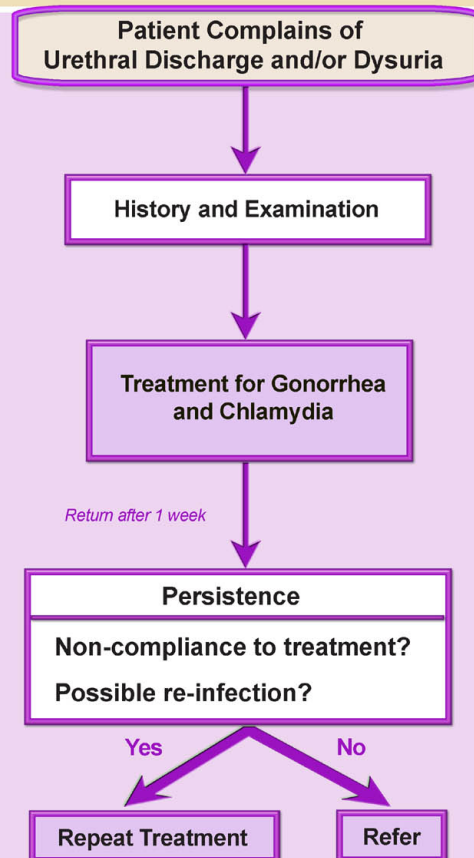


MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS

Urethral Discharge in Men



❖ Exclude presence of urinary salts and prostaticorrhea.

Treatment Regimen for Urethral Discharge

- Recommended Treatment for Gonorrhea:**
- Ceftriaxone 250 mg IM in a single dose.
- Alternative Treatment for Gonorrhea:**
- Ciprofloxacin 500 mg orally in a single dose or
 - Spectinomycin 2 g IM in a single dose.
- PLUS**
- Recommended Treatment for Chlamydia:**
- Azithromycin 1g orally in a single dose or
 - Doxycycline 100 mg orally twice daily for 7 days.
- If persistent, consider *Trichomonas vaginalis* infection.

Persistence of STIs may be due to resistance to antibiotics, poor compliance or possible re-infection.

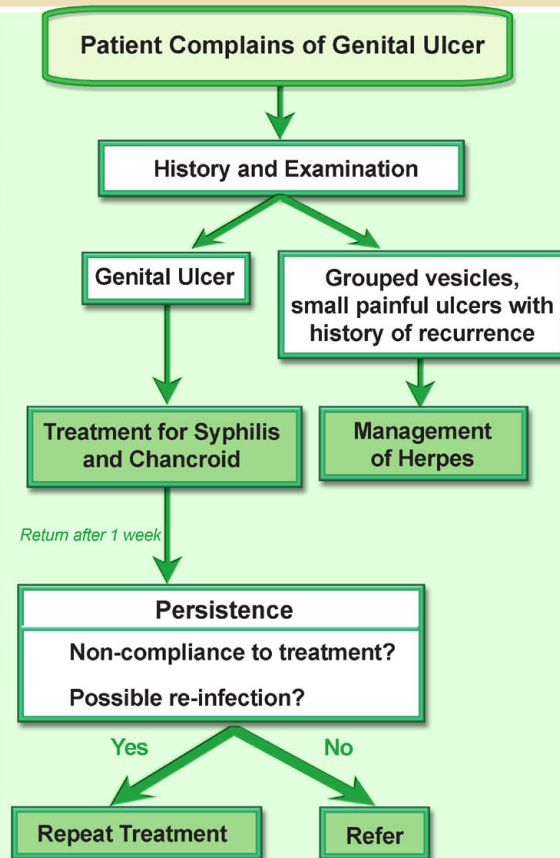
Single doses of treatment should be administered during the initial clinic visit.

Ciprofloxacin, Tetracycline and Doxycycline should not be used by pregnant/lactating women.

Metronidazole should not be used during the first trimester of pregnancy.

Patient receiving Metronidazole should avoid alcohol.

Genital Ulcer



❖ Exclude presence of ulcers due to drug intake, scabies and trauma.

Treatment Regimen for Genital Ulcer

- Recommended Treatment for Early Syphilis:**
- Benzathine Penicillin G 2.4 million units in a single IM dose.
- Alternative Treatment for Early Syphilis:**
- Tetracycline 500 mg orally 4 times daily for 15 days or
 - Doxycycline 100 mg orally twice daily for 15 days or
 - Erythromycin 500 mg orally 4 times daily for 15 days.
- PLUS**
- Recommended Treatment for Chancroid:**
- Erythromycin 500 mg orally 4 times daily for 7 days or
 - Azithromycin 1g orally in a single dose.
- Alternative Treatment for Chancroid:**
- Ciprofloxacin 500 mg orally in a single dose or
 - Ceftriaxone 250 mg IM in a single dose.

- Benzathine Penicillin is the drug of choice.
- Late syphilis requires weekly injection for 3 weeks.

