PROTOCOLS FOR THE MANAGEMENT OF A PERSON WITH A SEXUALLY TRANSMITTED DISEASE ACCORDING TO THE ESSENTIAL DRUGS LIST

Directorate:HIV/AIDS AND STDs

DEPARTMENT OF HEALTH

PRIVATE BAG X828

PRETORIA 0001

TEL 012 312 0121 FAX 012 326 2891

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IMPROVE THE QUALITY OF CARE FOR PERSONS WITH STDS

MAKE SERVICES ACCESSIBLE AND USER-FRIENDLY

- Promote integrated and comprehensive "one stop" services.
- Avoid stigmatising patients with STDs by having services in a particular room, or on specific days or at certain times.
- Extend hours so patients can come after work or over week-ends.
- Address the problem of long waiting times. Utilise the time through creative health promotion techniques. Promote questioning and problem solving rather than lecturing.
- Aim for adolescent-friendly and comprehensive services where youth also receive education and counselling on life skills.

DEVELOP COMMUNICATION SKILLS

- Welcome your patient, greet and offer him/her a seat.
- Sit close enough so that you can talk to him/her privately.
- Make eye contact and look at your patient as he/she speaks.

Managing patients with STDs is often challenging and frustrating. Health care providers feel that patients are resisting important messages, particularly if the same patient returns repeatedly with another STD. It is important to understand the reasons why someone is not complying. Barriers to change can be caused by many different factors. Communication is extremely important in order to discover these factors.

Avoid ways in which negative feelings are shown:

- Not greeting or not looking at patients;
- Allowing interruptions or sitting while patients stand;
- Making angry gestures or using a harsh tone of voice.

It is important that you, the health care providers utilise appropriate stress management and support systems to manage frustration relating to your work. This facilitates a more user-friendly service.

GAIN THE TRUST OF YOUR PATIENT

- Ensure privacy.
- Assure patients that all information will be confidential.
- Manage patients in a caring, non-judgmental way. Patients with STDs are often anxious and scared because:
  - of the way in which STDs are acquired;
  - an STD may cause personal problems within the family;
  - of the fear of catching HIV/AIDS.

TAKE A GOOD HISTORY FROM YOUR PATIENT

- Include an assessment of the risk of exposure to an STD. There may be some other cause for the symptoms and signs.

- It is important to find out about:
  the presenting complaint;
  past STDs and if there has been any treatment recently;
  other illnesses (eg epilepsy) and drug allergies;
  contraception, menstruation and symptoms of pregnancy.

  risk factors such as: migrancy, poverty;
  number of partners and the use of condoms.

EXAMINE YOUR PATIENT GENTLY AND WITH RESPECT

- Always examine your patient.

  Conduct a bimanual digital examination in women to exclude cervical motion tenderness. Wherever possible do a speculum examination. Feel and view the cervix. If an abnormality is suspected refer.

Identify one or more of the syndromes based on symptoms and signs and treat the patient according to the appropriate protocol(s).

Encourage the patient to return if the STD does not get better.
If the full course has not been completed or if re-infection is possible, treat once again before referring patients.

Use this opportunity for the further prevention and control of STDs.

PROVIDE INFORMATION, EDUCATE AND COUNSEL

- Inform patients about STDs - how they are transmitted, the symptoms, signs and complications. Explain that STDs increase the risk of getting HIV and that HIV is spreading rapidly.

COMPLETE TREATMENT

- The full treatment should be completed to prevent complications.
- Emphasise the importance of sexual abstinence until cured.

COUNSEL ON SAFER SEX

- Have a non-judgmental attitude.
- Listen, understand feelings, and point of view and barriers to change.
- Provide information on safer sexual behaviour.
- Help patients make changes in their attitudes, behaviours and lives.
- Use health promotion materials - charts, brochures and leaflets.
- People may change their behaviour if they have a range of choices and can choose the approach that suits them best.

Provide your patient with a **range of options** for reducing the risk of acquiring another STD including HIV:

- **P**artners – reduce the number of sexual partners
- **P**rotected – have protected sex using barrier methods eg condoms
- **P**ractices – change the type of sexual practices eg non-penetrative sex
- **P**rompt treatment – seek prompt treatment for STDs.

CONDOM PROMOTION

- Demonstrate how to use a condom. Give condoms freely.

CONTACT MANAGEMENT

- Counsel on the importance of treating all sexual partners and on ways in which to inform them. Provide partner letters or slips.

URETHRAL DISCHARGE and SWOLLEN TESTIS

Confirm discharge

Confirm painful and swollen testis

Refer immediately if torsion of testis suspected:

no discharge or history of discharge

< 18 yrs old or not sexually active

history of trauma

CIPROFLOXACIN 500 mg p.o stat

PLUS

DOXYCYCLINE 100 mg p.o BD for 7 days

Manage partner for cervical !infection as in protocol 3.

Consider treating a person with burning on micturition, in the absence of a discharge, if there is a significant risk of the person having acquired an STD.

Some provinces have chosen to use a 250mg dose of Ciprofloxacin.

