SEXUALLY TRANSMITTED INFECTIONS

STI Screening Checklist

- Ask all patients (ages 15-49 years) the following questions:
- Do you have any genital discharge?
- Do you have any genital ulcers?
- Has your partner(s) been treated for an STI in the last 8 weeks?

All patients with an STI

- Educate and counsel regarding importance of treatment adherence.
- Explain the risk of transmission between partners and discuss methods for preventing and reducing the risk of transmission, including abstinence or condom use until treatment completion.
- Promote consistent condom use, demonstrate condom use, provide condoms.
- Stress the importance of partner treatment, issue one notification slip for EACH sexual partner.
- Offer Provider Initiated HIV Counselling and Testing to patient and all partners.
- Counsel men regarding male medical circumcision and women regarding family planning.

Male Urethritis Syndrome (MUS)

Patient complains of urethral discharge or dysuria

Take history, including sexual orientation and examine. If no visible discharge; ask patient to milk urethra. Emphasise HIV testing and partner(s) tracing.

Discharge

Y

TREATMENT

- Ceftriaxone, IM, 250 mg single dose* LoE:III[ii] and
- **Azithromycin**, oral, 1 g as a single dose LoE:I[iv]

If sexual partner has VDS, add:

- **Metronidazole**, oral, 2 g as a single dose

Urethral discharge persists after 7 days

Suspected ceftriaxone 250 mg treatment failure:

- **Ceftriaxone**, IM, 1 g single dose ** LoE:III[ix] *and*
- **Azithromycin**, oral, 2 g as a single dose *and*
- **Metronidazole**, oral, 2 g as a single dose, if not already given

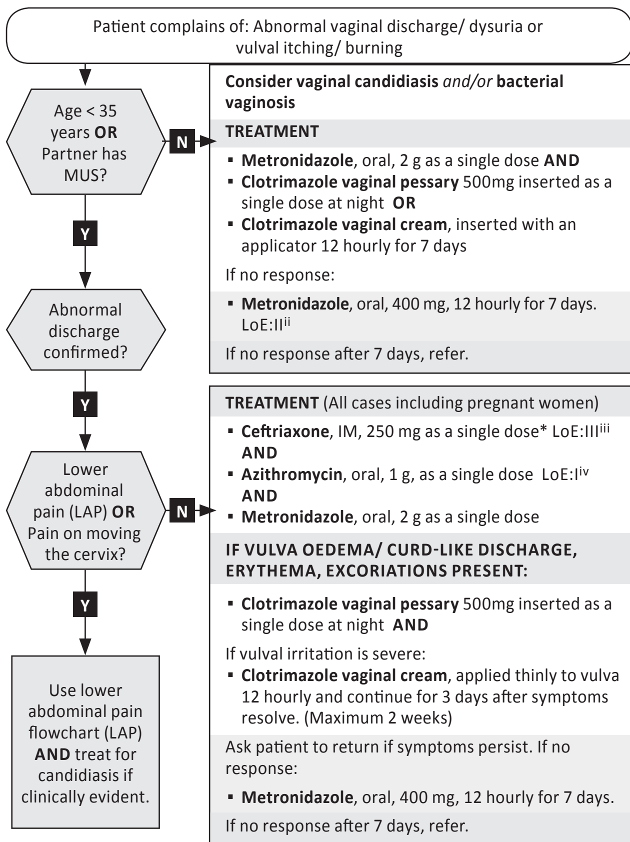
Refer all **ceftriaxone treatment failures** within 7 days for **gentamicin**, IM, 240 mg as a single dose. LoE:III[ix, x]

EMPHASISE PARTNER(S) TRACING

If severe penicillin allergy, i.e. angioedema, anaphylactic shock or bronchospasm:
*omit **ceftriaxone**, IM, 250 mg and increase azithromycin dose to azithromycin, oral, 2 g as a single dose LoE:I[v]
omit **ceftriaxone, IM, 1 g and refer to a centre for gentamicin, IM, 240 mg as a single dose plus azithromycin, oral, 2 g as a single dose. LoE:III[ix, x]

