

STIS/RTIS

Sexually
Transmitted
Infections
and other
Reproductive
Tract
Infections

(STIs/RTIs)

AVSC International



Counseling Reference Cards: Syndromic Management

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AVSC International works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable. We provide technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce. We believe that individuals have the right to make informed decisions about their reproductive health and to receive care that meets their needs. We work in partnership with governments, institutions, and health care professionals to make this right a reality.

Consistent with its mission, AVSC International is committed to supporting the provision of quality sexual and reproductive health services and to making a contribution to STI, HIV, and AIDS prevention efforts.

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Contents

Introduction	1
Genital Ulcers: Herpes-like Lesions	2
Genital Ulcers: Other Lesions	3
Lower Abdominal Pain (PID)	4
Urethral Discharge	5
Vaginal Discharge: Cervicitis (Chlamydia or Gonorrhea)	6
Vaginal Discharge: Vaginitis (Bacterial Vaginosis, Candidiasis, or Trichomonas Infection)	8
Informing Partners for Treatment Referral	9
Preventing Sexually Transmitted Infections	10

Introduction

*This set of reference cards is designed for sites in which **syndromic management** is used. In the syndromic approach, the health care provider classifies and treats STIs and RTIs based on the symptoms and signs the provider notices during an examination. This approach offers no definitive diagnosis; the client is treated for all the possible infections that could cause the syndrome. This is important to remember when counseling clients—especially women being treated for vaginal discharge—since it is not possible to be certain about whether the infection was sexually transmitted.*

For sites that use etiologic management (diagnosis and treatment based on laboratory tests), a set of etiologic management reference cards is also available.

These reference cards are designed to help enhance the effectiveness of your services by reminding you of important information to share with your clients. Use these cards as guides in:

- Providing accurate information to your clients.
- Reinforcing treatment instructions.
- Helping your clients inform their partners about the infection.
- Developing prevention strategies with your clients.

There is a reference card for each of the following syndromes:

- **Genital ulcers:** Herpes-like lesions
- **Genital ulcers:** Other lesions
- **Lower abdominal pain (PID)**
- **Urethral discharge**
- **Vaginal discharge:** Cervicitis (chlamydia or gonorrhea)
- **Vaginal discharge:** Vaginitis (bacterial vaginosis, candidiasis, or trichomonas infection)

There are additional reference cards for:

- **Informing partners for treatment referral**
- **Preventing sexually transmitted infections**

HOW TO USE THE REFERENCE CARDS

Use the reference cards after you have made the diagnosis—when you are telling the client what he or she has, how you will treat the infection, and how to prevent infections in the future.

- Try not to read from the cards, but use them to guide your conversation with the client and to remind you of key information to cover. Once you become familiar with the information, you will probably need to glance at the cards less often.
- Begin by addressing the client's feelings. Acknowledge that discussing STIs and sex is difficult for many people. Ask the client how he or she feels about the diagnosis.
- Ask the client what he or she knows about the infection and about STI and HIV prevention in general.
- Use open-ended questions, such as "What do you know about (use name of the infection)?"
- Based on what the client knows, include additional important points from the reference card in your discussion.
- Ask the client to repeat to you the key points of treatment instructions and prevention of repeated infections to make sure that he or she understands the information.
- Reinforce or correct the client's responses as needed.

Remember that a diagnosis of an STI can be emotionally painful to clients—they may feel bad about themselves, worry about telling a partner, or fear social rejection. In addition, feelings of shame and stigma surrounding STIs can keep clients from accessing medical services, informing partners, and practicing safer sex. By being nonjudgmental and supportive, you can help the client overcome these barriers to receive successful treatment and prevent repeated infections.

Genital Ulcers: Herpes-like Lesions

FINDINGS: *Tell the client that...*

- Your findings show he or she has genital ulcers (sores), which could be caused by genital herpes.

TRANSMISSION: *Explain to the client that...*

- Genital ulcers are caused by STIs. The client got the infection from someone he or she had sex with.
- Genital herpes is transmitted through direct contact with herpes sores, but it can also be passed to others even after the sores have healed or when they are not present.
- Herpes can be transmitted from the mouth to the genitals or from the genitals to the mouth during oral sex.

