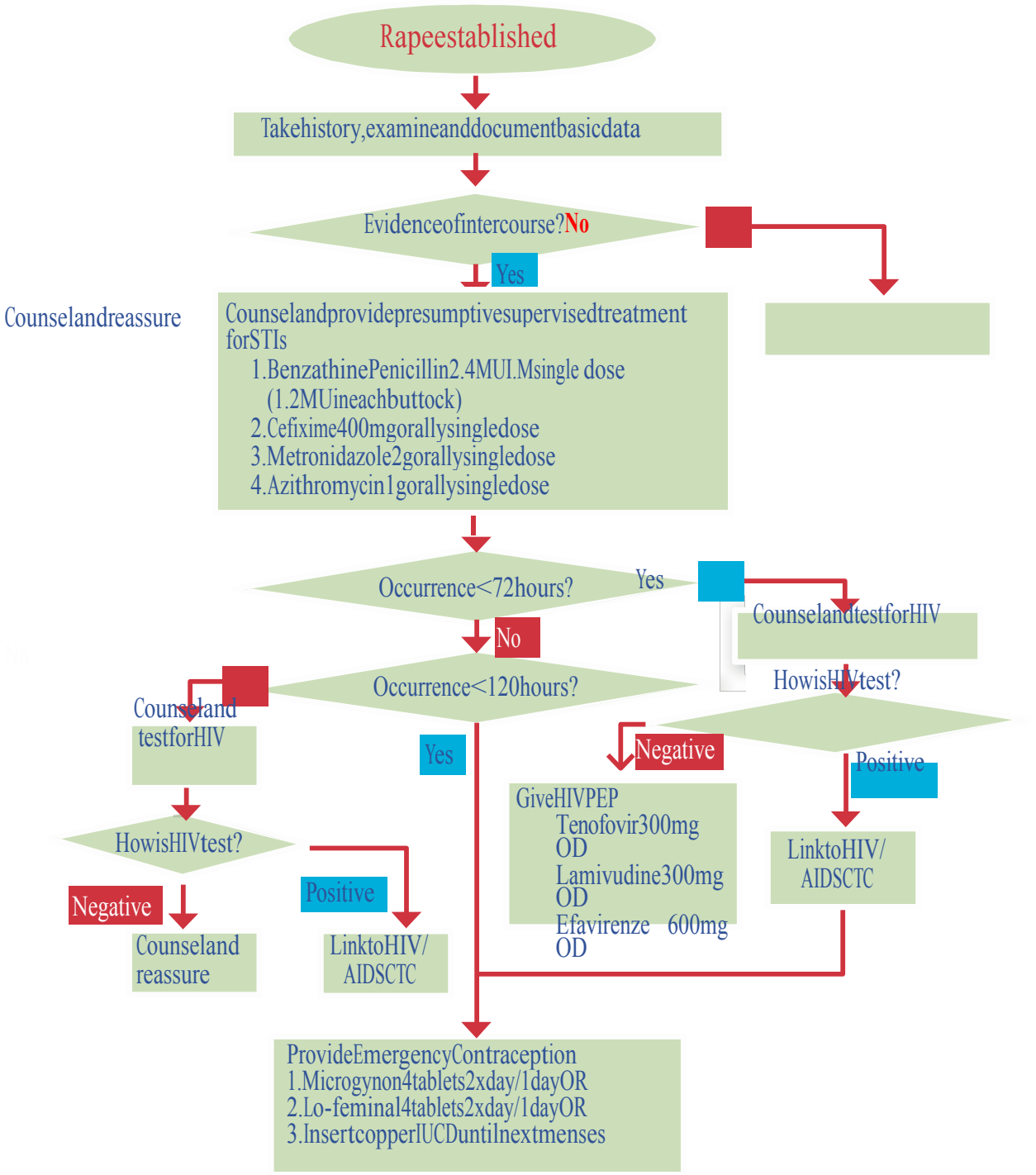
doxycycline, tetracycline or erythromycin, all of which are effective against incubating syphilis.