For ceftriaxone IM injection:
- Dissolve **ceftriaxone 250 mg** in 0.9 mL lidocaine 1% without epinephrine (adrenaline).
- Dissolve **ceftriaxone 1 g** in 3.6 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[vi]

Vaginal Discharge Syndrome (VDS)



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Vaginal Discharge Syndrome (VDS)

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***People who are allergic to penicillin may also react to ceftriaxone.**

If severe penicillin allergy, i.e. angioedema, anaphylactic shock or bronchospasm, omit ceftriaxone and increase azithromycin dose to:

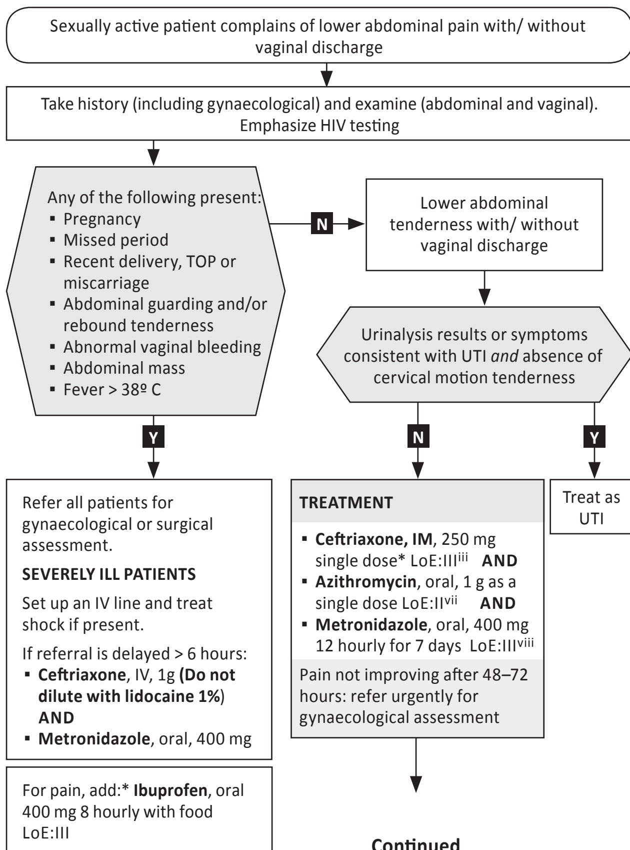
- **Azithromycin**, oral, 2 g, as a single dose. LoE:I[v]

For ceftriaxone IM injection: Dissolve ceftriaxone **250 mg** in 0.9 mL lidocaine 1% without epinephrine (adrenaline) LoE:III[vi]

Take Pap smear after treatment, if indicated according to screening guidelines.

Note: Suspected STI in children should be referred to hospital for further management.

Lower Abdominal Pain (LAP)



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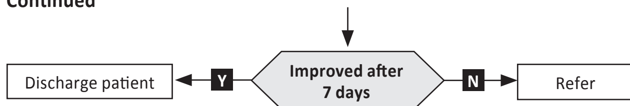
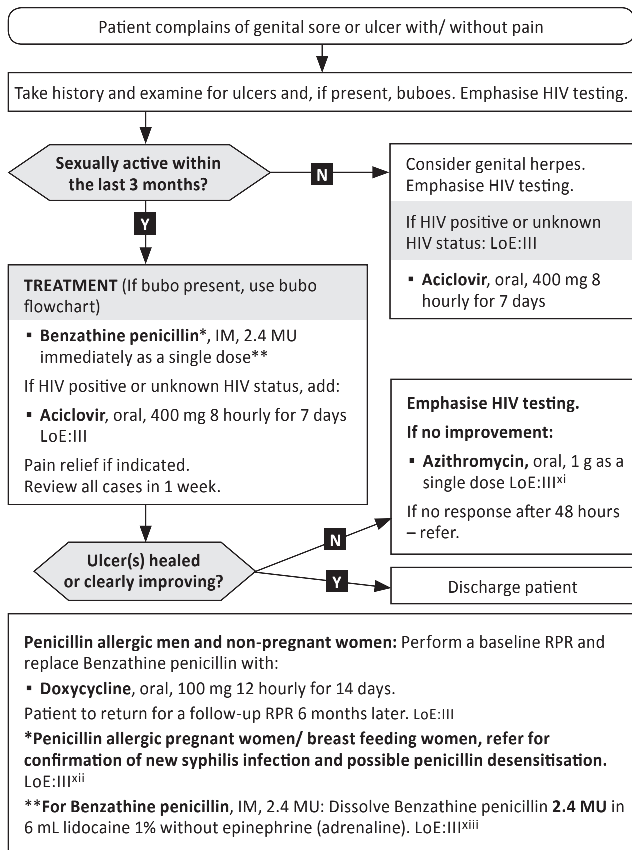