COMPLICATIONS: *Explain to the client that...*

- There is no cure for herpes, but there are ways to relieve pain from the sores.
- Some people experience repeated outbreaks (in other words, the sores return after they have healed).
- Genital herpes can be transmitted to a baby during pregnancy and delivery. If infected, the baby can become very sick and possibly die.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- Sores heal on their own after 10–14 days, but the virus stays in the body after the sores are healed.
- If available, certain medicines can shorten the time it takes the sores to heal and can help prevent them from coming back.
- To return to the clinic if the sores *do not* go away within 14 days.
- That he or she can get relief from the sores by:
 - ▲ Sitting in a bathtub or basin filled with warm water and some baking soda two times a day.
 - ▲ Keeping the sores and the areas around them clean and dry.

- ▲ Using pain relievers, such as acetaminophen (Tylenol or Panadol) or aspirin.
- ▲ When to return to the clinic if follow-up is recommended.

PREVENTION: *Tell the client...*

- To reduce the chances of infecting sexual partners, partners should avoid any contact with the sores until they are completely healed. The easiest way to avoid contact is not to have sex until the sores are fully healed or to use a condom during sex (however, transmission can still occur if the condom does not cover the sores).
- Some people have outbreaks during stressful times. Discuss ways to reduce stress.
- Sunlight can also increase outbreaks, so it is best to stay out of the sun or use protection from the sun.
- A person with herpes infection often feels a tingling or itchy feeling at the site where an outbreak is about to occur. The risk of transmission is high just before and during an outbreak. If possible, the client should avoid sex at these times.
- To inform all partners about the infection and its symptoms (if possible) and to encourage them to come to the clinic for more information—even if a partner does not have any symptoms.

alert!

Tell all pregnant clients and their partners to be sure to let their doctor know they have herpes so that the doctor can help to protect the baby from transmission during delivery.

Some medicines are not safe to use during pregnancy: Remember to ask women if they are pregnant or if there is any chance that they might be.

Go to  Informing Partners for Treatment Referral

Genital Ulcers: Other Lesions

FINDINGS: *Tell the client that...*

- Your findings show he or she has genital ulcers (sores), which could be caused by chancroid or syphilis.

TRANSMISSION: *Explain to the client that...*

- Genital ulcers are caused by STIs. The client got the infection from someone he or she had sex with.
- Genital ulcers are transmitted through contact with sores on the vagina, penis, anus, rectum, mouth, or lips.

COMPLICATIONS: *Explain to the client that...*

- If left untreated, the sores may heal on their own, but the client may still have the infection after the sores have healed.
- If left untreated, the infection could cause swollen lymph nodes (glands) in the groin that can rupture and drain pus or could damage the heart and nervous system, eventually causing death.
- If a woman is pregnant, the infection could be transmitted to the baby, causing stillbirth or the death of the baby shortly after delivery. Transmission can be avoided if the woman is treated early in pregnancy.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- It is important to take the medicine the right way and to complete treatment even if the symptoms go away.
- To return to the clinic if he or she has problems with the medicine or if the symptoms *do not* go away.
- To inform all sexual partners about the infection and to encourage them to come to the clinic for more information and treatment—even if a partner does not have any symptoms. Remind the client that if a sexual partner does not get treated, the client can get the infection again.
- To avoid sex until the sores are completely healed to make sure he or she does not pass the infection to others and until after any partner completes treatment (or for seven days if one-dose therapy is used) so he or she does not get infected again. If abstinence is not possible, the client should use a male or female condom making sure all sores are covered.
- When to return to the clinic if follow-up is recommended.

Discuss with the client...

- His or her ability to pay for the medication and when and where he or she can get it.
- Possible barriers to obtaining or finishing treatment (such as money, schedule, and potential side effects).

Go to  Informing Partners for Treatment Referral

Lower Abdominal Pain (PID)

FINDINGS: *Tell the client that...*

- Your findings suggest she has pelvic inflammatory disease (PID), an infection of the womb and Fallopian tubes.

TRANSMISSION: *Explain to the client that...*

- PID is most often the result of chlamydia or gonorrhea, which are STIs. The client got the infection from someone she had sex with.

COMPLICATIONS: *Explain to the client that...*

- PID can make it difficult for her to become pregnant, can make her infertile, or can increase her risk of ectopic pregnancy (pregnancy outside the uterus).
- PID can cause damage that leads to chronic pelvic pain.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- It is important to take the medicine the right way and to complete treatment even if the symptoms go away.
- To return to the clinic if she has problems with the medicine or if the symptoms *do not* go away.
- To inform all sexual partners she has had in the last month about the infection and to encourage them to come to the clinic for more information and treatment—even if a partner does not have any symptoms. Remind the client that if a sexual partner does not get treated, she can get an infection again that can cause PID to reoccur.
- To avoid vaginal sex until after treatment to promote healing and to make sure she does not pass the infection to others and until after any partner completes treatment (or for seven days if one-dose therapy is used) so she does not get infected again. If abstinence is not possible, the client should use a male or female condom during vaginal, anal, and oral sex.
- When to return to the clinic if follow-up is recommended.