PROTOCOL 2

GENITAL ULCERS

Confirm presence of ulcer(s)

BENZATHINE PENICILLIN 2.4 MU IMI stat
PLUS
ERYTHROMYCIN 500 mg p.o TDS for 5 days
Aspirate any fluctuant glands

COMPLETE TREATMENT

COUNSEL ON SAFER SEX

CONDOM PROMOTION

CONTACT MANAGEMENT

If allergic to penicillin, give Erythromycin 500mg QID for 14 days.

If on return lesion(s) healing but not cured ie. decrease in size or decrease in number, continue with another course of Erythromycin. If lesions are worse refer.

VAGINAL DISCHARGE

Confirm abnormal discharge
Do digital examination
Do speculum examination wherever possible:
look for other STDs within the vagina,
feel and view the cervix and if abnormality suspected REFER

For young sexually active, non-pregnant women treat for cervical infection

CIPROFLOXACIN 500 mg p.o. stat

PLUS

DOXYCYCLINE 100 mg BD p.o. for 7 days

PLUS

METRONIDAZOLE 2 g p.o. stat

For pregnant women and peri/post menopausal women

METRONIDAZOLE 2 g p.o. stat

(not in first trimester of pregnancy)

ASK TO RETURN*

If candidiasis detected - itchy, 'cottage cheese' discharge

CLOTRIMAZOLE 500 mg pessary insert stat

COMPLETE TREATMENT

COUNSEL ON SAFER SEX

CONDOM PROMOTION

CONTACT MANAGEMENT

If woman treated for cervical infection manage partner as in protocol 1.

**If on return, discharge not improved, treat for cervical infection - if pregnant give Spectinomycin 2g IMI stat plus Erythromycin 500mg QID for 7 days or REFER .*

Ceftriaxone 125mg IMI stat may be used instead of Spectinomycin.

Some provinces have chosen to use a 250 mg dose of Ciprofloxacin.

PROTOCOL 4

LOWER ABDOMINAL PAIN

Confirm lower abdominal pain and cervical motion and adnexal tenderness

Refer to hospital if:

- **patient very ill, cannot walk upright, temp > 38.5oC**
- **severe abdominal tenderness or pelvic mass**
- **pregnant or recent delivery/abortion**
- **abnormal vaginal bleeding**
- **missed or overdue period**

CIPROFLOXACIN 500 mg p.o. stat

PLUS

DOXYCYCLINE 100 mg p.o. BD for 7 days

PLUS

METRONIDAZOLE 400 mg p.o. BD for 7 days

COMPLETE TREATMENT

COUNSEL ON SAFER SEX

CONDOM PROMOTION

CONTACT MANAGEMENT

Manage partner as in protocol 1.

Some provinces have chosen to use a 250 mg dose of Ciprofloxacin.

NEONATAL CONJUNCTIVITIS

Confirm purulent discharging eye(s)

Treat baby and parents

Baby
Irrigate eye(s)

SPECTINOMYCIN
25 mg/kg/IMI stat
maximum dose 75 mg
PLUS
ERYTHROMYCIN
62.5 mg QID p.o.
for 7 days