***If severe penicillin allergy, i.e. angioedema, anaphylactic shock or bronchospasm, omit ceftriaxone and increase azithromycin dose to:**
Azithromycin, oral, 2 g as a single dose. LoE:I[v]

For ceftriaxone IM injection: Dissolve **ceftriaxone** 250 mg in 0.9 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[vi]

Genital Ulcer Syndrome (GUS)



Penicillin allergic men and non-pregnant women: Perform a baseline RPR and replace Benzathine penicillin with:

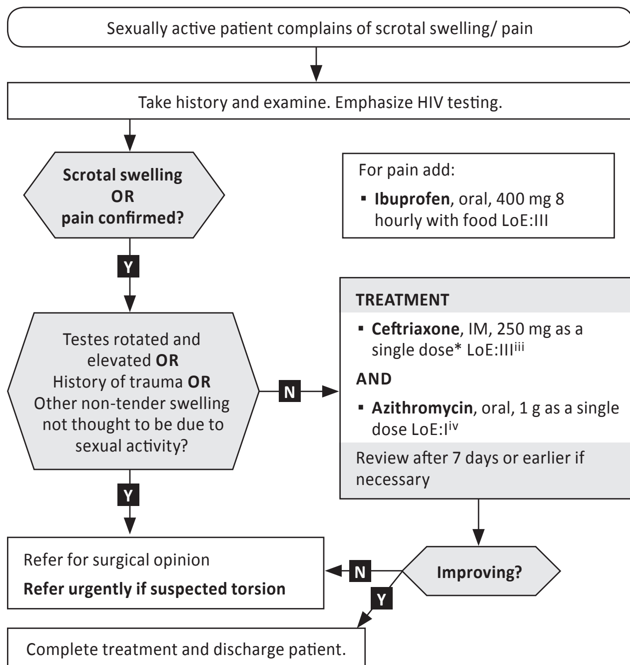
- **Doxycycline**, oral, 100 mg 12 hourly for 14 days.

Patient to return for a follow-up RPR 6 months later. LoE:III

***Penicillin allergic pregnant women/ breast feeding women, refer for confirmation of new syphilis infection and possible penicillin desensitisation.** LoE:III[xii]

****For Benzathine penicillin**, IM, 2.4 MU: Dissolve Benzathine penicillin **2.4 MU** in 6 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[xiii]

Scrotal Swelling (SSW)