Discuss with the client...

- Her ability to pay for the medication, and when or where she can get it.
- Possible barriers to obtaining or finishing treatment (such as money, schedule, and potential side effects).

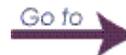
alert!

PREGNANCY:

Since the risk of ectopic pregnancy is increased in women who have had PID, and because ectopic pregnancy is a life-threatening condition, tell the client...

- If she is pregnant, it may be necessary for her to receive treatment in a hospital.
- If she becomes pregnant, it is important to make sure early on that the pregnancy is not ectopic.
- She should go to a health care facility immediately if she experiences the following signs of ectopic pregnancy:
 - ▲ Irregular bleeding or spotting with abdominal pain when her period is late or after an abnormally light period.
 - ▲ Sudden intense pain, persistent pain, or cramping in the lower abdomen, usually on one side or the other.
 - ▲ Faintness or dizziness that lasts for more than a few seconds (may be signs of internal bleeding).

Go to



Informing Partners for Treatment Referral

Urethral Discharge

FINDINGS: *Tell the client that...*

- Your findings show he has urethral discharge, an infection probably caused by chlamydia or gonorrhea.

TRANSMISSION: *Explain to the client that...*

- Chlamydia and gonorrhea are STIs. The client got the infection from someone he had sex with.
- Many men and women who have this infection do not have symptoms but can still pass the infection to others.

COMPLICATIONS: *Explain to the client that...*

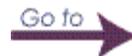
- If left untreated, urethral discharge can cause serious problems, such as pain and swelling in the testicles, infertility, and an infection throughout the body that may cause pain and swelling in the joints.
- If the infection causing the urethral discharge (chlamydia or gonorrhea) is passed to a woman, it can cause serious problems, such as difficulty becoming pregnant, infertility, or increased risk of ectopic pregnancy (pregnancy outside the uterus), and it can be passed to the baby if a woman is pregnant, causing serious infections.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- It is important to take the medicine the right way and to complete treatment even if the symptoms go away.
- To return to the clinic if he has problems with the medicine or if the symptoms *do not* go away.
- To inform all sexual partners of the infection (if possible) and to encourage them to come to the clinic for more information and treatment—even if a partner does not have any symptoms. Remind the client that if a sexual partner does not get treated, the client can get the infection again.
- To avoid sex until treatment is completed (for seven days if one-dose therapy is used) to make sure he does not pass the infection to others and until after any partner completes treatment (or for seven days if one-dose therapy is used) so he does not get infected again. If abstinence is not possible, the client should use a male or female condom during vaginal, anal, and oral sex.
- When to return to the clinic if follow-up is recommended.

Discuss with the client...

- His ability to pay for the medication, and when or where he can get it.
- Possible barriers to obtaining or finishing treatment (such as money, schedule, and potential side effects).

Go to  Informing Partners for Treatment Referral

Vaginal Discharge: Cervicitis (Chlamydia or Gonorrhea)

Use this card if you have decided to treat for cervical infections (chlamydia or gonorrhea) or for both cervical and vaginal infections.

alert!

Vaginal discharge poses a particular challenge, since the syndrome might not be related to an STI. Because of the potential for negative reactions from clients and partners when the infection may not even be caused by an STI, it is important to consider each case on an individual basis.

FINDINGS: *Tell the client that...*

- Your findings suggest that she has cervicitis, an infection that is most likely caused by chlamydia or gonorrhea. There is also a possibility that she has a vaginal infection that may not be sexually transmitted, or that she has both a vaginal infection and an STI.

TRANSMISSION: *Explain to the client that...*

- Chlamydia and gonorrhea are STIs. The client most likely got the infection from someone she had sex with.
- If also treating for vaginal infections, tell her that the infection might have developed because the normal environment in the vagina changed and that sometimes the reason for this is unclear.

COMPLICATIONS: *Explain that if left untreated...*

- The infection can spread to the uterus (womb) and Fallopian tubes, causing pelvic inflammatory disease (PID), which can make it difficult for her to become pregnant, can make her infertile, or can increase her risk of ectopic pregnancy (pregnancy outside the uterus).
- In pregnant women, the infection can cause early labor and delivery and can be passed to the baby, causing serious infections.