- Metronidazole should be avoided in the first trimester of pregnancy. Patients taking metronidazole should be cautioned to avoid alcohol.
- These drugs are contraindicated for pregnant or breastfeeding women.
- The use of quinolones should take into consideration the patterns of *Neisseria gonorrhoeae* resistance.
- Patients taking tinidazole should be cautioned to avoid alcohol.

Treatment table 10.2. STI presumptive treatment options for children

Coverage	All single-dose antibiotics are highlyeffective. Choose one from each box (= 3 or 4 drugs)	Older children and adolescents
Syphilis	**benzathine penicillin** 50,000 units/kg of body weight by single IM, or **erythromycin** 12.5 mg/kg of body weight orally 4 times a day for 14 days	>45 kg, use adult protocol
Gonorrhoea/ chancroid	**cefixime**8 mg/kg of body weight as a single dose, or **ceftriaxone** 125 mg by intramuscular injection, or **spectinomycin**40 mg/kg of body weight (maximum 2 g) by intramuscular injection	>45 kg, use adult protocol
Chlamydia/ lymphogranuloma venereum	**erythromycin** 12.5 mg/kg of body weight orally 4 times a day for 7 days	12 years or older, use adult protocol
Trichomoniasis	**metronidazole** 5 mg/kg of body weight orally 3 times a day for 7 days	12 years or older, use adult protocol

FlowChart10:ClinicalManagementofSurvivorsofRape



- AlwaystreatinjuriesincludingprovisionofTT Adviceforlegalprotectionissues
- Psychologicalsupport(bothattimeofcrisisand long-term
- ImmunizationagainstHepatitisB(1and6 months)
- Re-evaluateafter3months(genital examination) HIVandsyphilistesting)

Chapter 9: Ordering Medicines, Laboratory Reagents and Supplies

WhatisOrdering?

Itisaprocessforrequestingmedicines,laboratoryreagentsandrelatedsupplies inordertoprovideservices

Whydoyouorder?

Youordertoavoidinterruptionofserviceprovision.Adequateavailabilityof medicines,laboratoryreagentsandrelatedSTI/RTIsuppliesisanessential componentinthemanagementandcontrolofSTIs/RTIs.Management andcontrolofSTIs/RTIsisbasedonsyndromes,however,laboratorystill hasaroledependingonthesettingandavailabilityofresources.Laboratory investigationsisessentialinsyphilisscreeningofpregnantwomen,screening forHIV,cultureandsensitivityforadmittedpatients,Papanicolaou(PAP) smearforearlydetectionofcervicalcancerandresearch.

Whatdoyouneedtoknowbeforeordering?

Properdatacollectionandrecordkeepingisacornerstoneinordering medicines,laboratoryreagentsandrelatedsupplies.Dataandrecord keepingwillassistyoutodetermineprevalenceofsyndromes,calculating monthlyconsumptionandestimatingminimumandmaximumstock levels,italsohelpsindeterminingthebuffer/securitystocklevelforlead time.Orderingshouldbedonetimelytoavoidstockoutofmedicineand othersupplies

Whatistheprocedureforordering?

Determinetheneedbasedontheavailabledata,identifyandfilltheforms andforwardaccordingtolaiddownprocedures

Whatistheprocedureforreceivingandstorage?

Receivethedelivery notefromthesupplies,Inspectthequantityandquality ofdeliveredgoods,raisegoodsreceivednote(GRN),putreceivedgoodsin thestoreandsignGRN andthenentergoodsintoledgerandbincard.

Whatistheprocedureforissuing/dispensing?

Enterthetotalnumberofunitsdispensed/issuedfromtheappropriate register,enterthetotalnumberofunitsremovedfrominventoryforany reasonotherthandispensing,enterthetotalnumberreceivedintothe inventoryforanyreasonotherthandeliveredfromMSDenterthe totalnumberofunitsremovedfrominventorytolandandthenenterthe totalnumberofunitsadded/removedfrominventoryafteritemcounting oftheproducts

Chapter 10: Monitoring and Evaluation

Overview

Monitoring and evaluation is an essential component of quality of STIs/RTIs service delivery. Theprocessinvolvesrecordingusingstandardized tool,analysisandinterpretation. It allows the program to follow the trends in STI/RTI outcomes, utilize the program data for strategic planning and re-direction of resources and report on key indicators.