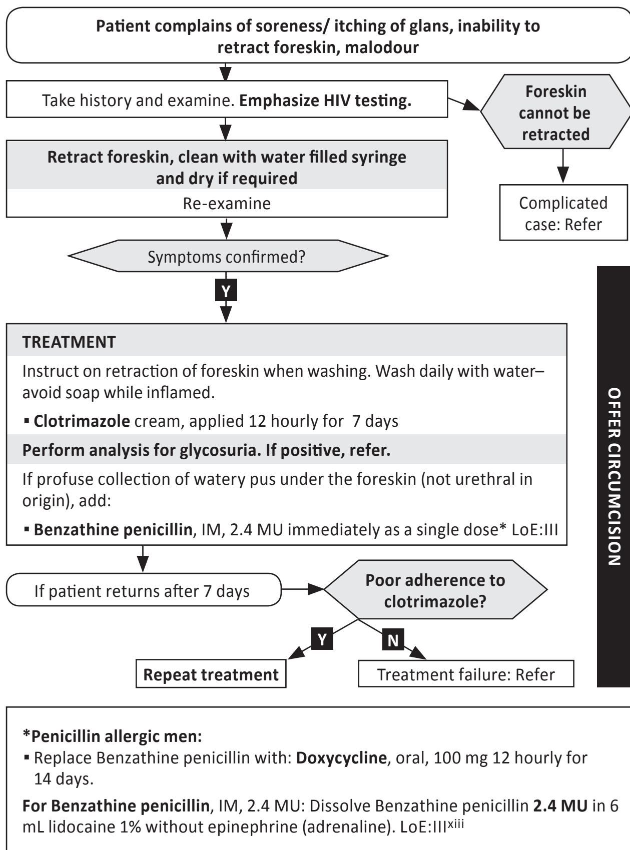


***If severe penicillin allergy, i.e. angioedema, anaphylactic shock or bronchospasm, omit ceftriaxone and increase azithromycin dose to:**

- **Azithromycin**, oral, 2 g as a single dose LoE:I, III[v]

For ceftriaxone IM injection: dissolve ceftriaxone **250 mg** in 0.9 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[vi]

Balanitis/Balanoposthitis (BAL)



***Penicillin allergic men:**

- Replace Benzathine penicillin with: **Doxycycline**, oral, 100 mg 12 hourly for 14 days.

For Benzathine penicillin, IM, 2.4 MU: Dissolve Benzathine penicillin **2.4 MU** in 6 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[xiii]

Bubo

Patient complains of hot tender inguinal swelling with surrounding erythema and/or oedema

↓

Take history and examine.
Emphasise HIV testing.
Exclude hernia or femoral aneurysm.

↓

Bubo confirmed?

↓ **Y**

TREATMENT

- **Azithromycin**, oral, 1 g immediately and 1 g a week later LoE:III[xiv]

If bubo is fluctuant:

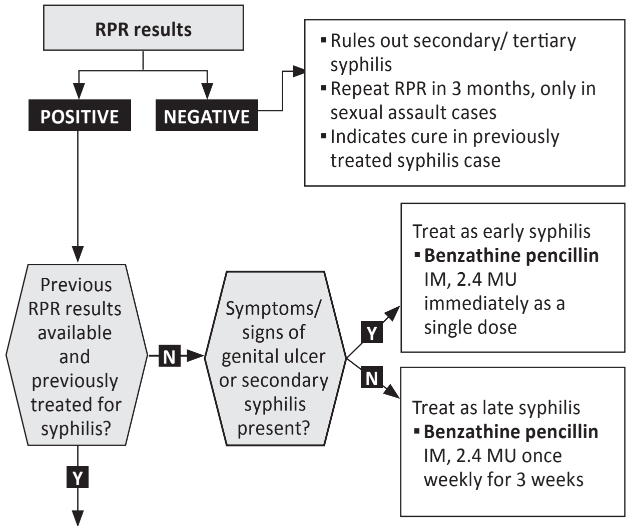
Aspirate pus in sterile manner.
Repeat every 72 hours, as necessary.

If no improvement after 14 days, refer.