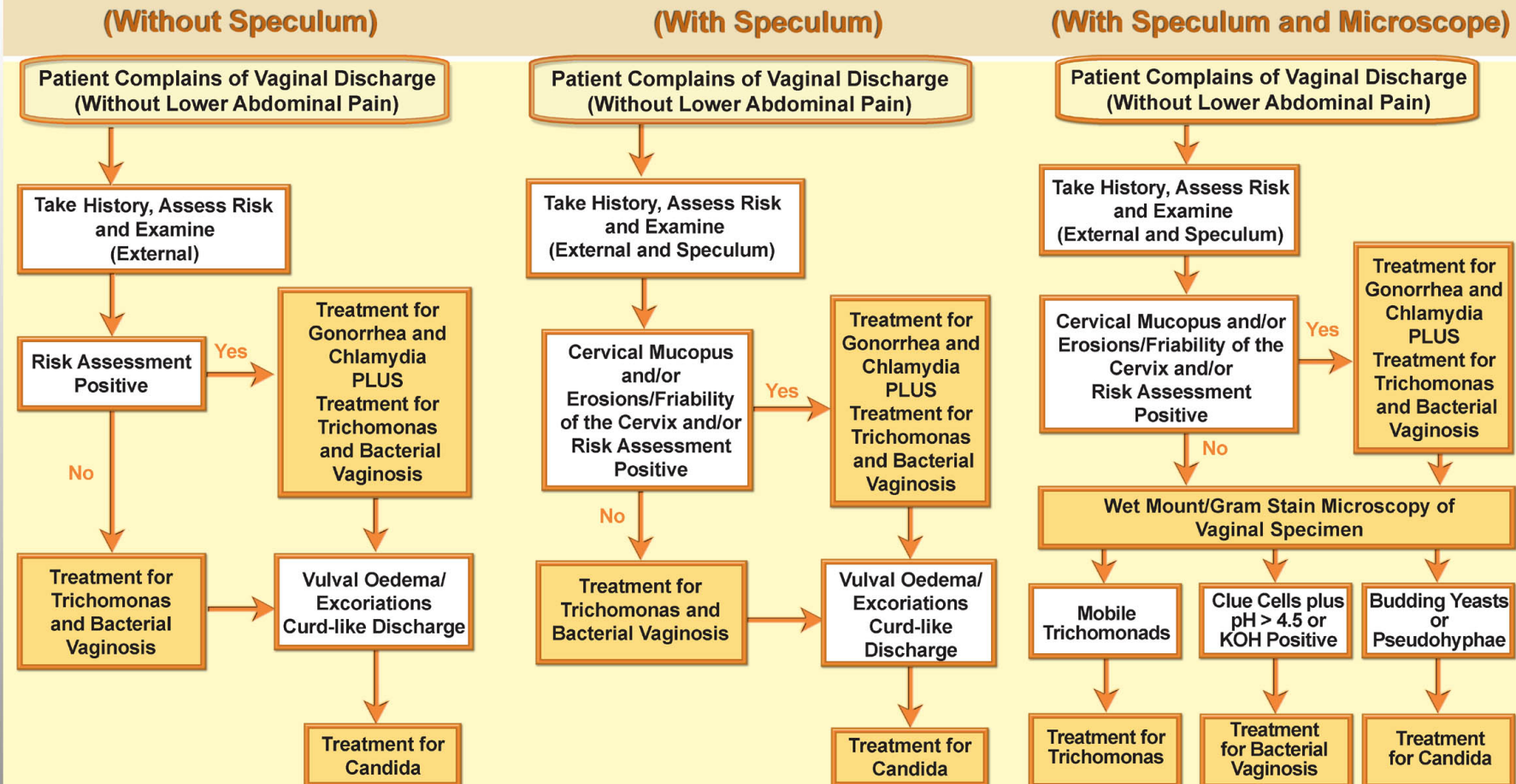
Treatment Regimen for Herpes

- Management of Herpes:**
- Reassure and warn that recurrence is possible.
 - Inform symptomatic patients to refrain from sexual activity.
 - Advise patients to keep lesions clean and dry.
 - Start treatment within 48 hours of appearance of lesions.

- Prescribe specific antiviral treatment:**
- Acyclovir, 200 mg orally 5 times daily for 5 days or
 - Acyclovir, 400 mg orally, 3 times daily for 5 days or
 - Famciclovir, 125 mg orally, twice daily for 5 days or
 - Valaciclovir, 500mg orally, twice daily for 5 days.

- For pregnant females, treat first clinical episode with acyclovir.

Vaginal Discharge



❖ Exclude presence of physiological vaginal discharge.

❖ An STI risk assessment is considered positive if the patient or her partner has a high-risk behavior.

❖ Ensure follow-up visit if the patient is not cured after taking the full course.