- In men, chlamydia can cause pain and swelling in the testicles and damage to the genitals, leading to infertility.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- It is important to take the medicine the right way and to complete treatment even if the symptoms go away.
- To return to the clinic if she has problems with the medicine or if the symptoms *do not* go away.
- To inform all sexual partners she has had in the last month about the infection (if possible) and to encourage them to come to the clinic for more information and treatment—even if a partner does not have any symptoms. Remind the client that if a sexual partner does not get treated, she can get the infection again.
- To avoid sex until treatment is completed (for seven days if one-dose therapy is used) to make sure she does not pass the infection to others and until after any partner completes treatment (or for seven days if one-dose therapy is used) so she does not get infected again. If abstinence is not possible, the client should use a male or female condom during vaginal, anal, and oral sex.
- When to return to the clinic if follow-up is recommended.

Discuss with the client...

- Her ability to pay for the medication, and when or where she can get it.
- Possible barriers to obtaining or finishing treatment (such as money, schedule, and potential side effects).

(continued on next card)

Vaginal Discharge: Cervicitis (Chlamydia or Gonorrhea)—continued

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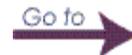
Some medicines are not safe to take during pregnancy: Remember to ask women if they are pregnant or if there is a chance that they might be.

If you prescribe metronidazole or tinidazole, tell the client that this drug can make her very sick if she drinks alcohol (beer, liquor, or wine) during treatment. To prevent this, she should not drink any alcohol until 24 hours have passed since taking the last dose.

PREVENTION:

If treating for both cervical and vaginal infections, tell the client that...

- To help reduce the chances of getting a vaginal infection in the future, she should avoid using feminine-hygiene products and scented soaps, douching, and wearing tight pants.
- Condom use for vaginal sex might also help prevent recurrence.
- To help prevent yeast infections, she should avoid wearing synthetic underwear.

[Go to](#)  Informing Partners for Treatment Referral

Vaginal Discharge: Vaginitis (Bacterial Vaginosis, Candidiasis, or Trichomonas Infection)

Use this card if you have decided to treat for vaginal infections only. If you are treating for cervical infections or for both cervical and vaginal infections, use the Vaginal Discharge: Cervicitis card.

alert!

Vaginal discharge poses a particular challenge, since the syndrome might not be related to an STI. Because of the potential for negative reactions from clients and partners when the infection may not even be caused by an STI, it is important to consider each case on an individual basis.

FINDINGS: *Tell the client that...*

- Your findings suggest that she has vaginitis, an infection caused by a change in the normal environment in the vagina. It is not likely (although possible) that the infection was sexually transmitted. However, these infections may be more common among sexually active women and women with a new sexual partner.
- Yeast infections can also occur with antibiotic use.

COMPLICATIONS: *Explain that if left untreated...*

- The infection can increase the risk of HIV transmission.
- In pregnant women, the infection can lead to early labor and delivery.

TREATMENT: *Tell the client...*

- How the infection will be treated.
- It is important for the client to take the medicine the right way and to complete treatment even if the symptoms go away.
- To return to the clinic if she has problems with the medicine or if the symptoms *do not* go away.
- To avoid sex until treatment is completed.
- When to return to the clinic if follow-up is recommended.

Discuss with the client...

- Her ability to pay for the medication, and when or where she can get it.
- Possible barriers to obtaining or finishing treatment (such as money, schedule, and potential side effects).

A woman can develop a vaginal yeast infection if she has conditions that affect the immune system, such as diabetes, HIV infection, or lupus. If yeast infections occur repeatedly, it may be a good idea (if HIV testing is available) for her to get a test for HIV infection and one for diabetes.

alert!

Some medicines are not safe to take during pregnancy: Remember to ask women if they are pregnant or if there is a chance that they might be.

If you prescribe metronidazole or tinidazole, tell the client that this drug can make her very sick if she drinks alcohol (beer, liquor, or wine) during treatment. To prevent this, she should not drink any alcohol until 24 hours have passed since taking the last dose.

PREVENTION: *Tell the client that...*

- To prevent recurrence of these infections, she should avoid using feminine-hygiene products and scented soaps, douching, and wearing tight pants.
- Condom use for vaginal sex might also help prevent recurrence.
- To help prevent yeast infections, she should avoid wearing synthetic underwear.

Go to  Preventing Sexually Transmitted Infections

Informing Partners for Treatment Referral

FOR CLIENTS WITH LOWER ABDOMINAL PAIN, URETHRAL DISCHARGE, OR VAGINAL DISCHARGE (CERVICITIS):

Tell the client that...

- It is important to inform any sexual partners he or she has had in the last **month** about the infection and to encourage these partners to come to the clinic for more information and treatment.