Syphilis

Perform RPR if indicated:

- sexual assault case
- suspected secondary syphilis
- suspected tertiary syphilis
- 6 month follow-up of early syphilis cases treated with doxycycline



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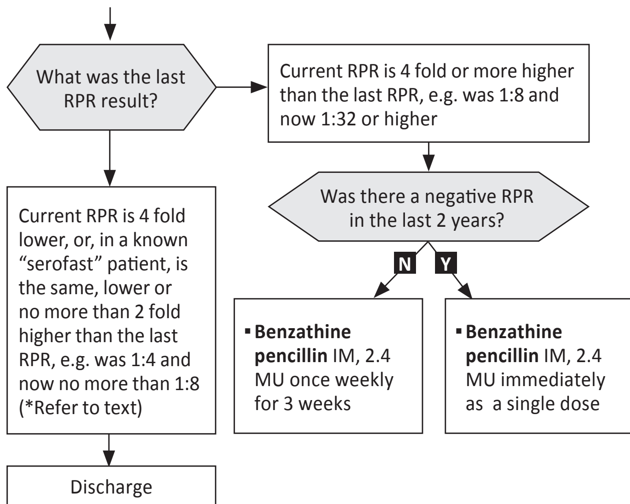


Late and Early Syphilis:

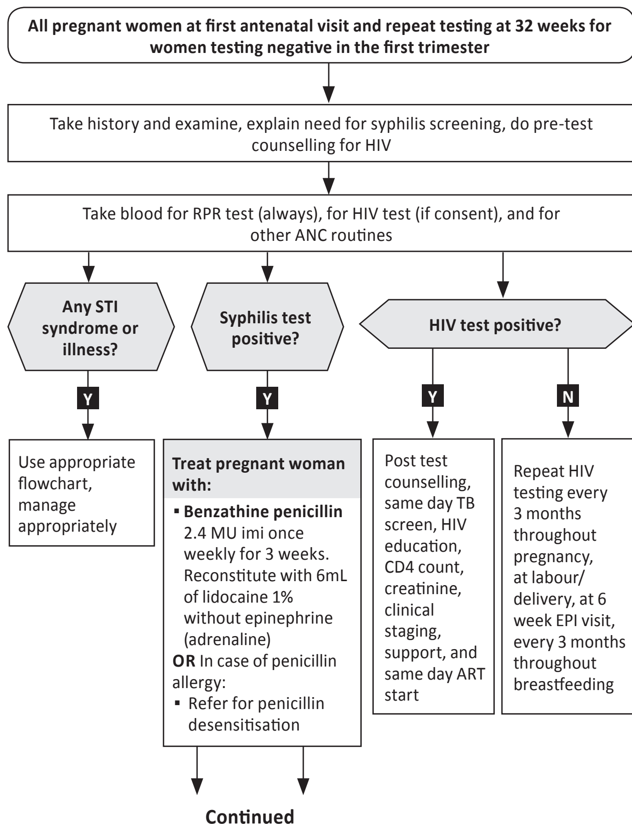
- Record titre on patient's record
- Issue a partner notification slip

AND

- Repeat RPR in 6 months if treated with doxycycline LoE:III

For Benzathine penicillin, IM, 2.4 MU: Dissolve Benzathine penicillin **2.4 MU** in 6 mL lidocaine 1% without epinephrine (adrenaline). LoE:III[xii]

Syphilis Screening of Pregnant Women



Syphilis Screening of Pregnant Women

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Symptomatic newborns of mothers with positive syphilis test during pregnancy:

- Refer all symptomatic babies

Notify: Notification of medical conditions, form GW17/5

Treat asymptomatic newborns of mothers with positive syphilis test if mother was not treated, *OR* if mother received < 3 doses of Benzathine penicillin, *or* if mother delivers within 4 weeks of commencing treatment, with:

- **Benzathine penicillin** (depot formulation), IM, 50,000 units/kg as a single dose into lateral thigh*

