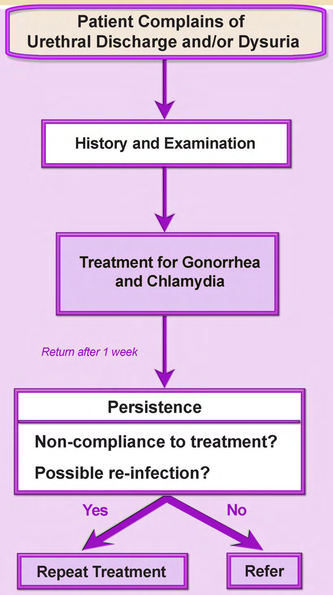
MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS

Urethral Discharge in Men



- Exclude presence of urinary salts and prostatorrhea.

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.

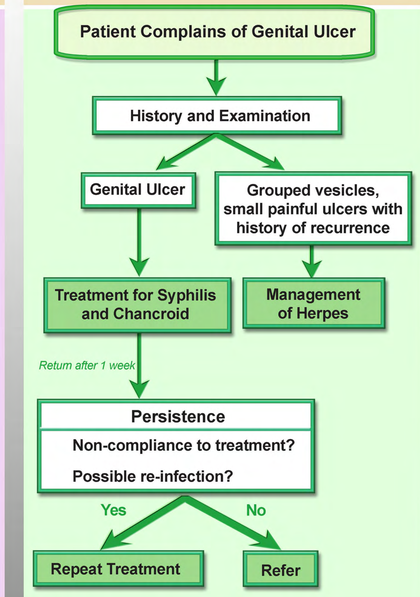
Single doses of treatment should be administered during the initial clinic visit.

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

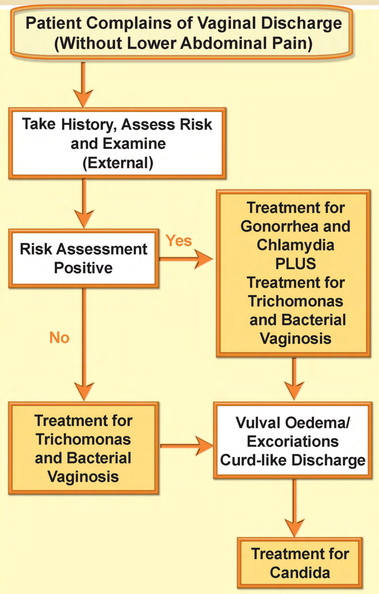
Management of Herpes:
- Reassure and warn that recurrence is possible.
- Inform symptomatic patients to refrain from sexual activity.
- Advise patients to keep lesions clean and dry.
- Start treatment within 48 hours of appearance of lesions.

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.

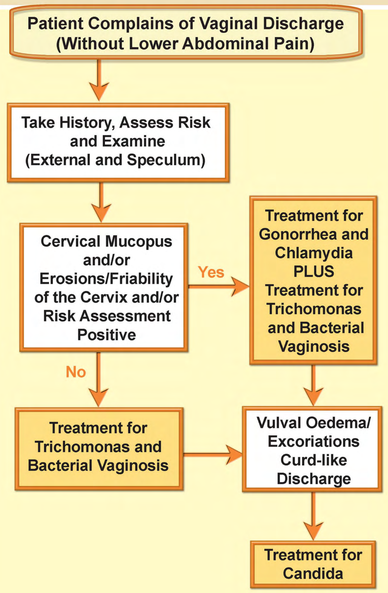
- *For pregnant females, treat first clinical episode with acyclovir.*

Vaginal Discharge

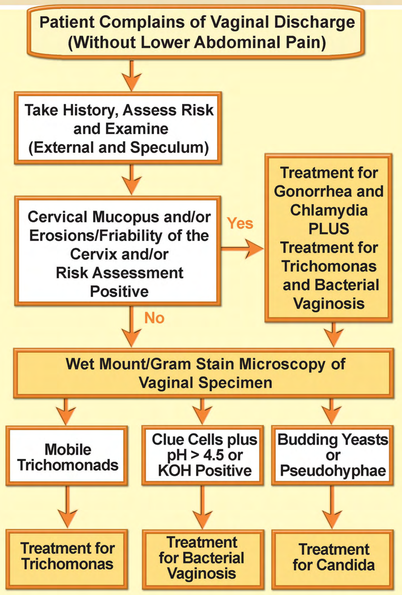
(Without Speculum)



(With Speculum)



(With Speculum and Microscope)



- 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

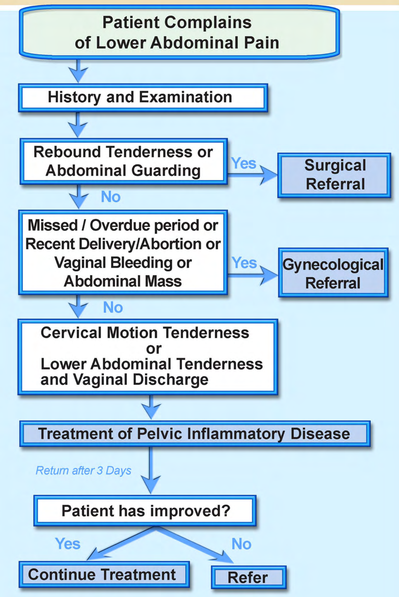
Compliance: encourage patients to comply to prescribed treatment.

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.

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