DefinitionofTerms

Monitoring:

Asystematicrecording and reporting ofvariousstepsandeventsinimplementinganintervention

Evaluation:

Thesystemofassessingthesuccessorfailureofanactivityinorderto ensureproperre-planningorimplementationofactivities

ObjectivesforMonitoringandEvaluationofSTI/RTIServices

- Provide essential information to the clinic service provider for easy follow up of clients and contact management.
- Provide essential information to the clinic service provider and supervisor about prevention and management of STI/RTI, testing requirement, drug consumption and demand.
- Assess the effectiveness of the programme through quantitative and qualitative methods.
- Improve the management of STI/RTI services as necessary and inform the policy-making decisions.
- Provide trends in STI outcomes and service statistics information that can be used for planning STI management services as well as STI prevention and control activities.

PurposeforMonitoringSTI/RTIServices

Todeterminewhether:

- Workprogressesaccordingtoschedule
- Standardsaremaintained
- Resourcesareusedrationally,properlyandasplanned
- Requiredinfrastructureisavailableandused

ProcessofMonitoringSTIServices

Theprocessincludes:

- DailyregisteringofSTIclientsattendedathealthcarefacilityusing dailySTIregister
- MonthlycompilationofthedatacapturedinthedailySTIregisterat thefacility
- Monthlycompilationofthereportfromeachfacilityatdistrictlevel

- Usinginformationgatheredtotracktrends,strengthsand weaknesses.
- Usingcollectedinformationtoassistdecisionmakingand management.

ExplaintheProcessofReportingandDissemination

Towhomshouldthereportbesubmitted:

- The facility in charge compiles and summarises the data into the monthly sumary form andthis form is verified and collected by District Data Manager (DDM) by the 7th of next month.
  - First copy is collected by DDM for the DHMT
  - Second copy is sent to ZIHTLP
  - Third copy remains at the health facility
- At the district level, the DDM enters the facility STI monthly reports into DHIs and compiles it into the district monthly STI report. Once the data is in DHIS2, it can be accessed by not only the DMM, but also by Zonal Health Management Team, ZIHTLP and HMIS staff at MOH headquarters.

Whenthereportshouldbesubmitted

- Atfacilitylevel–monthly
- Atdistrictlevel–monthly

Describemethodsofdatacollection,analysisandpresentation

- Datacollectionisdonemanuallyorcomputerizedwherepossible
- Analysis isdonemanuallyorbyusingsoftwareprogramme
- Presentationisdonebygraphscharts,oral,writtenreports.

NB. AnSTI/RTIserviceprovidershouldbeable tocollectdata,keeprecords, evaluate,process,analyse,makeinterpretationandusethem

ProcessofEvaluatingSTI/RTIServices

Purpose

- Determinewhethertheobjectiveswereachieved
- Determinewhethertheservicescanbeextendedelsewhere

Whentoconductevaluation

- Annuallyatthefacility,districtandregionallevels
- Twoyearlyatthenationallevel

AspectstoEvaluate

- Actualservicesdelivery

- OccurrenceofSTI/RTIepisodes
- Staffperformance
- Adequacyofstaffinglevels
- Clientsatisfactionandresponse
- Materialneedsandallocation
- Techniques

MethodsofEvaluatingSTI/RTIServices

- Reviewofrecords
- Questionnaire
- Interviews
- Observations
- Focusgroupdiscussion
- Clientexitinterview

HowtorecordandreportinformationonSTI/RTIinformationisavailablein theNationalGuidelinechapter11onpage142to145.

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1. MinistryofHealth,Zanzibar Revolutionary GovernmentTanzania(2016):NationalGuideline for ManagementofSexuallyTransmittedandReproductiveTract Infections.
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3. MinistryofHealth,Tanzania(2008):SexuallyTransmittedand Reproductive Tract Infections:A ManualforServiceProviders.
4. Ministry of Health and Social Welfare, Tanzania, National AIDS Control Programme (2015): National Guidelines for the management of HIV and AIDS.
5. Ministry of Health and Social Welfare, Tanzania (2013): National Comprehensive Guidelines for HIV Testing and Counseling.