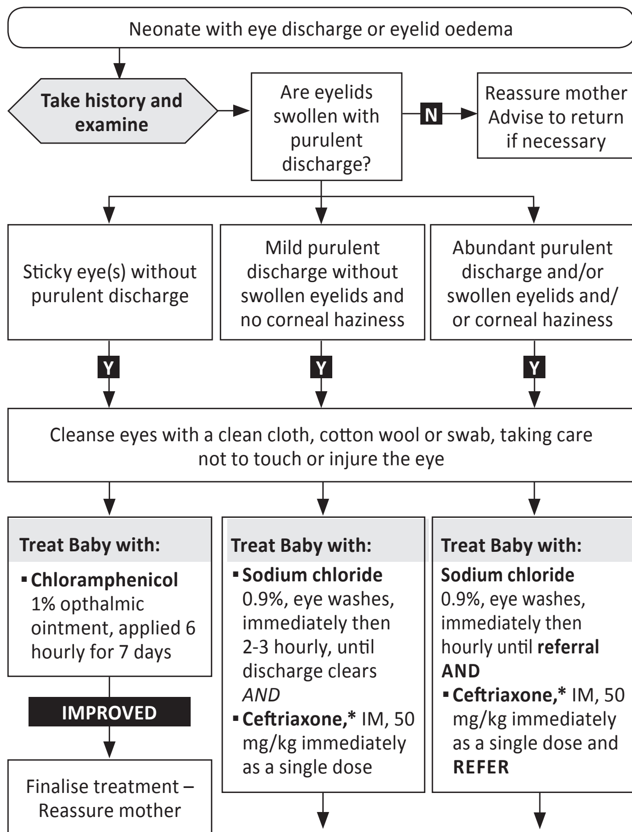
*Benzathine penicillin (depot formulation) must never be given IV

Follow up at 3 months after the last injection to confirm a fourfold (i.e. 2 dilution) reduction in RPR titres, provided the initial titre was > 1:8. If the initial titre was < 1:8, further reduction may not occur.

All pregnant women: Educate, ensure compliance and counsel; promote couple-counselling if applicable

- Explain the risk of vertical transmission
- Promote consistent condom use particularly during pregnancy, demonstrate condom use, provide condoms
- Stress the importance of partner treatment, issue one notification slip for each sexual partner
- Promote HIV counselling and testing of partner

Neonatal Conjunctivitis



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Neonatal Conjunctivitis

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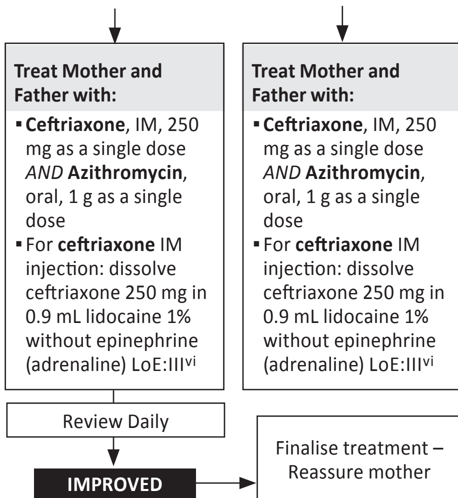

Urgent Referral:

- All neonates with abundant purulent discharge and/or swollen eyelids and/or corneal haziness
- Neonate unresponsive to treatment within 2 days

Parents of baby with confirmed neonatal conjunctivitis:

- Educate, ensure compliance, and counsel; promote couple-counselling if applicable.
- Promote abstinence from penetrative sex during the course of treatment.
- Promote and demonstrate condom use, retain condoms.
- Stress the importance of partner treatment and issue one notification slip for each sexual partner. Follow up partner treatment during review visit.
- Promote HIV counselling and testing. For negative results repeat test after 3 months.

Continued

Neonatal Conjunctivitis

Continued

*Infant Dosing of Ceftriaxone

Weight kg	**Dose** mg	**Use one of the following injections mixed with water for injection (WFI):**		**Age** months/years
		250 mg/2 mL (250 mg diluted in 2 mL WFI)	500 mg/2 mL (500 mg diluted in 2 mL WFI)	
>2–2.5 kg	100 mg	0.8 mL	0.4 mL	>34-36 weeks
>2.5-3.5 kg	150 mg	1.2 mL	0.6 mL	>36 weeks–1 month
>3.5-5.5 kg	200 mg	1.6 mL	0.8 mL	>1-3 months

LoE: III[v]

CAUTION: Use of ceftriaxone in severely ill neonates and children

Ceftriaxone should be used in neonates that are seriously ill only, and must be given even if they are jaundiced. In infants < 28 days of age, ceftriaxone should not be administered if a calcium containing intravenous infusion e.g. Ringer-Lactate, is given or is expected to be given. After 28 days of age, ceftriaxone and calcium containing fluids may be given but only sequentially with the giving set flushed well between the two products if given IV.