❖ Patients with Bacterial vaginosis and Candidiasis do not need prevention counseling for STIs, since they are not sexually transmitted.

Treatment Regimen for Vaginal Discharge (Cervicitis)

- Recommended Treatment for Gonococcal Cervicitis:**
- Ceftriaxone 250 mg IM in a single dose.
- Alternative Treatment for Gonococcal Cervicitis:**
- Ciprofloxacin 500 mg orally in a single dose or
 - Spectinomycin 2g IM in a single dose.
- PLUS**
- Recommended Treatment for Chlamydial Cervicitis:**
- Azithromycin 1 g orally in a single dose or
 - Doxycycline 100 mg orally twice daily for 7 days.
- Alternative Treatment for Chlamydial Cervicitis:**
- Tetracycline 500 mg orally 4 times daily for 7 days or
 - Erythromycin 500 mg orally 4 times daily for 7 days.

Treatment Regimen for Vaginal Discharge (Vaginitis)

- Recommended Treatment for Trichomoniasis and Bacterial Vaginosis:**
- Metronidazole 2g orally in a single dose.
- Alternative Treatment for Trichomoniasis and Bacterial Vaginosis:**
- Metronidazole 500 mg orally twice daily for 7 days.
- PLUS**
- Recommended Treatment for Vaginal Candidiasis:**
- Clotrimazole 500 mg inserted into the vagina once only or
 - Clotrimazole 200 mg inserted into the vagina once daily for 3 days or
 - Miconazole 200 mg inserted into the vagina once daily for 3 days or
 - Nystatin 100,000 units inserted into vagina once daily for 14 days.

Remember the 4Cs

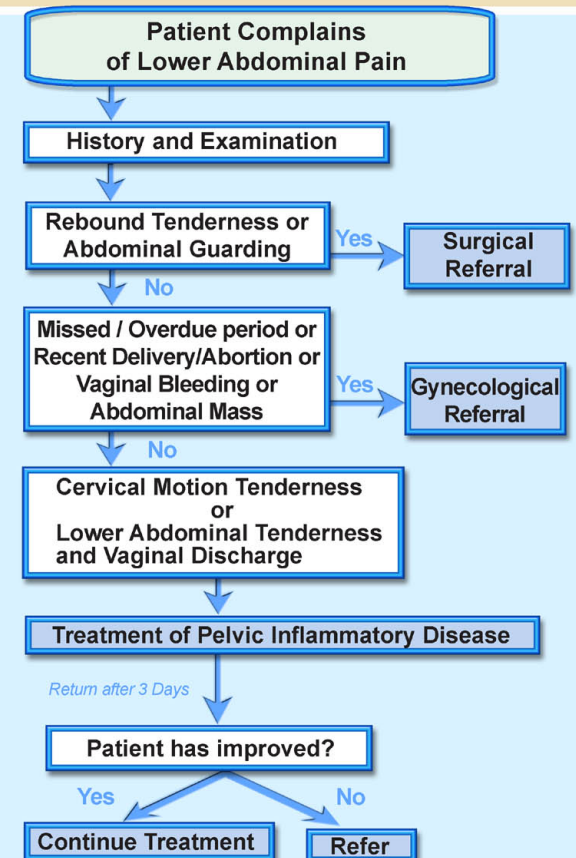
Compliance: encourage patients to comply to prescribed treatment.

Counseling for prevention: provide educative messages tailored for each patient.

Condom use: educate all patients on proper use of condom.

Contact management: explain the importance of partner management even if asymptomatic.

Lower Abdominal Pain in Women



❖ Exclude surgical and gynecological causes.

Treatment Regimen for Pelvic Inflammatory Disease

- First Regimen:**
- Ceftriaxone 250 mg IM in a single dose **plus**
 - Doxycycline 100 mg orally twice daily **or**
 - Tetracycline 500 mg orally 4 times daily for 14 days **plus**
 - Metronidazole 500 mg orally or IV twice daily for 14 days.

- Second Regimen:**
- Clindamycin 900 mg IV every 8 hours **or**
 - Gentamycin 1.5 mg/kg IV every 8 hours.
- Treat for at least 48 hours then evaluate the condition. Consider possibly shifting to another oral regimen.*

- Third Regimen:**
- Ciprofloxacin 500 mg orally in a single dose **plus**
 - Doxycycline 100 mg orally twice daily **or**
 - Tetracycline 500 mg orally 4 times daily for 14 days **plus**
 - Metronidazole 500 mg orally or IV twice daily for 14 days.

Persistence of lower abdominal pain may be due to:

- Incorrect diagnosis.
- Complicated infections.
- Incorrect use of anti-microbial drugs.

Consider hospitalization if:

- The diagnosis is uncertain.
- Surgical emergencies, such as appendicitis and ectopic pregnancy.
- Suspected pelvic abscess.
- Severe illness.
- The patient is pregnant.
- The patient failed to respond to outpatient therapy.