FOR CLIENTS WITH GENITAL ULCERS (CHANCROID OR SYPHILIS): *Tell the client that...*

- It is important to inform any sexual partners he or she has had in the last **three months** about the infection and to encourage these partners to come to the clinic for more information and treatment.

ASK ALL CLIENTS:

- Have you ever discussed STIs with a partner?
- If so, what happened?
- If not, how might you bring up the subject of STIs?
- What might you say?
- Would bringing up the subject put you at risk of violence or other serious problems?

Mention that a partner might get defensive if he or she feels accused of giving the client the infection, or a partner might think that the client got the infection from someone else.

FOR ALL CLIENTS:

If the client feels uncomfortable telling a sexual partner about the infection:

- Discuss or role-play what the client could say to a partner, and suggest some strategies that might help, such as:

- ▲ Suggest that the client choose a private place where they will not be disturbed at a time not associated with sex.
- ▲ Encourage the client to tell the partner that they are discussing this important issue because the client really cares about the partner.
- ▲ Suggest that the client allow time for the partner's initial reaction, then begin talking about treatment and how to prevent future infections.
- Discuss alternative strategies for getting a partner to come to the clinic, such as providing a referral card (if available).
- Offer to talk with any partners.

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Informing Partners in Cases of Vaginal Discharge (Cervicitis)

- When you are treating for vaginal discharge (cervicitis), it is not possible to be certain whether or not the infection is sexually transmitted. Discuss the following with these clients:
 - ▲ Ideally any partners should come to the clinic for an exam and treatment.
 - ▲ However, the client should consider the possible benefits and negative consequences of informing a partner, since there is a chance the disease is not sexually transmitted.
 - ▲ Informing a partner might result in a partner blaming the client for contracting the infection from someone else when this might not be the case.



Preventing Sexually Transmitted Infections

Preventing Sexually Transmitted Infections

RISK: *Tell the client that...*

- Vaginal and anal sex without a condom carry a high risk of disease transmission.
- Oral sex without a condom or barrier carries a lower risk, but it is not risk-free.

Talk with the client about any practices the client or any partner engages in that might put the client at risk of infection.

SAFER SEX: *Tell the client that practicing safer sex can prevent most future STIs (including HIV). This includes:*

- Having sex only with an uninfected partner who has sex only with you.
- If this is not possible or if you do not know if your partner is infected:
 - ▲ For vaginal or anal sex, use condoms each and every time.
 - ▲ For oral sex, use a condom over the penis or use plastic wrap or a condom cut open to cover the vagina or anus.
 - ▲ Engage in other forms of sexual activity, such as using your hand to stimulate your partner. (Always wash your hands immediately afterward.)

Remember, sores and warts can be present in areas that are not covered by a condom, so transmission can occur even with condom use.

COMMUNICATING WITH PARTNERS ABOUT SAFER SEX:

Ask the client...

- Have you ever discussed sex or safer sex with a partner?
- If so, what happened?
- If not, how might you bring up the subject of safer sex?
- What would you say, and how do you think your partner would react?
- Can you think of any ways to increase pleasure with condom use?

Discuss or role-play what the client could say to a partner about safer sex.

REDUCING RISK: *Tell the client that...*

- If the client is unable to practice safer sex, discuss strategies that might reduce the risk of STI and HIV transmission—for example, reducing the number of sexual partners or making condoms available to the partner to encourage their use in outside relationships.

HIV TESTING: *Ask the client...*

- What he or she knows about HIV. Explain that HIV is most often transmitted sexually and that people with STIs are more likely to get HIV infection.
- If he or she would like to talk about being tested for HIV (if testing is available). If on-site testing is not available, direct the client to the nearest testing site.

CERVICAL CANCER PREVENTION SCREENING (IF SCREENING IS AVAILABLE):

Explain that people often have more than one STI at a time—even though they might not have symptoms. HPV, one of the most common STIs, can lead to cervical cancer. Recommend that women receive cervical cancer screening (most often done using a Pap smear).

RECOGNIZING FUTURE INFECTIONS

Tell the client that...

Any of the following symptoms can indicate an STI or other infection that requires treatment at a clinic:

- Abnormal discharge from the vagina or penis.
- Pain or burning with urination.
- Itching or irritation of the genitals.
- Sores or bumps on the genitals, anus, or the surrounding areas.
- Rashes, including rashes on the palms of hands and soles of feet.
- In women, pelvic pain (pain below the belly button).

Tell the client that you have provided a lot of information and that often people have questions. Ask the client if he or she has any questions or would like to discuss anything further.