Annotate the dosage and route of administration in the referral letter.

Treatment of More than One STI Syndrome

STI Syndromes	Treatment (new episode)
MUS + SSW	Treat according to SSW flow chart.
MUS + BAL	Treat according to MUS flow chart *AND* ▪ **Clotrimazole** cream, 12 hourly for 7 days
MUS + GUS	▪ **Ceftriaxone**, IM, 250 mg immediately as a single dose** **AND** ▪ **Azithromycin**, oral, 1 g as a single dose **AND** ▪ **Aciclovir**, oral, 400 mg 8 hourly for 7 days*
VDS + LAP	Treat according to LAP flow chart **AND** Treat for candidiasis, if required (see VDS flow chart)
VDS + GUS	▪ **Ceftriaxone**, IM, 250 mg immediately as a single dose** **AND** ▪ **Metronidazole**, oral, 2 g immediately as a single dose **AND** ▪ **Azithromycin**, oral, 1 g as a single dose **AND** ▪ **Aciclovir**, oral, 400 mg 8 hourly for 7 days* **AND** Treat for candidiasis, if required (see VDS flow chart)
LAP+ GUS	▪ **Ceftriaxone**, IM, 250 mg immediately as a single dose** **AND** ▪ **Metronidazole**, oral, 400 mg 12 hourly for 7 days **AND** ▪ **Aciclovir**, oral, 400 mg 8 hourly for 7 days*.
SSW+ GUS	▪ **Ceftriaxone**, IM, 250 mg immediately as a single dose** **AND** ▪ **Aciclovir**, oral, 400 mg 8 hourly for 7 days*

***Treat with aciclovir only if HIV status is positive or unknown.**

****Penicillin allergic men and non-pregnant women avoid ceftriaxone and refer to relevant algorithms.**

Penicillin allergic pregnant or breastfeeding women, refer for penicillin desensitisation.

Genital Molluscum Contagiosum (MC)

Description

This is a viral infection which can be transmitted sexually and non-sexually. It is usually self-limiting but can be progressive in an advanced stage of immunodeficiency.

- Clinical signs include papules at the genitals or other parts of the body.
- The papules usually have a central dent (umbilicated papules).

Medicine Treatment

- Tincture of iodine BP.
    - Apply with an applicator to the core of the lesions.

Genital Warts (GW): Condylomata Accuminata

Description

The clinical signs include:

- Warts on the ano-genital areas, vagina, cervix, meatus or urethra.
- Warts can be soft or hard.

In most cases, warts resolve without treatment after 2 years in non-immunosuppressed patients.

General Measures

- If warts do not look typical or are fleshy or wet, perform an RPR/VDRL test to exclude secondary syphilis, which may present with similar lesions.
- Emphasise HIV testing.

Referral

All patients with:

- Warts > 10 mm
- Inaccessible warts, e.g. intra-vaginal or cervical warts
- Numerous warts

Pubic Lice

Description

Infestation of lice mostly confined to pubic and peri-anal areas, and occasionally involves eyelashes.

The bites cause intense itching, which often results in scratching with bacterial super-infection.

General Measures

Thoroughly wash clothing and bed linen that may have been contaminated by the patient in the 2 days prior to the start of treatment in hot water and then iron.

Medicine Treatment

- Benzyl benzoate 25%
  - Apply to affected area.
  - Leave on for 24 hours, then wash thoroughly.
  - Repeat in 7 days.

Pediculosis of the Eyelashes or Eyebrows

- Petroleum jelly.
  - Apply to the eyelid margins (cover the eyelashes) daily for 10 days to smother lice and nits.
  - Do not apply to eyes.

Referral

All children with lice on pubic, perianal area and eyelashes to exclude sexual abuse.