Parents

Mother
SPECTINOMYCIN 2g IMI stat
PLUS
ERYTHROMYCIN 500 mg p.o QID
for 7 days

Father/Partner
Treat as in protocol 1

COMPLETE TREATMENT

COUNSEL ON SAFER SEX

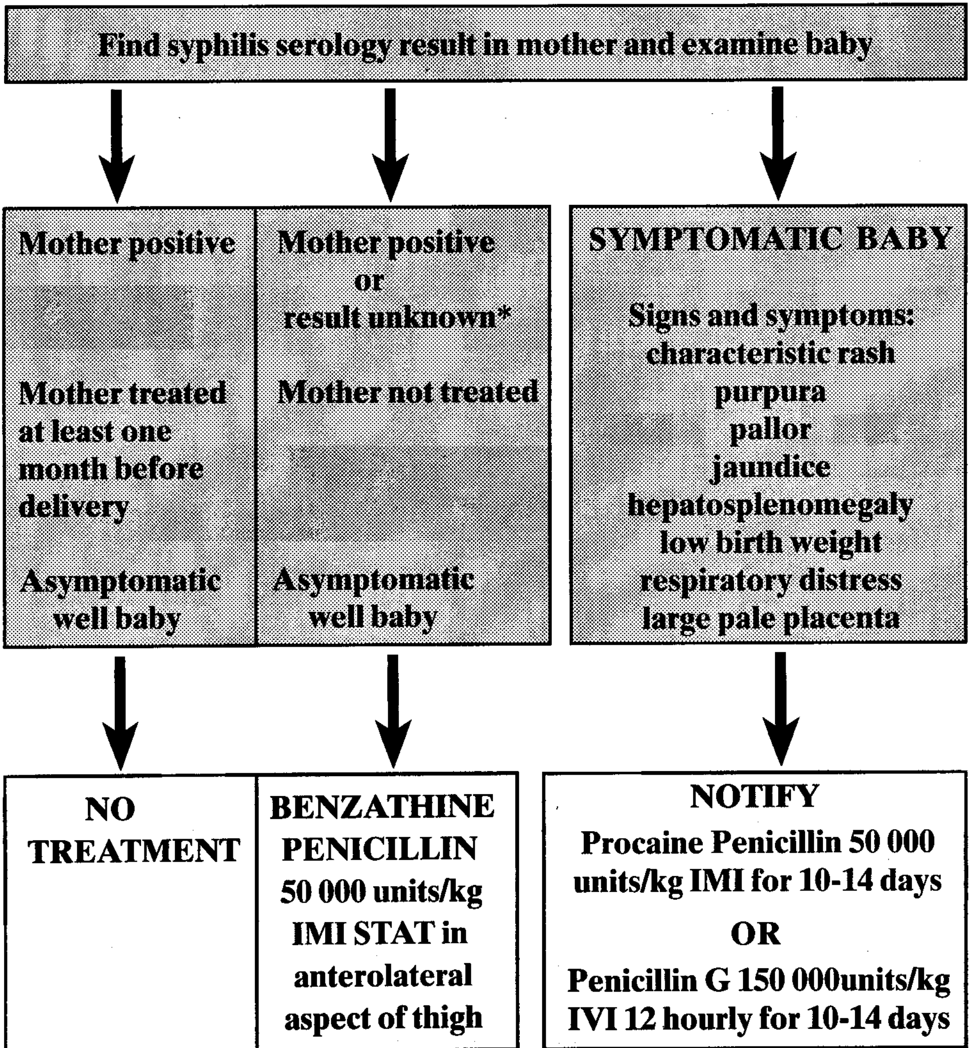
CONDOM PROMOTION

CONTACT MANAGEMENT

Ceftriaxone 25-50mg IMI stat may be used in the neonate and 125mg IMI stat in the mother instead of Spectinomycin.

In some provinces babies with conjuctivitis are referred and Ciprofloxacin is given to breast feeding mothers as Spectinomycin is not available at the primary care level.

NEONATES WITH OR AT RISK OF CONGENITAL SYPHILIS



**If testing available on site - test and treat mother and baby accordingly*

Every effort should be made to keep mother and baby together during treatment

Remember to treat mother and father if baby is treated or referred.

OTHER CONDITIONS

HERPES/BLISTERS

Confirm vesicles or blisters.

Counsel on the nature of the disease and provide for pain relief.

LYMPHOGRANULOMA VENEREUM (LGV)

Confirm inguinal swelling/bubo in the absence of an ulcer.

If ulcer present use ulcer protocol.

Provide Doxycycline100mg BD for 14 days. Aspirate fluctuant glands.

Provide Erythromycin 500mg QID for 14 days if pregnant.

WARTS

Confirm wart(s). If less than 10mm apply podophyllin weekly. If more than10mm, or within the vagina or in pregnant women **REFER**.

PUBIC LICE

Confirm. Apply benzyl benzoate (25%) weekly for 2 weeks.

MOLLUSCUM CONTAGIOSUM

Confirm. Apply tincture of iodine

LATENT SYPHILIS

Take blood for RPR/VDRL if results are acted upon.

If RPR positive, treat with Benzathine penicillin LA 2.4 Mu IMI stat weekly for 3 weeks. If treated in past year treat with one dose.

If allergic to penicillin give Erythromycin 500mg QID for 14 days.

If allergic to penicillin and pregnant refer for desensitisation.

These protocols were developed following wide consultation with service providers, programme managers and academics in South Africa.

ANAPHYLAXIS PROTOCOL

Before administering drugs or injections ask your patient about previous allergies to drugs. A rash after previous treatment may be a warning sign.

SIGNS OF POSSIBLE ANAPHYLAXIS

Shock — Difficulty in breathing — Rash (may be present)

1. CALL FOR HELP - PREFERABLY A DOCTOR

2. CHECK
- **A. Airway**
- **B. Breathing - Give mouth to mouth respiration**
- **C. Circulation - Do CPR if necessary**

3. IF ANAPHYLAXIS GIVE ADRENALIN SUBCUTANEOUSLY

Site:	Inner upper arm	
Dosage:	Adult	0.5ml
	Child over 3 years	0.2 - 0.3ml
	Child under 3 years	0.1ml
	Elderly	0.3ml

4. PUT UP INTRAVENOUS INFUSION AS SOON AS POSSIBLE

Normal Saline run in according to blood pressure response.
Give Adrenaline diluted in 10ml sterile water **SLOWLY**

Dosage	Adult	5 ml
	Child over 3 years	2 - 3ml
	Child under 3 years	1ml
	Elderly	3ml

Heart rate not to exceed 160 beats per minute.
Give Hydrocortisone (SoluCortef) IV

Dosage	Adult/child over 10 years	500mg
	Child over 3 years	300mg
	Child under 3 years	100-200mg

Check blood pressure and pulse at 5 - 10 min intervals.

5. TRANSFER PATIENT TO HOSPITAL

On drip and oxygen if possible
Repeat adrenaline if necessary
Record all details of treatment - copy to hospital with patient

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